

90 South River Road

1596

SFR

NOTE: 1/20/84 Septic Tank OK
Bd of Health will submit letter to that effect.
Jan.

1596

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

RECEIVED

Date _____

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner Robert & Gayle Schneider Present address 516 Pine Dr. Brightwaters NY, 11718

Phone 1-516-666-6828

General contractor Tropical Homes Address 1380 Port St. Lucie Blvd.

Phone 335-4198 Port St. Lucie, Fla. 33450

Where licensed STATE OF FLA License No. CAC 013361

Plumbing contractor Miller Plg. License No. _____

Electrical contractor St. Lucie Electric License No. _____

Air-conditioning contractor Marino Air License No. _____

Describe the building, or alteration to existing building 3 Bedroom 2 Bath
C.B.S. Central Heat & Air

Name the street on which the building, its front building line and its front yard will face 70 SOUTH RIVER ROAD

Subdivision RIO VISTA Lot No. 76 Area _____

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2135^{II}

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 75,000.

Cost of permit \$ 405 Plans approved as submitted _____ or, as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. 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. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be 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 with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor Wesley Khinnel Tropical Homes

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 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 the neighborhood, as required by the Town's zoning ordinance.

Owner Gayle Schneider

Note: Special Inspectors will be required to sign both of the above statements.

TOWN RECORD

Date submitted _____

Approved by Building Inspector (date) 7/7/83

Inspector's initials JRM

Approved by Commissioner (date) 7/26/83

Commissioner's initials AS

Certificate of Occupancy issued (date) 1/20/84

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

#1596

SET TAB STOPS AT ARROWS

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY BAYLY, MARTIN & FAY, INC. P.O. Box 14547 North Palm Beach, FL 33408	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER A	MARYLAND CASUALTY INSURANCE CO
NAME AND ADDRESS OF INSURED TROPICAL HOMES CONSTRUCTION, INC. 1380 S.E. Port St Lucie Boulevard Port St. Lucie, FL 33452	COMPANY LETTER B	
	COMPANY LETTER C	
	COMPANY LETTER D	
	COMPANY LETTER E	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input checked="" type="checkbox"/> CONTRACTUAL INSURANCE <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> PERSONAL INJURY	GL 44314195	07/01/83	BODILY INJURY	\$ 300	\$ 300
				PROPERTY DAMAGE	\$ 100	\$ 100
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY		\$
				AUTOMOBILE LIABILITY			BODILY INJURY (EACH PERSON)	$
<input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH ACCIDENT)	\$		
			PROPERTY DAMAGE	\$		
EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$		
<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$	
			WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY
A		TC 21134606	07/01/83		\$ 100	(EACH ACCIDENT)
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

State of Florida - General Contractor

Re: Job for Schneider

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 SEWALLS POINT BUILDING DEPARTMENT
 Sewalls Point, FL 33452

DATE ISSUED: June 23, 1983/1b

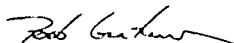
BAYLY, MARTIN & FAY, INC.

Oliver A. Carter
 AUTHORIZED REPRESENTATIVE

STATE OF FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE: **06/23/83** FILE NO. **CG C013361** BATCH NO. **0482**
THE CERTIFIED GENERAL CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER **489** FOR
THE YEAR EXPIRING **JUNE 30, 1985**

KLIMMECK, WESLEY A
TROPICAL HOMES CONST INC
2457 DELANO RD
FT PIERCE FL 33452


GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE


SECRETARY OF PROFESSIONAL
REGULATION

STATE OF FLORIDA Department of Professional Regulation

**CONSTRUCTION INDUSTRY
LICENSING BOARD**

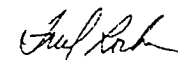
KLIMMECK, WESLEY A
TROPICAL HOMES CONST INC
CERTIFIED GENERAL CONTRACTOR
HAS PAID THE FEE REQUIRED BY CHAPTER **489**
FOR THE YEAR EXPIRING **JUNE 30, 1985**

SIGNATURE


GOVERNOR

PLEASE READ IMPORTANT

INFORMATION ON REVERSE


SECRETARY OF PROFESSIONAL
REGULATION

WALLET CARD - FOLD HERE

CONSTRUCTION INDUSTRY LICENSING BOARD
POST OFFICE BOX 2
JACKSONVILLE, FL 32201

AUDIT CONTROL NO.	FILE NO.	BATCH NO.	FEE AMOUNT
294374	CGC013361	0482	\$80.00

456327

This Warranty Deed Made the 22nd day of October A. D. 19 82 by

ROBERT F. MOORE AND VITA C. MOORE, his wife

hereinafter called the grantor, to

ROBERT SCHNEIDER AND GAYLE R. SCHNEIDER, his wife

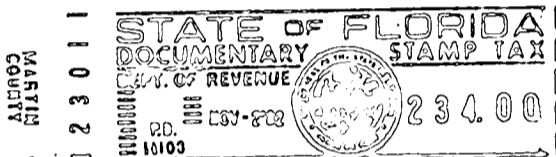
whose postoffice address is 516 Pine Drive
hereinafter called the grantee: Brightwaters, N.Y. 11716

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

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

Lot 76, RIO VISTA SUBDIVISION, according to the Plat thereof, recorded in Plat Book 6, page 95, Public Records of Martin County, Florida.

Subject to Taxes--Subsequent to December 31, 1981 and restrictions, reservations, easements and covenants of record.



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

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

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 19 82.

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

Signed, sealed and delivered in our presence:

Janice Monaco

Julie Cardenas

STATE OF New York
COUNTY OF Suffolk

Robert F. Moore

Vita C. Moore

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

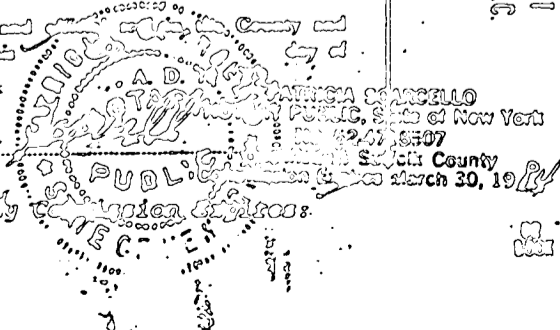
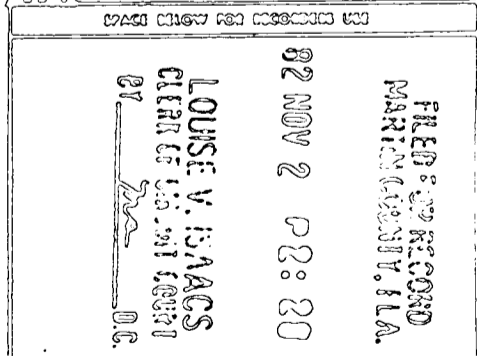
ROBERT F. MOORE AND VITA C. MOORE, his wife

to me known to be the persons I described to and who executed the foregoing instrument and have acknowledged to me that they executed the same.

WITNESSE my hand and seal of said County and State this 22nd day of October, 1982.

Patricia [Signature]
Notary Public

This instrument prepared by: [Signature]
Address



5.00
24.00

Return to

STEWART TITLE OF FLORIDA, INC.
409 E. OSCEOLA AVENUE
SUITE 101, FLORIDA 32904
386-2220

550-3333

Note:

Requirements for Building Permit

- X 1- Florida Certification of Builder and subs
- ✓ 2- Certificate of Insurance from Contractor or Owner Builder for liability and workmen's compensation.
- ✓ 3- 3 sets of Plans
- ✓ 4- Warranty Deed showing ownership
- X 5- Septic tank permit and one drawing with Health Dept Seal
- ✓ 6- Energy Code Calculations (Blank in Bldg Dept.)
- X 7 - Owners Signature

Do not issue permit until
Nos 1, 5 & 7 are received

2-1/2 35	23.2	Left	NW	36	100	98	23.2
6' Slidr	40.	Left	NW	312	100	98	40.0
5' Slidr	33	Rear	NE				
14x4 PassThru	56'	Rear	NE	} 12'	100	.76	142.0
8' Slidr	53	Rear	NE				
35	23.2	Rear	NE	36	99	98	23.2
4 1/2 35	46.4	Right	SE	36	77	93	46.4
5-1/2 35	58.0	Front	SW	56	99	99	58.0
							223.8
							332.8

Door							
2-28	36						
1-28	17						

FLORIDA MODEL ENERGY EFFICIENCY CODE
SECTION 9 POINTS METHOD

16/6
- 332.8
1283.2

ENVELOPE ANALYSIS

FRAME CBS LIVING AREA 2135 WALL AREA 1490 PERIMETER 230'
 ROOF R-VALUE 19 WALL R-VALUE 11 or 3.5
 TOTAL GLASS AREA 332.8 TOTAL DOOR AREA 58
 A/C SYSTEM EER- 8.5

CB 1616 - 38 - 332.8
 Rv 224 - 11 = 227
 CB 1283
 Fr 307

HEATING SYSTEM

Fireplace
3 convectors
5 Fans

STRIP HT. PUMP GAS OIL SOLAR

HOT WATER HEATER

ELECTRIC HT. REC. GAS OIL SOLAR



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

Permit for Septic
SERVICES

APPLICATION FOR SEPTIC PERMIT
AND FINAL INSPECTION

Chapter 381, 386, 387, FS
Chapter 10D-6, FAC

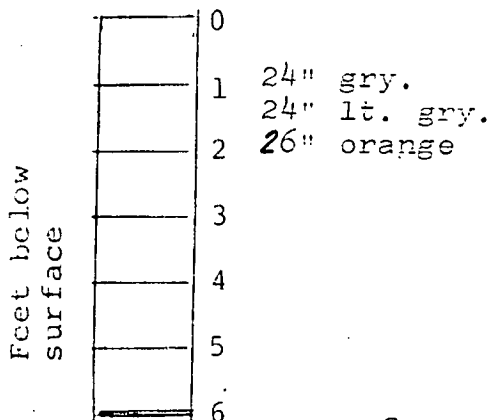
Permit Number: HD83-372

Name of Applicant Tropical Homes Telephone # 878-1880
Mailing Address of Applicant 1380 SE Pt. St. Lucie Blvd.
To Be Installed at: (Give Street Address) * S. River Rd.
Lot 76 Block _____ Subdivision Rio Vista S/D
Plat Book & Page 125-125 Date Recorded _____
Residential: No. Living units 1 No. Bedrooms 3
Commercial: Type of Business _____ No. People _____ No. Toilets _____
*Note: Attach site location map and other supportive documents.
Signature of Applicant _____

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? no
Is there a public well within 100 ft. of the proposed septic system? no
Is there a public sewer within 100 ft. of the proposed lot? no
Is there a lake, stream, canal or other body of water within 50 ft. of the proposed septic system? no
Is there a septic system or other interference within 75 ft. of the proposed private well? no
Is the proposed or existing public water line within 10 ft. of the proposed septic system? no
There is 230 square feet of unobstructed land for future expansion of the drainfield.

SOIL PROFILE



USDA soil type: PAOLA Sand
USDA symbol # 6

Certified by: [Signature]
Fla. Professional No.: 3109
Date: 6/20/83 Job No. 83-372

NOTE: If fill is required to obtain proper elevation, fill permit must be obtained from Martin County Building Division.

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 900 Gallons Absorption Bed size 270 sq ft.
Dosing Tank Capacity _____ Gallons Lateral DRAINFIELD size _____ sq ft.
Grease Trap capacity _____ Gallons Sand Filter size _____ sq ft.

Specifications: _____
Date Processed 7-6-83

THIS PERMIT IS BY ONE (1)
YEAR PERIOD OF EXPIRATION

Robert B. Washburn, R.S.
Signature of Sanitarian

Martin County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection _____ Type of Tank (Concrete, glass, Etc.) _____
Size Tank Installed _____ Drainfield Size _____
Dosing Tank Size _____ Grease Trap Size _____ Sand Filter size _____
Who Made Installation _____

RECOMMENDATION: Approval _____ Disapproval _____
Signature of Sanitarian _____

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: TROPICAL HOMES

LEGAL DESCRIPTION: LOT 76 RIO VISTA

SEPTIC TANK PERMIT NUMBER: HD83-372

The items noted below must be certified prior to the first plumbing inspection by the Building Department:

1. Building Permit number: X
2. I certify that the top of the lowest building plumbing stubout is _____ feet above the crown of road.
3. I certify that an average depth of _____ feet of compacted fill presently exists above natural grade in the area of the proposed septic system. Surface area of fill observed in area of proposed septic system _____ square feet. A minimum of 150 square feet of filled surface area is required per bedroom. Date fill observed: _____
4. Has fill been compacted comparable to the surrounding natural soil? _____
5. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of _____ feet. I also certify that all severe limited soil has been replaced by a slight limited soil.
Date observed: _____

NOTE: The septic tank must be at least 4" above top of stubout and the drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries.

CERTIFIED BY: _____

Florida Professional Number: _____

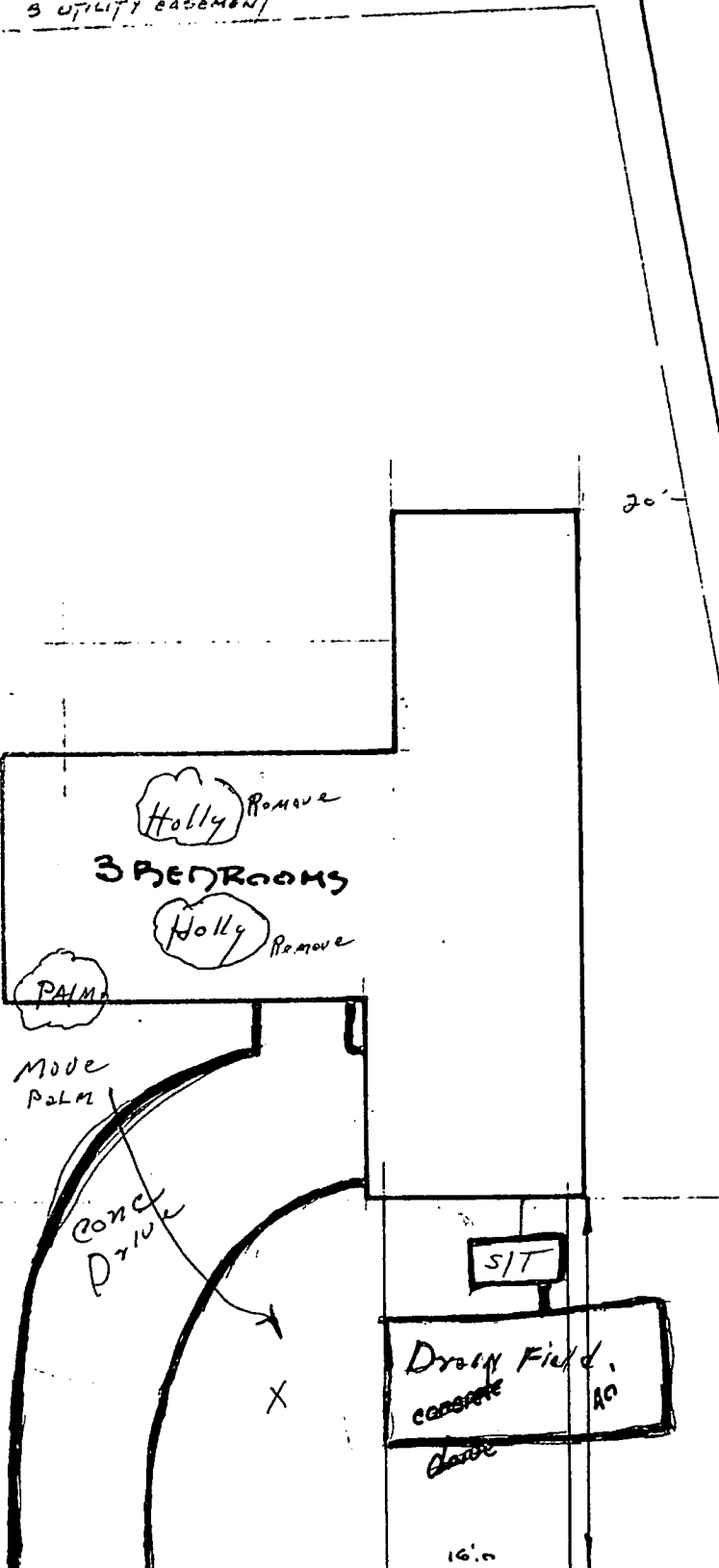
Date: _____ Job Number: _____

FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

Signature of Sanitarian

Date

S 07° 03' W 89.12'
5' UTILITY EASEMENT



75

RECEIVED
JUN 23
A.S.C.

90 South River Road
Lot 76
TUTTI RIVER ROAD

Tropical Homes
335-4198

MORGAN CIRCLE

CERTIFICATION OF INSULATION INSTALLATION

PERMIT NUMBER 1596 LEGAL DESCRIPTION: Lot 74 Block Rio Vista S/O/
BUILDER Tropical Homes JOB ADDRESS 90 South River Drive Jewell St.
INSULATION CONTRACTOR East Coast Insulation CC # 00313

STATEMENT OF COMPLIANCE:

We the undersigned hereby certify that the thermal insulation has been installed in the referenced building in accordance with good construction practice. The insulation furnished is of the type, thickness and R value as set forth below:

MASONRY WALL INSULATION:

MANUFACTURER Thermo Con
TYPE Cellulose
THICKNESS 3/4"
R VALUE 3.5
total wall R-7

CEILING/ROOF INSULATION:

MANUFACTURER Wanathem
TYPE cellulose
THICKNESS 5 1/2"
R VALUE R-19

STUD WALL INSULATION:

Garage Partition wall
Fiberglass Owens Corning
3 1/2"
R-11

OTHER INSULATION:

We, the undersigned, hereby certify that the thermal insulation has been installed in compliance with the Florida Model Energy Efficiency Building Code and the approved plans and specifications.

John Lee
Authorized Contractor's or
Owner's Signature

1-16-84
Date



**FLORIDA MODEL ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

FORM 902
BOB GRAHAM
GOVERNOR

SECTION 9.9H POINTS METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 789

PROJECT NAME AND ADDRESS	LOT 76 RIO VISTA S/D MARTIN CO. FLA. ZIP	JURISDICTION ZONE
BUILDER	Tropical Homes	PERMIT NO.
OWNER	Robert Schneider	JURISDICTION NO. <input type="text"/>

STATISTICS

<input type="checkbox"/> RENOVATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY	IF MULTI-FAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/>	GLASS AREA AND TYPE	
	(SEPARATE CALCULATIONS REQUIRED FOR EACH WORST CASE UNIT TYPE.) SEC. H901.1	CLEAR	TINT OR FILM
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SGL <input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SGL <input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DBL <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DBL <input type="checkbox"/>		

GROSS WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL. ASSEMBLY
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/>

COOLING SYSTEM	PRIMARY HEATING SYSTEM	PRIMARY HOT WATER SYSTEM
<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> NONE <input type="checkbox"/> UNITARY EER-SEER = <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> STRIP <input type="checkbox"/> GAS <input type="checkbox"/> NONE <input type="checkbox"/> OIL <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> RESISTANCE <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> GAS <input type="checkbox"/> DED. HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> OTHER: <u>Electric</u>

MAX. E.P.I. ALLOWED (from 9A): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CALCULATED E.P.I.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>75.0</u>
CHECK IF COMPLYING BY "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11)* <input type="checkbox"/>	
CERTIFIED BY: <u>Wesley Kleinmull</u> (agent) DATE: <u>6/23/83</u>	FORM COMPLETION CHECKED BY: _____ (building official) DATE: _____

THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.

9A	MAX. E.P.I. ALLOWED (CALCULATED E.P.I. MUST NOT EXCEED VALUE SHOWN BELOW)									
CONDITIONED FLOOR AREA	0-900	901-1100	1101-1300	1301-1500	1501-1700	1701-1900	1901-2100	2101-2300	2301-ABOVE	
BASE E P I	120	115	110	105	100	95	90	<u>85</u>	80	
DEDUCTIONS	A/C EFFICIENCY LESS THAN 8.0 EER/SEER (7.5 HEAT PUMP) (as of October 1, 1982) -10.0									
	IF MULTI-FAMILY: COMMON WALLS (maximum of 5 points) - 2.5									
	IF MULTI-FAMILY: COMMON CEILING and/or FLOOR (maximum of 12 points) - 6.0									
	TOTAL DEDUCTIONS									
COMPUTE MAX. E.P.I. ALLOWED	BASE E.P.I.			DEDUCTIONS			MAX. E.P.I. ALLOWED			
	-			=						

*RESIDENCES WHICH COMPLY WITH THIS CODE BY THE "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11) ARE REQUIRED TO MEET OR EXCEED ALL MINIMUM PRESCRIPTIVE LEVELS INDICATED BY SHADED BLOCKS ON THIS FORM, AND ALL OTHER APPLICABLE PRESCRIPTIVE REQUIREMENTS LISTED IN TABLE 9B. THE E.P.I. FOR A HOUSE COMPLYING UNDER THIS METHOD IS NOT CALCULATED BUT WILL BE THE MAXIMUM E.P.I. ALLOWED FOR THAT HOUSE SIZE AS SHOWN ON TABLE 9A. THE STATISTICS SECTION ABOVE SHALL BE COMPLETED AND SUBMITTED TO THE LOCAL BUILDING DEPARTMENT.

9B PRESCRIPTIVE MEASURES (CHECKLIST)	
INFILTRATION: windows/doors 903.1	HVAC DUCT CONSTRUCTION 903.5
WATER HEATER - ASHRAE LABEL 903.2	PIPING INSULATION 903.6
SWIMMING POOLS 903.3	HVAC CONTROLS 903.7
SHOWER FLOW RESTRICTORS 903.4	HVAC SYSTEM EFFICIENCY SECTION 903.8
	CEILING INSULATION 903.10

RESIDENTIAL CALCULATION

FORM 902

CLIMATE ZONES 7 8 9

COMPONENT			WINTER			GROSS WINTER POINTS	SUMMER			GROSS SUMMER POINTS								
			AREA	x	WPM =		AREA	x	SPM =									
WALLS	CONCRETE	R 2.7 - 3.9	1283	x	6.6	=	8171	1283	x	17.5	22452 ✓							
		R 4-5.9			5.0					15.0								
		R 6 & UP			4.4					13.9								
	FRAME OR BRICK VENEER	R 11 - 18.9	207	x	2.5	=	517 ✓	207	x	13.9	2897 ✓							
		R 19-25.9			1.5					8.6								
		R 26 & UP			1.1					6.5								
	COMMON				2.7					3.8								
	DOORS	WOOD OR METAL		53	x	86.5	=	4584 ✓	53	x	55.4	2936 ✓						
		INSULATED				84.0					22.2							
STORM DOOR		44.6	44.3															
COMMON		21.6	6.9															
CEILING	UNDER ATTIC	R 19 - 21.9	2135	x	1.9	=	4056 ✓	2135	x	8.4	17934 ✓							
		R 22-29.9			1.7					7.6								
		R 30 & UP			1.5					5.5								
	SINGLE ASSEMBLY	R 6-7.9		x	5.4	=			x	22.6								
		R 8-9.9			4.0					17.3								
		R 10-11.9			3.5					14.6								
		R 12-18.9			2.5					10.6								
		R 19 - 21.9			1.9					8.4								
	COMMON				1.7					2.0								
FLOOR OVER UNCONDITIONED SPACE	WOOD	R 0-6.9	X	x	5.8	=		X	x	6.6								
		R 7-10.9			2.4					2.9								
		R 11 - 18.9			2.1					2.3								
		R 19 & UP			1.4					1.5								
	CONCRETE	R 0-2.9								x		6.8	=			x	8.2	
		R 3-5.9										4.3					5.7	
		R 6-10.9										3.4					3.6	
		R 11 - 18.9										2.3					2.9	
		R 19 & UP										1.5					1.9	
		COMMON																
SLAB ON GRADE	EDGE INSULATION		PERIMETER	230	x	WPM	=		x									
	R 0 - 2.9										28.3	6509						
	R 3-5.9										20.4							
	R 6 & UP				12.4													

2 23837 ✓

17934 ✓

OR	AREA	SGL	DBL	WOF 9F	GWP 17934	OR	AREA	SINGLE		DOUBLE		SOF 9F	GSP 17934
								CLR	TIN	CLR	TIN		
N		5.54	38.5			N		204	176	163	139		
NE	23.2	5.54	38.5	.89	1285	NE	23.2	309	264	258	218	98	695 7025
E		5.54	38.5			E		425	360	362	304		
SE	46.4	5.54	38.5	.77	1979	SE	46.4	418	354	355	298	.93	18037
S		5.54	38.5			S		346	294	287	242		
SW	58	5.54	38.5	.99	3181	SW	58	418	354	355	298	.99	34001
W		5.54	38.5			W	23.2	425	360	362	304	.98	98
NW	23.2	5.54	38.5	1.00	1285	NW	23.2	309	264	258	218	98	7025
H		22.6	6.8			H		720	605	627	524		
12 NW	40.0	55.4		1.00	2216	12 NW	40.0	425				.76	12920
12 NE	142.0	55.4		1.00	7867	12 NE	142.0	309				.76	33347

GLASS AREA MUST NOT EXCEED: SGL/CLR 15% OF FLOOR AREA, SGL/TINT 17% OF FLOOR AREA, DBL/CLR 18% OF FLOOR AREA, DBL/TINT 20% OF FLOOR AREA.

H = HORIZONTAL GLASS (SKYLIGHTS). 91787 FOR SC LESS THAN 0.83 SEE SEC. 902.2d

TOTAL GROSS WINTER POINTS	41650	TOTAL GROSS SUMMER POINTS	109716
---------------------------	-------	---------------------------	--------

DUCT MULT	R = 3.5	41650	1.15	47897	R = 3.5	109716	1.15	126173
		R = 5.0	35747	1.12	41109	R = 5.0	120289	1.12	138332
	R = 6.7		1.09		R = 6.7		1.09	
	DUCT IN COND SPACE		1.00		DUCT IN COND SPACE		1.00	

HSM FROM 9G	47897 × 1.00	47897	CSM FROM 9H	126173 × .76	95892
-------------	--------------	-------	-------------	--------------	-------

DIVIDE BY FLOOR AREA	47897 ÷ 2135	22.43	WINTER POINTS	19.00	DIVIDE BY FLOOR AREA	95892 ÷ 2135	44.91	SUMMER POINTS	49
----------------------	--------------	-------	---------------	-------	----------------------	--------------	-------	---------------	----

CALCULATE E.P.I.					
WINTER POINTS	SUMMER POINTS	HOT WTR PTS	CREDIT POINTS	PENALTY POINTS	E.P.I.
22.43	+ 49	(9I)	- 10 (9C) + (9D)	+ 3 (9E)	= 60.39
FEWER TOTAL POINTS ARE ENCOURAGED FOR MAXIMUM ENERGY SAVINGS					75

9C DESIGN CREDIT POINTS (CP)	
CEILING FAN IN COND SPACE (max 5 CP)	1 5
MULTIZONE A/C SEPARATED BY DOOR	5
CROSS VENTILATION (1 CP per room)	1 3
WHOLE HOUSE FAN (min. 1.5 cfm/s.f.)	5
WOOD STOVE	2
FIREPLACE with outside combustion air	2 2
9C TOTAL (not to exceed 12 points)	10

9D HEATING SYSTEM CREDIT POINTS	
NATURAL GAS/PROPANE HEATING	8.0
OIL HEATING	6.4

9E DESIGN PENALTY POINTS	
WASHER AND DRYER IN COND SPACE	3
TOTAL GLASS OPENS LESS THAN 40%	5
FIREPLACE W/ INSIDE COMBUSTION AIR	5

9F WINTER OVERHANG FACTOR (WOF)

FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	0.99	0.85	0.75	0.83	0.98	1.00	1.00
1-1.9	1.00	0.99	0.85	0.76	0.84	0.98	1.00	1.00
2-2.9	1.00	0.99	0.86	0.77	0.86	0.99	1.00	1.00
3-3.9	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00
4-4.9	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00
5-5.9	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00
6-6.9	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00
7-7.9	1.00	1.00	0.94	0.92	0.96	1.00	1.00	1.00
8-8.9	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00
9-9.9	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00
10-10.9	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00
11-11.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
12 UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

9F SUMMER OVERHANG FACTOR (SOF)

FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.9	1.00	1.00	0.99	0.99	0.98	0.99	0.99	1.00
2-2.9	1.00	0.98	0.95	0.93	0.92	0.93	0.95	0.98
3-3.9	1.00	0.95	0.89	0.87	0.86	0.87	0.89	0.95
4-4.9	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91
5-5.9	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88
6-6.9	0.99	0.85	0.76	0.72	0.72	0.72	0.76	0.85
7-7.9	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83
8-8.9	0.98	0.81	0.69	0.66	0.68	0.66	0.69	0.81
9-9.9	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79
10-10.9	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78
11-11.9	0.97	0.76	0.63	0.61	0.65	0.61	0.63	0.76
12 UP	0.97	0.76	0.62	0.59	0.64	0.59	0.62	0.76

9G HEATING SYSTEM MULTIPLIER (HSM)

HEAT PUMP	COP	2.2-2.3	2.4-2.5	2.6-2.7	2.8-2.9	3.0-3.1	3.2-3.3	3.4 & UP
	HSM	0.45	0.42	0.38	0.36	0.33	0.31	0.29
SOLAR HEATING SYSTEM	(BACKUP SYSTEM FRACTION) x (BACKUP SYSTEM HSM)							
ELECTRIC STRIP HEAT	1.00							
NATURAL GAS / PROPANE	1.0 (SEE TABLE 9D FOR CREDITS)							
OIL	1.0 (SEE TABLE 9D FOR CREDITS)							

9H COOLING SYSTEM MULTIPLIER (CSM)

ELEC.	EER/SEER	6.8-6.9	7.0-7.4	7.5-7.9	8.0-8.4	8.5-8.9	9.0-9.4	9.5-9.9	10.0-10.4	10.5-10.9	11.0-11.9	12.0-UP
	CSM	1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	0.62	0.59	0.54
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP				
	CSM	1.50	1.25	1.20	1.09	1.00	0.92	0.89				

*ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH MINIMUM AIR CONDITIONER EFFICIENCY LEVEL 8.0 SEER/EER FOR STRAIGHT COOL OR 7.5 FOR HEAT PUMPS.

NOTE: EER = COOLING MODE COP x 3.413 = ARI RATED COOLING OUTPUT IN BTUH ÷ TOTAL WATTS CONSUMED

9I HOT WATER CREDIT POINTS (HWCP)

ELECTRIC RESISTANCE WATER HEATER													0
GAS WATER HEATER													10
INSTANTANEOUS WATER HEATER	ELECTRIC BACKUP												4.5
	GAS BACKUP												12.6
HRU (A/C) WATER HEATER	ELECTRIC BACKUP												8.9
	GAS BACKUP												15.2
HRU (HP) WATER HEATER	ELECTRIC BACKUP												9.7
	GAS BACKUP												15.4
HEAT PUMP WATER HEATER (DEDICATED HEAT PUMP)	COP	1.60 - 1.89	1.90 - 2.19	2.20 - 2.49	2.50 - 2.79	2.80 - 3.00							
	CREDIT POINTS	9.0	11.4	13.1	14.4	15.4							
SOLAR HOT WATER	OVERALL SOLAR FRACTION*	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0		
	CREDIT POINTS	ELECTRIC BACKUP	2.4	4.8	7.2	9.6	12.0	14.4	16.8	19.2	21.6	24.0	
		GAS BACKUP	11.4	12.8	14.2	15.6	17.0	18.8	19.8	21.2	22.6	24.0	

*PERCENT OF ANNUAL HOT WATER PROVIDED BY SOLAR SYSTEM ÷ 100 = OVERALL SOLAR FRACTION

RECEIVED

SEP 23 1983

Ans'd.....

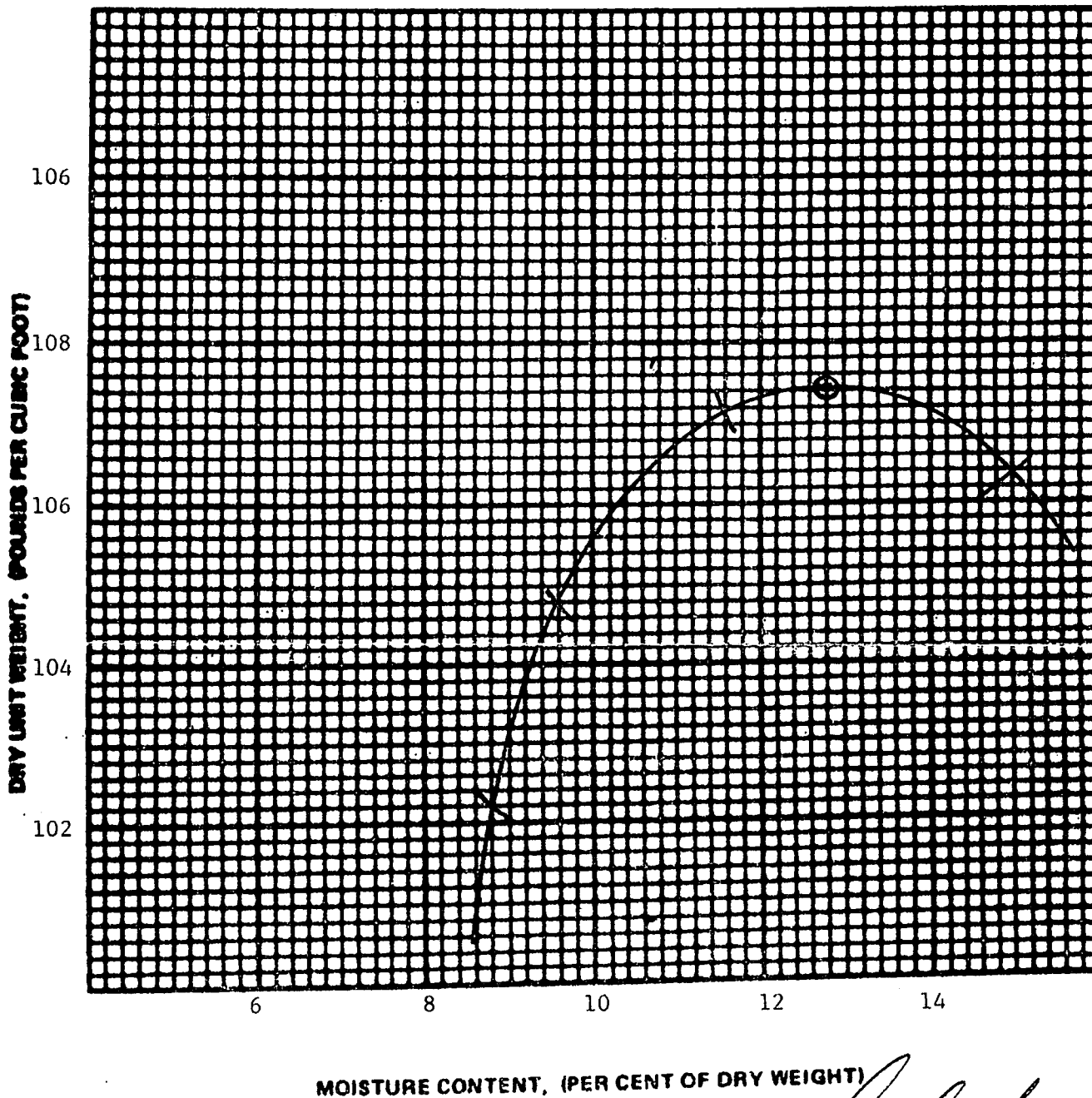
STUART TESTING LABS INC.
2760 S.E. Fairmont St., Stuart, Florida 34984
(305) 288-8047

1596

STL Job#-014-1000
STL Report#-1

CLIENT: Tropical Homes

SOIL COMPACTION TEST GRAPH		DATE 07-21-83
PROJECT Schneider Residence Bldg permit #1596		RESULTS
LOCATION 90 S. River Rd. Dr.	SAMPLE NUMBER <input type="checkbox"/> T-99 <input checked="" type="checkbox"/> T-180	MAXIMUM DENSITY 107.4
TYPE OF SOIL Light gray fine sand.		OPTIMUM MOISTURE 12.8



TESTED BY B.W.J.	PLOTTED BY L.V.E.	CHECKED BY <i>Carl G. Jensen, PE</i> <i>Larry V. Purdy</i>
----------------------------	-----------------------------	---

RECEIVED

SEP 23 1983

STUART TESTING LABS INC.
2760 S.E. Fairmont St., Stuart, Florida 34994
(305) 298-8047

STL Job#-014-1000
STL Report#-1

CLIENT: Ans'd.....
Tropical Homes

SOIL COMPACTION TEST GRAPH

DATE

07-21-83

PROJECT

Schneider Residence Bldg permit #1596

RESULTS

LOCATION

90 S. River Rd. Dr.

SAMPLE NUMBER

T-99
 T-180

MAXIMUM DENSITY

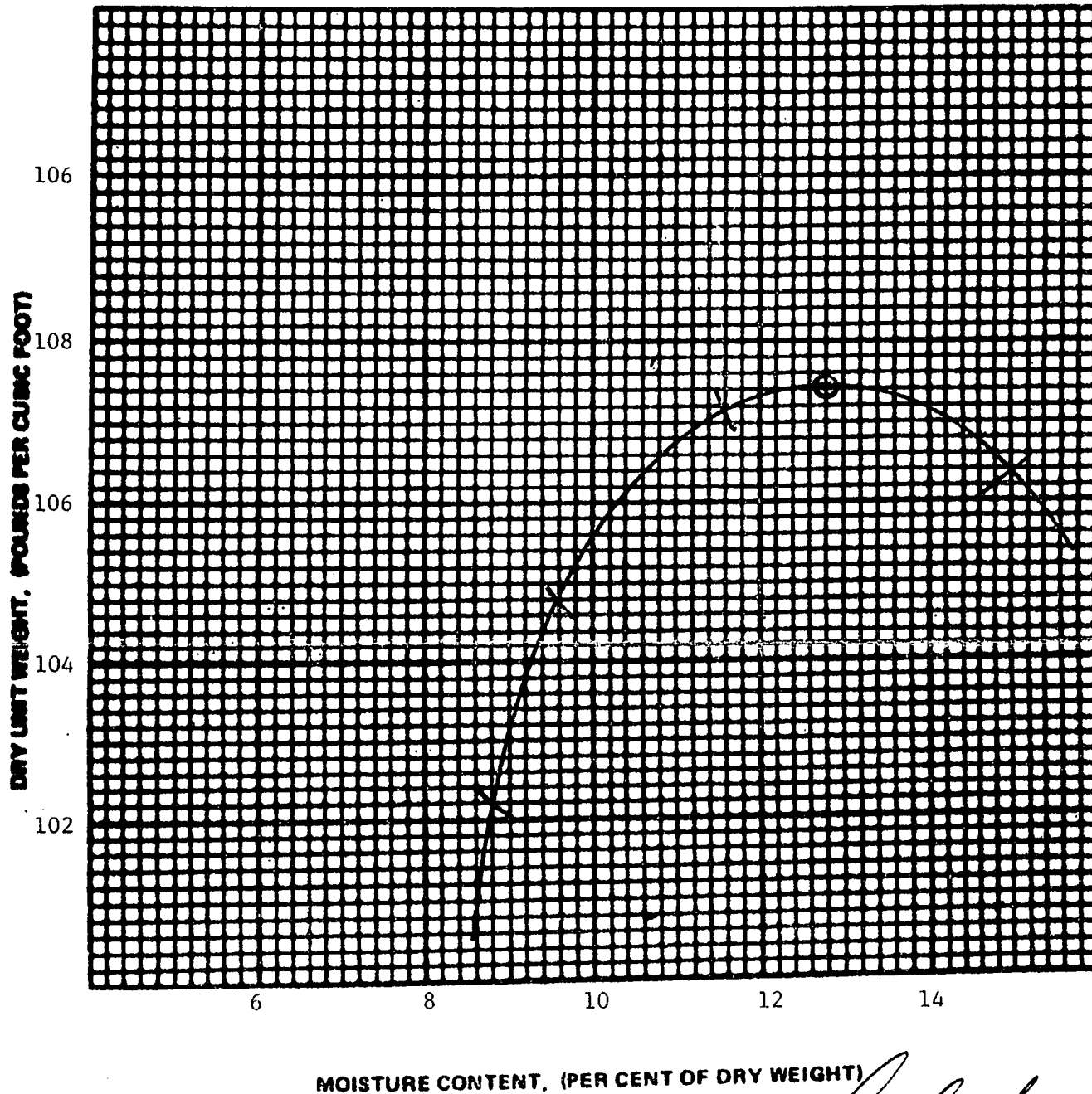
107.4

TYPE OF SOIL

Light gray fine sand.

OPTIMUM MOISTURE

12.8



TESTED BY

B.W.J.

PLOTTED BY

L.V.E.

CHECKED BY

Carl B. Jensen, Jr.
Larry V. Cardley

RECEIVED

SEP 23 1983

Ans'd.....

STUART TESTING LABS, INC.
2750 S.E. Fairmont St.
Stuart, Florida 34994
(305) 286-6047

SOILS INSPECTION

Project Schneider Residence-Bldg Permit #1596 Project No. 014-1000

Client Tropical Homes Report No. -4

Weather Cloudy & Warm Date 7-29-83

MAX. DENSITY OF MATERIAL 111.4 #CU./FT. OPTIMUM MOISTURE 10.4 %

DENSITY REQUIRED 95 % METHOD OF TEST NUCLEAR

TYPE OF FILL SAND SHELL-ROCK _____ _____
METHOD OF COMPACTION VIB. STEEL WHEEL PNEUMATIC TAMP. RUBBER TIRES _____

TYPE OF SUBGRADE SAND SHELL-ROCK _____ _____
CONDITION OF GRADE ROUGH SMOOTH RUTTED _____

LOCATIONS AND RESULTS OF TESTS

TEST NUMBER	LOCATION	DEPTH BELOW FINISHED GRADE	PERCENT MOISTURE	PERCENT COMPACTION
1.	20' south & 20' west of north east corner of north east corner of building corner.	18"-30"	9.6	95.0
2.	25' north & 20' west of south east corner of building corner.	18"-30"	8.0	95.1

REMARKS: Tests 1 & 2 are re-tests. Previous date of 07-21-83

FIELD TECHNICIAN B.W.J. SOILS ENGINEER OR TECHNICIAN

SHEET 1 OF 1

STL FORM 063083.1

Carl R. Spaulston, PE
Larry W. Eardley

RECEIVED

SEP 23 1983

Ass'd.....

STUART TESTING LABS, INC.
2750 S.E. Fairmont St.
Stuart, Florida 33494
(305) 286-6047

SOILS INSPECTION

Project Schneider Residence Bldg Permit #1596 Project No. 014-1000

Client Tropical Homes Report No. -3

Weather Sunny & Hot Date 07-21-83

MAX. DENSITY OF MATERIAL A 107.4 #CU./FT. OPTIMUM MOISTURE 12.8 A %

DENSITY REQUIRED 95 % B 111.4 10.4 B

TYPE OF FILL SAND METHOD OF TEST NUCLEAR

SHELL-ROCK _____
METHOD OF COMPACTION VIB. STEEL WHEEL
 _____ PNEUMATIC TAMP.
 _____ RUBBER TIRES

TYPE OF SUBGRADE SAND CONDITION OF GRADE ROUGH
 SHELL-ROCK SMOOTH
 _____ RUTTED

LOCATIONS AND RESULTS OF TESTS

TEST NUMBER	LOCATION	DEPTH BELOW FINISHED GRADE	PERCENT MOISTURE	PERCENT COMPACTION	
1.	25' north & 25' east of south west corner of bldg pad corner.	0-12"	4.1	100.6	A
2.	45' north & 40' west of south east corner of bldg pad corner.	0-12"	5.7	99.1	A
3.	30' east & 15' south of north west corner of bldg corner.	0-12"	6.6	97.2	A
* 4.	20' south & 20' west of north east corner of bldg pad corner.	18-30"	13.5	86.1	B
* 5.	25' north & 20' west of south east corner of bldg pad corner.	18-30"	13.2	89.2	B

REMARKS: * These areas fail to meet the required 95% compaction and should be recompacted and retested.

FIELD TECHNICIAN B.W.J. SOILS ENGINEER OR TECHNICIAN D.N.

SHEET 1 OF 1

Carl Rod Spence, PE.
Larry V. Eardley



TERMINIX INTERNATIONAL

TERMITE PROTECTION PLAN

GUARANTY NO. **PR** 8300094-9D

PURCHASER _____ Tropical Homes Division
_____ of Welcome Homes

MAIL ADDRESS _____ CITY, STATE & ZIP CODE _____

DESCRIPTION OF PROPERTY Lot 76 Rio Vista Subdivision

PROPERTY ADDRESS Sewalls Pt. Fla. _____ (see graph)
90 So. River Road CITY, STATE & ZIP CODE Stuart, Fla. 33494

COUNTY Martin

REPRESENTATIVE Frank Vanater DATE ACCEPTED September 30, 1983 Soil Treated

Effective September 30, 1983 through September 30, 1984, for the sum of \$ 60.00
Terminix will provide the necessary service to protect the identified property against new subterranean termite damage (hereinafter called "new damage" and defined below).

Terminix will extend protection annually to the original owner for the LIFETIME of the identified property for \$ 45.00 per year payable on or before the end of the previous protection period. After the fifth year and each year thereafter, Terminix reserves the right to revise the annual extension charge. If this Plan is renewed beyond the initial contract term, Terminix will periodically reinspect the identified property and any further treatment found necessary will be performed free.

If new damage to the structure or contents occurs during the contract term, Terminix will, upon notification and inspection, arrange for necessary repairs and pay the cost of labor and materials thereof. New damage is that damage done by subterranean termites with live subterranean termites being found in the damaged area in addition to damage existing at the time this contract was originally made. Terminix's liability for repair to the protected structure shall not exceed \$100,000.

Purchaser agrees to arrange with Terminix for additional service and adjustment to the annual extension charge in the event of additions or alterations to the property.

Upon transfer of ownership of the identified property, protection against subterranean termite damage can be continued upon the request of the new owner and upon the payment of a contract transfer fee of \$ N/A. In the event the new owner fails to request continued coverage, this Termite Protection Plan will terminate automatically as of the day of change of ownership.

ANY ADDITIONAL PROVISIONS ATTACHED HERETO INCLUDING THE GENERAL CONDITIONS AND THE INSPECTION GRAPH DATED N/A ARE PART OF THIS PLAN.

TERMINIX INTERNATIONAL
P.O. Box 961 1812 Orange Avenue
Ft. Pierce, Florida 33450

TERMINIX INTERNATIONAL, INC. hereby guarantees the fulfillment of the terms of this Plan.

Charles H. Carter
PRESIDENT



By Frank Vanater
MANAGER

EXECUTED AT MEMPHIS, TENNESSEE

RETURN PRIOR TO CALLING FOR FINAL INSPECTION

CONTRACTOR & CERT. NUMBER : *C/E 013361* BUILDING PERMIT #

ALL SUBS:

ELECTRICAL	Port St. Lucie Electric	103
PLUMBING	Miller Plumbing	00019
AIR CONDITIONING	Marine Aire	CAC015437
CONCRETE	North Concrete	08272
MASONRY	North Concrete	08272
CARPENTRY	Doug Scholes	CRC0021152
WINDOWS & DOORS	Alcan	650032
GARAGE DOORS	Jim Walters Doors	00367
KITCHEN CABINETS	Gold Coast Kitchens	00307
ROOFING	<i>Quality Roofing</i>	<i>00410</i>
PAINTING	Tropical Homes Const., Inc.	CGC013361
DRYWALL & STUCCO	Pauley Drywall	00298
INSULATION & ACCOUSTICAL	East Coast Inst.	Cert.00313 (4888)
WELL DRILLING	Port St. Lucie Water	2346
IRRIGATION & PUMP		
PAVING		
ALUMINUM	S & K Alum.	00356
MISC:		
WINDOWS & DOORS INSTALLATION	Alcan	650032
GARAGE DOOR INSTALLATION	Jim Walters Doors	00367
KITCHEN CABINETS INSTALLATION	Gold Coast Kitchens	00307

Include all Certificate of Competency Card Numbers, use extra sheet if necessary. List must be complete.

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 1/20/84

This is to request that a Certificate of Approval for Occupancy be issued to R. Schneider
 For property built under Permit No. 1596 Dated 7/20/83 when completed in
 conformance with the Approved Plans.

Item		Signed	Approved by
1. LOT STAKES/SET BACKS			
2. TERMITE PROTECTION			
3. FOOTING - SLAB	<u>10/4/83</u>		<u>Garage Slab 10/5/83</u>
4. ROUGH PLUMBING	<u>10/3/83</u>		<u>11/5/83</u>
5. ROUGH ELECTRIC	<u>11/8/83</u>		
6. LINTEL	<u>10/20/83</u>		
7. ROOF	<u>Partial Roof 10/25/83</u>		<u>Final Roof 11/8/83</u>
8. FRAMING	<u>11/8/83</u>		
9. INSULATION	<u>11/14/83</u>		
10. A/C DUCTS	<u>11/14/83</u>		
11. FINAL ELECTRIC	<u>1/19/84</u>		
12. FINAL PLUMBING	<u>1/19/84</u>		
13. FINAL CONSTRUCTION	<u>1/19/84</u>		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Amey date 1/19/84

Approved by Building Commissioner A. C. Stuebel date 1/23

Utilities notified 1/20/84 date

Original Copy sent to _____

(Keep carbon copy for Town files)

1623

POOL

Permit No. 1623

RECEIVED

Rec'd 10/7/82 Date

APPLICATION FOR A PERMIT TO ~~ERECT~~ ^{erect} A DOCK FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

Ans'd.....

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

Owner Mr. Robert Scheider Present Address 516 Pine Drive
Phone 878-7850 Rightwater's N.Y. 11718

Contractor Allen Pools, Inc. Address 20500 So. U.S. 1
Phone 335-5300 Port St. Lucie, Florida 33452

Where licensed State _____ License number RP0041585

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: 15' X 30' Swimming Pool & Patio

Lot 76 Rio Vista Sub-Division Sewells Point Stuart, Florida
State the street address at which the proposed structure will be built:

Subdivision Rio Vista Lot number 76 Block number _____

Contract price \$ 11,000.00 Cost of permit \$ 55.00

Plans approved as submitted Plans approved as marked _____

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

Contractor [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 10/7/83 Approved: [Signature] Building Inspector Date _____

Approved: [Signature] 10/10/83 Commissioner Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SPI282 Patio Steel 11/21/83 OK
Steel & Grounding 11/7/83 OK Permit No. _____

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code. Final check 12/15/83

#1623

Permit No. 1623

RECEIVED

Rec'd 10/11/83 Date

APPLICATION FOR A PERMIT TO ~~ERECT~~ ^{ADD} A ~~DOOR~~ ^{7 DOOR} FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

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

Owner M. Robert Scheider Present Address 516 Pine Drive
Rightwater's N.Y. 11718
Phone 878-7850

Contractor Allen Pools, Inc. Address 20500 So. U.S. 1
Port St. Lucie, Florida 33452
Phone 335-5300

Where licensed State _____ License number RP0041585

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: 15' X 30' Swimming Pool & Patio

State the street address at which the proposed structure will be built: Lot 76 Rio Vista Sub-Division Sewells Point Stuart, Florida

Subdivision Rio Vista Lot number 76 Block number _____

Contract price \$ 11,000.00 Cost of permit \$ 55.00

Plans approved as submitted Plans approved as marked _____

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

Contractor [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 10/7/83 Approved: [Signature] Building Inspector Date _____

Approved: [Signature] Commissioner Date 10/10/83 Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282 [Signature] Patio Steel 11/22/83 OK
Steel & Grounding 11/17/83 OK
Final check 12/15/83

#1623

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

1653

POOL ENCLOSURE

Permit No. 1653

Date 12-28-83

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

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

Owner MR & MRS. R. SCHNEIDER Present Address 516 PINK DR.

Phone 516-666-6828 BRIGHTWATERS, LONG ISLAND

Contractor S&K ALUMINUM Address 2333 GILLETTE AVE

Phone 335-5254 PORT ST. LUCIE, FLA. 33452

Where licensed MARTIN CO License number 00356

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: _____

SCREEN POOL ENCLOSURE

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

90 So. RIVER RD.

Subdivision RIO VISTA Lot number 76 Block number _____

Contract price \$ 2,500 Cost of permit \$ 12.50

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Steph J. Maltschew

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 Robert Schneider

TOWN RECORD

Date submitted _____ Approved: _____ Building Inspector _____ Date _____

Approved: J.C. Strabell 12/28 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) Not Required
Date

SP1282 Final Inspections Permit No. 1653
1/15/84

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



Certificate of Insurance

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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY
Rick Carroll Insurance Agency
P.O. Box 877
Jensen Beach, FL 33457

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER	A Consolidated American Ins. Co.
COMPANY LETTER	B FOCI
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

NAME AND ADDRESS OF INSURED
Steve Mahlschnee and Mike Hall T/A
S & K Aluminum
2015 Parwood Circle
Port St. Lucie, FL 33452

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	GLA 210 82 63	2/1/84	BODILY INJURY	\$ 300,	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$ 50,	\$ 50,
	<input type="checkbox"/> PREMISES—OPERATIONS			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD			PERSONAL INJURY	\$	\$
	AUTOMOBILE LIABILITY			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> NON-OWNED					
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	Unassigned	3/18/84	STATUTORY		\$ 100, (EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
Aluminum Installation
State of Florida

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
Martin County Bldg. Dept.
P.O. Box 599
Stuart, FL 33494

DATE ISSUED: **March 28, 1983**
Richard K. Carroll
Richard K. Carroll/sk
AUTHORIZED REPRESENTATIVE

**MARTIN COUNTY
CONTRACTORS
CERTIFICATE OF COMPETENCY**

Effective October 1, 19 83 through September 30, 19 84

**NAME STEPHEN J. MAHLSCHNEE
FIRM S & K ALUMINUM COMPANY
ADDRESS 2333 Gillette Ave.
Pt. St. Lucie, FL 33452**

**CERTIFIED
CONTRACTOR**

ALUMINUM CONTRACTOR

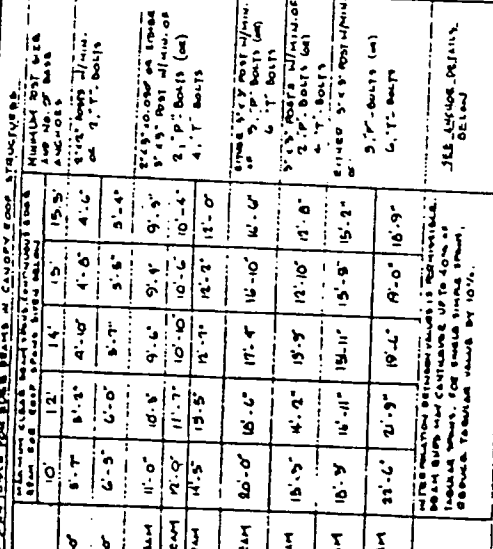
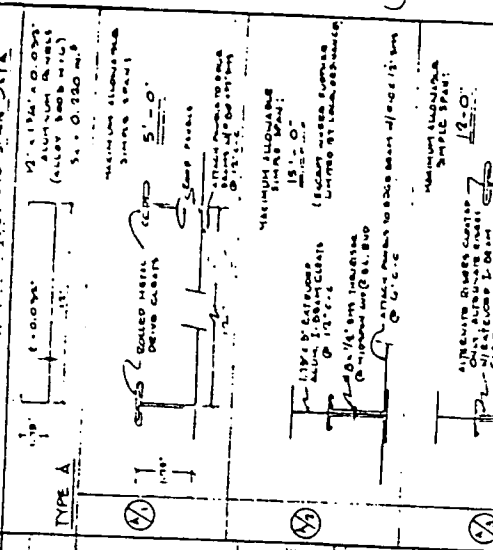
**AUDIT
CONTROL**

Nº 5760

CERTIFICATE NUMBER

00356

ALUMINUM ROOF PANEL ASSEMBLY AND SPAN DATA



ALSO SEE SHEET 0-3 FOR ADDITIONAL TYPE A PANEL ASSEMBLY REQUIREMENTS

1.75" x 3" ALUMINUM INTERLOCKING PANELS (ALLOY 3003 H14)

6.0000" x 3.0400" (PER FOOT OF WIDTH)

6.0000" x 5.0490" (PER FOOT OF WIDTH)

PERFORMANCE OF ALUMINUM ROOF PANELS UNDER VARYING LOAD CONDITIONS AND AMBIENT TEMPERATURES HAVE BEEN VERIFIED BY ACTUAL LOAD TESTS CONDUCTED UNDER SUPERVISION OF THE UNDERWRITERS BUSINESS.

THE PRELIMINARY DETAILS OF THESE PANELS WERE DEVELOPED IN AGREEMENT WITH FOUR-STAR SHEDDING BUILDING CODE. THE FOLLOWING ARE THE LOAD CONDITIONS AS FOLLOWS:

DEAD LOADS PLUS 20 PSF UNIFORM (6" x 60 MM) 120 MPH WIND VELOCITY PRESSURES.

WHERE LOCAL CONDITIONS IMPOSE EXCESSIVE LIMITATIONS ON PANEL DESIGN, THE PANELS SHOULD BE DESIGNED TO IN ACCORDANCE WITH THE FOLLOWING:

MASTER PLANS
ALUMINUM PANELS (SHEETS), SCREEN DOORS (SHEETS) AND SPAN TABLES

CLINE ASSOCIATES
ENGINEERING LABORATORIES
3601 A.S. Highway 19, No. 3
Palm Harbor, Florida 33563

ASHLEY ALUMINUM
3106 Industrial Av
#3

STEEL BOULDER AND SHEET METAL SCREEN WALLS
STEEL BOULDER WALLS SHALL BE CONCRETE BLOCK CONSTRUCTION WITH STEEL BRACING OR WOODWORK WITH STEEL BRACING NOT MORE THAN 10 FEET ON CENTER.

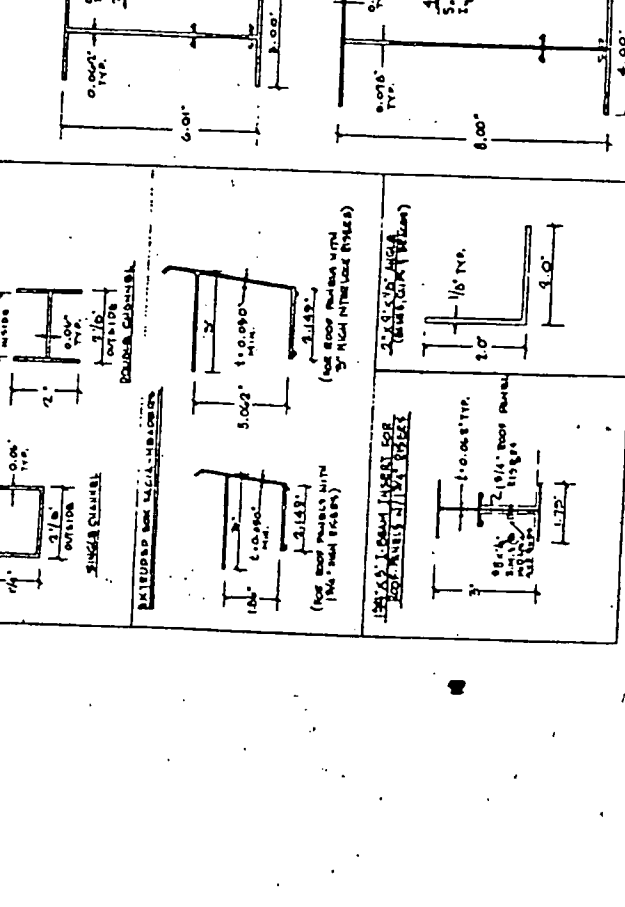
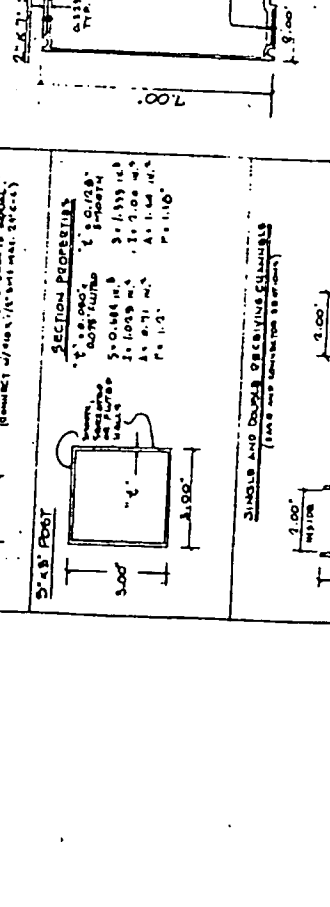
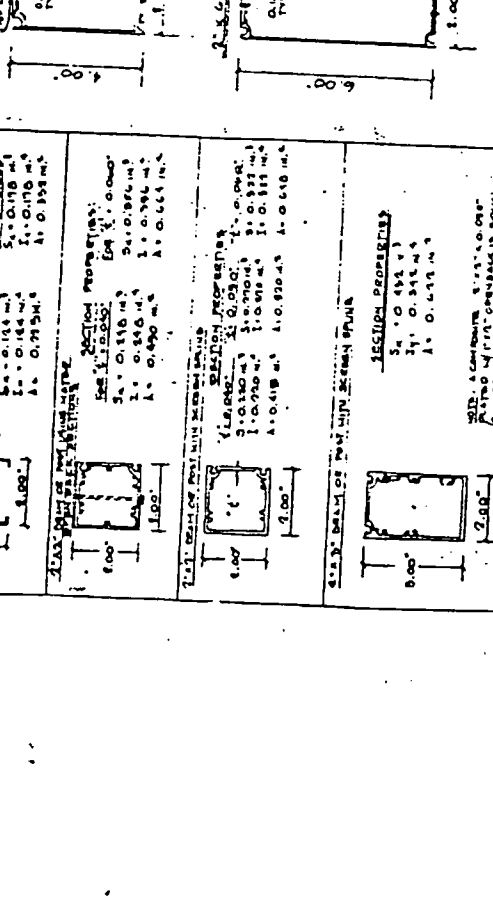
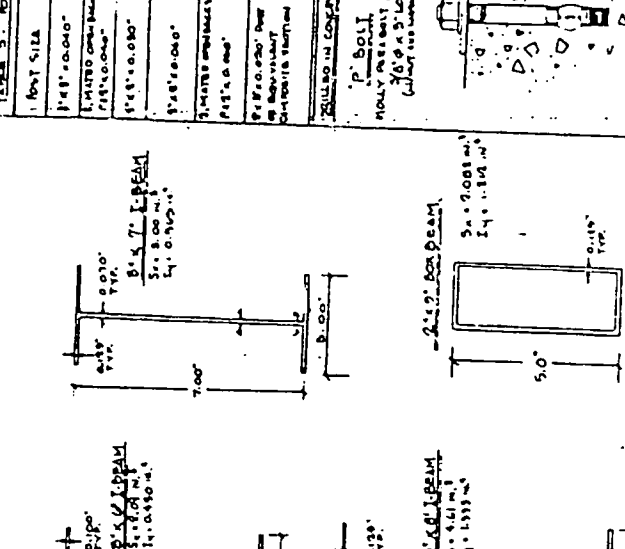
ALUMINUM BOLTS SHALL BE OF SIZE 1/2" DIA. x 4".

TABLE 1 - VALUES FOR SPAN BEAMS IN CONCRETE STRUCTURES

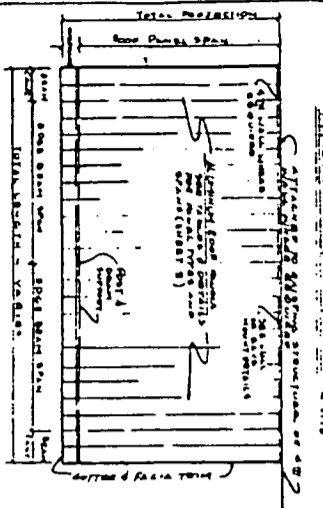
Beam Size	10'	12'	14'	15'	16'	18'	19'	20'
2"x4" S.M. BEAM	8'-7"	8'-3"	7'-10"	7'-6"	7'-2"	6'-10"	6'-6"	6'-2"
2"x6" S.M. BEAM	11'-0"	10'-8"	10'-5"	10'-3"	10'-1"	9'-10"	9'-8"	9'-5"
2"x8" S.M. BEAM	14'-5"	14'-3"	14'-1"	13'-10"	13'-8"	13'-6"	13'-4"	13'-1"
2"x10" S.M. BEAM	18'-0"	17'-8"	17'-6"	17'-4"	17'-2"	17'-0"	16'-8"	16'-5"
2"x12" S.M. BEAM	21'-9"	21'-7"	21'-5"	21'-3"	21'-1"	20'-10"	20'-8"	20'-5"
2"x14" S.M. BEAM	25'-3"	25'-1"	24'-11"	24'-9"	24'-7"	24'-5"	24'-3"	24'-0"
2"x16" S.M. BEAM	29'-0"	28'-8"	28'-6"	28'-4"	28'-2"	28'-0"	27'-8"	27'-5"
2"x18" S.M. BEAM	32'-6"	32'-4"	32'-2"	32'-0"	31'-8"	31'-6"	31'-4"	31'-1"

TABLE 2 - SPAN TABLE FOR REINFORCED ROOF BEAMS

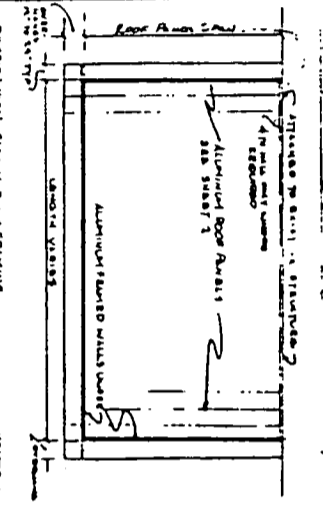
Beam Size	4'-0" C.C.	5'-0" C.C.	6'-0" C.C.	7'-0" C.C.	8'-0" C.C.	9'-0" C.C.	10'-0" C.C.
2"x4" S.M. BEAM	18'-0"	17'-0"	16'-0"	15'-0"	14'-0"	13'-0"	12'-0"
2"x6" S.M. BEAM	23'-0"	22'-0"	21'-0"	20'-0"	19'-0"	18'-0"	17'-0"
2"x8" S.M. BEAM	28'-0"	27'-0"	26'-0"	25'-0"	24'-0"	23'-0"	22'-0"
2"x10" S.M. BEAM	33'-0"	32'-0"	31'-0"	30'-0"	29'-0"	28'-0"	27'-0"
2"x12" S.M. BEAM	38'-0"	37'-0"	36'-0"	35'-0"	34'-0"	33'-0"	32'-0"
2"x14" S.M. BEAM	43'-0"	42'-0"	41'-0"	40'-0"	39'-0"	38'-0"	37'-0"
2"x16" S.M. BEAM	48'-0"	47'-0"	46'-0"	45'-0"	44'-0"	43'-0"	42'-0"
2"x18" S.M. BEAM	53'-0"	52'-0"	51'-0"	50'-0"	49'-0"	48'-0"	47'-0"



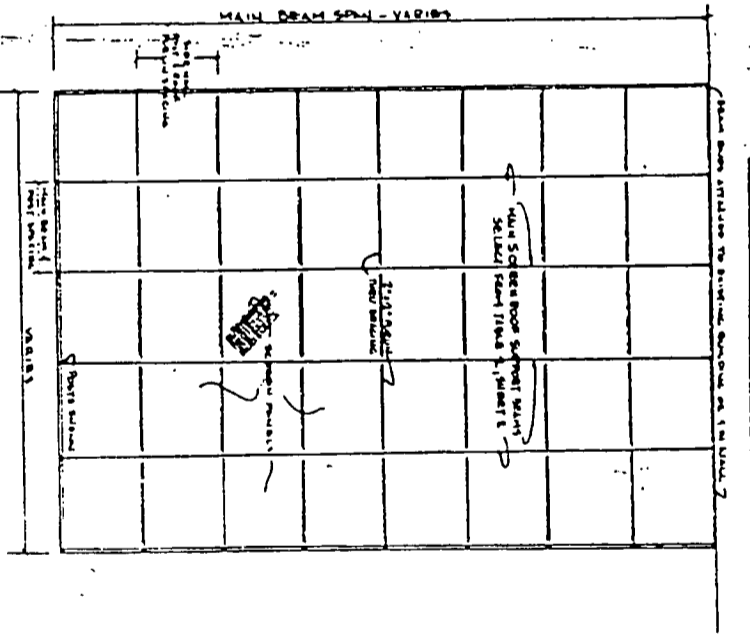
ATTACHED GARAGE ROOM PLAN (Reverse of Wall 7)



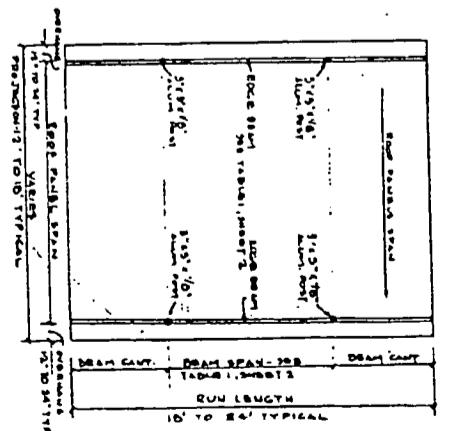
ATTACHED GARAGE ROOM PLAN (Reverse of Wall 8)



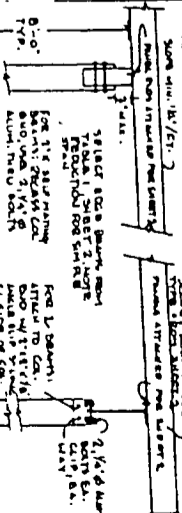
SCREENED POOL ENCLOSURE PLAN



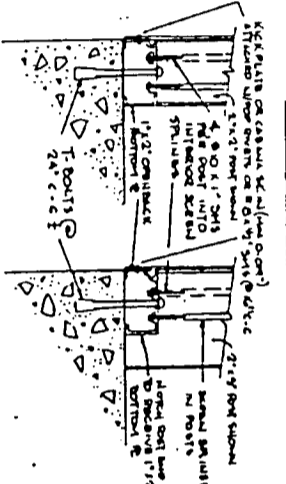
12288 STANDING CLIPROOF PLAN



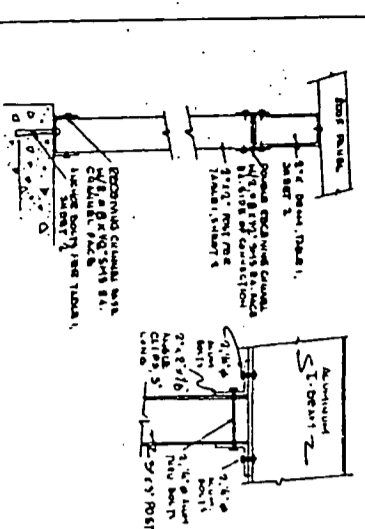
TYPICAL SECTIONS



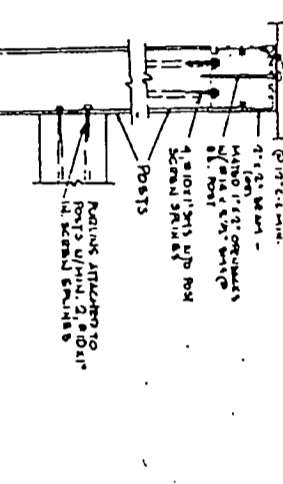
BEAM AND POST CONNECTIONS



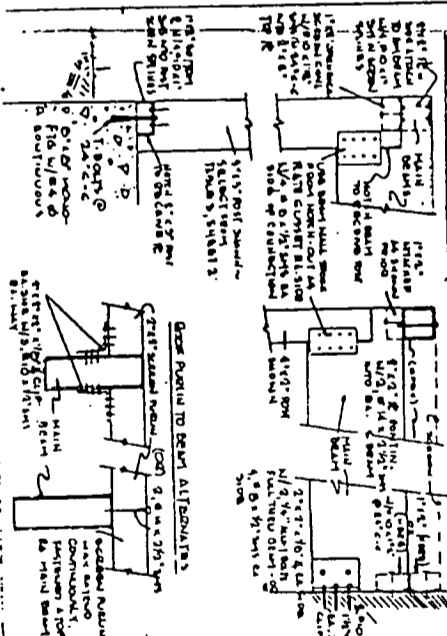
ALTERNATE POST AND BEAM CONNECTIONS



BEAM AND POST CONNECTIONS TO POST CONNECTIONS



WALL & BEAM END CONNECTIONS



(ALTERNATE)

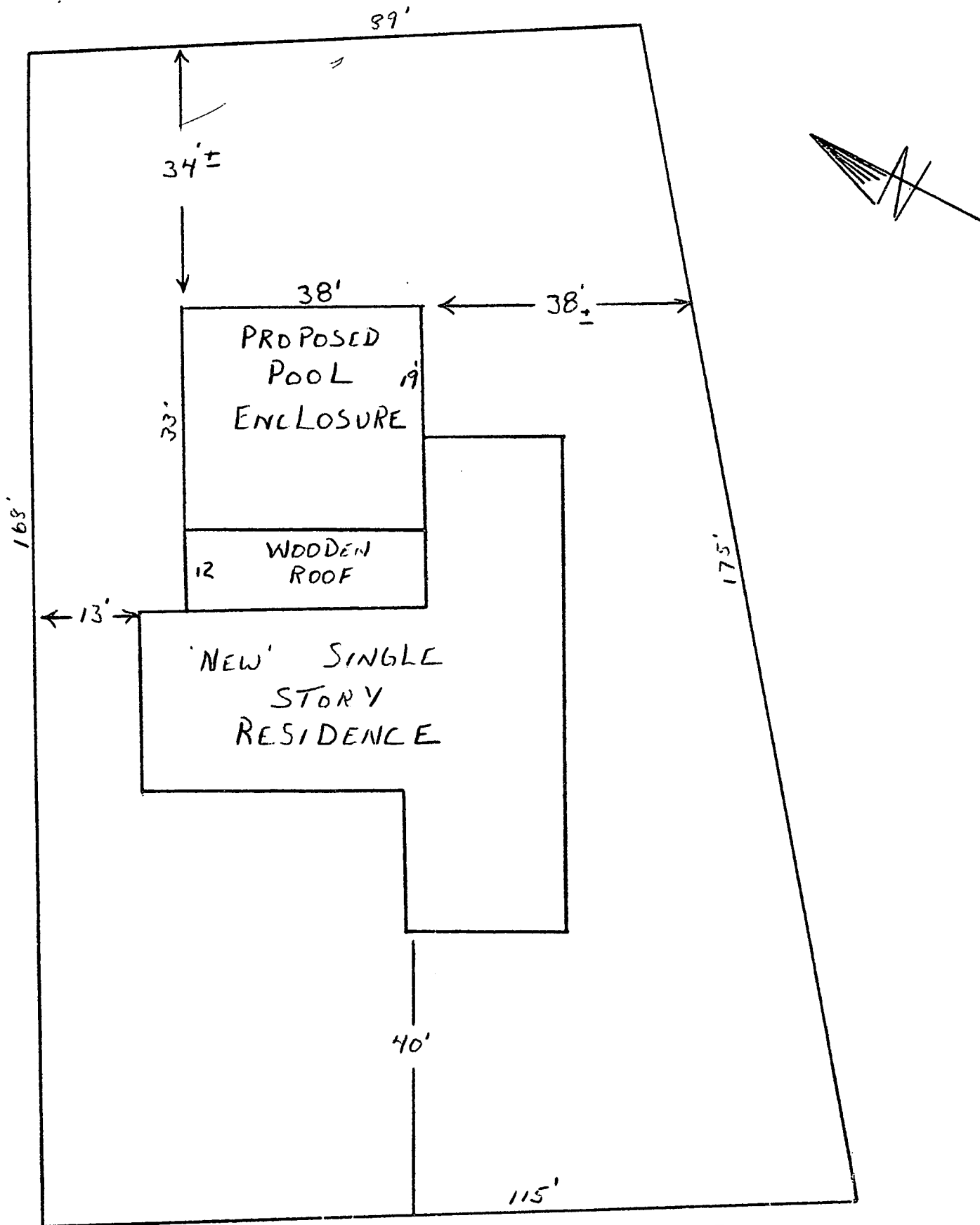
HILL CONNECTION

STRUCTURES DETAILING IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH SCANNED STANDARD BUILDING CODE IN FLORIDA. FOR LATER CONSTRUCTION OF BUILDINGS. 120 MPH WIND RESISTANT DESIGN. ALL DIMENSIONS SHOULD BE REFERRED TO IN PARTICULAR OF THIS PLAN.

MASTER PLANS
CLINE ASSOCIATES
ENGINEERING LABORATORIES
3106 INDUSTRIAL AV
#3
FT. PIERCE, FL 33450

SHEET 1 OF 3
PLAN SECTION AND DETAIL
VIEWS

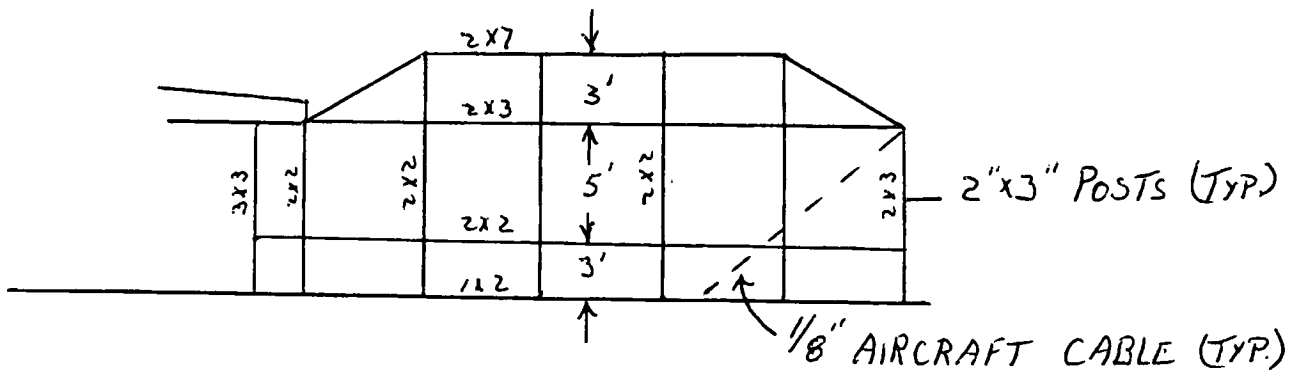
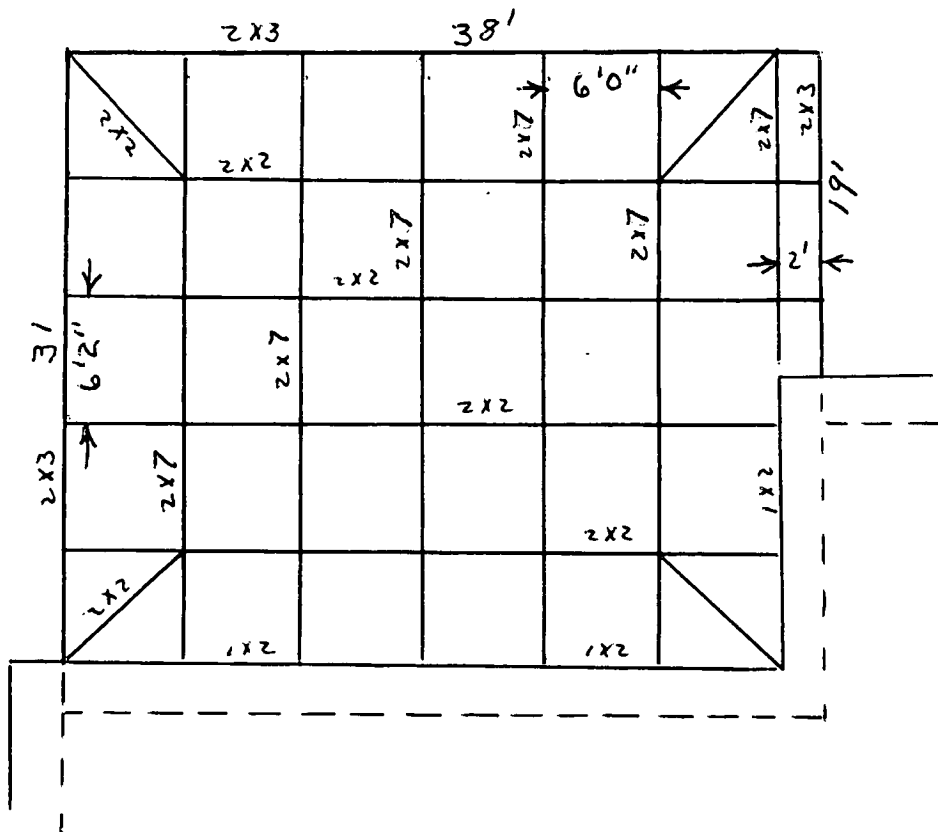
DATE: 10-11-78
E-112-PD (2)



SO. RIVER RD.

PLOT PLAN

MR. & MRS. R. SCHNEIDER
 90 SO. RIVER RD.
 LOT 76 RIO VISTA S/D
 SCK ALUMINUM S.J.M.
 SCALE 1" = 20 FT 12.11.82



FRAME PLAN

MR. & MRS. R. SCHNEIDER
90 S. RIVER RD.

S & K ALUMINUM. S.J.M.
SCALE 1" = 10 FT 12-16-83

Permit No. _____

Date 5-30-89

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

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

Owner ROBERT SCHNEIDER Present Address 90 S. RIVER RD

Phone 286 9607

Contractor ALLEN POOLS, INC. Address 2120 S.W. HAYWOODTH AVE

Phone 407-336-2222 PT. ST. LUCIE

Where licensed STATE OF FLA. License number CPCO 29630

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: _____

RE-CONSTRUCT SWIM POOL & PATIO

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

ABOVE

Subdivision RIO VISTA Lot number 76 Block number _____

Contract price \$ 8,000 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner ~~red-taping~~ 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] 6/22/89
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. _____

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

2571

POOL & PATIO

3633

REROOF

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

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

Owner Bob Schneider Present address: 90 S. River Rd

Phone 286-9607

Contractor R. J. S. Cons. Erecting Inc. Address 11090 SE 4th Hwy

Phone _____ Hebe Sound, FL
33455

Where licensed FL License number CC057128

~~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:
Re Roof Flat Deck

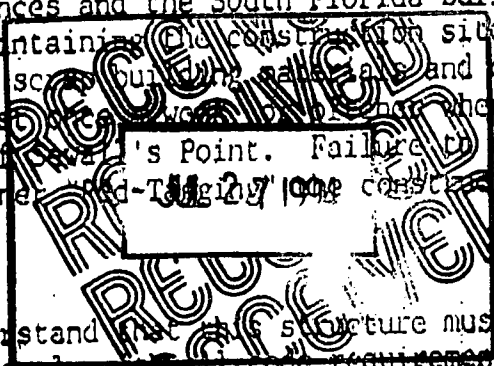
State the street address at which the proposed structure will be built:

Subdivision Kio Vista Lot Number 76 Block Number _____

Contract price \$ 1500.00 Cost of permit \$ 100

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, soiled building materials and other debris, such debris being gathered in one area and at least once weekly when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner halting the construction project.



Contractor Robine Lister

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 Bob Schneider

TOWN RECORD

Date submitted _____

Approved: Dale Brown 7/27/94
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: 7/27/94
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

4634

POOL ENCLOSURE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 6/21/99

BUILDING PERMIT NO. 4634

Building to be erected for ROBT. SCHWEIDER

Type of Permit POOL ENCL.

Applied for by COASTAL ALUMINUM

(Contractor) Building Fee \$120.00

Subdivision _____ Lot _____ Block _____

Radon Fee _____

Address 90 S. RIVER ROAD

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

Amount Paid \$240.00 Check # 4897 Cash _____

Plumbing Fee _____

Total Construction Cost \$ 3,200.00

Roofing Fee _____

"AFTER FACT" Other Fees (PERM. FEE) 120.00

TOTAL Fees \$240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

SCREEN ENCLOSURE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	STEEL & BOND FINAL	DATE _____ DATE _____
24 HOURS NOTICE REQUIRED FOR INSPECTIONS.		CALL 287-2455	
WORK HOURS - 8:00 AM UNTIL 5:00 PM			
MONDAY THROUGH SATURDAY			

New Construction Remodel Addition Demolition

**This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

Town of Sewall's Point

P.I.N. _____

Date 6/1/99

BUILDING PERMIT APPLICATION

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION
 RESIDENTIAL COMMERCIAL SF _____ CF _____

OTHER: POOL & DECK, w/d CONTRACT PRICE \$3,200.00 w/d

Owner's Name Bob Schneider

Owner's Address 90 S River RD

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

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

City Sewall's Point State FL Zip _____

Contractor's Name COASTAL ALUM

Contractor's Address 4205 Metzger RD

City FT Pierce State FL Zip 34947

Job Name _____

Job Address _____

City _____ State _____ Zip _____

Legal Description _____

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name Larry Bennett

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

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

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

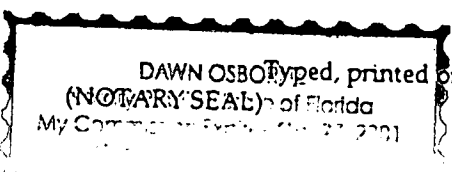
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner or Agent
[Signature]
Contractor

Date
6/11/01
Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 11th day of June, 1999 by Richard G. [Signature] who: [] is/are personally known to me, or [] has/have produced [Signature] as identification, and who did not take an oath.



Name: DAWN OSBORNE
I am a Notary Public of the State of Florida having a commission number of CC 692130 and my commission expires: 10/27/01

STATE OF FLORIDA
COUNTY OF MARTIN

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

Name: _____
Typed, printed or stamped
(NOTARY SEAL)

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

Certificate of Competency Holder

Contractor's State Certification or Registration No. SCC 056660

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
12/30/98

PRODUCER

JPA INSURANCE
PO BOX 857217
PT ST LUCIE FL 34985

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

COMPANIES AFFORDING COVERAGE

INSURED

COASTAL ALUMINUM
CONSTRUCTION INC
2738 SW EDGARCE ST
PT ST LUCIE FL 34957

- COMPANY LETTER **A** THE MARYLAND COMPANY
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

U#B 12/27/98 - 12/27/99

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CFM24614562	12/27/98	12/27/99	600,000
	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$ 600,000
	CLAIMS MADE OCCUR.				PRODUCTS-COMP/OP AGG. \$ 300,000
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADV. INJURY \$ 300,000
					EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 10,000
					MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

6/16/99 NOTICE OF CANCELLATION (ATTACHED) RECEIVED EFFECTIVE 5/17/99

6/24/99 LTR OF REINSURANCE RCVD (ATTACHED)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

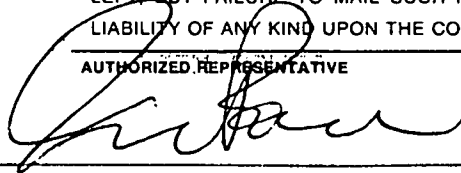
CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 SOUTH SEWALLS POINT RD
SEWALLS POINT FL 34991

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/02/98

PRODUCER

Ron Sellers & Associates, Inc.
255 S. Orange Ave., Suite 760
Orlando FL 32801

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

COMPANIES AFFORDING COVERAGE

Phone No. 407-999-9994 Fax No. 407-999-9912

INSURED

SUNSHINE COMPANIES, INC
5825 U. S. 27 NORTH
SEEBLING FL 33870

RECEIVED
21
w/c

COMPANY A
COMPANY B
COMPANY C
COMPANY D

General Accident

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	DWC 0161588-01	12/31/98	12/31/99	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

PROVIDING LEASED EMPLOYERS TO BUT NOT SUBCONTRACTORS OF: COASTAL ALUMINUM CONSTRUCTION, INC. # 2748

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
1 SOUTH SEWALLS POINT RD.
SEWALL'S POINT, FL 34996

SEWALLP

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Permit No. _____
Tax Folio No. 12-38-41-002

NOTICE OF COMMENCEMENT

SEMINOLE FORM 408
FS 713.13

000-0076.0-70000

State of Florida
County of St. Lucie }

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

Legal description of property (Include Street Address, if available) Rio Vista S/D Lot 76
90 S. River Rd. Swell's Pt.

General description of Improvements Pool Enclosure

Owner Robert + Gayle Schneider

Address 90 S. River Rd., Stuart, FL 34496

Owner's interest in site of the improvement
Fee Simple Title holder (if other than owner)

Name _____

Address _____

Contractor Coastal Alum Const., Inc.

Address 4205 Metzger Rd., Ft. Pierce, FL 34947

Surety _____

Address _____
Any person making a loan for the construction of the improvements: Amount of bond \$ _____

Name _____

Address _____

Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name _____

Address _____

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.

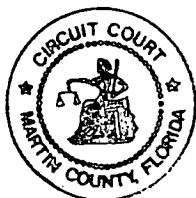
Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

THIS SPACE FOR RECORDER'S USE ONLY

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA STILLER, CLERK
BY [Signature] D.C.
DATE 6.14.09



[Signature]
Signature of Owner

Printed Signature of Owner

Sworn to and subscribed before me this 14th day of

June, 1909

[Signature]
Dawn Osborne

Notary Public
DAWN OSBORNE
Notary Public - State of Florida
Printed Notary Signature
My Commission Expires Oct 27, 2001
My Commission # CC692130

10/27/01

SOUTH RIVER ROAD

REGAN CLE

E = 20.00' (P)
N 27° 08' 17" W

FND N&W (P.C.P.)
(#1272)

25.00' (P)
25.00' (P)

N 27° 08' 17" W

115.57' (P)

FND 1.14' CM.
N 0.01
W 0.07

SET 1:3
R: 185.00
L: 3.92' (P)

39.67'
39.69'

N 52° 47' 56" E

48.15'
4.00'

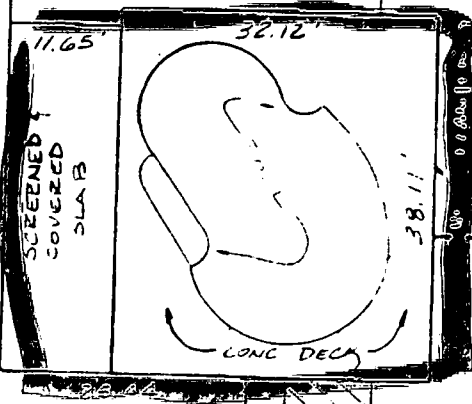
CONC. DRIVEWAY

25.30'
CONC. PAD

17.92'
26.96'

1 STORY
CBO DWELLING

4.07'



UTILITY EASEMENT

LOT 75

175.39' (P)

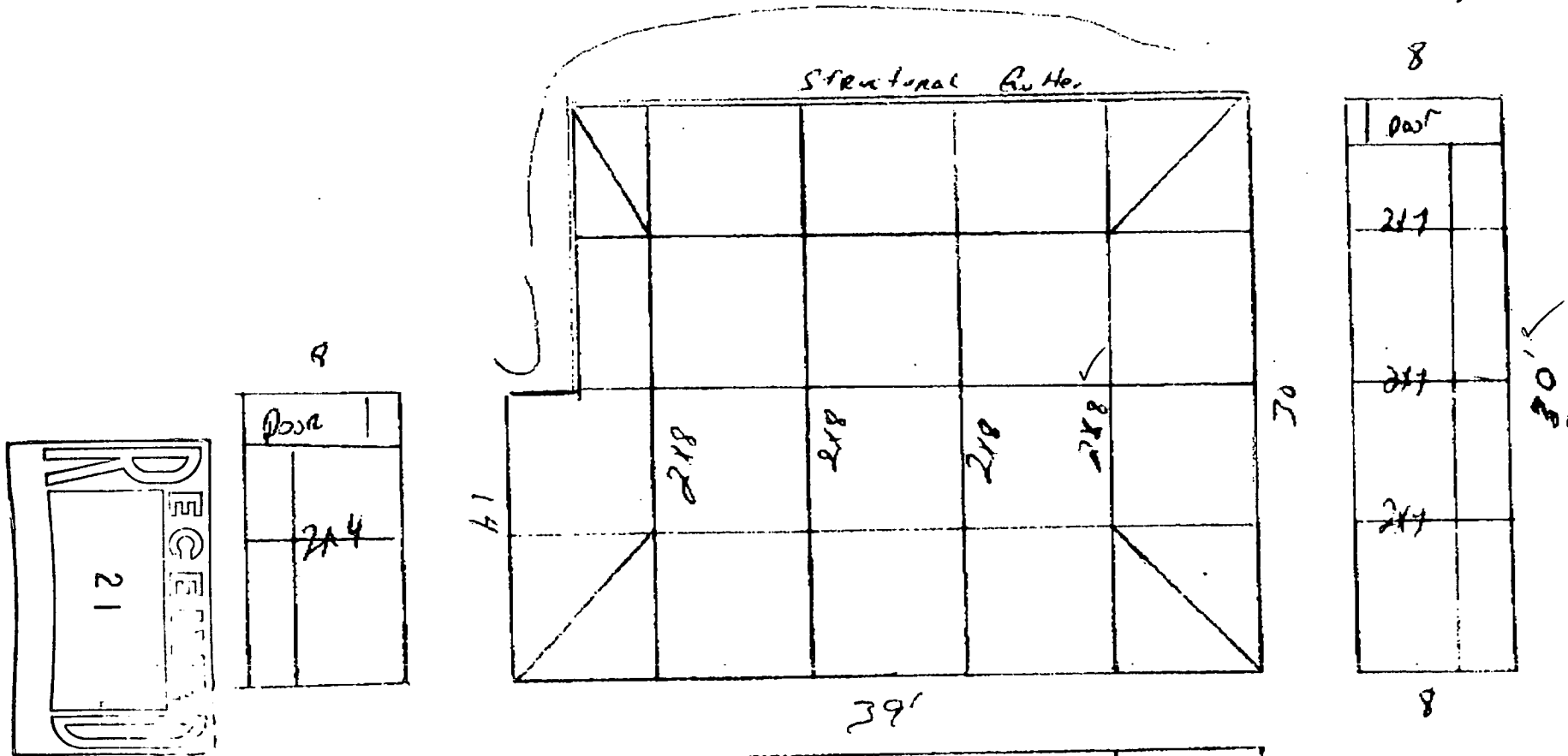
Handwritten signatures and notes, including 'TOWN OF ...' and 'P.P. 4634'.

EASEMENT

11.53'

Coastal Aluminum Construction, Inc.
 4205 Metzger Rd., Fort Pierce, FL 34947
 Ph: (561) 468-0288 Fax: (561) 468-0287

Bob Schneider
 90 S. River Rd
 Sewall's Point
 286 9607



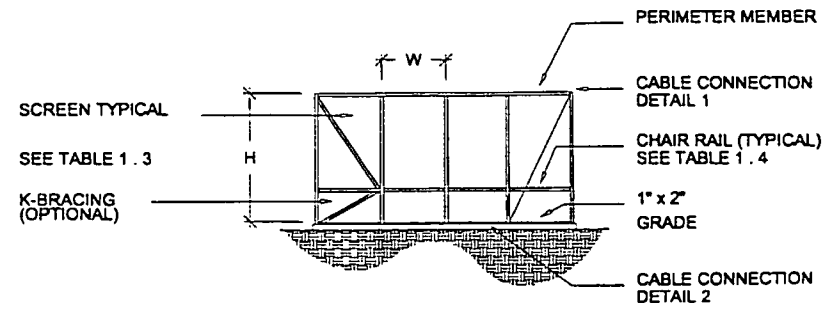
I HEREBY CERTIFY THAT I HAVE REVIEWED THESE PLANS AND THEY MEET OR EXCEED REQUIREMENTS OF THE STANDARD BUILDING CODE 1997 Ed.; CHAPTER 16 AND ASCE 7-95 WITH RESPECT TO A 140 MPH WIND LOAD.

JUN 16 1999

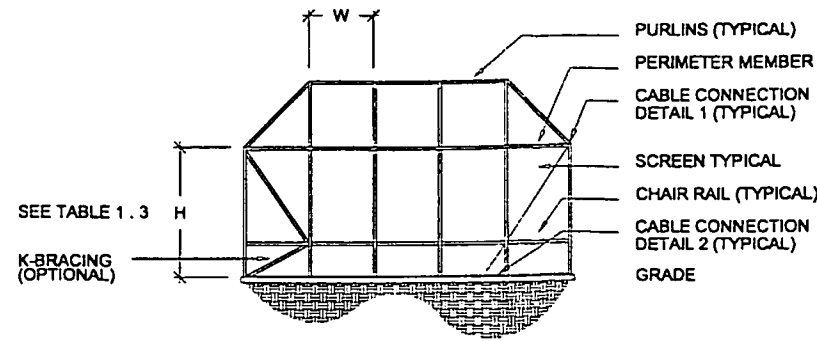
DATE BY: LAWRENCE E BENNETT, P.E.
 P.E. # 16644

7.81
 JYP

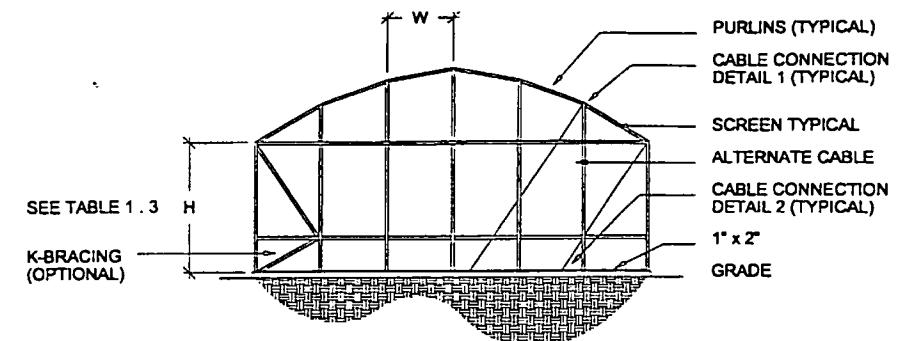
$\frac{1}{8} = 1$



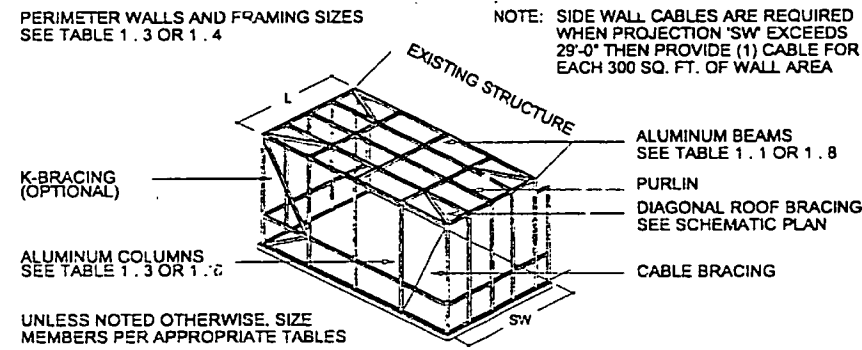
TYPICAL FLAT ROOF ELEVATION



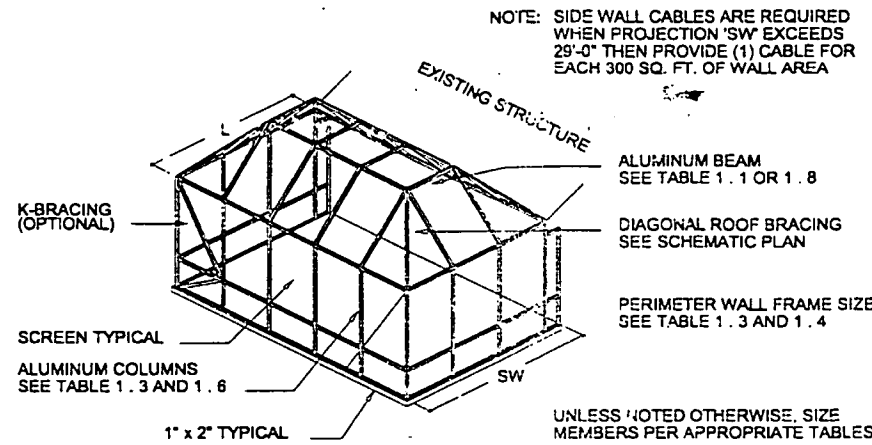
TYPICAL MANSARD ROOF ELEVATION



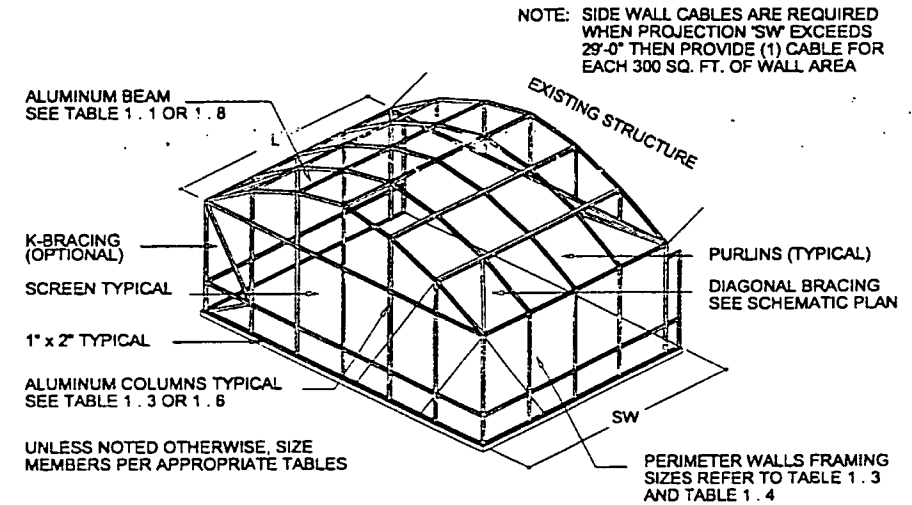
TYPICAL DOME ROOF ELEVATION



TYPICAL FLAT ROOF ISOMETRIC



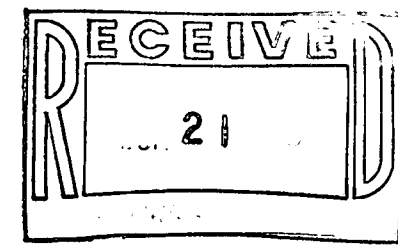
TYPICAL MANSARD ROOF ISOMETRIC



TYPICAL DOME ROOF ISOMETRIC

TYPICAL NOMENCLATURE FOR SCREENED ENCLOSURES:

- "W" = SCREEN PANEL SPACING
- "L" = MAXIMUM BEAM SPAN WITHOUT KNEE BRACE. ADD HORIZONTAL LENGTH OF KNEE BRACE TO SPAN FROM TABLES.
- "H" = MAXIMUM UPRIGHT HEIGHTS
- "SW" = SIDE WALLS CAN BE FRAMED WITHOUT TOP BEAM AND CAN BE SMALLEST EXTRUSIONS ALLOWED BY SPAN TABLES



THE DESIGNS AND SPANS SHOWN ON THESE DRAWINGS ARE BASED ON THE LOAD REQUIREMENTS FOR THE FOLLOWING CODES:

- 1) STANDARD BUILDING CODE 1997, CHAPTER 1E INCLUDING SSTD 10-96
- 2) BOCA NATIONAL BUILDING CODE 1996
- 3) TEXAS DEPARTMENT OF INSURANCE WINDSTORM RESISTANT CONSTRUCTION 1993

NOTE:
WIND LOAD CONVERSION:
SPANS AND HEIGHTS FROM TABLES ARE BASED ON A 120 M.P.H. WIND LOAD. TO CONVERT TO A 140 M.P.H. WIND LOAD MULTIPLY SPANS AND HEIGHTS BY 0.85

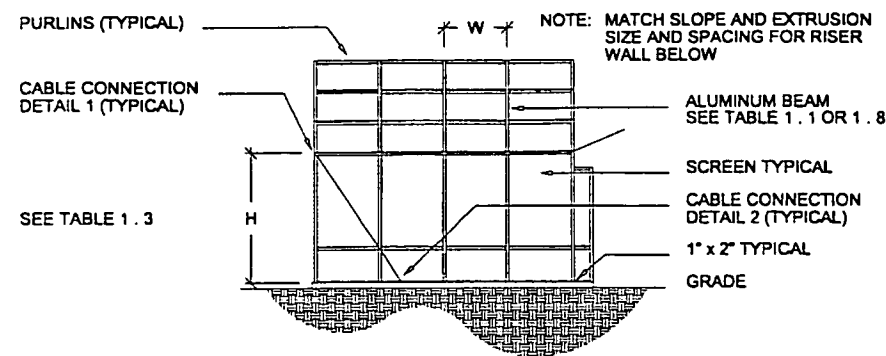
JOB NAME: _____
 ADDRESS: _____

DRAWING FOR ONE PERMIT ONLY

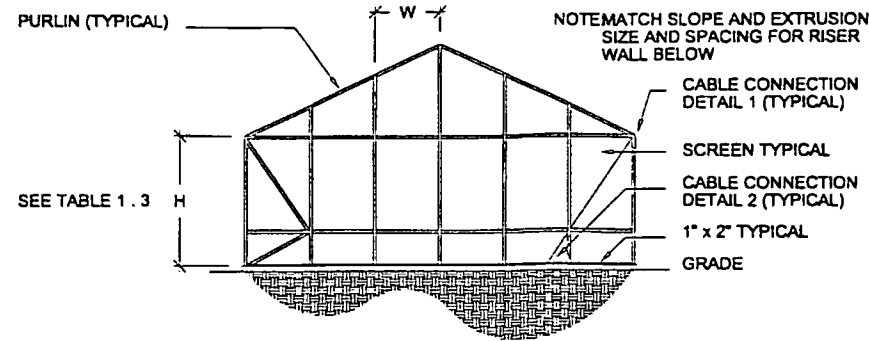
ALUMINUM FRAME STRUCTURES
ALUMINUM STRUCTURES DESIGN MANUAL
SECTION 1 DETAILS

Lawrence E. Bennett, P.E.
CIVIL ENGINEER - DEVELOPMENT CONSULTANT
P.O. BOX 4368 SOUTH DAYTONA, FL 32121
TELEPHONE (904) 767-4774
FAX (904) 767-6556

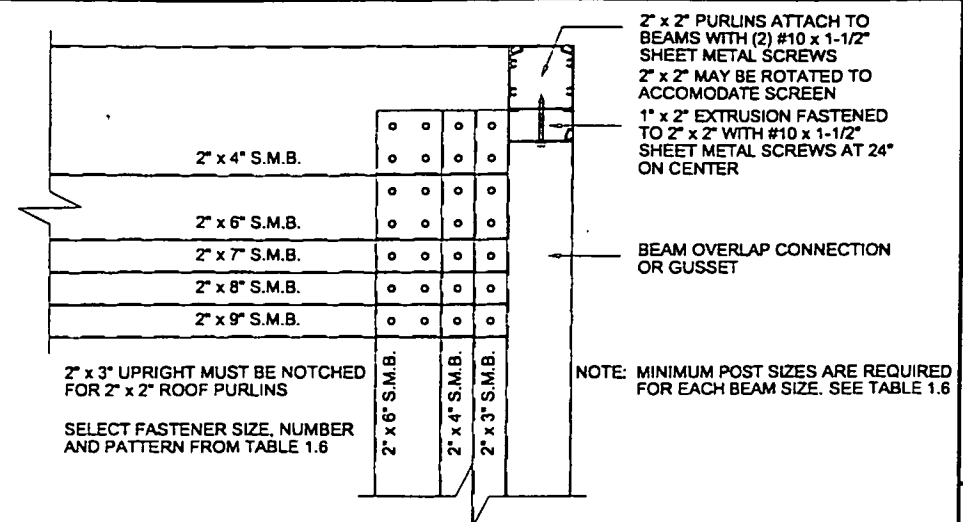
1999
 SEAL
 SHEET
 1
 OF 10



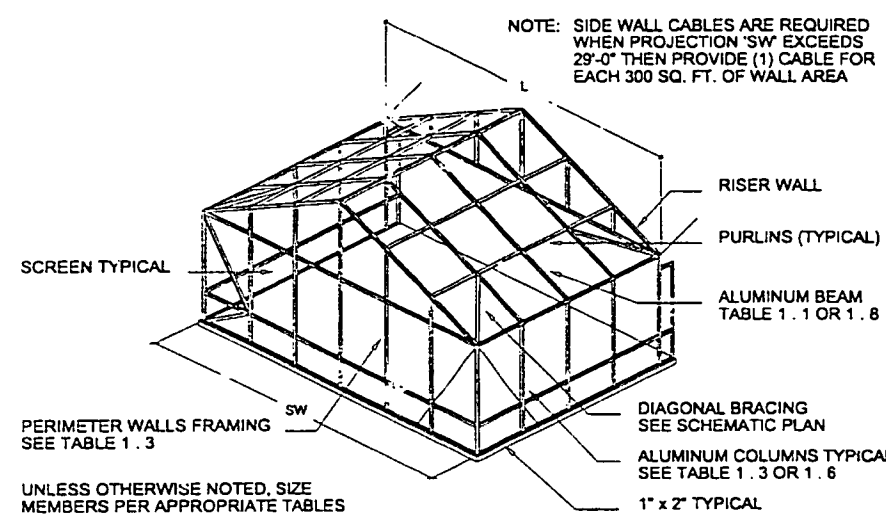
TYPICAL GABLE ROOF ELEVATION



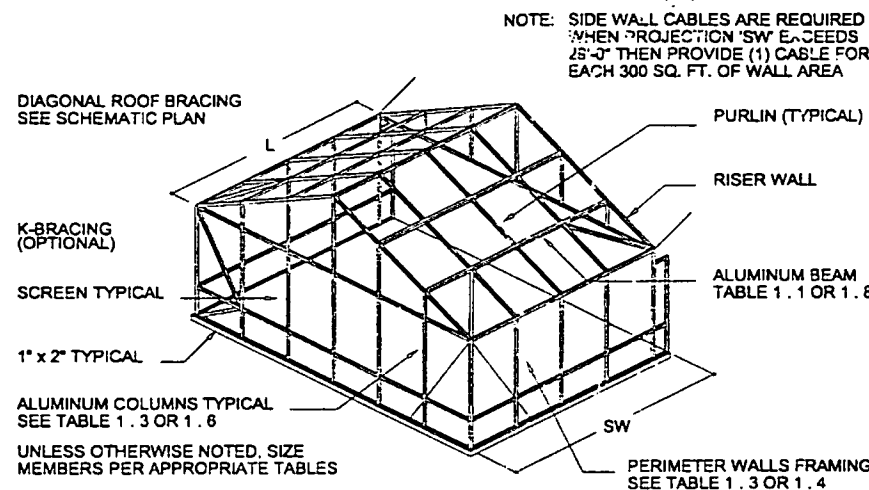
TYPICAL TRANSVERSE GABLE ROOF ELEVATION



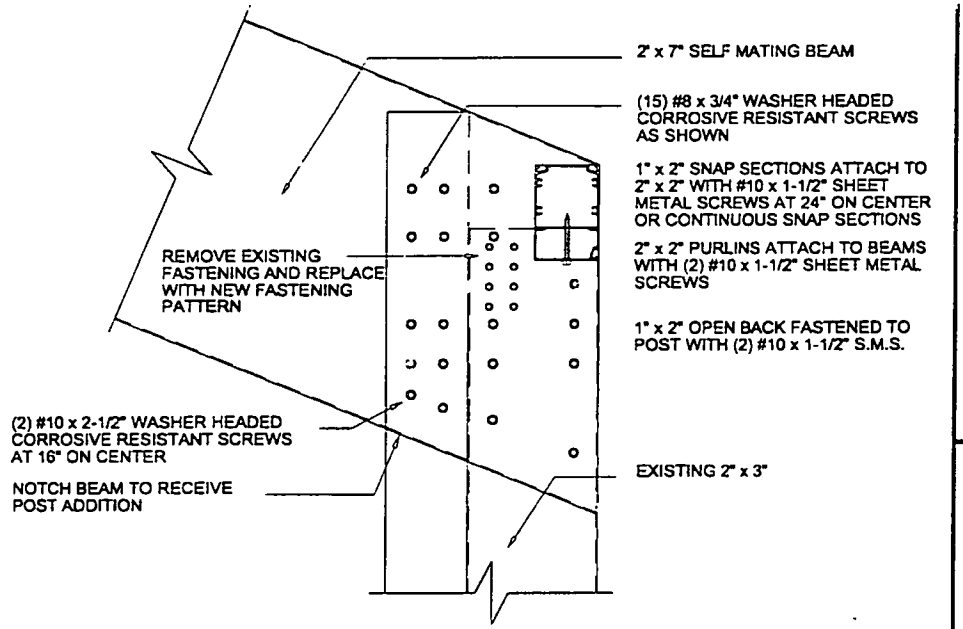
HORIZONTAL BEAM TO UPRIGHT CONNECTION DETAIL (PARTIAL LAP)



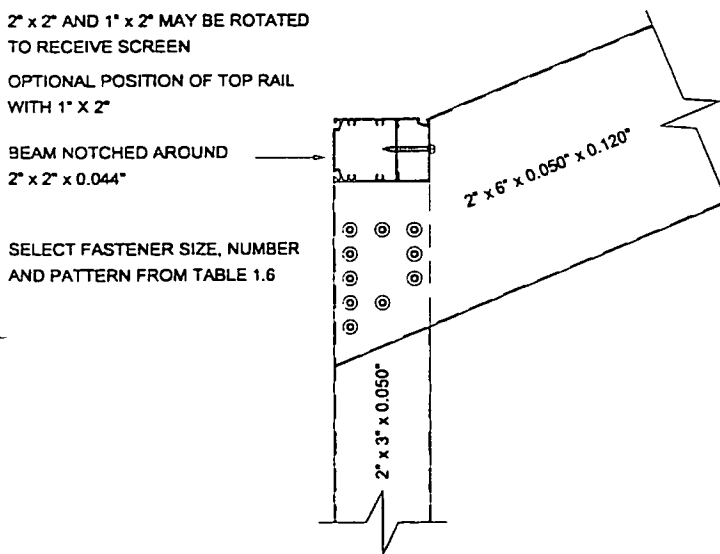
TYPICAL GABLE ROOF ISOMETRIC



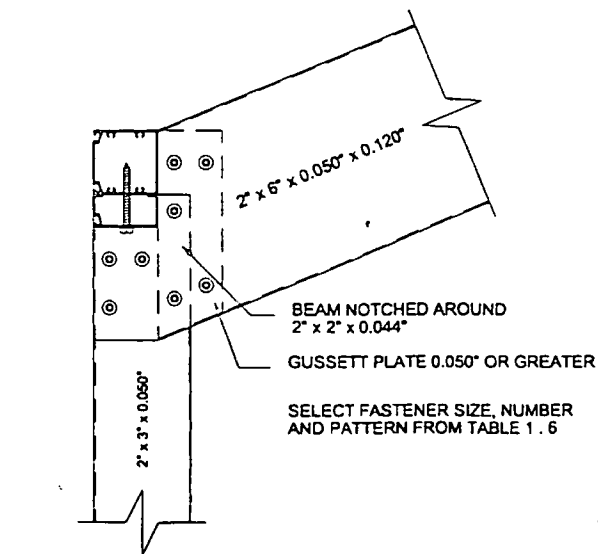
TYPICAL TRANSVERSE GABLE ROOF ISOMETRIC



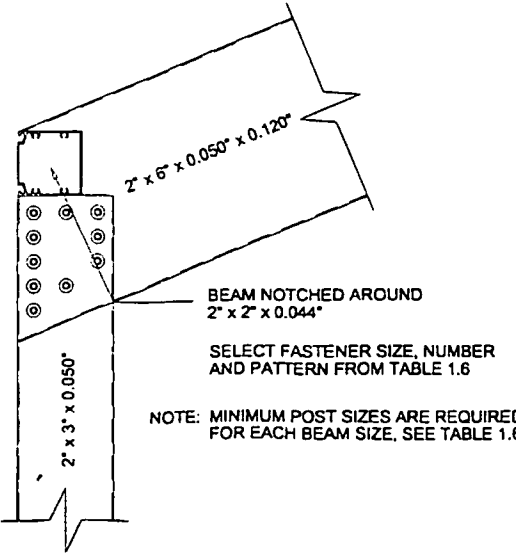
ADDITION OF 2" x 2" TO EXISTING 2" x 3"



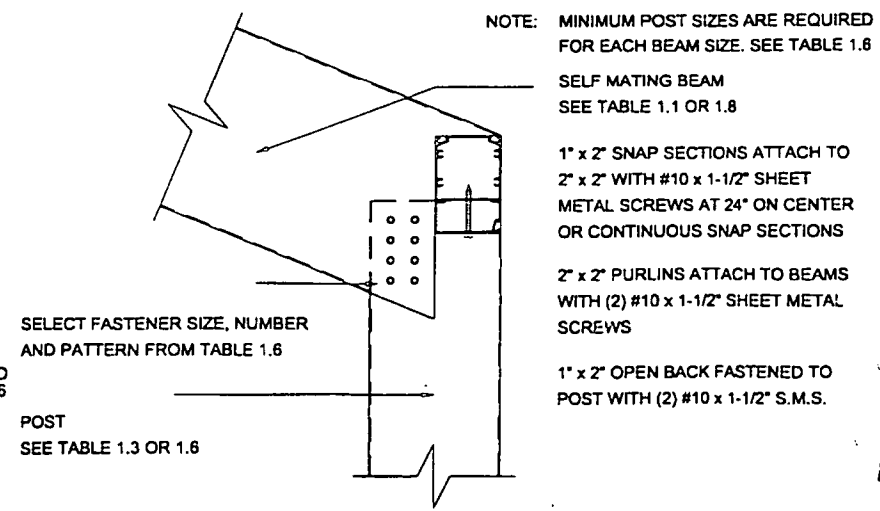
2" x 6" BEAM TO 2" x 3" UPRIGHT CONNECTION DETAIL (FULL LAP)



2" x 6" BEAM TO 2" x 3" UPRIGHT CONNECTION WITH GUSSETT PLATE DETAIL (FULL LAP)



2" x 6" BEAM TO 2" x 3" UPRIGHT CONNECTION DETAIL (FULL LAP)

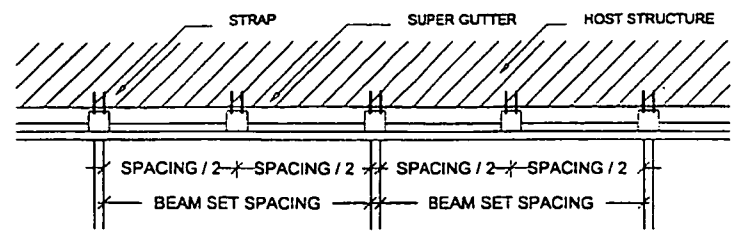


SLOPING BEAM TO UPRIGHT CONNECTION DETAIL (PARTIAL LAP)

ALUMINUM FRAME STRUCTURES
ALUMINUM STRUCTURES DESIGN MANUAL
SECTION 1 DETAILS

Lawrence E. Bennett, P.E.
CIVIL ENGINEER - DEVELOPMENT CONSULTANT
P.O. BOX 4388 SOUTH DAYTONA, FL 32121
TELEPHONE (904) 767-4774
FAX (904) 767-6556

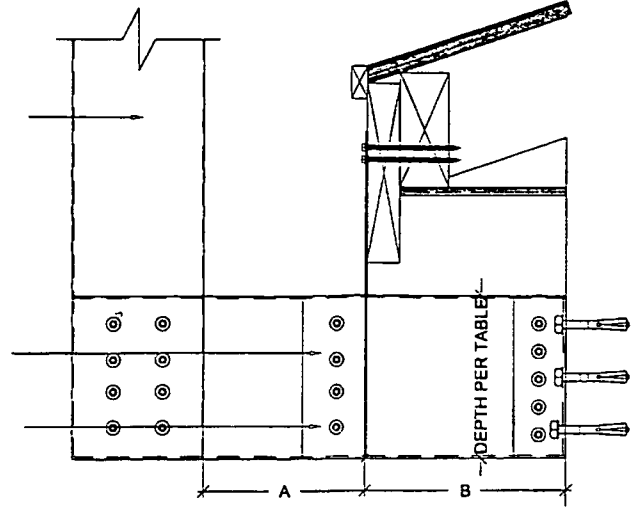
1999
SEAL
SHEET



STRAP LOCATION FOR SUPER GUTTER REINFORCEMENT

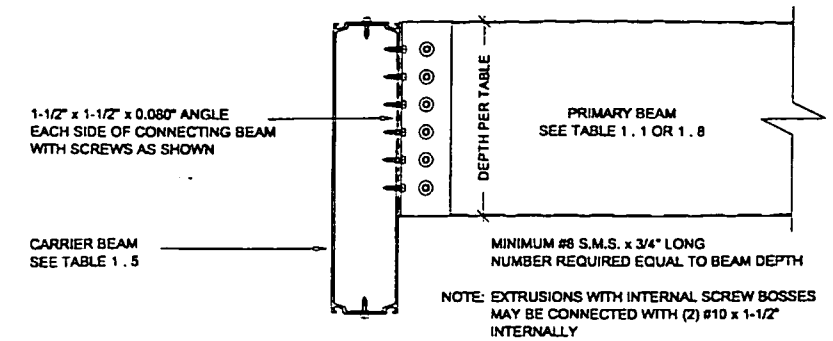
MINIMUM 2" x 3" x 0.050" OR PER BEAM TO MINIMUM POST SEE TABLE 1. 6

2" x 2" x 0.060" x BEAM DEPTH + 4" ATTACH ANGLE "A" TO FASCIA WITH 2-3/8" LAG SCREWS AT EACH ANGLE
 MIN. 2" x 3" x 0.050" S.M.B. (4) #10 S.M.S. AT EACH ANGLE EACH SIDE

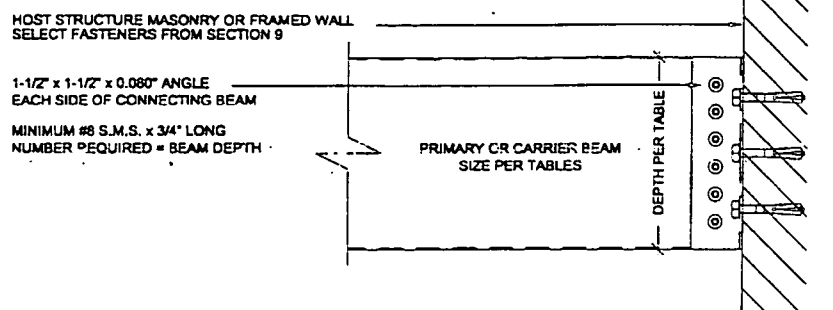


BEAM TO WALL CONNECTION:
 (2) 2" x 2" x 0.060" EXTERNALLY MOUNTED ANGLES ATTACHED TO WOOD WALL WITH MINIMUM (2) 3/8" x 2" LAG SCREWS PER SIDE OR (2) 1/4" x 2-1/4" CONCRETE ANCHORS TO CONCRETE OR MASONRY WALL. ADD (1) ANCHOR PER SIDE FOR EACH INCH OF BEAM DEPTH LARGER THAN 3"
 (ALTERNATE) (1) 1-3/4" x 1-3/4" x 1-3/4" x 1/8" INTERNAL U-CLIP ATTACHED TO WOOD WALL WITH MIN. (3) 3/8" x 2" LAG SCREWS PER SIDE OR (3) 1/4" x 2-1/4" CONCRETE ANCHORS TO CONCRETE OR MASONRY WALL. ADD (1) ANCHOR PER SIDE FOR EACH INCH OR CANTILEVERED BEAM DEPTH LARGER THAN 3"

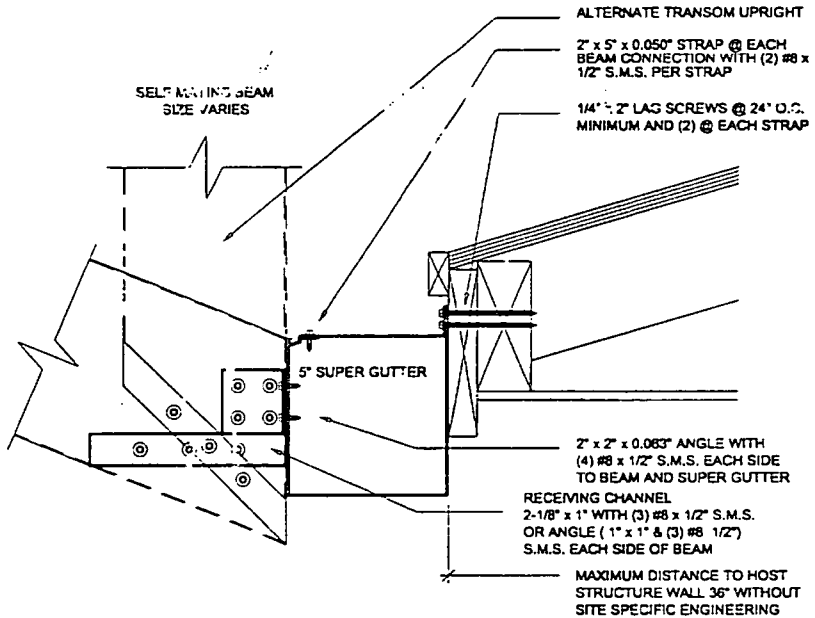
A = WIDTH REQUIRED FOR GUTTER
 B = OVERHANG DIMENSION



CARRIER BEAM TO BEAM CONNECTION



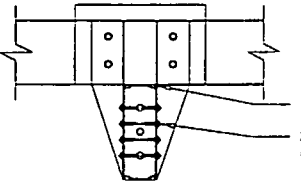
BEAM TO WALL CONNECTION



SELF MATING BEAM CONNECTION TO SUPER GUTTER

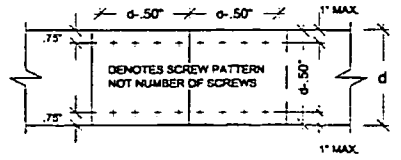
CANTILEVERED BEAM CONNECTION TO WALL AND FASCIA DETAIL

RECEIVING CHANNEL OVER BEAM ANGLE PROVIDE 0.060" SPACER @ RECEIVING CHANNEL ANCHOR POINTS, (2) #10 x 2 1/2" S.M.S. @ RAFTER TAILS OR 2" O.C. MAX w/ 2" x 6" SUB FACIA

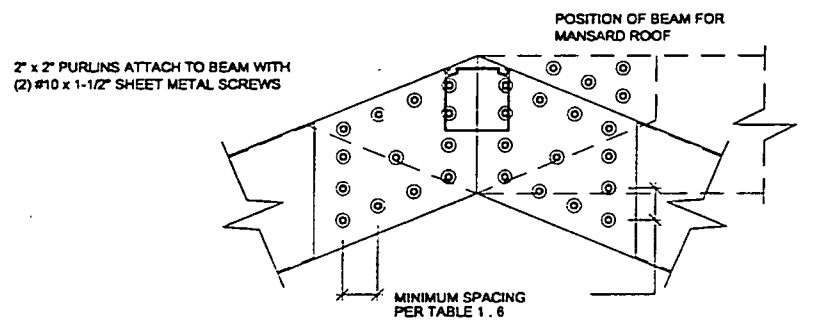


CANTILEVERED BEAM CONNECTION AT WALL (END VIEW)

SPLICE TO BE LOCATED 1/4 TO 1/3 BEAM SPAN AND STAGGERED EACH SIDE OF SELF MATING BEAM
 d = HEIGHT OF BEAM
 BEAM SPLICE SHALL BE MINIMUM d - .50" HEIGHT
 2 x (d - .50") LENGTH

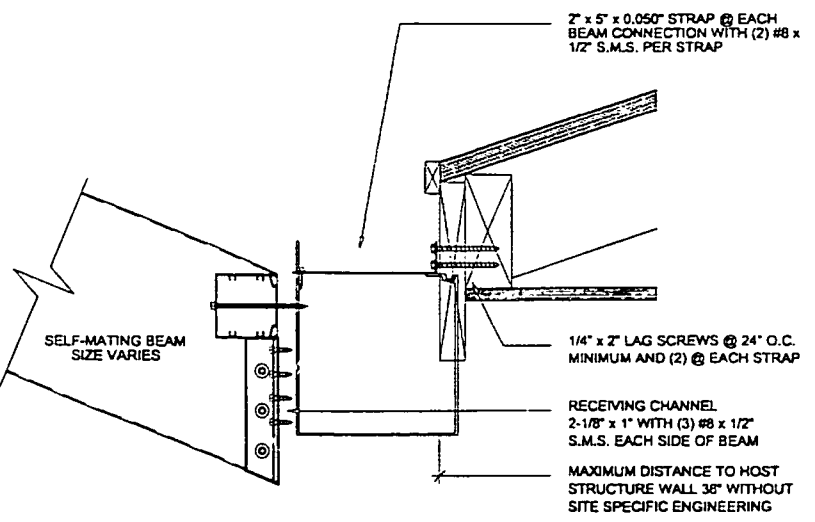


TYPICAL BEAM SPLICE DETAIL

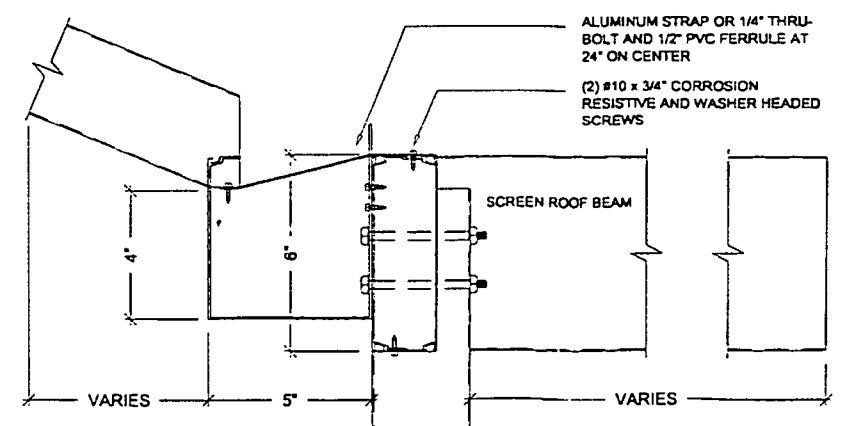


TYPICAL SIDE PLATE CONNECTION

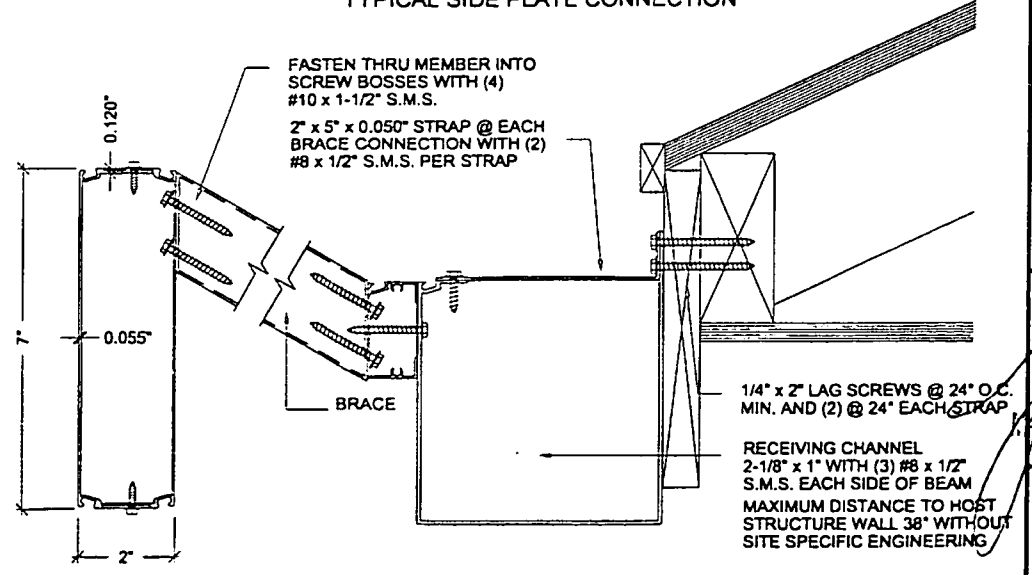
CUT BEAM TO SLIDE OVER EACH OTHER OR CUT FOR GUSSET PLATE CONNECTION (PLATE INSIDE BEAM)
 SELECT FASTENER SIZE, NUMBER AND SPACING FROM TABLE 1. 6



SELF MATING BEAM CONNECTION TO SUPER GUTTER



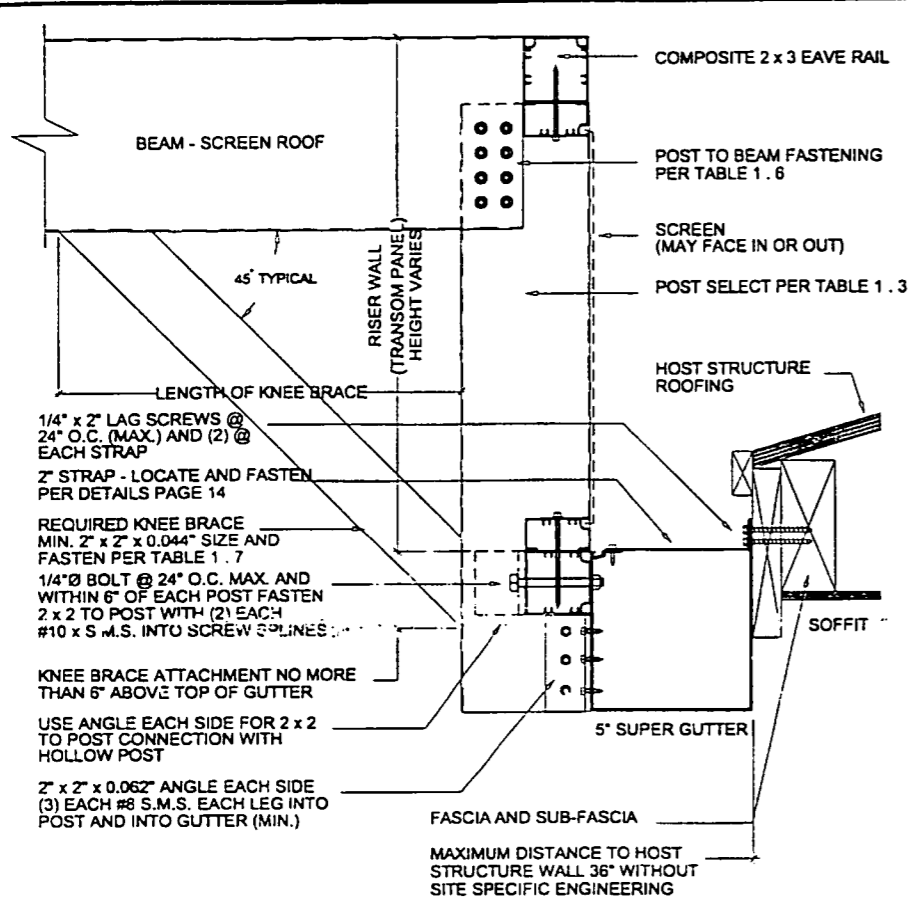
SUPER GUTTER - SOLID ROOF / SCREEN ROOF COMBINATION



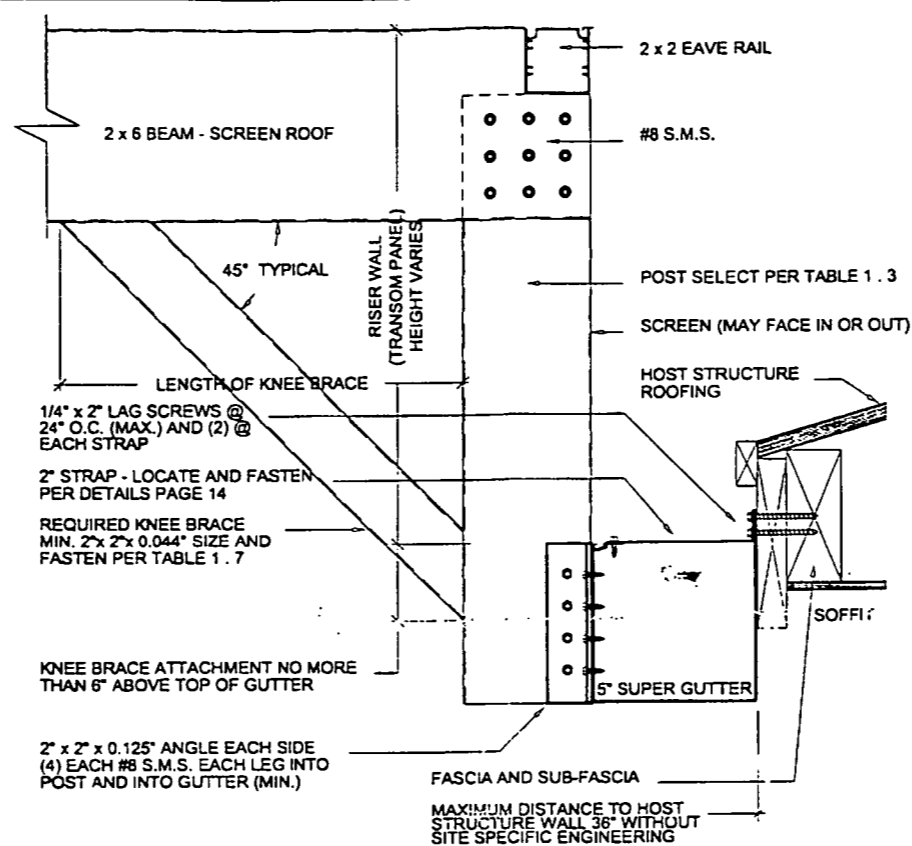
NON-STRUCTURE BRACE CONNECTION TO SUPER GUTTER

APR 11 1999
 SEAL

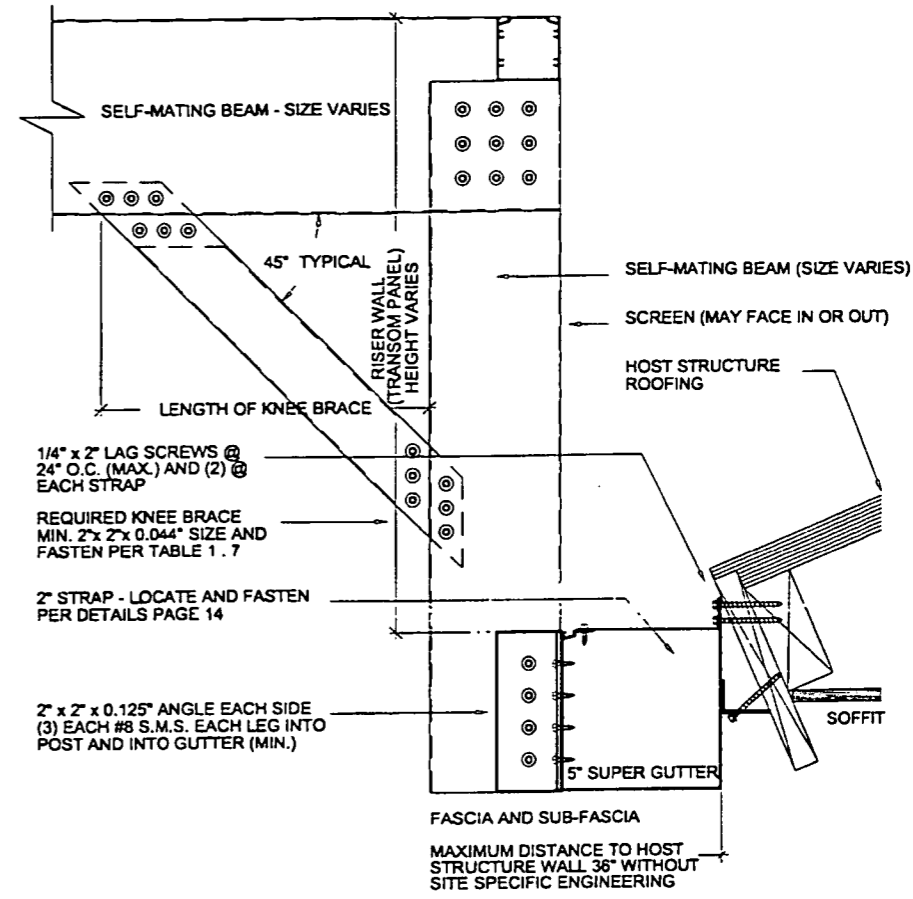
SHEET



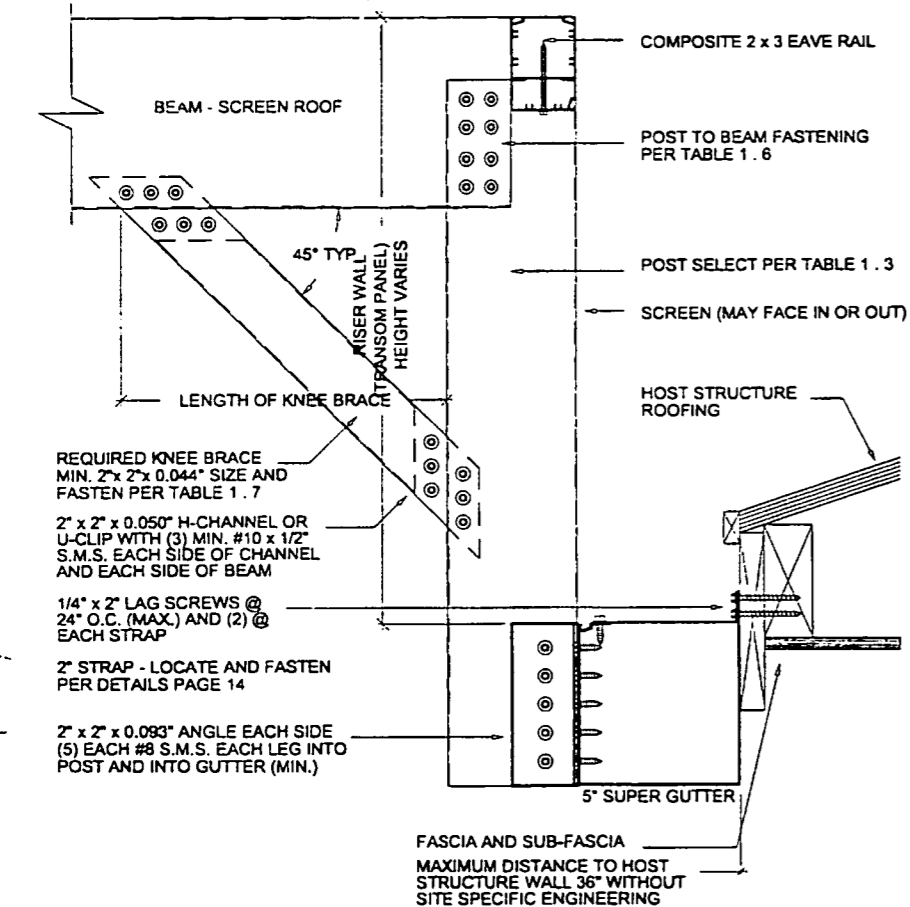
SUPER GUTTER / RISER (OR TRANSOM) WALL @ FASCIA - DETAIL 1



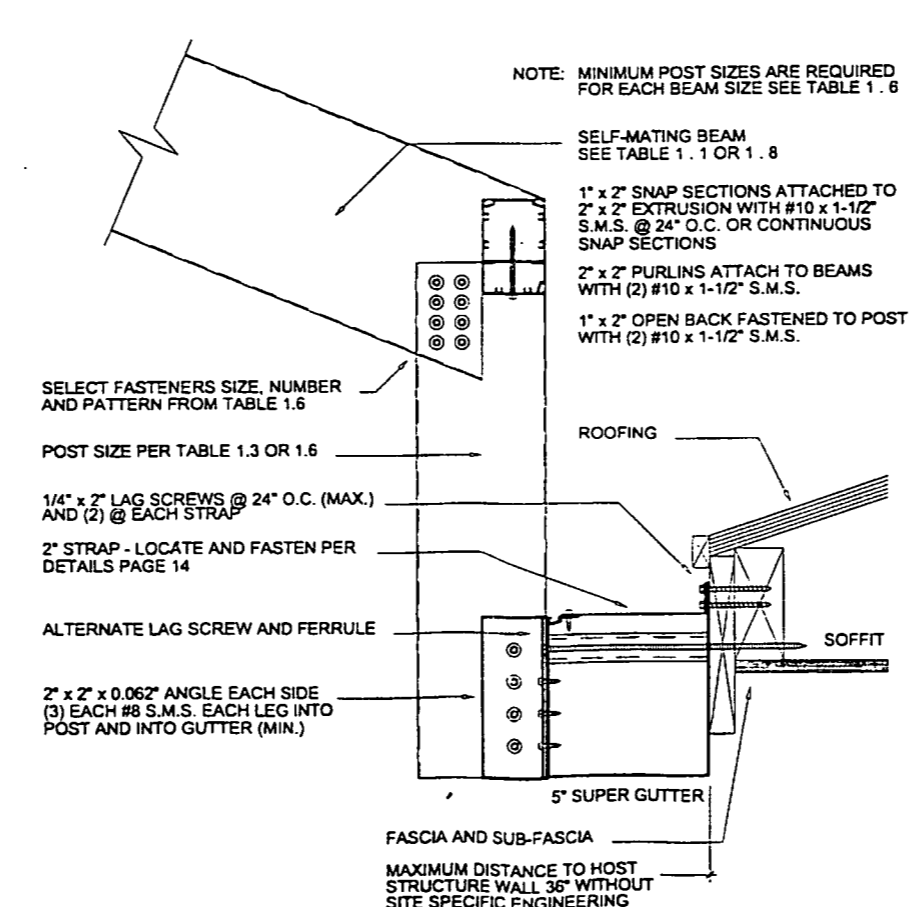
SUPER GUTTER / RISER (OR TRANSOM) WALL @ FASCIA - DETAIL 2



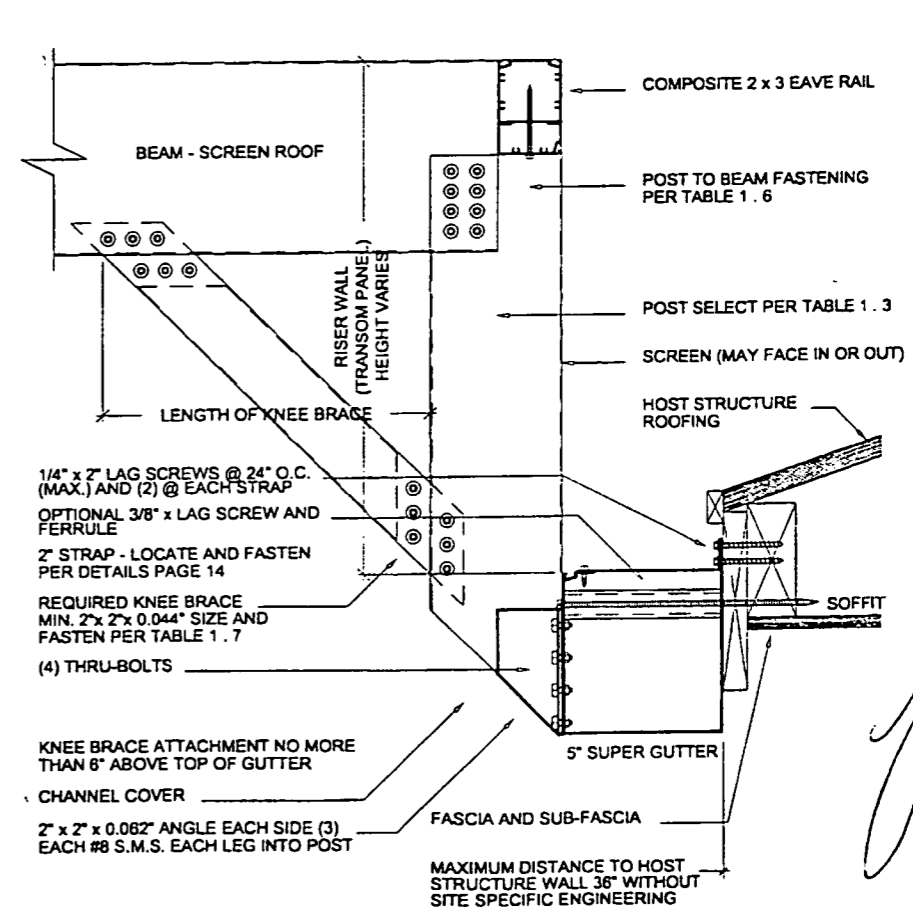
SUPER GUTTER / RISER (OR TRANSOM) WALL @ FASCIA - DETAIL 3



SUPER GUTTER / RISER (OR TRANSOM) WALL @ FASCIA - DETAIL 4

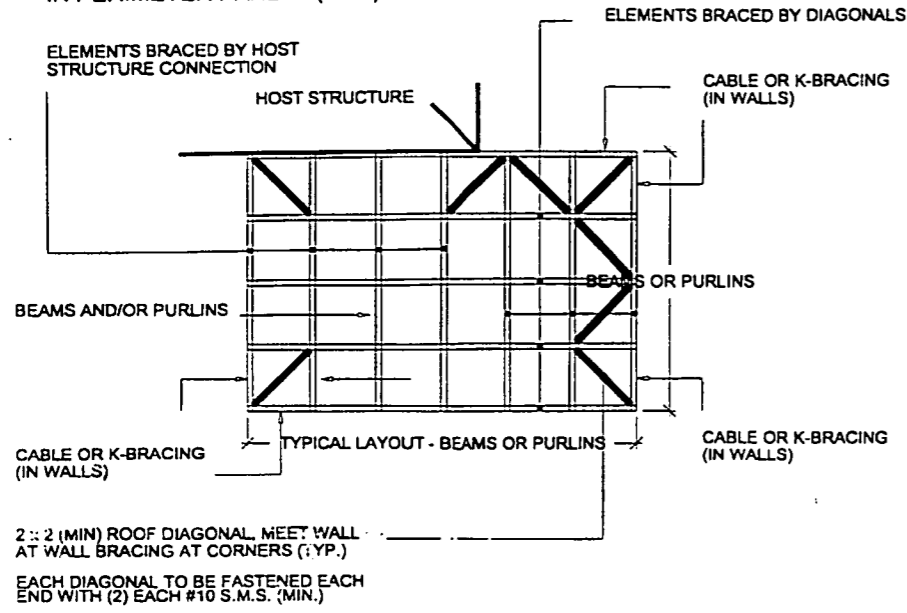


SUPER GUTTER / RISER (OR TRANSOM) WALL @ FASCIA - DETAIL 5

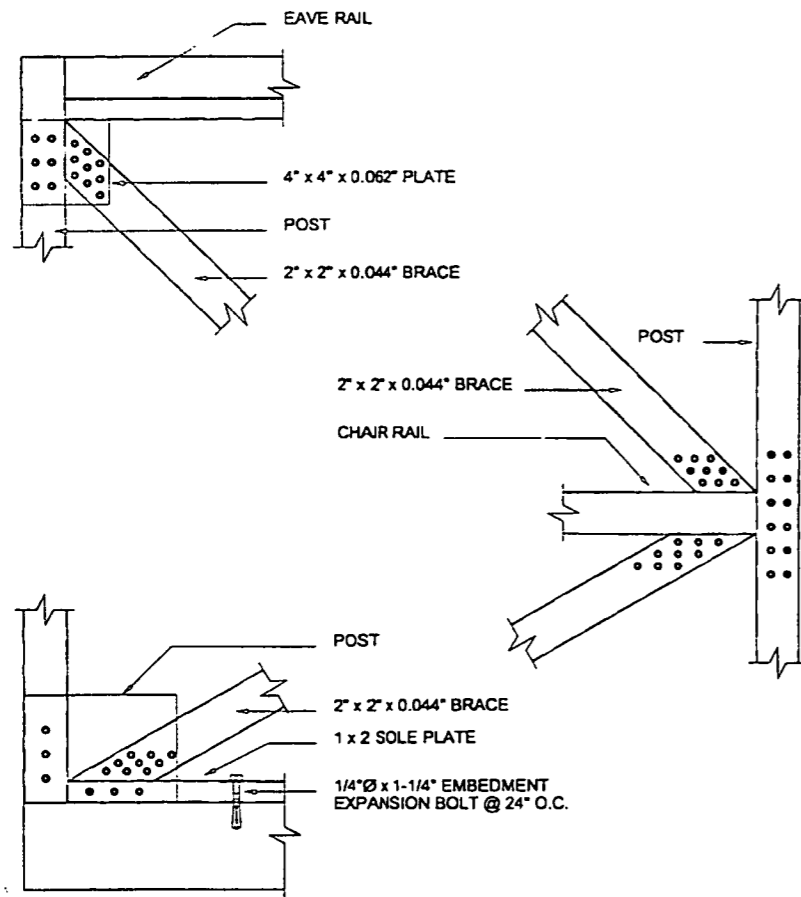


SUPER GUTTER / RISER (OR TRANSOM) WALL @ FASCIA - DETAIL 6

PANELS / ELEMENTS UNBRACED BY HOST STRUCTURE TO BE BRACED BY DIAGONALS IN PERIMETER PANELS (MIN.)

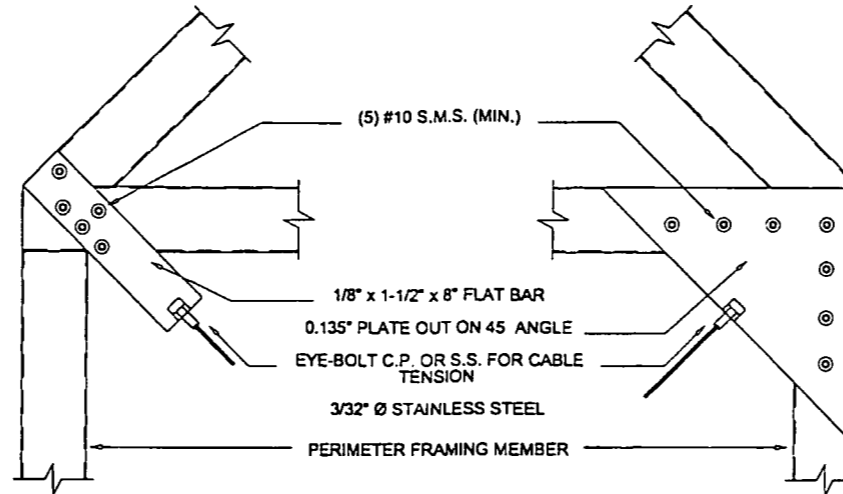


POOL ENCLOSURE DIAGONAL BRACING - SCHEMATIC PLAN VIEW
(POOL ENCLOSURE SCREEN ROOF MAY BE FLAT, GABLE, MANSARD, DOME, OR HIP)

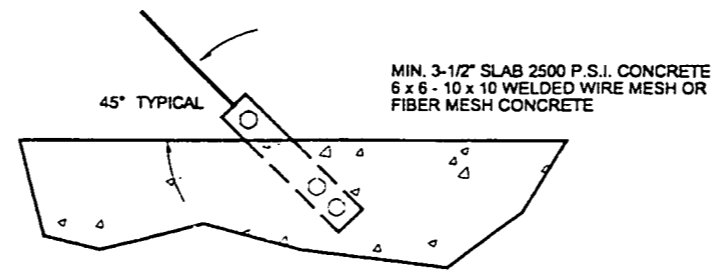


* SEE TABLE 1.11 FOR REQUIRED QUANTITY OF #10 x 3/4" SHEET METAL SCREWS

K-BRACING CONNECTION DETAILS

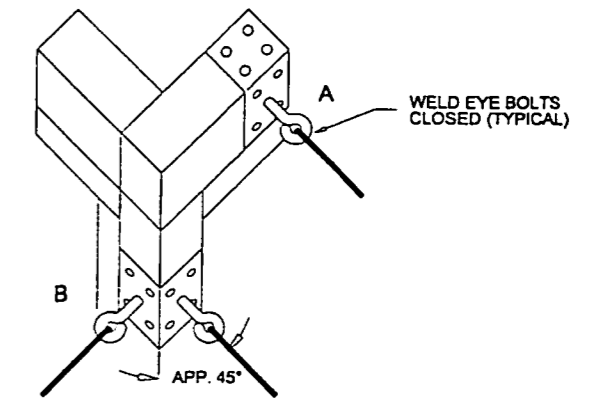


TYPICAL CABLE CONNECTIONS AT CORNER DETAIL 1



TYPICAL CABLE CONNECTION AT FOUNDATION DETAIL 2

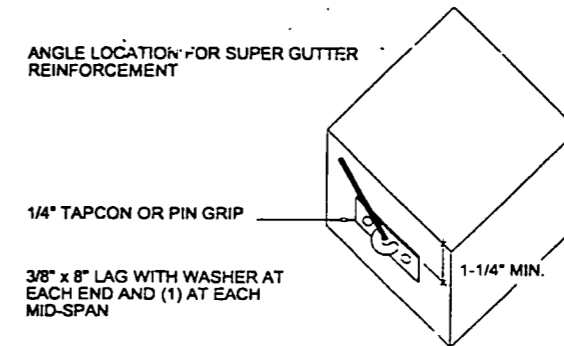
NOTE: SIDE WALL CABLES ARE NOT REQUIRED ON POOL CAGES THAT DO NOT EXTEND MORE THAN THREE PANEL WIDTHS OR 29'-0" FROM THE MAIN STRUCTURE. END WALL CABLES ARE REQUIRED IF THE SCREENED ENCLOSURE EXTENDS MORE THAN ONE PANEL WIDTH OR 9'-0" FROM THE MAIN STRUCTURE. THE USE OF BLIND OR INTERNAL SCREW CONNECTIONS IN THE CONSTRUCTION OF SCREENED ENCLOSURES IS ACCEPTABLE.
(1) PAIR OF CABLES REQUIRED FOR EACH 300 SQ. FT. OF WALL AREA



EITHER A OR B
1" x 2" x 0.125" CLIP AND (2) S.M.S. EACH SIDE FOR CABLES

TOP CORNER OF CABLE CONNECTION

ANGLE LOCATION FOR SUPER GUTTER REINFORCEMENT



BOTTOM OF CABLE CONNECTION

NOTE: SIDE WALL CABLES ARE NOT REQUIRED ON POOL CAGES THAT DO NOT EXTEND MORE THAN THREE PANEL WIDTHS OR 29'-0" FROM THE MAIN STRUCTURE. END WALL CABLES ARE REQUIRED IF THE SCREENED ENCLOSURE EXTENDS MORE THAN ONE PANEL WIDTH OR 9'-0" FROM THE MAIN STRUCTURE. THE USE OF BLIND OR INTERNAL SCREW CONNECTIONS IN THE CONSTRUCTION OF SCREENED ENCLOSURES IS ACCEPTABLE.
(1) PAIR OF CABLES REQUIRED FOR EACH 300 SQ. FT. OF WALL AREA

Lawrence E. Bennett, P.E.
CIVIL ENGINEER - DEVELOPMENT CONSULTANT
P.O. BOX 4388 SOUTH DAYTONA, FL 32121
TELEPHONE (904) 787-4774
FAX (904) 787-6556

MAR 10 1999
SEAL

SHEET

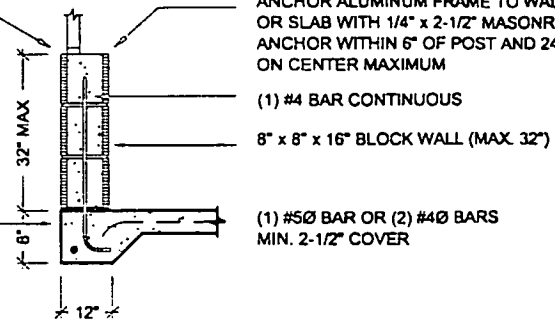
5

OF 10

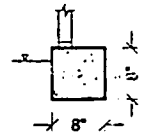
OPTIONAL CONCRETE CAP BLOCK OR BRICK

(1) #4 BAR AT CORNERS AND 10'-0" ON CENTER FILL CELLS AND KNOCK OUT BLOCK TOP COURSE WITH 3000 PSI PEA ROCK CONCRETE

RIBBON FOOTING OR MONOLITHIC IF MONOLITHIC SLAB IS USED SEE NOTES OF DETAILS BELOW

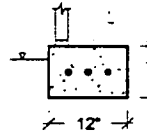


KNEE WALL FOOTING FOR SCREENED ENCLOSURES



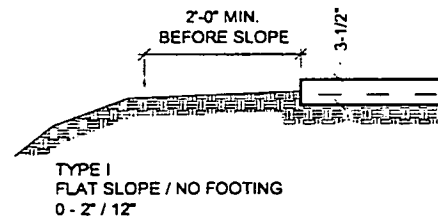
RIBBON FOOTING TYPE 1

ALUMINUM STRUCTURE FOOTING 2500 PSI CONCRETE WITH (1) #5 BAR CONTINUOUS BARS MIN. 2-1/2" OFF GROUND

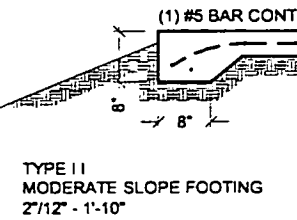


RIBBON FOOTING TYPE 2

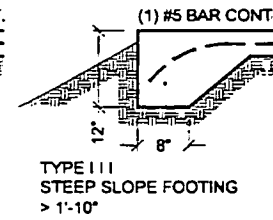
ALUMINUM STRUCTURE FOOTING 2500 PSI CONCRETE WITH (3) #3 BARS CONTINUOUS BARS MIN. 2-1/2" OFF GROUND



TYPE I
FLAT SLOPE / NO FOOTING
0 - 2' / 12"



TYPE II
MODERATE SLOPE FOOTING
2' / 12" - 1'-10"



TYPE III
STEEP SLOPE FOOTING
> 1'-10"

- NOTES: 1. NO FOOTING REQUIRED EXCEPT WHEN ADDRESSING EROSION UNTIL THE COMBINED BEAM LENGTH AND UPRIGHT HEIGHT OF THE ENCLOSURE EXCEEDS 55'-0" THEN A TYPE II FOOTING IS REQUIRED
2. MONOLITHIC SLABS AND FOOTINGS SHALL BE MIN. 2,500 PSI CONCRETE WITH 6x6-10x10 WELDED WIRE MESH OR FIBER MESH MAY BE USED IN LIEU OF MESH.
3. IF LOCAL BUILDING CODES REQUIRES A MINIMUM FOOTING USE TYPE II FOOTING OR FOOTING SECTION REQUIRED BY LOCAL CODE. LOCAL CODE GOVERNS.

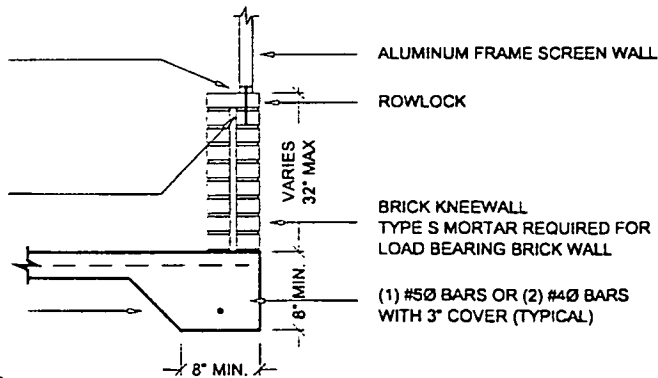
SLAB DETAILS ADDRESSING EROSION

5/16" GALVANIZED 'ALLTHREAD' OR 'THREADALL' EMBEDDED IN CONCRETE, OR FASTENED TO CONCRETE WITH APPROVED CONCRETE ANCHOR AT 24" O.C. MAX. AND WITHIN 6" OF EACH UPRIGHT OR APPROVED ALTERNATE

1/4" x 6" RAWL TAPPER THROUGH 1" x 2" AND ROWLOCK INTO FIRST COURSE OF BRICKS

4" (NOMINAL) PATIO CONCRETE SLAB WITH 6 x 6 - 10 x 10 WELDED WIRE MESH OR FIBER MESH CONCRETE

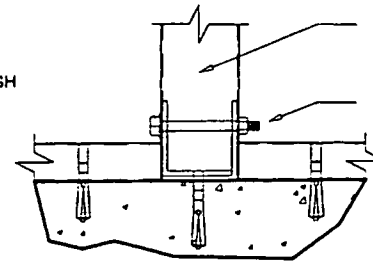
ALTERNATE CONNECTION OF SCREENED ENCLOSURE FOR BRICK OR OTHER NON-STRUCTURAL KNEE WALL
1" WIDE x 0.063" STRAP AT EACH POST FROM POST TO FOOTING WITH (2) #10 x 3/4" S.M.S. STRAP TO POST AND (1) 1/4" x 1-3/4" TAPCON TO SLAB OR FOOTING



BRICK KNEEWALL AND FOUNDATION FOR SCREEN WALL(S)

ANCHOR 1" x 2" x 0.044" PLATE TO CONCRETE WITH 1/4" x 2-1/2" CONCRETE ANCHORS WITHIN 6" OF EACH SIDE OF EACH POST AT 24" O.C. MAX. OR THROUGH ANGLE AT 24" O.C. MAX.

1" x 2" EXTRUSION



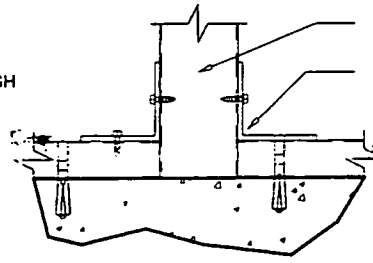
MIN. 3-1/2" SLAB 2500 P.S.I. CONCRETE 6 x 6 - 10 x 10 WELDED WIRE MESH OR FIBER MESH CONCRETE

VAPOR BARRIER UNDER CONCRETE

POST TO PLATE TO CONCRETE DETAIL

ANCHOR 1" x 2" x 0.044" PLATE TO CONCRETE WITH 1/4" x 2-1/2" CONCRETE ANCHORS WITHIN 6" OF EACH SIDE OF EACH POST AT 24" O.C. MAX. OR THROUGH ANGLE AT 24" O.C. MAX.

1" x 2" EXTRUSION



MIN. 3-1/2" SLAB 2500 P.S.I. CONCRETE 6 x 6 - 10 x 10 WELDED WIRE MESH OR FIBER MESH CONCRETE

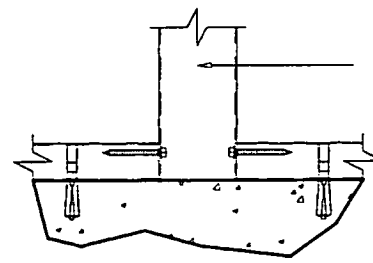
VAPOR BARRIER UNDER CONCRETE

NOTE: ANGLES AS SHOWN ABOVE MAY BE USED TO CONNECT CHAIRRAILS AND PURLINS

ALTERNATE POST TO BEAM AND PLATE TO CONCRETE DETAIL

ANCHOR 1" x 2" x 0.044" PLATE TO CONCRETE WITH 1/4" x 2-1/2" CONCRETE ANCHORS WITHIN 6" OF EACH SIDE OF EACH POST AT 24" O.C. MAX.

1" x 2" EXTRUSION



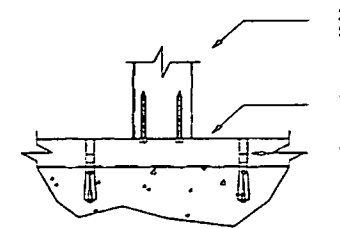
MIN. 3-1/2" SLAB 2500 P.S.I. CONCRETE 6 x 6 - 10 x 10 WELDED WIRE MESH OR FIBER MESH CONCRETE

VAPOR BARRIER UNDER CONCRETE

SIDE WALL POST TO PLATE TO CONCRETE DETAIL

ANCHOR 1" x 2" PLATE TO CONCRETE WITH 1/4" x 2-1/2" CONCRETE ANCHORS WITHIN 6" OF EACH SIDE OF EACH POST AND 24" O.C. MAX.

MIN. 3-1/2" SLAB 2500 PSI CONC. 6x6-10x10 W.W.M. OR FIBER MESH
VAPOR BARRIER UNDER CONCRETE

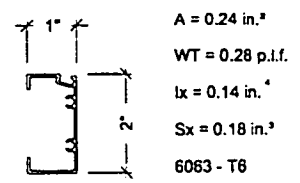


2" x 2", 2" x 3" OR 2" x 4" SEE TABLES

1" x 2" EXTRUSION

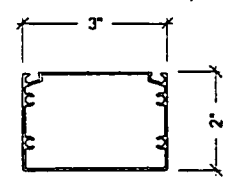
1-1/8" MIN. IN CONCRETE

HOLLOW POST TO BASE AND HOLLOW POST TO BEAM DETAIL



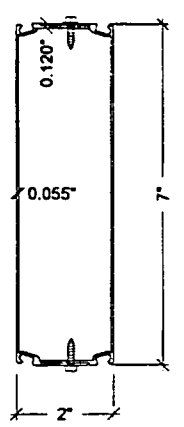
A = 0.24 in.²
WT = 0.28 p.l.f.
Ix = 0.14 in.⁴
Sx = 0.18 in.³
6063 - T6

1" x 2" x 0.044" OPEN BACK SECTION



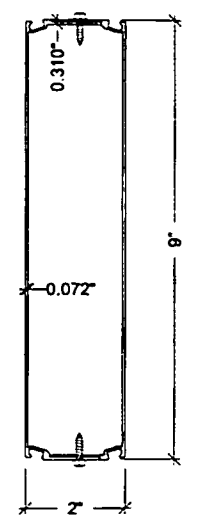
A = 0.64 in.²
WT = 0.73 p.l.f.
Ix = 0.39 in.⁴
Sx = 0.50 in.³
6063 - T6

3" x 2" x 0.050" PATIO SECTION



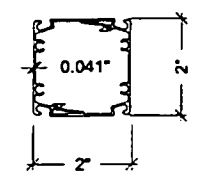
A = 1.28 in.²
WT = 1.47 p.l.f.
Ix = 9.02 in.⁴
Sx = 3.40 in.³
6063 - T6

2" x 7" x 0.055" x 0.120" SELF MATING BEAM



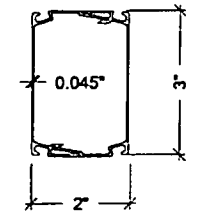
A = 2.37 in.²
WT = 2.72 p.l.f.
Ix = 26.83 in.⁴
Sx = 7.98 in.³
6063 - T6

2" x 9" x 0.082" x 0.310" SELF MATING BEAM



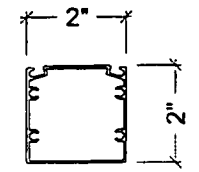
A = 0.53 in.²
WT = 0.61 p.l.f.
Ix = 0.31 in.⁴
Sx = 0.41 in.³
6063 - T6

2" x 2" x 0.041" SNAP EXTRUSION



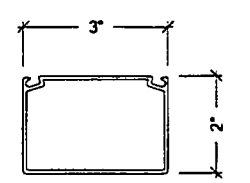
A = 0.59 in.²
WT = 0.68 p.l.f.
Ix = 0.81 in.⁴
Sx = 0.69 in.³
6063 - T6

2" x 2" x 0.045" SNAP EXTRUSION



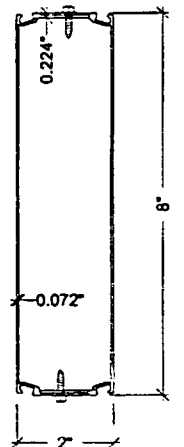
A = 0.32 in.²
WT = 0.37 p.l.f.
Ix = 0.18 in.⁴
Sx = 0.24 in.³
6063 - T6

2" x 2" x 0.032" PATIO SECTION



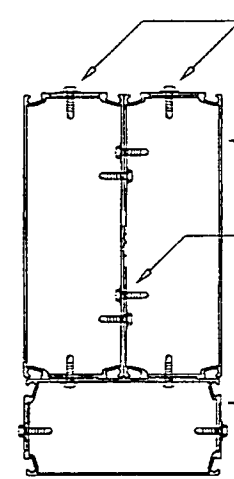
A = 0.71 in.²
WT = 0.82 p.l.f.
Ix = 0.48 in.⁴
Sx = 0.58 in.³
Iy = 0.92 in.⁴
Sy = 0.81 in.³
6063 - T6

3" x 2" x 0.070" PATIO SECTION



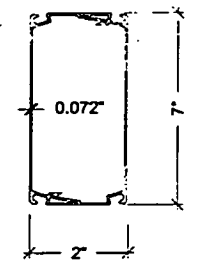
A = 1.86 in.²
WT = 2.14 p.l.f.
Ix = 16.80 in.⁴
Sx = 5.60 in.³
6063 - T6

2" x 7" x 0.055" x 0.120" SELF MATING BEAM



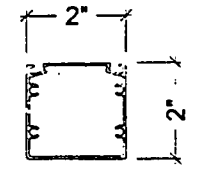
#12 x 3/4" S.M.S. (TEK) @ 24" O.C. TOP AND BOTTOM (TYPICAL)
2" x DEPTH S.M.B. BEAM(S) SIZE PER CARRIER BEAM TABLES
#12 x 3/4" S.M.S. (TEK) @ 24" O.C. STAGGERED TOP AND BOTTOM
2" x 4" S.M.B. BEAM(S) TOP OR TOP OR BOTTOM (AS CONDITION WARRANTS) SIZE PER CARRIER BEAM TABLES

DOUBLE-BEAM FASTENING DETAIL



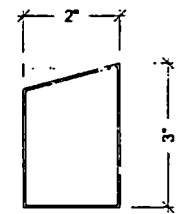
A = 0.68 in.²
WT = 0.78 p.l.f.
Ix = 1.63 in.⁴
Sx = 1.06 in.³
6063 - T6

2" x 3" x 0.045" SNAP EXTRUSION



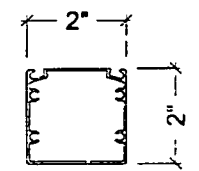
A = 0.36 in.²
WT = 0.41 p.l.f.
Ix = 0.19 in.⁴
Sx = 0.26 in.³
6063 - T6

2" x 2" x 0.036" PATIO SECTION



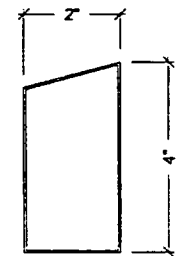
A = 0.47 in.²
WT = 0.54 p.l.f.
Ix = 0.55 in.⁴
Sx = 0.51 in.³
6063 - T6

2" x 3" x 0.050" TILT SECTION



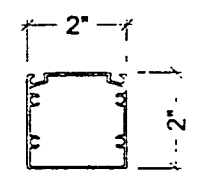
A = 0.42 in.²
WT = 0.49 p.l.f.
Ix = 0.23 in.⁴
Sx = 0.31 in.³
6063 - T6

2" x 2" x 0.044" PATIO SECTION



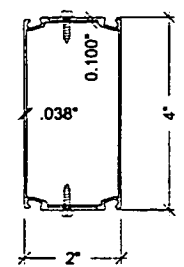
A = 0.57 in.²
WT = 0.65 p.l.f.
Ix = 1.14 in.⁴
Sx = 0.81 in.³
6063 - T6

2" x 4" x 0.050" TILT SECTION



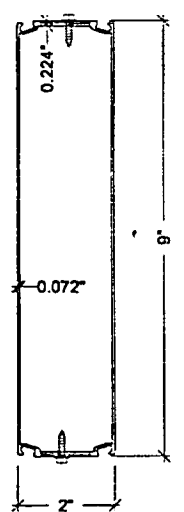
A = 0.50 in.²
WT = 0.57 p.l.f.
Ix = 0.28 in.⁴
Sx = 0.37 in.³
6063 - T6

2" x 2" x 0.055" PATIO SECTION



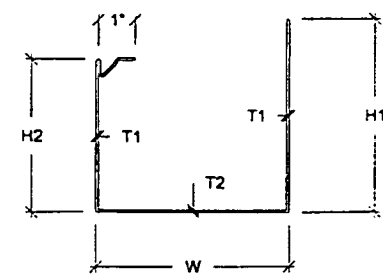
A = 0.72 in.²
WT = 0.83 p.l.f.
Ix = 1.94 in.⁴
Sx = 1.19 in.³
6063 - T6

2" x 4" x 0.038" x 0.100" SELF MATING BEAM



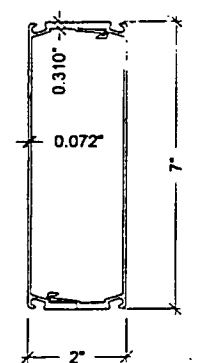
A = 2.01 in.²
WT = 2.30 p.l.f.
Ix = 22.33 in.⁴
Sx = 6.70 in.³
6063 - T6

2" x 8" x 0.072" x 0.224" SELF MATING BEAM



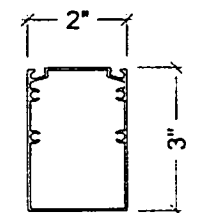
GUTTER EXTRUSION (GE)

Section	Alloy	W	H	t1	t2	A	Ix	Iy	Sx	Sy	Rx	Ry
Gutter	6063 T-5	4	H1	0.08	0.08	1.18	3.81	4.05	0.96 (T)	0.40 (L)	1.8	1.85
			H2	4					1.89 (B)		1.44 (R)	
Edge	6063 T-5	5	H1	0.065	0.065	0.96	2.45	4.43	0.73 (T)	1.80 (L)	1.59	2.14
			H2	4					1.49 (B)		1.74 (R)	



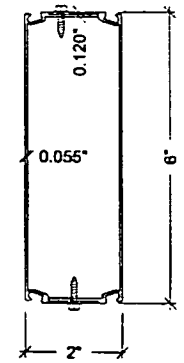
A = 1.32 in.²
WT = 1.52 p.l.f.
Ix = 7.02 in.⁴
Sx = 3.05 in.³
6063 - T6

2" x 4" x 0.045" SNAP EXTRUSION



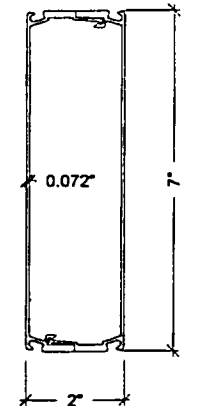
A = 0.84 in.²
WT = 0.74 p.l.f.
Ix = 0.75 in.⁴
Sx = 0.70 in.³
6063 - T6

2" x 3" x 0.050" PATIO SECTION



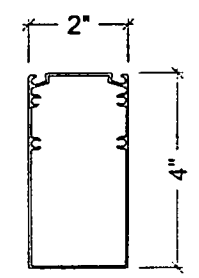
A = 1.11 in.²
WT = 1.27 p.l.f.
Ix = 6.09 in.⁴
Sx = 2.60 in.³
6063 - T6

2" x 6" x 0.055" x 0.120" SELF MATING BEAM



A = 1.45 in.²
WT = 1.66 p.l.f.
Ix = 10.14 in.⁴
Sx = 3.83 in.³
6063 - T6

2" x 6" x 0.062" SNAP EXTRUSION



A = 0.75 in.²
WT = 0.86 p.l.f.
Ix = 1.53 in.⁴
Sx = 1.07 in.³
6063 - T6

2" x 4" x 0.050" PATIO SECTION

2" x 6" x 0.055" x 0.120" SELF MATING BEAM

2" x 9" x 0.072" x 0.224" SELF MATING BEAM

GUTTER EXTRUSION (GE)

2" x 7" x 0.062" SNAP EXTRUSION

Table 1.1: Allowable Spans For Primary Screen Roof Members
 Aluminum Alloy 6063 T-6
 For areas with wind loads less than 140 M.P.H. and
 Latitudes below Latitude 30° North

Hollow Sections	Load Width "W" = Beam Spacing						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Span "L"						
2" x 2" x 0.032"	11'-11"	10'-4"	9'-3"	8'-5"	7'-10"	7'-4"	6'-11"
2" x 2" x 0.036"	12'-5"	10'-9"	9'-8"	8'-10"	8'-2"	7'-7"	7'-2"
2" x 2" x 0.044"	13'-7"	11'-9"	10'-6"	9'-7"	8'-11"	8'-4"	7'-10"
2" x 2" x 0.055"	14'-10"	12'-10"	11'-6"	10'-6"	9'-9"	9'-1"	8'-7"
2" x 3" x 0.050"	20'-5"	17'-8"	15'-10"	14'-5"	13'-4"	12'-6"	11'-9"
2" x 4" x 0.050"	25'-3"	21'-10"	19'-7"	17'-10"	16'-6"	15'-5"	14'-7"

Self-Mating Sections	Load Width "W" = Beam Spacing						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Span "L"						
2" x 4" x 0.038" x 0.100"	26'-7"	23'-1"	20'-7"	18'-10"	17'-5"	16'-4"	15'-4"
2" x 6" x 0.050" x 0.120"	39'-4"	34'-1"	30'-6"	27'-10"	25'-9"	24'-1"	22'-9"
2" x 7" x 0.055" x 0.120"	44'-11"	38'-11"	34'-10"	31'-10"	29'-5"	27'-7"	25'-11"
2" x 8" x 0.072" x 0.120"	57'-9"	50'-0"	44'-9"	40'-10"	37'-10"	35'-4"	33'-4"
2" x 9" x 0.072" x 0.224"	63'-3"	54'-8"	48'-11"	44'-8"	41'-4"	38'-8"	36'-6"
2" x 9" x 0.082" x 0.310"	68'-11"	59'-8"	53'-5"	48'-9"	45'-1"	42'-2"	39'-9"

Snap Sections	Load Width "W" = Beam Spacing						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Span "L"						
2" x 2" x 0.041"	15'-7"	13'-6"	12'-1"	11'-1"	10'-3"	9'-7"	9'-0"
2" x 3" x 0.045"	20'-3"	17'-7"	15'-8"	14'-4"	13'-3"	12'-5"	11'-8"
2" x 4" x 0.045"	25'-1"	21'-9"	19'-5"	17'-9"	16'-5"	15'-5"	14'-6"
2" x 6" x 0.062"	42'-7"	36'-11"	33'-0"	30'-2"	27'-11"	26'-1"	24'-7"
2" x 7" x 0.062"	47'-9"	41'-4"	36'-11"	33'-9"	31'-3"	29'-3"	27'-7"

Example:
 If beam spacing "W" = 4'-0".
 Maximum "L" for a 2" x 4" x 0.044" x 0.12" Self-Mating Beam = **23'-1"**
 Interpolation of tables is allowed.
 Above spans do not include length of knee brace. Add horizontal length of knee brace to above spans for total beam spans.
 Purlin spacing shall not exceed 7'-0". For beam spans greater than 40'-0" the beam at the center purlin and one purlin for each 14'-0" on each side of the center purlin shall include lateral bracing as shown in detail (48'-0" span with purlins at 7'-0" o.c. center purlin and (2) purlins each side of center purlin need lateral bracing.
Note:
 It is recommended that the engineer be consulted on any screen enclosure that spans more than 55'-0" and as a minimum the upright used for screen enclosures over 55'-0" shall be one self-mating section smaller than the beam section.

Table 1.2: Allowable Spans For Secondary Screen Roof Members
 Aluminum Alloy 6063 T-6
 For areas with wind loads less than 140 M.P.H. and
 Latitudes below Latitude 30° North

Sections Fastened To Beams With Clips

Hollow Sections	Load Width "W" = Purlin Spacing						
	3'-0"	4'-0"	4'-6"	5'-0"	5'-6"	6'-0"	7'-0"
	Allowable Span "L"						
2" x 2" x 0.032"	11'-5"	10'-8"	10'-1"	9'-7"	9'-1"	8'-9"	8'-1"
2" x 2" x 0.036"	11'-11"	11'-2"	10'-6"	9'-11"	9'-6"	9'-1"	8'-5"
2" x 2" x 0.044"	12'-11"	12'-2"	11'-5"	10'-10"	10'-4"	9'-11"	9'-2"
2" x 2" x 0.055"	14'-2"	13'-3"	12'-6"	11'-10"	11'-4"	10'-10"	10'-0"
2" x 3" x 0.050"	19'-6"	18'-3"	17'-3"	16'-4"	15'-7"	14'-11"	13'-10"
2" x 4" x 0.050"	24'-2"	22'-7"	21'-3"	20'-2"	19'-3"	18'-5"	17'-1"

Sections Fastened Through Beam Webs Into Screw Bosses

Snap Sections	Load Width "W" = Purlin Spacing						
	3'-0"	4'-0"	4'-6"	5'-0"	5'-6"	6'-0"	7'-0"
	Allowable Span "L"						
2" x 2" x 0.041"	14'-11"	13'-11"	13'-2"	12'-6"	11'-11"	11'-5"	10'-7"
2" x 3" x 0.045"	19'-5"	18'-2"	17'-1"	16'-3"	15'-6"	14'-10"	13'-8"
2" x 4" x 0.045"	23'-11"	22'-4"	21'-1"	20'-0"	19'-1"	18'-3"	16'-11"

Snap Sections	Load Width "W" = Purlin Spacing						
	3'-0"	4'-0"	4'-6"	5'-0"	5'-6"	6'-0"	7'-0"
	Allowable Span "L"						
2" x 2" x 0.041"	16'-8"	15'-7"	14'-9"	13'-11"	13'-4"	12'-9"	11'-10"

Using screen panel width "W" select upright length "H".
 For span "L" of purlin; use purlin spacing.
Example:
 If purlin spacing = 4'-0";
 Allowable "W" for purlin 2" x 4" x 0.050" Extrusion = **22'-7"**

Table 1.3: Allowable Spans For Primary Screen Wall Members
 (Post / Upright Height)
 Aluminum Alloy 6063 T-6

Hollow Sections	Load Width = Upright Spacing						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Height "H"						
2" x 2" x 0.032"	8'-9"	7'-7"	6'-10"	6'-2"	5'-9"	5'-4"	5'-1"
2" x 2" x 0.036"	9'-2"	7'-11"	7'-1"	6'-5"	5'-11"	5'-7"	5'-3"
2" x 2" x 0.044"	9'-11"	8'-8"	7'-9"	7'-1"	6'-6"	6'-1"	5'-9"
2" x 2" x 0.055"	10'-11"	9'-5"	8'-5"	7'-8"	7'-2"	6'-8"	6'-3"
2" x 3" x 0.055"	14'-11"	12'-11"	11'-7"	10'-7"	9'-10"	9'-2"	8'-8"
2" x 4" x 0.050"	18'-6"	16'-0"	14'-4"	13'-1"	12'-1"	11'-4"	10'-8"

Self Mating Sections	Load Width = Upright Spacing						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Height "H"						
2" x 4" x 0.038" x 0.100"	19'-6"	16'-11"	15'-2"	13'-10"	12'-9"	11'-11"	11'-3"
2" x 6" x 0.050" x 0.120"	28'-10"	25'-0"	22'-4"	20'-5"	18'-11"	17'-8"	16'-8"
2" x 7" x 0.055" x 0.120"	33'-0"	28'-7"	25'-7"	23'-4"	21'-7"	20'-3"	19'-1"
2" x 8" x 0.072" x 0.224"	42'-4"	36'-8"	32'-10"	29'-11"	27'-9"	25'-11"	24'-6"
2" x 9" x 0.072" x 0.224"	46'-4"	40'-2"	35'-11"	32'-9"	30'-4"	28'-5"	26'-9"
2" x 9" x 0.082" x 0.356"	50'-7"	43'-10"	39'-2"	35'-9"	33'-1"	30'-11"	29'-2"

Snap Sections	Load Width = Upright Spacing						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Height "H"						
2" x 2" x 0.041"	11'-6"	9'-11"	8'-11"	8'-1"	7'-6"	7'-0"	6'-7"
2" x 3" x 0.045"	14'-10"	12'-11"	11'-6"	10'-6"	9'-9"	9'-1"	8'-7"
2" x 4" x 0.045"	18'-5"	15'-11"	14'-3"	13'-0"	12'-1"	11'-3"	10'-8"
2" x 6" x 0.062"	31'-3"	27'-1"	24'-3"	22'-1"	20'-6"	19'-2"	18'-1"
2" x 7" x 0.062"	35'-0"	30'-4"	27'-2"	24'-9"	22'-11"	21'-5"	20'-3"

* Maximum chair rail spacing is 7'-0" o.c. Thus with chair rail @ 2'-6" the maximum wall height without additional chair rail is 9'-6".
 Using screen panel width "W" select upright length "H".
Example:
 Screen panel width "W" = 4'-0";
 Maximum "H" for a 2" x 4" x 0.038" x 0.100" Self Mating Beam = **16'-11"**

MAY 10 1999

SEAL

SHEET

8

OF 10

Table 1.4: Allowable Spans For Secondary Screen Wall Members
Aluminum Alloy 6063 T-6

Hollow Sections	Load Width						
	3.50'	4.00'	4.50'	5.00'	5.50'	6.00'	7.00'
	Allowable Length "W"						
2" x 2" x 0.032"	8'-5"	7'-10"	7'-5"	7'-0"	6'-8"	6'-5"	5'-11"
2" x 2" x 0.036"	8'-9"	8'-2"	7'-8"	7'-4"	6'-11"	6'-8"	6'-2"
2" x 2" x 0.044"	9'-6"	8'-11"	8'-5"	7'-11"	7'-7"	7'-3"	6'-9"
2" x 2" x 0.055"	10'-5"	9'-9"	9'-2"	8'-9"	8'-4"	7'-11"	7'-4"
2" x 3" x 0.050"	14'-4"	13'-5"	12'-8"	11'-11"	11'-5"	10'-11"	10'-2"
2" x 4" x 0.050"	17'-8"	16'-7"	15'-7"	14'-10"	14'-2"	13'-6"	12'-6"
Snap Sections	Allowable Length "W"						
2" x 2" x 0.041"	10'-11"	10'-3"	9'-8"	9'-2"	8'-9"	8'-4"	7'-9"

Hollow Sections	Load Width						
	3.50'	4.00'	4.50'	5.00'	5.50'	6.00'	7.00'
	Allowable Length "W"						
2" x 2" x 0.032"	9'-5"	8'-9"	8'-3"	7'-10"	7'-6"	7'-2"	6'-8"
2" x 2" x 0.036"	9'-9"	9'-2"	8'-7"	8'-2"	7'-9"	7'-5"	6'-11"
2" x 2" x 0.044"	10'-8"	9'-11"	9'-5"	8'-11"	8'-6"	8'-2"	7'-6"
2" x 2" x 0.055"	11'-6"	10'-11"	10'-5"	9'-9"	9'-3"	8'-11"	8'-3"
2" x 3" x 0.050"	15'-0"	14'-11"	14'-1"	13'-5"	12'-9"	12'-3"	11'-4"
2" x 4" x 0.050"	19'-10"	18'-6"	17'-6"	16'-7"	15'-10"	15'-1"	13'-11"
Snap Sections	Allowable Length "W"						
2" x 2" x 0.041"	12'-3"	11'-6"	10'-10"	10'-3"	9'-9"	9'-4"	8'-8"

* Maximum chair rail spacing is 7'-0" o.c. Thus with chair rail @ 2'-6" the maximum wall height without additional horizontal is 9'-6"
Using screen panel width "W" select chair rail lengths.
Example:
If horizontal load width = 4'-0"
Maximum "W" for a 2" x 2" x 0.044" Hollow Section fastened with clips = **8'-11"**

Table 1.5: Allowable Spans For CARRIER Beams in a Screen Roof
Aluminum Alloy 6063 T-6

Single Self-Mating Beams	Tributary Load Width												
	10'-0"	14'-0"	18'-0"	22'-0"	26'-0"	30'-0"	34'-0"	38'-0"	42'-0"	46'-0"	50'-0"	54'-0"	
	Allowable Span "L"												
2" x 4" x 0.038" x 0.100"	13'-11"	11'-9"	10'-4"	9'-5"	8'-8"	8'-0"	7'-7"	7'-2"	6'-9"	6'-6"	6'-3"	5'-11"	
2" x 6" x 0.050" x 0.120"	20'-7"	17'-5"	15'-4"	13'-11"	12'-9"	11'-11"	11'-2"	10'-7"	10'-1"	9'-7"	9'-3"	8'-10"	
2" x 7" x 0.055" x 0.120"	23'-6"	19'-11"	17'-6"	15'-10"	14'-7"	13'-7"	12'-9"	12'-1"	11'-6"	10'-11"	10'-6"	10'-2"	
2" x 8" x 0.072" x 0.224"	30'-2"	25'-6"	22'-6"	20'-4"	18'-9"	17'-5"	16'-5"	15'-6"	14'-9"	14'-1"	13'-6"	12'-11"	
2" x 9" x 0.072" x 0.224"	33'-0"	27'-11"	24'-8"	22'-3"	20'-6"	19'-1"	17'-11"	16'-11"	16'-1"	15'-5"	14'-9"	14'-3"	
2" x 9" x 0.082" x 0.306"	36'-1"	30'-6"	26'-11"	24'-4"	22'-4"	20'-10"	19'-7"	18'-6"	17'-7"	16'-10"	16'-2"	15'-6"	

Double Self-Mating Beams	Tributary Load Width												
	10'-0"	14'-0"	18'-0"	22'-0"	26'-0"	30'-0"	34'-0"	38'-0"	42'-0"	46'-0"	50'-0"	54'-0"	
	Allowable Span "L"												
2" x 8" x 0.072" x 0.224"	42'-9"	36'-1"	31'-10"	28'-10"	26'-6"	24'-8"	23'-2"	21'-11"	20'-10"	19'-11"	19'-1"	18'-5"	
2" x 9" x 0.072" x 0.224"	45'-9"	39'-6"	34'-10"	31'-6"	28'-11"	26'-11"	25'-4"	23'-11"	22'-10"	21'-9"	20'-11"	20'-1"	
2" x 9" x 0.082" x 0.306"	51'-0"	43'-1"	38'-0"	34'-5"	31'-8"	29'-5"	27'-8"	26'-2"	24'-11"	23'-9"	22'-10"	21'-11"	

Double Self-Mating Beams with 2 x 4 SMB added to Top or Bottom (Perpendicular to Webs)	Tributary Load Width												
	10'-0"	14'-0"	18'-0"	22'-0"	26'-0"	30'-0"	34'-0"	38'-0"	42'-0"	46'-0"	50'-0"	54'-0"	
	Allowable Span "L"												
2" x 8" x 0.072" x 0.224"	49'-1"	41'-6"	36'-7"	33'-1"	30'-6"	28'-4"	26'-8"	25'-2"	23'-11"	22'-11"	21'-11"	21'-2"	
2" x 9" x 0.072" x 0.224"	53'-3"	44'-11"	39'-8"	35'-11"	33'-0"	30'-9"	28'-10"	27'-4"	25'-11"	24'-10"	23'-10"	22'-11"	
2" x 9" x 0.082" x 0.306"	57'-1"	48'-3"	42'-7"	38'-6"	35'-5"	32'-11"	30'-11"	29'-3"	27'-10"	26'-7"	25'-6"	24'-7"	

Example:
If Tributary Load Width = 30'-0"
Maximum "L" for a 2" x 4" x 0.044" x 0.12" Single Self-Mating Beam = **8'-0"**
Above spans do not include length of knee brace. Add horizontal length of knee brace to above spans for total beam spans.
Note:
It is recommended that the engineer be consulted on any carrier beam that spans more than 55'

Table 1.6: Minimum Upright Sizes and Number of Screws for Connection of Roof Beams To Wall Uprights or Beam Splicing

Beam Size	Upright Size	Notes	Minimum Number of Screws		
			#8 x 1/2"	#10 x 1/2"	#12 x 1/2"
2" x 3"	2" x 3"	No Splice	6	4	4
2" x 4"	2" x 3"		8	6	4
2" x 6"	2" x 3"	Full Lap	10	8	6
2" x 6"	2" x 4"	Partial Lap	10	8	6
2" x 7"	2" x 4"		14	12	10
2" x 8"	2" x 6"		16	14	12
2" x 9"	2" x 6"		18	16	14

Screw Size	Minimum Distance and Spacing of Screws	
	Edge To Center	Center To Center
#8	5/16"	5/8"
#10	3/8"	3/4"
#12	1/2"	1"

* Refers to each side of the connection of the beam and upright.
Note:
Use full lap cut detail for 2" x 6" beam to 2" x 3" upright.
Connection of 2" x 6" to 2" x 3" not allowed for partial lap connections.
For beam to beam splice size and number of fasteners is per side per end of splice.

Table 1.7: Minimum Size Screen Enclosure Knee Braces And Anchoring Required
Aluminum 6063 T-6

Brace Length	Extrusion	Anchoring System
0' - 2'-0"	2" x 2" x 0.044"	2" H-Channel With (3) #10 x 1/2" EACH SIDE
To 3'-0"	2" x 3" x 0.050"	2" H-Channel With (3) #10 x 1/2" EACH SIDE
To 4'-6"	2" x 4" x 0.044" x 0.12"	Notch S.M.B. Over Beam And Upright (4) #10 x 1/2" Each Side

(See Table 1.6 For Number And Size Of Screws)
Note:
For Required Knee Braces Greater Than 4'-6" Contact Engineer For Specifications And Details.

Table 1.8: Allowable Spans For Primary Screen Roof Members
Aluminum Alloy 6063 T-6
For areas of 140 M.P.H. wind loads and areas north of the latitude of 30° (Jacksonville, Florida) that are subject to ice on the screen and a wind load.

Hollow Sections	Load Width = "W"						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Span "L"						
2" x 2" x 0.032"	8'-5"	7'-4"	6'-7"	5'-11"	5'-6"	5'-2"	4'-11"
2" x 2" x 0.036"	8'-10"	7'-7"	6'-10"	6'-3"	5'-9"	5'-5"	5'-1"
2" x 2" x 0.044"	9'-7"	8'-4"	7'-5"	6'-10"	6'-3"	5'-11"	5'-7"
2" x 2" x 0.055"	10'-6"	9'-1"	8'-2"	7'-5"	6'-10"	6'-5"	6'-1"
2" x 3" x 0.050"	14'-5"	13'-6"	11'-2"	10'-2"	9'-5"	8'-10"	8'-4"
2" x 4" x 0.050"	17'-10"	15'-5"	13'-10"	12'-7"	11'-8"	10'-11"	10'-2"

Self-Mating Sections	Load Width = "W"						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Span "L"						
2" x 4" x 0.038" x 0.100"	18'-10"	16'-4"	14'-7"	13'-4"	12'-4"	11'-6"	10'-10"
2" x 6" x 0.050" x 0.120"	27'-10"	24'-1"	21'-7"	19'-8"	18'-3"	17'-0"	16'-1"
2" x 7" x 0.055" x 0.120"	31'-10"	27'-7"	24'-8"	22'-6"	20'-10"	19'-6"	18'-4"
2" x 8" x 0.072" x 0.224"	40'-10"	35'-4"	31'-7"	28'-10"	26'-9"	25'-0"	23'-7"
2" x 9" x 0.072" x 0.224"	44'-8"	38'-8"	34'-7"	31'-7"	29'-3"	27'-4"	25'-9"
2" x 9" x 0.082" x 0.306"	48'-9"	42'-2"	37'-9"	34'-6"	31'-11"	29'-10"	28'-2"

Snap Sections	Load Width = "W"						
	3'-0"	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"	9'-0"
	Allowable Span "L"						
2" x 2" x 0.041"	11'-1"	9'-7"	8'-7"	7'-10"	7'-3"	6'-9"	6'-5"
2" x 3" x 0.045"	14'-4"	12'-5"	11'-1"	10'-2"	9'-5"	8'-9"	8'-3"
2" x 4" x 0.045"	17'-8"	15'-4"	13'-8"	12'-6"	11'-7"	10'-10"	10'-2"
2" x 6" x 0.062"	30'-2"	25'-1"	23'-4"	21'-4"	19'-9"	18'-5"	17'-5"
2" x 7" x 0.062"	33'-9"	29'-3"	26'-2"	23'-10"	22'-1"	20'-8"	19'-6"

For span "L" of beam; Use screen panel spacing "W"
Example:
If Beam Spacing (Load Width "W") = 6'-0"
Maximum "L" for beam 2" x 4" x 0.044" x 0.120" Self-Mating Beam = **13'-4"**
Above spans do not include length of knee brace. Add horizontal length of knee brace to above spans for total beam spans.
Purlin spacing shall not exceed 7'-0" (40 x web thickness). For beam spans greater than 40'-0" the beam at the center purlin and one purlin for each 14'-0" on each side of the center purlin shall include lateral bracing as shown in detail (48'-0" span with purlins at 7'-0" o.c. center purlin and (2) purlins each side of center purlin need lateral bracing.
Note:
It is recommended that the engineer be consulted on any screen enclosure that spans more than 55'-0" and as a minimum the upright used for screen enclosures over 55'-0" shall be one self-mating section smaller than the beam section.

(Signature)
SEAL
SHEET

Table 1.10: Allowable Spans For Super Gutter and Self Mating Beam Screened Enclosure One Side/Solid Roof Other Side:
Aluminum Alloy 6063 T-6

Beams And 5" Super Gutters	1/2" Screen Roof Beam Span				
	10'-0"	12'-0"	14'-0"	16'-0"	18'-0"
2" x 6" x 0.050" x 0.120"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"
2" x 7" x 0.055" x 0.120"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"
2" x 8" x 0.072" x 0.224"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"
2" x 9" x 0.072" x 0.224"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"
2" x 9" x 0.082" x 0.306"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"

Note:

If the solid panel is greater or less than 10'-0", then the 1/2" the allowable screen roof beam span shall be adjusted by the factor of +/- 2 x 1/2 (the solid roof panel span difference between the actual and 10'-0"). The adjustment to the allowable screen roof panel width is applied as a plus if the solid roof panel is larger than 10'-0" and minus if the solid roof panel is smaller than 10'-0".
For Span of "L" Of Beam: Use Screen Panel Width "W" From Drawing.
Load Span = 1/2 of Screen Beam Length + 1/2 of Solid Roof Span.
Example:
44'-0" (Screen Roof Beam Span) / 2 = 22'-0".
For 2" x 6" x 0.050" x 0.120" Self Mating Beam and 4" Super Gutter Maximum Span = **12'-10"**
The solid roof panel width is 12'-0".
The allowable screen roof panel width will be (+) (2 x 1/2 (12' - 10")) = + 2'.
To select the required Super Gutter and beam, add 2' to 1/2 the screen roof beam span and read the Super Gutter and Beam allowable beam spans in that column (i.e. if the screen roof beam span is 36'-0" then enter the table from the top under the column headed by (1/2 x (36) - 2) = 20'-0"

Table 1.10: Allowable Spans For Super Gutter and Self Mating Beam Screened Enclosure One Side/Solid Roof Other Side:
Aluminum Alloy 6063 T-6

Beams And 5" Super Gutters	1/2" Screen Roof Beam Span				
	10'-0"	12'-0"	14'-0"	16'-0"	18'-0"
2" x 6" x 0.050" x 0.120"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"
2" x 7" x 0.055" x 0.120"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"
2" x 8" x 0.072" x 0.224"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"
2" x 9" x 0.072" x 0.224"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"
2" x 9" x 0.082" x 0.306"	5'-0"	5'-0"	5'-0"	5'-0"	5'-0"

Note:

If the solid panel is greater or less than 10'-0", then the 1/2" the allowable screen roof beam span shall be adjusted by the factor of +/- 2 x 1/2 (the solid roof panel span difference between the actual and 10'-0"). The adjustment to the allowable screen roof panel width is applied as a plus if the solid roof panel is larger than 10'-0" and minus if the solid roof panel is smaller than 10'-0".
For Span of "L" Of Beam: Use Screen Panel Width "W" From Drawing.
Load Span = 1/2 of Screen Beam Length + 1/2 of Solid Roof Span.
Example:
44'-0" (Screen Roof Beam Span) / 2 = 22'-0".
For 2" x 6" x 0.050" x 0.120" Self Mating Beam and 4" Super Gutter Maximum Span = **12'-10"**
The solid roof panel width is 12'-0".
The allowable screen roof panel width will be (+) (2 x 1/2 (12' - 10")) = + 2'.
To select the required Super Gutter and beam, add 2' to 1/2 the screen roof beam span and read the Super Gutter and Beam allowable beam spans in that column (i.e. if the screen roof beam span is 36'-0" then enter the table from the top under the column headed by (1/2 x (36) - 2) = 20'-0"

Table 1.11: g Fastening Schedule

Maximum Wall Width =	Number of #10 x 3/4" S.M.S. Required				
	Corner Post @ Top	Diagonal (K) per End	Intermediate Post @ Chair Rail	Corner Post @ Bottom	Plate to Sole Plate
20'-0"	2	2	4	2	2
30'-0"	2	2	4	2	2
40'-0"	3	4	6	2	2
50'-0"	4	5	8	3	3
60'-0"	5	7	12	3	3

Maximum Front Wall Height = 10'-0"
Use Front Wall Width When Determining Number of S.M.S. For The Side Wall K-Bracing.
Use Side Wall Width When Determining Number of S.M.S. For The Front And/Or Back Wall K-Bracing.

Table 9.3: Allowable Loads On Screws And Bolts
(As Recommended By Manufacturers)

Screw Diameter #8	Metal to Metal		Metal to Plywood			
	Shear (lbs.)	Double Shear (lbs.)	1/2" 4 ply	5/8" 4 ply	3/4" 4 ply	Pull Out (lbs.)
#8	334	608	187	209	288	71
#10	418	836	288	387	54	78
#12	516	1,032	387	516	84	105
#14	734	1,468	516	696	114	141
#16	1,253	2,506	696	928	157	195
#18	1,988	3,976	928	1,237	209	263

Screw Diameter #8	Metal to Metal		Metal to Plywood			
	Shear (lbs.)	Double Shear (lbs.)	1/2" 4 ply	5/8" 4 ply	3/4" 4 ply	Pull Out (lbs.)
#8	334	608	187	209	288	71
#10	418	836	288	387	54	78
#12	516	1,032	387	516	84	105
#14	734	1,468	516	696	114	141
#16	1,253	2,506	696	928	157	195
#18	1,988	3,976	928	1,237	209	263

Wood Lag Screw Loads

Screw Diameter	Shear (lbs.)	Double Shear (lbs.)	Withdrawal (lbs.)
1/2"	170	235	396
5/16"	210	355	624
3/8"	240	480	712

Concrete Screws and Bolts In Concrete, Brick or C.M.U. (Embedment Must Be a Minimum of 1-1/2" Thickness With 1-1/4" From Edge)

Screw Diameter	2,000# Concrete		3,000# Concrete	
	Tension (lbs.)	Shear (lbs.)	Tension (lbs.)	Shear (lbs.)
1/2"	757	319	825	352
5/16"	1,057	418	1,184	488
3/8"	1,443	543	1,776	633

Screw Diameter	Tension (lbs.)		Shear (lbs.)	
	1/8"	1/8"	5/32"	1/8"
1/8"	187	263	263	375
5/32"	263	375	375	516
3/16"	262	375	375	516

Screw Diameter	Tension (lbs.)		Shear (lbs.)	
	1/8"	1/8"	5/32"	1/8"
1/8"	187	263	263	375
5/32"	263	375	375	516
3/16"	262	375	375	516

Screw goes through two sides of members.
All barrel lengths: Celus Industrial Quality. Use manufacturers grip range to match total wall thickness of connection. Use chart. To Select screw U.S. rivet substitution of anchor specifications in drawings.

6286

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/2/03

BUILDING PERMIT NO. 6286

Building to be erected for SCHNEIDER

Type of Permit RE ROOF

Applied for by DRISIO ROOFING (Contractor)

Building Fee 120.00

Subdivision RIO VISTA Lot 76 Block _____

Radon Fee _____

Address 90 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:
1238410020000076070000

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$120.00 Check # 3642 Cash _____

Other Fees (_____)

Total Construction Cost \$ 9200.00

TOTAL Fees 120.00

Signed James Drisio
Applicant

Signed Gene Simmons (Rob)
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: Bob Schneider Building Permit Number: City: Sewall's Pt State: FL Zip: Legal Description of Property: Parcel Number: Location of Job Site: #90 S. River Rd. Type of Work To Be Done: Re-Roof

CONTRACTOR/Company Name: Robin Laster / Dirisio Roofing, Inc. Phone Number: 225-9100 Street: 4231 NE Cheryl Dr. City: Jensen Beach State: FL Zip: 34957 State Registration Number: ~~CCC057128~~ State Certification Number: CCC057128 Martin County License Number:

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 Wood Deck: Accessory Building: Type Sewage: Septic Tank Permit Number From Health Dept. 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: \$9200- 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: Robin Laster / Dirisio Roofing, Inc. State: Florida License Number: CCC057128

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) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) National Electrical Code 2002 Florida Energy Code 2001 Florida Accessibility Code 2001

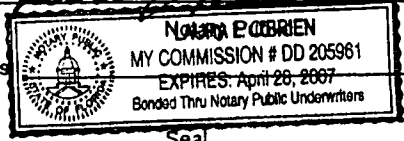
THEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required) State of Florida, County of: This the day of, 200 by who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required) James Dirisio On State of Florida, County of: Martin This the 2ND day of JUNE 2003 by DL20-452-50-125-0 who is personally known to me or produced Florida Drivers, LLC As identification.

Notary Public My Commission Expires:

My Commission Expires:



Seal

Seal

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
5/29/03

PRODUCER
A Better Deal Insurance
1026 SW Bayshore Blvd
Port St Lucie, FL 34983
(561) 871-7764

INSURED
DIRISIO ROOFING INC
3473 SE HAWTHORNE ST
STUART FL 34997

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

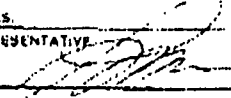
INSURER A: FIRESTONE
INSURER B:
INSURER C:
INSURER D:
INSURER E:

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 LTH	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY WHERE: (LCL) (LCP)	ACC094304 B 0167Q514245	9-16-02	9-16-03	EACH OCCURRENCE \$ 100000 FIRE DAMAGE (Any one fire) \$ 50000 MED EXP (Any one person) \$ 1000 PERSONAL & ADJ INJURY \$ 100000 GENERAL AGGREGATE \$ 100000 PRODUCTS - COMP/OP AGG \$ 100000
	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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATE TOTAL \$ TURY LIMITS PER \$ FL EACH ACCIDENT \$ FL DISEASE - EA EMPLOYEE \$ FL DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN OF SEWALLS POINT FAX 220-4765		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: 

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 08/19/2001

EXPIRATION DATE 08/19/2003

EXEMPTED PERSON LAST NAME LASTER

FIRST NAME ROBIN

E

SOCIAL SECURITY NUMBER 481-78-0836

BUSINESS NAME DIRISIO ROOFING INC

FEDERAL IDENTIFICATION NUMBER 593349522

BUSINESS ADDRESS 4231 NE CHERI DRIVE

JENSEN BEACH

FL 34957

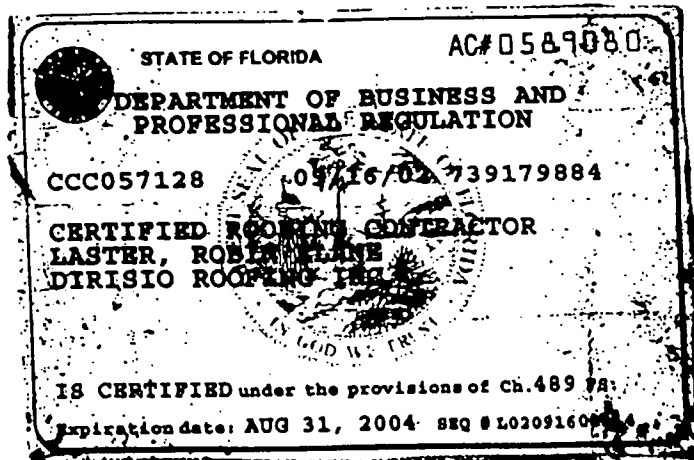
F
O
L
D

H
E
R
E

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.



2002-2003 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 1998-520-047 CERT
PHONE (561) 225-9110 SIC NO 001761

LOCATION:
4231 NE CHERI DR JB

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	0.00
\$	.00	COL. FEE \$	0.00
\$	.00	TRANSFER \$	0.00
TOTAL		25.00	

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERT. ROOFING CONTRACTOR**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

MASTER, ROBIN E
DIRISIO ROOFING INC
4231 NE CHERI DR
JENSEN BEACH FL 34957

RECEIPT OF PAYMENT

6818
LARRY C. O'STEEN
99 86/21/2002 OCC: NORMAL
19985200047000
02202002100524CX
\$25.00

21 DAY OF AUGUST 2002
AND ENDING SEPTEMBER 30, 2003

GENERAL POWER OF ATTORNEY (With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, *Robin Elaine Haster* of *6803 Forsythe Dr. Panama City, FL 32404* the undersigned Grantor, do hereby make and grant a general power of attorney to

of *James L. DiRisio 4231 N.E. Cheri Ln. Jensen Beach, FL 34957* and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | |
|---------------|--|
| [] | (A) Real estate transactions |
| [] | (B) Tangible personal property transactions |
| [] | (C) Bond, share and commodity transactions |
| [] | (D) Banking transactions |
| [<i>RE</i>] | (E) Business operating transactions |
| [] | (F) Insurance transactions |
| [] | (G) Gifts to charities and individuals other than Attorney-in-Fact/Agent |
- (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)

- [] (H) Claims and litigation
 - [] (I) Personal relationships and affairs
 - [] (J) Benefits from military service
 - [] (K) Records, reports and statements
 - [] (L) Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select
 - [] (M) Access to safe deposit box(es)
 - [] (N) To authorize medical and surgical procedures (Pennsylvania only)
 - [] (O) All other matters
- Durable Provision:**
- [] (P) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
- Other Terms:**

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 28 day of MAY, 2003.

Signed in the presence of:

James M. Sovel
 Witness
R. Stoffle
 Witness

Robin E. Laster
 Grantor

 Attorney-in-Fact/Agent

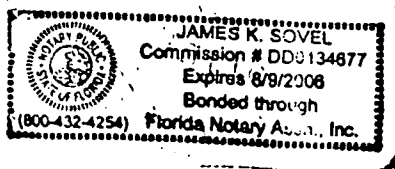
State of Fla.
 County of DAY

On 28 May 2003 before me, JAMES K. SOVEL, appeared Robin E. Laster, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]

Affiant Known Produced ID
 Type of ID Fl. State License
 (Seal)



PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

#90 S. River RD Sewalls PT., FL

GENERAL DESCRIPTION OF IMPROVEMENT: Re - Roof!
OWNER: ROBERT BOB Schneider, Gayle Schneider

ADDRESS: #90 S. River RD. Sewalls PT., FL

PHONE #: 286-9607 FAX #: _____

CONTRACTOR: ROBIN LASTER / DiRISIO Roofing Inc.

ADDRESS: 4231 N.E. Cheri Dr. Jensen Beach, FL

PHONE #: 225-9100 FAX #: 225-9133

SURETY COMPANY (IF ANY): Allstate Floridian Ins (Agent Roy Childs)

ADDRESS: 4259 NW Federal H'wy, Jensen Beach, FL 34996

PHONE #: 772 692 5152 FAX #: _____

BOND AMOUNT: _____

LENDER: 1st National Bank & Trust Co.

ADDRESS: Colorado Ave & US 1

PHONE #: 772 288 6000 FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: 287 2455 FAX #: _____

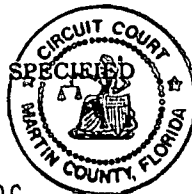
STATE OF FLORIDA
MARTIN COUNTY

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

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

MARSHA EWING CLERK

BY LCPLS D.C.
DATE 5-29-03

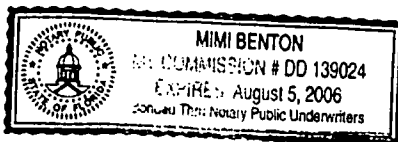


Gayle Schneider
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29th DAY OF May
2003 BY Gayle Schneider

OR PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens Corning
One Owens Corning Parkway
Toledo, OH 43659

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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2538

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

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

Your application for Notice of Acceptance (NOA) of:

Oakridge 30 AR

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0522.03
EXPIRES: 07/19/2006

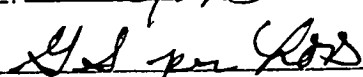


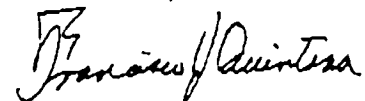
Raul Rodriguez
Chief Product Control Division

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

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

APPROVED: 07/19/2001

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>6/2/03</u>  BUILDING OFFICIAL Gene Simmons</p>



Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office



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)

GAF Material Corporation
1361 Alps Road
Wayne, NJ 07470

FILE COPY	MIAMI, FLORIDA 33130-1563
TOWN OF SEWALL'S POINT	
THESE PLANS HAVE BEEN	
REVIEWED FOR CODE COMPLIANCE	
DATE:	<u>6/2/03</u>
<i>Gene Simmons</i>	
BUILDING OFFICIAL	
Gene Simmons	

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 Miami-Dade County Product Control Division (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

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

DESCRIPTION: GAF Ruberoid® Modified Bitumen Roof System for Wood Decks.

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 consists of pages 1 through 33.

The submitted documentation was reviewed by Frank Zuloaga, RRC.



NOA No: 02-0408.10
Expiration Date: 11/06/03
Approval Date: 05/23/02
Page 1 of 33

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/13, 2003 Page of



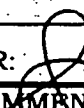

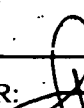
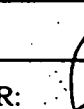

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6124	LANDI 3 MIDDLE RD O/B	REMODEL KITCHEN CABT TILE FINAL	FAILED	BUILDING LOCKED \$30 REINS FEE INSPECTOR: _____
628	SKINNER 15 PALMERO FLYNN'S A/C	A/C FINAL	FAILED	\$30 REINS FEE INSPECTOR: _____
6275	SHARFI 73 N SEWALL ST BUFORD	Block columns steel	FAILED	\$30 REINS FEE INSPECTOR: _____
686	SCHNEIDER 90 S. RIVER ROAD D. RISIO ROOFING	DEVIN SHEATHING FLAT DECK PROG.	Passed	INSPECTOR: _____
5885	BUSHA 10 PALM COURT AQUA SOFT	IRRIGATION	Passed	INSPECTOR: _____
6252	GREEN, 26 ISLAND RD. O/B.	ROOF SHEATHING	FAILED	\$30 REINS FEE INSPECTOR: _____
TREE	SMITH 85 S RIVER RD	TREE	_____	→ POSTPONE ? ADDRESS ? TREES MARKED INSPECTOR: _____

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/20, 2008 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6260	DENNISON	DRIVEWAY-FINAL	Passed	close
(3)	49 W HIGH POINT O/B			INSPECTOR: 
6286	SEWALL'S POINT	FINAL ROOF	Passed	close
(1)	90 S. RIVER D. R. SID			INSPECTOR: 
5852	ALUMAN	FINAL-FILL	Passed	close
(6)	3 SUMMER LA O/B			INSPECTOR: 
6054	ALUMAN	FINAL-MASONRY	Failed	need final survey
(7)	3 SUMMER LA O/B	WALL		(no fee) INSPECTOR: 
5914	ABASCORA TRAIL	POOL PLUMBING	Passed	
(2)	6 MORGAN CIR. HARBOR BAY			INSPECTOR: 
6278	BAY TREE ISLAND	FINAL-DOCK	→ Holiday	
(8)	196 S. SEWALL'S PT BK MARINE			INSPECTOR: 
	DICKINSON	LATH	Passed	
(9)	19 EMARITAWAY PALMER CONST			INSPECTOR: 
OTHER: _____				

6853

GARAGE DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/10/04

BUILDING PERMIT NO. 6853

Building to be erected for SCHNEIDER

Type of Permit GARAGE DOOR

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 76 Block _____

Radon Fee _____

Address 90 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1238410020000076070000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 6424 Cash _____ Other Fees (_____) _____

TOTAL Fees 35.00

Total Construction Cost \$ 840.00

Signed [Signature]

Signed [Signature]

Applicant

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
- GARAGE DOOR

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 _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: Aug 5/04 Permit Number: _____

OWNER/TITLEHOLDER NAME: ROBERT SCHNEIDER Phone (Day) 286-9607 (Fax) _____

Job Site Address: 90 SO RIVER RD City: SEWALLS POINT State: IL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIOVISTA Parcel Number: LOT 76

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

Description of Work To Be Done: REPLACE GARAGE DOOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 840.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ N/A

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

Method of Determining Fair Market Value: N/A

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
ROBERT SCHNEIDER

State of Florida, County of: MARTIN

This the 5TH day of AUGUST, 2004

by ROBERT SCHNEIDER who is personally

known to me or produced by FLDLSA36761382570

as identification. [Signature] 8/11/04

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

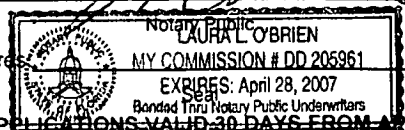
This the _____ day of _____, 200_____

by _____ who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____



TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: ROBERT SCHNEIDER Date: 5 August 04

Signature: [Handwritten Signature]

Address: 90 So RIVER RD

City & State: STUART FL- 34996

Permit No. _____



WINDLOAD SPECIFICATION 0400

MODEL: 8000/8100
 STYLE: RAISED PANEL WITH LITES
 DESIGN PRESSURE: +34.40/-38.30 PSF
 TEST PRESSURE: +51.60/-57.50 PSF

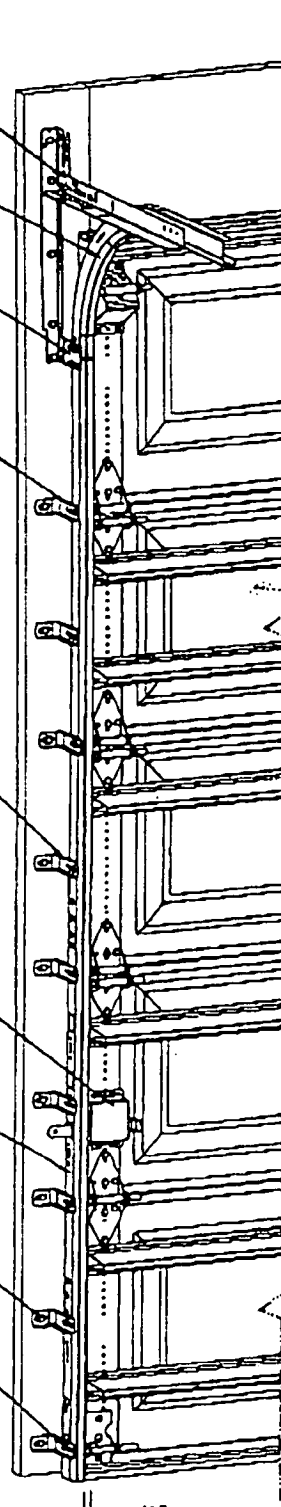
APPROVED SIZES:

10'-0" MIN - 16'-0" MAX WIDTH x
 8'-0" MAX HEIGHT 21" MAX. SECTION WIDTH

NOTES:

1. GLASS DISCLAIMER "NO CONCLUSIONS OF ANY KIND REGARDING THE ADEQUACY OR INADEQUACY OF THE GLASS IN THE TEST SPECIMEN MAY BE DRAWN FROM THE TEST." (1993 ASTM E330).
2. GLAZING OPTIONS - TOP OR INTERMEDIATE SECTION, .090 SSB GLASS WITH OPTIONAL INSERTS.
3. VINYL OR WOOD DOOR STOP MUST OVERLAP TOP AND BOTH ENDS OF PANELS MINIMUM 7/16" TO MEET NEGATIVE PRESSURES.
4. U-BAR TO HAVE A MINIMUM YIELD OF 80 KSI A653 G-40
5. TRACK TO HAVE A MINIMUM YIELD OF 33 KSI A653 G-40
6. OPTIONAL - .080" (MIN) ALUMINUM LOUVERS WITH HIGH IMPACT STYRENE FRAME MAY BE LOCATED IN THE END PANELS OF THE BOTTOM SECTION.
7. KEY LOCK OR SLIDE LOCK IS REQUIRED.
8. THE DESIGN OF THE SUPPORTING STRUCTURAL ELEMENTS SHALL BE THE RESPONSIBILITY OF THE PROFESSIONAL OF RECORD FOR THE BUILDING OR STRUCTURE AND IN ACCORDANCE WITH CURRENT BUILDING CODES FOR THE LOADS LISTED ON THIS DRAWING.
9. DOOR JAMB TO BE 2 X 6 STRUCTURAL GRADE LUMBER (MIN).
10. CONCRETE FLOOR TO BE 3-1/2" THICK AND 2500 PSI MINIMUM.

- 13 GA HORIZ ANGLE
- .067" MIN HORIZ TRACK
- (2) UNV TRACK STUD PLATES & (4) 1/4-20 HEX NUTS
- (1)JB-US BRACKET LOCATED AT ROLLER LOCATIONS EXCEPT TOP BRACKET ROLLER (P/N 125139) (5) FOR 8' HIGH DOORS (4) FOR 7' HIGH DOORS
- (1)JB-US BRACKET LOCATED AT THE MIDDLE OF EACH SECTION EXCEPT TOP SECTION (4) FOR 8' HIGH DOORS (3) FOR 7' HIGH DOORS
- KEY LOCK OR SLIDE LOCK (EACH END) SLIDE LOCK SHOWN FOR CLARITY
- .067" MIN VERT TRACK
- 5/16x1-5/8" LAG SCREW AT EACH JB-US BRACKET
- 1/4-20x9/16" TRACK BOLT & 1/4-20 HEX NUT AT EACH JB-US BRACKET.



FLORIDA PRODUCT APPROVAL
 FL1840

Approved:

Mark R. Barrow, P.E.
 3395 ADDISON DRIVE PENSACOLA FL 32514
 FLORIDA CERTIFICATION NO. 57389

NOTE: (5) SECTION DOOR SHOWN.
 SEE PAGE 4 FOR U-BAR
 LOCATIONS FOR (4) SECTION
 DOORS.

Date:

3/7/04

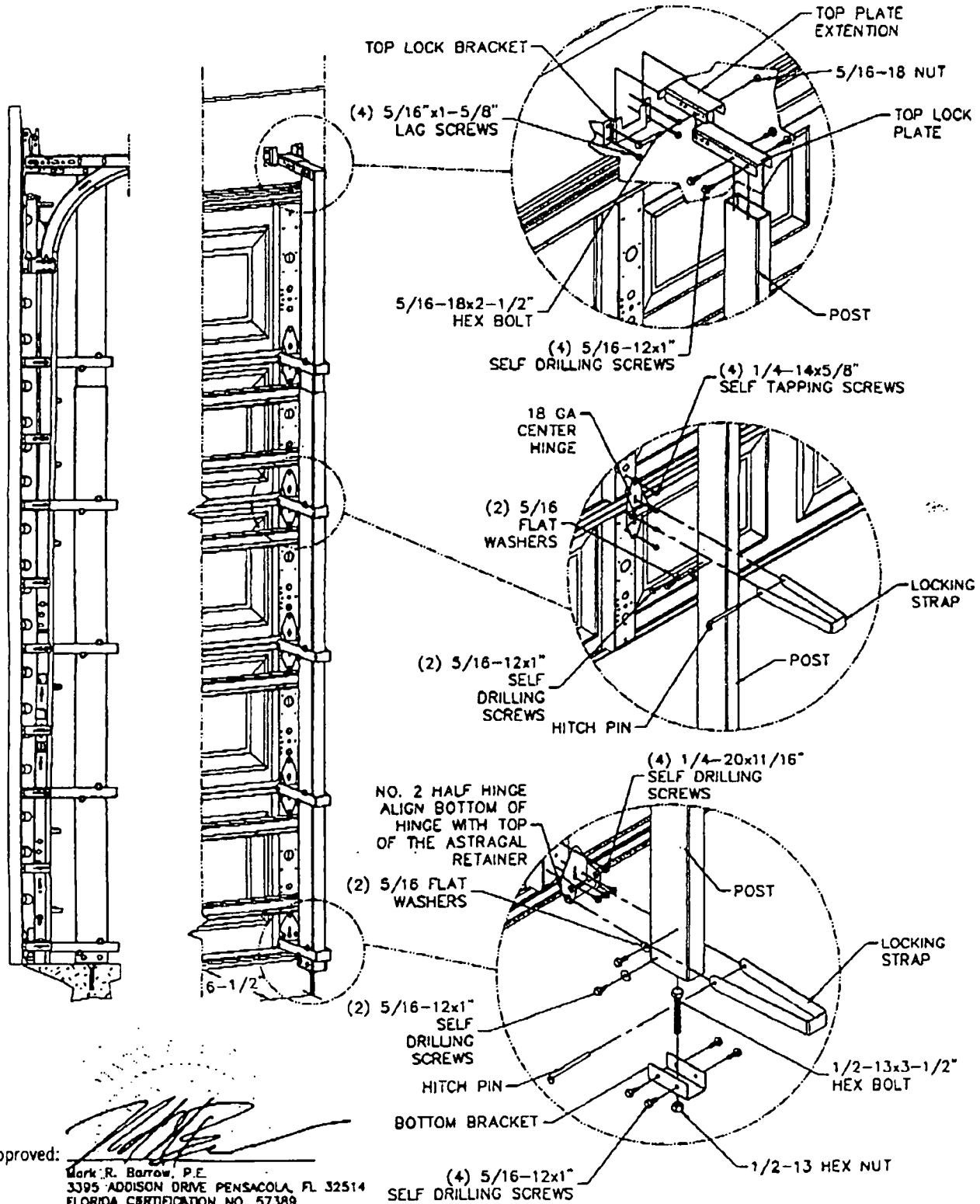
FILE COPY

OPTION CODE: 0400	8000/8100	16'-0" x 8'-0"	1 OF 4
RAISE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE	DESIGN PRESSURE	+34.40/-38.30 PSF	

DATE: 7/9/04
 BUILDING OFFICIAL
 Gene Simmons

PART NO. 312735

WINDLOAD POST INSTALLATION INSTRUCTIONS



Approved:

[Signature]
 Mark R. Barrow, P.E.
 3395 ADDISON DRIVE PENSACOLA, FL 32514
 FLORIDA CERTIFICATION NO. 57389

Date:

3/17/04

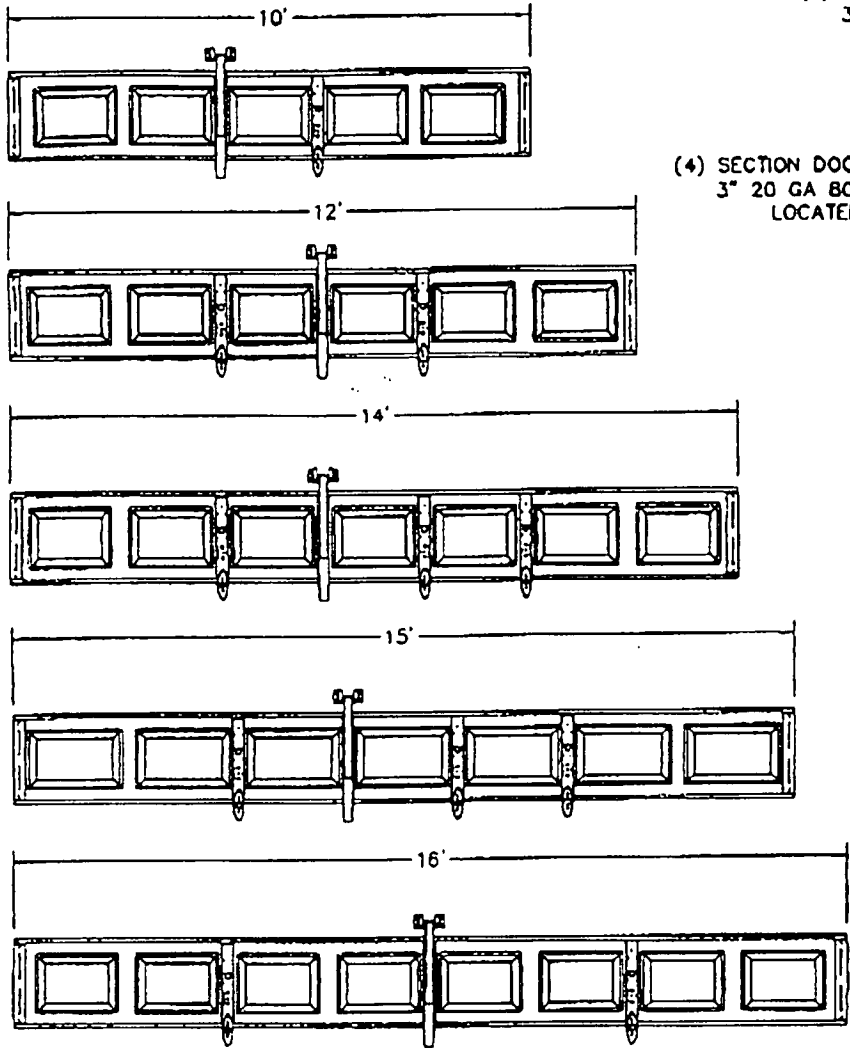
OPTION CODE: 0400

REV: P

8000/8100 16'-0" x 8'-0"
 DESIGN PRESSURE +34.40/-38.30 PSF

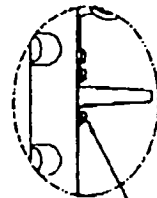
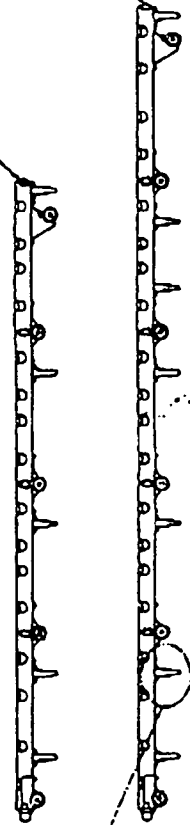
3 OF 4

U-BAR AND POST LOCATIONS



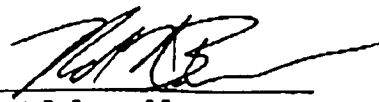
(5) SECTION DOORS WITH (7)
3" 20 GA BOKSI U-BARS
LOCATED AS SHOWN

(4) SECTION DOORS WITH (5)
3" 20 GA BOKSI U-BARS
LOCATED AS SHOWN



ATTACH U-BARS WITH
(2) 1/4"-20x11/16" SELF
DRILLING SCREWS AT ALL
STILE LOCATIONS, TYP.

PART NO. 312735

Approved: 
 Mark R. Barrow, P.E.
 3393 ADDISON DRIVE PENSACOLA, FL 32514
 FLORIDA CERTIFICATION NO. 57389

Date: 3/17/04

OPTION CODE:0400	REV: P	8000/8100 16'-0" x 8'-0" DESIGN PRESSURE +34.40/-38.30 PSF	4 OF 4
------------------	--------	---	--------

HINGE, BRACKET REQUIREMENTS

1/4-20x11/16"
SELF DRILLING SCREWS
(2) AT EACH STILE LOCATION

COMMERCIAL 'A'
FRAME TOP
BRACKET
(P/N 108077)

3" 20 GA
U-BAR

20 GA CENTER STILES

5/16"-18 BOLT & NUT IN
CENTER SLOT

(4) 1/4-20x11/16"
SELF DRILLING SCREWS

18 GA NARROW
BODY HINGE
(P/N 100266)

(4) 1/4-14x5/8"
SELF TAPPING SCREWS
ALL HINGES

(2) EXTRA 1/4-20x11/16"
SELF DRILLING SCREWS
ALL END HINGES

14 GA WIDE
BODY HINGE

LH END HINGE

RH END HINGE

BOTTOM BRACKET
(P/N RH-290991
& LH-290992)

(2) 1/4-20x11/16"
SELF DRILLING SCREWS

7/16" PUSHNUT
AT EACH ROLLER
(P/N 243341)
LOCATED .25 MAX
BETWEEN
PUSHNUTS AND
BRACKETS OR
HINGES

NYLON ROLLER
(P/N 270791)

1/4-14x5/8"
SELF DRILLING SCREW
TAMPER RESISTANT
(P/N 154641)

20 GA END STILES

PART NO. 312735

Approved: 

Mark R. Barrow, P.E.
3395 ADDISON DRIVE PENSACOLA, FL 32514
FLORIDA CERTIFICATION NO. 57389

Date: 3/17/04

OPTION CODE: 0400	REV: P	8000/8100 16'-0" x 8'-0" DESIGN PRESSURE +34.40/-38.30 PSF	2 OF 4
-------------------	--------	---	--------

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/23, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6718	GULICK	Demol Final	FAIL	
4	75. Sewall's Pt Rd Gulick (called by us)	STR		INSPECTOR:
6776	WELCOTT	FINAL WINDOW	PASS	
1	7 ISLAND WILSON BLDGS	PART OF W.P. Demol		INSPECTOR:
6792	RAPPAPORT	ROUGH Elec	PASS	PARTIAL 2ND FL ONLY
5	9 RIVER CREST Gulick & McCauley	Mech FRAMING	FAIL FAIL	INSPECTOR:
Tree	WINTER	TREE	PASS	
3	175. RIDGEVIEW RD			INSPECTOR:
6853	SCHEIDER	FINAL GARAGE	PASS	CLOSE
2	90 S. RIVER RD O/B			INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

7017

SCREEN

ENCLOSURE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/4/04

BUILDING PERMIT NO. 7.017

Building to be erected for SCHNEIDER

Type of Permit SCREEN ENCLOSURE

Applied for by COASTAL ALUMINUM (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 76 Block _____

Radon Fee _____

Address 90 S. RIVER ROAD

Impact Fee NIC

Type of structure SFR

A/C Fee AMERICANS

Electrical Fee DAMAGE

Parcel Control Number:

Plumbing Fee _____

1238410020000016070000

Roofing Fee _____

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

Total Construction Cost \$ 8,000.00

TOTAL Fees _____

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
OCT 26 2004
Date: 10/25/04

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: Robert Schneider Phone (Day) _____ (Fax) _____

Job Site Address: 90 S. River Rd. City: Sewalls Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Riv Vista S/D Lot 76 Parcel Number: 12-38-41-002-0000-07607

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

Description of Work To Be Done: Replace Pool Enclosure Destroyed by Hurricane Jeanne

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 8,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Coastal Aluminum Phone: 772-468-0288 Fax: 772-468-0287

Street: 4205 Metzger Rd. City: Ft. Pierce State: FL Zip: 34947

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP-01084

SUBCONTRACTOR INFORMATION: N/A

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: B D Q Lic# 22763 Phone Number: _____
Street: 8037 Stirrup Cay Court City: Boynton Beach State: FL Zip: 33436

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
William Drumble

State of Florida, County of: Martin
This the 25 day of Oct, 2004

by William Drumble who is personally known to me or produced as identification.

Notary Public
William T. Romaniello, Jr.

My Commission Expires: 1/20/07

CONTRACTOR SIGNATURE (required)
William Drumble

On State of Florida, County of: Martin
This the _____ day of _____, 2004

by William Drumble who is personally known to me or produced as identification.

Notary Public
William T. Romaniello, Jr.

My Commission Expires: 1/20/07

WILLIAM T. ROMANIELLO, JR.
MY COMMISSION # DD 178731
EXPIRES: January 20, 2007
PERMIT APPLICATIONS ALSO 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE CHECK UP YOUR PERMIT PROMPTLY!

WILLIAM T. ROMANIELLO, JR.
MY COMMISSION # DD 178731
EXPIRES: January 20, 2007
Bonded Thru Notary Public Underwriters

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12384/002000007607

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Rio Vista Lot 76 90 S. River Rd. Seawalls Point

GENERAL DESCRIPTION OF IMPROVEMENT: Pool Enclosure

OWNER: Robert Schneider

ADDRESS: 90 S. River Rd. Seawalls Point, FL 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: Coastal Aluminum Construction

ADDRESS: 4205 Metzger Rd. Ft. Pierce, FL 34947

PHONE #: 772-468-0288 FAX #: 772-468-0287

SURETY COMPANY (IF ANY) STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: _____

PHONE # _____

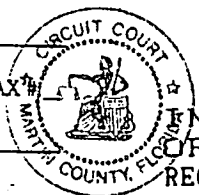
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: TOPK

ADDRESS: _____

PHONE #: _____ FAX #: _____

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



INSTR # 1788634
OR BK 01951 PG 0006
RECORDED 10/28/2004 03:36:32 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

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

NAME: _____

ADDRESS: _____

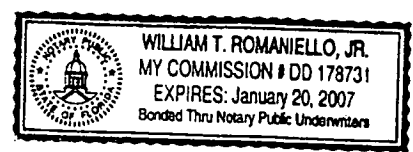
PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

Robert Schneider
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF Oct 2004 BY Robert Schneider

William T. Romaniello, Jr.
NOTARY SIGNATURE

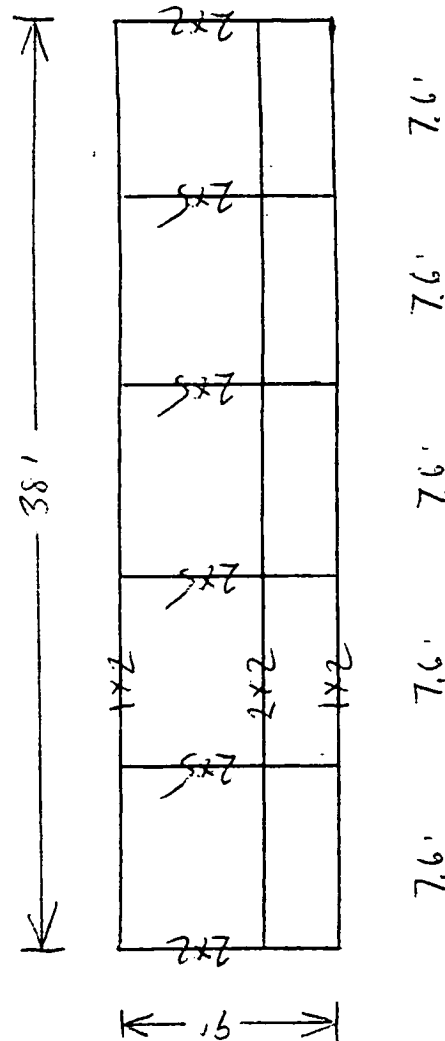
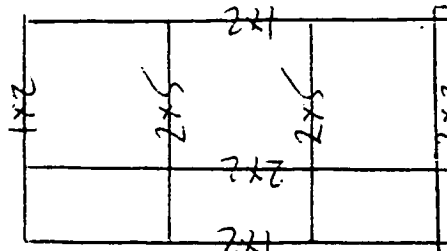
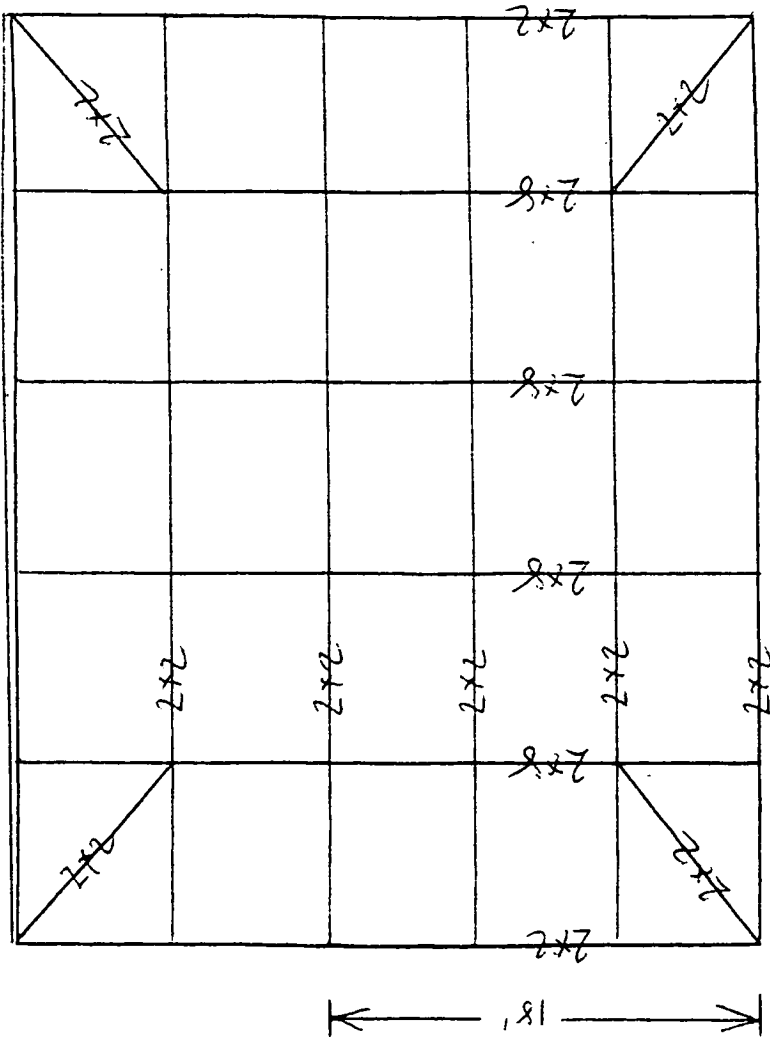
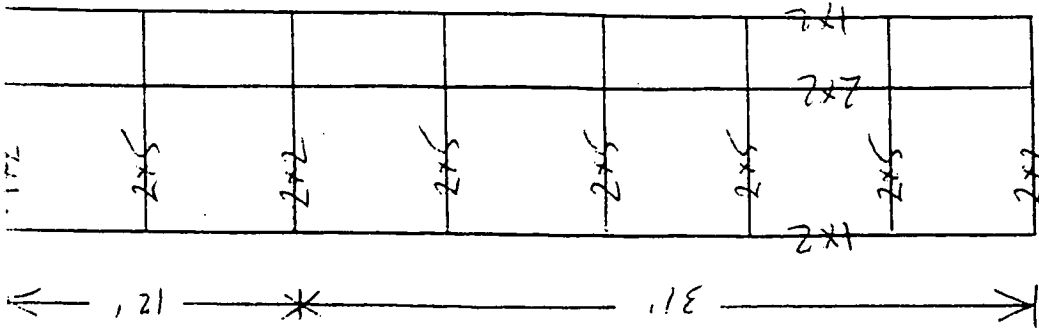
OR PERSONALLY KNOWN PRODUCED ID _____ TYPE OF ID _____

Coastal Aluminum Construction Inc.
4205 Metzger Road
Ft. Pierce, FL 34947

Schneider Residence
90 S. River Rd.
Sewalls Point, FL 34996

Rio Vista - Lot 76

Res. Damage

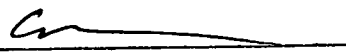


Mansard - White
9' WH - 3' CR
3 doors - 18/14 screens
1/8" Scale

**REPAIR WORK FOR
HURRICANE DAMAGE**

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 10/27/04


BUILDING OFFICIAL
Gene Simmons

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
12384100200000760790	S RIVER RD	27589	Address	0	1

Summary

Property Location 90 S RIVER RD
Tax District 2200 Sewall's Point
Account # 27589
Land Use 101 0100 Single Family
Neighborhood 120400
Acres

Legal Description

Property Information
 RIO VISTA S/D LOT 76

Owner Information

Owner Information
 SCHNEIDER, ROBERT & GAYLE R

Mail Information

90 SOUTH RIVER RD
 STUART FL 34996-6449

Assessment Info

Front Ft. 0.00

Market Land Value \$168,000
Market Impr Value \$195,540
Market Total Value \$363,540

Recent Sale

Sale Amount \$52,000

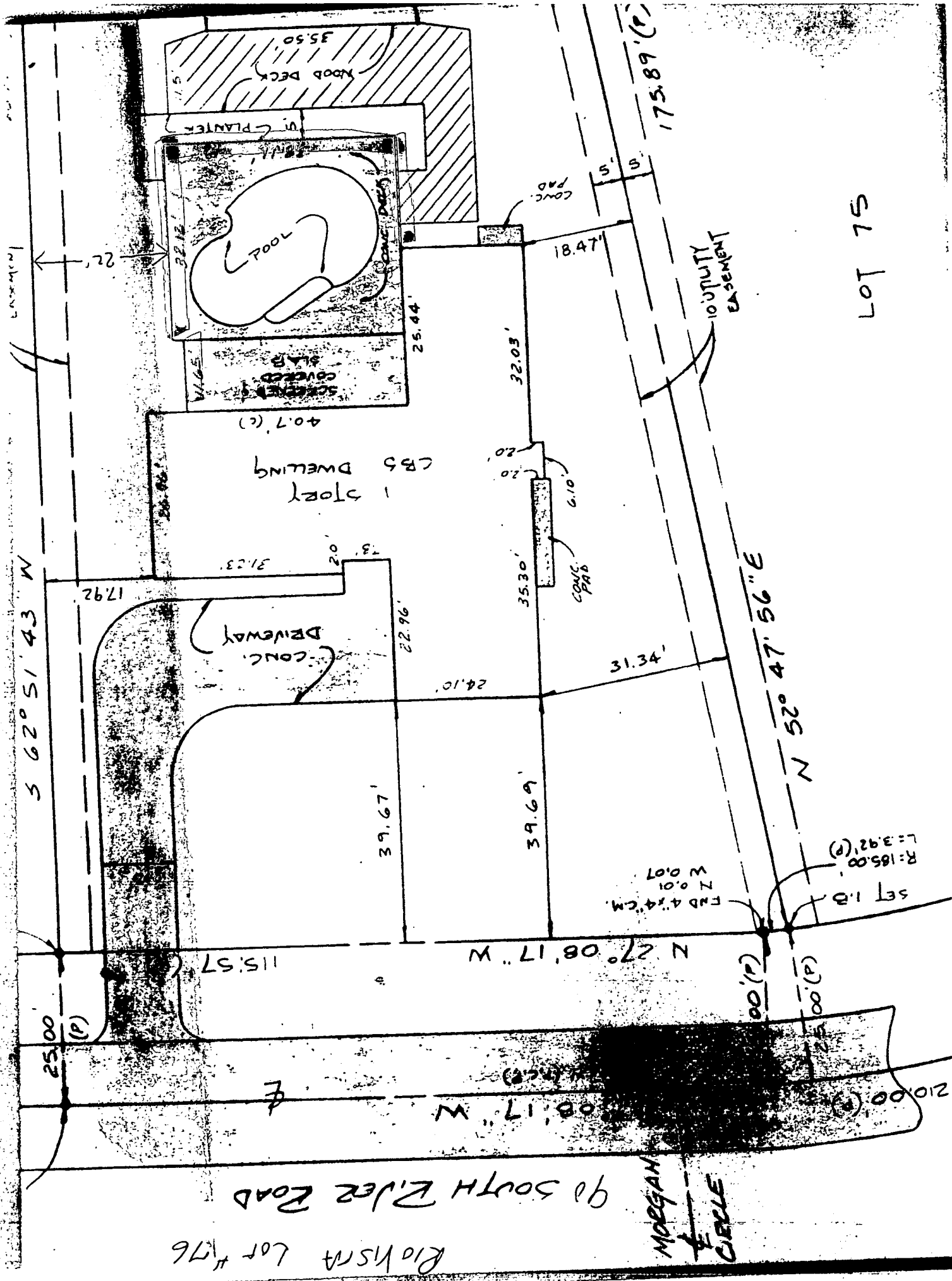
Sale Date 11/1/1982
Book/Page 0556 0389

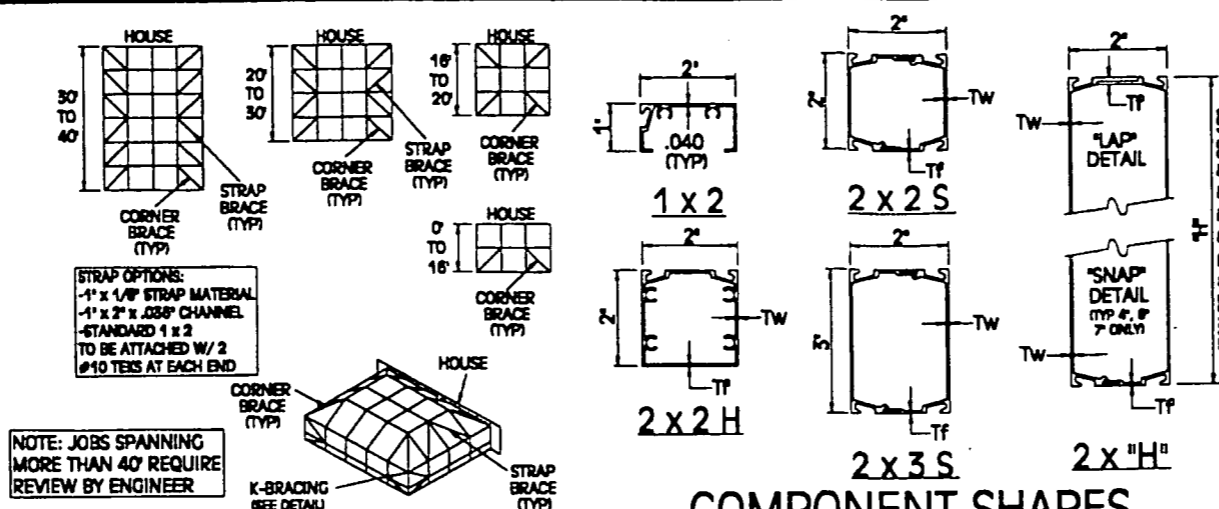
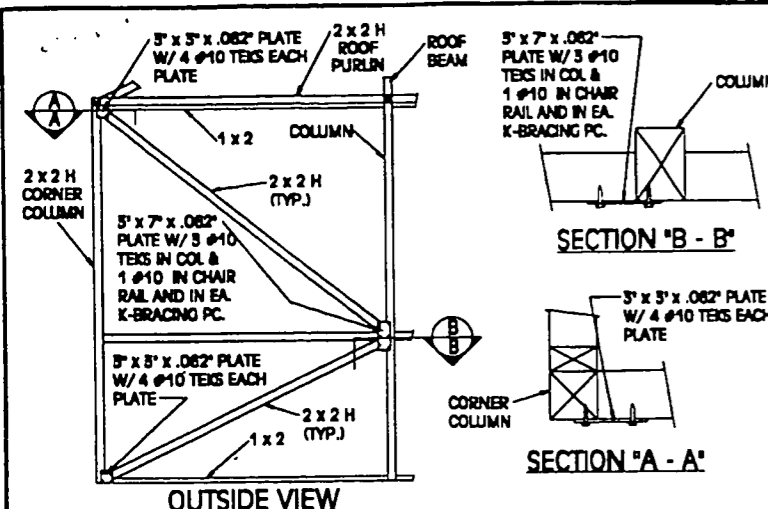
RIO YSNA LOT #176

90 SOUTH RIDER ROAD

MORGAN
CIRCLE

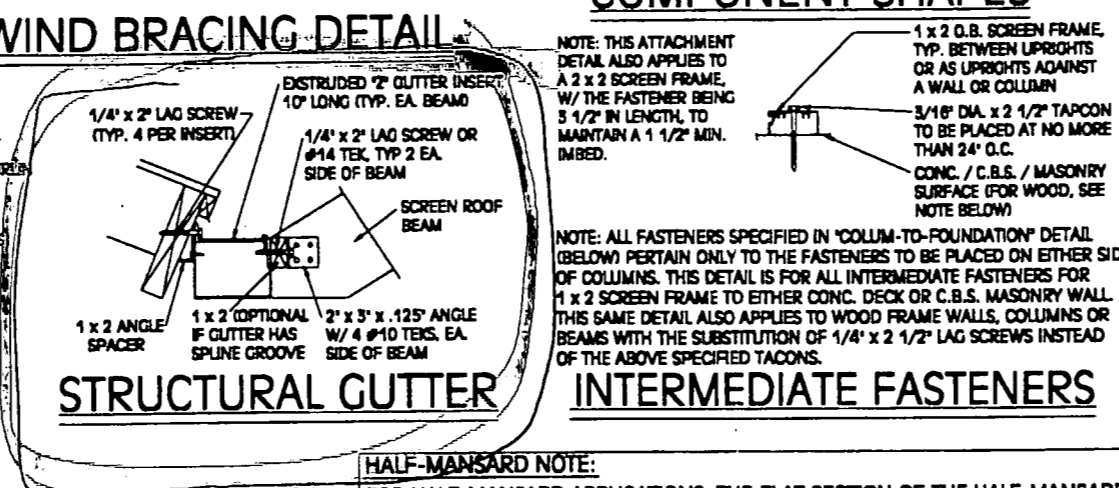
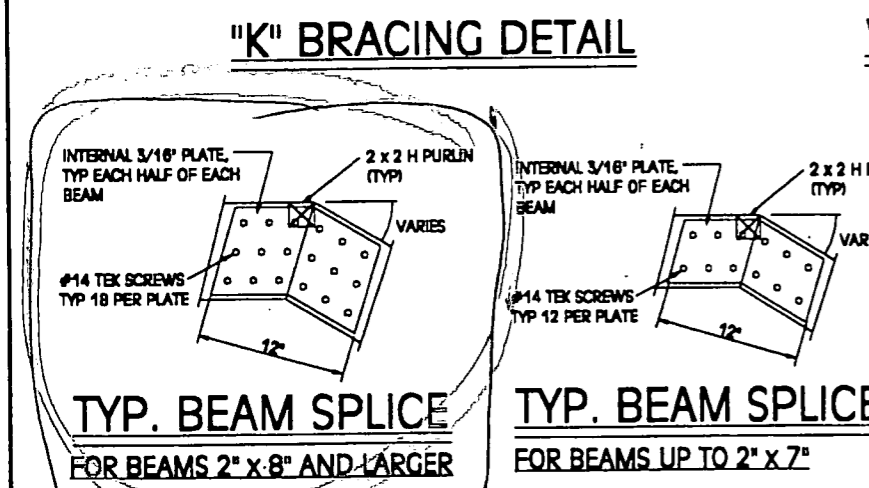
LOT 75





BEAM AND COLUMN SCHEDULE FLAT BEAMS 1/80 MAX. (140 MPH, EXPOS. 'C')

SIZE	TF	TW	8'0"	7'6"	7'0"	6'6"	6'0"	5'6"	5'0"	4'6"	4'0"
2x2 H	0.050	0.050	6'0"	6'1"	6'3"	6'5"	6'7"	6'9"	7'0"	7'3"	7'6"
2x2 S	0.050	0.050	6'6"	6'7"	6'9"	6'11"	7'1"	7'4"	7'7"	7'10"	8'2"
2x3	0.050	0.050	8'11"	9'1"	9'4"	9'8"	9'10"	10'1"	10'5"	10'9"	11'3"
2x4	0.055	0.055	11'6"	11'8"	12'0"	12'4"	12'8"	13'0"	13'5"	14'1"	14'6"
2x5	0.055	0.055	14'9"	15'2"	15'6"	15'10"	16'3"	16'9"	17'4"	17'11"	18'8"
2x6	0.130	0.055	17'10"	18'3"	18'8"	18'2"	19'8"	20'8"	20'11"	21'8"	22'8"
2x7	0.153	0.071	22'5"	22'11"	23'6"	24'1"	24'8"	25'5"	26'3"	27'2"	28'3"
2x8	0.226	0.074	27'5"	28'0"	28'6"	29'5"	30'2"	31'1"	32'1"	33'5"	34'7"
2x9	0.320	0.077	30'1"	30'9"	31'6"	32'3"	33'2"	34'1"	35'3"	36'6"	37'11"
2x10	0.390	0.092	33'4"	34'1"	34'11"	35'9"	36'9"	37'10"	38'0"	40'5"	42'1"

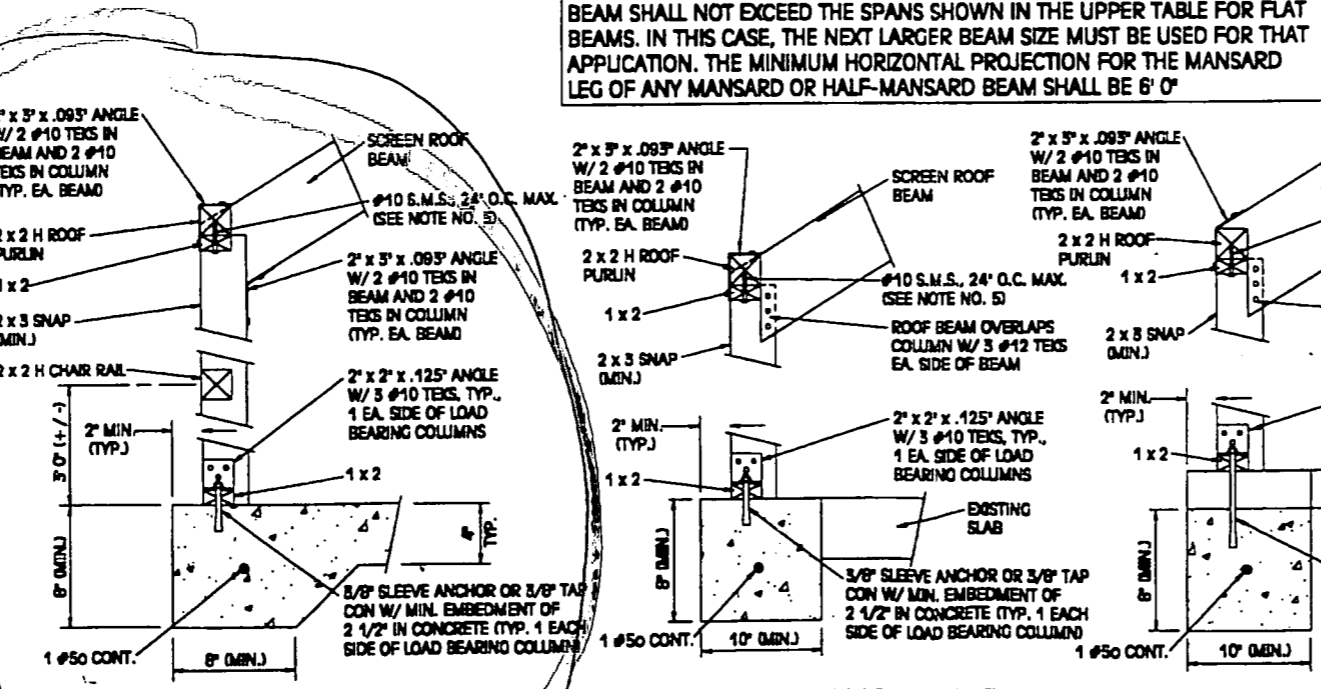
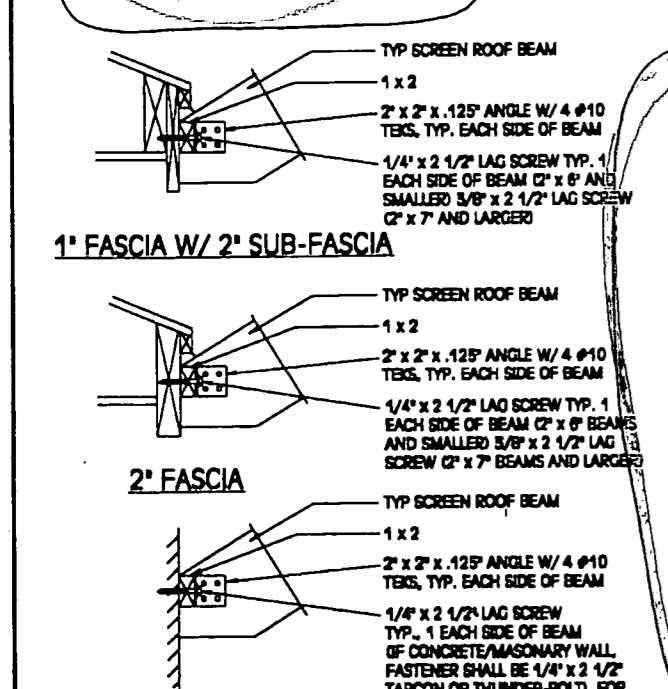


BEAM AND COLUMN SCHEDULE WALL PANEL WIDTH VS COLUMN HEIGHT DESIGN PRESSURE = 26 PSF

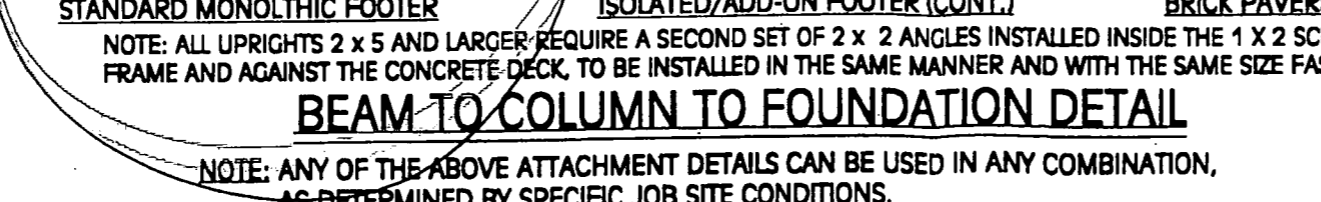
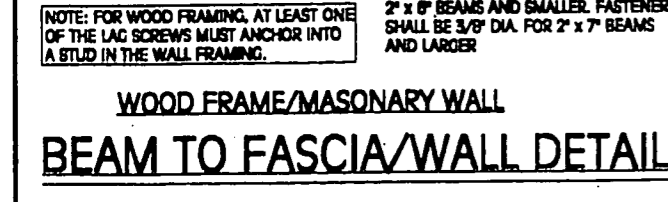
SIZE	TF	TW	7'6"	7'0"	6'6"	6'0"	5'6"	5'0"	4'6"	4'0"
2x2 H	0.050	0.050	4'6"	4'10"	4'11"	5'1"	5'2"	5'4"	5'6"	6'0"
2x2 S	0.050	0.050	4'6"	4'10"	4'11"	5'1"	5'2"	5'4"	5'6"	6'0"
2x3	0.050	0.050	6'1"	6'3"	6'9"	6'11"	7'2"	7'4"	7'7"	8'2"
2x4	0.055	0.055	7'9"	8'0"	8'3"	8'6"	8'10"	9'3"	9'9"	10'6"
2x5	0.055	0.055	10'7"	10'11"	11'4"	11'10"	12'2"	12'3"	13'1"	13'7"
2x6	0.130	0.055	12'3"	12'5"	13'2"	13'7"	14'2"	14'8"	15'2"	16'4"
2x7	0.153	0.071	16'0"	16'7"	17'1"	17'6"	18'0"	18'6"	19'1"	20'7"
2x8	0.226	0.074	18'11"	20'5"	20'10"	21'5"	21'11"	22'7"	23'4"	25'2"
2x9	0.320	0.077	21'10"	22'4"	22'11"	23'8"	24'1"	24'10"	25'7"	26'6"
2x10	0.390	0.092	24'2"	24'9"	25'4"	26'0"	26'8"	27'9"	28'4"	29'5"

BEAM AND COLUMN SCHEDULE ROOF PANEL WIDTH VS BEAM SPAN MANSARD & HALF-MANSARD ONLY

SIZE	TF	TW	7'6"	7'0"	6'6"	6'0"	5'6"	5'0"	4'6"	4'0"
2x2 S	0.050	0.050	7'5"	7'8"	7'11"	8'2"	8'7"	8'11"	9'4"	10'6"
2x3	0.050	0.050	9'9"	10'1"	10'5"	10'10"	11'3"	11'9"	12'4"	13'10"
2x4	0.055	0.055	12'4"	12'9"	13'3"	13'8"	14'3"	14'11"	15'8"	17'6"
2x5	0.055	0.055	14'10"	15'4"	15'11"	16'6"	17'2"	17'11"	18'9"	21'0"
2x6	0.130	0.055	18'7"	20'3"	20'11"	21'8"	22'8"	23'8"	24'9"	27'9"
2x7	0.153	0.071	25'7"	26'5"	27'4"	28'4"	28'8"	30'10"	32'4"	36'2"
2x8	0.226	0.074	33'4"	34'6"	35'10"	37'4"	39'0"	40'10"	43'1"	45'8"
2x9	0.320	0.077	35'0"	36'2"	37'5"	38'10"	40'5"	42'4"	44'4"	49'6"
2x10	0.390	0.092	38'9"	40'0"	41'5"	43'0"	44'9"	46'9"	49'0"	54'10"



- GENERAL NOTES**
- DESIGN COMPLIES WITH CHAPTER 20, FLORIDA BLDG. CODE 2001, AND IN ACCORDANCE WITH ASCE 7-98, FOR 140 MPH WINDS, AS FOLLOWS:
 - WIND SPEED = 140 MPH
 - EXPOSURE CATEGORY = 'C'
 - DESIGN PRESSURES:
 - ROOF: 10 PSF
 - WALLS: 26 PSF
 - MAXIMUM ROOF HEIGHT = 30'0"
 - ALLOWABLE DEFLECTION = L / 80
 - CONTINUOUS LOAD PATH PROVIDED
 - MATERIALS (UNLESS OTHERWISE SPECIFIED)
 - EXTRUSIONS - ALUMINUM ALLOY 6063-T6 & 3003-H16
 - FASTENERS - ALUMINUM ALLOY 2024-T4 & 7075-T6, CAD PLATED STEEL, HOT-DIPPED GALVANIZED STEEL OR 300 SERIES STAINLESS STEEL
 - SCREEN CLOTH - VINYL COATED, WOVEN FIBERGLASS, 60% OPEN OR GREATER
 - BOLT AND SCREW FASTENINGS THROUGH AN OPEN EXTRUSION INTO SLAB, MASONRY OR WOOD FRAME WALL OR FASCIA MUST HAVE A 5/8" DIA. HEAD OR USE A 5/8" DIA. WASHER, 24" MAXIMUM SPACING.
 - WIND BRACING IS NOT REQUIRED WHEN AN ENCLOSURE IS FULLY SUPPORTED ON TWO SIDES BY THE HOUSE.
 - ALL SPECIFIED TIE DOWN ANCHORS ARE REQUIRED ONLY ON COLUMNS THAT ARE SUPPORTING STRUCTURAL BEAMS (UNLESS OTHERWISE SPECIFIED ON SITE-SPECIFIC ENGINEERING).
 - SEE SITE SPECIFIC DRAWINGS FOR ACTUAL LOCATION OF WALL K-BRACING.
 - ALL DOORS SHALL BE SELF-CLOSING AND SELF-LATCHING.
 - PRINTS OR COPIES THEREOF ARE VALID FOR BUILDING PERMIT PURPOSES ONLY WHEN BEARING THE ORIGINAL SIGNATURE OF THE ENGINEER OF RECORD UNDER HIS EMBOSSED SEAL.



DWN: E. DOWDY DATE: 2/28/02
 APPROVED: D. A. DOWDY, P.E.
 DWG. NO. 02-140-XC
 LAST REV. 11/24/03

NOTE TO BUILDING OFFICIALS:
 THIS ENGINEERING IS ONLY VALID FOR BUILDING PERMIT PURPOSES WHEN IT BEARS THE ORIGINAL SIGNATURE AND RAISED / EMBOSSED SEAL FROM THE ENGINEER OF RECORD (PHOTOCOPIES ARE NOT TO BE ACCEPTED OR CONSIDERED AS VALID FOR PERMITTING)

POOL / PATIO ENCLOS. WITH SCREEN ROOF
140 MPH, EXPLICIT

SEAL
 [Signature]
B.D.Q., INC.
 8037 STIRRUP CAY CT.
 BOYNTON BEACH, FL 33436
 D. A. DOWDY, P.E.
 FL REG. NO. 22763

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 6, 2002 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7231	Schmitt	Fence-Final	PASS	CLOSE
10	15 Heritage Way O/B			INSPECTOR: <i>[Signature]</i>
7569	Barry	Re roof Tin top	PASS	Requested very
9	97 S. Sewalls Pt Rd Apostolopoulos	nailing metal		early INSPECTOR: <i>[Signature]</i>
7011	Schneider	Final Spool Screen	PASS	CLOSE
6	90 S. Pava Rd Coastal Aluminum	Enclosure		INSPECTOR: <i>[Signature]</i>
6857	Priessman	Framing	FAIL	
7	28 Rio Vista O/B	Electric	FAIL	INSPECTOR: <i>[Signature]</i>
7054	Tapper	Slab	PASS	concrete scheduled for Monday
1	22 Island Rd Winchip			INSPECTOR: <i>[Signature]</i>
7267	Taylor	Final Roofs	PASS	CLOSE
2	11 Palm Road Campano Roofing			INSPECTOR: <i>[Signature]</i>
7571	Hart	Dry wall	PASS	
12	113 N Sewall's Pt Rd Black Diamond			INSPECTOR: <i>[Signature]</i>

OTHER: _____

10557

AC CHANGEOUT



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	| 10557 |	DATE ISSUED:	| AUGUST 8, 2013 |
SCOPE OF WORK:	| AC CHANGEOUT |	<i>Ladder needed for final</i>	
CONTRACTOR:	| NISAIR |		
PARCEL CONTROL NUMBER:	| 123841002-000-007607 |	SUBDIVISION	| RIO VISTA - LOT 76 |
CONSTRUCTION ADDRESS:	| 90 S RIVER RD |		
OWNER NAME:	| SCHNEIDER |		
QUALIFIER:	| PHILIP NISA |	CONTACT PHONE NUMBER:	| 466-8115 |

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

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

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

INSPECTIONS

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

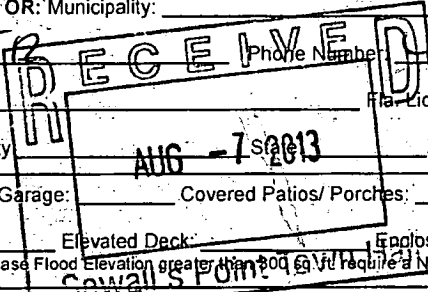
ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE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

Town of Sewall's Point

Date: 8.5.13 BUILDING PERMIT APPLICATION Permit Number: 10557
OWNER/LESSEE NAME: Roberta Gayle Schneider Phone (Day) 286-9607 (Fax)
Job Site Address: 40 S. River Road City: Stuart State: FLA 34996
Legal Description Parcel Control Number: 12-38-41-002-000-00760-7
Fee Simple Holder Name: Address:
City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): Well for like A/C Change out.
WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO
Has a Zoning Variance ever been granted on this property? YES (YEAR) NO
COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$6300
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: NISAIR A/C Phone: 466-8115 Fax: 468-9745
Qualifiers name: Philip Nisa Jr Street: 3700 S US Hwy 1 City: Ft Pierce State: Fla Zip: 34982
State License Number: CACO 41199 OR: Municipality: License Number:
LOCAL CONTACT: Philip Nisa Jr Phone Number: 466-8115
DESIGN PROFESSIONAL: City: State: Zip: Phone Number:
Street: City: State: Zip: Phone Number:



AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof: Elevated Deck: Enclosed area below BFE*
* Enclosed non-habitable areas below the Base Flood Elevation greater than 200 ft require a Non-Conversion Covenant Agreement.

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

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X
State of Florida, County of
On This the day of 2013
by who is personally known to me or produced
As identification.
Notary Public
My Commission Expires:

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X
State of Florida, County of St. Lucie
On This the 15 day of August 2013
by Philip Nisa Jr who is personally known to me or produced
As identification.
Notary Public
My Commission Expires:

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) PLEASE PICK UP YOUR PERMIT PROMPTLY! Expires 10/2/2015

ESTIMATE



AIR CONDITIONING Lic# CACO-41109

3700 S US Highway One
Fort Pierce, FL 34982

Marlin: (772) 283-0804
St. Lucie: (772) 466-8115
Toll Free 1-877-7NISAIR

NAME PAUL SCHNEIDER
ADDRESS 90 S. RIVER RD
STUART FL 34996
Hm# 286-9607 Fax# _____

DATE 8-5-13
JOB LOCATION _____
FPL Acct/Motor # 1827725647

THERMOSTATS
 Digital Thermostat NOV
 Humidistat

ELECTRIC INDOOR AND OUTDOOR
 New Disconnect Box & Wiring
 High Voltage Wiring
 New Weatherproof Conduit & Connections For Outside Unit
 New Weatherproof Conduit & Connections For Inside Unit

AIR DISTRIBUTION/DUCT MODIFICATION
 Increase Return Duct Size to: _____
 New Return Air Grille Size to: _____
 Modify New Fiberglass Return Plenum
 Modify New Fiberglass Supply Air Plenum
 Strap, Hang and Support New Plenums
 Seal Wall Cracks and Cracks to not Draw Attic Air
 Liquid Mastic Sealant All New Duct Connections
 New Wood Top & Paint White
 Polyboard Insulate Return Air Platform & Mastic Seal
 Seal Off Return Air Platform for Air Leaks

FILTRATION / CLEAN AIR
 BWE Poly Media Air Filter
 High Efficiency Cleaner Model 10 Filter
 Ultra Violet Light System Blue air & collar to compare

PIPING & FITTINGS
 Repipe Suction & Liquid Lines at new Unit. Insulate
New Suction Line & Secure Low Voltage Wiring.
 New Refrigerant Copper Tubing Line Set Overhead Exterior
Line cover includes Armalflex & Detailed Workmanship.

RECLAIM / EVACUATION / REFRIGERANT
 Reclaim Refrigerant According to EPA Regulations
 Liquid Line Drier Suction Line Drier
 Triple Evacuation to Remove Moisture & Impurities
 Refrigerant Weighed in to Factory Specifications

EQUIPMENT ACCESSORIES
 Precast Concrete Slab
 Condensate Pump Power Cord & Fuse
 Vibration Pads under the Outdoor Unit
 Emergency Drain Pan & Support
 Overflow Water Safety Switch
 5 Minute Time Delay/Compressor Protector
 Hurricane Strap Outdoor Unit to Ground
 Potential Relay & Start Capacitor for Compressor
 Clean, Treat & Flush Drain Line System

****Please Note - Duct Sealing If Required by Florida Statutes Code 101.4.7.1.1 \$85/Hr Plus Materials**

Main panel breakers may need to be resized to new unit requirements, not included in our cost

Warranties (Under Terms of Warranty, Routine Scheduled Maint. Must be Performed on System)		
LEADWORK <u>A</u> HOURLY	LEADWORK <u>B</u> HOURLY	<u>C</u>
AH Model # <u>COX27UH-048</u>	AH Model # <u>COX27UH-048</u>	AH Model # _____
Cond Model # <u>14PAX-047</u>	Cond Model # <u>14PAX-047</u>	Cond Model # _____
SEER <u>14</u> Aux. Heat <u>10</u> KW	SEER <u>14</u> Aux. Heat <u>10</u> KW	SEER _____ Aux. Heat _____ KW
Compressor _____ year	Compressor _____ year	Compressor _____ year
Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year
Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year
Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year
Labor _____ year	Labor _____ year	Labor _____ year
Job Quote \$ <u>7080-</u>	Job Quote \$ <u>6480-</u>	Job Quote \$ _____
FPL Rebate \$ <u>-780</u>	FPL Rebate \$ <u>-780</u>	FPL Rebate \$ _____
Discounts \$ _____	Discounts \$ _____	Discounts \$ _____
Amount Due By Customer \$ <u>6300.00</u>	Amount Due By Customer \$ <u>5700.00</u>	Amount Due By Customer \$ _____

We hereby propose to complete work as specified above for the sum of \$ _____
Payment options: Finance _____ (Subject to approval) Check _____ Cash _____ Credit Card _____
*Finance Plan: Total _____ Down payment _____ Amount financed _____

PAYMENT TERMS: 25% deposit required with balance upon completion of installation (unless 100% financed)

SPECIAL COMMENTS & MODIFICATIONS: REINSTALL 111 LIGHTS

10 yrs COMPLETE COND 10YRS PARTS & LABOR w/ 49.00 COPY

10YRS PART 1 YR LABOR w/ online log

SCOTT @ 260-2877

Tech Signature: [Signature] Customer Signature: Paul Schneider

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

generated on 8/5/2013 3:43:06 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00760-7	27589	90 S RIVER RD, SEWALL'S POINT	\$343,140	8/3/2013

Owner Information

Owner(Current)	SCHNEIDER ROBERT & GAYLE R
Owner/Mail Address	90 S RIVER RD STUART FL 34996-6449
Sale Date	11/1/1982
Document Book/Page	0556 0389
Document No.	
Sale Price	52000

Location/Description

Account #	27589	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 76
Parcel Address	90 S RIVER RD, SEWALL'S POINT		
Acres	.4040		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120250 RIO VISTA DRY

Assessment Information

Market Land Value	\$198,000
Market Improvement Value	\$145,140
Market Total Value	\$343,140



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
Air Conditioning Change out Affidavit FILE COPY

Residential Commercial
 Package Unit Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement Yes No - Refrigerant line replacement Yes No
 Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes No
 Rooftop A/C Stand Installation Yes No - Curb Installation Yes No
 Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>Lennox</u> Model# <u>CBX240002</u> Volts <u>208</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw Min. Circuit Amps <u>43</u> Wire gauge <u>6.2</u> Max. Breaker size <u>60</u> Min. Breaker size <u>50</u> Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u> Refrigerant type <u>R410A</u> Location: Existing <input checked="" type="checkbox"/> New <input type="checkbox"/> (Attic/Garage/Closest (specify) <u>Attic</u>) Access: <u>Closest</u>	Condenser: Mfg <u>Lennox</u> Model# <u>14AX-047</u> Volts <u>208</u> SEER/EER <u>16</u> BTU's <u>48000</u> Min. Circuit Amps <u>29</u> Wire gauge <u>10.2</u> Max. Breaker size <u>50</u> Min. Breaker size <u>30</u> Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u> Refrigerant type <u>R410A</u> Location: Existing <input checked="" type="checkbox"/> New <input type="checkbox"/> Left/Right/Rear/Front/Roof _____ Condensate Location _____
--	--

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>Lennox</u> Model# _____ Volts <u>230</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw Min. Circuit Amps _____ Wire gauge <u>6.2</u> Max. Breaker size <u>60</u> Min. Breaker size <u>50</u> Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u> Refrigerant type <u>R-22</u> Location: Ext. <input checked="" type="checkbox"/> New <input type="checkbox"/> (Attic/Garage/Closest (specify) _____) Access: <u>Closest</u>	Condenser: Mfg <u>Lennox</u> Model# _____ Volts <u>230</u> SEER/EER _____ BTU's _____ Min. Circuit Amps <u>30</u> Wire gauge <u>10.2</u> Max. Breaker size <u>50</u> Min. Breaker size <u>30</u> Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u> Refrigerant type <u>R-22</u> Location: Ext. <input checked="" type="checkbox"/> New <input type="checkbox"/> Left/Right/Rear/Front/Roof _____ Condensate Location _____
--	--

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature [Signature]

Date 8.5.13

3869174



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 3869174

Date: 8/5/2013

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14ACX-047-230*

Indoor Unit Model Number: CBX27UH-048-230*+TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: 14ACX SERIES

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	46500
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

FootNote 11 - The AHRI 210/240 certified EER ratings are calculated under the same methodology as the EER ratings at T1 conditions of ISO 5151:2010 and ISO 13253:2011.

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahrirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahrirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

Customer Information

Street Address	90 South River Road, Stuart, FL 34996
Latitude, Longitude	26.6726°, -80.0706°
House Square Footage	2183 sq. ft.
Name	Robert & gayle Schneider
Phone	772-286-9607
Email	example@mail.com

House Information

SHR	75
Number of residents	2
Ceiling height	9
Wall U-value | R-value	0.09 | 11
Floor U-value | R-value	0.2 | 5
Ceiling U-value | R-value	0.053 | 19
Window U-value	0.5
Window SHGF	0.85
Moisture grains	64
Duct loss %	10
Duct gain %	10
Cooling infiltration (ACH)	0.6
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

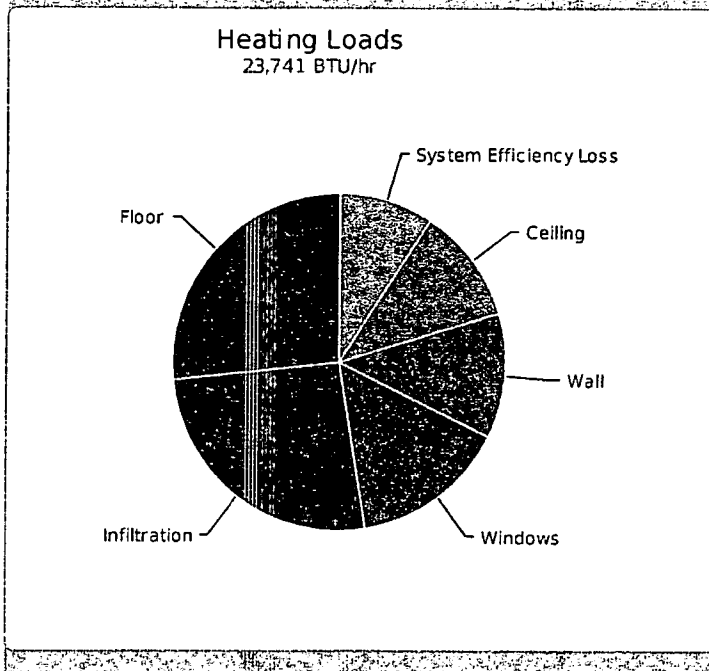
Design Conditions

Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64

Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15

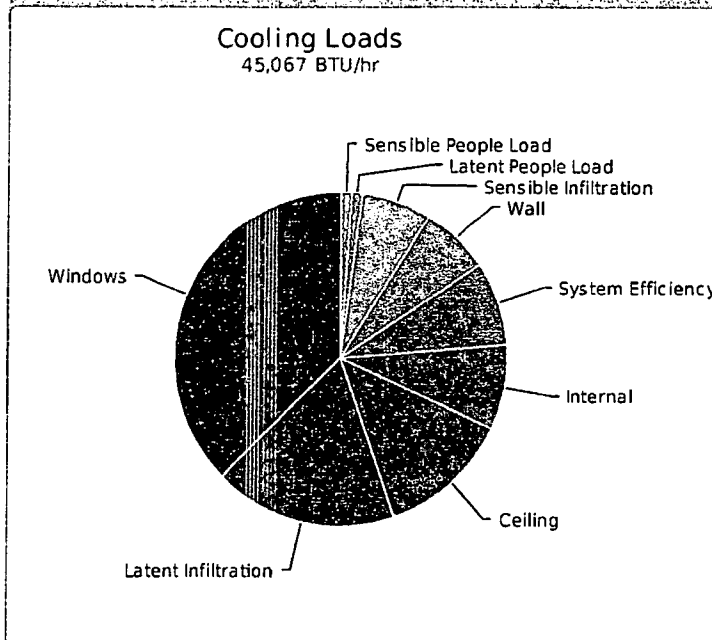
Heating Loads

Area	Btuh	% of load
Wall	2834	11.9
Floor	6325	26.6
Ceiling	2661	11.2
Windows	3600	15.2
Infiltration	6164	26
System Efficiency Loss	2158	9.1
Total	23741	

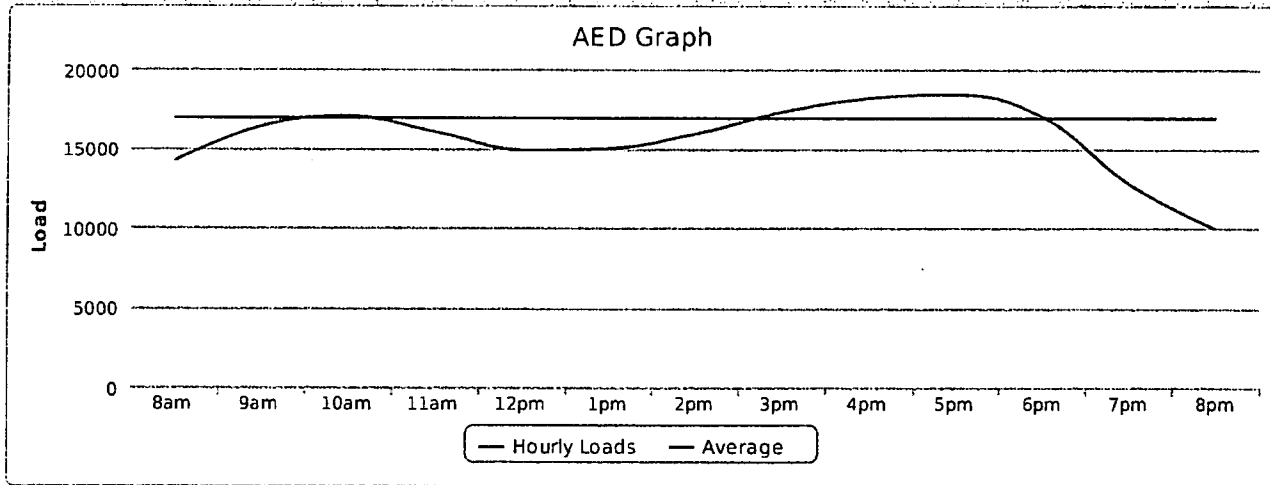


Cooling Loads

Area	Btuh	% of load
Wall	3080	6.8
Ceiling	5785	12.8
Windows	16928	37.6
Sensible Infiltration	3015	6.7
Latent Infiltration	7952	17.6
System Efficiency Gain	3676	8.2
Internal	3711	8.2
Sensible People Load	460	1
Latent People Load	460	1
Total	45067	
Sensible load	36656	
Latent load	8412	
SHR	0.81	
Capacity at .75 SHR	4.07 Tons	



Adequate Exposure Diversity



Equipment selection

System equipment selection will be made using the following derived values.

Glass (E)	158 sq. ft.
Glass (S)	22 sq. ft.
Glass (N)	22 sq. ft.
Glass (W)	111 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	36,656 Btuh
Latent Cooling	8,412 Btuh
Required Cooling Airflow	1,666 CFM
Sensible Heating	23,741 Btuh
Required Heating Airflow	308 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state, and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree.



FEATURES

Refrigerant System

Copper tube construction with enhanced ripple-edged aluminum fins.

Twin coil construction in an "A" configuration.

Factory installed R-410A or R-22 Check/Expansion Valve.

Controls

- 24 Volt Transformer
- Blower Cooling Relay
- Terminal Strip

Programmable Multi-speed Blower

High efficiency, multi-speed ECM (Electronically Commutated Motor) with electronic braking.

Cabinet

Up-Flow / Horizontal Configuration
 Shipped in one piece but can be separated for ease of installation.

Pre-painted cabinet finish.

Fully insulated cabinet with thick fiberglass insulation.

Tool-less access to disposable, frame-type filter

Limited Warranty

All covered components - five years
 Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



OPTIONAL ACCESSORIES

See Page 16

Cabinet

- Down-Flow Combustible Base
- Down-Flow Conversion Kit
- Horizontal Support Frame Kit
- Side Return Unit Stand (Up-Flow)
- Side Return Filter Adaptor (CB30U)
- Wall Hanging Bracket Kit (Up-Flow)

Controls

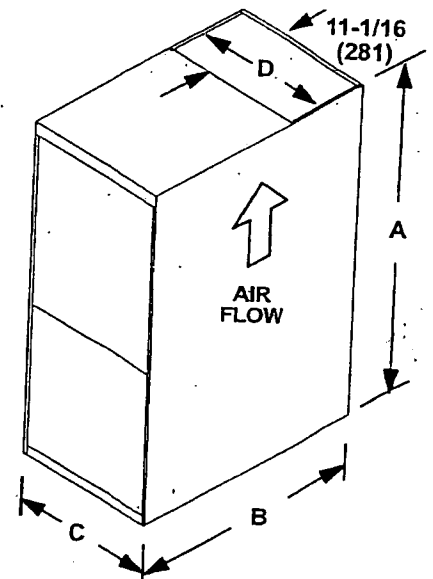
- Thermostat

ELECTRIC HEAT

See Page 15

- Electric Heat
- Circuit Breaker Cover Kit
- Single-Point Power Source Control Box

DIMENSIONS - in. (mm)					
		-018 -024	-030 -036	-042 -048	-060
A		49-1/4 (1251)	51 (1295)	58-1/2 (1486)	52-1/2 (1588)
B		20-5/8 (524)	22-5/8 (575)	24-5/8 (625)	24-5/8 (625)
C		21-1/4 (540)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)
D		19-3/4 (502)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)
Return Air	Width	20 (508)	20 (508)	20 (508)	20 (508)
	Depth	19 (483)	21 (533)	23 (584)	23 (584)



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS					
General Data	R-22 Model Number	CB27UH-018	CB27UH-024	CB27UH-030	CB27UH-036
	R-410A Model Number	CBX27UH-018	CBX27UH-024	CBX27UH-030	CBX27UH-036
	Nominal Size - Tons	1.5	2.5	3	3
Connections	Suction (vapor) line (o.d.) - in. sweat	3/4	3/4	3/4	3/4
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	10 x 8	10 x 8	11 x 8	11 x 8
	Blower motor output - hp	1/2	1/2	1/2	1/2
	Air Volume Range - cfm	170-1010	320-1190	360-1365	515-1555
¹ Filters	Size of filter - in.	20 x 20 x 1	20 x 20 x 1	20 x 20 x 1	20 x 22 x 1
Shipping Data -1 package lbs.		148	148	159	159

ELECTRICAL DATA					
	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
	³ Maximum overcurrent protection (unit only)	15	15	15	15
	Minimum circuit ampacity (unit only)	2	2	2	2
	Blower Motor Full Load Amps	1.5	1.73	1.73	1.72

¹ Disposable frame type filter.³ HACR type circuit breaker or fuse.

SPECIFICATIONS				
General Data	R-22 Model Number	CB27UH-042	CB27UH-048	CB27UH-060
	R-410A Model Number	CBX27UH-042	CBX27UH-048	CBX27UH-060
	Nominal tonnage	3.5	4	5
Connections	Suction (vapor) line (o.d.) - in. sweat	7/8	7/8	7/8
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	12 x 9	12 x 9	12 x 9
	Blower motor output - hp	1	1	1
	Air Volume Range	825-1815	810-1860	965-2365
¹ Filters	Size of filter - in.	20 x 24 x 1	20 x 24 x 1	20 x 24 x 1
Shipping Data -1 package lbs.		194	194	216

ELECTRICAL DATA				
	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph
	³ Maximum overcurrent protection (unit only)	15	15	15
	Minimum circuit ampacity (unit only)	3	3	5
	Blower Motor Full Load Amps	2.4	2.4	3.9

¹ Disposable frame type filter.³ HACR type circuit breaker or fuse.

NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.



PRODUCT CATALOG

R-410A
SEER - Up to 15.0
1.5 to 5 Tons
Page 13
April 2007
Supersedes November 2006

FEATURES

Refrigerant System

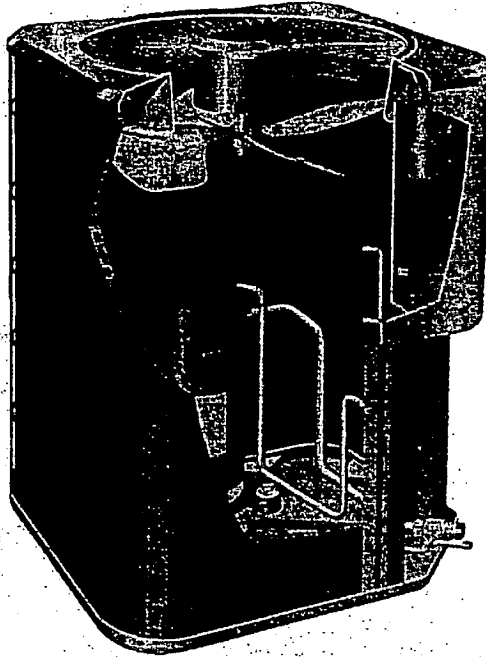
- Scroll Compressor
- Non-chlorine, ozone friendly, R-410A refrigerant.
- Copper tube construction with enhanced ripple-edged aluminum fins.
- PVC coated, steel-wire outdoor coil guard furnished.
- Fully serviceable brass service valves.
- High Pressure Switch
- Liquid line drier shipped with unit
- Totally enclosed, direct drive outdoor fan motor with sleeve bearings.
- Louvered steel top fan guard.

Cabinet

- Heavy-gauge galvanized steel cabinet with powder paint finish.
- Corner patch plate allows access to compressor.

Limited Warranty

- Compressor - five years
- All covered components - five years
- Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



ARI RATINGS

See Page 111 - Page 133

OPTIONAL ACCESSORIES

See Page 20

Cabinet

- Hail Guards
- Mounting Base
- Unit Stand-Off Kit

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

Controls

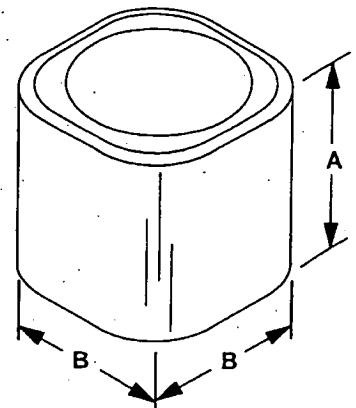
- Freezestat
- Indoor Blower Off Delay-Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS - in. (mm)

Model No.	A	B
14ACX-018 14ACX-024	29-1/4 (743)	24-1/4 (616)
14ACX-030 14ACX-036 14ACX-042	29-1/4 (743)	28-1/4 (718)
14ACX-048	37-1/4 (946)	28-1/4 (718)
14ACX-060	33-1/4 (845)	32-1/4 (819)



ARI Standard
210/240 UAC



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS								
General Data	Model No.	14ACX-018	14ACX-024	14ACX-030	14ACX-036	14ACX-042	14ACX-048	14ACX-060
	Nominal Tonnage	1.5	2	2.5	3	3.5	4	5
¹ Sound Rating Number (dB)		76	76	76	76	78	78	80
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8	7/8	1-1/8
¹ Refrigerant (R-410A) furnished		6 lbs. 12 oz.	7 lbs. 10 oz.	8 lbs. 0 oz.	8 lbs. 9 oz.	8 lbs. 10 oz.	10 lbs. 0 oz.	12 lbs. 0 oz.
Outdoor Fan	Diameter - in.	18	18	22	22	22	22	26
	Number of blades	4	4	4	4	4	4	4
	Motor hp	1/5	1/5	1/6	1/6	1/4	1/4	1/3
Shipping Data - lbs. 1 package		146	148	169	172	198	221	238
ELECTRICAL DATA								
	Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
² Maximum overcurrent protection (amps)		20	30	30	30	40	50	60
³ Minimum circuit ampacity		12.3	17.9	17.2	18.7	24.1	29.0	34.8
Compressor - Rated load amps		9.0	13.4	12.9	14.1	17.9	21.8	26.4
Condenser Fan Motor - Full load amps		1.0	1.0	1.1	1.1	1.7	1.7	1.8

NOTE — Extremes of operating range are plus 10% and minus 5% of line voltage.

¹ Sound Rating Number in accordance with test conditions included in ARI Standard 270.

² Refrigerant charge sufficient for 15-ft. length of refrigerant lines.

³ HACR type circuit breaker or fuse.

⁴ Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer

Douglas W. Lowe, P.E.

FLA# 13355

1206 Millennium Parkway

Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

WARNING - HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

#771 (4 pk)

#772 (100 box)

#773 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.
1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.

Locate the anchor clips to fit comfortably between condenser unit and pad.

Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.

All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.

Suitable for ground mounted units.

Anchor clip design meets requirements of The Florida Building Code 2007 (Building)

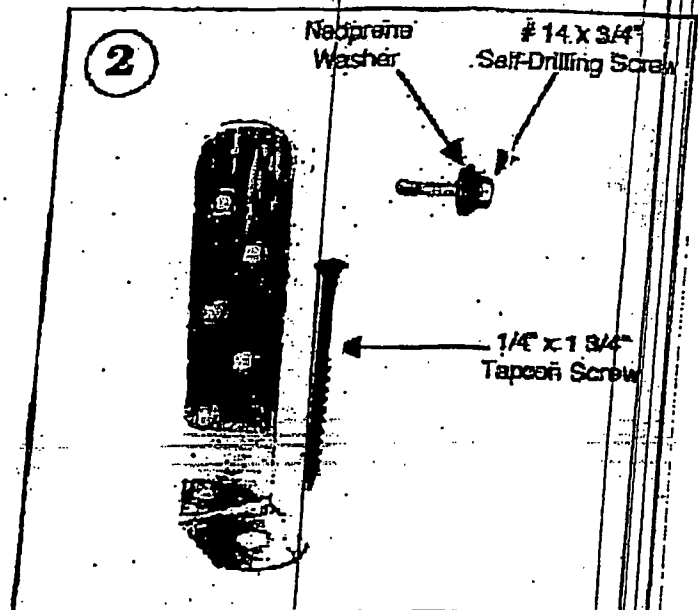
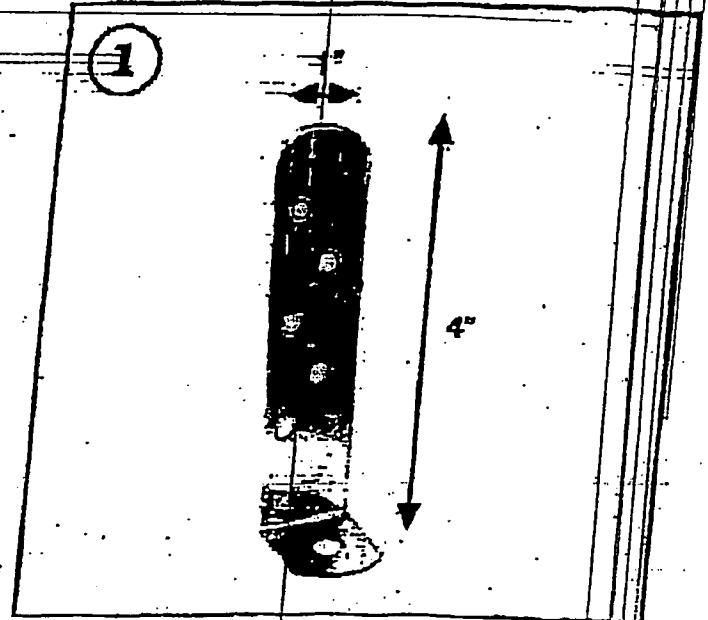
Chapter 301.12 for wind resistance up to 140 MPH.

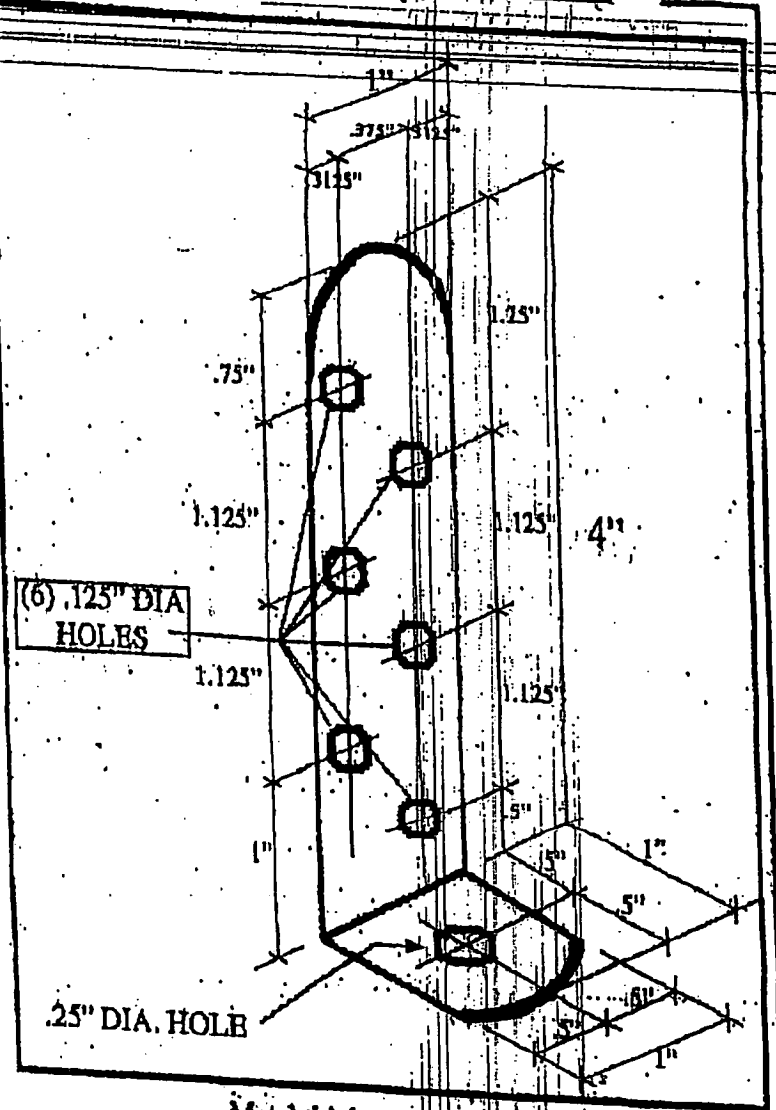
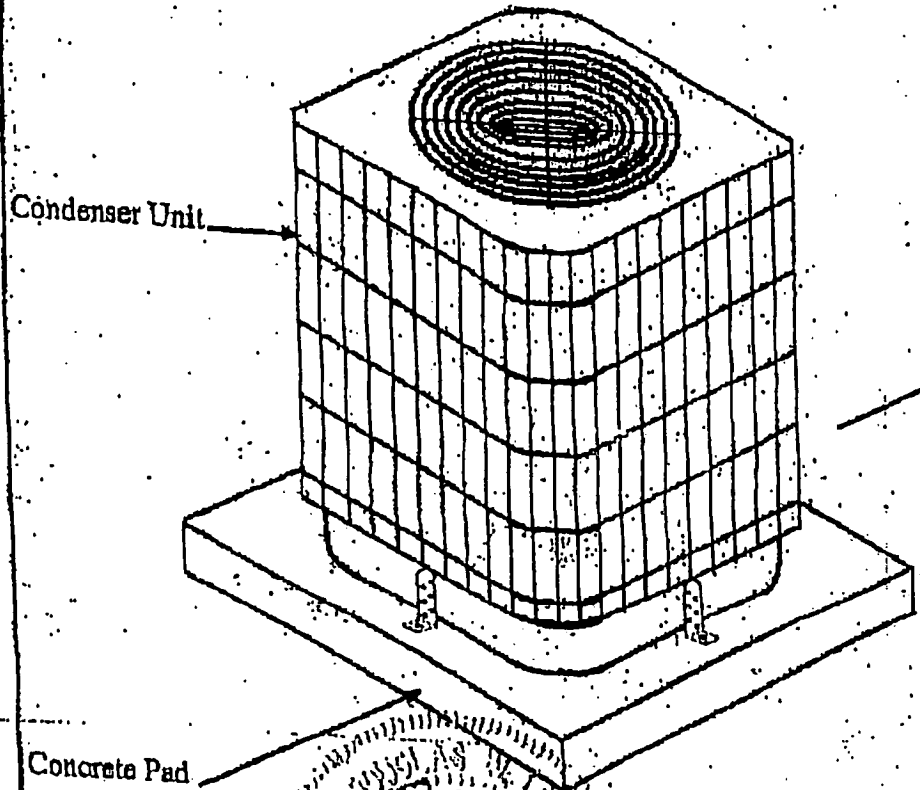
FEATURES

The use of "sized to fit" screw holes compared to slots means that security is never compromised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

NOTE

Above installation instruction suitable for up to 5 ton units.





Metal thickness = 16 gauge



The Metal Shop
 1139 Eldridge Street
 Clearwater
 FL 33765

Ph: (727) 441-2492
 Fax: (727) 442-8483
 Web: www.metalsshop.org

Consulting Engineer:
 Douglas W. Lowe, P.E.
 FLA # 13355
 1206 Millenium Parkway
 Brandon, FL 38511

Revision Date:
 2/14/08

Drawn by:
 K.P.R.

Page:
 1 of 1

Scale - Not to scale

1-S
 SCALE AS NOTED
 DRAWN
 CHECKED
 DATE

AC UNIT ANCHORING DETAILS
 FATBOY CLIPS AS
 MANUFACTURED BY THE
 ORIGINAL PAN CO. FOR USE
 UNDER FLORIDA BUILDING CODE



ENCLOSURE
 DATE

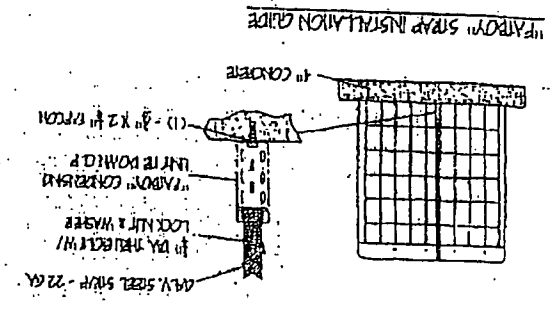
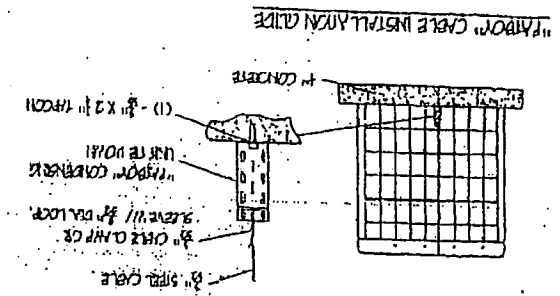
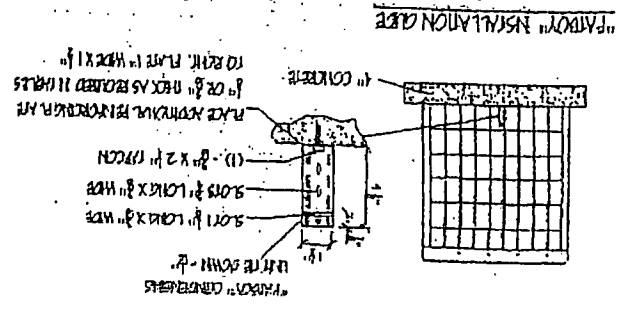
TYPE OF ANCHORING	HEIGHT OF ANCHORING ABOVE FINISH FLOOR	HEIGHT OF ANCHORING ABOVE FINISH FLOOR	HEIGHT OF ANCHORING ABOVE FINISH FLOOR	HEIGHT OF ANCHORING ABOVE FINISH FLOOR
1	0-15"	1	1	1
2	15-20"	1	1	1
3	20-30"	1	1	1
4	30-40"	1	1	1
5	40-50"	1	1	1
6	50-60"	1	1	1
7	60-70"	1	1	1
8	70-80"	1	1	1
9	80-90"	1	1	1
10	90-100"	1	1	1
11	100-110"	1	1	1
12	110-120"	1	1	1
13	120-130"	1	1	1
14	130-140"	1	1	1
15	140-150"	1	1	1
16	150-160"	1	1	1
17	160-170"	1	1	1
18	170-180"	1	1	1
19	180-190"	1	1	1
20	190-200"	1	1	1

TYPE OF ANCHORING	HEIGHT OF ANCHORING ABOVE FINISH FLOOR	HEIGHT OF ANCHORING ABOVE FINISH FLOOR	HEIGHT OF ANCHORING ABOVE FINISH FLOOR	HEIGHT OF ANCHORING ABOVE FINISH FLOOR
1	0-15"	1	1	1
2	15-20"	1	1	1
3	20-30"	1	1	1
4	30-40"	1	1	1
5	40-50"	1	1	1
6	50-60"	1	1	1
7	60-70"	1	1	1
8	70-80"	1	1	1
9	80-90"	1	1	1
10	90-100"	1	1	1
11	100-110"	1	1	1
12	110-120"	1	1	1
13	120-130"	1	1	1
14	130-140"	1	1	1
15	140-150"	1	1	1
16	150-160"	1	1	1
17	160-170"	1	1	1
18	170-180"	1	1	1
19	180-190"	1	1	1
20	190-200"	1	1	1

GENERAL NOTES:
 1- ANCHORS TO BE INSTALLED AT 16" ON CENTER WITH 1/2" CLEARANCE FROM SURFACE OF CONCRETE.
 2- ALL ANCHORS TO BE INSTALLED IN THE SAME PLANE.
 3- ALL ANCHORS TO BE INSTALLED IN THE SAME PLANE.
 4- ALL ANCHORS TO BE INSTALLED IN THE SAME PLANE.

1- ANCHORS TO BE INSTALLED AT 16" ON CENTER WITH 1/2" CLEARANCE FROM SURFACE OF CONCRETE.
 2- ALL ANCHORS TO BE INSTALLED IN THE SAME PLANE.
 3- ALL ANCHORS TO BE INSTALLED IN THE SAME PLANE.
 4- ALL ANCHORS TO BE INSTALLED IN THE SAME PLANE.

NOTE: SEE NOTES FOR WINDOW ANCHORING ABOVE FINISH FLOOR FOR CONNECTION WITH FATBOY CLIP TO ANCHORING ABOVE FINISH FLOOR.



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-12-13 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10535	Dennis	Final AC		
1 ST	16 Ridgeland Jensen Beach AC		PASS	CLOSE INSPECTOR <i>[Signature]</i>
10547	Elliott	attachment		NOT PER
	25 W High Pt DeGiovanni Const		FAIL	NO. A INSPECTOR
10248	Bokner	Final Building		NO EMERGENCY
	2 N Sewalls Renar		FAIL	LIB RT INSPECTOR <i>[Signature]</i>
10557	Schneider	FINAL AC		
	90 S. Riverview Rd Nisari		PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 161

Date Issued _____

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

Owner Robert Schneider Present Address 516 Pine Dr Phone 1-516-666-6878
1380 PSL Blvd

Contractor Tropical Homes Address Bright Waters NY Phone 335-4198

Number of trees to be removed 2 Holly Bushes

Number of trees to be relocated within 30 days (no fee) 1 Palm Tree

Number of trees to be replaced within 30 days 1 Palm Tree

Permit Fee: \$ _____ (\$5. for 1st tree, plus \$1. each additional tree - not to exceed \$25.)

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

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one (1) year. Fee for renewal of expired permit is \$5.

Signature of Applicant Wesley Klimmel Date submitted 6/23/83

Approved by Building Inspector J. Mayhew Date 7/11/83

Approved by Building Commissioner _____ Date _____

Completed _____
Date _____ Checked by _____

SEE
back

103 - Taylor ST Louis Elec
00019 Miller P19
CAPO 15437 Mavis Air

Septu Task permit
out line . right hand side ?

TOWN OF SEWALL'S POINT, FLORIDA

Date 5-1-06 ~~to~~ TREE REMOVAL PERMIT No 2673

APPLIED FOR BY Schneider (Contractor or Owner)

Owner 910. So River Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees Queen Palm - repl of Christmas Palm

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE 3 WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Phil Wintercorn Town Clerk

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION _____

REMARKS _____

Owner ROBERT SCHNEIDER Address 90 S LUCK RD Phone 286-9607

Contractor AS ABOVE Address _____ Phone _____

No. of Trees: REMOVE 3 Type: QUEEN PALM

No. of Trees: RELOCATE 0 WITHIN 30 DAYS Type: N/A

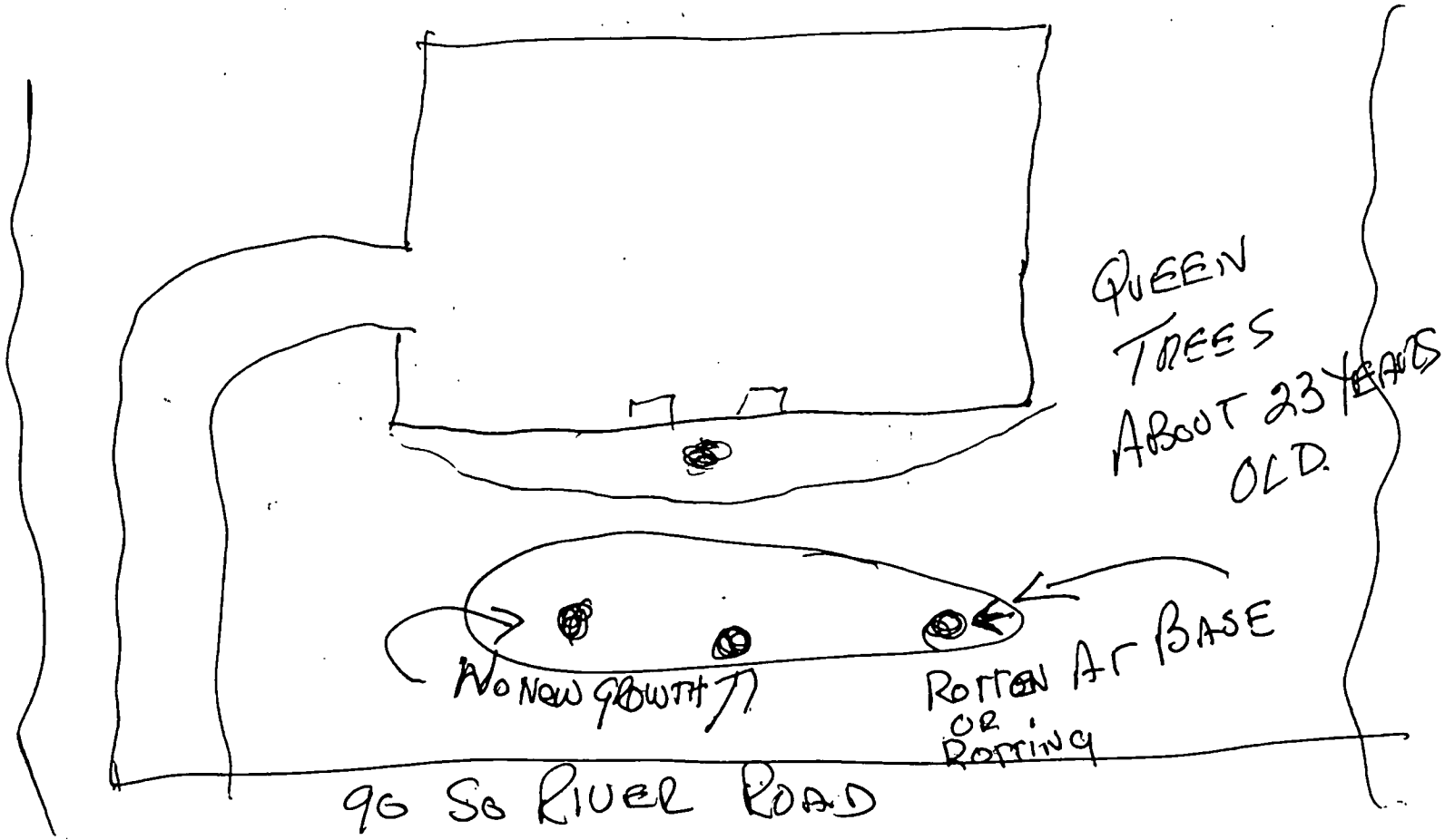
No. of Trees: REPLACE 3 WITHIN 30 DAYS Type: CANDIDIA PALM

Written statement giving reasons: 2 PALMS SHOW NO NEW GROWTH 3RD ROTTING AT BASE

Signature of Property Owner [Signature] Date 4/27/06

Approved by Building Inspector: [Signature] Date 5/1/06 Fee: 0

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



QUEEN
TREES
ABOUT 23 YEARS
OLD.

No New growth?

Rotten AT BASE
OR
ROTTING

96 So River Road