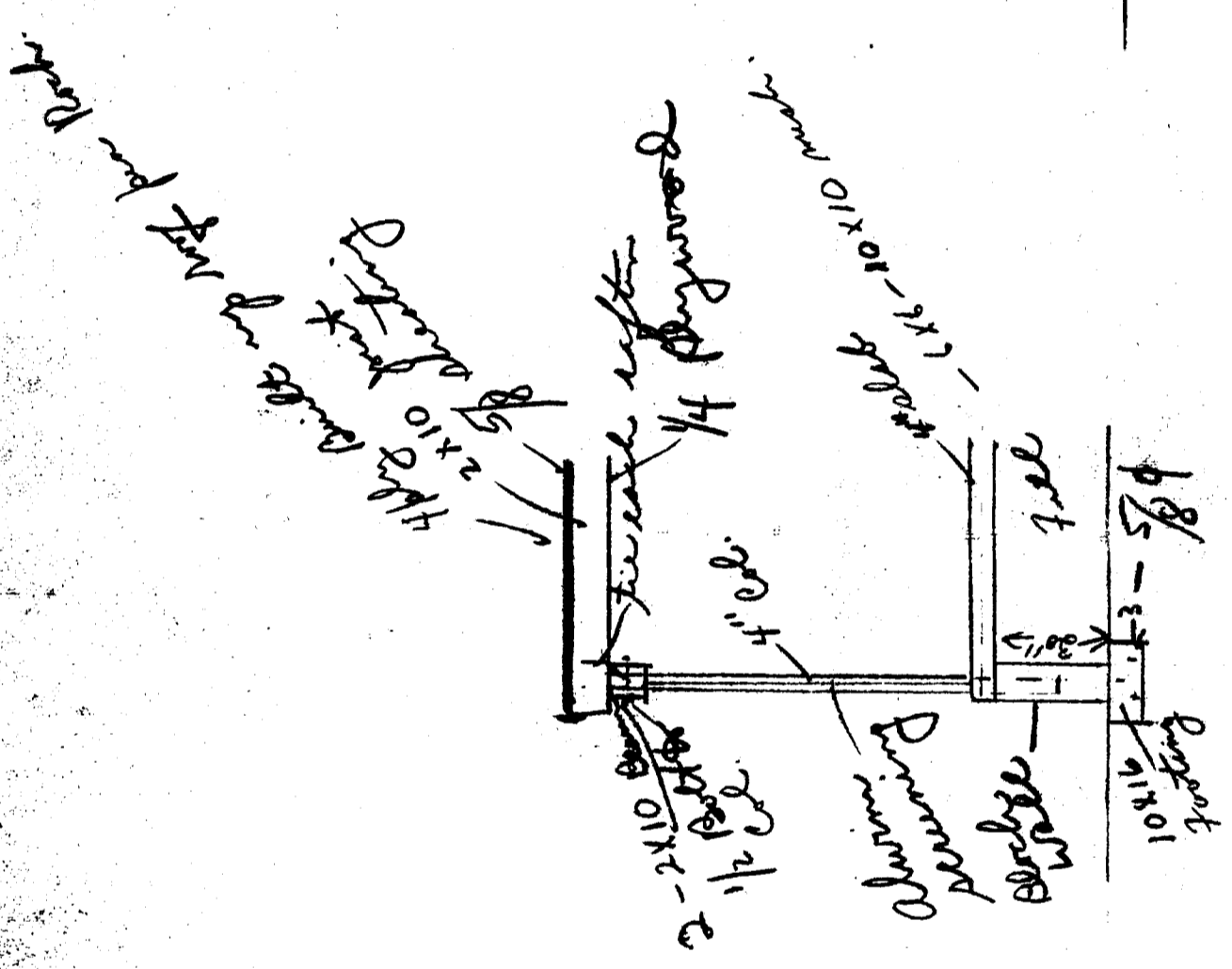
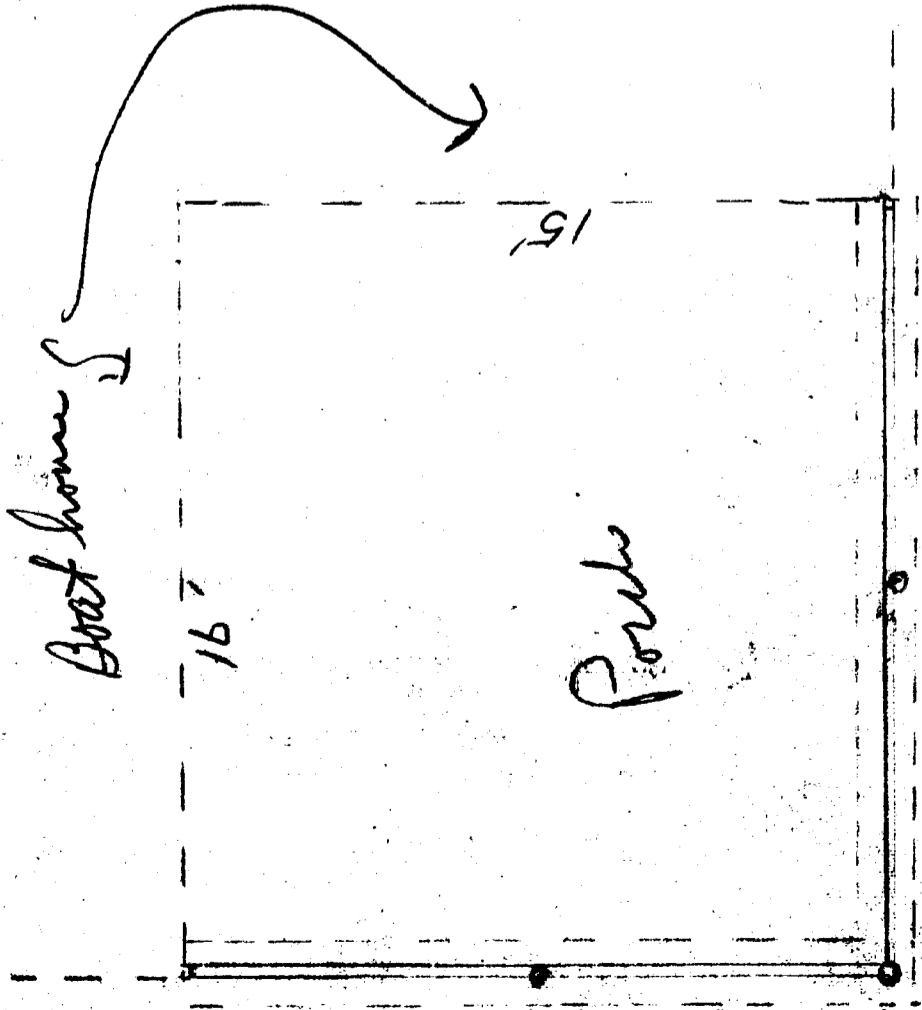


77 South River Road

64

PORCH

Reizen Park Permit # 64



*104116-53-59
Proprietor*

Scale 1/4" = 1'

The Reizen stumped porch

BURNED DOWN

64

TOWN OF SEWALL'S POINT
Florida

BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

Date Aug 12, 1963

Owner Dr. Tripp

Address Sewall's Point

Architect _____

Address _____

Contractor Carl Paulup

Address _____

Building to be constructed on:

Lot 42 Block _____ Subdivision Seaside

Address Sewall's Point

Purpose of Building Porch Type of Work wood

Estimated cost of Building or Improvements \$ 1000.-

Type of Construction _____ Roofing Covering _____

Type of Roof Built up Foundation _____

Size of Building Lot _____

Square Feet in Building _____

Zoning _____

Permit Number 64 Permit Fee \$ _____

Clean-up Bond Number _____ Clean-up Fee \$ _____

Signed Contractor _____

BURNED
DOWN

64

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 471

Issued Date 5-31-74

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner DR. MRS. JOHN J. SCHOPPE Present Address _____ Ph _____

General Contractor SCHEMENDOAH BLDGS INC. Address 3802 OLEANDER AVE Ph 287-2620

Where licensed MARTIN COUNTY License No. 46
FORT PIERCE FLA.

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on RIVER ROAD

Subdivision LUCINDIA Lot No. 42 Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft 3580

Other Construction (Pools, additions, etc.) NONE

Contract Price (excluding land, rugs, appliances, landscaping) \$ 150,000

Total cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

Charles Sherman Cook
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances and the South Florida Building Code.

John J. Schoppe
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted _____

Date approved 5/30/74

Certificate of Occupancy issued _____ Date 5/30/74

Charles D. Ingram 5/28/74
Clay P. Lambeth
471

TOWN OF SEWALL'S POINT
CERTIFICATE OF OCCUPANCY

DATE 5/31/74

This Certificate of Occupancy is issued for SC HUPPE
 on Lot No: 42, Block _____, _____ Street,
LUCINDA S/D, constructed under Building Permit
 No. 471 on record in the Town of Sewall's Point Town Hall.

Construction of this building conforms to all Ordinances of
 the Town.

RECORD OF INSPECTIONS

ITEM	DATE	APPROVED BY
FOOTINGS	<u>1/2 OK 7/18/74</u> <u>7/15 7/19/74</u>	<u>g</u>
ROUGH PLUMBING	<u>7/31/74</u>	<u>g</u> <u>9/17/74</u> <u>(g)</u>
PERIMETER BEAM	<u>8/20/74</u>	<u>g</u>
<u>Temporary</u> ROUGH ELECTRIC	<u>6/12/74</u> <u>g</u> <u>12-1-10/74</u>	<u>g</u>
CLOSE IN	<u>12/10/74</u>	<u>g</u>
FINAL PLUMBING	<u>3/18/75</u>	
FINAL ELECTRIC	<u>11</u>	

PROOF OF SEPTIC TANK APPROVAL BY OTHERS, ie (COUNTY HEALTH DEPT.)

Approved by Building Inspector Charles Dwyer

Approved by Town Commission: John [Signature]

Utilities notified: _____ Date

40 3/18/75



N. D. MILLER, M. D.
DIRECTOR

OFFICES IN
COURT HOUSE ANNEX
TELEPHONE 287-2277

MARTIN COUNTY
HEALTH DEPARTMENT

AUG 14 1974

P.O. BOX 1846

STUART, FLORIDA 33494

Sewalls Pt. Bldg. Dept.

Septic tank for Dr. John Schopper
at lot 42 Tucindia has been checked by
Martin County Health Dept. and found satisfactory.

John Barstow
San Aug 1

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities

Section I - Instructions:

- 1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
- 2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
- 3. Proposed location of septic tank must be shown on plan.
- 4. Any pond or stream areas must be indicated on the plan.

- 5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
- 6. Complete the following information section.

Notes:

- 1. Not valid if sewer is available.
- 2. Individual well must be 75 feet from any part of system.
- 3. Call 287-2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) Prt. BK 3 pp 130 (MARTIN Co)
Lot 42 Block - Subdivision LUCINDIA S/D
Date Recorded 4-19-60 Directions to Job SEWALL'S POINT -

2. Owner or Builder DR. JOHN SCHOPPE
P.O. Address 1602 E. OCEAN City STUART, FLA 33494

3. Specifications

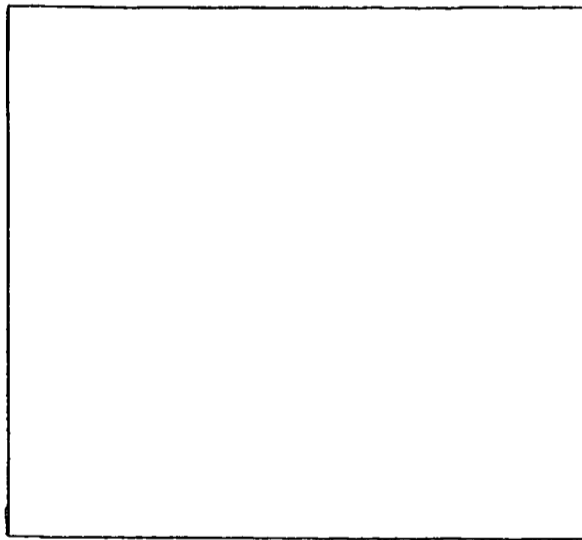
4 BEDROOMS

	Tank	Drainfield	
<u>1050</u>	Gals. <u>280g</u>	ft. of 6" clay tile or 5" perforated plastic drain in a 3' trench or	
_____	Gals. _____	ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench	

Scale 1" = 50'

(Rear)

(Name of Street or State Rd.) (Side)



(Name of Street or State Rd.) (Side)

(Front)

(Name of Street or State Road)

Applicant: JOHN SCHOPPE
Please Print

Signature: John Schoppe - Date: 4-9-74

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: J. A. Banta County Health Dept. Martin Date 4/9/74

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____
FHA No. _____ VA No. _____

#471

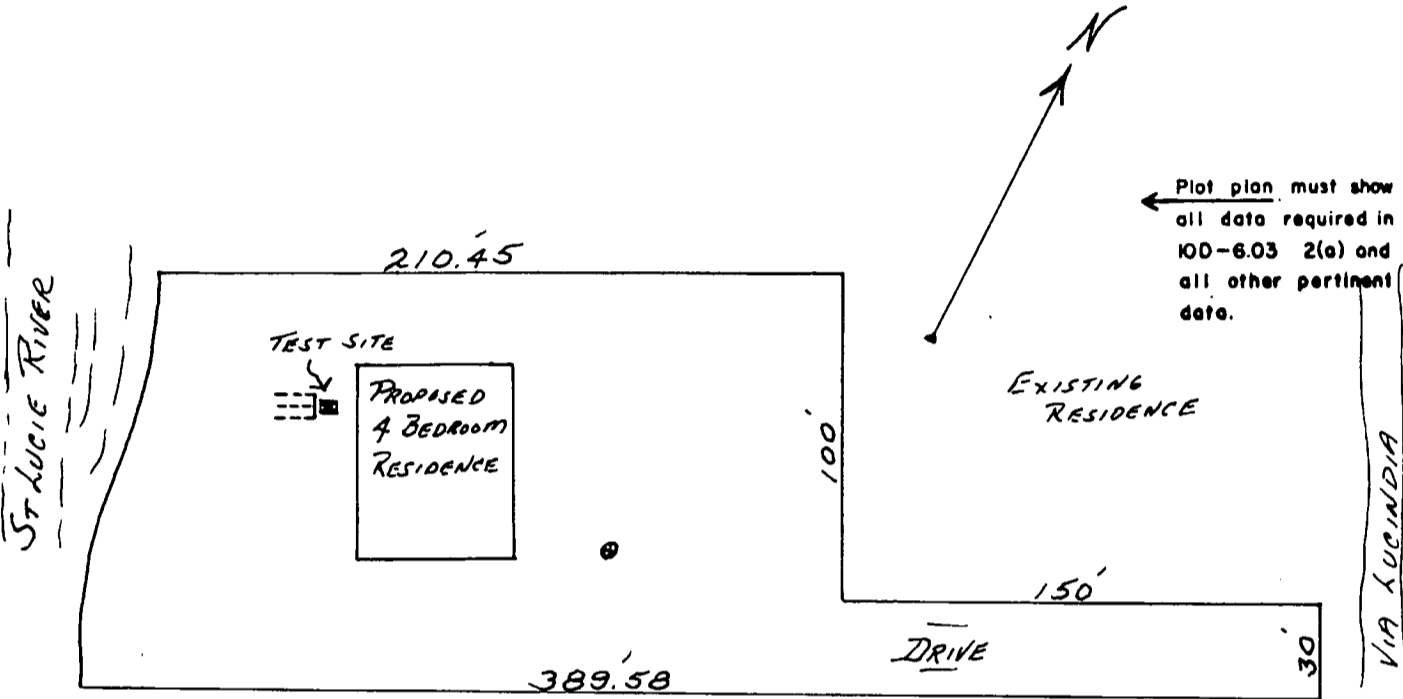
FLORIDA DEPARTMENT OF POLLUTION CONTROL

S. E. Subregion
 806 South 6th Street
 Fort Pierce, Florida 33450
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
 DATA SHEET

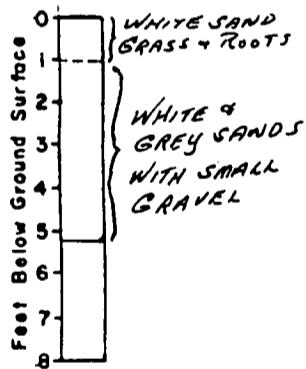
Location: LOT 42 LUCINDIA S/D Applicant: DR. JOHN SCHOPPE
PLOT BK 3 PP 130 (MC) County: MARTIN

NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



PLAN
 Scale: 1" = 60'

SOIL DATA



LEGEND

- ~ Drainage Pattern
 - Proposed Septic Tank and Drainfield
 - ⊕ Proposed Water Supply Well
 - Existing Water Supply Well
 - ⊠ Soil Boring and Percolation Test Location
- * TEST MADE ON 4-9-74
- * CONTRACTOR WILL INSURE THAT PROPER DISTANCES TEST LOCATION ARE MAINTAINED BETWEEN SEPTIC TANK AND FRESH WATER SOURCES AND ALSO HIGH WATER LINE OF RIVER.

SOIL BORING LOG

Soil Identification: CLASS I GROUP SW-SP
 Soil Characteristics WELL GRADED WHITE AND GREY SANDS WITH LITTLE GRAVEL
 Percolation Rate 20 SEC PER INCH min/inch
 Water Table Depth 5'
 Water Table Depth During Wet Season 4' ESTIMATE
 Compacted Fill Of NONE Req'd
 Compacted Fill Checked By: _____
 Date _____

CERTIFIED BY: Ronald J. Price
 FLORIDA PROFESSIONAL No. 17788
 Date 4-9-74 Job No. 74-026

Dr. & Mrs. John Schoppe
77 S. River Road
Lucindia

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date March 18, 1975

This is to request that a Certificate of Approval for Occupancy be issued to Dr. & Mrs. John J. Schoppe

For property built under Permit No. 471 Dated May 31, 1974

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	7/19/74	Charles A. Duryea
Rough plumbing	7/31/74, 9/17/74	"
Perimeter beam	8/20/74	"
Rough electric	12/10/74	"
Close in	12/10/74	"
Final plumbing	3/18/75	"
Final electric	3/18/75	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector *John L. ...* date 3/18/75
Approved by Town Commission *John L. ...* date 3/18/75

Utilities notified 3/18/75 date

Original Copy sent to Schenandoah Builders Inc.

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 510

Date 1/27/75

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner Dr. JOHN J. Schoppe Present Address _____ Ph _____

General Contractor SCHENANDOAH BLDGS INC. Address 3802 OLEANDER AVE Ph 287-2620
FORT PIERCE FLA.

Where licensed MARTIN License No. 446

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on _____

Subdivision LUCINDA Lot No. 42 Area 1272 #

Building area, inside walls (excluding garage, carport, porches) Sq ft _____

Other Construction (Pools, additions, etc.) WOOD DECK

Contract Price (excluding land, rugs, appliances, landscaping) \$ 10,000.00

Total cost of permit \$ 6000

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

David Schenandoah
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted 1/22/75 JH 1/20/75
Date approved 1/27/75 JH 1/20/75

Certificate of Occupancy issued N/A Date _____

510

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to SCHOPPE Acres 42
For property built under Permit No. 510 Dated 2/13/75
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	2/13/75 CD	
Rough plumbing		
Perimeter beam		
Rough electric		
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

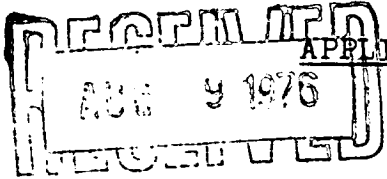
Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT, FLORIDA



APPLICATION FOR BUILDING PERMIT

Permit No. 617
Date 8/11/76

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable) Copy of property Deed required for new home construction.

Owner Dr. & Mrs. John J. Shoppe Present Address 77 River Road Ph 283-4810
Pool
General Contractor Sun Pools and Const. Address 257 Monterey Rd. Stuart Ph 283-6358

Where licensed Martin County License No. 65

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on River Road

Subdivision Lucinda Lot No. 42 Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft _____

Other Construction (Pools, additions, etc.) Pool, No Screen PER C.D. 8/10/76

Contract Price (excluding land, rugs, appliances, landscaping) \$ 5000.00 ~~5000.00~~

Total cost of permit \$ 5,000.00 35.00 2.50
35.00

Plans approved as submitted Plans approved as marked _____

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.
Bruce [Signature]
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD
Date submitted 11/0/76 [Signature]
Date approved 8/11/76 [Signature]
Certificate of Occupancy issued 10/3/76 Date #617

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 8/11/76

This is to request that a Certificate of Approval for Occupancy be issued to SCHOPPE POOL Lucinda
For property built under Permit No. 617 Dated _____
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	<u>9/21/76</u>	
Rough plumbing		
Perimeter beam		
Rough electric	<u>10/3/76</u>	
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles Angier date _____
Approved by Town Commission _____ date _____

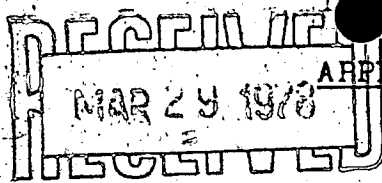
Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

808

DOCK



TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 808
Date March 29, 1978

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable) Copy of property Deed required for new home construction.

Owner John J Scheppe, DPH. Present Address 77 S. River Rd. Ph 287-1157
General Contractor _____ Address _____ Ph _____
Where licensed _____ License No. _____
Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Call subject approved

Street building will front on _____
Subdivision Lucinda Lot No. 42 Area _____
Building area, inside walls (excluding garage, carport, porches) Sq ft _____
Other Construction (Pools, additions, etc.) Dock
Contract Price (excluding land, rugs, appliances, landscaping) \$ 500⁰⁰
Total cost of permit \$ 500⁰⁰
Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

John J Scheppe, DPH.
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

John J Scheppe, DPH.
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

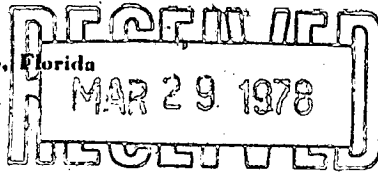
Date submitted John J Scheppe, Commissioner, 30 March 1978

Date approved 3/30/78 Chap A Dwyer

Certificate of Occupancy issued 5/20/78 Date

#808

184547



This instrument was prepared by:

Name JAMES F. LITTMAN

Address PO DRAWER 1197

STUART, FLORIDA 33494

Warranty Deed

(STATUTORY FORM — SECTION 689.02 F.S.)

12-28 jrc This Indenture, Made this 28th day of December 1972, Between

ANTHONY C. REIGER and HELEN J. REIGER, his wife,

of the County of _____, State of _____, grantor, and

JOHN J. SCHOPPE and STEPHANIE D. SCHOPPE, his wife,

whose post office address is 1620 East Ocean Boulevard, Stuart, Florida 33494,

of the County of Martin, State of Florida, grantee.

Witnesseth: That said grantor, for and in consideration of the sum of TEN (\$10.00)-----

----- 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 42, LUCINDIA, according to the plat thereof filed 19 April 1960, recorded in Plat Book 3, Page 130, Martin County, Florida, public records.

SUBJECT TO easements, reservations and restrictions of public record and to taxes of 1973 and subsequent years.

3130

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:

James J. Littman
Juanita R. Casfield

Anthony C. Reiger (Seal)
Helen J. Reiger (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

ANTHONY C. REIGER and HELEN J. REIGER, his wife, to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that they executed the same.

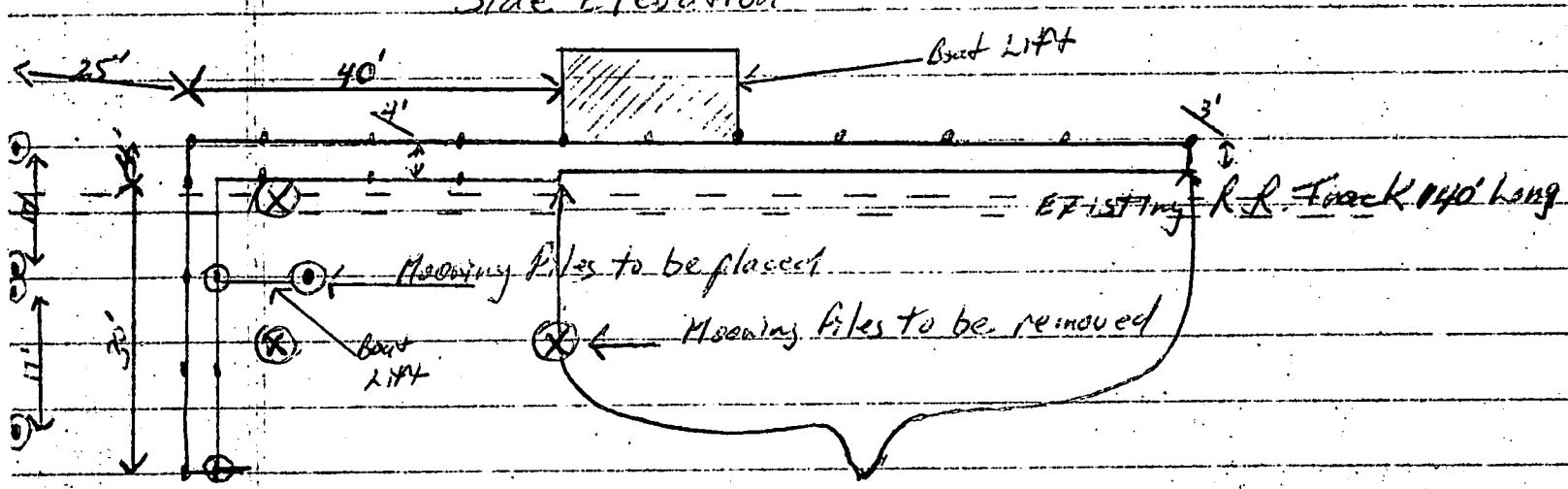
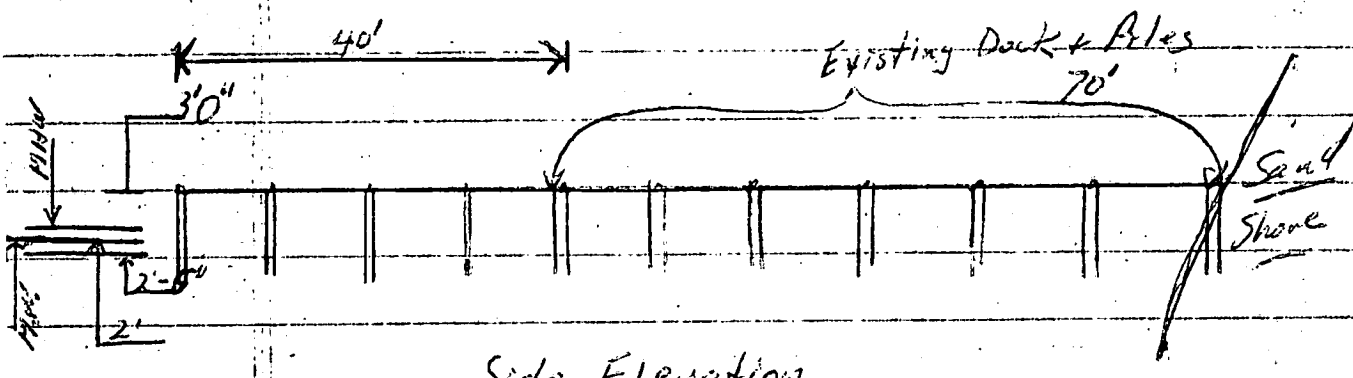
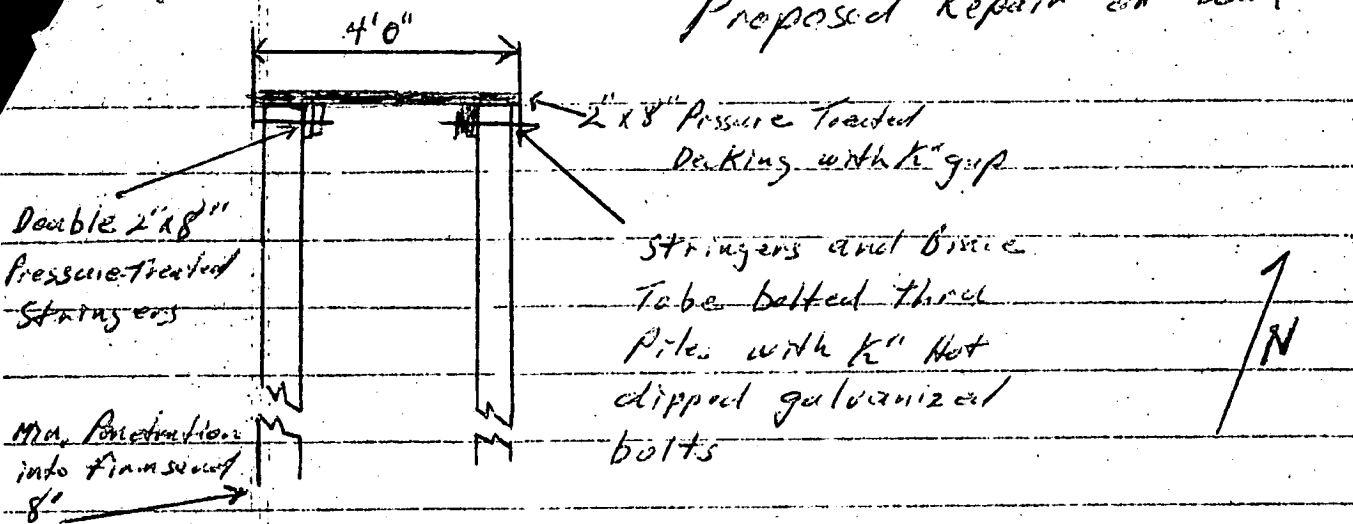
WITNESS my hand and official seal in the County and State last aforesaid this 28th day of December 1972.

My commission expires:

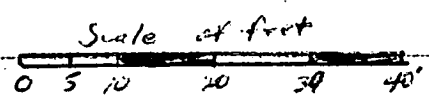
James J. Littman
Notary Public

Notary Public, State of Florida at Large
My Commission Expires June 26, 1976
Bonded By American Fire & Casualty Co.

Proposed Repair of Dock



Existing RR Track, Mooring Piles, 3' x 70' Dock, Boat Lift



Purpose: Private Recreation Dock

In: St Lucie River

Total Square Feet 490

At: Sewall's Point Fla.

County of: Martin

State of: Florida

3130
 [Signature]
 [Signature]

Application by: John Schoppe

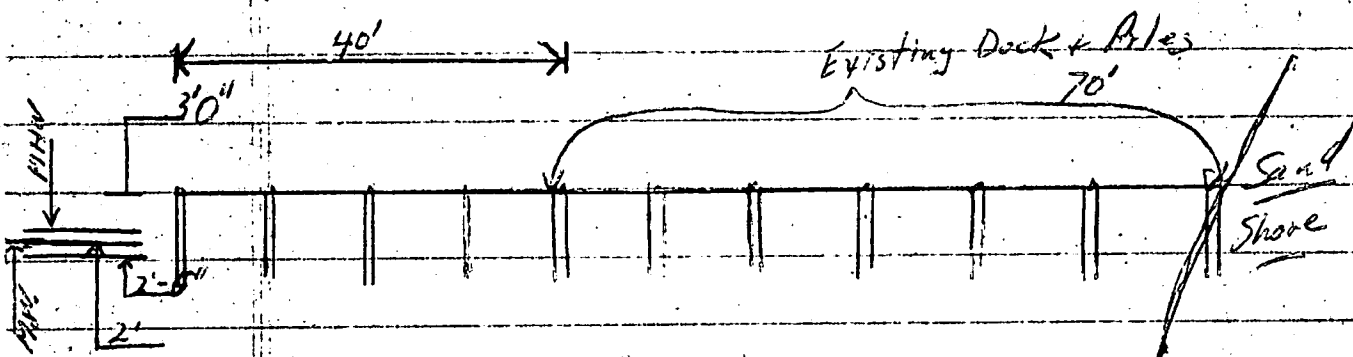
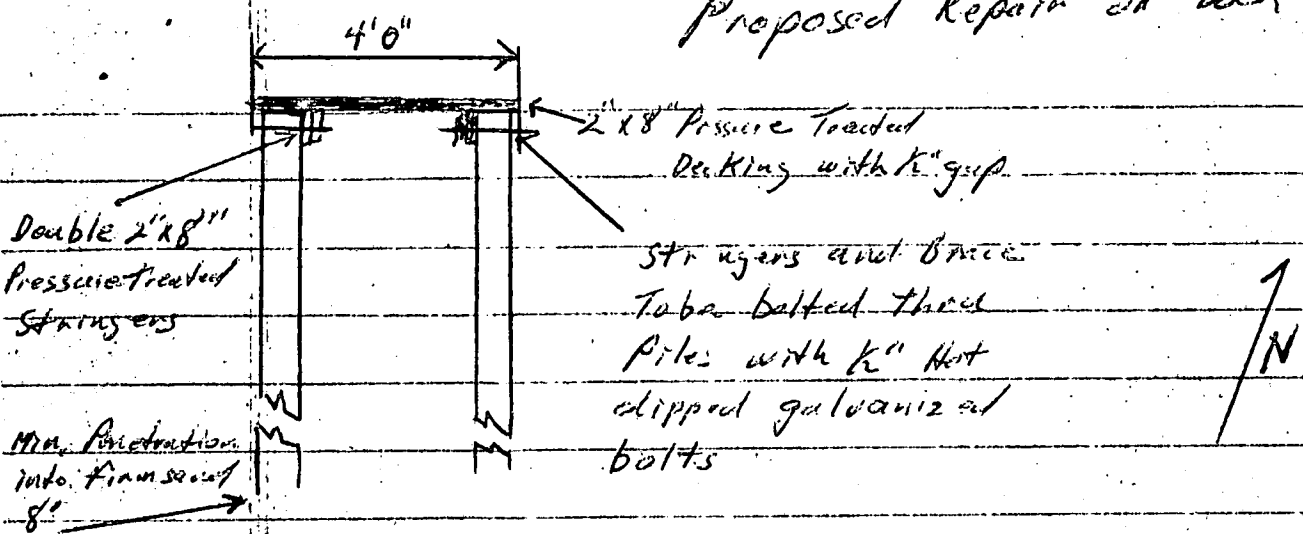
Date: March 29, 1978

Lot: 42 Lucindia

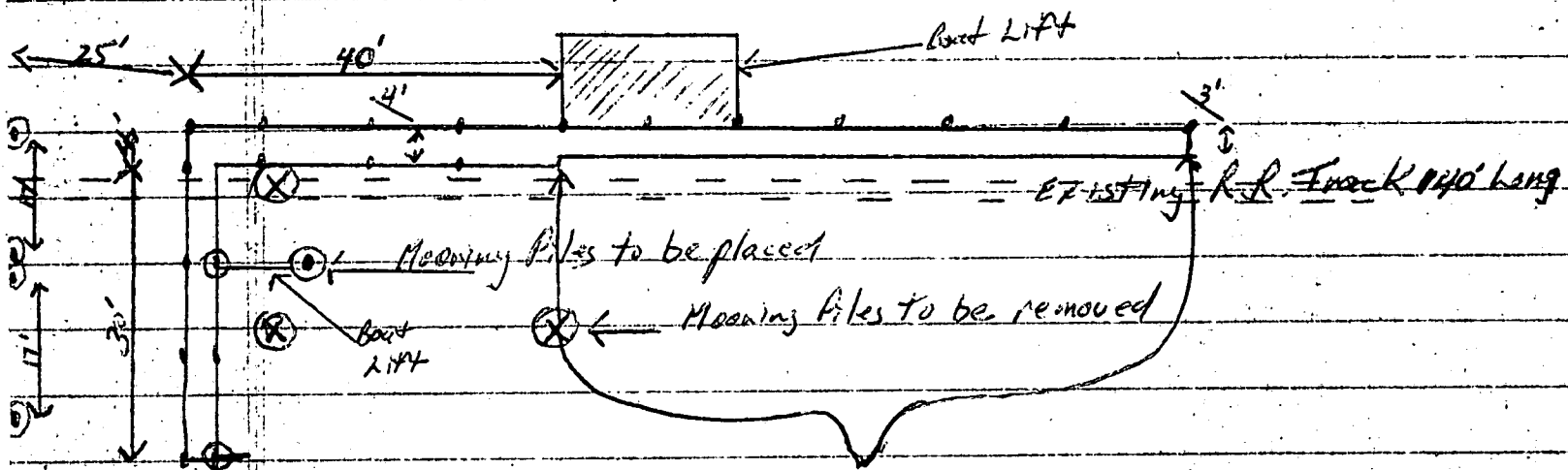
#808

Proposed Repair of Dock

210
160
4920

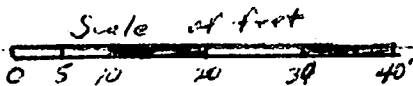


Side Elevation



Existing RR Track, Mooring Piles, 3' x 70' Dock, Boat Lift

Plan



Purpose: Private Recreation Dock

In: St Lucie River

Total Square Feet (490)

At: Sewall's Point Fla.

County of: Martin

State of: Florida

Application by: John Schoppe

Date: March 29, 1978

Lot: 42 Lucindia

3/30/78
John Schoppe
30 Mar 78

#808

TOWN HALL COPY SCHOPPE Dock

8521

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2-15-07

BUILDING PERMIT NO. 8521

Building to be erected for Schoppe

Type of Permit Reroof

Applied for by AP Construction (Contractor)

Building Fee _____

Subdivision Lucindia Lot 42 Block _____

Radon Fee _____

Address 775 Rivier Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

13841-007-000-0042070000

Roofing Fee 120

Amount Paid \$120 - Check # 3278 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 10,000

TOTAL Fees 120

Signed  Applicant

Signed John Adams Town Building Official

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 _____

Date: 2-12-07 **Town of Sewall's Point** **BUILDING PERMIT APPLICATION** Permit Number: _____

OWNER/TITLEHOLDER NAME: JJ Schoppe Phone (Day) _____ (Fax) _____

Job Site Address: 77 SRIWR DR City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LUCINDA L-42 Parcel Number: 130-41-007-000-00420-7000

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

Description of Work To Be Done: RELIEF

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 10,000⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Apostolos + Poulak Phone: 260 5793 Fax: 223 9377

Street: 3425 3425 SW 28th Ave City: Palm City State: FL Zip: 34990

State Registration Number: _____ State Certification Number: CG003907 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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)

John Joseph Schoppe

State of Florida, County of: Martin

This the 9th day of February, 2007

by John Joseph Schoppe who is personally known to me or produced PLDL#S100-470-42-064-0

as identification. Valerie Meyer

My Commission Expires: _____

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

Costa Apostolos

On State of Florida, County of: Martin

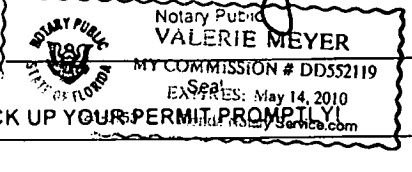
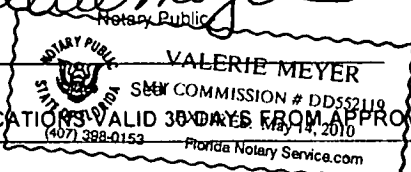
This the 12 day of Feb, 2007

by Costa Apostolos who is personally known to me or produced _____

As identification. Valerie Meyer

My Commission Expires: _____

My Commission Expires: _____



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

RE-ROOF (Revised 12/28/05)

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOF

IMPORTANT NOTICE: All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

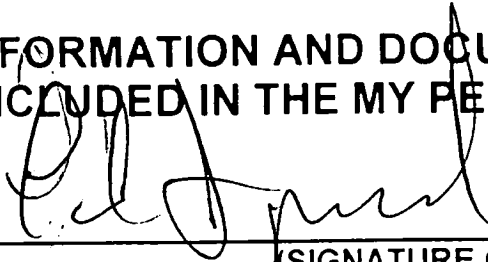
Application form must contain the following information:

1. Property Appraiser's parcel number or property control number
2. Legal description of property (can be found on your deed, survey or tax bill)
3. Contractor's name, address, phone, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect or engineer name, address, & phone number.
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized.

Submittals (2 copies)

1. Product approvals from Miami/Dade or from any testing institute approved by the Florida Building Code for the following items:
 - a. Roof System
2. Statement of fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. A certified copy of the Notice of Commencement for any work over \$2500.00
5. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
6. Copy of certificate of workmen's compensation insurance or exemption
7. Copy of certificate of liability insurance

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



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

2-0-07

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/2007

PRODUCER
Affiliated Agency Ops
16 South River Street
Wilkes-Barre, PA 18702

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
Employee Leasing Solutions, Inc.

1401 Manatee Ave W. Suite 600
Bradenton, FL 34205

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: EastGUARD Insurance Company	14702
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.

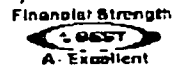
INSR (ADD'L LTR)	INSRT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES 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 ACC DENT \$ 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? If yes, describe under SPECIAL PROVISIONS below	EMWC802839	01/01/2007	01/01/2008	X WC STATU DTH FOR Y LIMITS FR E L EACH ACC DENT \$ 1,000,000 E L DISEASE EA EMPLOYEE \$ 1,000,000 E L DISEASE POLICY LIMIT \$ 1,000,000
		OTHER Client ID: #4144105				* Valid in the State of Florida *

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:

Apostolopoulos and Paulck Const
 Qualifiers Name: C Apostolopoulos/KandR Cochran

Aprox active employee count: 46

EastGUARD Insurance Company
 carries an A.M. Best
 Rating of A- (Excellent)
 and a financial size
 Category of VIII



CERTIFICATE HOLDER

Town of Sewalls Point
 1 South Sewalls Point Road
 Sewalls Point, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2007

PRODUCER (352)245-5455 FAX (352)245-9866
Clifford Insurance Center
9790 SE 160th Lane
Summerfield, FL 34491
Alicia Clifford

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:	Owners Insurance Company	32700
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

INSURED Apostolopoulos & Paulick Construction, Inc.
3425 SW 78th Avenue
Palm City, FL 34990

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 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 GENL AGGREGATE LIMIT APPL ES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	B07020702754	02/07/2007	02/07/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 300,000 MED EXP (A-1) (Per person) \$ 10,000 PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input 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 GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	B07020702754	02/07/2007	02/07/2008	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 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 OTHER				V.C. STAT. COV. LIMITS OTH. COV. LIMITS 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
Carpentry - residential on dwellings 2 stories or less

CERTIFICATE HOLDER

Town of Sewalls Point
15 Sewalls Point Dr
Sewalls Point, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Alicia Clifford



STATE OF FLORIDA

AC# 2808217

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC003907

06/07/06 057035663

CERTIFIED GENERAL CONTRACTOR
APOSTOLOPOULOS, COSTA
APOSTOLOPOULOS & PAULICK CONST IN

IS CERTIFIED under the provisions of Ch.439 FS.
Expiration date: AUG 31, 2008 L06060700944



MARTIN COUNTY TAX COLLECTOR

SPECIAL ASSESSMENTS DEPARTMENT

OCCUPATIONAL LICENSE

LARRY C. O'STEEN
Tax Collector

772 288 5738 -772 288 5604 FAX 772 221 1461

PATRICIA A. TOBIN
Asst. Tax Collector

P.O. Box 9013
Stuart, FL 34995

Inquiries:
561-288-5738

Fax:
561-221-1461

Occupational Licensing
561-288-5604

Animal Licensing
561-288-5738

Ambulance Billing
561-288-5740

Road/Utility Assessments
Well Protection Inspections
Fire Marshall Inspections
561-288-5739

THIS IS TO CERTIFY THAT THIS LICENSE IS A
TRUE AND CORRECT COPY OF THE OCCUPATIONAL
LICENSE ISSUED TO THIS BUSINESS AS ON RECORD
IN OUR OFFICE OF THE MARTIN COUNTY TAX COLLECTOR.
LICENSE IS VALID AND CURRENT AND EXPIRES ON THE
30TH OF SEPTEMBER OF 2007.

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 2002-513-0005 CERT CGC003907
PHONE (772) 223-9347 SEC NO 233210
LOCATION:
3425 SW 78TH AVE PC

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR \$	<u>.00</u>	LIC FEE \$	<u>50.00</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>.00</u>	

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERTIFIED GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

27 DAY OF SEPTEMBER 2006
AND ENDING SEPTEMBER 30, 2007

APOSTOLOPOULOS, COSTA
APOSTOLOPOULOS & PAULICK CONST, INC
3425 SW 78TH AVENUE
PALM CITY, FL 34990

2 2005 13612.0009 PAID

TOWN OF SEWALL'S POINT
RE-ROOF PERMIT CERTIFICATION

PERMIT # _____
CONTRACTOR'S NAME: APL Gust PHONE #: 260 5793 FAX: _____
OWNER'S NAME: J.J. SCYOPPE
CONSTRUCTION ADDRESS: 77 S RIVER DR CITY Sevall's Pt STATE FL
RE-ROOF: RESIDENTIAL(SINGLE FAMILY)
 COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

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

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

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 4 /12 SLOPE

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGINEER'S WRITTEN SPECIFICATIONS AND PLANS WITH DETAILS DESCRIBING ATTACHMENT REQUIREMENTS (NAIL OR SCREW LENGTH AND FASTENING PATTERN INTO FRAMING MEMBERS.) SPECIFICATIONS SHALL BE SUBMITTED AT TIME OF ROOFING PERMIT APPLICATION.

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

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

EXISTING DECK TO REMAIN/REPAIRED

EXISTING ROOF COVERING: SHINGLES EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: SHINGLES

MANUFACTURER BLK PRODUCT NAME _____ PRODUCT APPR # _____

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

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

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER _____

RIDGEVENT TO BE INSTALLED: YES NO
DESCRIPTION OF WORK: Remove & Replace Roof

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

SIGNATURE OF CONTRACTOR

DATE: 2-13-07

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 2/15/07
BUILDING OFFICIAL

SEWALL'S POINT BUILDING DEPARTMENT

MUST BE SUBMITTED WITH PERMIT APPLICATION

	ROOFING MATERIAL LIST	QUANTITY	REMARKS
1	40 # 30lb felt	40 #	
2	40 # SHINGLES	40 #	
3	DRIP EDGE	200 fs	
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Elk Corporation of Dallas
4600 Stillman Blvd.
Tuscaloosa, AL 35401

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by 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: Elk Prestique Shingles

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 #03-1027.03 and consists of pages 1 through 6.

The submitted documentation was reviewed by Jorge L. Acebo



NOA No.: 05-0706.07
Expiration Date: 03/13/08
Approval Date: 09/08/05
Page 1 of 6

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: 07310 Asphalt Shingles
Materials: Laminate
Deck Type: Wood

1. SCOPE

This approves Elk Prestique Plus High Definition, Prestique I High Definition, Prestique High Definition and Raised Profile Shingles as manufactured by Elk Corporation of Dallas described in Section 2 of this Notice of Acceptance.

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Prestique Plus High Definition Prestique I High Definition	13-1/4" x 39-3/8"	TAS 100	A heavy weight laminated asphalt shingle with a proprietary profile.
Prestique High Definition Raised Profile	13-1/4" x 38-3/4"	TAS 100	A heavy weight laminated asphalt shingle with a proprietary profile.
Accessory Shingles	various	proprietary	Accessory shingles for hip, ridge and starter strip applications.

3. EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
PRI Asphalt Technologies, Inc.	ELK-083-02-01	TAS 100	10/16/02
	ELK-084-02-01		10/15/02
	ELK-085-02-01		10/14/02
	ELK-086-02-01		10/24/02
	ELK-087-02-01		10/21/02
	ELK-088-02-01		10/16/02
	ELK-107-02-01		10/09/03
	ELK-108-02-01		10/09/03
	ELK-1098-02-01		10/09/03
Underwriters Laboratories, Inc.	02NK41811	TAS 107	11/11/02
Underwriters Laboratories, Inc.	02NK41809	ASTM D 3462	08/11/02
Underwriters Laboratories, Inc.	03CA35209	TAS 107	10/17/03
Underwriters Laboratories, Inc.	03NK26444	ASTM D 3462	10/17/03
Underwriters Laboratories, Inc.	04CA13850	TAS 107	08/30/04
Underwriters Laboratories, Inc.	05CA04091	ASTM D 3462	02/07/05



NOA No.: 05-0706.07
Expiration Date: 03/13/08
Approval Date: 09/08/05
Page 2 of 6

4. LIMITATIONS

- 4.1 Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 4.2 Shall not be installed on roof mean heights in excess of 33 ft.
- 4.3 All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.

5. INSTALLATION

- 5.1 Shingles shall be installed in compliance with Roofing Application Standard RAS 115.
- 5.2 Flashing shall be in accordance with Roofing Application Standard RAS 115
- 5.3 The manufacturer shall provide clearly written application instructions.
- 5.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 5.5 Nailing shall be in compliance with Detail 'B', attached.

6. LABELING

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

7. BUILDING PERMIT REQUIREMENTS

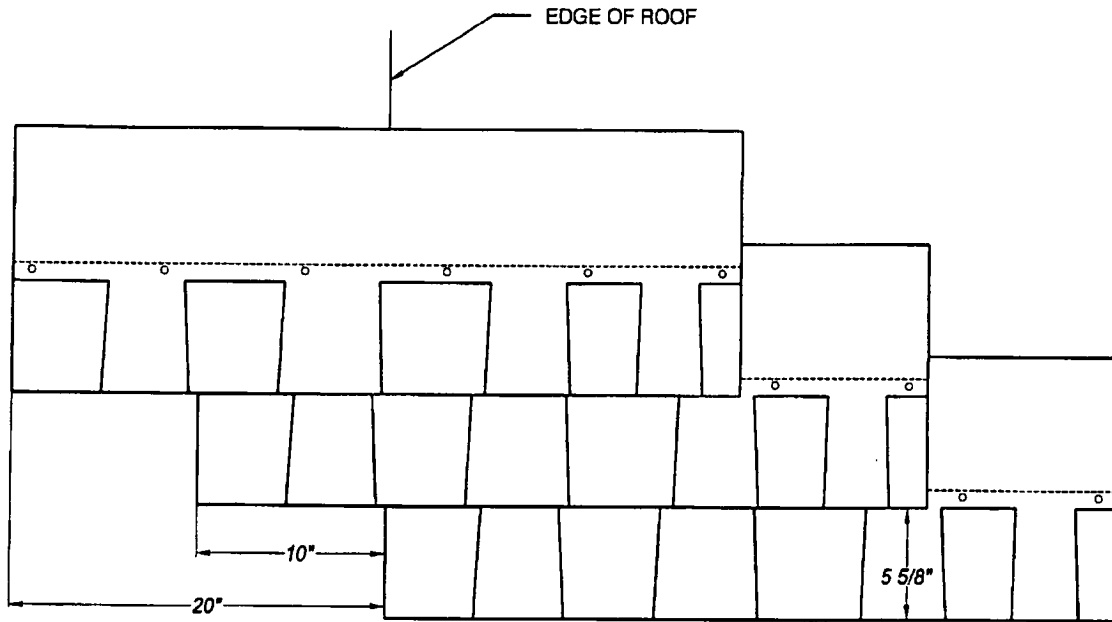
- 7.1 Application for building permit shall be accompanied by copies of the following:
 - 7.1.1 This Notice of Acceptance.
 - 7.1.2 Any other documents required by the Building Official or the applicable code in order to properly evaluate the installation of this system.

8. MANUFACTURING PLANTS

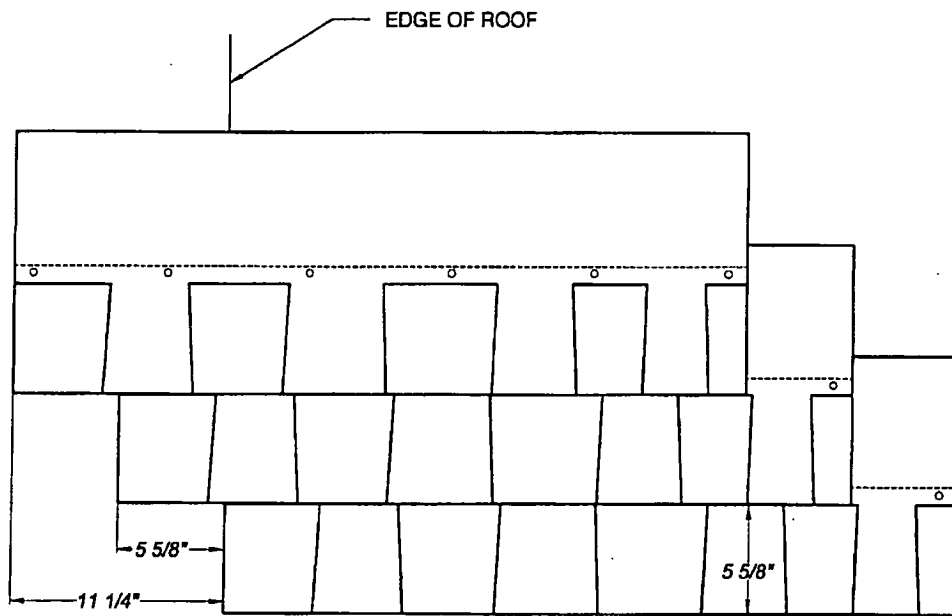
		Raised Profile	Prestique High Definitions	Prestique I	Prestique Plus
8.1	Meyerstown, PA	Yes	Yes	Yes	Yes
8.2	Ennis, TX	Yes	Yes	Yes	Yes
8.3	Tuscaloosa, AL. Line #1			Yes	Yes
8.4	Tuscaloosa, AL. Line #2	Yes	Yes	Yes	Yes
8.5	Shafter, CA.			Yes	



DETAIL A



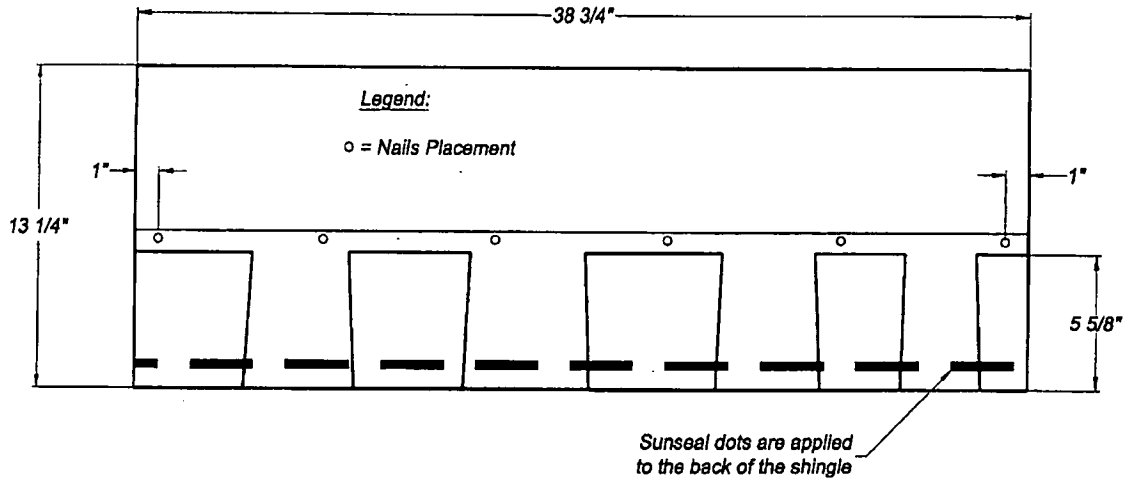
FIRST COURSE FULL SHINGLE



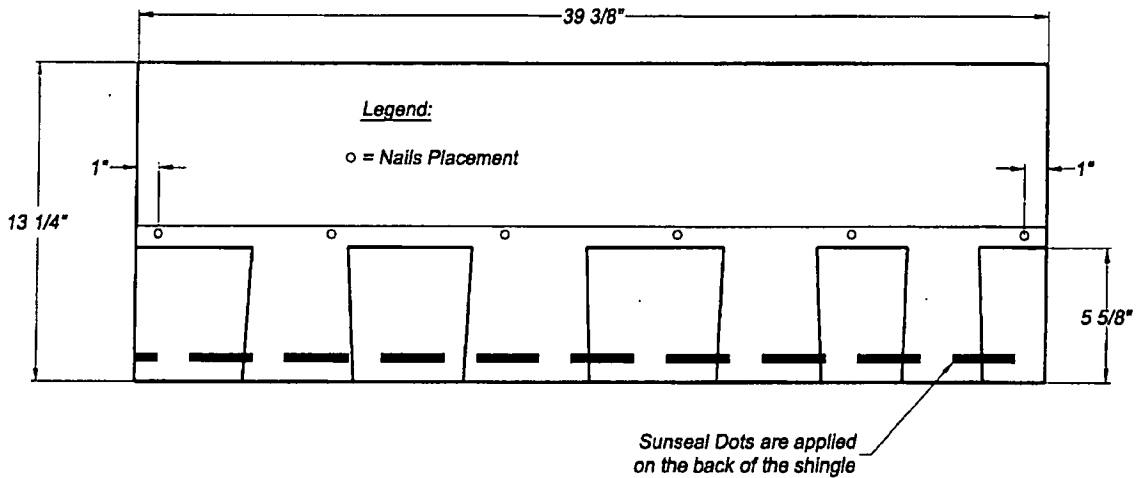
FIRST COURSE FULL SHINGLE



DETAIL B
RAISED PROFILE AND PRESTIQUE HIGH DEFINITION
MANUFACTURED @ MEYERSTOWN, PA., ENNIS, TX., TUSCALOOSA, AL. LINE #2

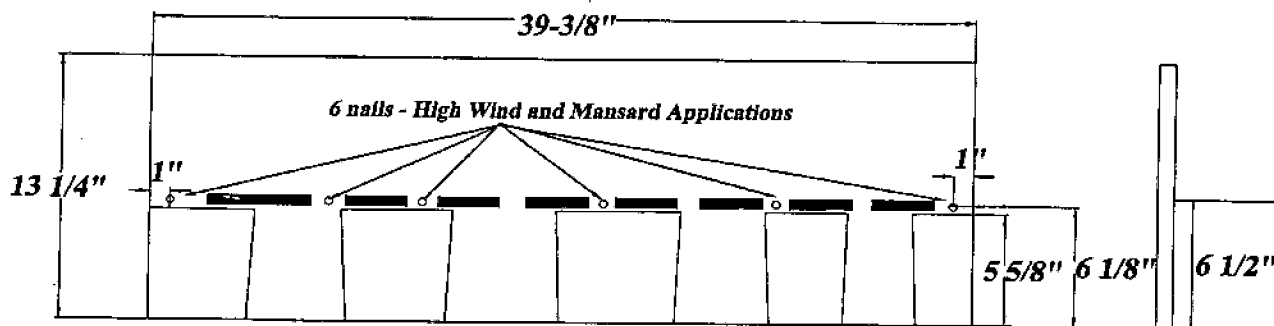


PRESTIQUE PLUS AND PRESTIQUE I
MANUFACTURED @ MEYERSTOWN, PA., ENNIS, TX., TUSCALOOSA, AL. LINE #2,
SHAFTER, CA. (PRESTIQUE I ONLY)



DETAIL B (CONT.)

PRESTIQUE PLUS AND PRESTIQUE I
MANUFACTURED @ TUSCALOOSA, AL. LINE#1



END OF THIS ACCEPTANCE



NOA No.: 05-0706.07
Expiration Date: 03/13/08
Approval Date: 09/08/05
Page 6 of 6

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-23, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1003	Trachino Wendy Seagate	Final-roof	PASS	Close INSPECTOR: <i>[Signature]</i>
Tree	Stark	Trees	PASS	
2	875 River Rd Nat'l balance			INSPECTOR: <i>[Signature]</i>
8521	Schoppe	sheathing	PASS	
3	775 River Rd AP	dry in, fining	PASS	INSPECTOR: <i>[Signature]</i>
8440	Tripis	steel in ground	FAIL	
4	12 Cranes Nest A+G pools			INSPECTOR: <i>[Signature]</i>
8501	Ball	Gas Final	PASS	CLOSE
5	9 Heritage Way CXC Div.			INSPECTOR: <i>[Signature]</i>
7668	Cartwright	Final dock + boat lift	PASS	CLOSE
7	10 Periwinkle Cir O/B (Cell 763-3336-Tom)			INSPECTOR: <i>[Signature]</i>
8508	Smith	dry in	CANCEL	
1	24 Middle Rd Blue Water Pond			INSPECTOR:

OTHER:

3A 48 RIO VISTA TIKI-HUT ? REMOVED
MOVED

Muir

7312 14 PERIWINNIE FENCE PASS INSPECTION LOG.xls
STUART FENCE CLOSE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-28, 2007

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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6909	Habee Corel	Final	PASS	CLOSE
1st 830	7 Worth Ct Pacific Roofing	-cont w/ ladder		INSPECTOR: <i>[Signature]</i>
8526	Carlson/Kerner	rough	FAIL	
9	Burcar La Prop Disc			INSPECTOR: <i>[Signature]</i>
8484	Harte	file in-progress (Rescheduled)	PASS	
3	3 E High St Cardinal Roof			INSPECTOR: <i>[Signature]</i>
8502	Cooney	Final fence	PASS	CLOSE
5	17 Middle Rd Martin Fence			INSPECTOR: <i>[Signature]</i>
8456	Pope	Partial window Electrical	PASS	
2nd Phase	1245 Sewalls Des Apt Al Coker's	plumbing framing	FAIL FAIL	INSPECTOR: <i>[Signature]</i>
7003	Habee Corel	Garage door Final	PASS	CLOSE
1	7 Worth Ct O/B	(Code 3065) 878-2222-seeme		INSPECTOR: <i>[Signature]</i>
8521	Schuppe	Final roof	PASS	CLOSE
8	775 River Rd A&P			INSPECTOR: <i>[Signature]</i>
OTHER: _____				