

82 South River Road

RECEIVED
SEP 8 10 78

TOWN OF
SEWALL'S POINT
FLORIDA

Permit No. 873
Date 1

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner Mr. and Mrs. Douglas Sand Present address 2893 S.E. Ellendale Street
P.O. Box 1553
Phone 283-5240 Stuart, FL 33494

Blue Dolphin
-General contractor Developers, Inc. address 1597 S.E. Pt. St. Lucie Blvd.
Phone 878-3311 Port St. Lucie, FL 33452

Where licensed City of Stuart License No. 1384
St. Lucie County CBC011003

-Plumbing contractor South Park Plumbing License No. 49

-Electrical contractor J. Len Taylor License No. 44

-Name the street on which the building, its front building line and its front yard will face South River Road
South 1/2 of lots Block B
Subdivision Homewood Lot No. 12 & 13 Area Sewall's Point

-Building area, inside walls (excluding garage, carport, porches, etc.)..square feet 1701

-Other construction (pools, additions, etc.) _____

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$49,300.

-Total cost of permit \$ 270⁰⁰

-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 building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12 month period.

Joseph P. Johnson
General Contractor

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

Douglas Sand
Owner

Note: speculation builders will be required to sign both of the above statements.

TOWN RECORD

Date submitted _____

Approved: Chas A. O'Connell 9/11/78
Building Inspector Date

Approved: John C. Guerin 11 Sep 178
Commissioner Date

Certificate of Occupancy issued Feb 1, 1979 Date 873

OWNER MR. & MRS D. SANDS
LOCATION HOMEWARD - HOUSE FACING
S. PINE ROAD

BUILDING PERMIT REQUIREMENTS

Permit No. 873

Date Issued _____

REQUEST FOR PERMIT TO BUILD: RESIDENCE

COPY OF DEED: O.R. Book 403 Page 1777

THREE COPIES PLANS Received ✓

CERTIFIED BY _____ Date _____
(If necessary re deed restrictions)

COUNTY SEWAGE DISPOSAL PERMIT # HD-78-671

REQUEST FOR CERTIFICATE OF OCCUPANCY

BUILDER Blue Dolphin Developers CERTIFIED ✓

INSURANCE ✓ PAID UP TO 7/1/79

COPY OF ADDENDUM GIVEN yes at time of Permit

Permit VOID if well or septic system is installed in a location other than one permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Post Office Box 210, Jacksonville, Florida 32201

Well MUST be installed BEFORE a Final approval is issued.

APPLICATION AND PERMIT
OF
INDIVIDUAL SEWAGE DISPOSAL FACILITIES

THIS PERMIT EXPIRES ONE (1)

Application / Permit YEAR FROM DATE OF ISSUANCE

No. HO 78-679

Martin

County Health Department

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 plat of subdivision. If not platted, 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.) Ridgview Rd.
1/208 Lot 12 & 13 Block B Subdivision Homewood (Amended Platt-Sawalla Pt.)
Date Platted _____ Directions to Job S. on Sawalla Pt. Rd. from E. Ocean Blvd. to Ridgview, W. to fork in road, right to property for 891', N/side
2. Owner or Builder Blue Dolphin
P. O. Address 1597 SE PSL. City Blvd. Port St. Lucie
Septic tank system to be installed by:

Scale 1" = 50'
(Rear)

3. Specifications:
900 gallon tank with
255 square feet of
drainfield with at least 4" inside diameter pipe.
4. House to be constructed:
Check one: _____ FHA _____ VA
_____ Conventional

REMOVE ALL IMPERVIOUS MATERIALS TO A DEPTH OF 6" AND BACKFILL WITH A GOOD GRADE OF SAND IN ENTIRE AREA OF DRAINFIELD.

(Name of Street or State Road)
(Side)

(Name of Street or State Road)
(Side)

(Front)

(Name of Street or State Road)

Applicant: Blue Dolphin
Please Print

Signature: _____ Date: _____

..... 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 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: Don S. Cole, P.S. County Health Dept. Martin Date 8/3/78

Section IV - Final Construction Approval

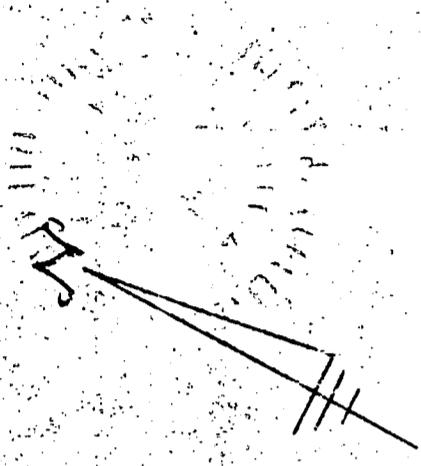
Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

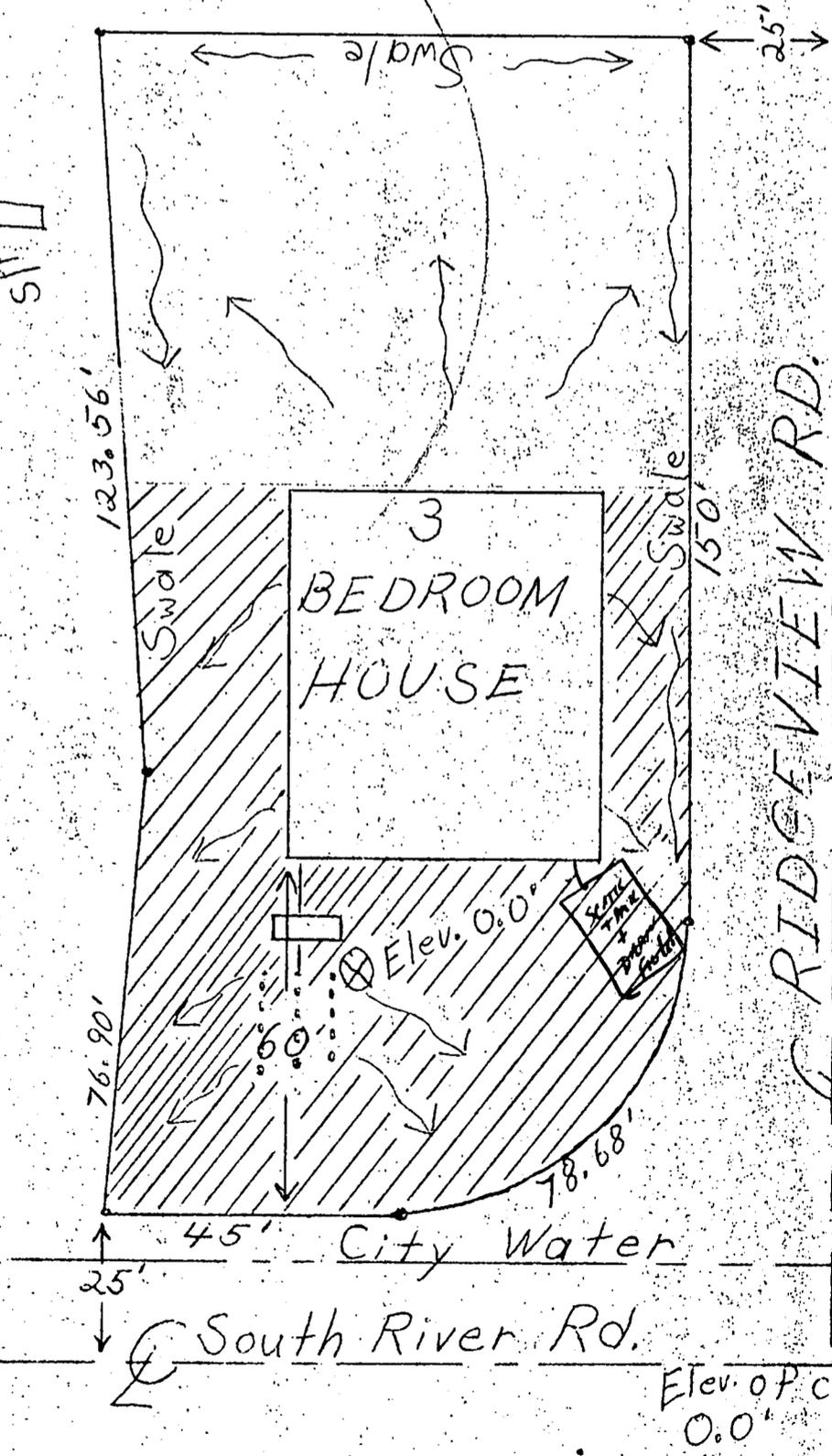
873

Legal Description: 1/2 of lots 12 & 13
 Block B, Amended Plat
 of Homewood, Sewalls Pt.
 Martin Co.
 873



VACANT

Occupied



This instrument was prepared by:
Name W. Thomas Wackeen, Esq.
Address P.O. Box 287
Stuart, Florida 33494

251193

Warranty Deed

(STATUTORY FORM — SECTION 689.02 F.S.)

This Indenture, Made this 15 day of July 1976, **Between**

DENNIS N. BOOTH and CAROL L. BOOTH, his wife

of the County of Martin, State of Florida, grantor°, and

DOUGLAS K. SANDS and JEANETTE O. SANDS, his wife

whose post office address is P.O. Box 1553, Stuart

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

Witnesseth, That said grantor, for and in consideration of the sum of

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

A portion of Lots 12 and 13, Block B, according to Amended Plat of HOMEWOOD, Sewall's Point, Florida, filed January 11, 1956, and recorded in Plat Book 3, Page 35, Martin County, Florida, Public Records, and being more particularly described as follows:

Beginning at the Southeast Corner of Lot 12, run Southwesterly along the South line of Lots 12 and 13, being S 62°49'30" W, a distance of 150 feet to the point of curvature of the Southwesterly curve of Lot 13, a curve concave to the Northeast and having a radius of 50.25 feet; thence run along the arc of said curve to its end, a distance of 78.68 feet; thence run Northwesterly along the West line of Lot 13, being N 27°27'30" W, a distance of 50 feet; thence run N 67°45'40" E a distance of 76.90 feet; thence run N 59°45'19" E to the midpoint of the East line of Lot 12, a distance of 123.56 feet; thence run Southeasterly along the East line of Lot 12, being S 27°27'30" E, a distance of 100 feet to the point of beginning.

Together with an easement and right of way in common with other owners, occupants and inhabitants of Lots in Block B,C,D and E of HOMEWOOD, for purposes of access to the St. Lucie River, over and across, in and upon the 20 foot strip of land lying between the St. Lucie River and the road adjoining Block F of HOMEWOOD on the East, bounded on the North by the South line of Lot 1 in Block F and on the South by the North line of Lot 2 in Block F, to run with the land hereby conveyed, 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:

Thomas E. Warner
Joseph B. Coats

Dennis N. Booth (Seal)
Carol L. Booth (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

DENNIS N. BOOTH and CAROL L. BOOTH, 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 15th day of July, 1976.

My commission expires:

Joseph B. Coats
Notary Public
Notary Public, State of Florida at Large
My Commission Expires Oct. 4, 1976
Bonded by American Fire & Casualty Co.

873

Permit 873
82 South River Rd.

FRASER ENGINEERING AND TESTING

PHONE: (305) 461-7508

3504 INDUSTRIAL 33 RD STREET

FORT PIERCE, FLORIDA - 33450

Report
of
DENSITY OF SOIL IN PLACE
ASTM 2167-66

Client: Blue Dolphin Developers

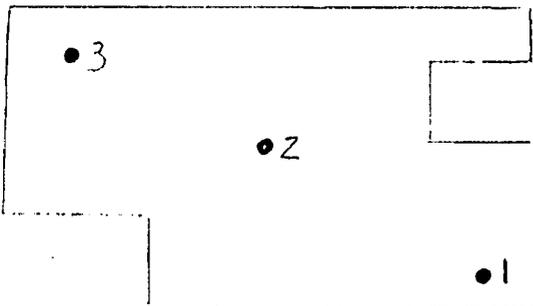
Date: September 29, 1978

Contractor: Client

Site: Lot 1/2 12 & #13, Block "8"
Homeward Subdivision

| Test No. | Location | Elevation | In Place Dry Density | Moisture Density Relationship | | Percent Compaction |
|---|-----------------|-----------|----------------------|-------------------------------|------------------|--------------------|
| | | | | Test No. | Max. Dry Density | |
| 21161 | Map Location #1 | 0 - 1' | 101.4 | 21160 | 103.1 | 98.4 |
| 21162 | Map Location #1 | 1 - 2' | 102.9 | 21160 | 103.1 | 99.8 |
| 21163 | Map Location #2 | 0 - 1' | 102.3 | 21160 | 103.1 | 99.2 |
| 21164 | Map Location #3 | 0 - 1' | 104.7 | 21160 | 103.1 | 101.6 |
| All elevations below finish slab grade. | | | | | | |

Copies : Client - 2



Respectfully submitted,

Alexander H. Fraser

ALEXANDER H. FRASER, P. E.

FRASER ENGINEERING AND TESTING

3504 INDUSTRIAL 33 RD STREET

FORT PIERCE, FLORIDA - 33450

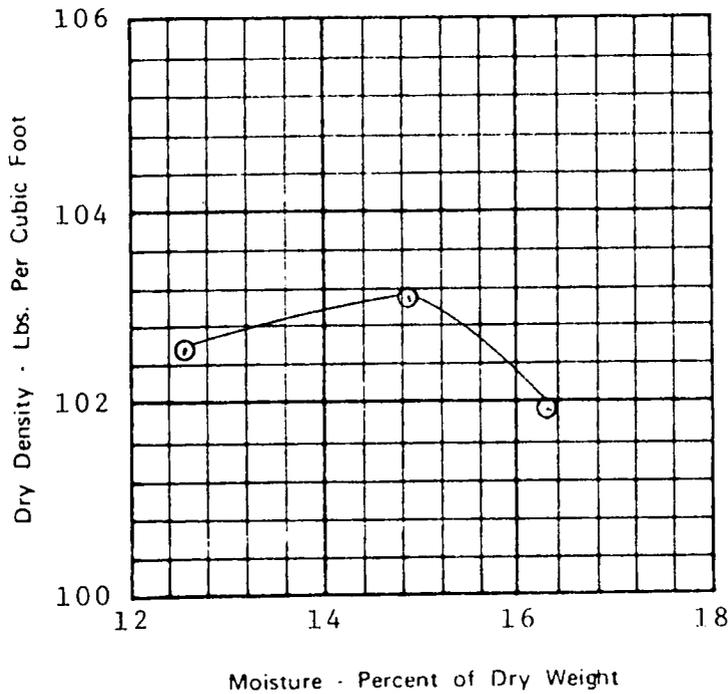
Report
 of
MOISTURE DENSITY RELATIONSHIP
 ASTM 1557-70

Client: Blue Dolphin Developers

Date: September 29, 1978

Contractor: Client

Site: Lot 1/2 of #12 & 13, Block "8"
 Homeward Subdivision



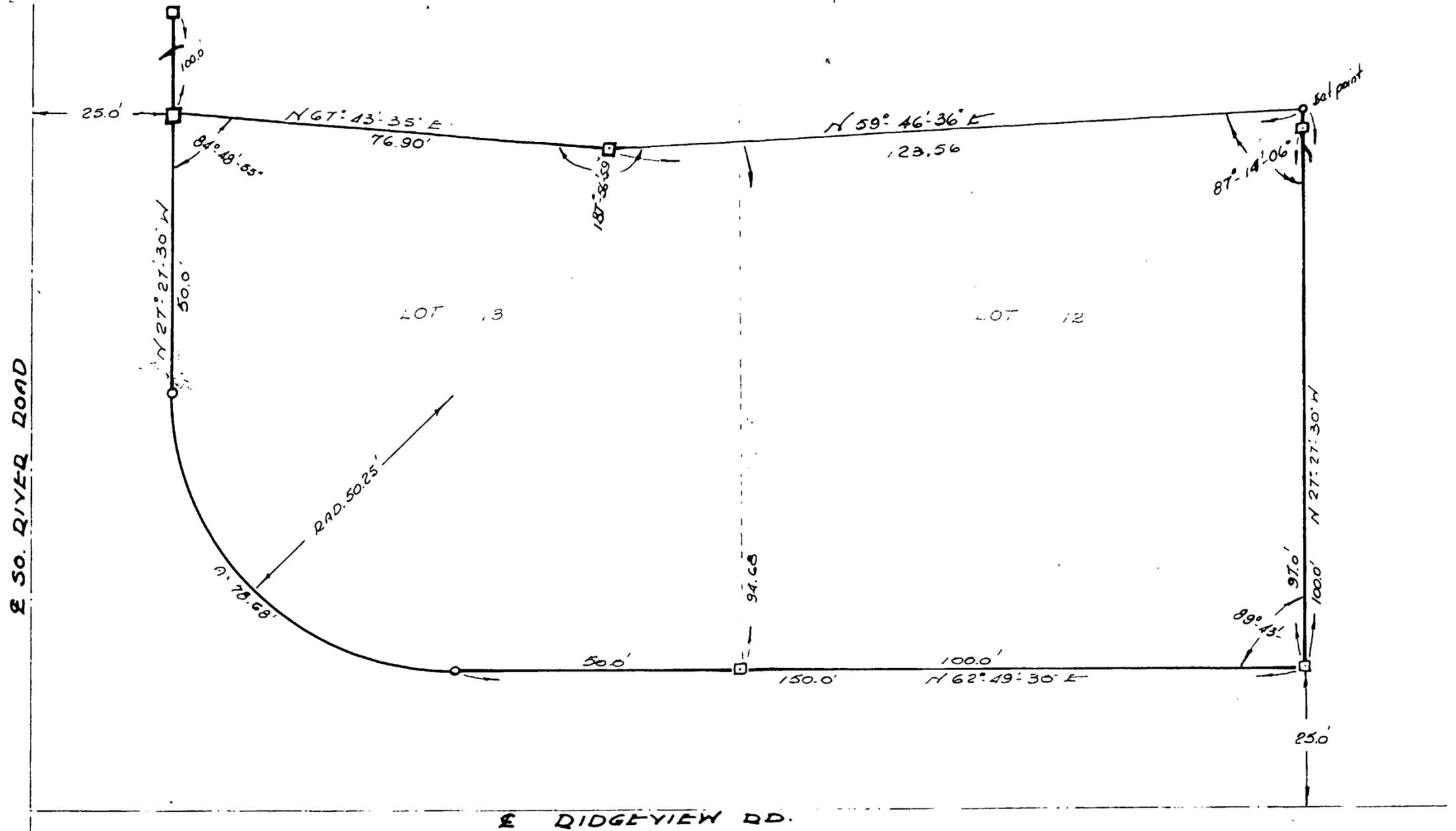
| Test No. | Test Method | Sample Location | Optimum Moisture % | Max Dry Density-P.C.F. | Soil Description |
|----------|-------------|-------------------|--------------------|------------------------|------------------|
| 21160 | A | Density Composite | 14.9 | 103.1 | Tan fine sand |

Copies : Client - 2

Respectfully submitted,

Alexander H. Fraser
 ALEXANDER H. FRASER, P. E.

RECORDED
SEP 8 1978



□ DENOTES CONCRETE MONUMENT
○ DENOTES STEEL ROD

LEGAL DESCRIPTION

SOUTH 1/2 OF LOTS 12 & 13 BLOCK "B"
AMENDED PLAT OF HOMEWOOD, SEWALLS
POINT, MARTIN COUNTY FLORIDA
P. 33 PG 35 OF PUBLIC RECORDS

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY MADE UNDER MY DIRECTION AND THAT SAID SURVEY IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.



873

W. J. Schoepfer
REGISTERED LAND SURVEYOR
FLORIDA CERT NO 3169

W. J. SCHOEPFER
1671 THUMB POINT DRIVE
FORT PIERCE FLORIDA 33450
7-26-78

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 2/1/79

This is to request that a Certificate of Approval for Occupancy be issued to _____
For property built under Permit No. 873 Dated 9/11/78 when completed in
conformance with the Approved Plans.

Signed _____

RECORD OF INSPECTIONS

| Item | Date | Approved by |
|---|-----------------------------------|---|
| Set-backs and footings | | |
| Rough plumbing | <u>9/29/78 Jan + 10/3/78 Jan</u> | |
| Slab | <u>10/3/78 Jan</u> | |
| Perimeter beam | <u>10/16/78 Jan</u> | |
| Close-in, roof and rough electric | <u>11/17/78 Jan</u> | |
| Final Plumbing | | |
| Final Electric | | |
| Final Inspection for Issuance of Certificate for Occupancy. | | |
| | Approved by Building Inspector | <u>J. R. Mazzuca</u> date <u>2/1/79</u> |
| | Approved by Building Commissioner | <u>J. C. Gentry</u> date <u>5 Feb 179</u> |
| Utilities notified | <u>Feb. 1, 1979</u> | date |
| Original Copy sent to | _____ | |

(Keep carbon copy for Town files)

931

PATIO/DECK

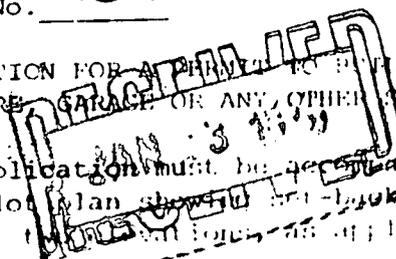
Permit No. 931

PATIO DECK

931

Date 1-22-79

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 sets of complete plans, to scale, including a plot plan showing setbacks; plumbing and electrical layouts, if applicable, and at least two elevations, as applicable.

Owner Mr. and Mrs. Douglas K. Sands Present Address 2893 S.E. Ellendale Street

Phone 283-5240 Stuart, FL 33494

Contractor Blue Dolphin Developers, Inc. Address 1597 S.E. Pt. St. Lucie Blvd.

Phone 878-3311 Port St. Lucie, FL 33452

Where licensed State of Florida License number CBC011003

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: Rear Patio Deck

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

82 South River Road

Subdivision Homewood Lot No. 1/2 of lots 12 and 13

Contract price \$ Approx. \$1,300.00 Cost of Permit \$ 87.00

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 a Town Commissioner "Red-tagging" the construction project.

Contractor Joseph Johnson

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 _____

TOWN RECORD

Date submitted _____

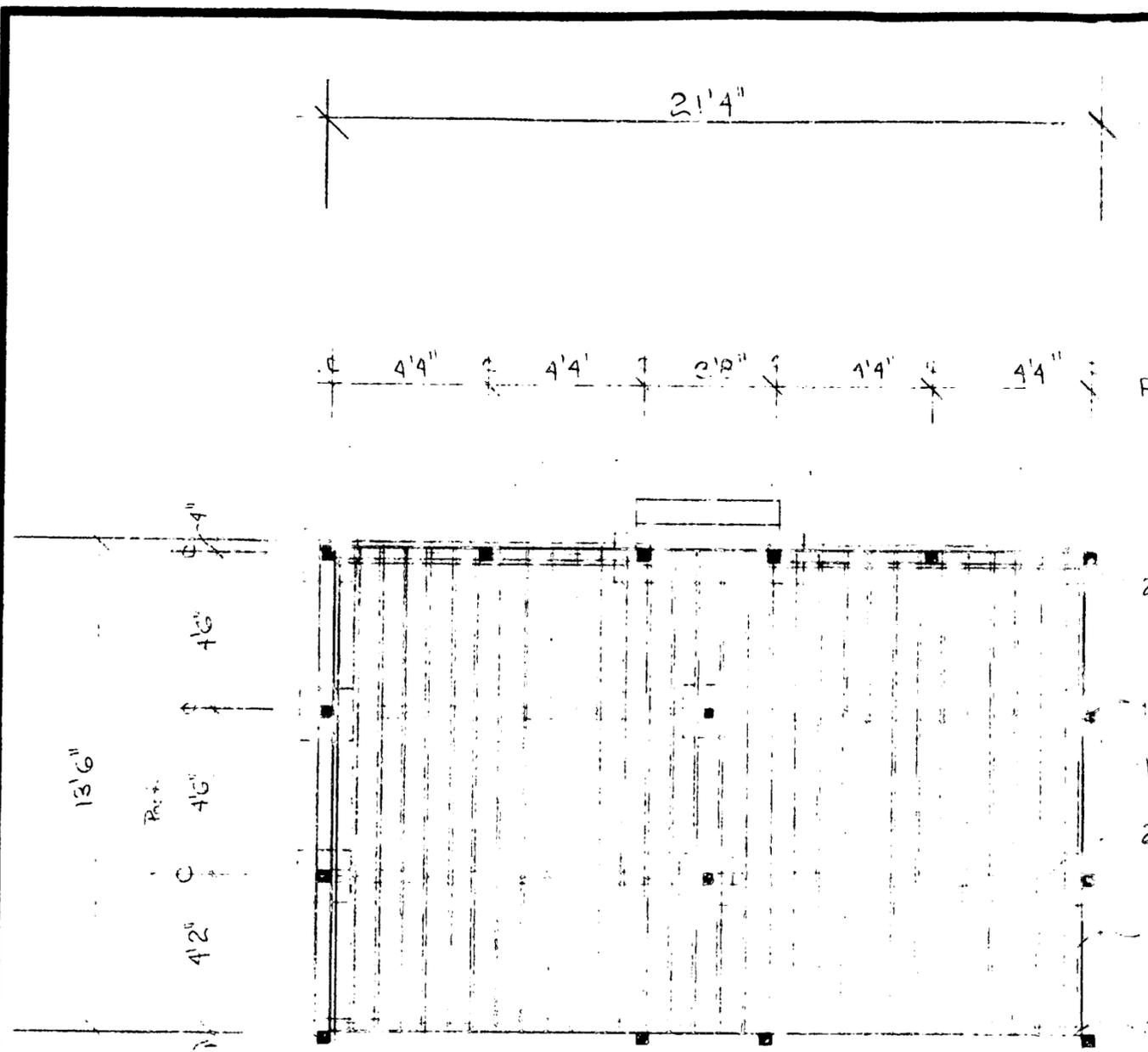
Approved: Tom Mazzuca Date 1/24/79
Building Inspector

Approved: Tom Mazzuca Date 24 Jan 179
Commissioner

Final Approval given: 6/20/78
Date

Certificate of occupancy issued Completed Jan Date

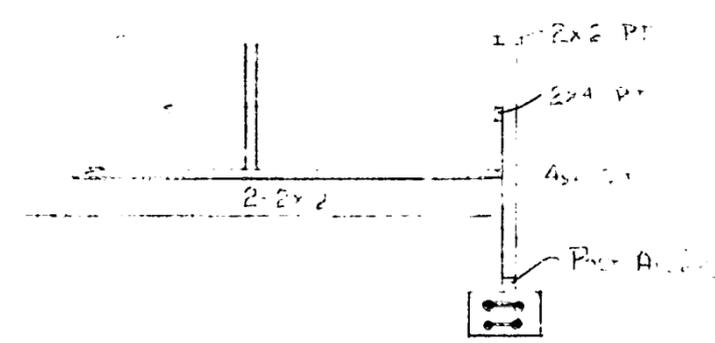
931 #931



- 2x4 Top Rail Posts
- 1x4 Balusters
- 18x18x1/2" G.I. Deck Joist
W/ 12 #8 REINFORCING 1/2" J.R. +
- 2-2x2 Joist Ties
- 2x4 Stringer
- 1/2" Ply Decking

Existing Clearance
 Note: All Lumber P.T.

John G...
APPROVED
JAN 23 1979
John G...
 24 Jan 1979
 Approval of these plans in **NO WAY**
 relieves the contractor or builder of
 complying with the Town of Sewall's
 Point's Ordinances and the South
 Florida Building Code.



Typical Section

| | | |
|-------------------------------|--------------|-----------------|
| M.P. Scale | | |
| SCALE: 1/4" = 1' | APPROVED BY: | DRAWN BY: JFJ |
| DATE: 1-17-79 | | REVISED: |
| Rene Deck, Review + S.R. J.F. | | |
| Blue Deck, Decking | | DRAWING NUMBER: |

82 S. River RD PN 931

1030

FENCE

Permit No. 1030

Date 8/17/79

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 sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two elevations, as applicable.

Owner ma/ons Douglas K. Sands Present address 82 S. River Rd.

Phone 283-5240

Contractor Owner Address _____

Phone Same

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: Fence - side of House

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

82 S. River Road

Subdivision Homewood Lot No. 5 1/2 12 + 13

Contract price \$ 850 Cost of Permit \$ 500

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 a Town Commissioner "Red-tagging" the construction project.

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD Date submitted _____

Approved: [Signature] Building Inspector Date 8/20/79

Approved: [Signature] Commissioner Date 20 Aug '79

Final Approval given: Completed 9/5/79 Date

Certificate of Occupancy issued _____ Date

1030

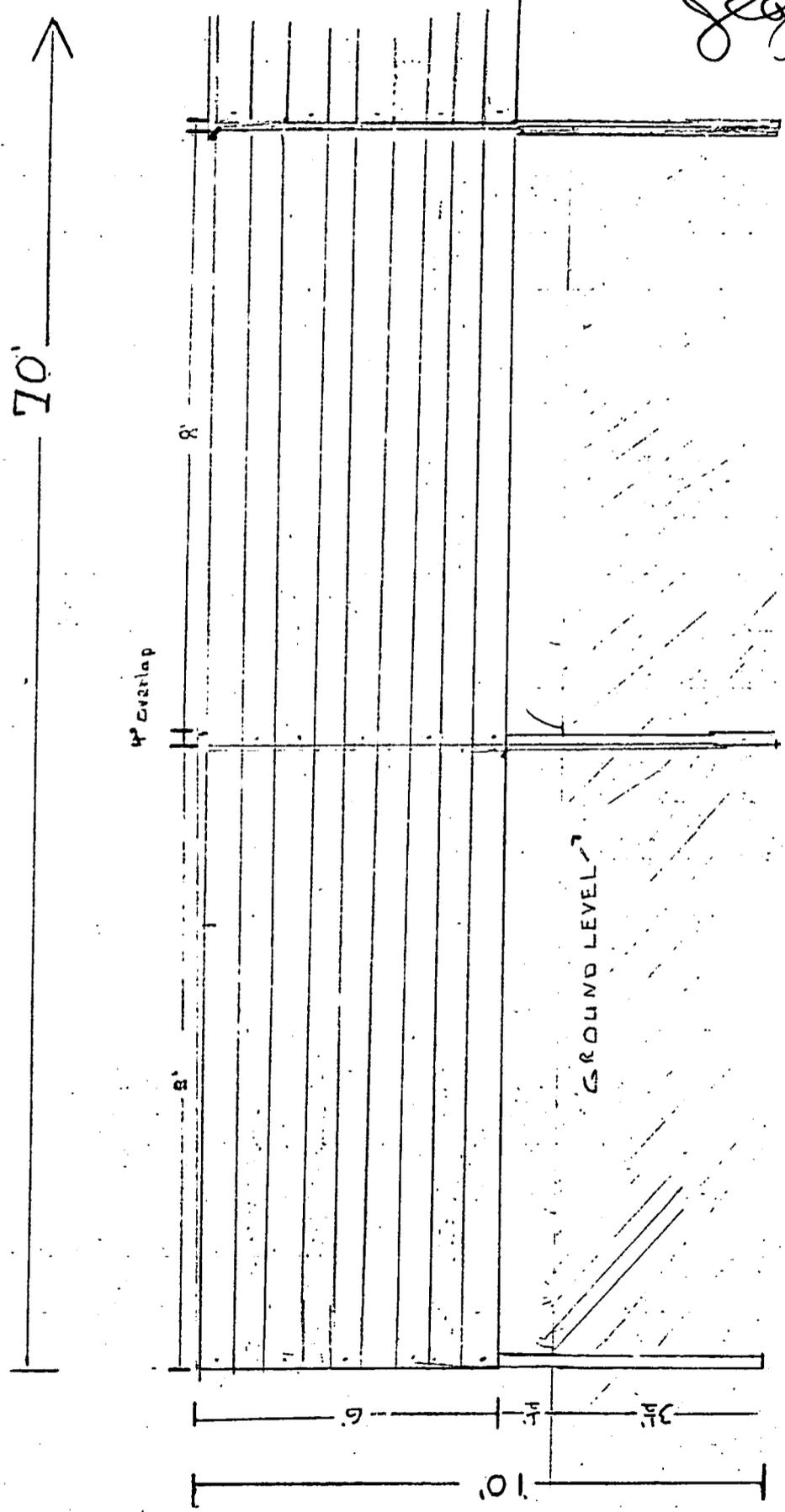
Fence
820 RIVER

RECEIVED AUG 17 1979

J. Mazzuca 8/20/79
Approval of these plans in no way
relieves the contractor or builder of
compliance with the Town of Sewall's
Petals Ordinance, the South Florida
Building Code and the State of Florida
Model Energy Efficiency Building Code.

J. Guenther
20 Aug '79

X 9 COMPONENTS



ELEVATION, SHADOW BOX

70' X 6 1/2'

5641

REPLACE POSTS

TOWN OF SEWALL'S POINT

Date 12/13/01

BUILDING PERMIT NO. 5641

Building to be erected for DOUGLAS SANDS Type of Permit REPLACE POSTS

Applied for by RONALD SHAWER (Contractor) Building Fee 35.00

Subdivision HOMEWOOD Lot 12+13 Block B Radon Fee _____

Address 82 S. RIVER RD. Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

138410060020012160000 Plumbing Fee _____

Amount Paid \$35.00 Check # 1306 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ _____ TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector
OFFICIAL

PERMIT

- | | | |
|--|--|---|
| <input checked="" 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/BOATLIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> HURRICANE SHUTTERS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> STEMWALL |

INSPECTIONS

- | | |
|------------------------------|--------------------------------|
| UNDERGROUND PLUMBING _____ | UNDERGROUND GAS _____ |
| UNDERGROUND MECHANICAL _____ | UNDERGROUND ELECTRICAL _____ |
| STEMWALL FOOTING _____ | FOOTING _____ |
| SLAB _____ | TIE BEAM/COLUMNS _____ |
| ROOF SHEATHING _____ | WALL SHEATHING _____ |
| LATH _____ | ROOF TIN TAG/METAL _____ |
| ROOF-IN-PROGRESS _____ | PLUMBING ROUGH-IN _____ |
| MECHANICAL ROUGH-IN _____ | ELECTRICAL ROUGH-IN _____ |
| GAS ROUGH-IN _____ | FRAMING _____ |
| EARLY POWER RELEASE _____ | FINAL PLUMBING _____ |
| FINAL MECHANICAL _____ | FINAL ELECTRICAL _____ |
| FINAL ROOF _____ | BUILDING FINAL <u>12/19/01</u> |

24 HOUR NOTICE REQUIRED FOR INSPECTIONS – HAVE ALL REQUIRED PAPERWORK ON SITE
CALL 287-2455 WORKING HOURS 8:00AM – 4:00PM MONDAY THROUGH FRIDAY
INSPECTIONS 8:30AM -12:00PM MONDAY, WEDNESDAY & FRIDAY
THIS PERMIT MUST BE VISIBLE FROM THE STREET AND ACCESSIBLE TO THE INSPECTOR.

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: Douglas K. Sands & Jemetta A. Sands SANDS. Building Permit Number:
Legal Description of Property: 5' R/W 12-13 Block "B" Parcel Number:
Location of Job Site: 82 S River Rd Type of Work To Be Done: Replace (H) 4x4 post and 8' Siding

CONTRACTOR/Company Name: Ronald Shaler Phone Number: (561)-871-1610
Street: 1320 SE O'Donnell Ln City: Ft St. Lucie State: Fla Zip: 34983
State Registration Number: RR-0067471 State Certification Number: Martin County License Number: MC 00375

ARCHITECT: Street: City: State: Zip: Phone Number:

ENGINEER: Street: City: State: Zip: Phone Number:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: Screened Porch:
Carpport: Total Under Roof Wood Deck: Accessory Building:
Type Sewage: Septic Tank Permit Number From Health Depart. Well Permit Number:

FLOOD HAZARD INFORMATION Flood Zone: Minimum Base Flood Elevation (BFE): NGVD
Proposed First Floor Habitable Floor Finished Elevation: NGVD (Minimum 1 Foot Above BFE)

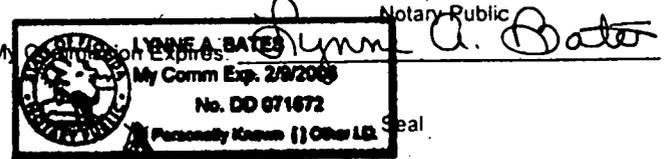
COST AND VALUES Estimated Cost of Construction or Improvements: 988 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION
Electrical: State: License Number:
Mechanical: State: License Number:
Plumbing: State: License Number:
Roofing: State: License Number:

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, 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) South Florida Building Code (Structural, Mechanical, Plumbing, Gas)
National Electrical Code Florida Energy Code
Florida Accessibility Code

THEREBY 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) CONTRACTOR SIGNATURE (Required)
State of Florida, County of: Martin On State of Florida, County of: Martin
This the 10th day of December, 2001 This the 6th day of December, 2001
by Douglas K. Sands who is personally known to me or produced as identification. Laura Marangio
by Ronald Shaler who is personally known to me or produced as identification.



MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

RONALD L SHALER
R L SHALER CONTRACTING
1320 SE O'Donnell
PSL FL 34983

EXPIRES SEPTEMBER 30, 20 00

AUDIT
CONTROL
NUMBER

37812

CERTIFICATE NUMBER

MC00395

STATE OF FLORIDA AC# 5749838
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
RR -0067471 12/13/1999 9901994
REGISTERED RESIDENTIAL CONTR
SHALER, RONALD L
R L SHALER CONTRACTING
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR TO
CONTRACTING IN ANY AREA)
HAS REGISTERED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2001

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 03/18/2001
EXPIRATION DATE 03/18/2003
EXEMPTED INDIVIDUAL NAME SHALER RONALD
S.S. 263-87-9158
BUSINESS NAME SHALER R L CONTRACTING
FEIN 263879158
BUSINESS ADDRESS 1320 SE O'DONNELL LANE
PORT ST LUCIE FL 34983

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 03/18/2001
EXPIRATION DATE 03/18/2003
EXEMPTED PERSON LAST NAME SHALER
FIRST NAME RONALD
SOCIAL SECURITY NUMBER 263-87-9158
BUSINESS NAME SHALER R L CONTRACTING
FEDERAL IDENTIFICATION NUMBER 263879158
BUSINESS ADDRESS 1320 SE O'DONNELL LANE
PORT ST LUCIE FL 34983

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

CUT HERE

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

CERTIFICATE OF INSURANCE

This certifies that STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
insures the following policyholder for the coverages indicated below:

Name of policyholder RONALD L SHALER DBA R L SHALER CONTRACTOR

Address of policyholder 1320 SE O'DONNELL LN, PORT ST LUCIE, FL 34983

Location of operations SAME

Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

| POLICY NUMBER | TYPE OF INSURANCE | POLICY PERIOD | | LIMITS OF LIABILITY (at beginning of policy period) |
|--------------------------|---|---|-----------------|---|
| | | Effective Date | Expiration Date | |
| 98KV80862 | Comprehensive Business Liability | 04/23/01 | 04/23/02 | BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ <u>300000</u> General Aggregate \$ <u>600000</u> Products - Completed Operations Aggregate \$ <u>600000</u> |
| This insurance includes: | | <input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | |
| | EXCESS LIABILITY | POLICY PERIOD | | BODILY INJURY AND PROPERTY DAMAGE |
| | <input type="checkbox"/> Umbrella <input type="checkbox"/> Other _____ | Effective Date Expiration Date | | (Combined Single Limit) Each Occurrence \$ _____ Aggregate \$ _____ |
| | Workers' Compensation and Employers Liability | | | Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____ |
| POLICY NUMBER | TYPE OF INSURANCE | POLICY PERIOD | | LIMITS OF LIABILITY |
| | | Effective Date Expiration Date | | (at beginning of policy period) |
| | | | | |
| | | | | |

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder
MARTIN CO CONTRACTORS LICENSING
2401 SE MONTEREY RD
STUART, FL 34996

Kath R. Mayfield
Signature of Authorized Representative

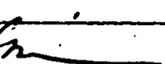
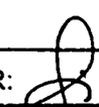
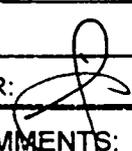
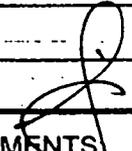
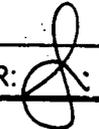
Agent
Title

Aug 23, 2001
Date

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri DEC 19, 2001; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--|---|------------------------------------|--|
| 5641 | SANDS. 82 S. RWEL RD. KL SHAUER | FRAMING / C.O. | Passed | INSPECTOR:  |
| 5602 | ALLEN 1 COPAINE CARDINAL | SHEATHING | CANCELLED BY CONTRACTOR | INSPECTOR: |
| 5612 | DEGARMO. 24 W. HIGH POINT RD. PUE OLCH | UNPERMD. PLUMB. | PASSED | INSPECTOR:  |
| 5187 | JORDAN 110 N. SEWALLS PT RD. DWC. | TEMP. ELEC. / DRIVE RELEASE | Passed | INSPECTOR:  |
| 4978 | RIMER 29 S. RIVER RD. LEAR DEV. | EARLY POWER RELEASE | Failed | INSPECTOR:  |
| 5455 | ATEN 103 ABBIE CT GRIBBEN | TRUSSES + ENG. | Failed | INSPECTOR:  |
| 5453 | BENI HANNA 3802 S.E. OCEAN BLVD. GOULD SIGROS. | FTG. | Failed | (Set backs!) INSPECTOR:  |

OTHER: _____

7623

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/14/05

BUILDING PERMIT NO. 7623

Building to be erected for SANDS

Type of Permit DECK

Applied for by _____ (Contractor)

Building Fee _____

Subdivision HOMENWOOD Lot Pt 12/13 Block _____

Radon Fee _____

Address 82 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

0138410060020012160000

Plumbing Fee _____

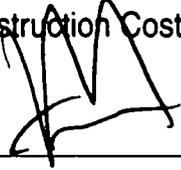
Roofing Fee 120.00

Amount Paid 120.00 Check # 9288 Cash _____

Other Fees (_____) 1

Total Construction Cost \$ 9,000.

TOTAL Fees 120.00

Signed 

Applicant

Signed 

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: 6/6/05

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: DOUGLAS SANDS Phone (Day) 283-5240 (Fax) _____

Job Site Address: 82 S. RIVER ROAD City: SEWALL State: FL Zip: 34996

Legal Description of Property: HOMEWOOD S 1/2 Lot 12 & S 1/2 Lot 13 P.L.C. B Parcel Number: 01-38-41-006-002-00121-6

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

Description of Work To Be Done: RE-ROOF Shingle to Shingle

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: PACIFIC ROOFING Phone: 283-7663 Fax: 283-9505

Street: P.O. Box 2697 City: SEWALL State: FL Zip: 34995

State Registration Number: _____ State Certification Number: C-CC056793 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 9,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: PACIFIC ROOFING State: FL License Number: C-CC056793

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

Carport: _____ Total Under Roof 3,300 S.F. 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: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 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) [Signature]

State of Florida, County of: Martin

This the 6 day of June, 2005

by Douglas Sands who is personally known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: Margued Montanaro

Seal

CONTRACTOR SIGNATURE (required) [Signature]

On State of Florida, County of: Martin

This the 6 day of June, 2005

by Richard J. Gano who is personally known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: Margued Montanaro

Seal

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



My Commission DD063270 Expires October 8, 2005



Margaret L. Montanaro My Commission DD063270 Expires October 8, 2005

Tax Folio No. _____

01-38-41-006-002-20121-6

Permit 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, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Legal description of property (include street address, if available): HomeWood 5 1/2 Lot 12
+ 5 1/2 Lot 13 Block B

2. General description of improvement: RE-ROOF

3. Owner information - name and address: DOUGLAS SANDS
82 S. RIVER ROAD Stuart, FL 34996

Interest in property: _____

Name and address of fee simple titleholder (if other than Owner): _____

4. Contractor - name and address: PACIFIC ROOFING
P.O. Box 2697 Stuart, FL 34945

Phone number 283-7663 Fax number 283-9505

5. Surety - name and address: _____

Phone number _____ Fax number _____ Amount of bond: \$ _____

6. Lender - name and address: _____

Phone number _____ Fax number _____

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(i)(a)7., Florida Statutes (name and address): _____

Phone number _____ Fax number _____

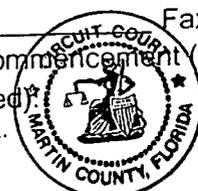
8. In addition to himself, Owner designates _____ of _____

_____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____

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

MARSHA EWING, CLERK



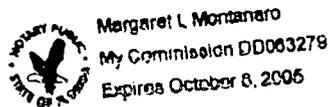
[Signature]
Signature of Owner

BY: *[Signature]* D.C.

DATE: 6/8/05

Sworn to and subscribed before me this 6 day of JUNE, 2005.

Margaret Montanero My Commission Expires: _____
Notary Public



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2004

PRODUCER (561)746-4546 FAX (561)746-9599

Tequesta Agency, Inc.
218 S. US Highway One, Ste 300
Tequesta, FL 33469
Debra Hicks-Neumann

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Pacific Roofing Corp., Inc.
PO Box 2697
Stuart, FL 34994

INSURER A: **Lexington**
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 | GLB11192004 | 12/12/2004 | 12/12/2005 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ Excluded |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | AUTOMOBILE LIABILITY | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | <input type="checkbox"/> ANY AUTO | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | \$ |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | | <input type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | <input type="checkbox"/> NON-OWNED AUTOS | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | GARAGE LIABILITY | | | | OTHER THAN EA ACC | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY: AGG | \$ |
| | | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS | OTH-ER |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | \$ |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | OTHER | | | | E.L. DISEASE - POLICY LIMIT | \$ |

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

CERTIFICATE HOLDER

Sewalls Point Building Dept
1 Sewalls Point Road
Sewalls Pont, 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
Mark Kasten/DEBBIE



CERTIFICATE NO. / DATE
 ACOR-7100013-176426
 12/01/2004 24 02:55 AM

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
 Eisenmann Risk Placements, Inc.
 14160 Dallas Parkway, Suite 500
 Dallas, TX 75254
 (972) 764-0965 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
 PACIFIC ROOFING CORPORATION
 808 SE DIXIE HWY
 STUART, FL 34994
 (772) 283-7663 Fax: (772) 283-9505

INSURER A: PROVIDENCE PROPERTY & CASUALTY INSURANCE COMPA
 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.

| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | 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"/> PER PERSON <input type="checkbox"/> LOC | | | | EACH OCCURRENCE | \$ |
| | | | | FIRE DAMAGE (Any One Firm) | \$ |
| | | | | 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) | \$ |
| | | | | BOODLY INJURY (Per person) | \$ |
| | | | | BOODLY 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 LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | AGGREGATE | \$ |
| | | | | | \$ |
| | | | | | \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC0100086 | 12/1/2004 | 12/1/2005 | <input checked="" type="checkbox"/> WC STATU TORY LIMITS <input type="checkbox"/> OTH ER | |
| A | | | | E L EACH ACCIDENT | \$ 1000000 |
| | | | | E L DISEASE - EA EMPLOYEE | \$ 1000000 |
| | | | | E L DISEASE - POLICY LIMIT | \$ 1000000 |
| OTHER | | | | 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 12/01/2004.
 PLEASE SEE ATTACHED EMPLOYEE ROSTER.

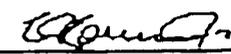
CERTIFICATE HOLDER

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

TOTAL P.01



Development Department

121 SW Flagler Avenue - Stuart, Florida 34994-2139

Phone (772)288-5326 Fax (772)288-5388

PACIFIC ROOFING CORP
GOMES, RICHARD J
PO BOX 2697
STUART FL, 34995

Contractor ID: AP01080463
License Type: CCC
Expires: September 30, 2005



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)

Owens Corning
One Owens Corning Parkway
Toledo, OH 43659

SCOPE:

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

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

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

DESCRIPTION: Oakridge PRO 40 AR

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

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

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

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

This NOA consists of pages 1 through 3.

The submitted documentation was reviewed by *[Signature]*

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

NOA No.: 01-1127.08
Expiration Date: 07/19/06
Approval Date: 01/31/02



ROOFING SYSTEM APPROVAL

Category: Roofing
Sub-Category: 07310 Asphalt Shingles
Material: Laminate

1. Scope:

This renews a roofing system using Owens Corning Oakridge PRO 40 AR. Asphalt shingles manufactured by Owens Corning as described in this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County.

2. PRODUCT DESCRIPTION

| <u>Product</u> | <u>Dimensions</u> | <u>Test Specifications</u> | <u>Product Description</u> |
|--------------------|-------------------|----------------------------|---|
| Oakridge PRO 40 AR | 13 1/4" x 39 3/8" | PA 110 | A heavy weight, fiberglass reinforced four tab asphalt shingle. |

3. LIMITATIONS:

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

4. INSTALLATION:

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

5. LABELING:

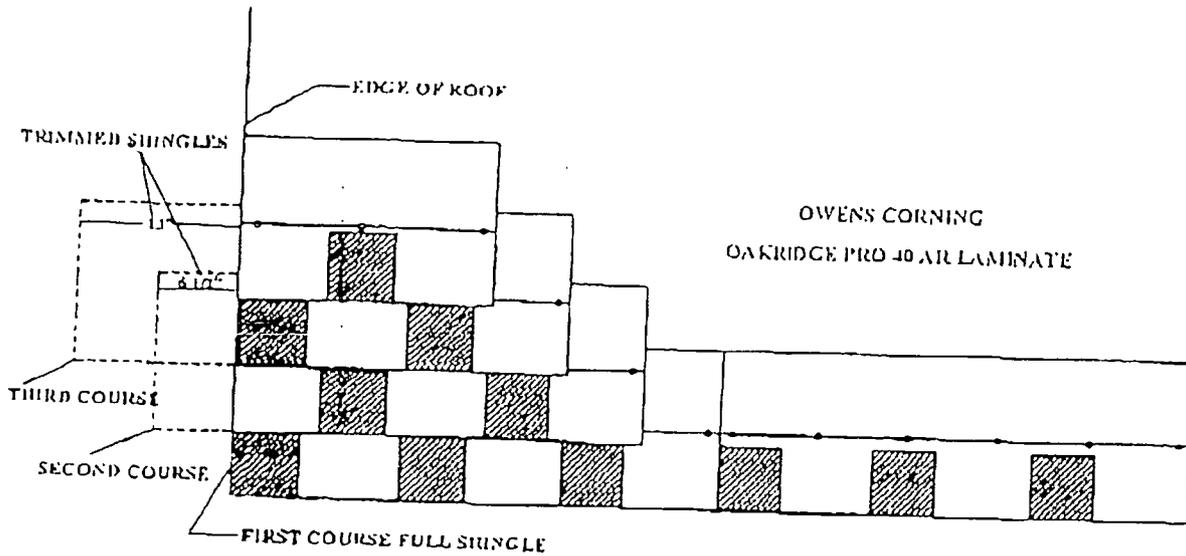
- 5.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County Product Control Approved".

6. BUILDING PERMIT REQUIREMENTS:

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

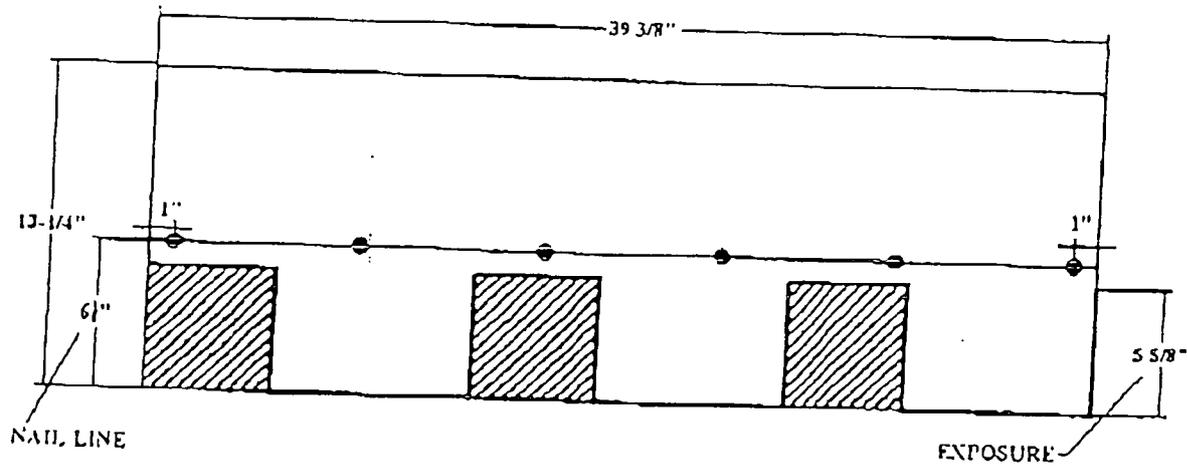


DETAIL A



DETAIL B

OWENS CORNING
FASTENING PATTERN & PHYSICAL DIMENSIONS
OAKRIDGE PRO 40 AIR LAMINATE



END OF THIS ACCEPTANCE



NOA No.: 01-1127.08
Expiration Date: 07/19/06
Approval Date: 01/31/02
Page 3 of 3



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 82 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.

DDY IN

NO METAL IN PLACE
NO PERSONNEL ON JOB
FOR THE INSPECTION
OF PLYWOOD NAILING

NOT READY.

\$40 FEE

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: 6/17

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/17, 2005 Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|-----------------------------------|-------------------|---------|-----------------|
| Tree | TEVITT | TREE | PASS | |
| 5 | 39 S. RIVER RD | | | INSPECTOR: |
| 7439 | DIMITRIOU | IN PROG FLAT | FAIL | |
| 6 | 6 BANYAN RD FEAZEL ROOFING | | | INSPECTOR: |
| 7623 | SANDS | DRY-IN | FAIL | \$10 FEE |
| 2 | 82 S. RIVER RD PACIFIC ROOFING | | | INSPECTOR: |
| 7522 | ZECHIEL | FINAL ELEC | PASS | CLOSE |
| 1 | 1 RIVERVIEW | PLUMB | PASS | " |
| | HOME SAFE | BATH REMODEL | PASS | INSPECTOR: |
| 7112 | PACKER | FINAL SCREEN ENCL | PASS | CLOSE |
| 9 | 12 KNOWLES R TROPICAL SCREEN | | | INSPECTOR: |
| 7524 | LYONS | FINAL DRIVEWAY | PASS | CLOSE |
| 7 | 34 FIELDWAY DR CHITWOOD + CO | | | INSPECTOR: |
| 7520 | MAREK | IN PROG ROOFING | PASS | NAILING ONLY |
| 8 | 1 FIELDWAY FEAZEL ROOFING | | | INSPECTOR: |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/27, 2005 Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|----------|------------------------------------|--|-----------------|--|
| 7535 | DILLARD | DRY IN | FAIL | |
| 2A | 8 EMARITA WAY TUTTLE ROOFING | | | INSPECTOR: <i>OM</i> |
| 7163 | HAYNES | WINDOW + DOOR | PASS | |
| 4 | 6 PALM ROAD O/B | | | INSPECTOR: <i>OM</i> |
| 7362 | BUTLER | FINAL ROOF | | CANCEL |
| 1 | 6 EMARITA WAY WESTERN | (8:30) BILL JOHNSON 501-902-9069 | | INSPECTOR: |
| 6972 | QUINN | FINAL ROOF | FAIL | |
| 3 | 98 S. SEWALL ST PACIFIC ROOFING | | | INSPECTOR: <i>OM</i> |
| 6576 | CIVIELLO | STORM SHUTTERS | PASS | CLOSE |
| 5 | 31 FIELDWAY O/B | FINAL RENOVATION | | CLOSE INSPECTOR: <i>OM</i> |
| 7643 | MERRILL | PRE-DRY WALL | PASS | |
| 6 | 24 FIELDWAY Dn O/B | | | INSPECTOR: <i>OM</i> |
| 7623 | SANDS | SHEDDING | PASS | |
| 4C | 82 S. RIVER RD PACIFIC ROOFING | | | INSPECTOR: <i>OM</i> |
| OTHER: 2 | Armstrong 41 W. Hill Pt | Courtesy Insp | | ADVISED OWNER METHODS TO CONTROL MINIMAL EROSION PROBLEMS |



7623

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 82. 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.

DRY-IN

ROTTED PLYWOOD ON WEST
RAKE OF GARAGE.

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: 7/18

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri, JULY 18, 2005 Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---------------------------------------|-----------------------|---------|--|
| 6677 | GOVEL | FINAL ELEC | PASS | CLOSE |
| 2 | 5 RIVERVIEW DR O/B | | | INSPECTOR: <i>AW</i> |
| 7684 | OTT | DRY-IN | FAIL | |
| 4 | 26 N. SEMINOLE ST ADUDDALL ROOFING | | | INSPECTOR: <i>AW</i> |
| TREE | DUNKER | TREE | PASS | |
| 6 | 19 PEREWINKLE CRES | | | INSPECTOR: <i>AW</i> |
| 7338 | MCCORMICK | LOWER LEVEL | PASS | |
| 5 | 59 N. RIVER RD PINE ORCHARD | PLUMBING V.G. | | INSPECTOR: <i>AW</i> |
| 7615 | NITALE | RELOC FINAL | PASS | CLOSE |
| 7 | 13 KNOWLES FLA CUSTOM | | | INSPECTOR: <i>AW</i> |
| 7290 | GOLDMAN | TIE BEAM + COLUMNS | FAIL | |
| 1 | 3 SUMMER LA O/B | FIRST REASE | PASS | REINSPECTED LATE MARCH 2005 INSPECTOR: <i>AW</i> |
| 7623 | SANDS | TIN TAG | FAIL | |
| 3 | 82 S. RIVER RD PACIFIC ROOFING | | | INSPECTOR: <i>AW</i> |

OTHER: _____



7623

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 82 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.

FINAL ROOF

ALL ROOFING MATERIAL &
LEFT OVER DEBRIS MUST
BE REMOVED FROM
JOB SITE

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: 7/29

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/29, 2005

Page 2 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|--|---|-----------------|----------------------------------|
| 6833 | FOSTER | STEEL PREPONE | PASS | |
| 1 | 7 TIMOR STREET CUSTOM BUILT MACHINE | * Pour at 11am * FIRST PLEASE | | INSPECTOR: <i>OM</i> |
| 7606 | POBLEY | FINAL ROOF | FAIL | |
| 4 | 96 S. SEWALLS PT A & P CONSTRUCTION | | | INSPECTOR: <i>OM</i> |
| 7623 | SANDS | FINAL ROOF | FAIL | |
| 8 | 82 S. RIVER RD PACIFIC ROOFING | | | INSPECTOR: <i>OM</i> |
| 7680 | BRUCE | DRUMKIN | FAIL | |
| 3 | 2 CRANES NEST - BUCK PAVER | FINAL | | \$40 INSPECTOR: <i>OM</i> |
| 7396 | Joyce's Flowers Herba Bay Plaza Coachman | Above ceiling Electrical / Mechanical | | INSPECTOR: |
| 7556 | Zygmunt 18 S. Sierra Street Wilco | Cap | PASS | INSPECTOR: <i>OM</i> |
| 7449 | FERRARO | FINAL RENOV. | FAIL | |
| 6 | 4 KINGSTON CT GULICK & McCAULEY | | | \$40 FEE INSPECTOR: <i>OM</i> |

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 82 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 ROOF.

EXHAUST DUCT FOR RANGE
HOOD HAS BEEN COVERED
OVER W/ ROOFING -
NEED TO INSTALL DUCT
HOOD ON ROOF.

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

DATE: 8/1

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/13, 2005 Page 3 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---|-------------------|---------|--|
| 7623 | SANDS | FINAL ROOF | PASS | CLOSE |
| 4 | 82 S. RIVER RD PACIFIC ROOFING | 263-0106 | | INSPECTOR: <i>[Signature]</i> |
| 7620 | VALLI/BADLIE | FINAL PAVER DRIVE | PASS | CLOSE |
| 3A | 101 S. SEWALL'S PT O/B | | | INSPECTOR: <i>[Signature]</i> |
| 7223 | | POOL DECK | PASS | |
| 13A | 160 CASTLE HILL SCHILLER POOLS | | | INSPECTOR: <i>[Signature]</i> |
| 7449 | FERRARO 4 KINGSTON CT. BOLICK/MCCAULY | FINAL KITCHEN | PASS | CLOSE INSPECTOR: <i>[Signature]</i> |
| | | | | INSPECTOR: <i>[Signature]</i> |
| | | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| | | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| | | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit No. 109
Date Issued 9/11/78

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 as to height and name, common or botanical. Groups of trees may be designated as clumps with an estimated size and number, etc. (See Ordinance #103)

Owner Mr. and Mrs. Douglas Sands Present Address 2893 S.E. Ellendale St. Stuart Ph 283-5240
1597 S.E. Pt. St. 878-
Contractor Blue Dolphin Developers Inc. Address Lucie Blvd. P.S. Ph 3311
South 1/2 of Block B
Subdivision Homewood Lot No. # 12 & 13 Area Sewall's Point

No. of Trees to be Removed 12 TREES

No. of Trees to be Relocated None (no fee)
within 30 days

No. of Trees to be Replaced None
within 30 days

Permit Fee: \$ 16.00 (\$5.00 for 1st tree, plus \$1.00 each additional tree - not to exceed \$25.00)

(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 (1) year. Fee for renewal of expired permits is \$5.00.

Signature of Applicant [Signature]

Date Submitted 9-8-78

Approved by Building Inspector [Signature] Date 9/11/78

Approved by Building Commissioner _____ Date _____

Date Completed _____



Custom Homes and Commercial Buildings

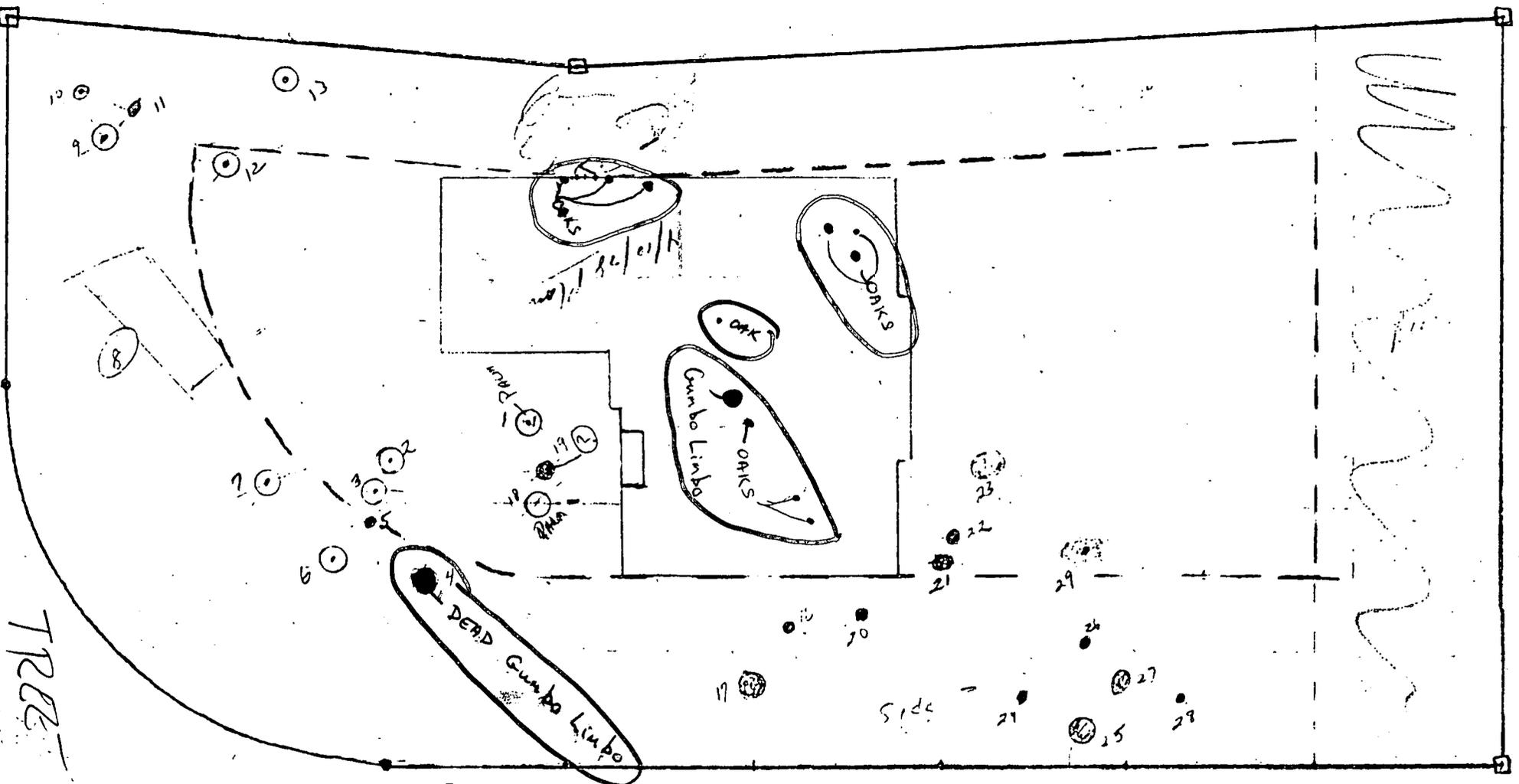
1597 S.E. PORT ST. LUCIE BLVD., PORT ST. LUCIE, FLA. 33452

TELEPHONE 878-3311

September 8, 1978

The purpose for this application for tree removal, is to clear the property in the ^{immediate} area of *Foundation Plus one Dead Gums Limbo* for proposed single family residence on the said property described as follows:

South ½ of lots 12 and 13
Block B Sewall's Point
Homewood



TREE

RED TO BE
REMOVED

WATER

SIDE

Scale: 1"=20'
 New
 Side = 15'
 Full

Witz

TOWN OF SEWALL'S POINT, FLORIDA

Date OCTOBER 1 ~~12~~ 2003 TREE REMOVAL PERMIT No 2106

APPLIED FOR BY SANDS (Contractor or Owner)

Owner 82 S. RIVER ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 unknown

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Gene Lemmon (M) 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

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

Four horizontal lines for project description details.

REMARKS _____

Four horizontal lines for remarks.

**TOWN OF SEWALL'S POINT
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 D. Sands **Address** 82 S. River Rd. **Phone** 283-5240/287-3930

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

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

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

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

Written statement giving reasons: Dead

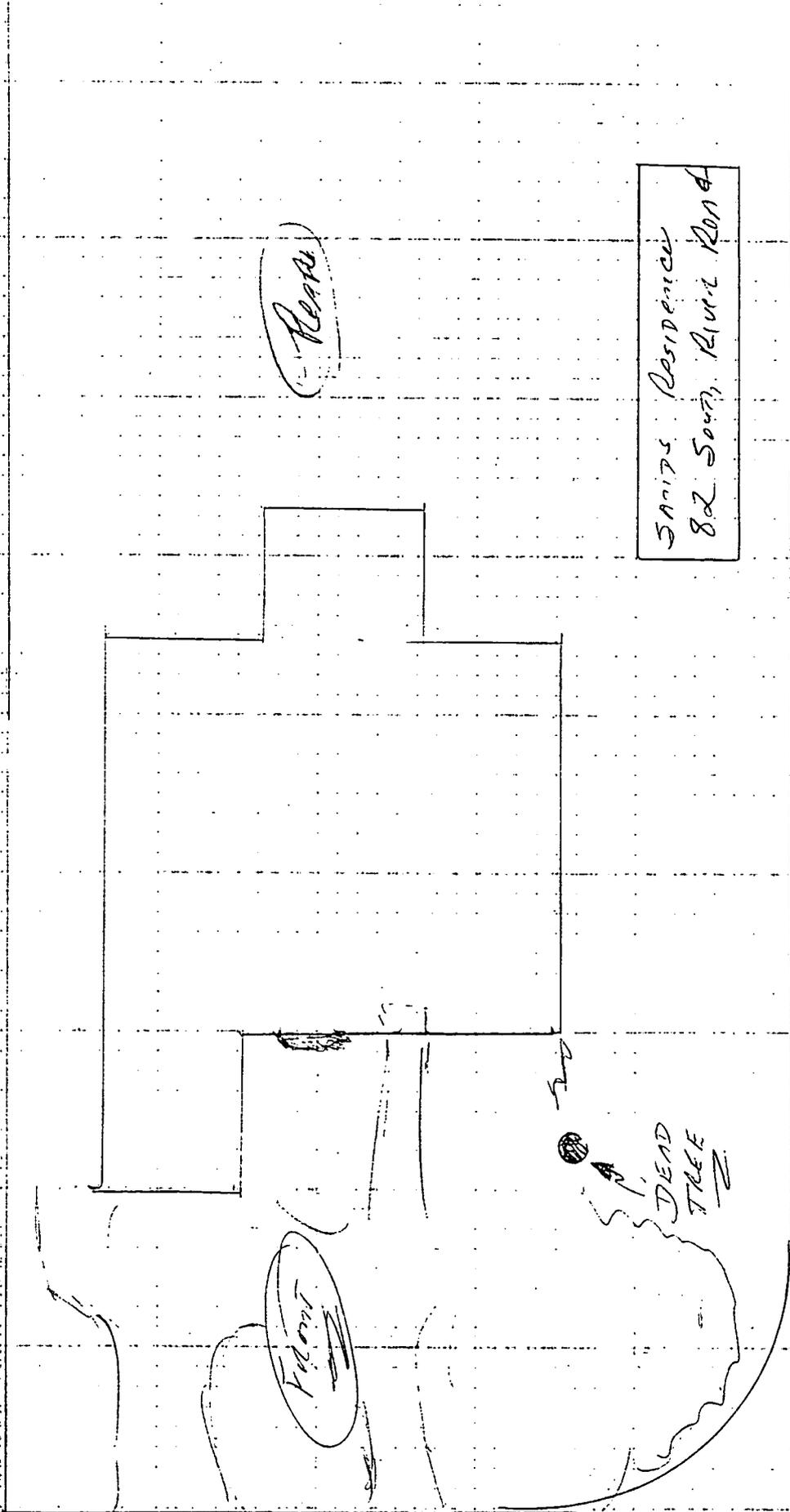
Signature of Applicant  **Date** 10/1/03

Approved by Building Inspector:  **Date** 10/2/03 **Fee:** 0

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



S. River Road



Rear

SANDS RESIDENCE
82 South, Riverview Road

N. Ridgeway

Front

DEAD TREE