

76 South River Road

2387

SFR

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

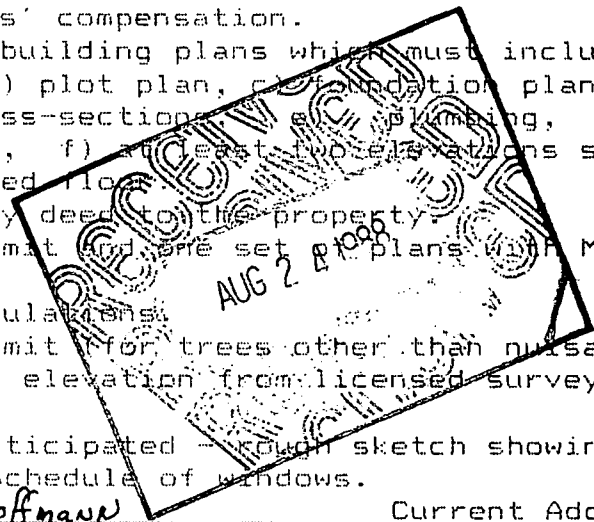
PERMIT NUMBER

2387

DATE OF APPLICATION 8-29-88

To obtain a permit the following are required:

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



Owner Brod + Nancy Hoffmann Current Address 3215 Eighth Street
 Telephone _____ Wausau, Wisconsin 54401
 General Contractor Today's Homes by J.P. Johnson Address 908 SE Belfast Ave
 Telephone 878-1556 Port St Lucie, Fla 34983
 Where Licensed State of Florida License Number CBC 011003
 Plumbing Contractor South Park Plumbing License Number CFC 029698
 Electrical Contractor WD Cook Electric License Number ER 000 8046
 Roofing Contractor Today's Homes by J.P. Johnson License Number CBC 011003
 A/C Contractor Advantage Air License Number CAC 039664
 Describe the building or alterations SF Story and 1/2 Residence
 Name the street on which the building, its front building line and its front yard will face 2/ Via Lucindia
 Subdivision Lucindia Lot 40 Block _____
 Building area (inside walls) 2442 Garage, porch, carport area 599
 Contract price (excluding carpet, land appliances, landscaping) \$ 160,000.00
 Cost of permit \$ 1395 Plans 30.00 Radon approved as submitted _____ as marked _____

- In addition, the following are understood by owner and contractor:
1. Building area inside walls must be a minimum of 1,500 square feet.
 2. Building permit fees are \$5. per \$1,000. of the cost of the building, plus \$10. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el., roof) = \$540. cost of permit + \$365. impact fee = \$905. total.
 3. If no contract is submitted as proof as cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas).
 4. The Town has adopted the South Florida Building Code
 5. Building permits are issued for one year's duration.
 6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee.
 7. ALL changes in plans must be approved by the Building Department.
 8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK
 9. Portable toilets must be on all construction sites.
 10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.
 11. String lines along property lines to facilitate set back inspections.
 12. Before a certificate of occupancy is issued, the following are required:
 - a. An owner's affidavit of building cost (form available) any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
 - b. Approval of septic tank installation by Martin Co. Health Dept.
 - c. Rough grading and clean up of grounds.
 - d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).
 - e. Certification by a qualified engineer or architect of the structural adequacy of the building.

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

14. In addition to the requirements of this permit there may be additional restrictions applicable to this property that may be found in the public records of this county.

Contractor's Signature Joseph Johnson Owner's Signature Brod Hoffmann
 Approval by Building Inspector Dale Brown Date 8/30/88
 Approval by Building Commissioner _____ Date _____
 Certificate of Occupancy issued _____ Date _____

2387

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

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Today's Homes
LEGAL DESCRIPTION: LOT 40 Lucinda
SEPTIC TANK PERMIT NUMBER: 11088-517

The items noted below must be certified by a surveyor or engineer and returned to the Health Department prior to the first plumbing inspection by the Building Department.

- X 1. Building Permit Number: _____.
- 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches above benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches above crown of road elevation shown on septic tank permit.
- 4. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.

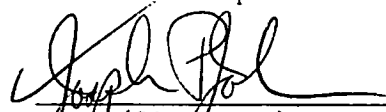
Date Observed: _____

- NOTE: a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
- b. Drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries. Drainfield will not be approved if severe limited soils are not removed.

CERTIFIED BY: _____

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

Date: _____ Job Number: _____



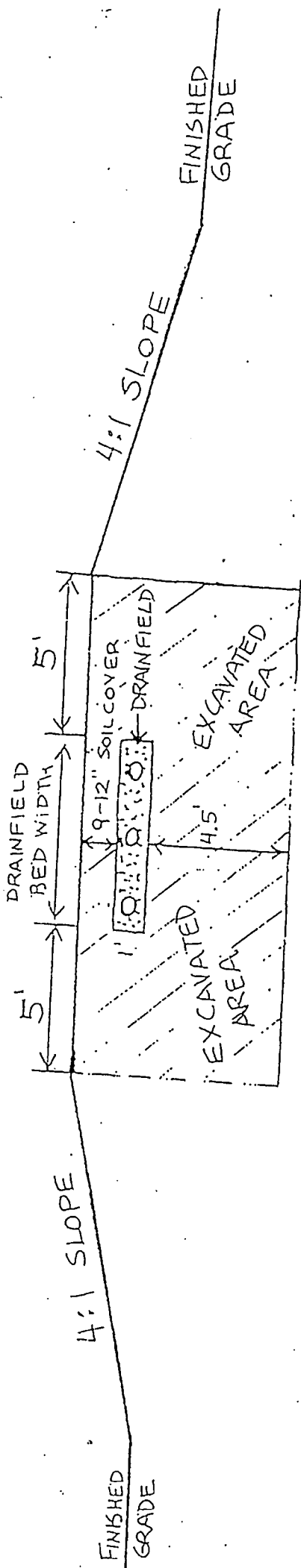
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

(Date)

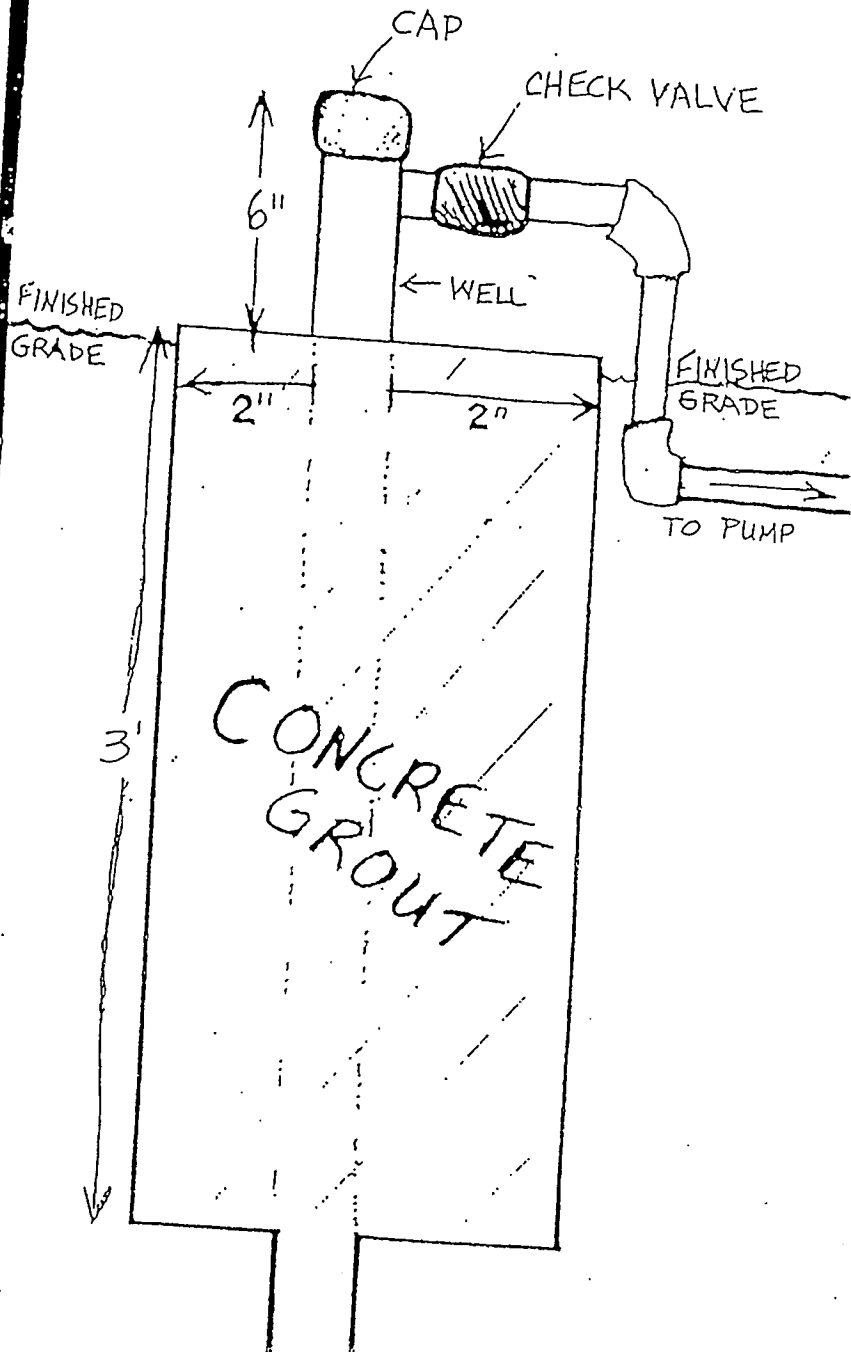
DRAINFIELD MOUND REQUIREMENTS



NOTE: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

WELL REQUIREMENTS

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



NMC 4/85

When ready Call: 461-3535 unit # 302



STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER HD 88-517 HOME PHONE
NAME OF APPLICANT Today's Homes by JP Johnson WORK PHONE 878 155-6 see above
MAILING ADDRESS OF APPLICANT 908 SE Belfast Ave Port St Lucie, Fla ZIP CODE 34983
LOT 40 BLOCK - SUBDIVISION Lucindia
IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
PLAT BOOK 3 PAGE 130 DATE SUBDIVIDED April, 1960
RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3
LOT SIZE 19,700 ± FT² HEATED OR COOLED AREA OF HOME 2446 FT²
COMMERCIAL: TYPE OF BUSINESS PROPOSED 3079 BUILDING SIZE FT²

AFFIDAVIT

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

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE

[Handwritten signature]

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS
DRAINFIELD SIZE 400 SQUARE FEET

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

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELAVATION OF * Not to exceed 18" of cover.

FINISH SOIL GRADE

ISSUED BY: P. Wachman DATE 8-29-88
MARTIN COUNTY PUBLIC HEALTH UNIT

PLEASE NOTE:

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

FINAL INSPECTION

CONSTRUCTION APPROVED BY: DATE
MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE



APPLICANT Today's Homes by J.P. Johnson Inc
LEGAL DESCRIPTION Lot 40 Lucindia

-----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 1500 + 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 28.17 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 27.47 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 24.7 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.

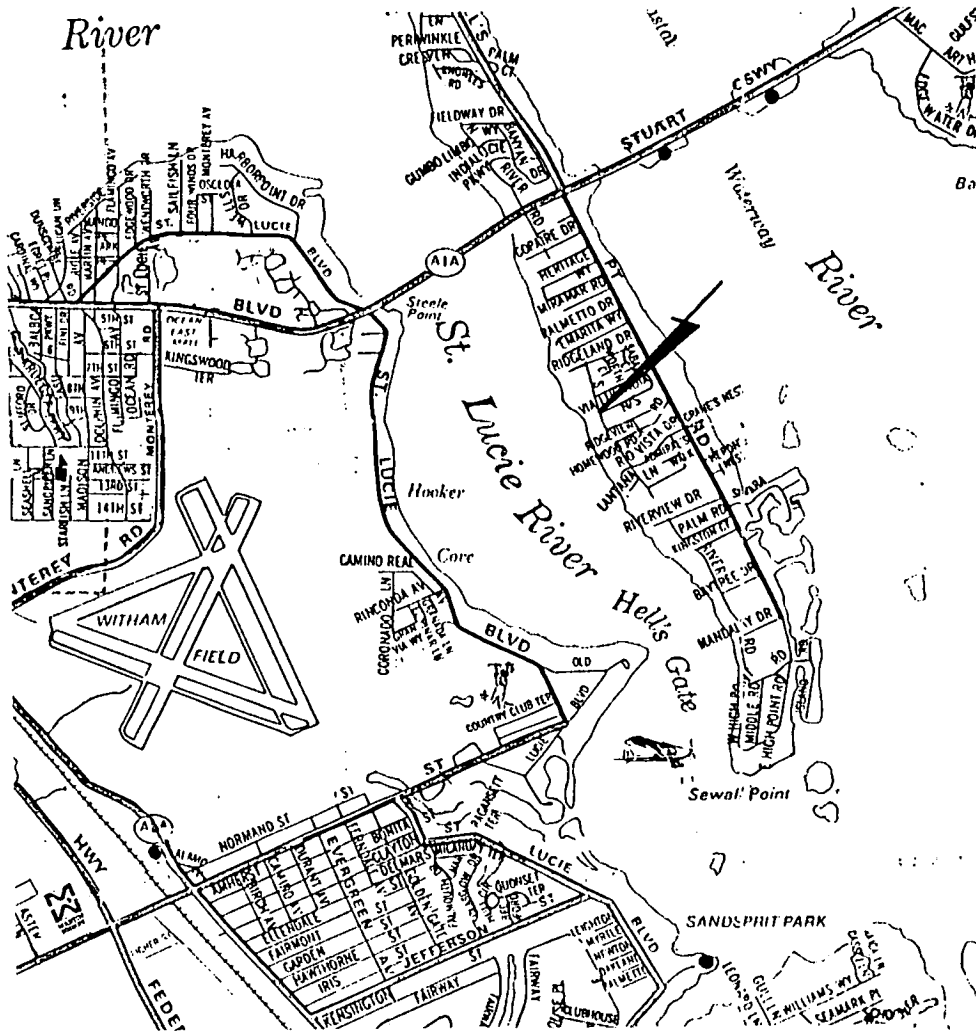
NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OF ENGINEER.

CERTIFIED BY: David M. Jones
FL. PROFESSIONAL NO. 1,9,3909
DATE: 7/7/88 JOB NO. 87-219



APPLICANT Today's Homes by JP Johnson Inc
LEGAL DESCRIPTION Lot 40, Lucindia

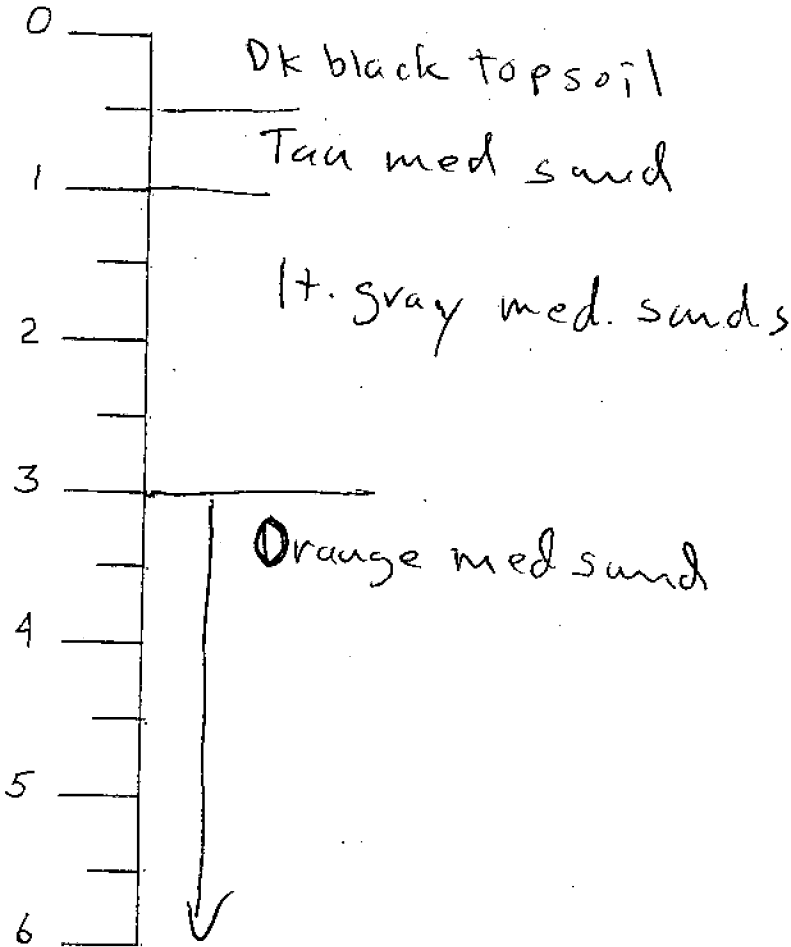
SITE LOCATION MAP OR
DETAILED DIRECTIONS TO SITE



MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 33497
287-2277
SITE EVALUATION

APPLICANT: Today's Homes / J.P. Johnson
LEGAL DESCRIPTION: Lot 40 Lucindia

SOIL PROFILE



USDA SOIL TYPE Paola

USDA SOIL NUMBER #6

No Impervious soils are present a
6' feet below natural
grade.

Present Water Depth Below Natural Grade >6' Feet.

Wet Season Range Per Soil Survey 6" Feet.

Estimated Wet Season Water Depth Below Natural Grade 6' Feet.

Indicator Vegetation Present Gumbo limbo, live oak, cabbage palm

Is Benchmark Located on Plot Plan and Present on Site? No

Approximate Amount of Fill on Neighboring Lots 1'-2'

Other Findings: Sand ridge

EVALUATION BY: Keith Ferris

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/11/89

This is to request that a Certificate of Approval for Occupancy be issued to Hoffman
 For property built under Permit No. 2387 Dated 9/7/88 when completed in
 conformance with the Approved Plans. Lucinda LOT# 40 21 via Lucinda SO.

Item	Signed	Approved by
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION	<u>9/15/88</u>	
3. FOOTING - SLAB	<u>9/15/88 10/28/88</u>	
4. ROUGH PLUMBING	<u>10/26/88</u>	
5. ROUGH ELECTRIC	<u>1/20/89</u>	
6. LINTEL	<u>10/6/88</u>	
7. ROOF	<u>1/29/89</u>	
8. FRAMING	<u>1/20/89</u>	
9. INSULATION	<u>1/29/89</u>	
10. A/C DUCTS	<u>1/20/89</u>	
11. FINAL ELECTRIC	<u>4/11/89</u>	
12. FINAL PLUMBING	<u>4/11/89</u>	
13. FINAL CONSTRUCTION	<u>4/11/89</u>	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 4/11/89 date

Approved by Building Commissioner Rolando Clark 4-11-89 date

Utilities notified F.P.L. 4/12/89 date

Original Copy sent to Hoffman

(Keep carbon copy for Town files)

2679

DECK

Permit No. _____

Date _____

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

2679

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 William McQuillan Present Address 21 S Via Lucindia

Phone 770 2162

Contractor owner Address _____

Phone 770 2162

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: wood deck in front of french doors.

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

21 S Via Lucindia

Subdivision Lucindia Lot number 40 Block number Plat 3 P9 130

Contract price \$ 900.00 Cost of permit \$ 15.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor _____

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

Owner William McQuillan

TOWN RECORD

Date submitted 12/22/89 Approved: _____
Building Inspector _____ Date _____

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

Certificate of Occupancy issued (if applicable) _____
Date _____

SP1282

Permit No. _____

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

This instrument was prepared by:
ROBERT F. McROBERTS, JR.
McROBERTS & STEGER, P.A.
Attorneys at Law
Suite 310, Florida Nat'l. Bank Bldg.
301 E. Ocean Boulevard
STUART, FLORIDA 34994

675371

Warranty Deed

(STATUTORY FORM—SECTION 689.02 F.S.)

This Indenture, Made this 17 day of September 19 87, Between
MEI-NU K. SELLARS, an unmarried woman being the surviving spouse of
WILLIAM Q. SELLARS, deceased

of the County of FAIRFAX, State of VIRGINIA, grantor*, and
BRADLEY B. HOFFMANN and NANCY S. HOFFMANN, his wife

whose post office address is 3215 Eighth Street
Wausau, Wisconsin 54401
of the County of MARATHON, State of WISCONSIN, grantee*.

Witnesseth. That said grantor, for and in consideration of the sum of
-----TEN and 00/100----- Dollars,
and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby
acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following
described land, situate, lying and being in MARTIN County, Florida, to-wit:

Lot 40, in the Subdivision of LUCINDIA, Sewall's Point, Florida,
according to the Plat thereof filed in Plat Book 3, page 130,
public records of Martin County, Florida.

302.59

SEP 19 11:44

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

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

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

[Signature] (Seal)
MEI-NU K. SELLARS (Seal)

_____ (Seal)

STATE OF FLORIDA
COUNTY OF MARTIN
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared

MEI-NU K. SELLARS,
to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that she executed the same.
WITNESS my hand and official seal in the County and State last aforesaid this 17 day of September, 1987.

My commission expires: 4-15-88


BOOK 735 PAGE 1979
[Signature]
Notary Public
STATE OF FLORIDA AT LARGE

STATE OF FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE: 05/13/87 LICENSE NO. CB 0011003 BATCH NO. 07661

THE CERTIFIED BUILDING CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489 FOR
THE YEAR EXPIRING JUNE 30, 1989

JOHNSON, JOSEPH P
TODAYS HOMES BY J P JOHNSON I
579 BROOKSIDE TERRACE
FT PIERCE FL 33452


GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

3804

INTERNAL

REPAIRS

TAX FOLIO NO. _____

DATE 5-30-95

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

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

3809

Owner MRS. WILLIAM McQUILLAN Present address 76 S. RIVER RD.
Phone 220-2162 SEWALLS POINT

Contractor MASTERPIECE BLDGS Address 424 COLORADO AVE.
Phone 283-2096 STUART, FL. 34996

Where licensed STATE OF FLA. / MARTIN Co. License number CGC 048-543
Electrical Contractor — License number —
Plumbing Contractor — License number —

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

TERMITE & WATER DAMAGE REPAIRS

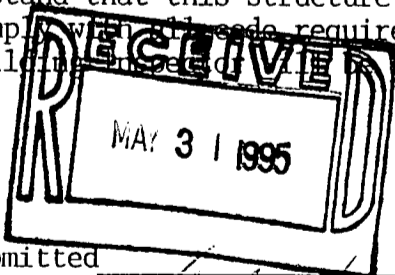
State the street address at which the proposed structure will be built: _____

Subdivision LUCINDIA Lot Number 40 Block Number _____
Contract price \$ \$ 425.⁰⁰ Cost of permit \$ \$ 24.⁰⁰
Plans approved as submitted — Plans approved as marked —

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

Contractor X Jeffrey A. Boness

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



Owner X Eileen M. McQuellan

TOWN RECORD

Date submitted _____ Approved: Ralph Brown Building Inspector Date _____
Approved: [Signature] Commissioner Date _____ Final approval given: _____ Date _____

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date _____

PERMIT NO. _____

4173

RETAINING

WALL

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 4173

Date 4/21 19 97

Building to be erected for DANIEL & MERILIZ CARY

Applied for by MERILIZ CARY (Contractor)

Subdivision LUCINDA Lot 40 Block _____

Address 76 SOUTH RIVER Rd -

Type of structure REPLACE EXISTING RETAINING WALL w/ CONCR.
"UNATTACHED ACCESSORY STRUCTURE"

Building Fee 50-, A/C Fee \$100.00, Electrical Fee \$100.00, Plumbing Fee \$100.00, Roofing Fee \$100.00,

Radon Fee _____ Impact Fee (If applicable) _____

TOTAL Fees 50- PAID - Check # 3037, Cash _____

Total Construction Cost \$ _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

Permit No. **4173**

Tax Folio No. _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Fla. Statutes, the following information is provided in this Notice of Commencement.

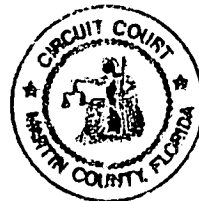
- 1. Description of property: Lot 40, Lucindia Plat Book 3, Page 130
- 2. General description of improvement: Replacement of rotten wood bulkhead with concrete
- 3. Owner information:
 - a. Name and address: Daniel M. & Meriliz A. Cary
76 S. River Rd. Stuart FL 34996
 - b. Interest in property: full
 - c. Name and address of fee simple titleholder (if other than owner): N/A

- 4. Contractor:
 - a. Name and address: OWNER BUILDER
 - b. Phone number: (561) 288-4392
 - c. Fax number (optional, if service by fax is acceptable): _____

- 5. Surety:
 - a. Name and address: N/A
 - b. Phone number: _____
 - c. Fax number (optional, if service by fax is acceptable): _____
 - d. Amount of bond \$ _____

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGE IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHALLER, CLERK
BY T. COPUS D.C.
DATE 4-21-97



- 6. Lender:
 - a. Name and address: N/A
 - b. Phone number: _____
 - c. Fax number (optional, if service by fax is acceptable): _____

- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Sect. 713.13 (1) (a)7., Florida Statutes.
 - a. Name and address: N/A
 - b. Phone number: _____
 - c. Fax number (optional, if service by fax is acceptable): _____

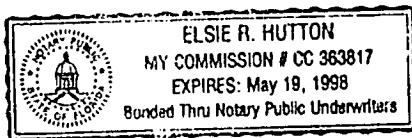
- 8. In addition to himself, Owner designates None of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
 - a. Phone number: _____
 - b. Fax number (optional, if service by fax is acceptable): _____

- 9. Expiration date of notice of commencement: 6 months (The expiration date is 1 year from the date of recording unless a different date is specified).

Meriliz A. Cary
Signature of Owner
Name: Meriliz A. Cary
Please Print, Type or Stamp

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 21st day of April, 1997, by MERILIZ ARMINIE CARY [] personally known to me, or [] has produced VAIO FL DRIVERS LICENSE as identification, and who [X] did [] did not take an oath.



Elsie R. Hutton
Signature of Notary
Name: ELSIE R. HUTTON
Please Print, Type or Stamp

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

NOTARY SEAL)

Town of Sewall's Point

P.I.N. 1384100700000040010000

Date 4/18/97

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.
- OTHER: REPLACE WOOD RETAINING WALL w/ REINF. CONC.

Owner's Name MERILIZ & DAN CARY

Owner's Address 76 S. River Rd. Stuart Fl 34996

Fee Simple Titleholder's Name (If other than owner)

Fee Simple Titleholder's Address (If other than owner)

City State Zip

Contractor's Name MERILIZ & DAN CARY - Owner/Builder

Contractor's Address 76 South River Rd

City Stuart State Fla Zip 34996

Job Name MERILIZ & DAN CARY

Job Address 76 South River Rd.

City Stuart, Fla 34996 County Martin

Legal Description Sewall's Point see Survey

Bonding Company

Bonding Company Address

City State

Architect/Engineer's Name Gary Powell

Architect/Engineer's Address 223 SE 6th Ave, Ft. Lauderdale 33301

Mortgage Lender's Name Trust

Mortgage Lender's Address



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.

4173

4170

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.

Meriliz Cary
Owner or Agent

4/18/97
Date

Contractor

Date

STATE OF FLORIDA
COUNTY OF MARTIN

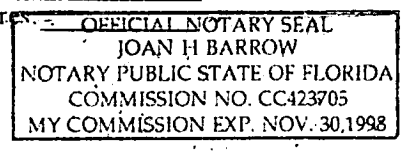
Sworn to and subscribed before me this 18th day of April 1997 by Meriliz Cary, who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Joan H. Barrow
Name: Joan H. Barrow

(NOTARY SEAL)

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of _____

and my commission expires: _____



STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199_, by _____, who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: _____
Typed, printed or stamped

(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of _____

and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

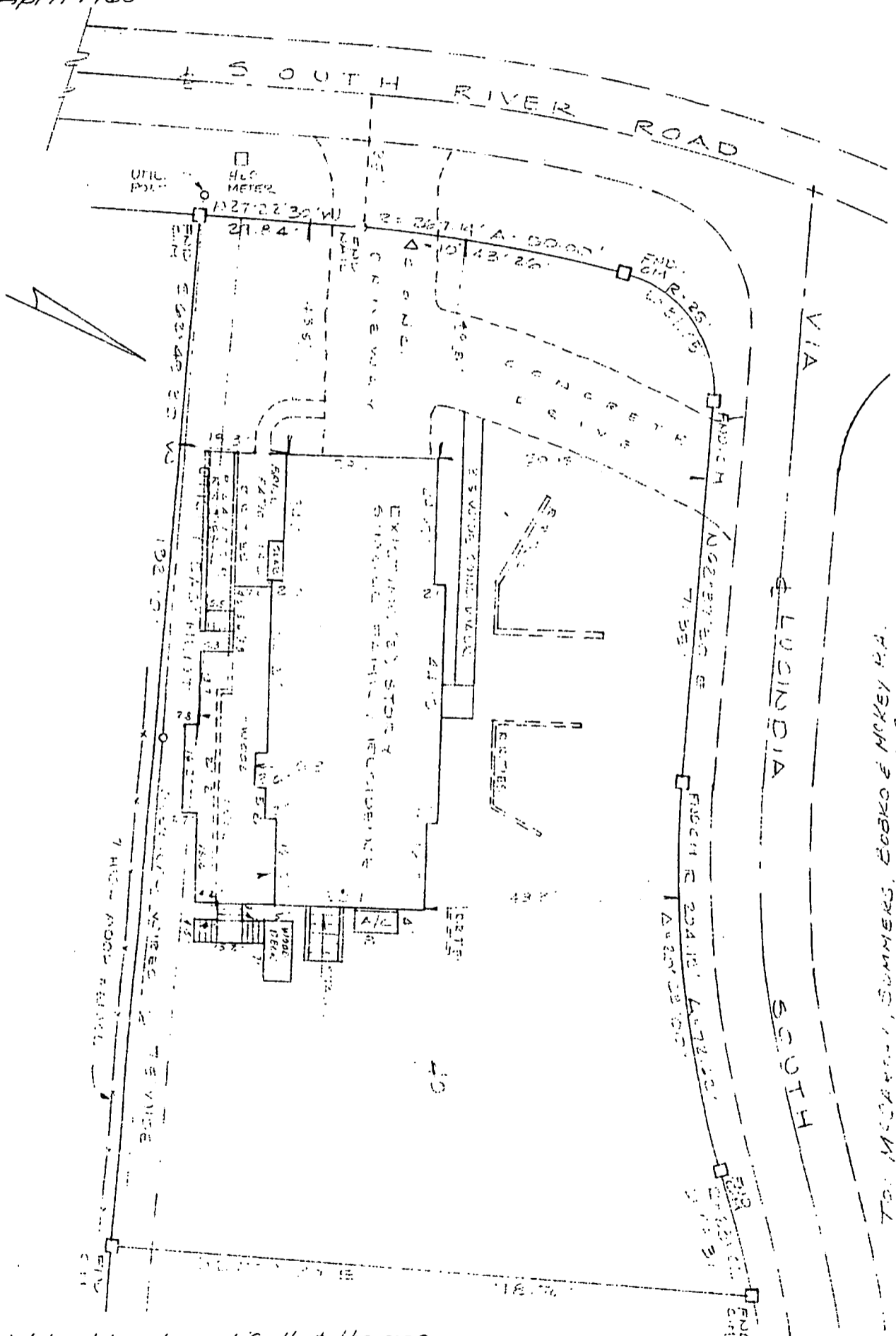
APPLICATION APPROVED BY AS NOTED [Signature] Permit Officer

PALM CITY SURVEYORS 1653 S.W. 34TH STREET
PALM CITY, FL. 34990

REPRODUCTIONS OF THIS SKETCH ARE NOT VALID UNLESS EMBOSSED WITH MY SEAL. THE DESCRIPTION SHOWN HEREON IS AS PROVIDED BY THE CLIENT. LANDS SHOWN HEREON WERE NOT ABSTRACTED BY ME FOR RIGHTS OF WAY, EASEMENTS OR OWNERSHIP. THIS SURVEY/PROPERTY MAY BE SUBJECT TO RESTRICTIONS, RESERVATIONS, LIMITATIONS, CONDITIONS EASEMENTS AND ZONING ORDINANCES IF ANY. BEARINGS ARE RELATIVE TO THE SOUTH LINE OF LOT 40.

LEGEND: C.M. = Concrete Monument, ϕ = Centerline, N.S.E.W. = North, South, East, West.

Lot 40, Lucindia, according to the plat thereof being duly recorded in the office of the clerk of Martin County, Fl. in Plat Book 3, Page 130
Date: April 1960



TO: MCCARTHY, SUMMERS, BOBKO & HURLEY P.A.
MERILIS A. CARY AND DANIEL M. CARY
ATTORNEYS TITLE & ESTATE FUND.

Certified to: I hereby certify that the map shown hereon is a true and correct representation of a survey made under my directions and that said survey meets the M.T.S. set

MAP OF SURVEY
LOT 40, LUCINDIA

9. Expiration date of notice of commencement: _____.

(The expiration date is 1 year from the date of recording unless a different date is specified).

Name: _____
Please Print, Type or Stamp
Signature of Owner

STATE OF FLORIDA
COUNTY OF

The foregoing instrument was acknowledged before me this _____ day of ***, 19**, by ***, who: [] is personally known to me, or [] has produced _____ as identification, and who did not take an oath.

(NOTARY SEAL)

Name: _____
Typed, printed or stamped
I am a Notary Public of the
State of Florida having a
commission number of _____
and my commission expires:

- c. Fax number (optional, if service by fax is acceptable):
5. Surety:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
 - d. Amount of bond \$_____.
6. Lender:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
8. In addition to himself, Owner designates _____ of _____, to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
 - a. Phone number:
 - b. Fax number (optional, if service by fax is acceptable):

Town of Sewall's Point

P.I.N. 138410070000040010000

Date 4/18/97

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to construct:

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SOLAR WATER HEATER SCREENED ENCLOSURE
FENCE may not require sealed drawings.
OTHER: REPLACE WOOD RETAINING WALL w/ REINF. CONC.

Owner's Name MERILIZ & DAN CARY
Owner's Address 76 Santa River Rd. Stuart FL 34996

Fee Simple Titleholder's Name (If other than owner)

Fee Simple Titleholder's Address (If other than owner)

City State Zip

Contractor's Name MERILIZ & DAN CARY - Owner/Builder

Contractor's Address 76 Santa River Rd.

City Stuart State Fla Zip 34996

Job Name MERILIZ & DAN CARY

Job Address 76 Santa River Rd.

City Stuart, Fla 34996 County Manatee

Legal Description Sewall's Point see Survey

Bonding Company

Bonding Company Address

City State

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Architect/Engineer's Address 223 SE 6th Ave, Ft. Lauderdale 33301

Mortgage Lender's Name None

Mortgage Lender's Address

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4173

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Meriliz Cary
Owner or Agent

4/18/97
Date

Contractor

Date

STATE OF FLORIDA
COUNTY OF MARTIN

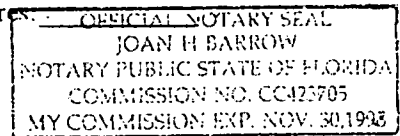
Sworn to and subscribed before me this 18th day of April 1997 by Meriliz Cary, who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

(NOTARY SEAL)

Joan H. Barrow
Name: Joan H. Barrow

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of _____

and my commission expires: _____



STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199_, by _____, who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

(NOTARY SEAL)

Name: _____

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of _____

and my commission expires: _____

Certificate of Competency Holder

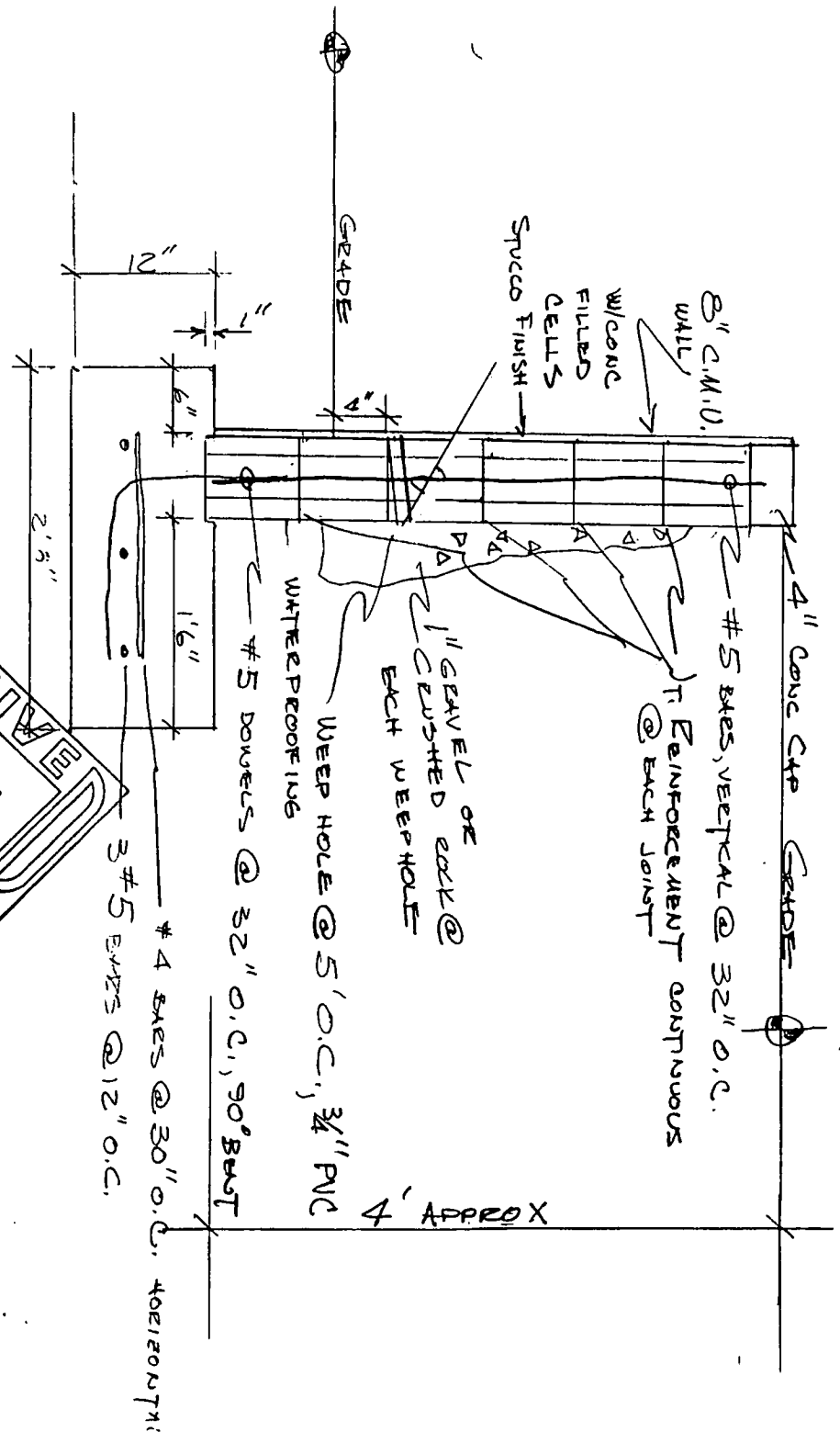
Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY AS NOTED [Signature] Permit Officer

REVISED RETAINING WALL

LOT 40 LUCINDA
MARTIN COUNTY



REVISED

(3)

USE SIMILAR SECTION
FOR STAIR DETAIL (1)

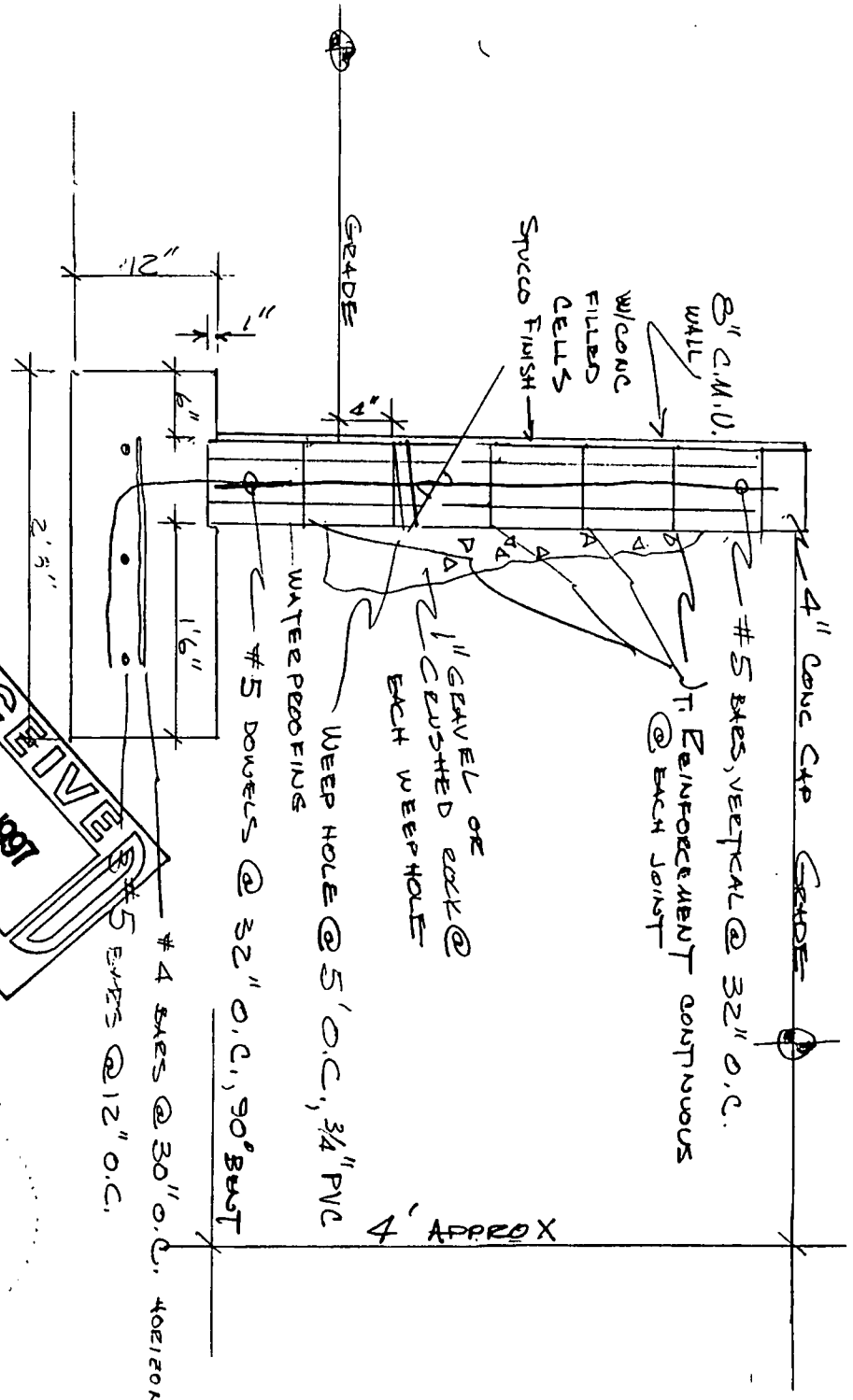


SCALE: 3/4" = 1' 0"

Max W. Day, P.E.
25 APR 97

REVISED RETAINING WALL

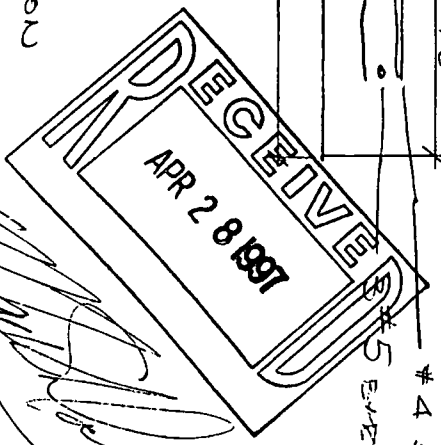
LOT 40 LUCINDA
MARTIN COUNTY



REVISED

(3)

USE SIMILAR SECTION
FOR SOME DETAIL (1)



SCALE: 3/4" = 1'0"

Max W. Day, P.E.
25 APR 97

8095

8095

ADDITION

ADDITION

TOWN OF SEWALL'S POINT

Date 3/17/06

BUILDING PERMIT NO. 8095

Building to be erected for CADEN

Type of Permit INT. Remodel & Addition

Applied for by DEMAREST CONST.

~~\$60,000~~ x ~~9.60/1000~~ = 576.00
(Contractor) Building Fee

Subdivision LUCINDIA Lot 40 Block _____

Radon Fee _____

Address 76 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee 35.00

01 38410070000040010000

Plumbing Fee 35.00

Amount Paid 749.10 Check # 6149 Cash _____

Roofing Fee 35.00

Total Construction Cost \$ 60,000

Other Fees (10% P.R.) 68.10

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

TOTAL Fees 749.10

PERMIT

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

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

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

INSPECTIONS

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

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

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY)
2/22/06

Producer Providence Property & Casualty 8000 Warren Parkway, Bldg. 3, Ste 300 Frisco, TX 75034	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Insured Howard Leasing, Inc. L/C/F Demorest Construction Group 6302 Manatee Avenue, Ste. K Bradenton, FL 34209	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Providence Property and Casualty I	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NO If yes, describe under SPECIAL PROVISIONS below	WC0100105-106	3/01/06	3/01/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER REFERENCE:				

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Workers' compensation coverage is provided by contract to all employees of Howard Leasing, Inc. assigned to Demorest Construction Group. Coverage does not apply to any employees not approved and assigned by Howard Leasing, Inc. to Demorest Construction Group effective 03/01/2006

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Seawalls Point Building Dept 1 S Seawalls Point Rd Stuart, FL 34994		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2005

PRODUCER Bayside Insurance Group 11400 Fourth Street North #1115 St. Petersburg, FL 33716 727-577-9872		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Demorest Construction Group 800 SE Indian Street Stuart, FL 34997-5605 772-220-0065		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: Mt. Hawley Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR	MCF0001643	4/20/04 4/20/05	4/20/05 4/20/06	EACH OCCURRENCE	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		AUTOMOBILE LIABILITY				MED EXP (Any one person)	\$ 5,000
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				PERSONAL & ADV INJURY	\$ 1,000,000
		GARAGE LIABILITY				GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> ANY AUTO				PRODUCTS - COMP/OP AGG	\$ 1,000,000
		EXCESS/UMBRELLA LIABILITY					
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				COMBINED SINGLE LIMIT (Ea accident)	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				BODILY INJURY (Per person)	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				BODILY INJURY (Per accident)	\$
		OTHER				PROPERTY DAMAGE (Per accident)	\$
						AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
							\$
						WC STATUTORY LIMITS	
						OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER TOWN OF SEWALLS POINT BUILDING DEPT. 1 SOUTH SEWALLS POINT ROAD STUART FL. 34996 772-220-4765 FAX#	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Michael Zinich</i>
--	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/05

PRODUCER
Providence Property & Casualty Insurance Company
12300 Ford Rd Ste 400
Dallas, TX 75234

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INSURED
Certified H.R. Services Co. ETAL
5101 NW 21st Ave #350
Ft. Lauderdale, FL 33309
L/C/F
TriStaff Inc/Demorest Construction Group

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Providence Property & Casualty Insurance Company	28711
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> INCL <input type="checkbox"/> EXCL If yes, describe under SPECIAL PROVISIONS below	WC0100089	12/1/2004	12/1/2005	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

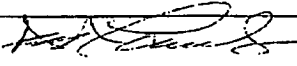
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Workers' compensation coverage is provided by contract to all employees of Certified H.R. Services Co. ETAL & TriStaff Inc/Demorest Construction Group. Any employees working under the directive of the mentioned companies are covered by the referenced policy effective 12/1/2004.

CERTIFICATE HOLDER

Town of Seawalls Point Building Dept
1 South Seawalls Point Rd
Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE: 

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENS# 2004-513-030 CERT CBCA52954

PHONE (772) 220-0065 SIC NO 233215

LOCATION:
800 SE INDIAN ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **OFFICE LOCATION ONLY**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF SEPTEMBER 05
AND ENDING SEPTEMBER 30 2006

DEMAREST ROBERT
DEMAREST CONSTRUCTION GROUP
800 SE INDIAN STREET
STUART FL 34997

RECEIPT of PAYMENT

LARRY C. O'STEEN
99/26/2005 OCCI NORMAL
200451300030000
6010
6220050926007857CK

\$25.00



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

RECEIVED AUG 23 2004

DEMAREST, ROBERT PAUL
DEMAREST CONSTRUCTION GROUP INC
800 SE INDIAN STREET
STUART FL 34997

STATE OF FLORIDA AC# 1530797
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CBCA52954 08/10/04 040121942
 CERTIFIED BUILDING CONTRACTOR
 DEMAREST, ROBERT PAUL
 DEMAREST CONSTRUCTION GROUP INC
 IS CERTIFIED under the provisions of Ch.489 vs.
 Expiration date: AUG 31, 2006 L04081003207

DETACH HERE

AC# 1530797 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L04081003207

DATE	BATCH NUMBER	LICENSE NBR
08/10/2004	040121942	CBCA52954

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

DEMAREST, ROBERT PAUL
 DEMAREST CONSTRUCTION GROUP INC
 92 S RIVER ROAD
 STUART FL 34996

JEB BUSH GOVERNOR
 DIANE CARR SECRETARY
 DISPLAY AS REQUIRED BY LAW

MASTER PERMIT NO. 8095

TOWN OF SEWALL'S POINT

Date 3/15/06

BUILDING PERMIT NO. 8096

Building to be erected for CAROL

Type of Permit SUB-ELECTRICAL

Applied for by DANIEL / GREEN ELECTRIC (Contractor) Building Fee _____

Subdivision LUCINDIA Lot 40 Block _____ Radon Fee _____

Address 76 S. RIVER ROAD Impact Fee _____

Type of structure SFR A/C Fee SEE

PRINT QUAL. NAME: Warren Griffin Electrical Fee PN 8096

Parcel Control Number: St Lic. #: EC0002734 Plumbing Fee _____

0138410670006040010000 Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID C-1
GRIFP-4

DATE (MM/DD/YYYY)
03/14/05

PRODUCER
Oswald Trippe and Company, Inc
9200 S Dadeland Blvd, #314
Miami FL 33156
Phone: 305-670-0083 Fax: 305-670-0086

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

INSURED
Griffin Electrical Services, Inc
1744 NW Federal Highway
Stuart FL 34994

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Westfield Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	TRA1598727	02/25/05	02/25/06	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TRA1598727	02/25/05	02/25/06	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
		OTHER				

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

CERTIFICATE HOLDER
SEWEPOI
Sewells Point Building Dept
Attn: Dale Brown
1 S Sewells Point Rd
Sewells Point FL 34996

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

PRODUCER
 R.V. Johnson Agency, Inc. (JK)
 2041 S.E. Ocean Blvd.
 Stuart FL 34996
 Phone: 772-287-3366 Fax: 772-287-4439

INSURED
 Griffin Electrical Service Inc
 Warren Griffin
 1744 NW Federal Hwy
 Stuart FL 34994

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

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

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOT COVERED W/THIS AGENCY			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NOT COVERED W/THIS AGENCY			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$																
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	NOT COVERED W/THIS AGENCY			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC840-0016877-2005A	04/01/05	04/01/06	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>WC STATU-TORY LIMITS</td> <td><input type="checkbox"/></td> <td>OTH-ER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td colspan="2">\$ 100,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td colspan="2">\$ 100,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td colspan="2">\$ 500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER	E.L. EACH ACCIDENT		\$ 100,000		E.L. DISEASE - EA EMPLOYEE		\$ 100,000		E.L. DISEASE - POLICY LIMIT		\$ 500,000	
<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER																			
E.L. EACH ACCIDENT		\$ 100,000																				
E.L. DISEASE - EA EMPLOYEE		\$ 100,000																				
E.L. DISEASE - POLICY LIMIT		\$ 500,000																				

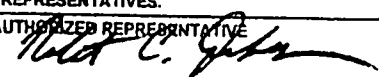
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 30 days notice of cancellation for workers compensation coverage.
 Companies have the option to cancel 10 days for non-payment.

CERTIFICATE HOLDER

TOWN024
 Town of Sewalls Point
 1 S. Sewalls Point Road
 Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE


2004-2005 MARTIN COUNTY
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 2001-508-003 CERT

PHONE (561)692-2304 BIC NO 001731

LOCATION:
1744 NW FEDERAL HWY ST

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	.00
\$	.00	COL. FEE \$	.00
\$	.00	TRANSFER \$	.00
TOTAL		25.00	

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

04 DAY OF OCTOBER 2004
AND ENDING SEPTEMBER 30 2005

12 04100401 005805

GRIFFIN, WARREN B.
GRIFFIN ELECTRICAL SERVICES INC.,
1744 NW FEDERAL HWY
STUART FL 34994

STATE OF FLORIDA AC#1555952
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
EC0002734 08/20/04 040170867
CERTIFIED ELECTRICAL CONTRACTOR
GRIFFIN, WARREN B
GRIFFIN ELECTRICAL SERVICES INC
IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2006 L04082001288

DETACH HERE

AC#1555952

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ#L04082001288

DATE	BATCH NUMBER	LICENSE NBR
08/20/2004	040170867	EC0002734

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

GRIFFIN, WARREN B
GRIFFIN ELECTRICAL SERVICES INC
1744 NORTHWEST FEDERAL HIGHWAY
STUART FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

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

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

LICENSE: **2001-508-003** CERT: _____
PHONE: **(561)692-2304** SIC NO: **001731**

LOCATION: **1744 NW FEDERAL HWY ST**

CHARACTER COUNTS IN MARTIN COUNTY

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

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

ELECTRICAL CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF **SEPTEMBER** **05**
AND EXPIRES **2006**

**GRIFPIN, WARREN B.
GRIFPIN ELECTRICAL SERVICES INC.
1744 NW FEDERAL HWY
STUART FL 34994**

RECEIPT OF PAYMENT

LARRY C. O'STEEN
99 09/16/2005 DECI ORIGINAL
20015080003008

QHW: Laura

MASTER PERMIT NO. 8095

TOWN OF SEWALL'S POINT

Date 3/9/06

BUILDING PERMIT NO. 8097

Building to be erected for CAROL

Type of Permit Sub-Plumbing

Applied for by Demorest/Tropic Plumbing (Contractor)

Building Fee _____

Subdivision LUCINDIA Lot 40 Block _____

Radon Fee _____

Address 76 S. RIVER ROAD

Impact Fee See

Type of structure SFR

A/C Fee PN 8095

PRINT QUAL. NAME: DAVID LISIESKY

Electrical Fee _____

ST. LIC #: CFCD 32565

Parcel Control Number: _____

Plumbing Fee _____

0138410070000040010000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed David Lisiesky
Applicant

Signed Gene Summers
Town Building Official

PERMIT

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

INSPECTIONS

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

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

TOWN OF SEWALL'S POINT
 1 SEWALL'S POINT ROAD
 SEWALL'S POINT, FL 34996

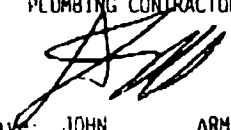
INSURED:

TROPIC PLUMBING &
 MECHANICAL, INC.
 3180 SF DOMINICA TER
 STUART, FL 34997-5721

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-AC-542302-3001	08-05-05	08-05-06	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* \$ 2,000,000
				Prod/Comp Ops Aggregate* . \$ 2,000,000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY	77-BA-542302-0002	04-02-05	04-02-06	
<input checked="" type="checkbox"/> BUSINESS AUTO	NATIONWIDE MUTUAL INSURANCE CO.			Bodily Injury (Each Person) \$
<input checked="" type="checkbox"/> Owned				(Each Accident) \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) \$
<input type="checkbox"/> Non-Owned				Combined Single Limit \$ 100,000
EXCESS LIABILITY				Each Occurrence \$
<input type="checkbox"/> Umbrella Form				Prod/Comp Ops/Disease Aggregate* \$
				STATUTORY LIMITS
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease EACH EMPLOYEE \$
				Bodily Injury by Disease POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will mail 30 days written notice to the above named certificate holder.

DESCRIPTION OF OPERATIONS/LOCATIONS
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS
 PLUMBING CONTRACTOR



Effective Date of Certificate: 08-05-2005
 Date Certificate Issued: 08-16-2005

Authorized Representative: JOHN ARMELLINO
 Countersigned at: NATIONWIDE INSURANCE
 1284 N W FEDERAL HWY

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER Armellino Agency Inc. 1284 NW Federal Highway Stuart, FL 34994	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Tropic Plumbing & Mechanical Inc 3180 SE Dominica Terrace #1 Stuart, FL 34997	INSURERS AFFORDING COVERAGE INSURER A: AmComp Incorporated INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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

INSR ADD'L LTR INBRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC2724432557	06/30/2005	06/30/2006	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000
	OTHER				

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

CERTIFICATE HOLDER TOWN OF SEWALL'S POINT 1 SEWALL'S POINT ROAD SEWALL'S POINT, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE:
--	---

AC# 1438048

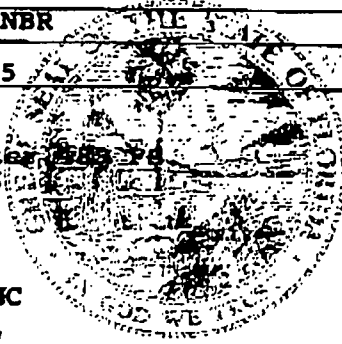
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04060701145

DATE	BATCH NUMBER	LICENSE NBR
06/07/2004	030705792	CFC032565

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



LISIESKY, DAVID A
 TROPIC PLUMBING/MECHANICAL INC
 3180 SE DOMINICA TER # 1
 STUART FL 34997

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA 1438048
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CFC032565 06/07/04 030705792
 CERTIFIED PLUMBING CONTRACTOR
 LISIESKY, DAVID A
 TROPIC PLUMBING/MECHANICAL INC
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2006 L04060701145

DETACH HERE

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

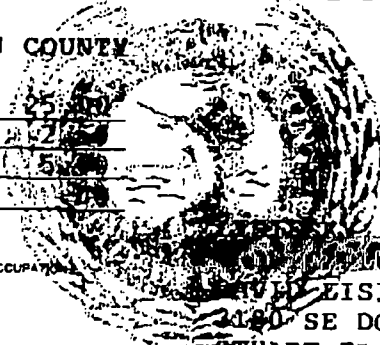
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE# 985-524-119 CERT CFC032565
PHONE (561) 288-0030 SIC NO 235110

LOCATION: 3180 SE DOMINICA TER
6000 MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	32.50
\$	.00	PENALTY \$	0.00
\$	.00	COL. FEE \$	0.00
\$	.00	TRANSFER \$	0.00
TOTAL			32.50



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF PLUMBING CONTR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

08 DAY OF OCTOBER 2004
AND ENDING SEPTEMBER 30 2005

RECEIPT OF PAYMENT
 LARRY C. O'STEEN
 9970 W. US HWY 1
 STUART, FL 34994
 772-288-5604

DAVID
 LISIESKY
 3180 SE DOMINICA TERR #1
 STUART FL 34994

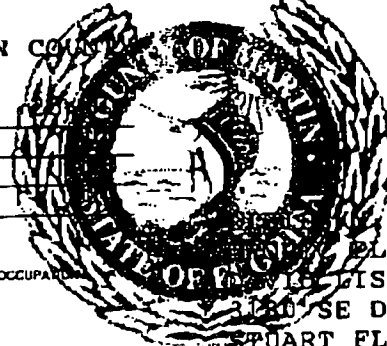
2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-6804

LICENSE 1985-524-119 CERT CFC032565
PHONE (561)288-0030 SIC NO 235110

LOCATION: 3180 SE DOMINICA TER #1 MARTIN COUNTY

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$.00 UC. FEE \$.00
\$.00 PENALTY \$.00
\$.00 COL. FEE \$.00
\$.00 TRANSFER \$.00
TOTAL 25.00



IS HOLDER LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
PLUMBING CONTR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
04 AUGUST 05
DAY OF 2006
AND ENDING SEPTEMBER 30

DAVID
PLUMBING & MECHANICAL
B. LISIESKY
3180 SE DOMINICA TERR #1
STUART FL 34997

RECEIPT OF PAYMENT

1 0189
LARRY C. O'STEEN
1300 5882/78/88 56
MORNING
822881947
022881947
022881947

MASTER PERMIT NO. 8095

TOWN OF SEWALL'S POINT

Date 3-14-06

BUILDING PERMIT NO. 8098

Building to be erected for CAREN Type of Permit SUB-ROOFING

Applied for by DEMAREST / PACIFIC ROOFING (Contractor) Building Fee _____

Subdivision LUCINDIA Lot 40 Block _____ Radon Fee _____

Address 76 S. RIVER ROAD Impact Fee _____

Type of structure SFR A/C Fee SEE PN 8095

PRINT QUAL. NAME: Richard J Gomey Electrical Fee _____

Parcel Control Number: St. Lic#: CC-0056793 Plumbing Fee _____

0138 41007 00000 40010000 Roofing Fee _____

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

Total Construction Cost \$ ~~_____~~ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TJ
PACIR-1

DATE (MM/DD/YYYY)
01/03/06

PRODUCER

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

INSURED

Pacific Roofing Corporation
P.O. Box 2697
Stuart FL 34995

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Nautilus Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BN505626	12/31/05	12/31/06	EACH OCCURRENCE \$ 1000000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
					MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS | OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

TOWNS-1

Town of Sewalls Point
FAX 220-4765
1 S Sewalls Point Road
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Joseph E. Coors

ACORD CERTIFICATE OF LIABILITY INSURANCE

ACOS-1900013-295943
12/01/2005 12:09 PM

PRODUCER Highpoint Risk Services LLC 14160 Dallas Parkway #500 Dallas, TX 75254 (800) 632-5096 Fax: (972) 404-4450	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE	
INSURED: AMS I/C/E: PACIFIC ROOFING CORPORATION 808 SE DIXIE HWY STUART, FL 34994 (772) 283-7663 Fax: (772) 283-9505	INSURER A: Companion Property and Casualty (800) 632-5096 INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC777799900	12/01/2005	12/01/2006	<input checked="" type="checkbox"/> WC STATL TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER <hr/> LIMITS \$ LIMITS \$				

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

1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc. 2. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to PACIFIC ROOFING CORPORATION, effective 12/01/2005

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Sewalls Point Building Department 1 South Sewalls Point Road Sewalls Point, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

STATE OF FLORIDA AC#1601424
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CCC056793 09/11/04 040233678
 CERTIFIED ROOFING CONTRACTOR
 GOMES, RICHARD JOHN
 PACIFIC ROOFING CORP
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2006 L04091102194

DETACH HERE

AC#1601424

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04091102194

DATE	BATCH NUMBER	LICENSE NBR
09/11/2004	040233678	CCC056793

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

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

JEB BUSH
GOVERNOR

DIANE CARR



**CITY OF STUART
OCCUPATIONAL LICENSE
2005-2006**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
1731	15052	170530

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION
OF CITY CODE OF ORDINANCES

BUSINESS TYPE	CONTRACTOR - ROOFING
----------------------	----------------------

OWNER AND LOCATION	QUALIFIER-RICHARD J GOMES 808 SE DIXIE HIGHWAY
---------------------------	---

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	PACIFIC ROOFING CORP QUALIFIER-RICHARD J GOMES 808 SE DIXIE HIGHWAY STUART, FL 34994
--	---

DATE	11/03/2005
-------------	------------

CHERYL WHITE
CITY CLERK

RECEIVED
9/28/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 9/21/05

OWNER/TITLEHOLDER NAME: Carey

Phone (Day) (772) 288-4392

Job Site Address: 76 S. River Rd.

City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lucindia lot 40

Parcel Number: 01-38-41-007000-00400-1

Owner Address (if different): 76 S. RIVER RD.

City: SEWALL'S PT State: FL Zip: 34997

Description of Work To Be Done: KITCHEN + BATH REMODEL DOOR + WINDOW + FRONT ENTRY

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 60,000

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 536,190

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: Tax records

CONTRACTOR/Company:

DEMAREST
CONSTRUCTION GROUP INC.

Phone: 220-0265 Fax: 220-0227

Street: 800 S.E. Indian Street City: _____ State: _____ Zip: _____

State Registration Number: Stuart, Florida 34997-5605 State Certification Number: CBCA52954 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: TBA GRIFFIN ELECTRIC State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

ARCHITECT Derrick Smith Lic.#: AR-0014373 Phone Number: (305) 635-1557
Street: 3045 NW 49th St. City: Miami State: FL Zip: 33142

ENGINEER Dwight Weyant Lic.# _____ Phone Number: (772) 385-0772
Street: 201 SW Port St Lucie Blvd. Suite 104 City: Port St Lucie State: FL Zip: 34984

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Maria Carey

State of Florida, County of: MARTIN

This the 20th day of September, 2005

by Maria Carey who is personally known to me or produced

as identification. *Veronica L Taylor*
Notary Public

My Commission Expires: _____
Veronica L Taylor
Notary Public
My Commission DD219784

CONTRACTOR SIGNATURE (required)
Demarest Construction

On State of Florida, County of: _____

This the 20th day of SEPT., 2005

by _____ who is personally known to me or produced

As identification. *Veronica L Taylor*
Notary Public
My Commission DD219784

My Commission Expires: _____
Veronica L Taylor
Notary Public
My Commission DD219784
Expires June 04, 2007
Seal

RECEIVED 2/15/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 02/14/06

OWNER/TITLEHOLDER NAME: CARY Phone (Day) 208.4392 (Fax) _____

Job Site Address: 76 S. RIVER RD. City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LUCINDA LOT 40 Parcel Number: 01-38-41.007.000.00400-1

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

Description of Work To Be Done: KITCHEN + BATH REMODEL

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 60,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 536,190

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: **DEMOREST** Phone: 220.0065 Fax: 220.0227

CONSTRUCTION GROUP INC.

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

State Registration Number: 800 S.E. Indian Street Stuart, Florida 34997-8605 Number: CBCA52957 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: GRIFFIN EVER. State: FL License Number: EC 0002734

Mechanical: _____ State: _____ License Number: _____

Plumbing: TOWPIC Plumbing State: FL License Number: CFL032565

Roofing: PACIFIC ROOFING State: FL License Number: _____

ARCHITECT DERRICK SMITH Lic.# AR0014373 Phone Number: 305.635.1557

Street: 3095 N.W. 49th ST. City: MIAMI State: FL Zip: 33142

ENGINEER DWIGHT WYANT Lic# _____ Phone Number: 335.0772

Street: 201 SW PT. ST. WESLEY BLDG. City: PSL State: FL Zip: 34984

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Merilee A. Cary

State of Florida, County of: Martin

This the 14th day of February, 2006

by Merilee A. Cary who is personally known to me or produced

as identification. Veronica L Taylor

CONTRACTOR SIGNATURE (required)
Robert Demorest

On State of Florida, County of: Martin

This the 14th day of February, 2006

by Robert Demorest who is personally known to me or produced

As identification. Veronica L Taylor

My Commission Expires: 6/4/07
Notary Public Seal
Veronica L Taylor
My Commission DD219784
Expires June 04, 2007

My Commission Expires: 6/4/07
Notary Public Seal
Veronica L Taylor
My Commission DD219784
Expires June 04, 2007



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 01-38-41-007-000-00400-1

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

Lucindia lot 40 76 S. River Rd. Stuart FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER: DANIEL & MERILIZ CARY

ADDRESS: 76 S. River Rd Stuart FL 34996

PHONE # (772) 288-4392 FAX #: _____

CONTRACTOR:

**DEMOREST
CONSTRUCTION GROUP INC.**

ADDRESS: _____

PHONE #: _____ 800 S.E. Indian Street, Stuart, Florida 34997-5605 FAX #: _____

SURETY COMPANY (IF ANY):

ADDRESS: MA

PHONE # _____

BOND AMOUNT:

MA

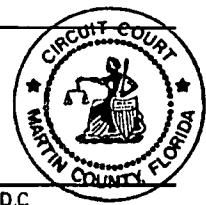
LENDER:

ADDRESS: _____

PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY

FAX #: _____ THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY [Signature] DATE 10/12/05 D.C.



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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23rd DAY OF September

BY Meriliz Cary

[Signature]
NOTARY SIGNATURE

OR PERSONALLY KNOWN PRODUCED ID _____ TYPE OF ID _____



Veronica L Taylor
My Commission DD219784
Expires June 04, 2007

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

Residential Whole Building Performance Method A

Project Name: CAREY ADDITION	Builder:
Address: 76 SOUTH RIVER ROAD	Permitting Office:
City, State: SEWALLS POINT, FL	Permit Number:
Owner: CUSTOM	Jurisdiction Number:
Climate Zone: South	

1. New construction or existing Addition <input type="checkbox"/>	12. Cooling systems
2. Single family or multi-family Single family <input type="checkbox"/>	a. Central Unit <input type="checkbox"/> Cap: 24.0 kBtu/hr SEER: 12.00
3. Number of units, if multi-family 1 <input type="checkbox"/>	b. N/A <input type="checkbox"/>
4. Number of Bedrooms 1 <input type="checkbox"/>	c. N/A <input type="checkbox"/>
5. Is this a worst case? Yes <input type="checkbox"/>	13. Heating systems
6. Conditioned floor area (ft ²) 941 ft ² <input type="checkbox"/>	a. Electric Strip <input type="checkbox"/> Cap: 5.0 kBtu/hr COP: 1.00
7. Glass area & type Single Pane Double Pane <input type="checkbox"/>	b. N/A <input type="checkbox"/>
a. Clear glass, default U-factor 0.0 ft ² 0.0 ft ² <input type="checkbox"/>	c. N/A <input type="checkbox"/>
b. Default tint 71.0 ft ² 0.0 ft ² <input type="checkbox"/>	14. Hot water systems
c. Labeled U or SHGC 0.0 ft ² 0.0 ft ² <input type="checkbox"/>	a. Electric Resistance <input type="checkbox"/> Cap: 40.0 gallons EF: 0.88
8. Floor types	b. N/A <input type="checkbox"/>
a. Slab-On-Grade Edge Insulation R=0.0, 99.0(p) ft <input type="checkbox"/>	c. N/A <input type="checkbox"/>
b. N/A <input type="checkbox"/>	15. HVAC credits
c. N/A <input type="checkbox"/>	(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)
9. Wall types	
a. Frame, Wood, Exterior R=4.1, 261.0 ft ² <input type="checkbox"/>	
b. Concrete, Int Insul, Exterior R=4.1, 482.0 ft ² <input type="checkbox"/>	
c. N/A <input type="checkbox"/>	
d. N/A <input type="checkbox"/>	
e. N/A <input type="checkbox"/>	
10. Ceiling types	
a. Under Attic R=19.0, 941.0 ft ² <input type="checkbox"/>	
b. N/A <input type="checkbox"/>	
c. N/A <input type="checkbox"/>	
11. Ducts	
a. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 75.0 ft <input type="checkbox"/>	
b. N/A <input type="checkbox"/>	

Glass/Floor Area: 0.08	Total as-built points: 13640	PASS
	Total base points: 13819	

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

PREPARED BY: ROBERT WEIDMAN

DATE: 10/25/15

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


OWNER/AGENT: _____

DATE: _____

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 with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____



SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 76 SOUTH RIVER ROAD, SEWALLS POINT, FL,

PERMIT #:

BASE	AS-BUILT																																								
GLASS TYPES .18 X Conditioned X BSPM = Points Floor Area	Overhang Ornt Len Hgt Area X SPM X SOF = Points																																								
.18 941.0 32.50 5504.9	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Single, Tint</td> <td style="width: 5%;">E</td> <td style="width: 5%;">2.0</td> <td style="width: 5%;">5.0</td> <td style="width: 10%;">24.0</td> <td style="width: 10%;">65.40</td> <td style="width: 5%;">0.81</td> <td style="width: 10%;">1269.0</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>2.0</td> <td>6.0</td> <td>15.0</td> <td>65.40</td> <td>0.86</td> <td>840.6</td> </tr> <tr> <td>Single, Tint</td> <td>S</td> <td>2.0</td> <td>4.0</td> <td>20.0</td> <td>55.34</td> <td>0.67</td> <td>744.8</td> </tr> <tr> <td>Single, Tint</td> <td>W</td> <td>2.0</td> <td>5.0</td> <td>12.0</td> <td>58.39</td> <td>0.81</td> <td>569.8</td> </tr> <tr> <td colspan="4">As-Built Total:</td> <td style="text-align: center;">71.0</td> <td></td> <td></td> <td style="text-align: center;">3424.3</td> </tr> </table>	Single, Tint	E	2.0	5.0	24.0	65.40	0.81	1269.0	Single, Tint	E	2.0	6.0	15.0	65.40	0.86	840.6	Single, Tint	S	2.0	4.0	20.0	55.34	0.67	744.8	Single, Tint	W	2.0	5.0	12.0	58.39	0.81	569.8	As-Built Total:				71.0			3424.3
Single, Tint	E	2.0	5.0	24.0	65.40	0.81	1269.0																																		
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Single, Tint	W	2.0	5.0	12.0	58.39	0.81	569.8																																		
As-Built Total:				71.0			3424.3																																		
WALL TYPES Area X BSPM = Points	Type R-Value Area X SPM = Points																																								
Adjacent 0.0 0.00 0.0	Frame, Wood, Exterior 4.1 261.0 5.40 1408.3																																								
Exterior 743.0 2.70 2006.1	Concrete, Int Insul, Exterior 4.1 482.0 2.32 1115.8																																								
Base Total: 743.0 2006.1	As-Built Total: 743.0 2524.1																																								
DOOR TYPES Area X BSPM = Points	Type Area X SPM = Points																																								
Adjacent 0.0 0.00 0.0																																									
Exterior 0.0 0.00 0.0																																									
Base Total: 0.0 0.0	As-Built Total: 0.0 0.0																																								
CEILING TYPES Area X BSPM = Points	Type R-Value Area X SPM X SCM = Points																																								
Under Attic 941.0 2.80 2634.8	Under Attic 19.0 941.0 3.72 X 1.00 3500.5																																								
Base Total: 941.0 2634.8	As-Built Total: 941.0 3500.5																																								
FLOOR TYPES Area X BSPM = Points	Type R-Value Area X SPM = Points																																								
Slab 99.0(p) -20.0 -1980.0	Slab-On-Grade Edge Insulation 0.0 99.0(p) -20.00 -1980.0																																								
Raised 0.0 0.00 0.0																																									
Base Total: -1980.0	As-Built Total: 99.0 -1980.0																																								
INFILTRATION Area X BSPM = Points	Area X SPM = Points																																								
941.0 18.79 17681.4	941.0 18.79 17681.4																																								

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 76 SOUTH RIVER ROAD, SEWALLS POINT, FL,

PERMIT #:

BASE			AS-BUILT					
Summer Base Points: 25847.1			Summer As-Built Points: 25150.3					
Total Summer Points	X System Multiplier	= Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier <small>(DM x DSM x AHU)</small>	X System Multiplier	X Credit Multiplier	= Cooling Points
25847.1	0.4266	11026.4	25150.3 25150.3	1.000 1.00	<small>(1.073 x 1.165 x 1.08)</small> 1.350	0.284 0.284	1.000 1.000	9648.6 9648.6

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 76 SOUTH RIVER ROAD, SEWALLS POINT, FL,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Ornt Len Hgt			Area X WPM X WOF = Points			
.18	941.0	2.36	399.7	Single, Tint	E	2.0	5.0	24.0	5.05	1.04	125.7
				Single, Tint	E	2.0	6.0	15.0	5.05	1.03	78.0
				Single, Tint	S	2.0	4.0	20.0	4.79	1.13	108.5
				Single, Tint	W	2.0	5.0	12.0	5.65	1.00	67.9
				As-Built Total:			71.0		380.2		
WALL TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Adjacent	0.0	0.00	0.0	Frame, Wood, Exterior	4.1		261.0	1.50		392.6	
Exterior	743.0	0.60	445.8	Concrete, Int Insul, Exterior	4.1		482.0	1.03		498.9	
Base Total:				As-Built Total:		743.0		891.5			
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points						
Adjacent	0.0	0.00	0.0								
Exterior	0.0	0.00	0.0								
Base Total:				As-Built Total:		0.0		0.0			
CEILING TYPES Area X BWPM = Points				Type	R-Value		Area X WPM X WCM = Points				
Under Attic	941.0	0.10	94.1	Under Attic	19.0		941.0	0.14 X 1.00		131.7	
Base Total:				As-Built Total:		941.0		131.7			
FLOOR TYPES Area X BWPM = Points				Type	R-Value		Area X WPM = Points				
Slab	99.0(p)	-2.1	-207.9	Slab-On-Grade Edge Insulation	0.0		99.0(p)	-2.10		-207.9	
Raised	0.0	0.00	0.0								
Base Total:				As-Built Total:		99.0		-207.9			
INFILTRATION Area X BWPM = Points				Area X WPM = Points							
941.0 -0.06 -56.5				941.0 -0.06 -56.5							

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: **76 SOUTH RIVER ROAD, SEWALLS POINT, FL,** PERMIT #:

BASE			AS-BUILT					
Winter Base Points:		675.3	Winter As-Built Points:				1139.0	
Total Winter Points	X System Multiplier	= Heating Points	Total Component	X Cap Ratio	X Duct Multiplier <small>(DM x DSM x AHU)</small>	X System Multiplier	X Credit Multiplier	= Heating Points
675.3	0.6274	423.7	1139.0 1139.0	1.000 1.00	<small>(1.099 x 1.137 x 1.14)</small> 1.425	1.000 1.000	1.000 1.000	1622.5 1622.5

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 76 SOUTH RIVER ROAD, SEWALLS POINT, FL,

PERMIT #:

BASE				AS-BUILT							
WATER HEATING				Tank	EF	Number of	X	Tank X	X	Credit	= Total
Number of	X	Multiplier	= Total	Volume		Bedrooms		Ratio	Multiplier	Multiplier	
Bedrooms											
1		2369.00	2369.0	40.0	0.88	1		1.00	2369.00	1.00	2369.0
As-Built Total:											2369.0

CODE COMPLIANCE STATUS

BASE					AS-BUILT								
Cooling	+	Heating	+	Hot Water	=	Total	Cooling	+	Heating	+	Hot Water	=	Total
Points		Points		Points		Points	Points		Points		Points		Points
11026		424		2369		13819	9649		1623		2369		13640

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 76 SOUTH RIVER ROAD, SEWALLS POINT, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
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 & 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%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	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. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.8

The higher the score, the more efficient the home.

CUSTOM, 76 SOUTH RIVER ROAD, SEWALLS POINT, FL,

<p>1. New construction or existing Addition <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 1 <input type="checkbox"/></p> <p>5. Is this a worst case? Yes <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 941 ft² <input type="checkbox"/></p> <p>7. Glass area & type</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Single Pane</td> <td style="width: 20%; text-align: center;">Double Pane</td> <td style="width: 20%;"></td> </tr> <tr> <td>a. Clear - single pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">0.0 ft²</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Clear - double pane</td> <td style="text-align: center;">71.0 ft²</td> <td style="text-align: center;">0.0 ft²</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Tint/other SHGC - single pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">0.0 ft²</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Tint/other SHGC - double pane</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> <p>8. Floor types</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Slab-On-Grade Edge Insulation</td> <td style="width: 20%; text-align: center;">R=0.0, 99.0(p) ft</td> <td style="width: 20%;"></td> <td style="width: 20%;"><input type="checkbox"/></td> </tr> <tr> <td>b. N/A</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. N/A</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> <p>9. Wall types</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Frame, Wood, Exterior</td> <td style="width: 20%; text-align: center;">R=4.1, 261.0 ft²</td> <td style="width: 20%;"></td> <td style="width: 20%;"><input type="checkbox"/></td> </tr> <tr> <td>b. Concrete, Int Insul, Exterior</td> <td style="text-align: center;">R=4.1, 482.0 ft²</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. N/A</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. N/A</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. N/A</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> <p>10. Ceiling types</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. 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Tint/other SHGC - double pane			<input type="checkbox"/>	a. Slab-On-Grade Edge Insulation	R=0.0, 99.0(p) ft		<input type="checkbox"/>	b. N/A			<input type="checkbox"/>	c. N/A			<input type="checkbox"/>	a. Frame, Wood, Exterior	R=4.1, 261.0 ft ²		<input type="checkbox"/>	b. Concrete, Int Insul, Exterior	R=4.1, 482.0 ft ²		<input type="checkbox"/>	c. N/A			<input type="checkbox"/>	d. N/A			<input type="checkbox"/>	e. N/A			<input type="checkbox"/>	a. Under Attic	R=19.0, 941.0 ft ²		<input type="checkbox"/>	b. N/A			<input type="checkbox"/>	c. N/A			<input type="checkbox"/>	a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 75.0 ft		<input type="checkbox"/>	b. N/A			<input type="checkbox"/>	<p>12. Cooling systems</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Central Unit</td> <td style="width: 30%;">Cap: 24.0 kBtu/hr</td> </tr> <tr> <td></td> <td>SEER: 12.00</td> </tr> <tr> <td>b. N/A</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. N/A</td> <td><input type="checkbox"/></td> </tr> </table> <p>13. Heating systems</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Electric Strip</td> <td style="width: 30%;">Cap: 5.0 kBtu/hr</td> </tr> <tr> <td></td> <td>COP: 1.00</td> </tr> <tr> <td>b. N/A</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. N/A</td> <td><input type="checkbox"/></td> </tr> </table> <p>14. Hot water systems</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Electric Resistance</td> <td style="width: 30%;">Cap: 40.0 gallons</td> </tr> <tr> <td></td> <td>EF: 0.88</td> </tr> <tr> <td>b. N/A</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)</td> <td><input type="checkbox"/></td> </tr> </table> <p>15. 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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____

Date: _____

Address of New Home: _____

City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

Residential System Sizing Calculation

Summary

CUSTOM
76 SOUTH RIVER ROAD
SEWALLS POINT, FL

Project Title:
CAREY ADDITION

Code Only
Professional Version
Climate: South

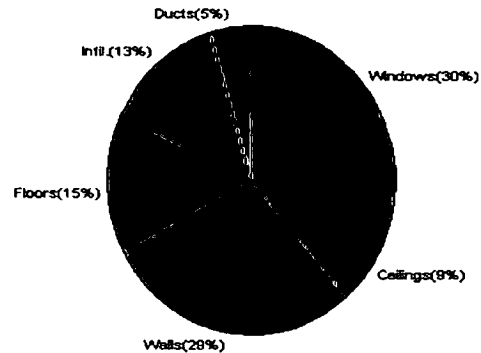
7/7/2005

Location for weather data: West Palm Beach - Defaults: Latitude(26) Temp Range(M)			
Humidity data: Interior RH (50%) Outdoor wet bulb (78F) Humidity difference(60gr.)			
Winter design temperature	45 F	Summer design temperature	91 F
Winter setpoint	70 F	Summer setpoint	75 F
Winter temperature difference	25 F	Summer temperature difference	16 F
Total heating load calculation	13427 Btuh	Total cooling load calculation	15647 Btuh
Submitted heating capacity	% of calc Btuh	Submitted cooling capacity	% of calc Btuh
Total (Electric Strip)	37.2 5000	Sensible (SHR = 0.7)	162.3 21000
		Latent	332.8 9000
		Total	191.7 30000

WINTER CALCULATIONS

Winter Heating Load (for 941 sqft)

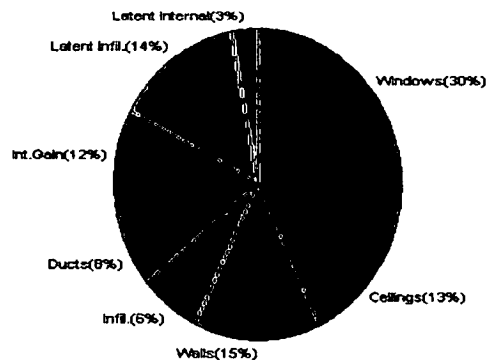
Load component		Load	
Window total	138 sqft	3988	Btuh
Wall total	743 sqft	3838	Btuh
Door total	0 sqft	0	Btuh
Ceiling total	941 sqft	1223	Btuh
Floor total	99 ft	2010	Btuh
Infiltration	63 cfm	1729	Btuh
Subtotal		12787	Btuh
Duct loss		639	Btuh
TOTAL HEAT LOSS		13427	Btuh



SUMMER CALCULATIONS

Summer Cooling Load (for 941 sqft)

Load component		Load	
Window total	138 sqft	4712	Btuh
Wall total	743 sqft	2272	Btuh
Door total	0 sqft	0	Btuh
Ceiling total	941 sqft	2014	Btuh
Floor total		0	Btuh
Infiltration	55 cfm	968	Btuh
Internal gain		1800	Btuh
Subtotal(sensible)		11766	Btuh
Duct gain		1177	Btuh
Total sensible gain		12943	Btuh
Latent gain(infiltration)		2244	Btuh
Latent gain(internal)		460	Btuh
Total latent gain		2704	Btuh
TOTAL HEAT GAIN		15647	Btuh



EnergyGauge® System Sizing based on ACCA Manual J.

PREPARED BY: _____

DATE: _____

TOWN OF SEWALL' S POINT
BUILDING DEPARTMENT

Design Certification for Windload Compliance By Architect or Engineer of Record
(To be submitted with application and construction drawing for permit)

PROJECT NAME AND ADDRESS

BUILDING DEPARTMENT USE ONLY

DAN CARY RESIDENCE
76 SO. RIVER ROAD
SEWALL'S POINT, FLORIDA

BLDG. PERMIT # _____
OCCUPANCY TYPE _____
CONSTRUCTION TYPE _____

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specification have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced the Town of Sewall's Point Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

BUILDING PARAMETERS AND ANALYSIS

CODE EDITIONS: 2001 FLORIDA BUILDING CODE
CHAPTER 6 OF ASCE 7- 98

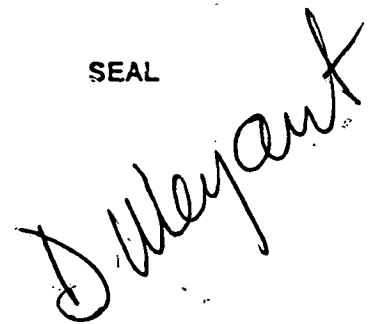
Building Design as: Partially Enclosed _____ Enclosed Open _____ Wind Tunnel Test _____
Basic Wind Speed: 140 MPH 3 Second Gusts Importance/Use Factor 1.0
Velocity Pressure: 33 psf Garage Door Design Pressure 29.7 +(psf) (End Zone) 33.1 +psf _____ +psf
Door Design Pressure (Int. Zone) 31.0 +psf 35.0 -psf (End Zone 31.0 +psf 41.0 -psf
Window Design Pressure (Int. Zone) 35.0 +psf 38.0 -psf (End Zone 35.0 +psf 47.0 -psf
Minimum Soil Bearing Pressure 2500 psf Exposure "B" Mean Building Height 24'-0"
Floor Loads 65 P.S.F. Roof Dead Load 15 P.S.F. Shear Wall Considered Yes _____ No
Continuous Load Path Provided Yes _____ No
Components and Cladding Details Provided Yes _____ No
Impact Protection (Exterior Openings): Approved Shutters _____ Impact Resistance Glass
(Must be indicated on permit documents for all residential/commerical buildings, alterations and renovations)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

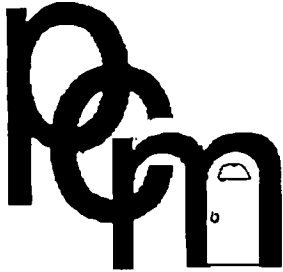
NAME; DWIGHT R. WEYANT P.E.
CERTIFICATION# 20273
DATE: MAY 27 2005
DESIGN FIRM: WEYANT & ASSOCIATES

SEAL



Entry Demo

Transmittal



Palm City Millwork, Inc.

3313 SW 42nd Avenue
P.O. Box 1529
Palm City, FL 34991

Phone (772) 288-7086 Fax (772) 288-7440
Toll Free
1-800-273-5598

FROM
Mike McKinney III

Number of pages (including this cover) 1

Date: 10/14/2005

To: Company: Demorest Construction

Attn: Bo Demorest

Fax: 772-220-0227

Bo,

Here is the product approval you were looking for. If you have any other questions give me a call.

Thank you,

Mike McKinney III



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

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

NOTICE OF ACCEPTANCE (NOA)

**Signature Doors, Inc
401 Juniata Street
Altoona, PA 16602**

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

This product is approved as described herein, and has been designed to comply with the Florida Building Code, including the High Velocity Hurricane Zone.

DESCRIPTION: 8 Foot Wood Panel Outswing Impact Doors

APPROVAL DOCUMENT: Drawing No. 1069, titled "8 Foot Wood Panel Outswing Impact Doors", sheets 1 through 10 of 10, prepared by W.W. Schaefer Engineering & Consulting, P.A., dated 11/12/03, signed and sealed by Warren W. Schaefer, P. E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Impact

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

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

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

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

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

This NOA revises NOA # 02-0115.10 and, consists of this page 1 and evidence pages E-1, E-2, and E-3, as well as approval document mentioned above.

The submitted documentation was reviewed by **Theodore Berman, P.E.**

TMB
3/24/2004

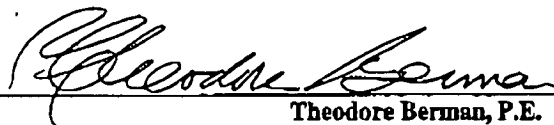
**NOA No 04-0211.09
Expiration Date: March 21, 2007
Approval Date: May 27, 2004
Page 1**

Signature Door, Inc.NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED**A. DRAWINGS**

1. Manufacturer's die drawings and sections.
2. Drawing No.1069, titled "8 Foot Wood Panel Outswing Impact Doors", sheets 1 through 10 of 10, prepared by W.W. Schaefer Engineering & Consulting, P.A., dated 11/23/03, signed and sealed by Warren Schaefer, P.E.

B. TESTS

1. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
3) Large Missile Impact Test per FBC, TAS 201-94
4) Cyclic Wind Pressure Loading per FBC, TAS 203-94
5) Forced Entry Test, per FBC 2411.3.2.1(b) and TAS 202-94
along with marked-up drawings and installation diagram of an outswing wood door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL- 01049, dated December 19, 2001, signed and sealed by Vinu J. Abraham, P. E.
"Submitted under NOA # 02-0115.10"
2. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
3) Large Missile Impact Test per FBC, TAS 201-94
4) Cyclic Wind Pressure Loading per FBC, TAS 203-94
5) Forced Entry Test, per FBC 2411.3.2.1(b) and TAS 202-94
along with marked-up drawings and installation diagram of an outswing wood door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL- 0243-1013-03, Specimen # 1, dated October 6, 2003, signed and sealed by Vinu J. Abraham, P. E.
3. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
3) Large Missile Impact Test per FBC, TAS 201-94
4) Cyclic Wind Pressure Loading per FBC, TAS 203-94
5) Forced Entry Test, per FBC 2411.3.2.1(b) and TAS 202-94
along with marked-up drawings and installation diagram of an outswing wood door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL- 0243-1013-03, Specimen # 2, dated October 7, 2003, signed and sealed by Vinu J. Abraham, P. E.



Theodore Berman, P.E.

Deputy Director, Product Control Division

NOA No 04-0211.09

Expiration Date: March 21, 2007

Approval Date: May 27, 2004

Signature Door, Inc.NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

4. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
 2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
 3) Water Resistance Test, per FBC, TAS 202-94
 4) Large Missile Impact Test per FBC, TAS 201-94
 5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
 6) Forced Entry Test, per FBC 2411.3.2.1(b) and TAS 202-94
 along with marked-up drawings and installation diagram of an outswing wood door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL- 0243-1013-03, Specimen # 4, dated October 8, 2003, signed and sealed by Vinu J. Abraham, P. E.
5. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
 2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
 3) Water Resistance Test, per FBC, TAS 202-94
 4) Large Missile Impact Test per FBC, TAS 201-94
 5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
 6) Forced Entry Test, per FBC 2411.3.2.1(b) and TAS 202-94
 along with marked-up drawings and installation diagram of an outswing wood door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL- 0243-1013-03, Specimen # 6, dated October 21, 2003, signed and sealed by Vinu J. Abraham, P. E.

C. CALCULATIONS

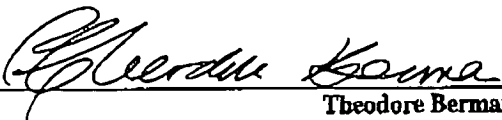
1. Anchor Calculations and structural analysis, prepared by W.W. Schaefer Engineering & Consulting, P.A., dated October 02, 2001 by Warren W. Schaefer, P.E.
"Submitted under NOA # 02-0115.10"
2. Anchor Calculations and ASTM-E1300-98 analysis, dated 01/20/04, prepared by W.W. Schaefer Engineering & Consulting, P.A., signed and sealed by Warren Schaefer, P.E.

D. QUALITY ASSURANCE

1. Miami Dade County Building Code Compliance Office.

E. MATERIAL CERTIFICATIONS

1. Notice of Acceptance No. 03-0916.02 issued to Nebula Glass International Inc. for "Glasslam Safety-Plus Laminated Glass", dated 10/23/03 expiring on 09/09/08.
"Submitted under NOA # 02-0115.10"


 Theodore Berman, P.E.
 Deputy Director, Product Control Division
 NOA No 04-0211.09
 Expiration Date: March 21, 2007
 Approval Date: May 27, 2004

Signature Door, Inc.

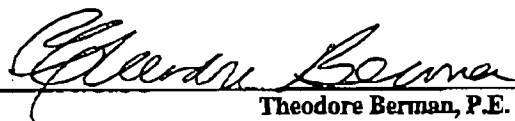
NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

F. STATEMENTS

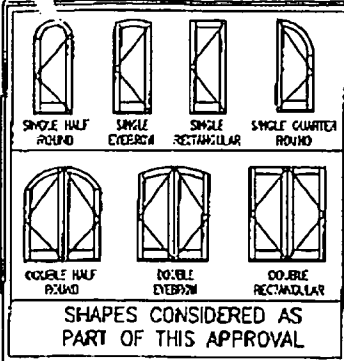
- 1. Statement letter of conformance, dated February 9, 2004, signed and sealed by Warren W. Schaefer, P. E.
"Submitted under NOA # 02-0115.10"
- 2. Statement letter of no financial interest, dated February 9, 2004, signed and sealed by Warren W. Schaefer, P. E.
"Submitted under NOA # 02-0115.10"

G. OTHER

- 1. Letter from the consultant stating that the product is in compliance with the Florida Building Code (FBC).



Theodore Berman, P.E.
 Deputy Director, Product Control Division
 NOA No 04-0211.09
 Expiration Date: March 21, 2007
 Approval Date: May 27, 2004



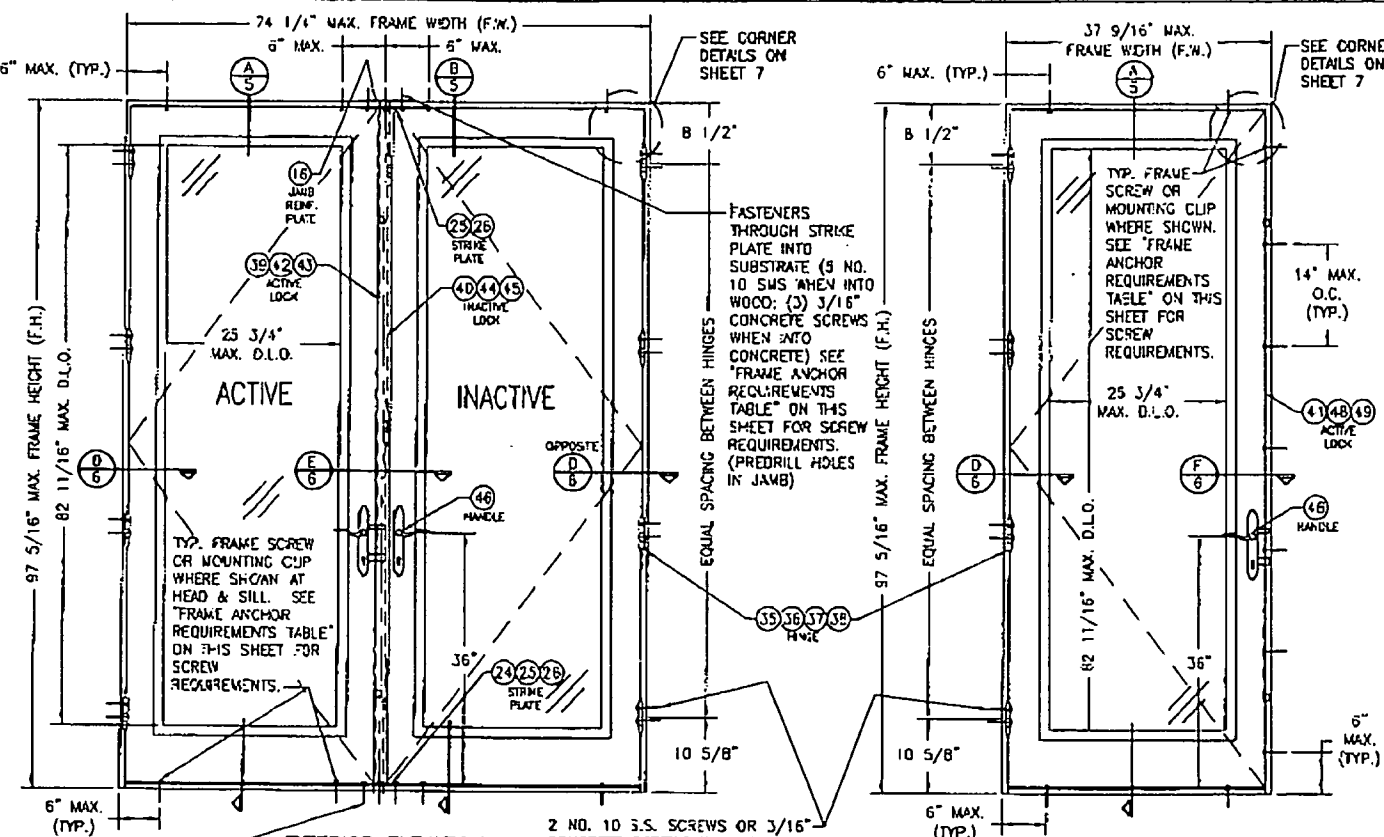
HINGE REQUIREMENTS

DOOR HEIGHT	# HINGES REQ'D
6'-8"	3
TALLER THAN 6'-8"	(1) 4

(1) 3 HINGES REQUIRED WITH ALL HEIGHTS OF DOUBLE HALF ROUND & SINGLE QUARTER ROUND DOORS

ALLOWABLE DESIGN PRESSURE
SEE LOAD TABLE ON SHEET 8

NOTE: DOORS MAY BE FULLY GLAZED AS SHOWN, PARTIALLY PANELED OR FULLY PANELED. SEE SHEET 4 ELEVATION FOR PANELED DOORS.



FASTENERS THROUGH STRIKE PLATE INTO SUBSTRATE WITH BUMPER SILL (5 NO. 10 SMS WHEN INTO WOOD; (3) 3/16\"/>

**EXTERIOR ELEVATION
DOUBLE OUTSWING DOOR**
SCALE: 3/4\"/>

2 NO. 10 S.S. SCREWS OR 3/16\"/>

FRAME ANCHOR REQUIREMENTS TABLE

OPENING TYPE (SUBSTRATE)	JAMB TO OPENING FASTENER TYPE (ANCHOR)	MINIMUM EMBED	MINIMUM EDGE DIST.
2X WOOD FRAME OR BUCK	NO. 10 SMS SCREW	1 3/8"	1"
CNU/CONCRETE	(1) 3/16\"/>		
2X WOOD FRAME OR BUCK	MOUNTING CLIP W/ 1/8\"/>		
(2) CONCRETE SCREWS SHALL BE ELCO OR ITV RAMSET/RED HEAD TAPCONS, HIKI KWIK-CON II OR POWERS RAWL TAPPER (HARDENED STEEL OR S.S.)			

* ANCHOR NOTE: FRAME MAY BE EITHER DIRECT MOUNTED TO THE OPENING, MOUNTED ONTO A CONTINUOUS WOOD SPACER, OR ANCHORED TO A MIN. 2x4 NO. 2 SOUTHERN PINE WOOD BUCK. WHEN ANCHORED TO A 2x4 BUCK, MOUNTING CLIPS OR NO. 10 SHEAR SCREWS SHALL BE USED. WHEN DIRECT MOUNTED OR MOUNTED WITH SPACER, 1/4\"/>

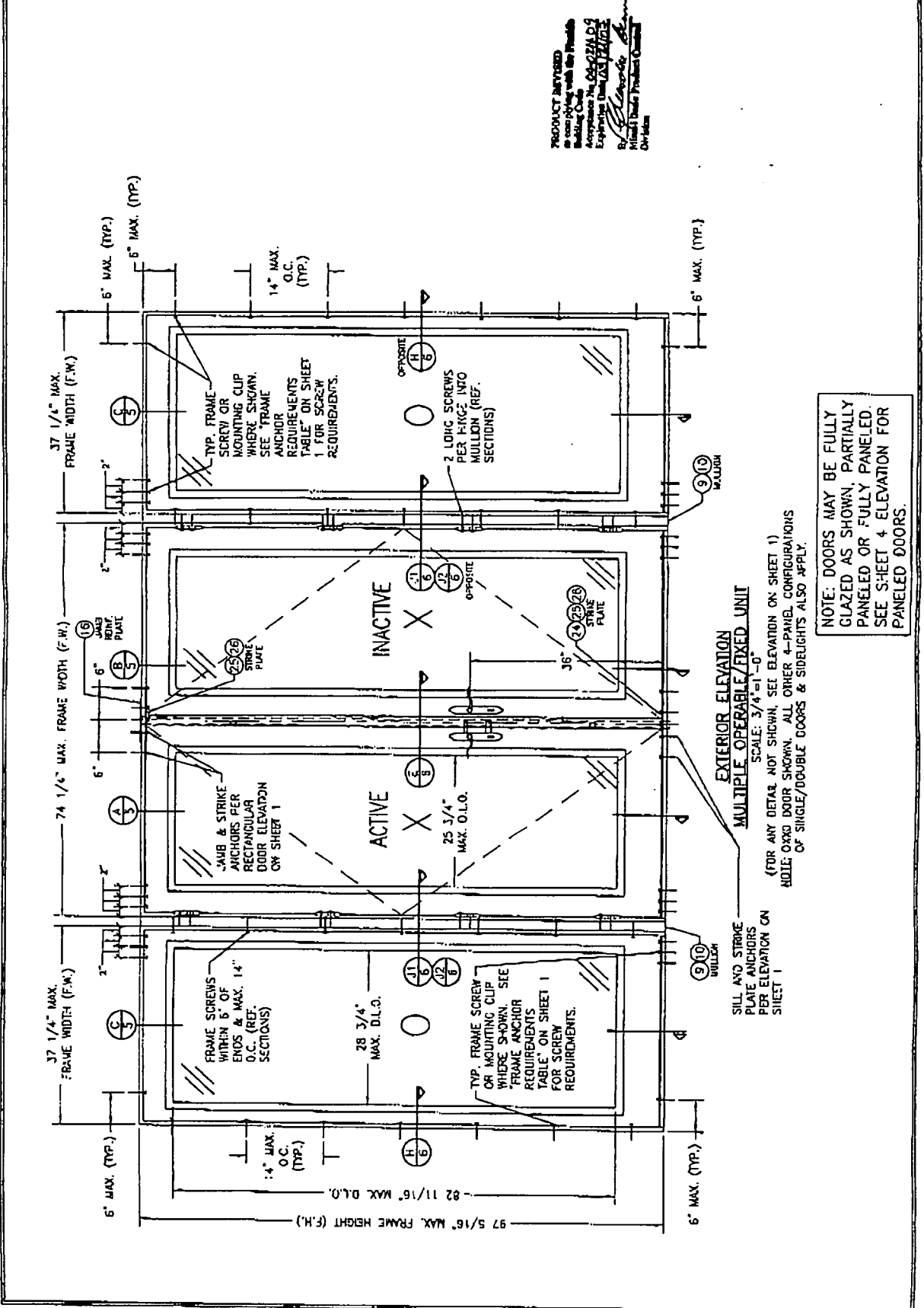
**EXTERIOR ELEVATION
SINGLE OUTSWING DOOR**
SCALE: 3/4\"/>

NOTE: SINGLE DOOR SHOWN HAS THE 3-POINT LOCK SYSTEMS. AN ALTERNATE LOCK MAY BE A SINGLE POINT BALDWIN 6021 MORTISE LOCK. IF THE MORTISE LOCK IS USED, ALLOWABLE DESIGN PRESSURE SHALL BE THE LESSER OF +/-60 PSF. OR THE LOADS IN THE LOAD TABLES.

PRODUCT REVISED
as complying with the Florida Building Code
Acceptance No. 04-0211-09
Expiration Date 08/21/10
By: *Alvin Berman*
Miami Lumber Product Control Division

DESIGN BY: E.P.A.	CHECKED BY: E.P.S.
DATE: 10/14/05	DATE: 11/12/05
NO.	REVISION DESCRIPTION
8 FOOT WOOD OUTSWING IMPACT DOORS MANUFACTURER: SIGNATURE DOOR INC. 401 JUNIATA STREET ALTOONA, PA 16802 814-949-2770	
CONSULTANTS: W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. 6035 N. UNIVERSITY ROAD, SUITE 6-110 PALM BEACH GARDENS, FL 33419 PHONE: 561-975-1122 FAX: 561-775-1103	
CERTIFICATION FEB 6 2006 WARDEN & SEYMOUR, P.E. P.E. NO. 11153	
DRWG. NO. 1069	REV.
SHEET NO. 1	OF 10

REVISION NO. DESCRIPTION OR DATE		DRAWING TITLE 8 FOOT WOOD OUTSWINGING IMPACT DOORS	
NO. 1 DATE		CONSULTANTS W. W. SCHAEFER ENGINEERING, P.A. 800 W. MARKET STREET, SUITE 200 PALM BEACH, FLORIDA 33480 PHONE: 561-775-1802 FAX: 561-775-4903	
NO. 2 DATE		MANUFACTURER SIGNATURE DOOR INC. 401 JUNIATA STREET ALTOONA, PA 16602 814-949-2770	
NO. 3 DATE		APPROVED FOR CONSTRUCTION W. W. SCHAEFER P.E.	
NO. 4 DATE		MARKED FOR CONSTRUCTION W. W. SCHAEFER P.E.	
NO. 5 DATE		DATE FEB 09 2004	
NO. 6 DATE		DRAWING NO. 1069	
NO. 7 DATE		SHEET NO. 3 of 10	



PRODUCT SPECIFIED
 to comply with the Florida Building Code
 Approved by the Department of Building Inspection
 Department of Building Inspection
 Division

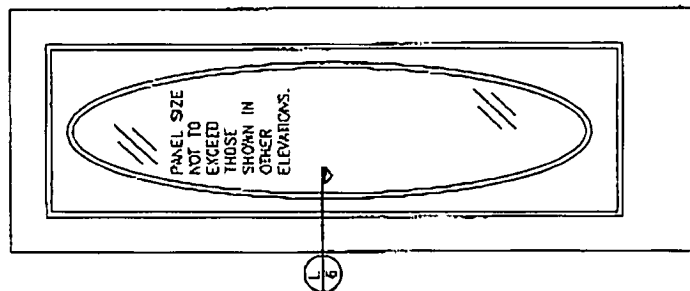
NOTE: DOORS MAY BE FULLY GLAZED AS SHOWN, PARTIALLY PANELED OR FULLY PANELED. SEE SHEET 4 ELEVATION FOR PANELED DOORS.

EXTERIOR ELEVATION
MULTIPLE OPERABLE/FIXABLE UNIT
 SCALE: 3/4" = 1'-0"

(FOR ANY DETAIL NOT SHOWN, SEE ELEVATION ON SHEET 1) ALL OTHER 4-PANEL CONFIGURATIONS OF SINGLE/DOUBLE DOORS & SIDELIGHTS ALSO APPLY.

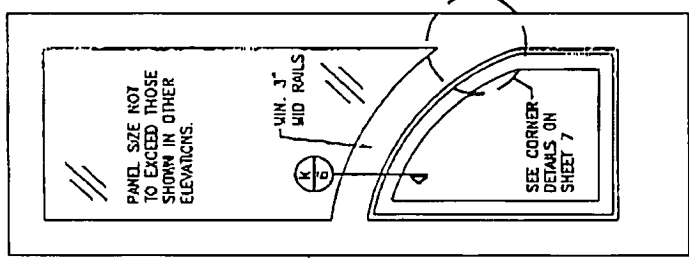
SILL AND STRIKE PLATE ANCHORS PER ELEVATION ON SHEET 1

REVISIONS NO. REVISION DESCRIPTION DATE 1 2 3 4 5 6 7 8 9 10	PROJECT TITLE B FOOT WOOD OUTSWING IMPACT DOORS	DRAWING NO. 1069 SHEET NO. 4 OF 10	DATE: FEB 09 2004 DRAWN BY: [Signature] CHECKED BY: [Signature]	W. W. SCHMIDT ENGINEERING CONSULTANTS 1000 N. W. 10TH AVE. SUITE 200 BOCA RATON, FL 33432 PHONE: 561-725-4802 FAX: 561-725-4803	SIGNATURE DOOR INC. 401 JUNIATA STREET ALTOONA, PA 16602 814-949-2770
---	---	---------------------------------------	---	--	--



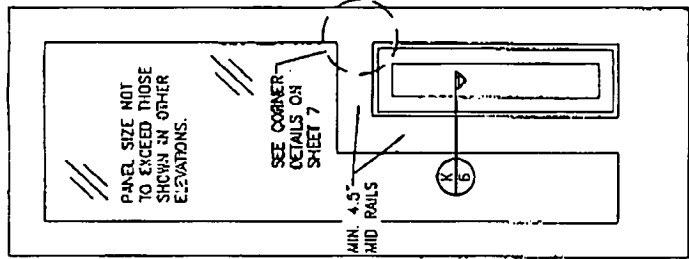
**EXTERIOR ELEVATION
RAISED PANEL WITH GLASS
GLAZED TO PANEL**
SCALE: 3/4"=1'-0"

- 1) DAY LIGHT OPENING IN PANEL DOOR MAY BE OF ANY CONFIGURATION.
- 2) FULL LIGHT & OVAL CONDITION IS SHOWN. PARTIAL LIGHT & OTHER LIGHT CONFIGURATIONS ARE ALSO APPLICABLE PROVIDED PANEL CONDITIONS ARE WITHIN WHAT IS SPECIFIED IN THESE DRAWINGS.
- 3) PANEL ONLY IS SHOWN. FOR INSTALLATION INTO FRAME, SEE OTHER ELEVATIONS.



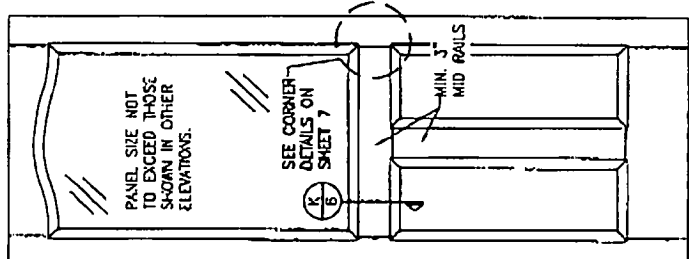
**EXTERIOR ELEVATION
SOLID RAISED PANEL WITH
ARCHED/SHAPED MID RAILS**
SCALE: 3/4"=1'-0"

- 1) TOP & MID RAILS MAY BE OF ANY CONFIGURATION PROVIDING THE SMALLEST CROSS SECTION OF RAILS IS EQUAL TO OR LARGER THAN THAT DETAILED IN DRAWINGS.
- 2) MULTIPLE MID RAIL (BOTH HORIZONTAL & VERTICAL) MAY BE USED WITH THESE PANELS.
- 3) PARTIAL PANEL CONDITION IS SHOWN ABOVE. FULL PANEL DOORS AND OTHER PANEL CONFIGURATIONS ARE ALSO PART OF THIS APPROVAL AND ARE SIMILAR IN CONSTRUCTION TO THAT SHOWN ABOVE.
- 4) PANEL ONLY IS SHOWN. FOR INSTALLATION INTO FRAME, SEE OTHER ELEVATIONS.



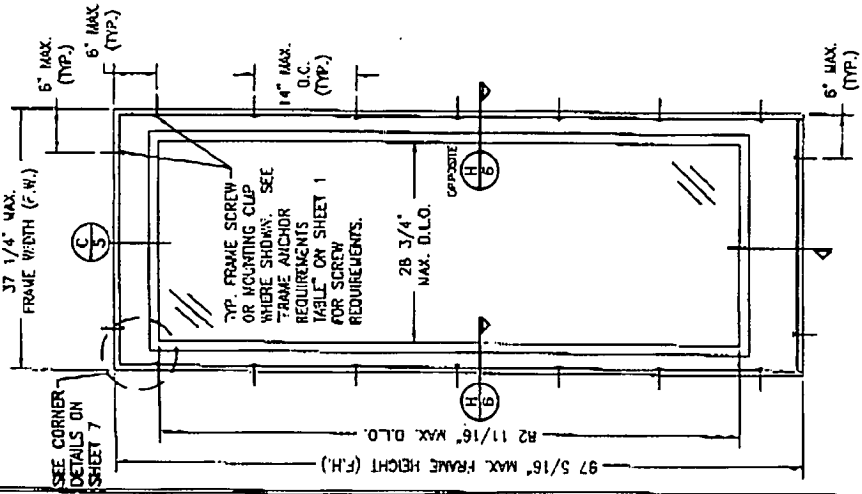
**EXTERIOR ELEVATION
SOLID RAISED PANEL WITH
CORNERED MID RAILS**
SCALE: 3/4"=1'-0"

- 1) TOP & MID RAILS MAY BE OF ANY CONFIGURATION PROVIDING THE SMALLEST CROSS SECTION OF RAILS IS EQUAL TO OR LARGER THAN THAT DETAILED IN DRAWINGS.
- 2) MULTIPLE MID RAIL (BOTH HORIZONTAL & VERTICAL) MAY BE USED WITH THESE PANELS.
- 3) PARTIAL PANEL CONDITION IS SHOWN ABOVE. FULL PANEL DOORS AND OTHER PANEL CONFIGURATIONS ARE ALSO PART OF THIS APPROVAL AND ARE SIMILAR IN CONSTRUCTION TO THAT SHOWN ABOVE.
- 4) PANEL ONLY IS SHOWN. FOR INSTALLATION INTO FRAME, SEE OTHER ELEVATIONS.



**EXTERIOR ELEVATION
SOLID RAISED PANEL WITH
STANDARD MID RAILS**
SCALE: 3/4"=1'-0"

- 1) TOP & MID RAILS MAY BE OF ANY CONFIGURATION PROVIDING THE SMALLEST CROSS SECTION OF RAILS IS EQUAL TO OR LARGER THAN THAT DETAILED IN DRAWINGS.
- 2) MULTIPLE MID RAIL (BOTH HORIZONTAL & VERTICAL) MAY BE USED WITH THESE PANELS.
- 3) PARTIAL PANEL CONDITION IS SHOWN ABOVE. FULL PANEL DOORS AND OTHER PANEL CONFIGURATIONS ARE ALSO PART OF THIS APPROVAL AND ARE SIMILAR IN CONSTRUCTION TO THAT SHOWN ABOVE.
- 4) PANEL ONLY IS SHOWN. FOR INSTALLATION INTO FRAME, SEE OTHER ELEVATIONS.



**EXTERIOR ELEVATION
SINGLE FIXED PANEL**
SCALE: 3/4"=1'-0"

PRODUCT REVIEWED
 in accordance with the Florida
 Building Code, Chapter 6, Part 607.04
 Approved by: [Signature]
 Date: [Date]

NO.	REVISION DESCRIPTION	DATE

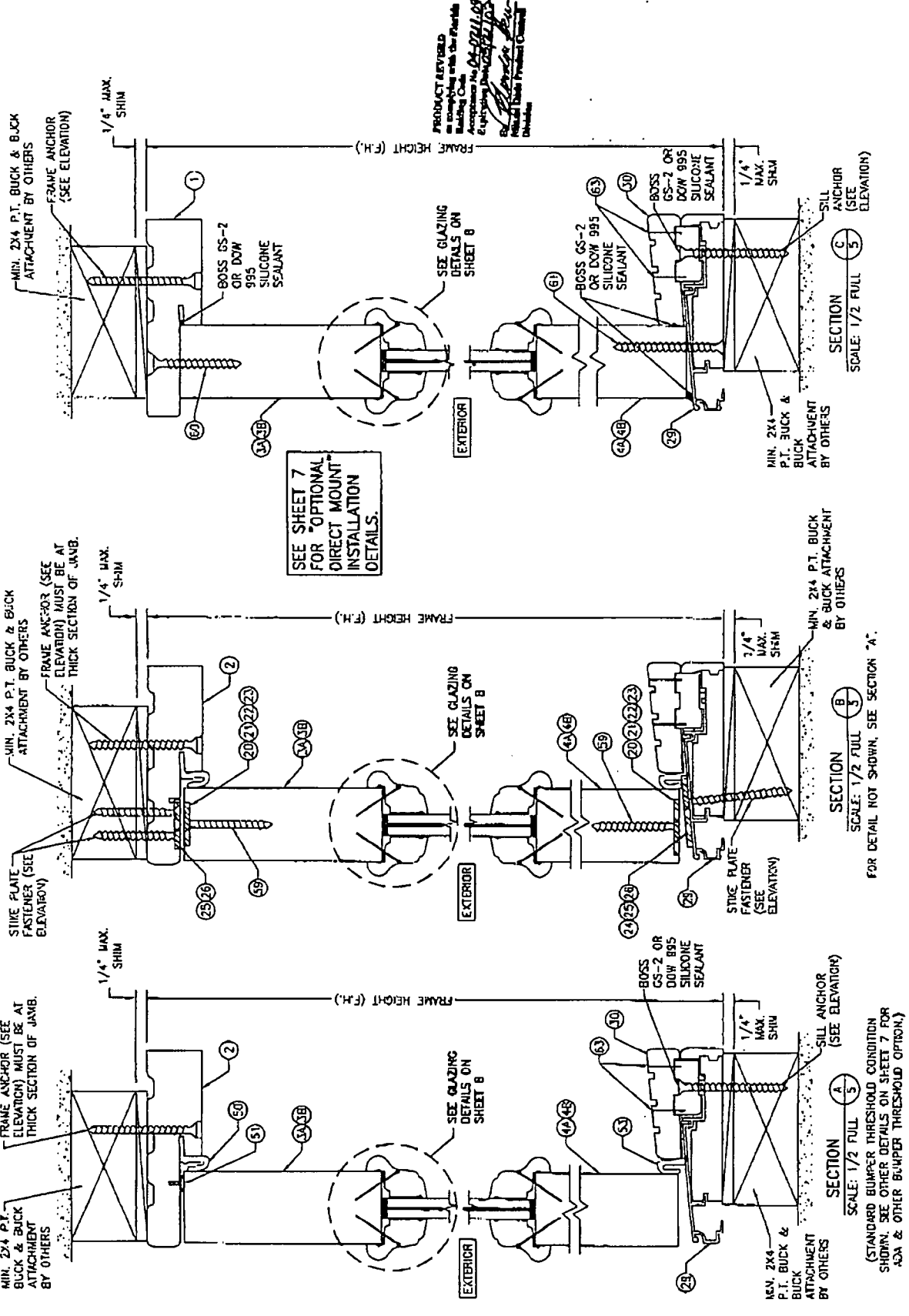
B FOOT WOOD OUTSWING IMPACT DOORS

CONTRACTOR: SIGNATURE DOOR INC.
401 LUNATA STREET
ALTOONA, PA 15602
814-949-2770

MANUFACTURER: W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.
603 N. KERRY DRIVE, SUITE C-204
PHILADELPHIA, PA 19124
PHONE: 215-778-1803 FAX: 215-775-4803

DATE: FEB 09 2004
DRAWN BY: [Signature]
CHECKED BY: [Signature]

REVISION NO. 1069
SHEET NO. 5 OF 10



SEE SHEET 7 FOR "OPTIONAL" DIRECT MOUNT INSTALLATION DETAILS.

PRODUCT REVISED in compliance with the Florida Building Code. According to Florida Building Code, Section 610.6.3.1. Florida Building Product Council

FOR DETAIL NOT SHOWN, SEE SECTION "A".

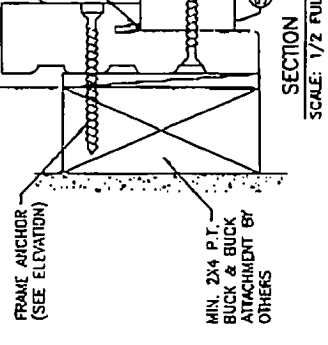
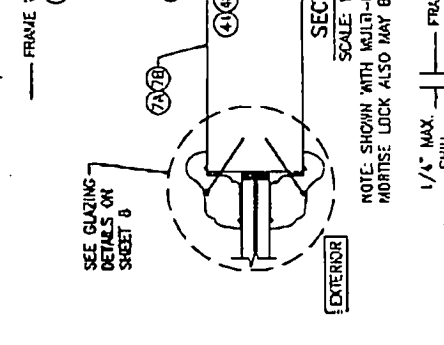
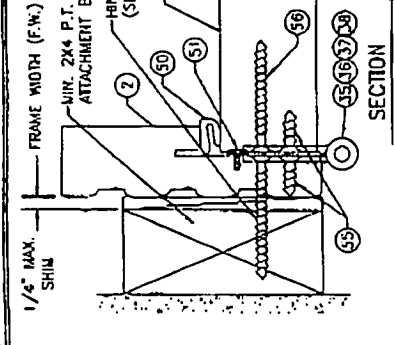
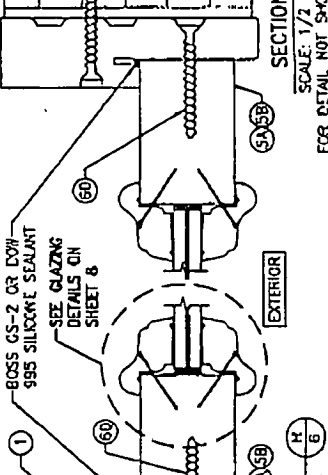
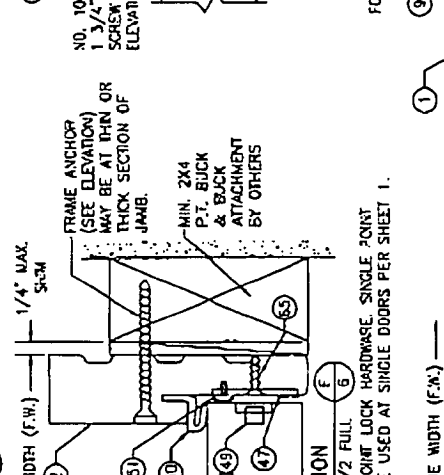
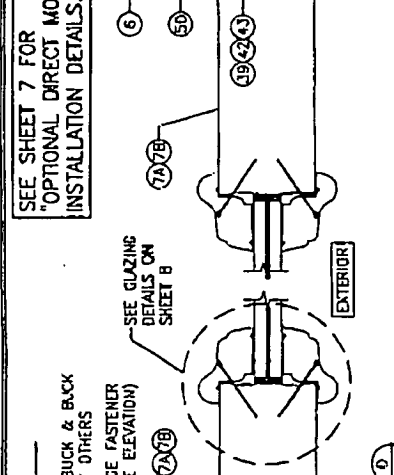
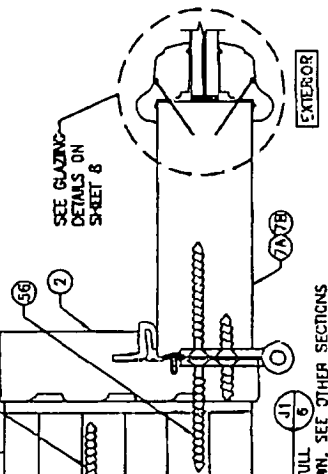
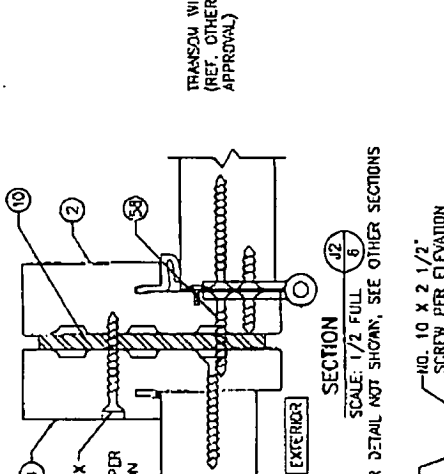
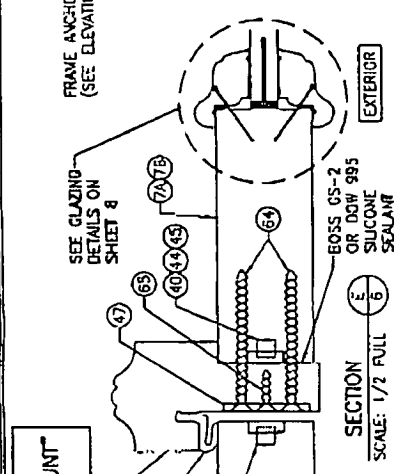
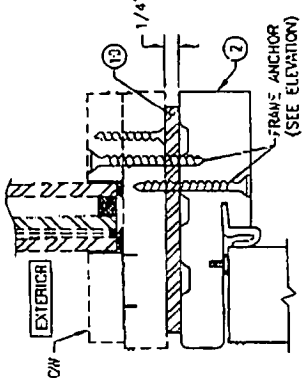
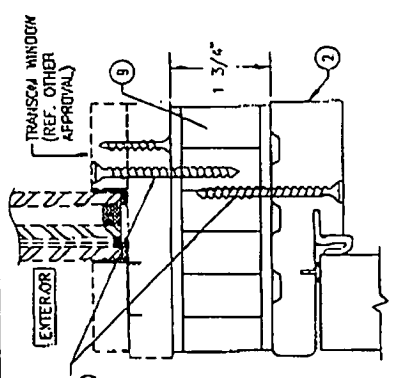
(STANDARD BUMPER THRESHOLD CONDITION SHOWN. SEE OTHER DETAILS ON SHEET 7 FOR ADA & OTHER BUMPER THRESHOLD OPTION.)

NO.	REVISION DESCRIPTION	BY	DATE

W. W. SCHWABER ENGINEERING & CONSULTANTS
 800 N. BETHURTON BLVD. SUITE C-10
 PALM BEACH GARDENS, FL 33410
 PHONE: 561-773-4882 FAX: 561-773-4883

SIGNATURE DOOR INC.
 401 JUVANATA STREET
 ALTOONA, PA 16602
 814-949-2770

CERTIFICATION
 FEB 09 2004
 1089
 SHEET NO. 6 OF 10



SEE SHEET 7 FOR "OPTIONAL DIRECT MOUNT" INSTALLATION DETAILS.

MIN. 2x4 P.T. BUCK & BACK ATTACHMENT BY OTHERS

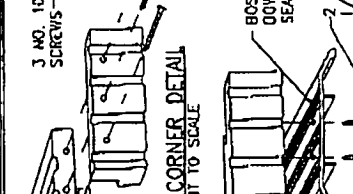
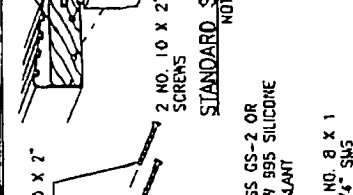
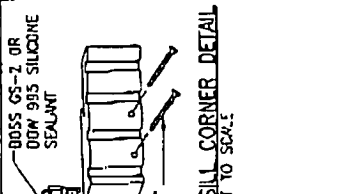
MIN. 2x4 P.T. BUCK & BACK ATTACHMENT BY OTHERS

FRAME ANCHOR (SEE ELEVATION) MAY BE AT THIN OR THICK SECTION OF JAMB.

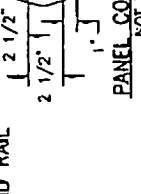
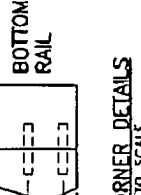
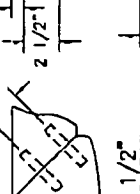
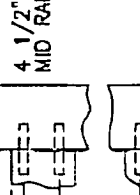
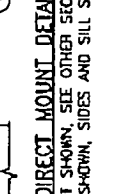
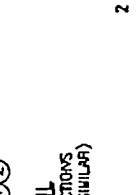
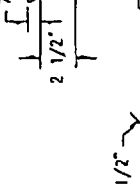
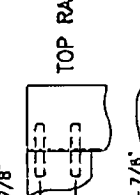
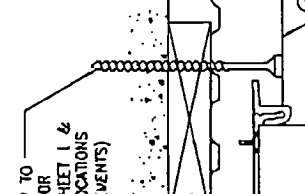
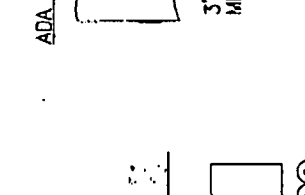
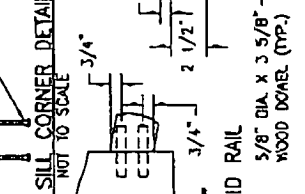
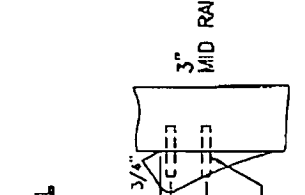
NOTE: SHOWN WITH MULTI-POINT LOCK HARDWARE. SINGLE POINT MORTISE LOCK ALSO MAY BE USED AT SINGLE DOORS PER SHEET 1.

PRODUCT REVIEWED in compliance with the Florida Building Code. Approval No. 04-0211-09. Expiration Date: 02/28/05. By: [Signature] District

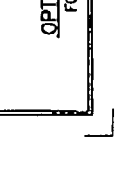
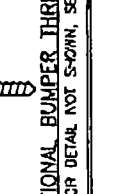
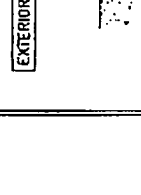
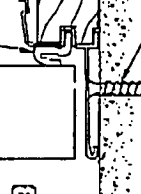
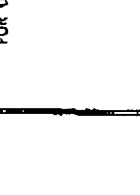
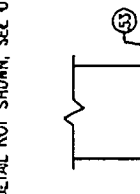
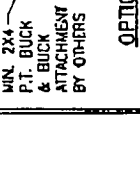
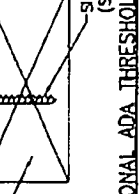
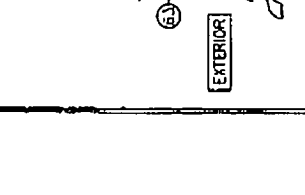
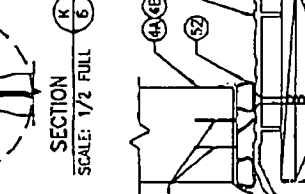
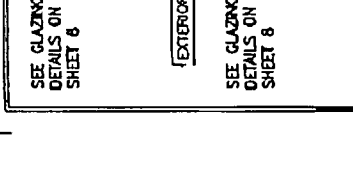
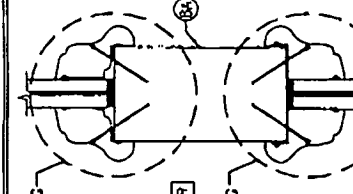
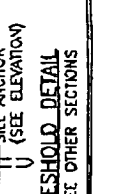
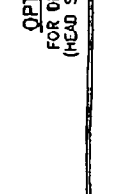
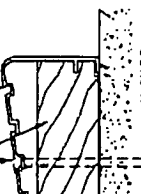
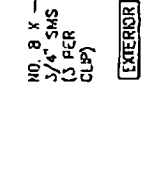
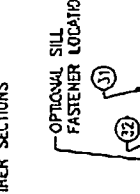
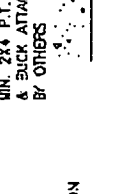
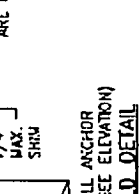
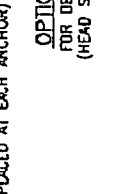
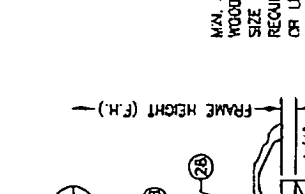
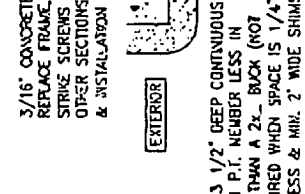
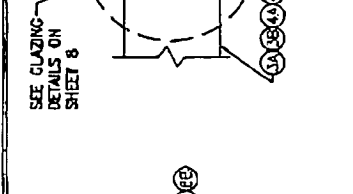
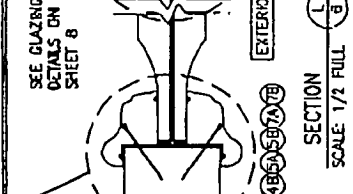
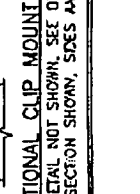
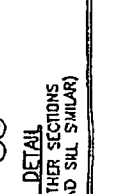
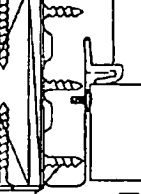
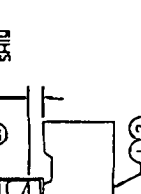
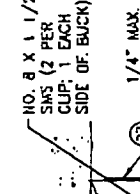
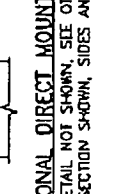
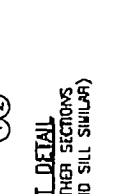
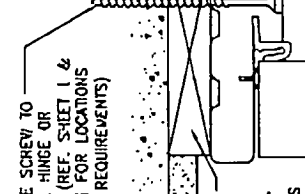
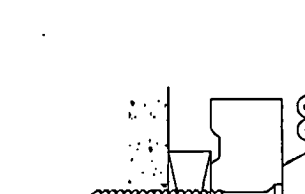
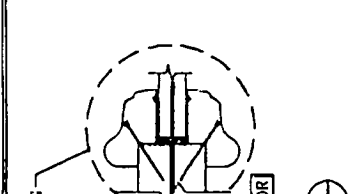
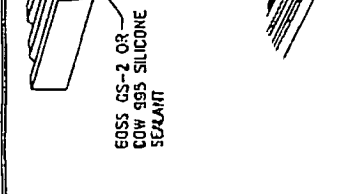
REVISIONS NO. REVISION DESCRIPTION BY DATE		DRAWING TITLE 8 FOOT WOOD OUTSWING IMPACT DOORS
DESIGNER: [] CHECKER: [] DATE: []		MANUFACTURER SIGNATURE DOOR INC. 401 JUNIATA STREET ALTOONA, PA 15602 814-949-2770
CONSULTANTS W. M. SCHAEFER ENGINEERING & CONSULTING, P.A. 1069 7 OF 10		CERTIFICATION FEB 08 2006 WALTER R. SCHAEFER P.E. 1069 7 OF 10

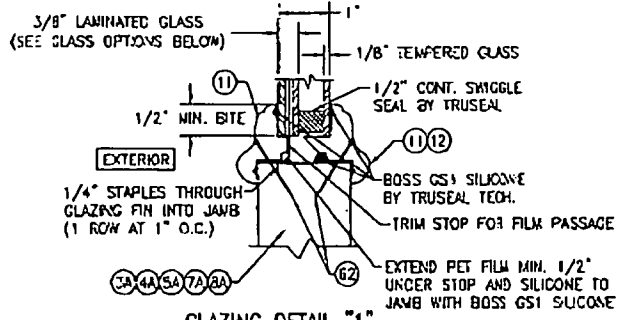


PRODUCT REVISED to comply with the Florida Building Code. Approved by the Florida Building Code. Approved by the Florida Building Code. Approved by the Florida Building Code.



ALL DOWEL AND WOOD TO WOOD CONTACT SURFACES ARE FULLY GLUED WITH WOOD ADHESIVE BY JOINT ADHESIVES, MORLOCK GT 62-300A OR TITEBOND 2 BY KEAT-PROOF.

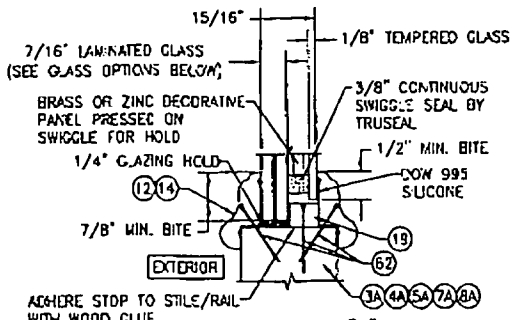




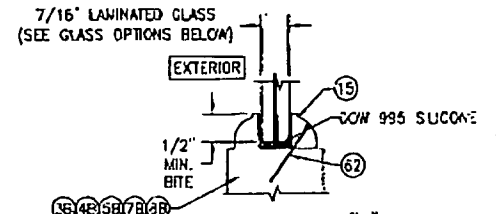
GLAZING DETAIL "1"

GLASS OPTION (GLAZING DETAIL 1)

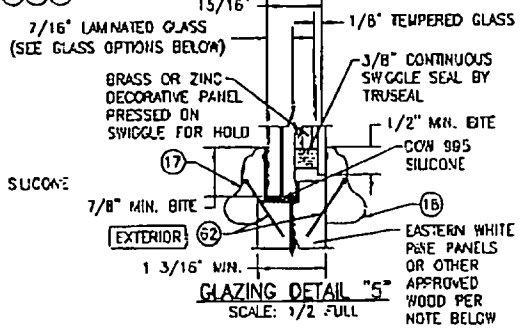
- OPTION 1: 3/8" THICK NEBUCLA GLASSLAW SAFETY-PLUS LAMINATED GLASS (1/8" H.S./0.077 RESIN/0.069 PET/0.077 RESIN/1/8" H.S.)
- OPTION 2: 3/8" THICK NEBUCLA GLASSLAW SAFETY-PLUS LAMINATED GLASS (1/8" AN/0.077 RESIN/0.009 PET/0.077 RESIN/1/8" AN.)



GLAZING DETAIL "2"



GLAZING DETAIL "3"



GLAZING DETAIL "4"

GLAZING DETAIL "5"

LAMINATED GLASS OPTIONS (GLAZING DETAIL 2, 3, 4 & 5)

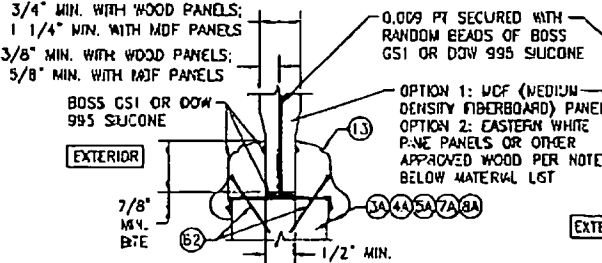
- OPTION 3: 7/16" THICK GLASSLAM SAFETY PLUS II LAMINATED GLASS (3/16" AN/D.1" POLYURETHANE POLYMER/3/16" AN)
- OPTION 4: 7/16" THICK OLOCASTLE STORMGLASS LAMINATED GLASS (3/16" AN/0.075" STORMGLASS/3/16" AN)
- OPTION 5: 7/16" THICK SENTRY GLASS PLUS LAMINATED GLASS (3/16" AN/0.09" SGP/3/16" AN)

O.A.D. WIDTH	ALLOWABLE DESIGN PRESSURE (WITH GLASS OPTION 2 ONLY)							
	DESIGN LOAD CAPACITY (PSF)		DESIGN LOAD CAPACITY (PSF)		DESIGN LOAD CAPACITY (PSF)		DESIGN LOAD CAPACITY (PSF)	
	POS.	NEG.	POS.	NEG.	POS.	NEG.	POS.	NEG.
17"	65.2	83.0	68.0	82.0	63.0	80.0	65.0	80.0
18"	85.0	77.2	66.0	78.1	65.0	74.2	65.0	71.6
21"	63.9	63.9	62.6	62.6	60.9	60.9	58.8	58.8
23"	54.8	54.8	53.7	53.7	51.6	51.6	49.0	49.0
26"	44.1	44.1	43.0	43.0	41.0	41.0	38.6	38.6
28.75"	37.8	37.8	36.8	36.8	34.7	34.7	32.2	32.2
D.L.D. HEIGHT	64"	67"	73"	82.75"				

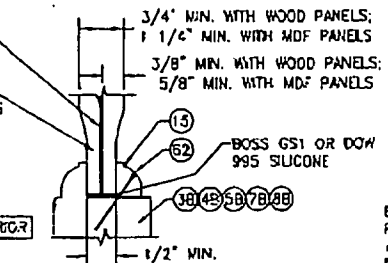
ALLOWABLE DESIGN PRESSURE (WITH GLASS OPTIONS 1, 3, 4 & 5 ONLY)	
(1) +65/-80 PSF (ALL DOOR SIZES)	

NOTE: WHEN A SINGLE POINT MORTISE LOCK IS USED, THE ALLOWABLE DESIGN PRESSURE SHALL BE LIMITED TO THE LESSER OF +/-60 PSF OR THE APPLICABLE LOAD IN THE LOAD TABLE.

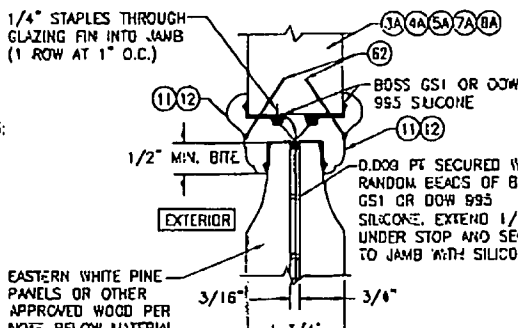
(1) POSITIVE PRESSURE NOTE: DOORS ARE APPROVED FOR WATER INFILTRATION RESISTANCE WHEN THE BUMPER THRESHOLDS (ITEMS 30 & 31) ARE USED. WHEN THE "A" THRESHOLD IS USED, THESE DOORS ARE NOT APPROVED FOR WATER INFILTRATION RESISTANCE UNLESS THE UNITS ARE INSTALLED IN A NON-HABITABLE AREA WHERE THE UNIT AND THE AREA ARE DESIGNED TO ACCEPT WATER INFILTRATION. OTHERWISE, THE DOORS MUST BE INSTALLED ONLY AT LOCATIONS PROTECTED BY A CANOPY OR OVERHANG SUCH THAT THE ANGLE BETWEEN THE EDGE OF THE CANOPY OR OVERHANG TO SILL IS LESS THAN 45 DEGREES.



GLAZING DETAIL "6"



GLAZING DETAIL "7"



GLAZING DETAIL "8"

PRODUCT REVIEWED in compliance with the Florida Building Code, Amendment No. 04-0211.09, Effective Date 05/31/04.

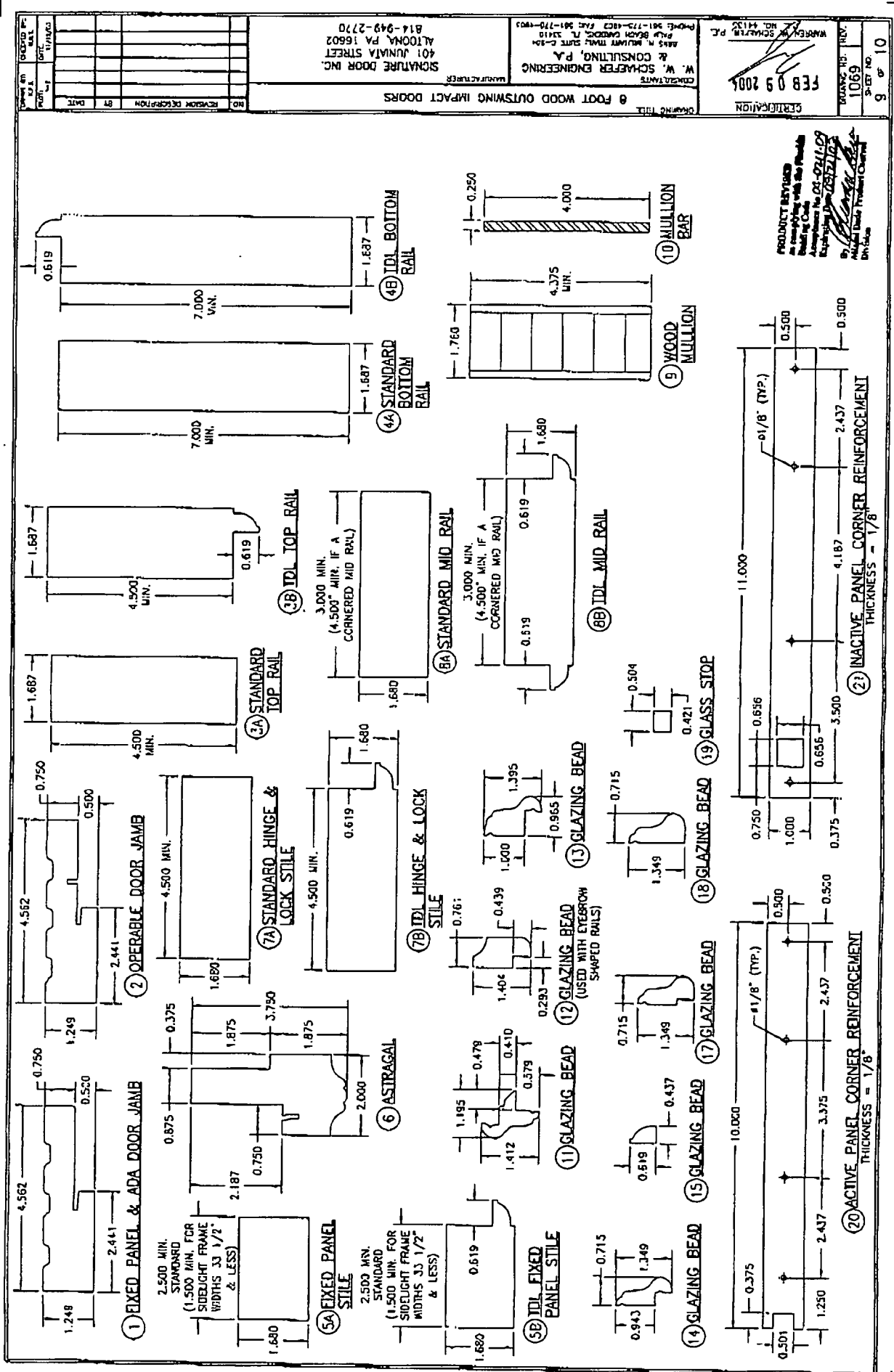
DATE	BY	REVISION

MANUFACTURER
B. FOOT WOOD OUTSWING IMPACT DOORS

CONSULTANTS
W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.
 401 JUNATA STREET
 ALTOONA, PA 16602
 PH: 814-948-2770
 FAX: 814-948-2770

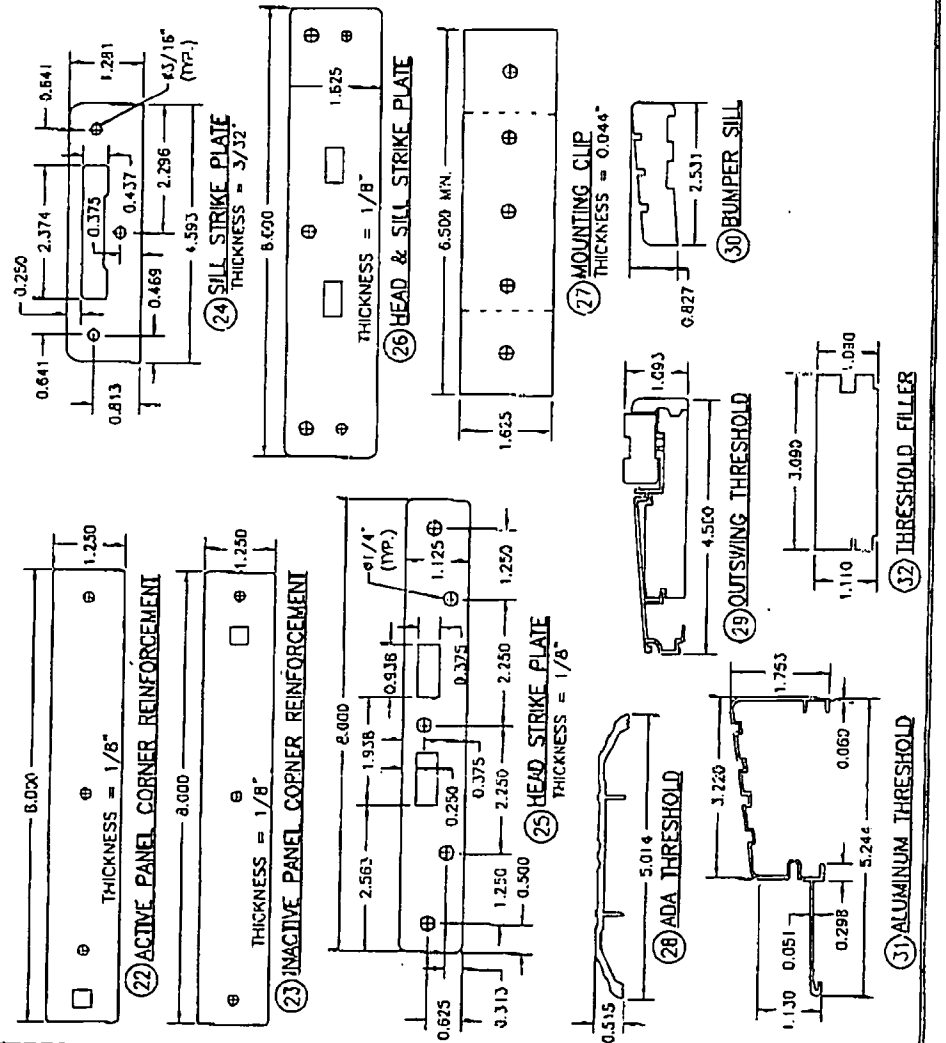
CERTIFICATION
FEB 09 2004
 W. W. SCHAEFER, P.E.
 No. 42,413

DRAWING NO. **1069**
 SHEET NO. **6** OF **10**



ITEM #	ITEM DESCRIPTION	MANUFACTURER/NOTES	ITEM DESCRIPTION	MANUFACTURER/NOTES
1	FRONT PANEL & ADA DOOR JAMB	* WOOD (LAMINATED WITH CURVED JAMB)	2 PER HINGE LEAF INHD JAMB & STYLE	
2	TOP RAIL	* WOOD (LAMINATED WITH CURVED JAMB)	2 PER HINGE LEAF INHD STYLE & WOOD ULLIFON	
3	TEEL TIP RAIL	ULV OR LAMINATED RED OAK CORE (PINE VENEER)	2 PER HINGE LEAF INHD STEEL MILLIUM	
4	BOTTOM RAIL	ULV OR LAMINATED RED OAK CORE (PINE VENEER)	4 PER DOOR REINFORCEMENT PLATE	
5	FRONT STILE	ULV OR LAMINATED RED OAK CORE (PINE VENEER)	6 FROM CORNERS & 16" MAX O.C.	
6	FRONT STILE	ULV OR LAMINATED RED OAK CORE (PINE VENEER)	1" FROM CORNERS & 8" O.C.	
7	FRONT STILE	ULV OR LAMINATED RED OAK CORE (PINE VENEER)	3/4" FROM CORNERS & 8" O.C. STAGE 2/20	
8	FRONT STILE	ULV OR LAMINATED RED OAK CORE (PINE VENEER)	3" FROM PANS & 24" O.C. THRU STRAIGHT	
9	FRONT STILE	ULV OR LAMINATED RED OAK CORE (PINE VENEER)	2 PER STRIKE PLATE	
10	GLAZING BEAD	* WOOD		
11	GLAZING BEAD	* WOOD		
12	GLAZING BEAD	* WOOD		
13	GLAZING BEAD	* WOOD		
14	GLAZING BEAD	* WOOD		
15	GLAZING BEAD	* WOOD		
16	JAMB REIN. PLATE (24" X 4.00" X 8.00")	CALVANIZED STEEL (NOT REVD WITH CURVED JAMBS)		
17	GLASS STOP	* WOOD		
18	GLASS STOP	* WOOD		
19	GLASS STOP	* WOOD		
20	ACTIVE PANEL CORNER REINFORCEMENT	STAINLESS STEEL - TO BE USED WITH ANY OF THE LOCK SYSTEMS		
21	ACTIVE PANEL CORNER REINFORCEMENT	BRASS OR STAINLESS STEEL - TO BE ONLY USED WITH FLAR LOCKS (ITEMS 34B & 37B)		
22	ACTIVE PANEL CORNER REINFORCEMENT	BRASS OR STAINLESS STEEL - TO BE ONLY USED WITH FLAR LOCKS (ITEMS 34B & 37B)		
23	INACTIVE PANEL CORNER REINFORCEMENT	BRASS OR STAINLESS STEEL - TO BE ONLY USED WITH FLAR LOCKS (ITEMS 34B & 37B)		
24	SILL STRIKE PLATE	STAINLESS STEEL - TO BE USED WITH ANY OF THE LOCK SYSTEMS		
25	HEAD & SILL STRIKE PLATE	STAINLESS STEEL - TO BE USED WITH ANY OF THE LOCK SYSTEMS		
26	ADA THRESHOLD	ALUMINUM THRESHOLD - TO BE ONLY USED WITH HARDWOOD TO BE USED WITH ITEM 29		
27	MOUNTING CLIP	1/8" ALUMINUM THRESHOLD		
28	OUTSWING THRESHOLD	ALUMINUM THRESHOLD		
29	BUMPER SILL	ALUMINUM THRESHOLD		
30	THRESHOLD FILLER	ALUMINUM THRESHOLD		
31	4" X 4" BUTT HINGE	FINISHED UNPAINTED STEEL		
32	4" X 4" BALL BEARING HINGE	FINISHED UNPAINTED STEEL		
33	4" X 4" BALL BEARING HINGE	FINISHED UNPAINTED STEEL		
34	4" X 4" BALL BEARING HINGE	FINISHED UNPAINTED STEEL		
35	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
36	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
37	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
38	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
39	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
40	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
41	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
42	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
43	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
44	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
45	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
46	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
47	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
48	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
49	2-POINT ACTIVE PANEL LOCK SYS.	ROPPER HESKOD ROUNDROBT/SPOODROBT		
50	WEATHER SEAL	ROPPER HESKOD ROUNDROBT/SPOODROBT		
51	DOOR SWEEP	ROPPER HESKOD ROUNDROBT/SPOODROBT		
52	DOOR SWEEP	ROPPER HESKOD ROUNDROBT/SPOODROBT		
53	WEATHER SEAL	ROPPER HESKOD ROUNDROBT/SPOODROBT		

PRODUCT REVISED
 in accordance with the Florida
 Building Code
 Approved by the Florida
 Department of Building
 Regulation
 04-0211-04
 Approved Date 03/31/05
 By: *[Signature]*
 Title: *[Title]*



8 FOOT WOOD OUTSWING IMPACT DOORS

W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.
 800 N. BROADWAY, SUITE C-204
 PALM BEACH GARDENS, FL 33410
 PHONE: 561-775-1802 FAX: 561-775-4303

SIGNATURE DOOR INC.
 401 JUNATA STREET
 ALTONA, PA 16802
 814-849-2770

PERMIT INFORMATION
 FEB 09 2004

DATE: 10/10/05
 DRAWING NO: 1069
 SHEET NO: 10 of 10

Wm. J. ...



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

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

NOTICE OF ACCEPTANCE (NOA)

PGT-Industries
P.O. Box 1529
Nokomis, FL 34274

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

This product is approved as described herein, and has been designed to comply with the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: Series "SH-701" Aluminum Single Hung Window

APPROVAL DOCUMENT: Drawing No.4040, titled "Aluminum Single Hung Window", sheets 1 through 5 of 5, prepared by manufacturer, dated 2/9/98 with revision on 6/3/03, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

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

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

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

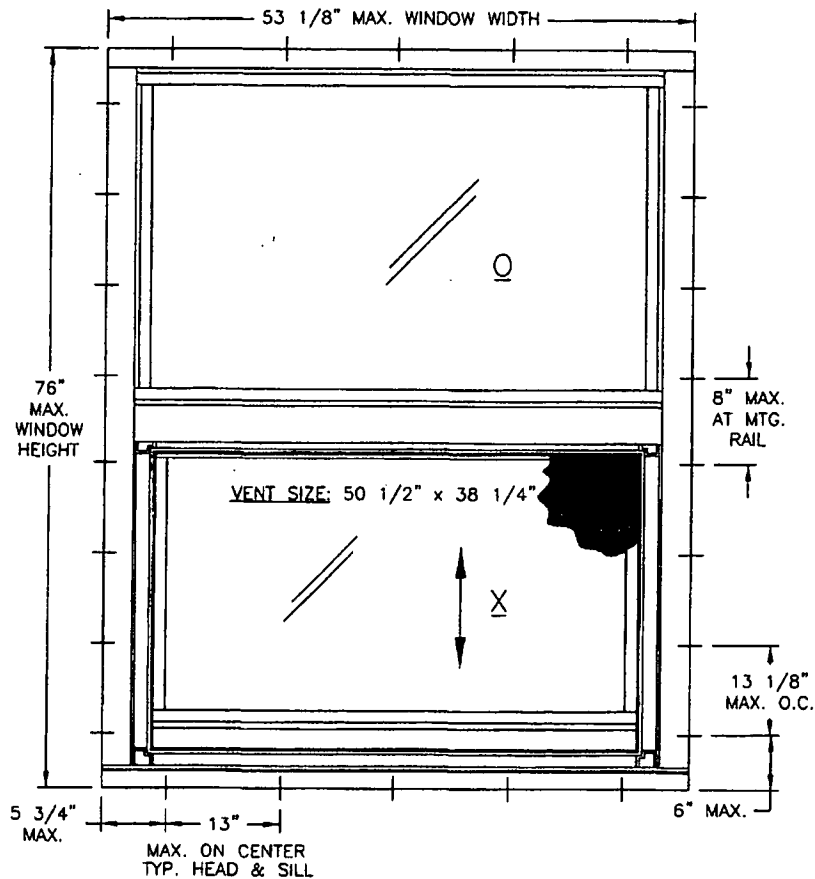
INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA revises NOA # 02-0702.04 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.

TJB
10/16/2003



NOA No 03-0514.01
Expiration Date: November 01, 2006
Approval Date: November 06, 2003
Page 1



ELEVATION

NOTES CONTINUED

- 4.) ANCHORS: MAX. 5 3/4" FROM EACH CORNER (HEAD & SILL)
 MAX. SPACING AT HEAD & SILL: 13.000
 MAX. 6" FROM EACH CORNER (JAMBS)
 MAX. SPACING AT MEETING RAIL: 8.000
 MAX. SPACING AT JAMBS OTHERWISE: 13.125
- 5.) SHUTTER REQUIREMENT: NO SHUTTERS REQUIRED
- 6.) REFERENCE TEST REPORTS: FTL-1889 & FTL-3739

LARGE MISSILE IMPACT WINDOWS NOTES:

- 1.) GLAZING OPTIONS:
 - A. 5/16" (.350) LAMINATED GLASS CONSISTING OF AN .090 PVB INNER LAYER BETWEEN (2) LITES OF 1/8" ANNEALED GLASS.
 - B. 5/16" (.350) LAMINATED GLASS CONSISTING OF AN .090 PVB INNER LAYER BETWEEN (2) LITES OF 1/8" HEAT STRENGTHENED GLASS.
 - C. 13/16" (.840) LAMI I.G. GLASS CONSISTING OF 1/8" HEAT STRENGTHENED GLASS, 3/8" AIR SPACE AND 5/16 LAMINATED GLASS (.090 PVB INNER LAYER BETWEEN (1) LITE OF 1/8" ANNEALED GLASS AND (1) LITE OF HEAT STRENGTHENED GLASS).
 - D. 13/16" (.840) LAMI I.G. GLASS CONSISTING OF 1/8" HEAT STRENGTHENED GLASS, 3/8" AIR SPACE AND 5/16 LAMINATED GLASS (.090 PVB INNER LAYER BETWEEN (2) LITES OF 1/8" HEAT STRENGTHENED GLASS.
- 2.) CONFIGURATIONS: OX
- 3.) DESIGN PRESSURE RATING: SEE TABLE
 - A. NEGATIVE DESIGN LOADS BASED ON TESTED PRESSURE AND GLASS TABLES ASTM E 1300-98 (AND ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY)
 - B. POSITIVE DESIGN LOADS BASED ON WATER TEST PRESSURE (FTL-1889) AND GLASS TABLES ASTM E 1300-98 (AND ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY)

COMPARATIVE ANALYSIS TABLE:

WINDOW WIDTH		WINDOW HEIGHT									
		38.375		50.625		63.000		76.000			
		A	B,D	C	A	B,D	C	A	B,D	C	
26.500	A	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
	B,D	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
	C	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
37.000	A	66.7	-80.0	66.7	-80.0	66.7	-69.6	57.2	-57.2	66.7	-80.0
	B,D	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
	C	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-78.1
53.125	A	66.7	-80.0	63.4	-63.4	47.9	-47.9	48.3	-48.3	66.7	-80.0
	B,D	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
	C	66.7	-80.0	63.4	-63.4	58.7	-58.7	54.5	-54.5	66.7	-80.0

PRODUCT REVISED to comply with the Florida Building Code Amendment No. 03-094.01 Effective Date 11/01/03
Robert L. Clark
 Structural Engineer

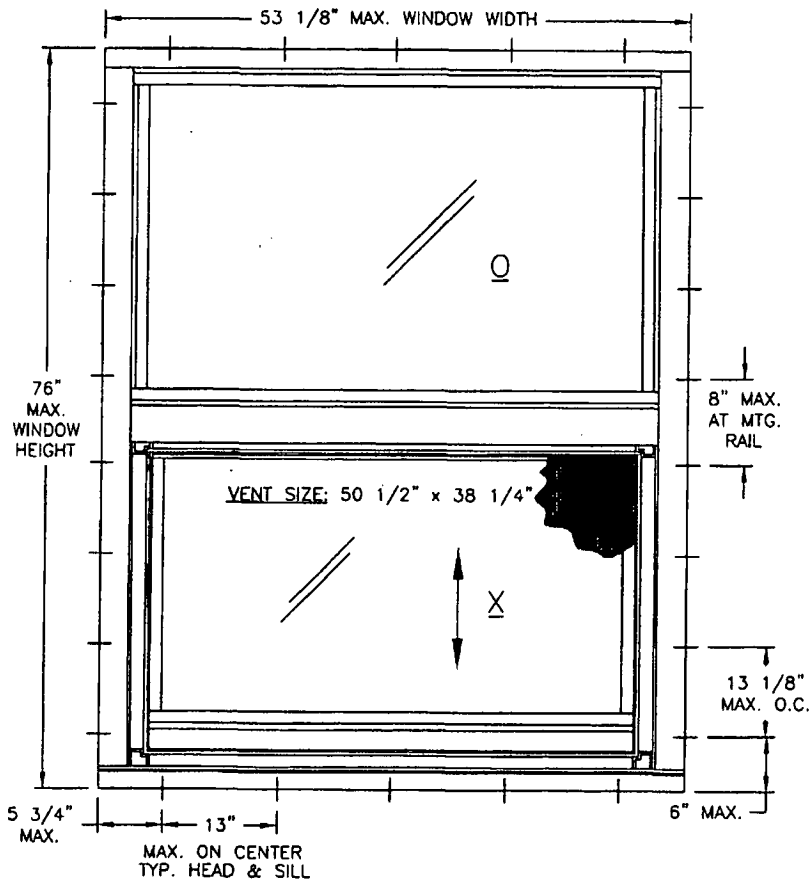
Revised By: F.K.	Date: 6/3/03	Revisions: D-ADD GLASS TYPE & TABLE
Revised By: F.K.	Date: 03/26/03	Revisions: C-ADD 13/16 I.G.
Revised By: F.K.	Date: 10/11/01	Revisions: TB, TABLE, EXTR.
Revised By: D.B.	Date: 8/18/98	Revisions:
Drawn By: D.B.	Date: 2/9/98	

Robert L. Clark
 6/1/03
 Robert L. Clark, P.E.
 PE #38712
 Structural



1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274

Description: ELEVATION & NOTES			
Title: ALUMINUM SINGLE HUNG WINDOW			
Series/Model: SH-701	Scale: NTS	Sheet: 1 of 5	Drawing No. 4040
			Rev: D



ELEVATION

NOTES CONTINUED

- 4.) ANCHORS: MAX. 5 3/4" FROM EACH CORNER (HEAD & SILL)
 MAX. SPACING AT HEAD & SILL: 13.000
 MAX. 6" FROM EACH CORNER (JAMBS)
 MAX. SPACING AT MEETING RAIL: 8.000
 MAX. SPACING AT JAMBS OTHERWISE: 13.125
- 5.) SHUTTER REQUIREMENT: NO SHUTTERS REQUIRED
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- 3.) DESIGN PRESSURE RATING: SEE TABLE
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 - B. POSITIVE DESIGN LOADS BASED ON WATER TEST PRESSURE (FTL-1889) AND GLASS TABLES ASTM E 1300-98 (AND ASTM E 1300-94 OUTSIDE MIAMI-DADE COUNTY)

COMPARATIVE ANALYSIS TABLE:

WINDOW WIDTH		WINDOW HEIGHT							
		38.375		50.625		63.000		76.000	
		A	B,D	A	B,D	A	B,D	A	B,D
26.500	A	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
	B,D	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
	C	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
37.000	A	66.7	-80.0	66.7	-80.0	66.7	-69.6	57.2	-57.2
	B,D	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
	C	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-76.1
53.125	A	66.7	-80.0	63.4	-63.4	47.9	-47.9	48.3	-48.3
	B,D	66.7	-80.0	66.7	-80.0	66.7	-80.0	66.7	-80.0
	C	66.7	-80.0	63.4	-63.4	58.7	-58.7	54.5	-54.5

PRODUCT REVISED as complying with the Florida Building Code, Assignment No. 03-0314.01, Expiration Date 11/01/03
Robert L. Clark
 Robert L. Clark, P.E.
 Structural

Robert L. Clark
 6/11/03
 Robert L. Clark, P.E.
 PE #38712
 Structural



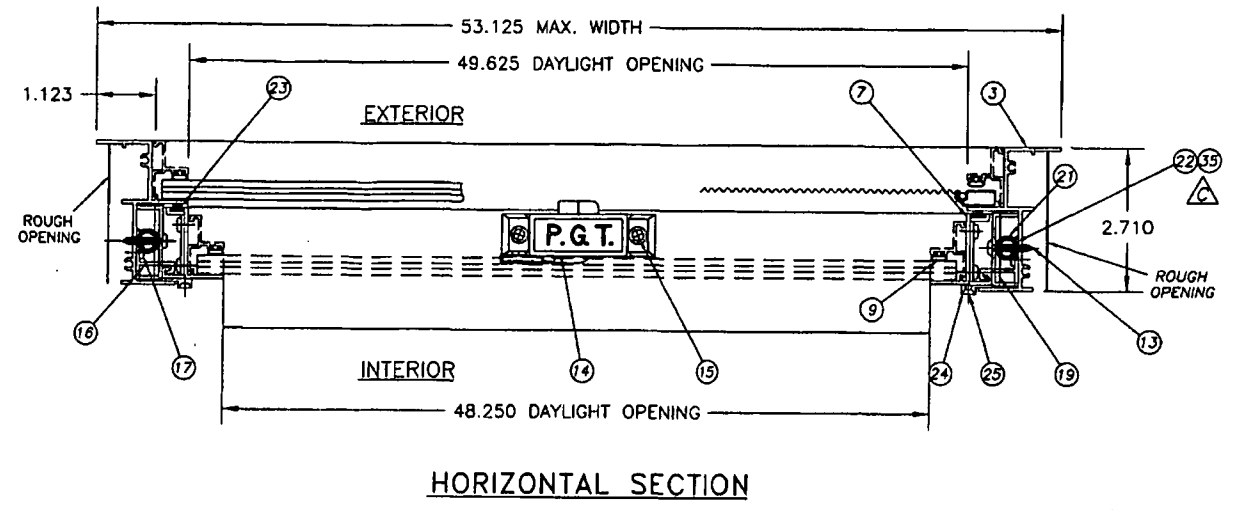
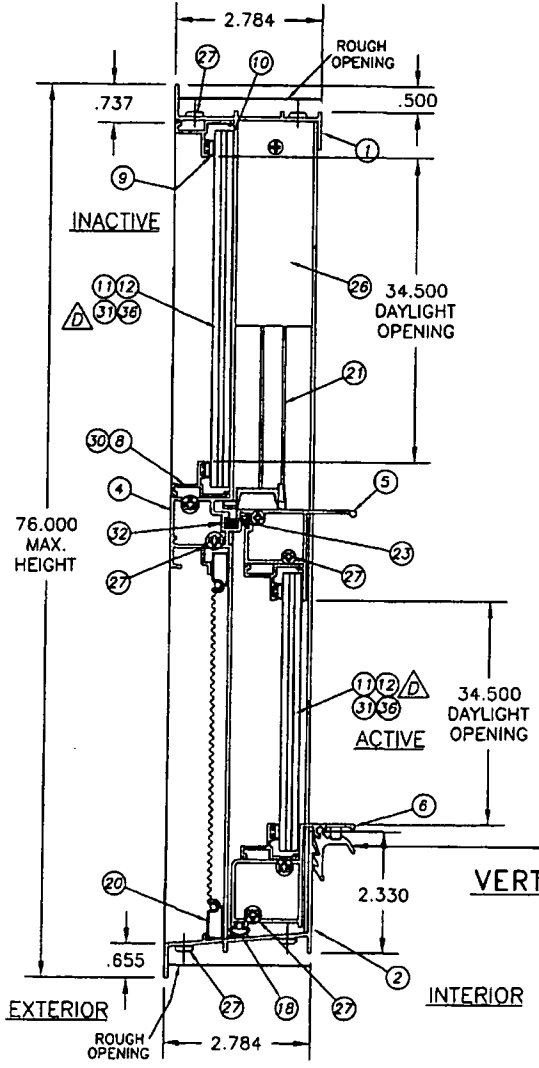
1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274

Revised By: F.K.	Date: 6/3/03	Revisions: D-ADD GLASS TYPE & TABLE
Revised By: F.K.	Date: 03/26/03	Revisions: C-ADD 13/16 I.G.
Revised By: F.K.	Date: 10/11/01	Revisions: TB, TABLE, EXTR.
Revised By: D.B.	Date: 8/18/98	Revisions:
Drawn By: D.B.	Date: 2/9/98	

Description: **ELEVATION & NOTES**

Title: **ALUMINUM SINGLE HUNG WINDOW**

Series/Model: SH-701	Scale: NTS	Sheet: 1 of 5	Drawing No. 4040	Rev: D
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PRODUCT REVISED
 as complying with the Florida
 Building Code
 Amendment No. 03-0514-01
 Expiration Date 11/10/06
 By *Michael D. Berman*
 Miami Dade Product Control
 Division

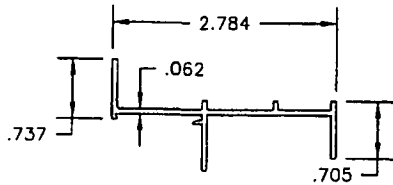
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Revised By: F.K.	Date: 03/26/03	Revisions: C-ADD 130-135
Revised By: F.K.	Date: 10/11/01	Revisions: TB, TABLE, EXTR.
Revised By: D.B.	Date: 8/18/98	Revisions:
Drawn By: D.B.	Date: 2/9/98	

Robert L. Clark
 6/14/03
 Robert L. Clark, P.E.
 PE #39712
 Structural

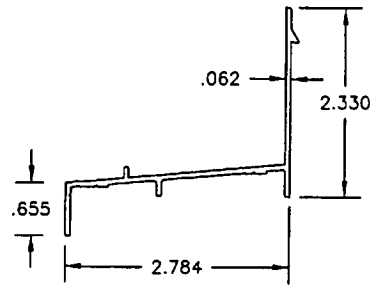
P.G.T.
INDUSTRIES
 1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274

Description: SECTIONS				
Title: ALUMINUM SINGLE HUNG WINDOW				
Series/Model: SH-701	Scale: NTS	Sheet: 3 of 5	Drawing No. 4040	Rev: D

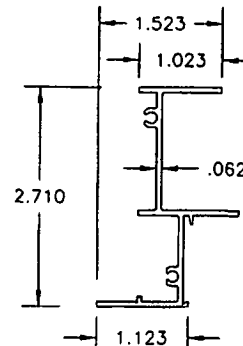
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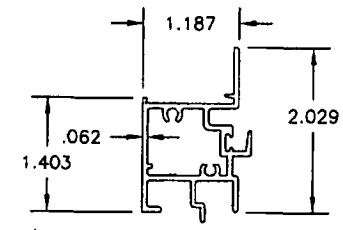
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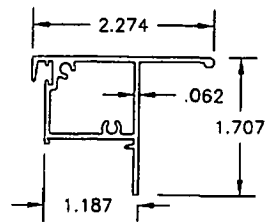
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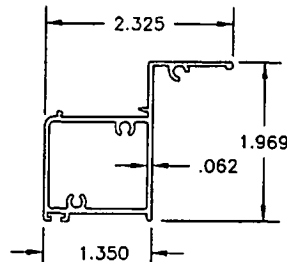
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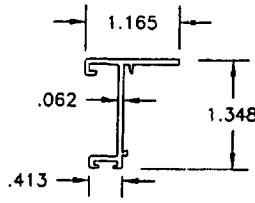
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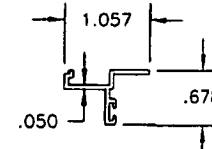
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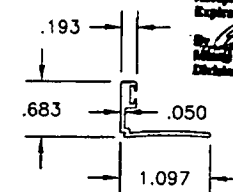
⑥ ALUM. 6063-T5



⑦ ALUM. 6063-T5

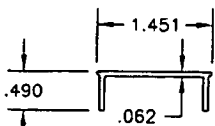


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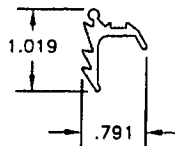


⑩ ALUM. 6063-T5

PRODUCT REVISED
to comply with the Florida
Building Code
Amendment No. 08-0519, 01
Expiration Date 11/01/10
By *[Signature]*
Manufacturing Product Control
Division



⑫ ALUM. 6063-T5



⑬ ALUM. 6063-T5

REFERENCE TEST REPORTS: FTL-1889 & FTL-3739

[Signature]
6/19/03

Robert L. Clark, P.E.
PE #39712
Structural

**P&G
INDUSTRIES**

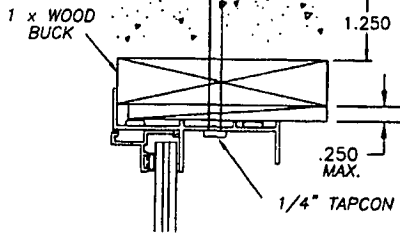
1070 TECHNOLOGY DRIVE
NOKOMIS, FL 34275
P.O. BOX 1529
NOKOMIS, FL 34274

Revised By: F.K.	Date: 6/3/03	Revisions: D-NO CHG THIS SHT
Revised By: F.K.	Date: 03/26/03	Revisions: C-ADD 130,33 CHG 14,5
Revised By: F.K.	Date: 10/11/01	Revisions: TB, TABLE, EXTR.
Revised By: D.B.	Date: 8/18/98	Revisions:
Drawn By: D.B.	Date: 2/9/98	

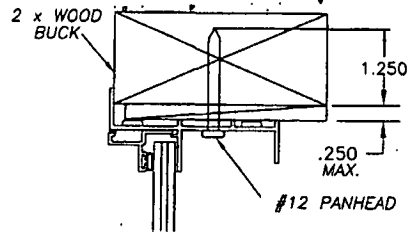
Description:
EXTRUSIONS

Title:
ALUMINUM SINGLE HUNG WINDOW

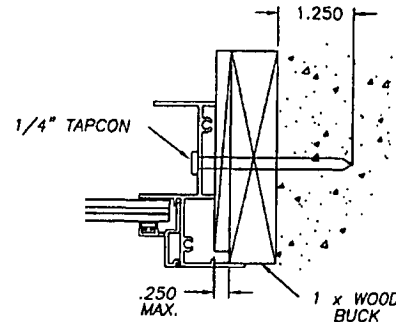
Series/Model: SH-701	Scale: NTS	Sheet: 4 of 5	Drawing No. 4040	Rev. D
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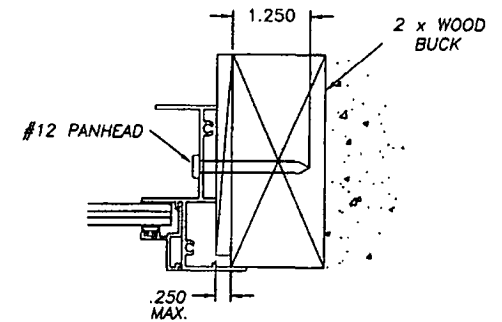
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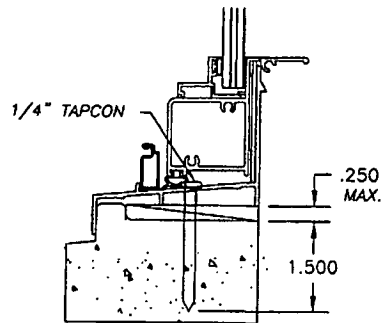
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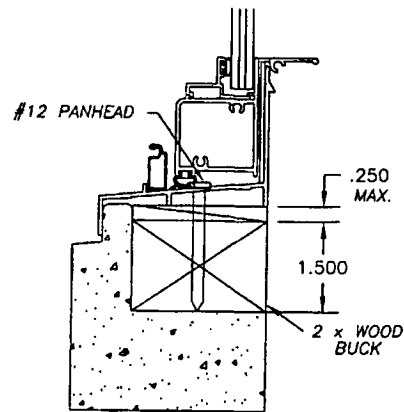
TYP. JAMB



TYP. JAMB



TYP. SILL



TYP. SILL

PRODUCT REVISED
 to comply with the Florida
 Building Code
 Amendments 08-0514, 01
 Effective Date 11/11/06
 By: *Robert L. Clark*
 Manual Quality Product Control
 Division

Revised By: F.K.	Date: 6/3/03	Revisions: D-NO CHG THIS SHT
Revised By: F.K.	Date: 03/26/03	Revisions: C-NO CHG THIS SHT.
Revised By: F.K.	Date: 10/11/01	Revisions: TB, TABLE, EXTR.
Revised By: D.B.	Date: 8/18/98	Revisions:
Drawn By: D.B.	Date: 2/9/98	

Description:
ANCHORAGE

Title:
ALUMINUM SINGLE HUNG WINDOW

REFERENCE TEST REPORTS: FTL-1889 & FTL-3739

Robert L. Clark
 6/19/03
 Robert L. Clark, P.E.
 PE #39712
 Structural

**P&G
 INDUSTRIES**

1070 TECHNOLOGY DRIVE
 NOKOMIS, FL 34275
 P.O. BOX 1529
 NOKOMIS, FL 34274

Series/Model: SH-701	Scale: NTS	Sheet: 5 of 5	Drawing No. 4040	Rev: D
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State Certified Contractor CBCA52954

- Commercial Building Construction
- Custom Residential Construction
- Medical / Dental / Retail Offices
- Tenant Improvements
- Construction Management
- Construction Consulting

DEMOREST

CONSTRUCTION GROUP, INC.

800 S.E. Indian St. • Stuart, Florida • 34997-5605
 Telephone 772/220-0065 • FAX 772/220-0227

Transmittal

www.demorestconstruction.com • bodemo@demorestconstruction.com

DEMOREST CONSTRUCTION GROUP • TRANSMITTAL FORM

To: Mr. Gene Simmons	From: Robert P. Demorest
Company Name: Town of Sewall's Point	Telephone Number: 772-220-0065
Address: One Sewall's Point Rd., Sewall's Point., Fl 34996	Fax Telephone Number: 772-220-0227
Date: 10/19/05	Re: Cary Residence
Telephone Number: 287-2455	Cc: Mariliz Cary: Owner
Fax Telephone Number: 220-4765	Note:
Pages: (Including Cover Page) <u>. Ea.</u>	

Urgent FYI Please Comment XX Please Relay Please Quote
 Per Your Request XX As Discussed

IMPORTANT INFORMATION :

Dear Mr. Simmons,

*Please find submittals as requested regarding the attached plan review Critique for:
Cary Residence Interior Renovations : 76 S. River Rd.*

In reference to the note regarding the 1A engineering comment, the Page S4 overhang is scaled @ 3/4" equating to 3'0" and that the bolting detail you request is actually shown on the S4 detail referring to see Note B/S2.

Kindly call with any questions or comments.

Thank you,

Bo Demorest

288.4392

CRITIQUE

Owner: Mr. & Mrs. Carey
Contractor: Demorest Construction
Contractor's Phone Number: 220-0065

Date: September 30, 2005
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR INTERIOR RENOVATION AND ADDITION TO 76 SOUTH RIVER ROAD

Submittals (2 copies)

- 1. Current survey (within one year) containing the following information:
 - a. Don't need proposed survey with proposed addition on it if you are not extending any building lines. We will need a final survey when the job is completed.
- 2. Product approvals (current) from Miami/Dade or other testing institutes approved by the Florida Building Code for the following items:
 - a. Windows PALM CITY ✓
 - b. Window mullions PALM CITY ✓
 - c. Front exterior door with side lights PALM CITY ✓
 - d. Roof System J.M. METALS ✓
 - e. Hurricane Shutters for windows or doors that are not impact resistant. N/A ✓
- 3. Proof of Ownership MARILIZ ✓ CAREY
- 4. Notice of Commencement
- 5. Copy of State, Martin County Licenses PRO ✓
- 6. Copy of Liability Insurance
- 7. Copy of Workmen's Compensation

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

- 1. Section/Detail Drawings and Schedules showing the following information:
 - a. Sheet S-4 needs dimension of how far out from face of wall does proposed roof canopy extend.
 - b. Same detail needs size, spacing and penetration of bolts for roof canopy.
- 1 DWG/LET
 SCHEDULED
 3/4
 L & SUE
 NOTE B.S.2
 →

OWNER'S AFFIDAVIT OF BUILDING COSTS

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

**STATE OF FLORIDA
MARTIN COUNTY**

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

- 1. That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature.
- 2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
- 3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 60,000 -.
- 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.

Affidavit's Signature:

Property Address:

SWORN TO and subscribed before me this ____ day of _____, 200__, by _____, who is personally known to me or produced _____ as identification.

Notary Public
My commission expires: _____

(Notary Seal)

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

MARC S. TEPLITZ
Mayor

JAMES D. BERCAW
Vice Mayor

E. DANIEL MORRIS
Commissioner

THOMAS P. BAUSCH
Commissioner

RICHARD L. BARON
Commissioner



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

TO: All Town of Sewall's Point
Architects, Engineers, Builders and Developers

DATE: May 1, 2003

RE: Construction sites above one (1) acre.

Effective today, all construction sites in the Town of Sewall's Point disturbing one (1) acre or more are required to obtain a stormwater discharge permit from the Florida Department of Environment Protection (DEP). In order to assist you, we are attaching the DEP Notice of Intent (NOI), which should be filed no less than thirty (30) days prior to commencing construction, or two days if you already have an existing Environmental Resources Permit (ERP).

For your convenience, the attached NOI application is also available on the DEP website in a Word document format. The form can be found at:

http://www.dep.state.fl.us/water/stormwater/forms/cgp_noi.doc

For further information, please contact the Florida DEP at:

NPDES Stormwater Notices Center, MS #2510
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
(866) 336-6312 (toll free) or (850) 297-1232

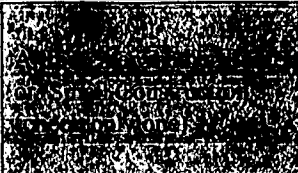


Sincerely,

Gene Simmons,
Building Official,
Town of Sewall's Point



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

IV. PROJECT/SITE ACTIVITY INFORMATION:

	<input type="checkbox"/> Large Construction (Project will disturb five or more acres of land.) <input type="checkbox"/> Small Construction (Project will disturb one or more acres but less than five acres of land.)
B. Approximate total area of land disturbance from commencement through completion of construction: _____ Acres	
	<input type="checkbox"/> Address in Part II above <input type="checkbox"/> Address in Part III above <input type="checkbox"/> Other address (specify below)
D. SWPPP Address:	
E. City:	F. State:
G. Zip Code:	
	H. Construction Period: Start Date: _____ Completion Date: _____

V. DISCHARGE INFORMATION

A. MS4 Operator Name (if applicable):
B. Receiving Water Name:

VI. CERTIFICATION¹:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title (Type or Print)

Signature: _____

Date Signed: _____

¹ Signatory requirements are contained in Rule 62-620.305, F.A.C.

INSTRUCTIONS – DEP FORM 62-621.300(4)(b)
NOTICE OF INTENT (NOI) TO USE GENERIC PERMIT FOR STORMWATER DISCHARGE FROM LARGE AND SMALL CONSTRUCTION ACTIVITIES

Who Must File an NOI:

Federal law at 40 CFR Part 122 prohibits the point source discharge of pollutants, including the discharge of stormwater associated with large construction activities as defined at 40 CFR 122.26(b)(14)(x) or small construction activities as defined at 40 CFR 122.26(b)(15), to waters of the United States without a National Pollutant Discharge Elimination System (NPDES) permit. Under the State of Florida's authority to administer the NPDES stormwater program at 403.0885, F.S., operators that have stormwater discharge associated with large or small construction activities to surface waters of the State, including through a Municipal Separate Storm Sewer System (MS4), must obtain coverage either under a generic permit issued pursuant to Chapter 62-621, F.A.C., or an individual permit issued pursuant to Chapter 62-620, F.A.C.

Where to File NOI:

NOIs for coverage under this generic permit must be sent to the following address:

NPDES Stormwater Notices Center, MS #2510
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Permit Fee:

Permit fees for large and small construction activities to be covered under the generic permit are specified in Rule 62-4.050(4)(d), F.A.C. The appropriate generic permit fee (either for large or small construction activities) must be submitted along with the completed NOI in order to obtain coverage under the generic permit. **Generic permit coverage will not be granted without payment of the appropriate permit fee.**

The permit fee shall be paid by either check or money order made payable to: "Florida Department of Environmental Protection"

Part I – Identification Number

Enter the project's DEP identification number (generic permit coverage number) if known. If an ID number has not yet been assigned to this project (i.e., if this is a new project), leave this item blank.

Part II – Applicant Information

Item A.: Provide the legal name of the person, firm, contractor, public organization, or other legal entity that owns or operates the construction activity described in this NOI. The operator is the legal entity that has authority to control those activities at the project necessary to ensure compliance with the terms and conditions of the generic permit.

Items B. – E.: Provide the complete mailing address of the operator, including city, state, and zip code.

Item F.: Enter the appropriate one letter code from the list below to indicate the legal status of the operator:

F = Federal; S = State; P = Private; M = Public (other than federal or state); O = Other

Items G. – H.: Provide the name and telephone number (including area code) of the person authorized to submit this NOI on behalf of the operator (e.g., Jane Smith, President of Smith Construction Company on behalf of the operator, Smith Construction Company; John Doe, Public Works Director on behalf of the operator, City of Townsville; etc.). This should be the same person as indicated in the certification in Part VI.

Part III – Project/Site Location Information

Items A. – E.: Enter the official or legal name and complete street address, including city, state, and zip code of the project. Do not provide a P.O. Box number as the street address. If it lacks a street address, describe the project site location (e.g., intersection of State Road 1 and Smith Street).

Item F.: Enter the county in which the project is located.

Item G.: Enter the latitude and longitude, **in degrees-minutes-seconds format**, of the approximate center of the project.

Item H.: Indicate whether the project is located on Indian lands.

Item I.: Enter the appropriate five or six letter code from the list below to indicate the Water Management District the project is located within:

NFWWMD = Northwest Florida Water Management District
SRWMD = Suwannee River Water Management District
SFWMD = South Florida Water Management District
SWFWMD = Southwest Florida Water Management District
SJRWMD = St. John's River Water Management District

Items J. – K.: Give the name, title, and telephone number (including area code) of the project contact person. The project contact is the person who is thoroughly familiar with the project, with the facts reported in this NOI, and who can be contacted by the Department if necessary.

Part IV – Project/Site Activity Information:

Item A.: Check the appropriate box to indicate whether the project involves large construction activity or small construction activity. **Check one box only.**

“Large Construction Activity” means construction activity that results in the disturbance of five (5) or more acres of total land area. Large construction activity also includes the disturbance of less than five acres of total land area that is part of a larger common plan of development or sale if the larger common plan will ultimately disturb five acres or more.

“Small Construction Activity” means construction activity that results in the disturbance of equal to or greater than one (1) acre and less than five (5) acres of total land area. Small construction activity also includes the disturbance of less than one acre of total land area that is part of a larger common plan of development or sale that will ultimately disturb equal to or greater than one acre and less than five acres.

Item B.: Provide the approximate total area of land disturbance in acres that the project will involve from commencement of construction through completion.

Items C. - G.: Indicate the location where the Stormwater Pollution Prevention Plan (SWPPP) can be viewed. Provide the address where the SWPPP can be viewed if other than as provided in Parts II or III of the NOI. **Note that to be eligible for coverage under the generic permit, the SWPPP must have been prepared prior to filing this NOI.**

Item H.: Enter the estimated construction start and completion dates in the MM/DD/YY format.

Part V – Discharge Information

Item A.: If stormwater from the project discharges to a municipal separate storm sewer system (MS4), enter the name of the operator of the MS4 (e.g., City of Tallahassee MS4, Orange County MS4, FDOT MS4, etc.). If stormwater from the project does not discharge to an MS4 but rather discharges to surface waters of the State, leave this item blank or indicate "N/A" and skip to Item B of this part. **Please note that if the project discharges stormwater to an MS4, you must provide the MS4 operator with a copy of the completed NOI.**

Item B.: If the project discharges stormwater to surface waters of the State, and not to an MS4, enter the name of the receiving water body to which the stormwater is discharged. Please provide the first named water body to which the stormwater from the project is discharged (e.g., Cypress Creek, Tampa Bay, unnamed ditch to St. Johns River, Tate's Hell Swamp, etc.).

Part VI – Certification

Type or print the name and official title of the person signing the certification. Please note that this should be the same person as indicated in Item II.G. as the Responsible Authority. Sign and date the certification.

Section 403.161, F.S., provides severe penalties for submitting false information on this application (NOI) or any reports or records required by a permit. There are both civil and criminal penalties, in addition to the revocation of permit coverage for submitting false information.

Rule 62-620.305, F.A.C., requires that the NOI and any reports required by the permit to be signed as follows:

- A. For a corporation, by a responsible corporate officer as described in Rule 62-620.305, F.A.C.;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or,
- C. For a municipality, state, federal or other public facility, by a principal executive officer or elected official.

CRITIQUE

Owner: Mr. & Mrs. Carey

Date: September 30, 2005

Contractor: Demorest Construction

Contractor's Phone Number: 220-0065

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR INTERIOR RENOVATION AND ADDITION TO 76 SOUTH RIVER ROAD

Submittals (2 copies)

1. Current survey (**within one year**) containing the following information:
 - a. Don't need proposed survey with proposed addition on it if you are not extending any building lines. We will need a **final** survey when the job is completed.
2. Product approvals (**current**) from Miami/Dade or other testing institutes approved by the Florida Building Code for the following items:
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 - b. Window mullions
 - c. Front exterior door with side lights
 - d. Roof System
 - e. Hurricane Shutters for windows or doors that are not impact resistant.
3. Proof of Ownership
4. Notice of Commencement
5. Copy of State, Martin County Licenses
6. Copy of Liability Insurance
7. Copy of Workmen's Compensation

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

1. Section/Detail Drawings and Schedules showing the following information:
 - a. Sheet S-4 needs dimension of how far out from face of wall does proposed roof canopy extend.
 - b. Same detail needs size, spacing and penetration of bolts for roof canopy.

01120974

95 JUN -7 AM 8:43

2093.00
MARSHA STILLER
MARTIN COUNTY
CLERK OF CIRCUIT COURT
BY *[Signature]*

Parcel ID Number: 1-38-41-007-000-00400/1
Grantee #1 TIN: 081-42-0583
Grantee #2 TIN: 494-07-6253

Warranty Deed

This Indenture, Made this 2nd day of June, 1995 A.D., Between WILLIAM H. McQUILLAN and EILEEN M. McQUILLAN, his wife,

of the County of MARTIN, State of Florida, grantors, and DANIEL M. CARY and MERILIZ A. CARY,

whose address is: 76 SOUTH RIVER ROAD, STUART, Florida 34996

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

Witnesseth that the GRANTORS, for and in consideration of the sum of TEN & NO/100 (\$10.00) DOLLARS, and other good and valuable consideration to GRANTORS in hand paid by GRANTEEES, the receipt whereof is hereby acknowledged, have granted, bargained and sold to the said 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 40, in the Subdivision of LUCINDIA, Sewall's Point, Florida, according to the plat thereof filed in Plat Book 3, page 130, Martin County, Florida public records.

Subject to restrictions, reservations and easements of record, if any, which are not reimposed hereby, and taxes subsequent to December 31, 1994.

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

In Witness Whereof, the grantors have hereunto set their hands and seals the day and year first above written. Signed, sealed and delivered in our presence:

[Signature]
Printed Name: IXA GUTIERRES
Witness as to Both

[Signature]
Printed Name: Jennifer A. Truby
Witness as to Both

[Signature] (Seal)
WILLIAM H. McQUILLAN
P.O. Address 76 SOUTH RIVER ROAD, STUART, FL 34996

[Signature] (Seal)
EILEEN M. McQUILLAN
P.O. Address 76 SOUTH RIVER ROAD, STUART, FL 34996

(Seal)

(Seal)

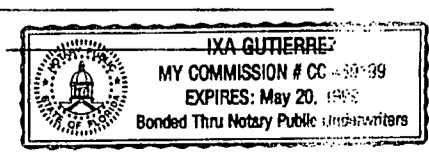
STATE OF Florida
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 2nd day of June, 1995 by WILLIAM H. McQUILLAN and EILEEN M. McQUILLAN, his wife,

who are personally known to me or who have produced their FLORIDA DRIVER LICENSE as identification.

This Document Prepared By:
Terence P. McCarthy, Esq.
McCarthy, Summers, Bobko & McKey, P.A.
2081 S.E. Ocean Blvd. Suite 2A
Stuart, FL 34996

Printed Name: _____
NOTARY PUBLIC
My Commission Expires: _____



Part of Owners/HF

Bill of Sale

Know All Men By These Presents, That this _____ day of June, 19 95 A.D. That WILLIAM H. McQUILLAN and EILEEN M. McQUILLAN, his wife,

of the County of MARTIN, State of Florida, first parties, and DANIEL M. CARY and MERILIZ A. CARY,

whose address is: 76 SOUTH RIVER ROAD, STUART, Florida 34996

of the County of MARTIN, State of Florida, second parties.

Witnesseth that the FIRST PARTIES, for and in consideration of the sum of TEN AND - - - - - XX/100 DOLLARS,

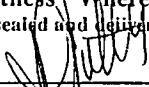
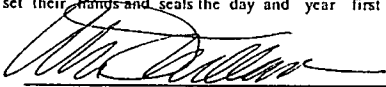
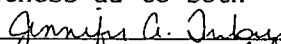
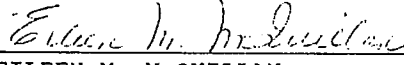
and other good and valuable consideration to FIRST PARTIES in hand paid by SECOND PARTIES, the receipt whereof is hereby acknowledged, have granted, bargained, sold, transferred and delivered to the said SECOND PARTIES and SECOND PARTIES' heirs and assigns forever, the following goods and chattels:

Washer, dryer, dishwasher, refrigerator, microwave, paddle fans, cook top range, all attached fixtures (except dining room and kitchen), solid wood front door.

To Have and to Hold the same unto second parties, and the second parties' heirs, personal representatives, successors and assigns forever.

AND the first parties covenant with the second parties, and the second parties' heirs, personal representatives, successors and assigns that the first parties are the lawful owner of the said goods and chattels; that they are free from all encumbrances; that the first parties have good right to sell and transfer said property, goods and chattels; and that the first parties will warrant and defend the sale and transfer of the said property, goods and chattels hereby made to the second parties, and the second parties' heirs, personal representatives, successors and assigns, against the lawful claims and demands of all persons whomsoever. This covenant shall be binding upon the first parties and the first parties' heirs, personal representatives, successors and assigns.

In Witness Whereof, the first parties have hereunto set their hands and seals the day and year first above written. Signed, sealed and delivered in our presence:

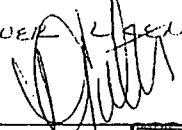
	
Printed Name: <u>Ixa Gutierrez</u>	WILLIAM H. McQUILLAN (Seal)
Witness as to Both	
	
Printed Name: <u>Jennie A. Truby</u>	EILEEN M. McQUILLAN (Seal)
Witness as to Both	
_____ (Seal)	_____ (Seal)
_____ (Seal)	_____ (Seal)

STATE OF Florida
COUNTY OF MARTIN

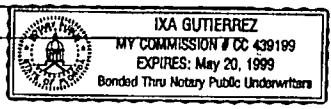
The foregoing instrument was acknowledged before me this 2nd day of June, 1995 by WILLIAM H. McQUILLAN and EILEEN M. McQUILLAN, his wife,

who are personally known to me or who have produced their FLORIDA DRIVER LICENSE as identification.

This Document Prepared By:
Terence P. McCarthy, Esq.
McCarthy, Summers, Bobko & McKey, P.A.
2081 S.E. Ocean Blvd. Suite 2A
Stuart, FL 34996



Printed Name: Ixa Gutierrez
NOTARY PUBLIC
My Commission Expires: _____





Use for one

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

J.M. Metals
1505 Cox Road
Cocoa, FL 32926

Your application for Notice of Acceptance (NOA) of:
JM "5V" Crimp Architectural Metal Roof System
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0622.02
EXPIRES: 08/16/2006

Raul Rodriguez
Chief Product Control Division

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

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

Francisco J. Quintana, R.A.

WARNING

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OWNED BY J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS, AND ITS AUTHORIZED DEALERS ONLY, WHEN PROVIDED TO YOU. J.M. METALS PRODUCTS, CALCULATIONS, AND APPROVALS CONTAINED HEREIN AND IS ONLY VALID WHEN USED IN CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

APPROVED: 08/16/2001

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)



Acceptance No.: 01-0622.02

ROOFING SYSTEM APPROVAL:

Category: Roofing
Sub-Category: Metal, Panels
(Non-Structural)
Material: Steel
Deck Type: Wood
Maximum Design Pressure -85 psf.

Approval Date: August 16, 2001
Expiration Date: August 16, 2006

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
5V Steel Roofing Panel	l = varies w = 26" h = 1/2" Min. Thickness 0.019"	PA 110	Metal Roof panel coated with Fluoropon®.

TRADE NAMES OF PRODUCTS MANUFACTURED BY OTHERS:

<u>Product</u>	<u>Dimensions</u>	<u>Product Description</u>	<u>Manufacturer</u>
Fasteners (Panel)	#9-15 HH	Corrosion resistant, sharp point hex-head screws with 1/2" EPDM Bonded Steel sealing washer.	generic

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
The Valspar Corporation	Lab Test Certification	ASTM B-117 ASTM G-23	
PR1 Asphalt Technologies, Inc.	JMM-001-01-01	PA 100	05/10/01
Underwriters Laboratories, Inc.	01NK5594	UL 580	01/15/01

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Page 2

Frank Zuloaga, RRC
Roofing Product Control Examiner

APPROVED SYSTEMS:

SYSTEM: 5V Steel Roofing Panel

Deck Type: Wood, Non-insulated

Deck Description: New Construction or Re-roof
1 1/2" or greater plywood or wood plank.

Slope Range: 2":12" or greater

Maximum Uplift Pressure: The maximum allowable design pressure -85 psf

Deck Attachment: In accordance with applicable building code, but in no case shall it be less than 8d ring shank nails spaced 6" o.c. In reroofing, where the deck is less than 1 1/2" thick (Minimum 1 1/4") The above attachment method must be in addition to existing attachment.

Underlayment: Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.

Valleys: Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with JM Metals 5V Steel Roofing Panel' current published installation instructions.

Fire Barrier Board: For class A or B fire rating, install minimum 1/2" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or 3/8" water resistant type X gypsum sheathing with treated core and facer.

Metal Panels and Accessories: Install the "5V Steel Roofing Panel" and accessories in compliance with JM Metals' current published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standards RAS 133.

1 1/2"
screw

5V Roofing Panels shall be fastened with a minimum of #9-15 HH corrosion resistant fasteners with sealing washer. Fasteners shall of sufficient length to penetrate through the sheathing a minimum of 3/16". Fasteners shall be place in accordance with fastener detail herein as follows:

Fasteners shall be installed at a maximum of 12" o.c. at side laps perpendicular to roof slope and at a maximum of 12" o.c. in the center of the panel at the field perpendicular to roof slope. Fastener shall be placed at high points of panel ribs.

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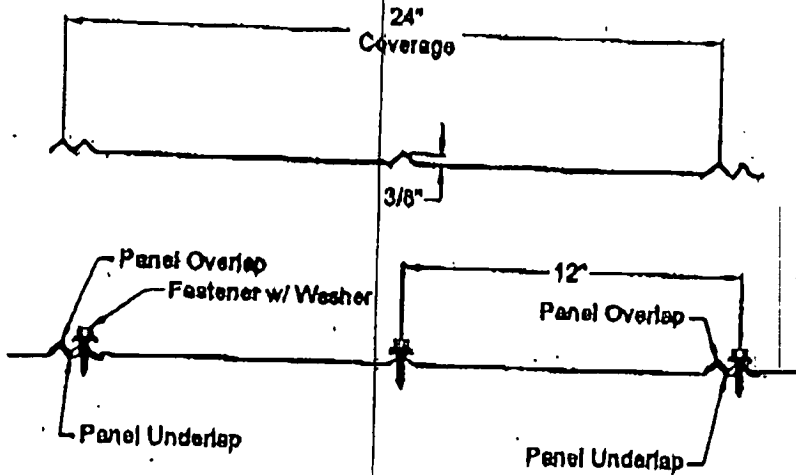
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Frank Zuloaga, RRC
Roofing Product Control Examiner

SYSTEM LIMITATIONS:

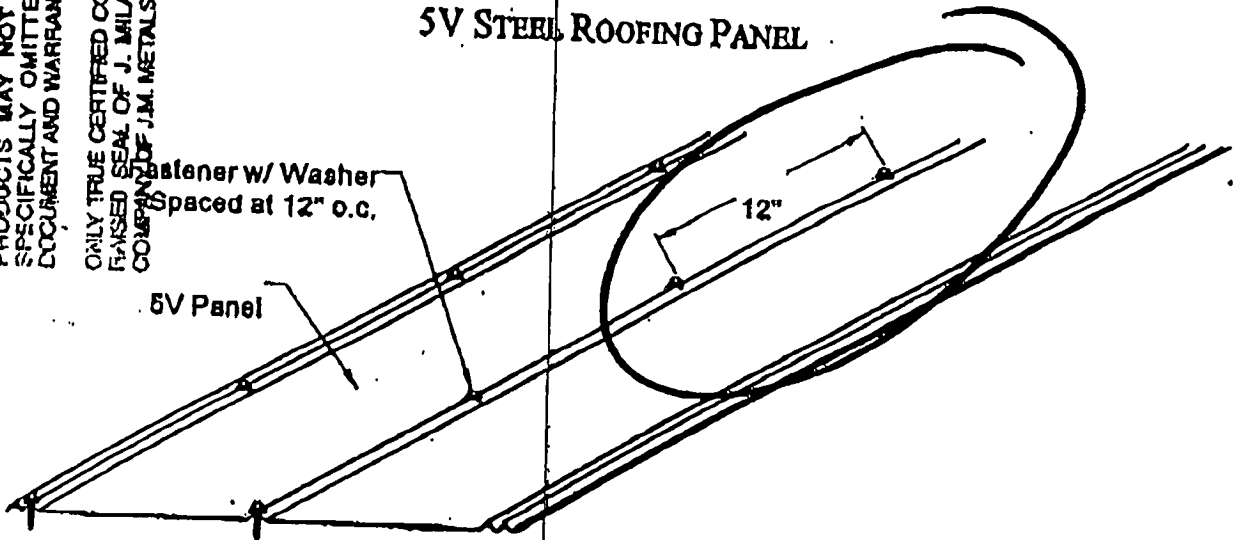
1. Increased design pressures at perimeter and corner areas, in compliance with applicable building code may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant.
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol RAS 133.
3. All panels shall be permanently labeled with the manufacturer's name or logo, and the following statement: "Miami-Dade County Product Control Approved."

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12" - O.C.

5V STEEL ROOFING PANEL



Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE

WARNING

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Frank Zuloaga, RRC
Roofing Product Control Examiner



8095

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

CORRECTION NOTICE

ADDRESS: 76 RIVER

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

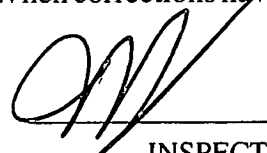
ELEC. ROUGH - PASS
PLUMB. " PASS
FRAMING - FAIL

NEED METAL CONNECTORS
AT DOOR & WINDOW JAMBS

SHIM AT DOOR & WINDOW
PASTERERS -

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

DATE: 5/22


INSPECTOR

DO NOT REMOVE THIS TAG

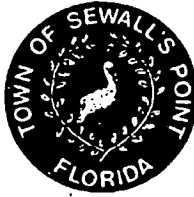
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-22, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	Galinas	Column		
1	26 SPR Duftwood	(AM)		INSPECTOR:
7718	Schoppe	Insulation	PASS	
2	9 Palm Rd A+P			INSPECTOR: <i>[Signature]</i>
8229	McComick	Hot mop	PASS	
7	59 N River Rd Heaton Roofing			INSPECTOR: <i>[Signature]</i>
7764	Rucka	Partial Lathe	PASS	
6	20 N SPR Rd Masterpiece			INSPECTOR: <i>[Signature]</i>
8015	Cary	Electrical	PASS	
3	76 SR Rd (LEE CHABOT) Demorest	Plumbing PARAMOUNT	PASS FAIL	INSPECTOR: <i>[Signature]</i>
8197	Schoppe	Rough interior	PASS	
2	9 Palm Rd Propane Sew			INSPECTOR: <i>[Signature]</i>
8165	GREIST	Underground plumb.	PASS	
5	10 Emarita Way OB	sink		INSPECTOR: <i>[Signature]</i>
OTHER:				
MC	19 N. VIA LUCINDA	DRY-IN	FAIL	
4				

39 N. RIVER DOCK REPAIR?
ROOF?



8095

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

CORRECTION NOTICE

ADDRESS: 76 S.S.P.R.

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

FRAMING

NEED ENGR LETTER
ADDRESSING MODIFIED
HEADER DESIGN AT
CENTER BEARING WALL
WHICH CARRIES FLOOR
& ROOF STRUCTURE

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

DATE: 5/30

INSPECTOR

DO NOT REMOVE THIS TAG



CRESWELL ENGINEERS & CONSTRUCTORS, INC.

4459 SE Kubin Ave.

Stuart, FL 34997

(772) 215-0156

john@creswellengineers.com

May 30, 2006

Sewall's Point Town Hall
Building Department – Mr. Wintercorn
One South Sewall's Point Rd.
Sewall's Point, FL 34996

*FILE
76 S RIVER # 8095*

To Mr. Phil Wintercorn:

This letter is to address the joist hangers being used at the Cary Residence located at 76 S. River Road under permit #8095 in the dining room area.

The contractor proposes to use Simpson hanger HUS412 for hanging double 2 x 12's, with a plywood spacer in between. The proposed hangers can carry 2,510 pounds (each) of gravity load. After inspection of the subject renovation and based on the span lengths and load capacity of the hangers, the application of these hangers is acceptable. Hangers must use ten (10) 16d nails to fasten the joist to the hanger and ten (10) 16d nails to fasten the hanger to the stud. Nails should be galvanized.

If there are any questions, please feel free to call.

Sincerely,

John H. Creswell, PE

FL Registered Engineer #0040940



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 76 S. RIVER RD

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

FINAL KITCHEN/SIDING

CALL FINAL GAS INSPECTION

NEED EVER LTR APPROVING
FRONT ENTRY CANOPY
(NEVER INSPECTED)

D.W. KITCHEN HOSE NEEDS TO
BE MOUNTED TO BOTTOM
SIDE OF COUNTER TOP.

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

DATE: 10/10

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ ^{TUES} Wed Fri 5/30, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8095	Camp	Hammer	FAIL	
3	76 SR Demorest	Mid-Late AM		INSPECTOR: <i>OM</i>
Tree	Buro	Tree	PASS	
1	101 Henry Sewall OB			INSPECTOR: <i>OM</i>
8246	Tullier	Dock FINAL	PASS	CLOSE
6	39 N River Rd OB			INSPECTOR: <i>OM</i>
Tree	Tullier	Tree	PASS	
6	39 N River Rd OB			INSPECTOR:
7837	Kvapil	Elec rough	PASS	
2	4 Rio Vista Dr Advanced			INSPECTOR: <i>OM</i>
8207	Richardson	Final	PASS	CLOSE
5	15 Ridgeland Dr Folding Shutter			INSPECTOR: <i>OM</i>
Tree	Van Vorno	Tree	PASS	
4	15 S. Ridgerview Rd OB			INSPECTOR: <i>OM</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-16, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8095	Conway	Final - kitchen remodel	FAIL	
1st	76 S River Rd Demorest			INSPECTOR: <i>[Signature]</i>
8200	Cary	siding final	PASS	CLOSE
1st	76 S River Rd Demorest			INSPECTOR: <i>[Signature]</i>
8402	Muir	Final - shutters	FAIL	\$40 fee
7	14 Fernwinkle Ln Folding Shutter			INSPECTOR: <i>[Signature]</i>
7727	Slater	Final - guest house	PASS	ISSUE C.O.
6	4 Lagoon Island Conway			CLOSE INSPECTOR: <i>[Signature]</i>
7874	Slater	Final addition main house	PASS	CLOSE
6	4 Lagoon Island Conway			INSPECTOR: <i>[Signature]</i>
MC 0103	D'Amico	Final bathroom	PASS	CLOSE
2	5 Island Rd Casco			INSPECTOR: <i>[Signature]</i>
MC 0131	Cobilla	Final - door	PASS	CLOSE
5	B N. Sewalls Pt St Lucie Fenwick			INSPECTOR: <i>[Signature]</i>

OTHER: _____



CRESWELL ENGINEERS & CONSTRUCTORS, INC.

4459 SE Kubin Ave.

Stuart, FL 34997

(772) 215-0156

john@creswellengineers.com

October 26, 2006

Sewall's Point Town Hall
Building Department
One South Sewall's Point Rd.
Sewall's Point, FL 34996

~~#809~~ 8095
76 S. RIVER
FILE

To Whom It May Concern:

This letter is in regards to the front canopy that was added during renovations to the Cary Residence located at 76 S. River Road under permit #8095.

I have reviewed the plans for the home and have inspected the installation of the canopy and offer the following:

The design of this component was to present an architecturally aesthetic look for the entranceway. In doing so, large timbers were used and the structure is grossly over designed to react any loads that it may encounter.

Inspection revealed that Simpson architectural connectors, types HTPC, OU and OHA, were used between the timbers and these are also substantially over designed.

Inspection also reveals a tongue and groove roof deck that is superior to any plywood or OSB. Obviously we could not inspect the roof deck attachment or underlayment, but would suspect these to be equally rigid.

In summary, the contractor has performed an excellent job installing this canopy and all components that were inspected are considered to exceed the requirements of the FBC.

If there are any questions, please feel free to call.

Sincerely,

John H. Creswell, PE

FL Registered Engineer #0040940

131 S. RIVER

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-30, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8203	VanVorno	tile in progress	PASS	
3	15 S. Ridgeway Rd all Am Roof.			INSPECTOR: <i>[Signature]</i>
6818	Lipshutz	Partial elect.	PASS	
4	535 River Rd O/B			INSPECTOR: <i>[Signature]</i>
8095	Cony	Floods	PASS	Close
2	76 S River Rd Demorest			INSPECTOR: <i>[Signature]</i>
8197	Shoppe	Final gas	FAIL	
1	9 Palm Rd Propane SW.			INSPECTOR: <i>[Signature]</i>
	WETSEWER		OK	CALL EPC.
	CASTLEHILL			INSTALL METER <i>[Signature]</i>
				INSPECTOR:
0097		FINAL KIT. REMODEL	FAIL	
5	14 S. VIA LUCINDIA			INSPECTOR: <i>[Signature]</i>
0033		FRAME/ROUGH TRADES	FAIL	
6	27 N. RIVER			INSPECTOR: <i>[Signature]</i>
OTHER:		DECK STEPS		CLOSE
7829	39 NEST HIGH PT.	NEW HANDRAILS	PASS	
1A	O.B.			<i>[Signature]</i>

8200

8200

SIDING

SIDING

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4-20-06

BUILDING PERMIT NO. **8200**

Building to be erected for Carey

Type of Permit SIDING

Applied for by Demorest

(Contractor) Building Fee 9.60/1000 192.00

Subdivision Lucinda Lot 40 Block _____

Radon Fee _____

Address 76 S. River Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number: 013841007000004001

Electrical Fee _____

Amount Paid \$192 Check # 6329 Cash _____

Plumbing Fee _____

Total Construction Cost \$20000

Roofing Fee _____

Other Fees (_____)

TOTAL Fees 192.

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED

SIDING APP CAREY

Town of Sewall's Point

Date: 04/10/06 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: CAREY Phone (Day) 288-4392 (Fax) _____

Job Site Address: 76 S. RIVER RD. City: S. POINT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) WINDIA LOT 40 Parcel Number: 01-38-41-007-000-00400-1

Owner Address (if different): 76 S. RIVER RD. City: SEWALL'S PT State: FL Zip: 34996

Description of Work To Be Done: REMOVE + REPLACE EXTERIOR SIDING

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 20,000

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 536,190

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

Method of Determining Fair Market Value: TAX RECORDS

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

CONTRACTOR/Company: DEMOREST CONSTRUCTION GROUP INC. Phone: 220-0065 Fax: 220-0227

Street: 800 S.E. Indian Street City: _____ State: _____ Zip: _____

State Registration Number: Stuart, Florida 24987-5605 State Certification Number: CCA 52954 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT PERRICK SMITH Lic.#: AR-0014373 Phone Number: 305-635-1557

Street: 3045 NW 49TH ST City: MIAMI State: FL Zip: 33142

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required) [Signature]

State of Florida, County of: _____

This the 10th day of April, 2006 by Merilee Carey who is personally known to me or produced _____

as identification. Veronica L Taylor Notary Public

My Commission Expires: 6/4/07

CONTRACTOR SIGNATURE (required) [Signature]

On State of Florida, County of: Martin

This the 10th day of April, 2006 by Robert P. Demorest who is personally known to me or produced _____

As identification. Veronica L Taylor Notary Public

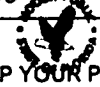
My Commission Expires: 4/4/07

Seal



Veronica L Taylor

My Commission DD219784




Veronica L Taylor

My Commission DD219784

ph 772-278-2455 FAX 772-220-4765 or 772-220-0227
TOWN OF SEMATTS POINT BUILDING DEPT
1 SOUTH SEMATTS POINT ROAD
STUART FL 34996

CANCELLATION

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

CERTIFICATE HOLDER

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

OTHER				
EMPLOYERS LIABILITY	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROVISIONS THEREUNDER ARE OFFICIALLY EXCLUDED (If not described below SPECIAL PROVISIONS BELOW)			
EXCESS/UMBRELLA LIABILITY	RETENTION \$ DEDUCTIBLE \$ OCCUR <input type="checkbox"/> CLAIMSMADE			
GARAGE LIABILITY	ANY AUTO			
AUTOMOBILE LIABILITY	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			
GENERAL LIABILITY	X COMMERCIAL GENERAL LIABILITY OCCUR <input checked="" type="checkbox"/> CLAIMSMADE X POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC			
EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (ea occurrence)	\$ 300,000	\$ 1,000,000
MED EXP (Any one person)	\$ 100,000	PERSONAL & ADV INJURY	\$ 1,000,000	\$ 1,000,000
GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	\$ 2,000,000
COMBINED SINGLE LIMIT		PROPERTY DAMAGE (Per fire/other)		
		BODILY INJURY (Per person)		
		BODILY INJURY (Per accident)		
		PROPERTY DAMAGE (Per fire/other)		
AUTO ONLY - EA ACCIDENT	\$	AUTO ONLY - EA ACCIDENT	\$	\$
OTHER THAN EA ACC	\$	OTHER THAN EA ACC	\$	\$
AGGREGATE	\$	AGGREGATE	\$	\$
EACH OCCURRENCE	\$	EACH OCCURRENCE	\$	\$
EL. EACH ACCIDENT	\$	EL. EACH ACCIDENT	\$	\$
EL. DISEASE - EA EMPLOYEE	\$	EL. DISEASE - EA EMPLOYEE	\$	\$
EL. DISEASE - POLICY LIMIT	\$	EL. DISEASE - POLICY LIMIT	\$	\$

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 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 POLICY. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY EFFECTIVE DATE (MM/DD/YYYY) 4/19/06

POLICY EXPIRATION DATE (MM/DD/YYYY) 4/19/07

POLICY NUMBER 3CS9827

INSURED Demarest Construction Group, Inc.
800 SE Indian Street
Stuart, FL 34997-5605
772-220-0055

INSURERS AFFORDING COVERAGE	INSURER A: Essex Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
NAC#	

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.

ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2006

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE REVISED: 4/13/2005

PRODUCER Bayside Insurance Group 11400 Fourth Street North #1115 St. Petersburg, FL 33716 727-577-9872	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Demorest Construction Group 800 SE Indian Street Stuart, FL 34997-5605 772-220-0065	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC#</th> </tr> <tr> <td>INSURER A: Mt. Hawley Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: Mt. Hawley Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#												
INSURER A: Mt. Hawley Insurance Company													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MCF0001643	4/20/04 4/20/05	4/20/05 4/20/06	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">WC STATUTORY LIMITS</th> <th style="width:50%;">OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT \$</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEES \$</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT \$</td> <td></td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT \$		E.L. DISEASE - EA EMPLOYEES \$		E.L. DISEASE - POLICY LIMIT \$	
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT \$														
E.L. DISEASE - EA EMPLOYEES \$														
E.L. DISEASE - POLICY LIMIT \$														

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

CERTIFICATE HOLDER TOWN OF SEWALLS POINT BUILDING DEPT. 1 SOUTH SEWALLS POINT ROAD STUART FL. 34996 772-220-4765 FAX#	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Michael Zinich</i>
--	--

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
2/22/06

Producer Providence Property & Casualty 8000 Warren Parkway, Bldg. 3, Ste 300 Frisco, TX 75034	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
Insured Howard Leasing, Inc. U/C/F Demorest Construction Group 6302 Manatee Avenue, Ste. K Bradenton, FL 34209	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Providence Property and Casualty I</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Providence Property and Casualty I		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Providence Property and Casualty I													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						FIRE DAMAGE (Any one fire)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMPROP AGG	\$
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY AGG	\$
		EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> NO If yes, describe under SPECIAL PROVISIONS below	WC0100105-106	3/01/06	3/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER REFERENCE:					

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Workers' compensation coverage is provided by contract to all employees of Howard Leasing, Inc. assigned to Demorest Construction Group. Coverage does not apply to any employees not approved and assigned by Howard Leasing, Inc. to Demorest Construction Group effective 03/01/2006

CERTIFICATE HOLDER Town of Seawalls Point Building Dept 1 S Seawalls Point Rd Stuart, FL 34994	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE



STATE OF FLORIDA

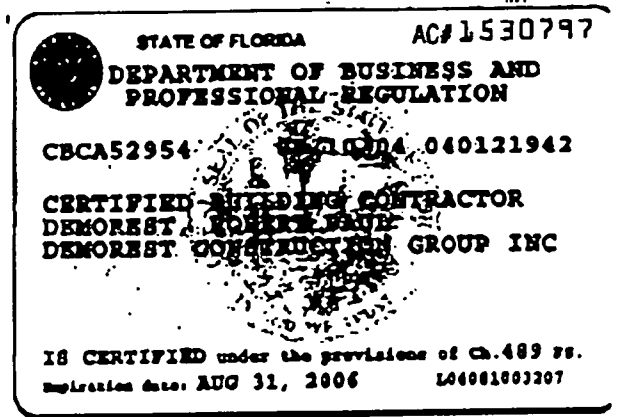
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

08/10/2004

DEMAREST, ROBERT PAUL
DEMAREST CONSTRUCTION GROUP INC
800 SE INDIAN STREET
STUART FL 34997



DETACH HERE

AC#1530797

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

SEQ# L04081003207

DATE	BATCH NUMBER	LICENSE NBR
08/10/2004	040121942	CBCA52954

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter
Expiration date: AUG 31, 2006



DEMAREST, ROBERT PAUL
DEMAREST CONSTRUCTION GROUP INC
92 S RIVER ROAD
STUART FL 34996

JBB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

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

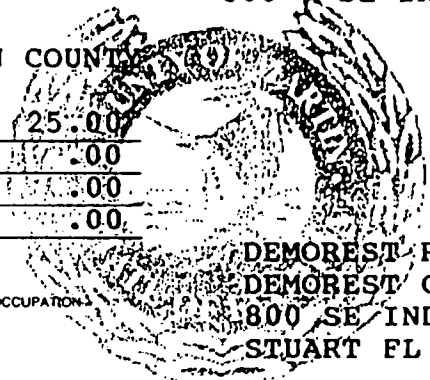
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985
(772) 288-5604

LICENSE 2004-513-030 CERT CBCA52954
PHONE (772)220-0065 SIC NO 233216

LOCATION:
800 SE INDIAN ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

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



DEMAREST ROBERT
DEMAREST CONSTRUCTION GROUP
800 SE INDIAN STREET
STUART FL 34997

IF HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OFFICE LOCATION ONLY

ALL LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF SEPTEMBER 05

AND ENDING SEPTEMBER 30 2006

RECEIPT of PAYMENT

LARRY C. O'STEEN
99799/26/2005 OCC1 NORMAL
200451300030000
0220050926007857CK
6810
\$25.00



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 05/06/2004 ** EXPIRATION DATE: 05/06/2006

PERSON: DEMOREST ROBERT P 2 2004

FEIN: 1028817

BUSINESS NAME AND ADDRESS: DEMOREST CONSTRUCTION GROUP INC
800 SE INDIAN STREET
STUART FL 34996

MEETS REISSUANCE REQUIREMENTS

SCOPE OF BUSINESS OR TRADE: CERTIFIED BUILDING CONTRACTOR

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 400-2333

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 05/06/2004 ** EXPIRATION DATE: 05/06/2006</p> <p>PERSON: DEMOREST ROBERT P</p> <p>BUSINESS NAME AND ADDRESS: DEMOREST CONSTRUCTION GROUP INC 800 SE INDIAN STREET STUART FL 34996</p> <p>SCOPE OF BUSINESS OR TRADE: CERTIFIED BUILDING CONTRACTOR</p>	<p>F O L D H E R E</p> <p>IMPORTANT</p> <p>Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>QUESTIONS? (850) 400-2333</p>
--	---

CUT HERE

• Carry bottom portion on the job, keep upper portion for your records.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

MARSHA EWING, MARTIN COUNTY DEPUTY CLERK L Wood

PERMIT # _____

TAX FOLIO # 01-38-41-007-000-00400-1

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

Lucindia lot 40 76 S. River Rd. Stuart FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER: DANIEL & MERILIZ CARY

ADDRESS: 76 S. River Rd Stuart FL 34996

PHONE #: (772) 288-4392 FAX #: _____

CONTRACTOR: _____

**DEMOREST
CONSTRUCTION GROUP INC.**

ADDRESS: _____

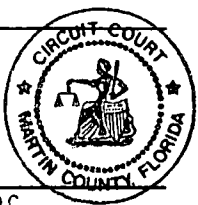
PHONE #: _____ 800 S.E. Indian Street, Stuart, Florida 34997-5605 FAX #: _____

SURETY COMPANY (IF ANY): _____

ADDRESS: MA STATE OF FLORIDA MARTIN COUNTY

PHONE #: _____ FAX #: _____

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



BOND AMOUNT: _____

LENDER: MA BY [Signature] MARSHA EWING, CLERK D.C.

ADDRESS: _____ DATE 10/2/05

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23rd DAY OF September

BY Daniel & Meriliz Cary

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE

Veronica L Taylor
My Commission DD219784
Expires June 04, 2007



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

James Hardie Building Product, Inc.
10901 Elm Avenue
Fontana, CA 92337

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

This product is approved as described herein, and has been designed to comply with the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: Hardiplank, Hardipanel and Hardisoffit

APPROVAL DOCUMENT: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardipanel, Hardiplank, & Hardisoffit Installation Details", sheets 1 through 3, prepared, signed and sealed by Ronald Ogawa, P.E., dated 4/13/99, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

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

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

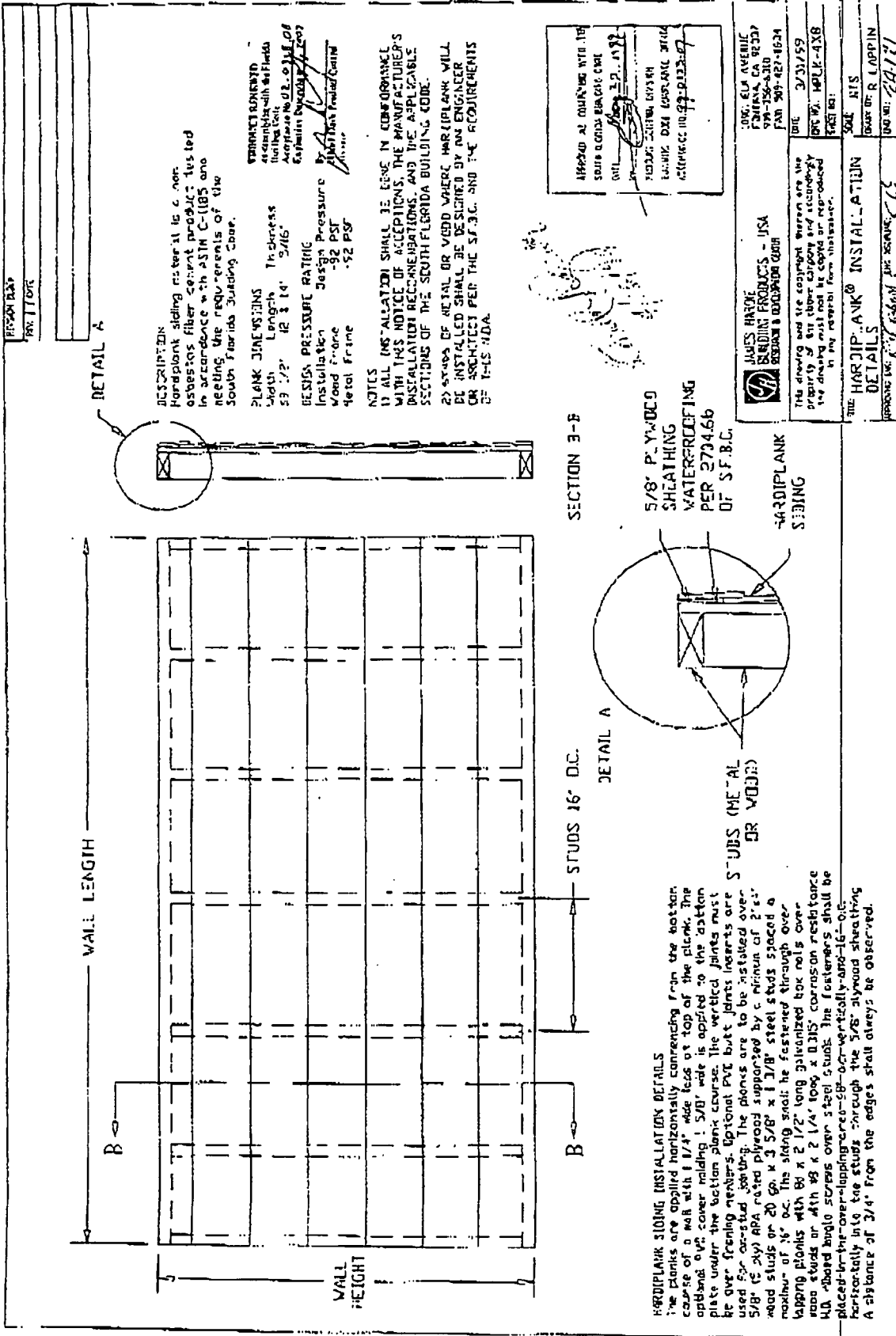
ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA renews NOA # 99-0223.07 and consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.



TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 4/13/06
BUILDING OFFICIAL
Gene Simons

NOA No 02-0318.08
Expiration Date: May 1, 2007
Approval Date: May 23, 2002
Page 1



DESCRIPTION
 Harjip siding material is a non-
 asbestos fiber cement product tested
 in accordance with ASTM C-1185 and
 meeting the requirements of the
 South Florida Building Code.

PLANK DIMENSIONS
 Length 42 & 14'
 Thickness 5/16"

DESIGN PRESSURE RATING
 Installation Design Pressure
 Wood Frame - 92 PSF
 Metal Frame - 52 PSF

NOTES
 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE
 WITH THIS NOTICE OF ACCEPTANCE, THE MANUFACTURER'S
 INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE
 SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
 2) STUDS OF METAL OR WOOD WHERE HARJIP LANK WILL
 BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER
 OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS
 OF THIS W.D.A.

APPROVED AS SHOWN WITH THIS
 SOUTH FLORIDA BUILDING CODE
 DATE: 12/16/83
 PROJECT: 100-223-4168

JAMES HARJIP BUILDING PRODUCTS - USA
 FEDERAL REGISTERED COMPANY

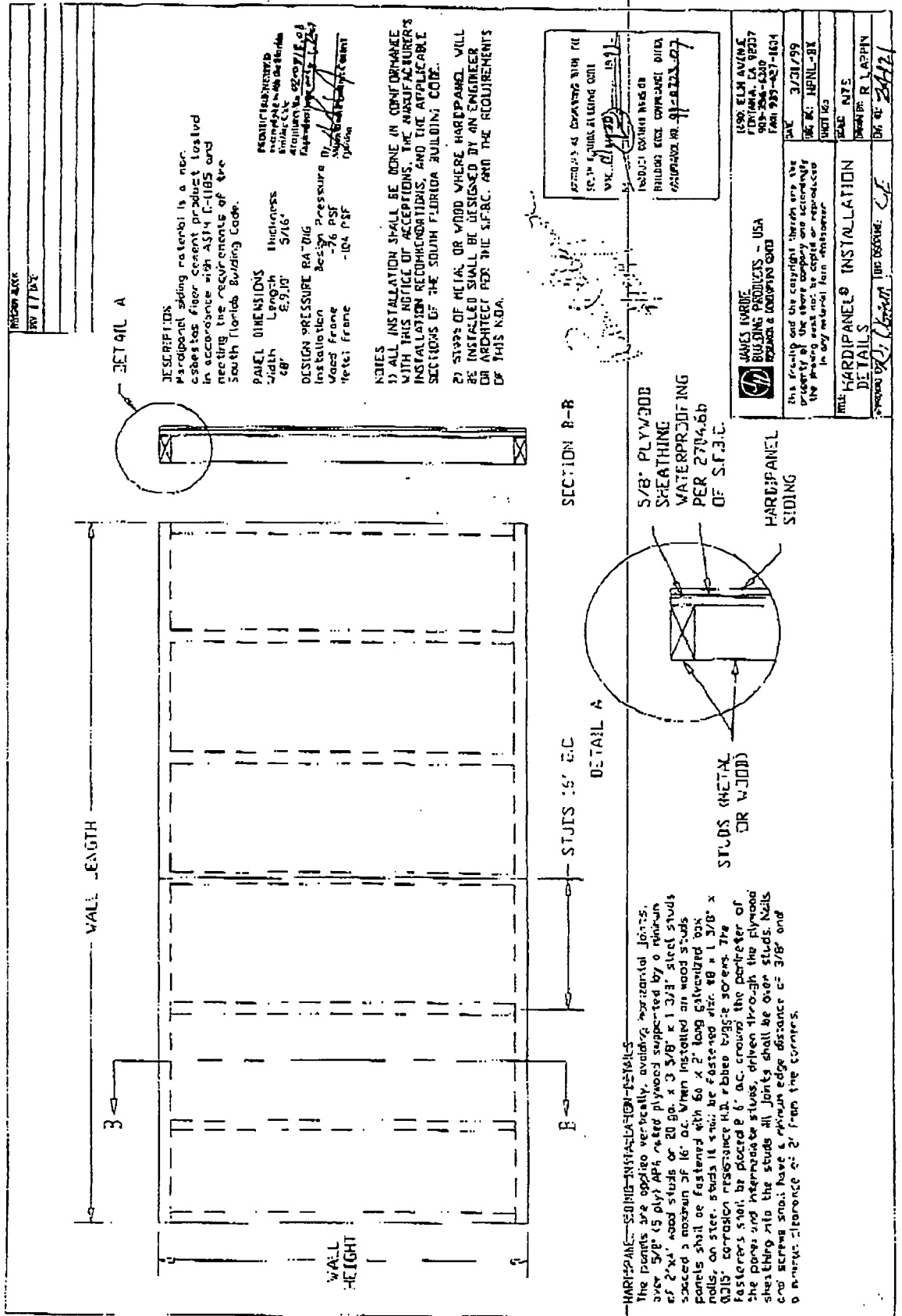
This drawing and the components herein are the
 property of James Harjip Building Products and accordingly
 no drawing shall not be copied or reproduced
 in any manner from this drawing.

DATE: 3/31/89
 DRAWN BY: HARJIP-4XB
 CHECKED BY: R. LAPPIN
 SCALE: AS SHOWN
 PROJECT NO.: 100-223-4168

5/8" PLYWOOD
 SHEATHING
 WATERPROOFING
 PER 2704.66
 OF S.F.B.C.

HARJIP LANK
 SIDING

HARJIP LANK SIDING INSTALLATION DETAILS
 The planks are applied horizontally commencing from the bottom
 course of a wall with 1/4" wide face at top of the plank. The
 optional PVC cover molding 1/2" wide is applied to the bottom
 edge under the bottom plank course. The vertical joints must
 be over framing members. Optional PVC butt joints inserts are
 used for over-stud joints. The planks are to be installed over
 5/8" (2x4) APA rated plywood supported by a minimum of 2"x4"
 wood studs or 20 ga. x 3/8" x 1 1/2" steel studs spaced a
 maximum of 16" oc. The siding shall be fastened through over-
 lapping planks with 84 x 2 1/2" long galvanized box nails over
 non studs or 4th x 3 x 2 1/4" long x 0.315" corrosion resistance
 aluminum angle screws over steel studs. The fasteners shall be
 placed in the overlapping area 68-82" vertically and 16-20"
 horizontally into the studs through the 5/8" plywood sheathing.
 A distance of 3/4" from the edges shall always be observed.



DESCRIPTION
Hardpanel siding material is a non-
asbestos fiber cement product tested
in accordance with ASTM C-1185 and
meeting the requirements of the
South Florida Building Code.

PANEL DIMENSIONS
Length: 5/16"
Width: 8.910"

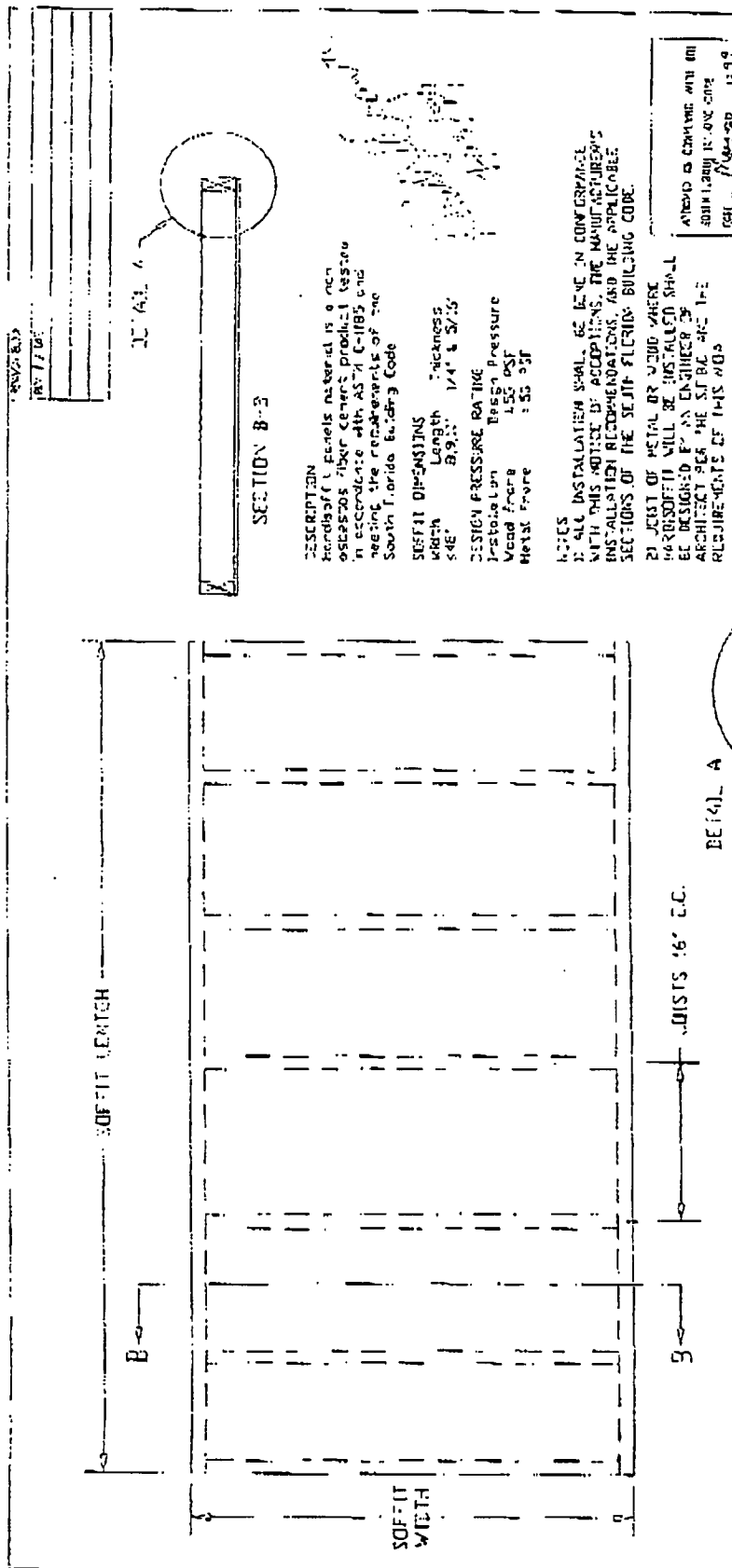
DESIGN PRESSURE RA-70IG
Installation: See design pressure
Wind Frame: -76 PSF
Ice: Frame: -104 PSF

NOTES
1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE
WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S
INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE
SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
2) STUFS OF METAL OR WOOD WHERE HARDPANEL WILL
BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER
OR ARCHITECT FOR THE S.F.B.C. AND THE REQUIREMENTS
OF THIS N.O.A.

STUFS AS SHOWN WITH THE
S.F.B.C. REQUIREMENTS
BY: *[Signature]*
BUILDING CODE COMPLIANCE DIVISION
6620000200 08-12-2003

JAMES HARDIE BUILDING PRODUCTS - USA PLYWOOD & LAMINATED BOARD	
This drawing and the copyright therein are the property of the above company and shall remain the property of the above company. No reproduction in any material form whatsoever.	
1690 ELM AVENUE PLYMOUTH, CA 95527 916-364-6300 FAX: 916-364-7404	DATE: 3/21/99 DRAWN BY: R. L. APPIN CHECKED BY:
TITLE: HARDIPANEL® INSTALLATION DETAILS	
DESIGNED BY: <i>[Signature]</i> DATE: 2/24/01	

HARDIPANEL® SIDING INSTALLATION DETAILS
 The panels are applied vertically, avoiding horizontal joints,
 over 5/8" (15 ply) AP4 rated plywood supported by a minimum
 of 2"x4" wood studs or 20 g.p. x 3 5/8" x 1 3/8" steel studs
 spaced a maximum of 16" o.c. When installed on wood studs
 panels shall be fastened with 60 x 2" long galvanized iron
 nails, on steel studs it shall be fastened with 48 x 1 3/8" x
 0.015" corrosion resistance H.D. or blue coated screws. The
 fasteners shall be placed 6" o.c. around the perimeter of
 the panels and intermediate studs, driven through the plywood
 sheathing into the studs. All joints shall be over studs. Nails
 and screws shall have a minimum edge distance of 3/8" and
 a minimum clearance of 2" from the corners.



DESCRIPTION
Hardsoffit panels consist of a non-OSB/OSB fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code

SEOFFIT DIMENSIONS
Width 48" Length 12' 0" Thickness 2 1/4" & 3 1/2"

DESIGN PRESSURE RATING
Installation Based on Pressure Wood Frame 150 PSF Metal Frame 155 PSF

NOTES
1. ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE BY ACCEPTING THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS AND THE APPLICABLE SECTIONS OF THE SEOFFIT FLEXIBUILDING CODE.

2. JOIST OF METAL OR WOOD WHERE HARDSOFFIT WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OF ARCHITECT PER THE SIBC AND THE REQUIREMENTS OF THIS NOT.

PRODUCT REMINDER
This product is not to be used in applications where it is not specifically designed for. For more information, please contact the manufacturer.

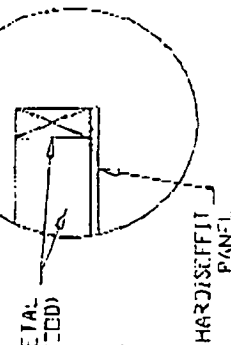
NUSS HARDWARE
1105 E. 11th Avenue
Tampa, FL 33605
Phone: 813-241-4634
Fax: 813-241-4634

SEOFFIT
1105 E. 11th Avenue
Tampa, FL 33605
Phone: 813-241-4634
Fax: 813-241-4634

THE HARDSOFFIT INSTALLATION DETAILS

HARDSOFFIT PANEL INSTALLATION DETAILS

The soffits panels are to be installed over 2"x4" wood joists or 2" x 3" x 3/8" steel joists spaced at maximum of 16" o.c. When installed over wood joists Hardsoffit shall be fastened with 2" long galvanized hex nuts, or steel studs. It shall be fastened with 48 x 3 1/4" x 0.215" corrosion resistance 14-16 ribbed bugle screws. The fasteners shall be placed 4" o.c. around the perimeter of the panel and intermediate studs. Nuts and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from corners.



DETAIL A

HARDSOFFIT PANEL

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-16, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8095	Cary	Final - kitchen remodel	FAIL	
1st	76 S River Rd Demorest			INSPECTOR: <i>[Signature]</i>
8200	Cary	sidewalk	PASS	CLOSE
1st	76 S River Rd Demorest			INSPECTOR: <i>[Signature]</i>
8402	Muir	Final - shutters	FAIL	#40 fee
7	14 Fernside La Folding Shutter			INSPECTOR: <i>[Signature]</i>
1727	Slater	Final - guest house	PASS	ISSUE C.O.
6	4 Lagoon Island Conway			CLOSE INSPECTOR: <i>[Signature]</i>
1874	Slater	Final addition main house	PASS	CLOSE
6	4 Lagoon Island Conway			INSPECTOR: <i>[Signature]</i>
MC0103	D'Amico	Final bathroom	PASS	CLOSE
2	5 Island Rd Casco			INSPECTOR: <i>[Signature]</i>
MC0131	Cobilla	Final - door	PASS	CLOSE
5	B W. Sewalls Pt St Lucie Fenwick			INSPECTOR: <i>[Signature]</i>

OTHER: _____

8216

GAS TANK

W/LINE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4-26-06

BUILDING PERMIT NO. 8216

Building to be erected for Cary

Type of Permit Gas tank & lines

Applied for by Propane Discounters (Contractor)

Building Fee 35.00

Subdivision Acacia Lot 40 Block _____

Radon Fee _____

Address 76 S. River Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410070000040010000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$35 Check # 2472 ^{paid by Joyce} Cash _____ Other Fees (_____)

Total Construction Cost \$ 1400

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
4/25/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: MERLIZ CARY Phone (Day) 788-4392 (Fax) _____

Job Site Address: 76 S. RIVER ROAD City: Sewall's Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LUCINDIA LOT 40 Parcel Number: 138410070000040010000

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

Description of Work To Be Done: GAS TANK & LINES

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1400.
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: 1400.00

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: PROPANE DISCOUNTERS Phone: 772-468-0040 Fax: 772-468-0208

Street: 904 S MEY AVE City: FT PIERCE State: FL Zip: 34982

State Registration Number: 15540 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

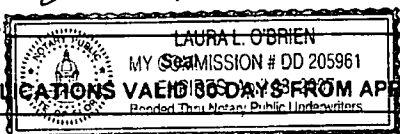
NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies,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

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

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

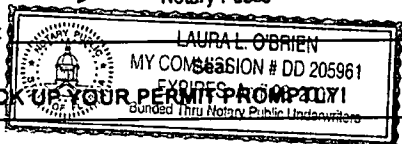
OWNER OR AGENT SIGNATURE (required)
Merliz Cary
State of Florida, County of: MARTIN
This the 24th day of APRIL, 2006
by MERLIZ CARY who is personally
known to me or produced
as identification. Laura L. O'Brien
Notary Public

My Commission Expires:



CONTRACTOR SIGNATURE (required)
Jayce Smith
On State of Florida, County of: MARTIN
This the 25th day of APRIL, 2006
by JAYCE SMITH who is personally
known to me or produced
As identification. Laura L. O'Brien
Notary Public

My Commission Expires:



PERMIT APPLICATIONS VALID 80 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY

PRODUCER

MORRIS & REYNOLDS INSURANCE
14821 South Dixie Highway
MIAMI FL 33176-7928
Phone: 305-238-1000 Fax: 305-255-9643

INSURED

Propane Discounters, I.C.
Mr. Jayce Smith
1108 NE Industrial Blvd
Jensen Beach FL 34957

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: St. Paul Fire and Marine InsCo	24767
INSURER B: Commerce and Industry	19410
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT LOC	X6601013C38ATIL05	11/14/05	11/14/06	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA2077C85705GRP	11/14/05	11/14/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, Describe under SPECIAL PROVISIONS below OTHER	WC2926072	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<input type="checkbox"/> Property Section <input type="checkbox"/> Special Form	X6601013C38ATIL05 REPLACEMENT COST	11/14/05	11/14/06	Contents 50,000 Equipment 65,146

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

Propane Distributor

CERTIFICATE HOLDER

TOWNSEW

Town of Sewall's Point
Town Hall
One S. Sewall's Point Road
Sewall's Point FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

J. LAGHER
FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

• • CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW • •

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 08/18/2005

• • EXPIRATION DATE: 08/18/2007

PERSON: SMITH JAYCE

EIN: 050570266

BUSINESS NAME AND ADDRESS: PROPANE DISCOUNTERS L C
1108 NE INDUSTRIAL BLVD
JENSEN BEACH FL 34957

REISSUANCE REQUIREMENT

SCOPE OF BUSINESS OR TRADE: 1- GAS MAIN / METER INSTALLATION

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

WC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 08/18/2005

* EXPIRATION DATE: 08/18/2007

PERSON: JAYCE SMITH

EIN: 050570266

BUSINESS NAME AND ADDRESS: PROPANE DISCOUNTERS L C
1108 NE INDUSTRIAL BLVD
JENSEN BEACH, FL 34957

SCOPE OF BUSINESS OR TRADE:
1- GAS MAIN / METER INSTALLATION

F
O
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D
H
E
R
E

IMPORTANT

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

• Carry bottom portion on the job, keep upper portion for your records.

WC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

**J5-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 2004-320-006 CERT _____

PHONE (772) 225-7980 SIC NO 422711

LOCATION:
1108 NE INDUSTRIAL BLVD J

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF **WHOLESALE DISTRIBUTION OF PROPANE**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

27 DAY OF SEPTEMBER 20 05
AND ENDING SEPTEMBER 30 2006

**SMITH, JAYCE A
PROPANE DISCOUNTERS L.C
1108 NE INDUSTRIAL BLVD
JENSEN BEACH, FL 34957**

RECEIPT of PAYMENT

6810

LARRY C. O'STEEN

99 89/38/2885 OCCU NORMAL

2004320000000000

0220050930000520CK



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Standards
Bureau of Liquefied Petroleum Gas
(850) 921-8001
Tallahassee, Florida

License Number: 15540
Expiration Date: August 31, 2006
Date of Issue: September 1, 2005
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License
CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION

This license is issued under authority of Section 527.02, Florida Statutes, to:

PROPANE DISCOUNTERS, L.C.
739 NE DIXIE HWY
JENSEN BEACH, FL 34957-6105

Charles H. Bronson
CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE

L=204.12
R=20°23'00"
Δ=20°23'00"

71.35

S62°37'30"W

RIVER RD

34.8'
FOUND 4" X 4"
CONCRETE MONUMENT

FOUND 4" X 4"
CONCRETE MONUMENT

FOUND 4" X 4"
CONCRETE MONUMENT

L=50.00
R=267.19
Δ=10°43'26"

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 4/26/06
BUILDING OFFICIAL
Gene Simmons

DRIVEWAY

WALK

PROPOSED
ADDITION

EXISTING RESIDENCE
FINISH FLOOR ELEV. = 37.50'

WOOD DECK

7.5' UTILITY EASEMENT

WER
E

45.6

46.4'

16.0

44.4

2.0

24.0

28.2

23.9

35.9'

27.33

28.3

2.0

44.4

2.0

24.0

28.2

23.9

35.9'

31.1

15.67

16.0

2.0

44.4

2.0

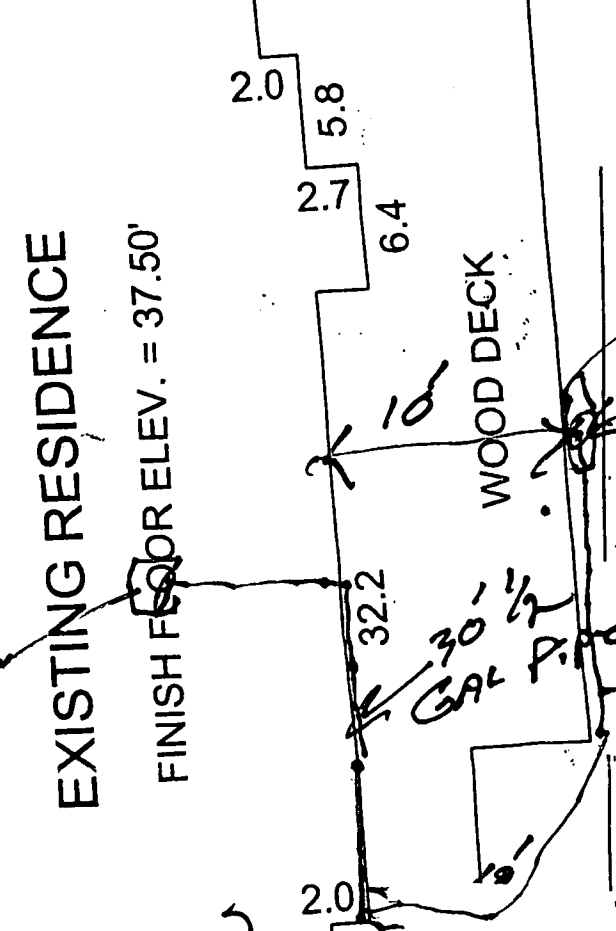
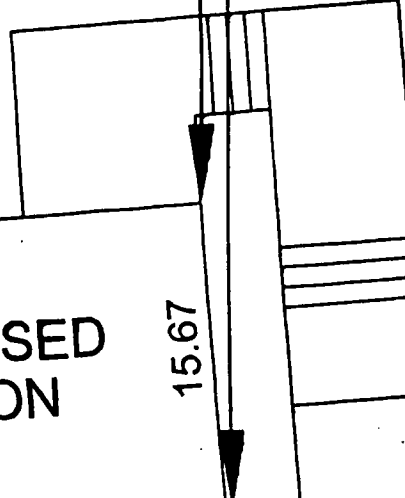
24.0

28.2

23.9

35.9'

35.9'



stove
stove
1/2 copper

30 1/2 GAL Pipe
38 1/2 Copper Line
120 CG
1/2\"/>

FOUND
NAIL

N27°22'30"W

29.84'

192.10'

N62°49'30"E

FOUND 4" X 4"
CONCRETE MONUMENT

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JUNE 2, 2006

Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8216	 	 	FAIL	
4	76 S. RIVER PROP. DIST.	LINES		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7764	Rucks	Dry- ⁱⁿ Dr	FAIL	
9	20 N. SPR Masterpiece	John 215-9014		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8227	Armstrong	Fence repair	PASS	CLOSE
2	3 Bridgeland Dr O/B			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8226	Scherman	Final Roof	PASS	CLOSE
7	15 Emarita Way Jennack			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7944	Rivera	Fence	FAIL	NO PERMIT
6	3 Emarita Way O/B			NOT READY INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7946	Rivera	Driveway Pavers	FAIL	NO PERMIT
6	3 Emarita Way O/B			NOT READY - INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7830	DeSantis	FINAL generator elec	PASS	CLOSE
10	82 S. Sewalls Pt O/B			INSPECTOR: <i>OM</i>

OTHER: _____



8216

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 76 S.S.P.R.

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

UG. TANK & LINES

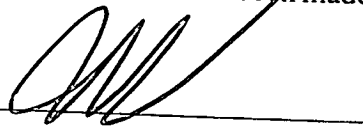
MISSING TRAILER WIRE
IN GAS LINE DITCH

MISSING TANK ANCHOR CABLES

TANK IS NOT LEVEL -
ENSURE DIRT IS ABOVE
PIN. GRADE AT FINAL.

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

DATE: 6/2



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 19, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC	Doss	METER FINAL	CANCEL	
0026	85 S.R.R.			
7	Blosser Elec	12:00 Please		INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8162	McCormack	Form Seal + main drain	PASS	
6	59 N River Rd Advantage			INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8216	Cary	Tank & line	PASS	
4	76 S River Rd Propane DISC			INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6812	Mader	Power on	FAIL	
2	106 Abbie Ct Buford Court			INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7898	Bernston	Skylight	FAIL	
1	176 S. Sewalls Pt Permit Am.	FINAL ROOF.	1100 AH.	INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0014	RIVERA	FTK/SLAB	PASS	
5	3 EMARITA			INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0042	TURNER	DRY-IN	PASS	
3	81 SOUTH RIVER AMERICAN ROOFING	463-8055		INSPECTOR: OM
OTHER:	SHOWER PAN LEAKS? CONFERRED w/ H.O.			
	CLYDE 7 RIDGELAND			

54 S.S.P.R.

TOWN OF SEWALL'S POINT

Building Department Inspection Log

Date of Inspection: Mon Wed Fri 5-26, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8100	DALY	ROOF IN PROG.	PASS	
1	5 WORTH ALL-AMER.			INSPECTOR: <i>[Signature]</i>
8184	TAPPER	Plumbing	PASS	
2	22 Island Rd Advantage Pools			INSPECTOR: <i>[Signature]</i>
8216	Conroy	Rough gas	PASS	
8	76 S River Rd Propane Disc.			INSPECTOR: <i>[Signature]</i>
8112	Mackay	Final	FAIL	OK
4	2 Oakwood Dr Superior Roof.			INSPECTOR: <i>[Signature]</i>
8183	Zigler	Tin Tag +	PASS	
7	17 Emmita Way Ralph Wilson Roof.	Metal 10:00 215-4460- ^{must be here} _{code}		INSPECTOR: <i>[Signature]</i>
Tree	Wilson	Tree	PASS	
9	5 St. Lucie Ct M-Trees			INSPECTOR: <i>[Signature]</i>
Tree	Wilcox	Tree	PASS	
5	11 Riverview Dr Accurate Tree			INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 76 S. RIVER

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

GAS FINAL

MISSING DIRT LEG AT GAS
REGULATOR -

NO PERMIT POSTED

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

DATE: 9/18

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-18, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Kremer	Courtesy - wants to replace deck		
<u>150</u>	23 Ridgeland OIB	instead of repairing - due to need permits? OWNER NEEDS PERMIT FOR WORK HE DESIRES		INSPECTOR:
0033		Footer slab	PASS	
<u>2nd</u>	27 N River SDH	6026		INSPECTOR: <u>AM</u>
0123		FENCE FINAL	FAIL	
<u>3</u>	18 CASTLE HILL			INSPECTOR: <u>AM</u>
0016		STARTING ELECTRICAL	FAIL	
<u>5</u>	3 EMARITA WAY	ELECTRICAL PLUMBING MECHANICAL WINDOW DOOR	PASS FAIL PASS FAIL	INSPECTOR: <u>AM</u>
0043		ROOF SHEATHING	FAIL	NOT REAM
<u>4</u>	10 PINEAPPLE LN.			INSPECTOR: <u>AM</u>
7993	Ciuchino	draft stop	PASS	
<u>3A</u>	11 Wendy La Seagate			INSPECTOR: <u>AM</u>
0110	Cover	Final	FAIL	
<u>4A</u>	265. River Rd Propane Disc			INSPECTOR: <u>AM</u>
OTHER:		READ, NECK & BEAM	PASS	
7019				
<u>4B</u>	12 CRANES NEST			INSPECTOR: <u>AM</u>

0063. 28 SUMARA ST. SEAWALL CAP PASS INSPECTION LOG.xls
WILCO CONST. 6/1/06

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-18, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7764	Lucks	roof final	PASS	CLOSE
4	20 N. Sewalls Pt			INSPECTOR: <i>OW</i>
	Masterpiece			
8216	Boory	Final gas	PASS	CLOSE
3	76 S. River Rd			INSPECTOR: <i>OW</i>
	Propane Disc.			
7764	Lucks	Finals Electric	CANCEL	
	20 N. Sewalls Pt	plumbing		
	Masterpiece	A/c		INSPECTOR:
7819	Tidikis	tie beam		
LAST	12 Chance Nest		Cancel	
	Artisaned Concrete			INSPECTOR:
7584	Schedomid	hintag metal	PASS	PER ENBR LTD SUBMITTED TO APPROVE DAY-IN & METAL.
	12 S. Sewalls Pt			INSPECTOR: <i>OW</i>
	Pacific Roof.			
0081		POOL ENCLOSURE	FAIL	
	118 N.S.P.R.			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

10295

PORCH

RAILING



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:	10295	DATE ISSUED:	DECEMBER 6, 2012
SCOPE OF WORK:	REPLACE PORCH RAIL		
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	013841007000004001	SUBDIVISION	LUCINDIA - LOT 40
CONSTRUCTION ADDRESS:	76 S RIVE RD		
OWNER NAME:	CARY		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	288-4392

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10295

Date: _____

OWNER/LESSEE NAME: DANIEL M and MERILIZ CARY Phone (Day) 772-288-4392 (Fax) _____

Job Site Address: 76 S. River Rd City: STUART State: FL Zip: 34996

Legal Description LUCINDIA LOT 40 Parcel Control Number: 1-38-41-007-000-00400,1000

Fee Simple Holder Name: DANIEL M and MERILIZ CARY Address: 76 S RIVER RD,

City: STUART State: FL Zip: 34996 Telephone: 772-288-4392

SCOPE OF WORK (PLEASE BE SPECIFIC): Replace Existing Porch RAIL

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: \$ ~5,000.-
 (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: N/A Phone: _____ Fax: _____

Qualifiers name: _____ Street: _____ City: _____ State: _____ Zip: _____

State License Number: _____ OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: STEVEN FETT Fla. License # AR 95573

Street: 168 SW 1ST ST Suite 803 City: MIAMI State: FL Zip: 33135 Phone Number: 305-321-8590

AREAS SQUARE FOOTAGE: Living: 2750 Garage: 500 Covered Patios/Porches: N/A Enclosed Storage: N/A

Carport: N/A Total under Roof: 2536 Elevated Deck: N/A Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER/AGENT/LESSEE NOTARIZED SIGNATURE: _____

X _____

State of Florida, County of: Martin

On This the 6 day of Dec, 2014

by Daniel Cary who is personally known to me or produced FDLHC600-173-49-303-0

As identification: Valerie Carmel
 Notary Public

My Commission Expires: _____

CONTRACTOR/LICENSEE 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: _____



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

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 12/6/2012 8:55:39 AM EST
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-007-000-00400-1	17724	76 S RIVER RD, SEWALL'S POINT	\$346,770	12/1/2012

Owner Information

Owner(Current)	CARY DANIEL M CARY MERILIZ A
Owner/Mail Address	76 S RIVER RD STUART FL 34996
Sale Date	6/2/1995
Document Book/Page	1125 1958
Document No.	
Sale Price	299000

Location/Description

Account #	17724	Map Page No.	SP-04
Tax District	2200	Legal Description	LUCINDIA LOT 40
Parcel Address	76 S RIVER RD, SEWALL'S POINT		
Acres	.4420		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120350 LUCINDIA

Assessment Information

Market Land Value	\$156,200
Market Improvement Value	\$190,570
Market Total Value	\$346,770



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

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

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

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

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

Owner/Builder Applicant Name: DANIEL M. CARY

Site address of the proposed building work: 76 S. RIVER Rd, STUART, FLA 34996

Name of legal title owner of the address above: DANIEL M and MERILIZ CARY

Describe the scope of work for the proposed new construction: REPLACE WOODEN PORCH RAILING WITH WELDED ALUMINUM RAILING - GROUND FLOOR

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

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

What provisions have you made for Liability and Property Damage Insurance? HOME LIABILITY / PROPERTY INS

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

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

Location: NONE Scope of Work Done: _____ Year: _____

Location: NONE Scope of Work Done: _____ Year: _____

What code books do you have available for reference? Building: FLA. BUILDING CODE

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

Other: _____

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

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

Have you consulted with your Homeowner's Insurance Agent? YES Lender? N/A Attorney? N/A

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



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

OWNER/BUILDER DISCLOSURE STATEMENT

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

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



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

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

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

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

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

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

ON THIS 6th DAY OF Dec, 2012

PROPERTY ADDRESS 76 S River Rd

CITY _____ STATE _____ ZIP _____

~~SIGNATURE OF OWNER/BUILDER~~

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6 DAY OF Dec 2012

BY Daniel Cary

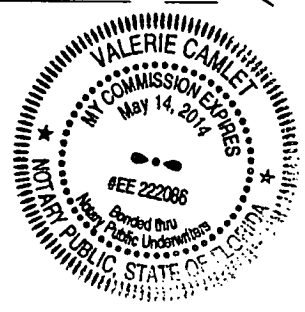
PERSONALLY KNOWN _____

OR PRODUCED ID

TYPE OF ID FDL# C600-173-49-303-0

Valerie Camlet

NOTARY SIGNATURE



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-3-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10284	Beelitz 10 S. Via Lucinda Lewis	Final door	Pass	Close INSPECTOR [Signature]
10213	GASIOREK 67 N. RIVER CLASSIC COILING	A/C FINAL	Pass	CLOSE INSPECTOR [Signature]
10295	CAROL 76 S. RIVER RD	FINAL WALLING	Pass	Close INSPECTOR [Signature]
10266	Ford 98 N Sewalls Schiller	pre-pour Equipotential bond	Pass	INSPECTOR [Signature]
10027	Goudis 25 Skwer Rd Team Parks	flashing dry in	Pass	INSPECTOR [Signature]
10248	Prattner Prattner RLY 2 N-SPT RD RENAR	ROOF SIKATANK	Pass	INSPECTOR [Signature]
				INSPECTOR

TREE

422

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

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 Brad + Nancy Hoffmann Address: _____ Phone _____

Contractor Today's Homes by J.P. Johnson Inc Address 908 SE Belfast PSC Phone 878 1556

Number of trees to be removed (list kinds of trees) _____

1 Palm Tree

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

Number of trees to be replaced within 30 days (list kinds of trees) _____

Permit Fee: \$ 500 (\$5. for first tree plus \$1. for each additional tree - not to exceed \$25.)

(No permit fee for trees which are relocated on property or lie within a utility easement and 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 \$5.

Signature of applicant [Signature] Date submitted _____

Approved by Building Inspector [Signature] Date 8/30/88

Approved by Building Commissioner _____ 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 PURPOSES OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET. THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA.

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 7/12/01 is 18 TREE REMOVAL PERMIT No 0476

APPLIED FOR BY D. Cary, 76 S. River Rd. (Contractor or Owner)

Owner P. Gonzales

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 ficus

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS O.K. to remove. Non native affect irrigation etc.

*Field verified
7/13*

FEE \$ 0.00

Signed, Sign on file
Applicant

Signed, [Signature]
Town Clerk
Bldg. Insp.

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty lined box for notes or details]

PROJECT DESCRIPTION _____

[Empty lined area for project description]

REMARKS _____

[Empty lined area for remarks]

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

7/18 SCHED
105P.

RECEIVED
JUL 17 2001
BY: [Signature]

Permit # 0476
Date Issued 7/18/01

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 Meriliz & Dan Cary Address 76 S. River Rd Phone 288-4392
Contractor Pablo Gonzalez Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 tree (Ficus) - * See back
tree is hazardous to septic tank & irrigation

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):
NON-NATIVE; HAZARD TO PROPERTY - NO FEE

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

Permit Fee \$ -0- (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed ~~\$100.00~~ \$15.00)

(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 ✓ [Signature] Plans approved, as marked _____

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

Signature of applicant [Signature] Date submitted 7/17/01

Approved by Building Inspector [Signature] Date 7/18/01

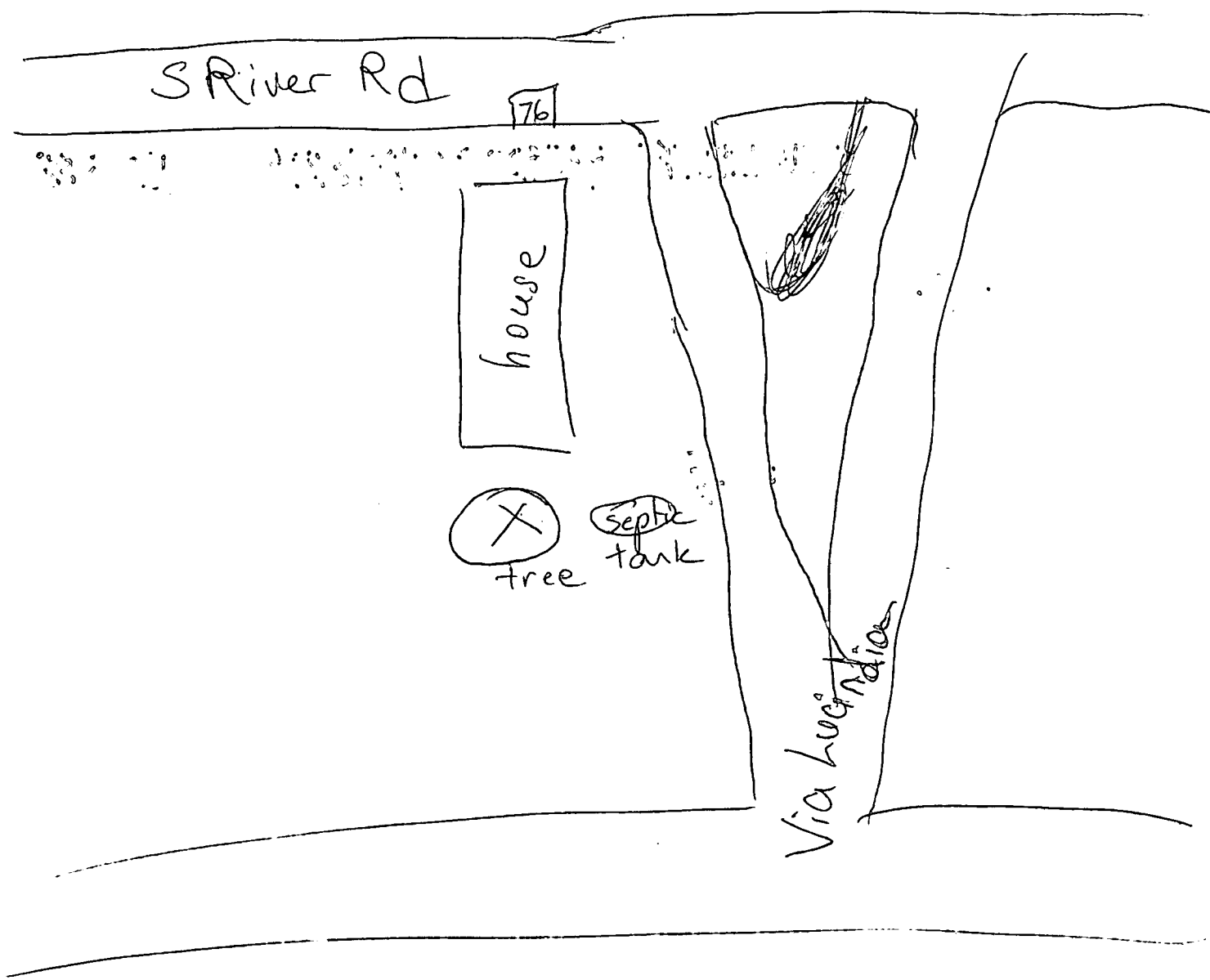
Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ ^{FEE.} 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?

The tree is in the backyard. Irrigation pipes are being popped out of the ground by the roots of the ficus tree; also very close proximity to septic tank.



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 18, 2001; Page 2 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5280	ROTHBERG	RETG. WALL -	Passed	9x10' tie backs
N (6)	103 N. SEWALL'S POINT RD CUSTOM BUILT MARINE (GRAM)	TIE BACKS		INSPECTOR: [Signature] 7/18
✓ 5358	INGRAM	GARAGE -	Passed	
N (8)	101 N. SEWALL'S POINT RD. BIFORD CONST. (ANDY)	TIE BM.		INSPECTOR: [Signature] 7/18
✓ 5444	SEBASTIANO	RTG. WALL -	Passed	
N (9)	99 N. SEWALL'S POINT RD. BIFORD CONST. (ANDY)	FTG.		INSPECTOR: [Signature] 7/18
✓ 5409	HELLER	PORCH REPAIR -	Passed	
S (1)	23 N. VIA LUCINDA TRHS. CO. CARPENTRY	FINAL		INSPECTOR: [Signature] 7/18
✓ T/R	CARY	FIELD VERIF.	Passed	288-4792
S (2)	76 S. RIVER RD (GRAM) GONZALEZ			INSPECTOR: [Signature] 7/18
✓ T/R	KIRLINGER WASHINGTON	FIELD VERIF.	Passed	
S (11)	143 S. RIVER RD O/B (EARL PEARSON 287-4011)			INSPECTOR: [Signature] 7/18
✓ 5439	BRENDAN	STL. & GROUND	Passed	FORMBOARD SURVEY WAIVED. [Signature] ✓
S (3)	111 HENRY SEWALL WAY FLAMINGO POOLS			INSPECTOR: [Signature] 7/18

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date JUNE 7 ~~2004~~ TREE REMOVAL PERMIT No 2277

APPLIED FOR BY CARY (Contractor or Owner)

Owner 76 S. RIVER ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 STRANGLER FIG

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed Yme Simmons Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty lined box for notes or project description]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Dan & Merilyn Cury Address 76 S River Rd Phone 288-4392

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Strangler fig

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

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

Written statement giving reasons: Strangler fig got established on top of a paradise tree and took over

Signature of Applicant Merilyn Cury Date 6/3/04

Approved by Building Inspector: [Signature] Date 6/7 Fee: -0-

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

S. River Rd

76

house



front door



tree

S. Via lucinda



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

188000

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Dan Merluz Cary Address 76 S. River Rd Phone (772) 288-4392

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Tropical Almond

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

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

Signature of Property Owner [Signature] Date 2/22/2013

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

NOTES: _____

SKETCH:

