

100 South River Road

3297

SFR

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____

PERMIT NUMBER 3297

DATE ISSUED 12/3/92

OWNER MR John V Hogan

CONTRACTOR OR

OWNER/BLDR. ARK Homes inc

ADDRESS _____

ADDRESS 957 S Federal Hwy

CITY/ST/ZIP Palm city

CITY/ST/ZIP STUART FLA

TELEPHONE _____

TELEPHONE 286-7761

FLOOD ZONE C

TO BE CONSTRUCTED New house

SITE ADDRESS 100 SRR

SUBDIVISION RIO VISTA

CONSTRUCTION VALUE 251,000

FEES

REMODELING/NEW CONSTRUCTION New

PLUMBING 100.00

IMPACT 1,508.00

ELECTRICAL 100.00

RADON 62.00

MECH./A.C. 100.00

SEPTIC _____

ROOF 100.00

WELL _____

WALL _____

FENCE _____

POOL ENCLOSURE _____

POOL _____

OWNER/BUILDER _____

DOCK _____

TOTAL \$ 3,978.95

PAID BY CHECK # 2838

12-12-92
P.C.
Patrick Exterminating Inc.
P.O. BOX 249
HOBE SOUND, FL 33475 - 0249
407-546-3722
100 Sq
Rms

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY OK DATE 12/12/92
ROUGH PLUMBING OK DATE 12/10/92
TERMITE PROTECTION OK DATE 12/12/92
FOOTING-SLAB OK DATE 12/14/92
LINTEL OK DATE 1/6/93
ROUGH ELECTRIC OK DATE 2/17/93
FRAMING OK DATE 1-22-93
A/C DUCTS OK DATE 2/19/93

NAILING OK Rym DATE 1-22-93
ROOF OK DATE 2/29/93
INSULATION OK DATE 2/19/93
FINAL ELECTRIC OK DATE 4/1/93
FINAL PLUMBING OK DATE 4/1/93
SEPTIC FINAL _____ DATE _____
DRIVEWAY OK DATE 4/1/93
FINAL C.O. OK DATE 4/2/93

PERMIT AUTHORIZED BY Dale Brown

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

3297

12-38-41-002-00470.80000

Owner's Name John V. Hogan and Sylvia A. Hogan, his wife
Owner's Address 1635 S.W. Silver Pine Way, Apt. #109-D1, Palm City, FL
Owner's Telephone 287-6416

Fee Simple Titlehold N/A
Fee Simple Titlehold N/A

City _____

Contractor's Name ARK HOMES CONST., INC.

Contractor's Address 957 S. Federal Hwy, ~~Stuart~~
City Stuart State Florida Zip 34994

Contractor's Teleph 286-7761 Licence Number ERC 041923

Job Name Single Family Residence For Mr & Mrs. Hogan

Job Address 600 South River Rd.

City Town of Sewa

Legal Description Lot 47, RIO VISTA SUBDIVISION, according to the
Plat thereof as recorded in Plat Book 6, page 95, Martin County, Florida
Public Records.

Bonding Company _____

Bonding Company Ad _____

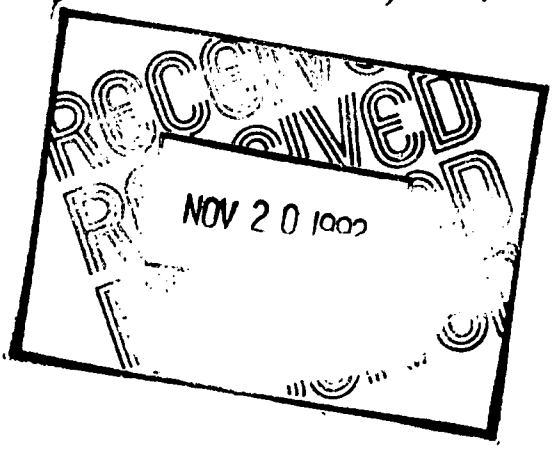
City _____

Architect/Engineer _____

Architect/Engineer _____

Mortgage Lender's _____

Mortgage Lender's _____



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

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

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

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

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

Plumbing Contractor Arrow Plumbing License No. CFC 029692
Electrical Contractor Cook Electric Inc. License No. ME 00152
Roofing Contractor Pawnche License No. CGC A07037
A/C Contractor Personalize A/C of Stuart License No. SPO0160
Description of Building or Alterations Single Family Residence
w/ attached garage
Name of Street the Front Building Line and Front Yard Will Face xxxx South River Road
Subdivision Rio Vista Subdivision Lot 47 Block _____
Building Area (inside walls) 2669.46 Sq. Ft. Garage, Porch, Carport Area 3605.25 Sq. Ft.
Contract Price (excluding carpet, land, appliance, landscaping) \$ 155822.00

Sylvia A. Hogan DATE 11-24-92
(Owner or Authorized Agent)

Sworn and Subscribed before me this
24th day of NOV. 1992 (SEAL)

Joan H. Barrow
NOTARY PUBLIC
State of Florida at Large
My Commission Expires: _____
Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded Thru Troy Fain - Insurance Inc.

Ronald A. Britton - P.E. DATE 11/20/92
(Contractor)

Sworn and Subscribed before me this
20 day of NOV. 1992 (SEAL)

Robert A. Britton
NOTARY PUBLIC
State of Florida at Large
My Commission Expires: _____
Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded Thru Troy Fain - Insurance Inc.

Certificate of Competency Holder

Contractor's State Certification or Registration No. Ronald A. Britton Qualifier
For Ark Homes Const., Inc.

Contractor's Certificate of Competency No. CRC 041923

APPLICATION APPROVED BY Dale Brown Permit Officer

[Signature] 12/4/92

For Official Use Only

Plans approved as submitted ✓ Date 12/3/92

Plans approved as marked Dale Date 12/3/92

Permit Fee \$ ~~3978.95~~ 3978.95 paid 40.00 Extra on
Final cost 4/2/93 2008

County Impact Fee	\$ <u>1508.20</u>	Plumbing Fee	\$ <u>100.00</u>
Radon Fee	\$ <u>62.95</u>	Roofing Fee	\$ <u>100.00</u>
A/C Fee	\$ <u>100.00</u>	Building Fee	\$ 100.00 <u>2008</u>
Electrical Fee	\$ <u>100.00</u>	TOTAL	\$ <u>3978.95</u>

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE 11/19/92

PRODUCER
SAFE HARBOR INSURANCE
735 COLORADO AVE
PO BOX 2210
STUART, FLORIDA 34995

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

COMPANIES AFFORDING COVERAGE

COMPANY
LETTER A THE TRAVELERS COMPANIES
COMPANY
LETTER B FLORIDA HOME BUILDERS SIF
COMPANY
LETTER C
COMPANY
LETTER D
COMPANY
LETTER E

INSURED
ARK HOMES CONSTRUCTION CO
957 S FEDERAL HWY
STUART
FL 34994

==== COVERAGE S =====

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.

CD	LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
	A	GENERAL LIABILITY [X] Commercial General Liability [] Claims Made [X] Occur. [] Owner's & Contractor's Prot. []	P6608296908A	05/26/92	05/26/93	GENERAL AGGREGATE \$ 300,000 PRODUCTS-COMP/DP AGGREGATE \$ 300,000 PERSONAL & ADV. INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000 COMBINED SINGLE LIMIT \$ 300,000
	A	AUTOMOBILE LIABILITY [] Any Auto [X] All Owned Autos [] Scheduled Autos [X] Hired Autos [X] Non-Owned Autos [] Garage Liability []	P6608296908A/CA	05/26/92	05/26/93	BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) PROPERTY DAMAGE \$
		EXCESS LIABILITY [] UMBRELLA FORM [] Other Than Umbrella Form				EACH OCCURRENCE \$ AGGREGATE \$
	B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	15841	03/01/92	03/01/93	[X] STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CONTRACTOR/STATE OF FLORIDA
30 DAY NOTICE OF CANCELLATION ON W/C

==== CERTIFICATE HOLDER =====

TOWN OF SEWALLS POINT
BUILDING DEPARTMENT
1 SEWALLS POINT ROAD
STUART FL 34996

==== CANCELLATION =====

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

AUTHORIZED REPRESENTATIVE


STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY
LICENSING BOARD

CERTIFIED RESIDENTIAL CONTRACTOR

ERITTIAN, RONALD ALLEN
ARK HOMES CONSTRUCTION INC

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
FOR THE YEAR EXPIRING AUG 31, 1994


LAWTON CHILES
GOVERNOR


GEORGE STUART, JR.
SECRETARY, D.P.R.

970409

5031D

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

State of Florida
County of Martin

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

1. Description of property:

Lot 47, RIO VISTA SUBDIVISION, according to the Plat thereof as recorded in Plat Book 6, page 95, Martin County, Florida, public records.

2. General description of improvement:

Single Family Residence

3. Owner information:

a. Name and address:

John V. Hogan and Sylvia A. Hogan, his wife
1635 S.W. Silver Pine Way
Apartment #109-D1
Palm City, Florida 34990

b. Interest in property:

Fee Simple

c. Name and address of fee simple titleholder (if other than Owner): N/A

4. Contractor:

Ark Homes Construction, Inc.
957 S. Federal Highway
Stuart, Florida 34994
Attn: Ronald A. Brittian

5. Surety:

a. Name and address: N/A

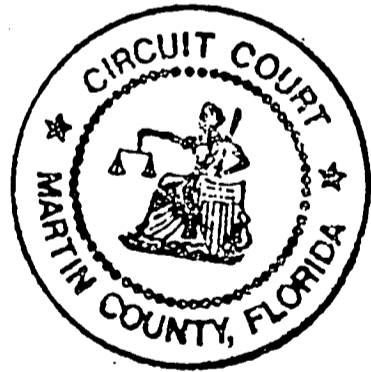
b. Amount of bond \$ N/A.

6. Lender: N/A

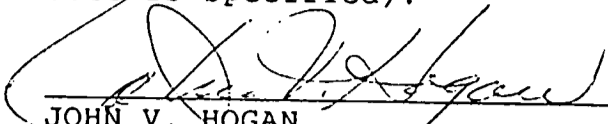
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:

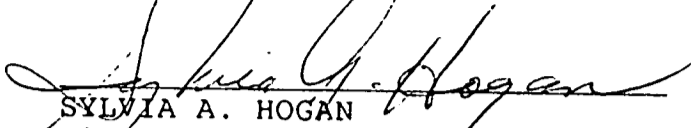
John V. Hogan and Sylvia A. Hogan, his wife
1635 Silver Pine Way
Apartment #109-D1
Palm City, Florida 34990

8. In addition to himself, Owner designates Thomas R. Sawyer of Warner, Fox, Seeley & Dungey, Attorneys, P.A., 1100 S. Federal Highway, Stuart, Florida 34994, to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.



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


JOHN V. HOGAN
Signature of Owner


SYLVIA A. HOGAN
Signature of Owner

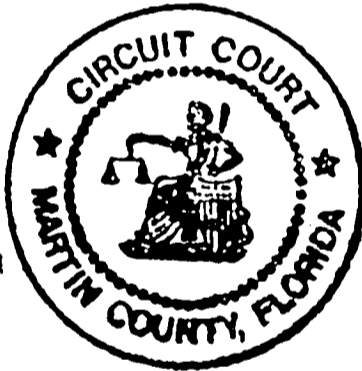
STATE OF FLORIDA
COUNTY OF MARTIN

12th The foregoing instrument was acknowledged before me this day of November, 1992, by JOHN V. HOGAN and SYLVIA A. HOGAN, his wife, who: [] are personally known to me, or [] have produced N/A as identification, and who did not take an oath.



(NOTARY SEAL)

Name: THOMAS R. SAWYER
Typed, printed or stamped
I am a Notary Public of the
State of Florida having a
commission number of CC-054858
and my commission expires: 11-19-94



STATE OF FLORIDA
COUNTY OF MARTIN
THIS IS TO CERTIFY THAT THIS IS A
TRUE AND CORRECT COPY OF THE
ORIGINAL.

MARSHA STILLER, CLERK
BY Charlotte Buckley D.C.
DATE 11-13-92

FILED FOR RECORD
MARTIN CO., FLA.
12 NOV 13 PM 4:02
MARSHA STILLER
CLERK OF CIRCUIT COURT
BY D.C.

First American Title Company

938471

This Warranty Deed

Made this 21ST day of April A.D. 19 92

by SONDRA W. TAYLOR, a married woman, f/k/a SONDRA W. CONE and ROBERT L. SAUM, a married man, as tenants in common hereinafter called the grantor, to JOHN V. HOGAN and SYLVIA A. HOGAN, his wife

RECORD VERIFIED BY MARSHA STILLER CLERK OF CIRCUIT COURT 12 APR 27 PM 3:25 FILED FOR RECORDS MARTIN CO., FLA.

whose post office address is: 15 Riversedge Drive Little Silver, New Jersey 07739

Grantees' SSN: hereinafter called the grantee:

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

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

Lot 47, RIO VISTA SUBDIVISION, according to the Plat thereof, filed December 11, 1975, in Plat Book 6, Page 95, Martin County, Florida, Public Records.

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

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel Identification Number: 12-38-41-002-000-00470-8-0000 Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 19 91

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:

Gina S. Powers Name: GINA S. POWERS Nancy C. Barfield Name: NANCY C. BARFIELD Nancy D. Saum Name: NANCY D. SAUM Carta Clayton Name: Carta Clayton

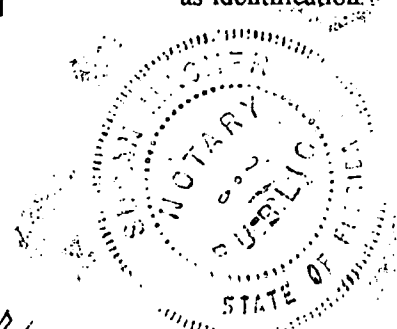
Sondra W. Taylor Name & Address: SONDRA W. TAYLOR 35 W HIGH POINT ROAD STUART, FLA. 34996 Robert L. Saum Name & Address: ROBERT L. SAUM 7324 S.W. 102ND STREET MIAMI, FLA. 33156 DOC-DEED \$ 510.00 MARSHA STILLER, CLERK OF CIRCUIT COURT MARTIN COUNTY DOC-MTG \$ DOC-ASM \$ INT. TAX \$ BY

State of Florida County of DADE

The foregoing instrument was acknowledged before me this 21 day of April, 19 92, by SONDRA W. TAYLOR, f/k/a SONDRA W. CONE and ROBERT L. SAUM, as tenants in common

who is personally known to me or who has produced FDL 5500-772-42-339 and who did take an oath. as identification.

PREPARED BY: Gina S. Powers RECORD & RETURN TO: First American Title Insurance Company 218 Atlanta Avenue-P. O. Box 2008 Stuart, Florida 34994 File No: 12732/10953-92



Susan Wagner Print Name: SUSAN WAGNER Notary Public My Commission Expires: NOTARY PUBLIC-STATE OF FLORIDA MY COMMISSION EXP. JULY 26, 1995 BONDED THRU GENERAL INS. UND.

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS

LARRY C. O'STEEN, MARTIN COUNTY TAX COLLECTOR
FOR MARTIN COUNTY REAL ESTATE

I.D. NUMBER: 1992-12-38-41-002-000-00470.80000		AD VALOREM TAXES:	TAX DISTRICT: 2200
ASSESSED VALUE:	65,000	EXEMPTIONS:	00 TAXABLE VALUE: 65,000
TAXING AUTHORITY		MILLAGE RATE	TAX AMOUNT
COUNTY	COUNTY-GENERAL FUND-OP	5.28100	343.27
	CNTY-GO BONDS SERIES 1986	.44200	28.73
	CNTY-BONDS LANDS FOR YOU	.23400	15.21
SCHOOL	SCHOOL-RLE-GENERAL FUND	8.35600	543.14
	SCHOOL - BOND ISSUE	.15000	9.75
CHLD SVC	CHILDRENS SERVICES ORDNCs	.14980	9.74
S.F.W.M.	SOUTH FLA WATER MANAGEMNT	.54700	35.56
F.I.N.D.	FL-INLAND NAVIGATION DIST	.05200	3.38
CITY	SEWALLS POINT	1.50000	97.50

TOTAL MILLAGE 16.71180 AD VALOREM TAXES 1,086.28



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: John Hogan SEPTIC TANK PERMIT NO. HD 92-283

LEGAL DESCRIPTION: Lot 47 Rio Vista

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

1. Building Permit Number: (Certification not required for this item).

2. I certify that the elevation of the top of the lowest plumbing stubout is inches (circle one) above below benchmark elevation as indicated on septic tank permit.

3. I certify that the top of the lowest building plumbing stubout is inches (circle one) above below crown of road elevation shown on septic tank permit.

4. I certify that the top of the drainfield pipe elevation is

5. I certify that all severely limited soil has been removed from an area of feet by feet a minimum depth of six(6) feet below top of required stubout elevation.

6. I certify that all moderately and severely limited soils have been removed in an area feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of feet where slightly limited soils exist.

7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in "Diagram A", or "Diagram B" on reverse side.

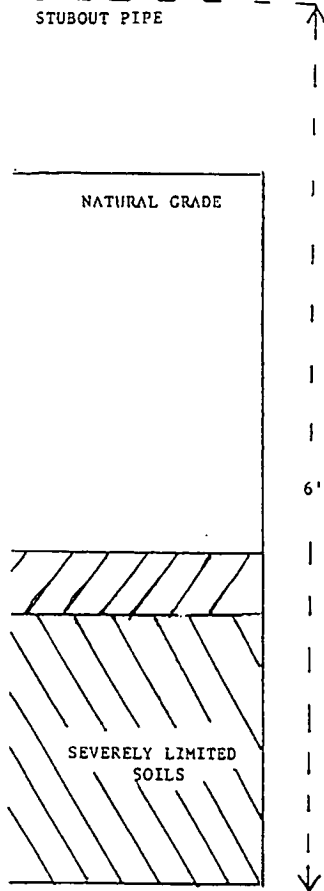
- NOTE: a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or muck. b. Drainfield must be centered in the excavated area. c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

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

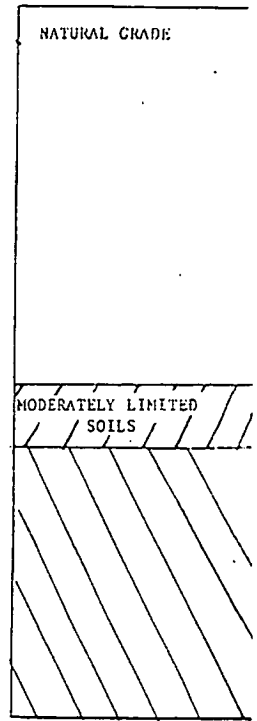
Date: Job Number: (Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Martin County Health Unit Approval Signature (Date)

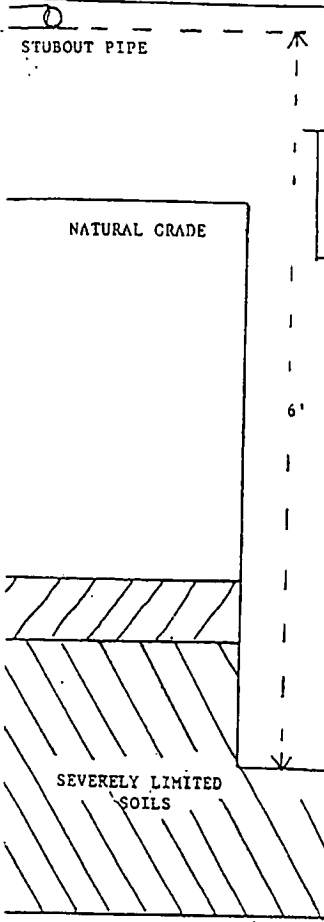


"DIAGRAM A"

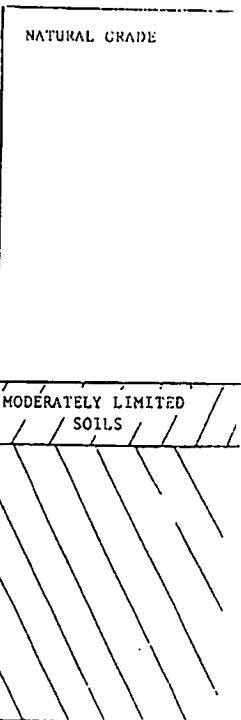


SLIGHTLY LIMITED SOILS

4/92



"DIAGRAM B"



SLIGHTLY LIMITED SOILS

NTS

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
PERMIT FOR CONSTRUCTION OF AN ONSITE SEWAGE DISPOSAL SYSTEM

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Application/Permit Number #D92-283

Permit is for:

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

Owner: John Hogan Telephone: (Work) 287-6416 (Home) _____
 Property Street Address: South River Rd.
 Lot #: 47 Block #: _____ Subdivision: Rio Vista Rd. Unit: _____
 Section: _____ Township: _____ Range: _____ Parcel Number: 12-38-41-002-000-0047.0-8

TO BE COMPLETED BY ENGINEER OR COUNTY PUBLICHEALTH UNIT EMPLOYEES ONLY. SYSTEM IS TO BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS SET FORTH IN CHAPTER 10D-6, F.A.C. PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME.

SYSTEM DESIGN AND SPECIFICATIONS

Design Sewage Flow from Table II 600 GPD Most Restrictive Soil Texture Used for System Sizing: Sand
 Loading Rate: 1.75 Gallons/Square Foot/Day Standard: Filled: Mound: Other:
 Disposal system configuration: Trench: Bed: _____ Other(describe): _____
 Minimum absorption area required: 343 Square Feet 3 trenches @ 3' w (2' in between trenches) x 38' L
 Bottom of drainfield absorption area must be 24" inches above/below (circle one) benchmark/fixed point of reference.
 Is Fill required? Yes No If Yes, What is the Minimum Height of Fill Required: _____ Inches/Feet
 Excavation Required: Yes No Minimum Depth of Excavation: _____ Ft. Area Excavated: _____ Square Feet
 Unobstructed area required: 514 Square Feet Unobstructed area available: 1250 Square Feet
 Septic tank liquid capacity: 1050 gallons w/ baffle Minimum Drainfield Area Required: 343 Square Feet
 Laundry tank liquid capacity: _____ gallons Minimum Drainfield Area Required: _____ Square Feet
 Gray water tank liquid capacity: _____ gallons Minimum Drainfield Area Required: _____ Square Feet
 Aerobic treatment unit treatment capacity: _____ gpd Minimum Drainfield Area Required: _____ Square Feet
 Grease interceptor capacity: _____ gallons Dosing Tank: Capacity/Volume per Dose (circle one): _____ gallons
 Holding Tank Capacity (must be sufficient to handle all waste generated over a seven day period): _____ gallons
 Additional construction criteria: Drainfield rock must be 8 feet from front or rear property lines and 5 feet from side property lines. Excavation must be a minimum of one / three feet beyond drainfield installation area.
-Top of building stub-out is required to be a minimum elevation of 4" below CR Elev. 16.03' NG
-Top of drainfield pipe is required to be a minimum elevation of 14" below CR Elev. 16.03' NG
-Top of septic tank is required to be a minimum elevation of Even with CR Elev. 16.03' NG

See Special Conditions Attached

Design by: _____ Title: _____
 If designed by a P.E., provide registration number _____ Place your seal upon the appropriate plans and attachments.

TO BE COMPLETED BY HEALTH UNIT:

Application Received: 10, 14, 92 Reviewed by: Abelardo Rodriguez ESI Martin CPHU
 Incomplete: _____ Disapproved: _____ Date: 1 / 1 Reason: _____
 Disapproved: _____ Date: 1 / 1 Reason: _____

Approved: By: Abelardo Rodriguez Martin CPHU Date: 10, 22, 92
 Date Issued: 10, 22, 92 Date of Expiration: 10, 22, 93 Amount of Fee Paid: \$ 185.00

CONSTRUCTION INSPECTION AND APPROVAL

Inspection Requested ___/___/___

Application/Permit Number _____

Inspection Performed ___/___/___

Property Owner: _____ Lot: _____ Block: _____ Subdivision: _____ Unit: _____

Property Street Address: _____ Section: _____ Township: _____ Range: _____ Parcel: _____

Abandonment: Tank Pumped ___/___/___ Crushed and Filled ___/___/___ Approved by: _____

Installer: _____ Approved: Yes ___ No ___ Registration #: _____

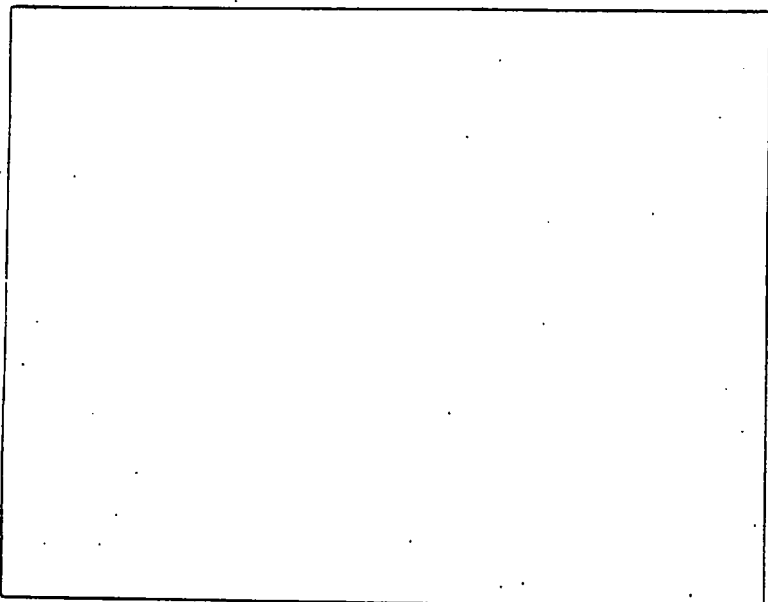
Tank Size(s): _____ gallons Tank Material: _____ Baffle Required: Yes ___ No ___ Installed: Yes ___ No ___

Proper Legend: Yes ___ No ___ Level: Yes ___ No ___ Watertight: Yes ___ No ___ Outlet Device: Yes ___ No ___

Excavation & Fill as required: Yes ___ No ___ System at proper elevation: Yes ___ No ___ Fill Adequate: Yes ___ No ___

Absorption area adequate: Yes ___ No ___ Amount of Drainfield Installed: _____ Square Feet

Installed in: Trenches ___ Absorption Bed ___ Other(describe) _____



System located as permitted: Yes ___ No ___

All setbacks maintained as required: Yes ___ No ___

Well Setback _____ Ft Water Line Setback _____

Property Line Setback _____ Ft Foundation Setback _____

Surface Water Setback _____ Ft Drainage Setback _____ Ft

Aggregate Suitable: Yes ___ No ___ DOT Grade #: _____

Aggregate Depth: Minimum: _____ Maximum: _____

Drainfield Dimensions: _____ X _____

Number of Lines: _____ Length of lines: _____ Ft _____ Ft _____ Ft

Pipe separation OK: Yes ___ No ___ Proper slope: Yes ___ No ___

Distribution Box/Header Pipe Level: Yes ___ No ___

Unobstructed area required: _____ Sq Ft

Unobstructed area available: _____ Sq

Depth of Cover Material: _____ inches

High Water Alarm: _____ Pump Size: _____

Soil Type _____ Impervious Layer _____

Construction Status: Disapproved ___ Date ___/___/___

Reason: _____

Construction Status: Disapproved ___ Date ___/___/___

Reason: _____

Construction Approval: Yes ___ No ___ CHPU

By: _____ Date: ___/___/___

PLEASE PROVIDE A SKETCH OF THE SYSTEM LAYOUT IN THE APPROXIMATE AREA WHERE IT WAS CONSTRUCTED IF DIFFERENT FROM SITE PLAN. S.O. Elev. _____ NGVD
Additional Comments: _____

MOUND & FILLED SYSTEM INSPECTION

System stabilized Yes ___ No ___ Shoulders Adequate: Yes ___ No ___ Slopes Adequate: Yes ___ No ___

Approved Stabilization Material: Yes ___ No ___ Stabilization Material Used: _____

Construction Status: _____

Disapproved: ___ Date: ___/___/___ Reason: _____

Disapproved: ___ Date: ___/___/___ Reason: _____

Construction Approved: _____ By: _____ CPHU Date ___/___/___

FINAL INSTALLATION APPROVAL

Building Area: _____ Square Feet Number of Bedrooms: _____ Number of Units: _____

Well locations proper: Yes ___ No ___ Drainage Structures Located Properly: Yes ___ No ___

Final System Approval Status: _____

Disapproved: ___ Date: ___/___/___ Reason: _____

By: _____ CPHU

Disapproved: ___ Date: ___/___/___ Reason: _____

By: _____ CPHU

Reinspection Fees Paid: Yes ___ No ___ N/A ___ Date Paid ___/___/___ Amount Fee Paid: _____

Final System Approval: _____ By: _____ CPHU Date: ___/___/___



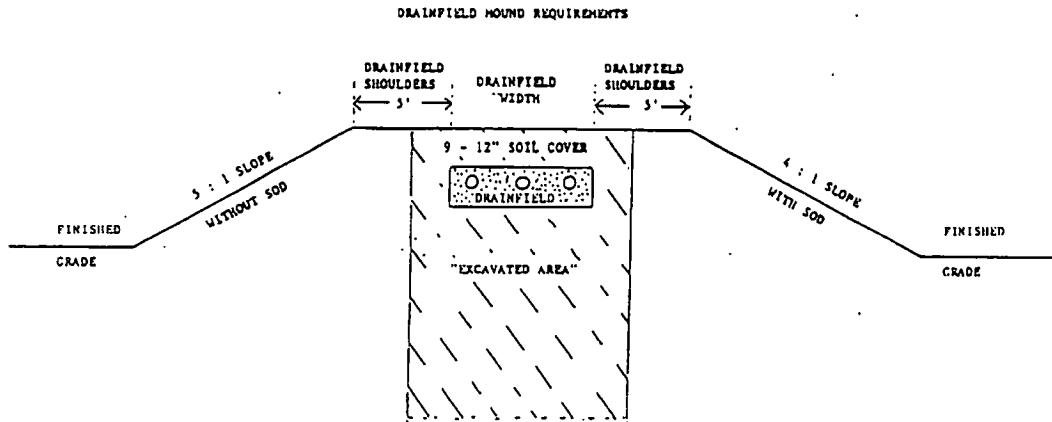
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CONDITIONS OF PERMIT

APPLICANT John Hagan SEPTIC TANK PERMIT # #092-283

For permit specifications see attached HRS-H Form 4016

1. Applicant is responsible for replacing excavated soils with a good grade of sand.
2. If fill is required, contact Martin County Building Division.
3. If building stubout is placed more than 20 feet from septic tank or drainfield, stubout elevation must be higher than permitted elevation and have prior approval.
4. NA reinspection fee required if well is not installed at time of onsite sewage disposal system initial inspection.
5. Inspection results will be posted on building permit. A copy of construction approval is available upon request.
6. If any information on this permit changes, an amended application is required to be filed immediately.
7. Any alteration to the information and conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
8. If mound drainfield is proposed, see following sketch of additional requirements.
9. Special Conditions: - See Attached Special Conditions -



NOTE: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.
SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

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



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: John Hogan PERMIT NO. (HD) HD 52-283
SUBDIVISION: _____

****NOTE**** Special Condition(s) marked "X" are in effect.

- 1. Drainfield must be maintained under grass and ~~protected from vehicular traffic (traffic barriers)~~.
- 2. Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
- 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
- 4. Septic system must be 75' from surface water / wetlands / mean high water line.
- 5. Excavate one / three beyond drainfield area to a depth of 4.5' below drainfield rock.
- 6. In addition to item #5, 33% of unsuitable soils at depths greater than 4.5' below the bottom of the drainfield must be removed to a depth of slightly limited soils.
- 7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to the initial building construction or system installation.
- 8. Septic tank abandonment permit, fee and abandonment approval for the existing tank(s) must be received by this office prior to final construction approval.
- 9. Annual Operating Permit received and Declaration of Restriction must be recorded prior to final construction approval.
- 10. Mound area must be sodded or stabilized prior to final construction approval.
- 11. Any future ponds or surface water created onsite must be 75' from septic system(s).
- 12. Available area for septic installation to be evenly filled and leveled.

** See reverse side for additional requirements.

8/92

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

SPECIAL CONDITION REQUIREMENTS

Page 2

13. Septic system must be a minimum of 15 feet from drainage culverts, dry retention areas, storm water drainage systems.
- ___ 14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met (circle which ever may be applicable).
-

___ 15. Septic tank/ dosing chamber/ grease trap must have traffic lids with manhole covers extending to the surface.

- ___ 16. ___ gallon outside grease trap(s) will be required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
- a) handwash sink(s).
 - b) three compartment sink(s).
 - c) floor drains.
 - d) can wash, janitor's sink(s).
 - e) dishwasher if present.

All other greaseless flow should be connected directly to the septic tank.

___ 17. _____
to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible -visual signals is required. If two drainfields are use, each field must be connected to an individual pump.

___ 18. Two pumps are required to alternately dose into at least two separate fields.

19. No sprinklers or roof drainage - gutter drains allowed to influence soils within 5' of drainfield rock.

___ 20. Other: _____

Questions concerning special conditions can be answered by calling Eger Rodriguez at (407) 221-4090.

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT

RECEIVED
OCT 14 1992
HHS - Marion County
Public Health Unit

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Application Is For:

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

Building Permit #:

Application/Permit Number HD-92-283
 Date Application Received 10/14/92
 Fee Amount Paid 185.00
 Receipt # 11519
 Date Paid 10/14/92

NOTE: PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME.

TO BE COMPLETED BY APPLICANT:

GENERAL INFORMATION

Owner: JOHN HOGAN Telephone: (Work) 287-6416 (Home) _____

Owner's Mailing Address: 1635 S.W. SILVER PINE WAY City: PALM CITY State: FLA Zip: 34990

Owner's Agent: Stephen J. Brown Telephone: (W) 288-7176 (H) 287-2201

Agent's Mailing Address: 290 Florida Ave City: Stuart State: FL Zip: 34996

Property Street Address: SOUTH RIVER ROAD

Exact Directions to Property: (SEE LOCATION MAP)

Lot # 47 Block # N/A Subdivision: RIO VISTA Unit: _____ Date Subdivided: 1977

Section: _____ Township: _____ Range: _____ Parcel Number: _____ Zoning Designation: _____

Property size: 15,000 Square Feet/Acres Water Supply: Private: _____ Public: Limited Use: _____

Is Sanitary Sewer Available: Yes _____ No If No, approximate the distance to the sewer line closest to your property: 5000

Is Public Water Available: Yes No _____ If No, approximate the distance to the water line closest to your property: _____

BUILDING INFORMATION

Type of Establishment Commercial/Residential (circle one)	# Of Units	Building Area (Square Feet) & Number of Bedrooms	# Of Persons	# Of Seats	Hours of Operation
<u>SINGLE FAMILY</u>	_____	<u>2669</u>	_____	_____	_____
_____	_____	<u>3 BDRM</u>	_____	_____	_____
_____	_____	_____	_____	_____	_____

Plumbing Fixtures: Garbage Grinders/Disposals: _____ Spas/Hot Tubs: Floor/Equipment Drains: _____
 Ultra-low volume Flush Toilets: _____ Other: _____

BUILDING PLANS MUST BE ATTACHED SHOWING OFFICES, BEDROOMS, TOTAL BUILDING AREA, AND ANY PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, F.A.C. IN ADDITION, A DETAILED SITE PLAN AND/OR SURVEY, DRAWN TO SCALE, MUST BE ATTACHED SHOWING PROPERTY DIMENSIONS, BUILDING LOCATIONS, AND PERTINENT FEATURES REQUIRED TO BE SUBMITTED PER CHAPTER 10D-6.046, F.A.C.

Applicant's Signature: STEPHEN J. BROWN Date: 10/13/92

Application/Permit Number _____

Permit Is For: New System _____ Repair _____ Existing System _____ Experimental System(Temporary) _____ Other(specify) _____

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEES, OR OTHER QUALIFIED PERSONS. SYSTEM IS TO BE CONSTRUCTED IN ACCORD WITH SPECIFICATIONS AND STANDARDS SET FORTH IN CHAPTER 10D-6, F.A.C.

SITE AND SOIL EVALUATION

The Elevation of proposed system site is: _____ inches above/below (circle one) the benchmark/reference point location
Benchmark/Reference Point Location: _____ Elevation: Assumed _____ Actual _____
Setback to Surface Waters: _____ Ft.
Setback to Ditches/Swales from System Site : _____ Ft. Ditches/Swales contiguous to property normally: Wet _____ Dry _____
Is the site subject to frequent flooding? Yes _____ No _____ Is site subject to 10 Year flooding? Yes _____ No _____
if subject, what is 10 year flood elevation for site: _____ Ft. MSL/NGVD Site Elevation: _____ Ft. MSL/NGVD
Setback to wells from system site: Public _____ Ft. Limited Use _____ Ft. Private _____ Ft. Non-potable _____ Ft.

SOIL PROFILE INFORMATION SITE #1

SOIL PROFILE INFORMATION SITE #2

MUNSELL # & COLOR	TEXTURE	DEPTH
		0 to _____

MUNSELL # & COLOR	TEXTURE	DEPTH
		0 to _____

USDA Soil Series Name: _____ # _____
Observed Water Table at the time of the evaluation is: _____ above/below (circle one) existing grade
Estimated Wet Season Water Table is: _____ above/below (circle one) existing grade
Type water table: Perched _____ Apparent _____ Is soil Mottled? Yes _____ No _____ At What Depth: _____
Are the Vegetative species on site indicative of high wet season water table? Yes _____ No _____ Type: _____

Site evaluated by: _____ Title: _____ Date: ____/____/____

SYSTEM SPECIFICATIONS

Property size (net usable area): _____ Square Feet/Acres
Total Estimated Sewage Flow: Table I _____ GPD Authorized Sewage Flow: _____ GPD
Design Sewage Flow from Table II _____ GPD Most Restrictive Soil Texture Used for System Sizing: _____
Loading Rate: _____ Gallons/Square Foot/Day Standard: _____ Filled: _____ Mound: _____ Other: _____
Disposal system configuration: Trench: _____ Bed: _____ Other(describe): _____
Absorption area required: _____ Square Feet Is Fill required? Yes _____ No _____
Excavation Required: Yes _____ No _____ Minimum Depth of Excavation: _____ Ft. Area Excavated: _____ Ft. X _____ Ft.
Unobstructed area required: _____ Square Feet Unobstructed area available: _____ Square Feet
Additional construction criteria: _____

Design by: _____ Title: _____
If designed by a P.E., provide registration number: _____ Place your seal upon the appropriate plans and attach.

Specifications Approved by: _____ Title: _____ Date: ____/____/____



APPLICANT John Hogan
LEGAL DESCRIPTION Lot 47 Rio Vista

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? No
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1250 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 16.03 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 16-0 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? No IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? _____ NGVD.

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

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO. 4049
DATE: 10/13/92 JOB NO. 1629-14-01

PREPARED BY : STEPHEN J. BROWN, INC
290 FLORIDA STREET,
STUART, FL. 34996 407-288-7176



TAKE-OFF SCHEDULE

DATE <u>11-19</u>	QUOTE # <u>K</u>	PRINT	EXP. DATE	QUOTE #
TERRITORY <u>5102</u>	ORDER	UPDATE		REV. #
FACTOR	DELETE	REVISE	DEL. DATE	ORDER #

CCN # _____ JOB NAME HOGAN

SOLD TO ARK HOMES JOB LOCATION _____

PHONE _____

P.O. # _____ COUNTY _____

COUNT	QTY	SERIES	STYLE	SIZE / DESCRIPTION	COL	OPER	TRACK	FINISH	GLASS	PRICE
1		407	65	40X60 1/2 w/eyelet row		2P		WH	BZ TEMP	
111				72X63 ↓		2P			BZ	
11				34		2P				
1				46X50 1/2 3PF						
111				48X63 1-2 row 11-12 row		2P				
11				1/2 34		2P				
1				1/2 33		2P				
1		420	EYELET ROW	48X18X12 4L w/SS NO FIN					BZ	
111				72X24X12 4L ↓						
1				72X30X15 4L NO SS NO FIN						
1				1/2 eyelet row 18X24X12 LH						
1				1/2 eyelet row 48X24X12 LH						
1				eyelet row 60X28						
1				1/2 eyelet row 48.04X 24X12 LH						
1				1/2 eyelet row 47.06X 24X12 LH						
1				1 eyelet row 16.38X 30X24						
1				eyelet row 106.70X 24X12						
111		500	ZB42	6/0 NO/SCR						
1				3P3 12/0 NO/SCR						
1				3B43 4/0 NO/SCR						

INSTALLATION: _____

FACTOR

STEEL DOOR TAKE-OFF

COUNT	QTY	SIZE	DESIGN	HAND	SWING		BORES			DBL DR FIX PANEL			GLASS	SIDE LITE			MISC. DESC.
					IN	OUT	1	2	PEEP	L	R	BORES		LEFT	RHT	NOT ATTACH	
	1	6/0	6"6 QE	RH	✓			✓				1					ENTRY
	1	3/0	DF 21	LH		✓		✓									GARAGE
	1	2/6	PD-59	LH		✓		✓									PALANQUIN

SPECIAL INSTRUCTIONS:

Hogan

SN: 2622

FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION

Section 9 Compliance Program - Residential Point System Method
Version 1.0 January, 1992
Department of Community Affairs

Printout generated by EP392 and submitted in lieu of Form 390-A-91
THIS COMPLIANCE FORM IS VALID IF SUBMITTED AFTER JANUARY 1, 1992

PROJECT NAME: Single Family Residence PERMITTING OFFICE: # 3297

AND ADDRESS: Lot 47, Rio Vista CLIMATE ZONE: 7 (B) 0

BUILDER: Ark Homes Const., Inc PERMIT NO.: _____

OWNER: Mr. & Mrs Hogan JURISDICTION NO.: _____

COMPONENT:	DIMENSION:	VALUE:	RATING:	VALUE:	OFFICIAL CHECKLIST
STRUCTURE TYPE:					
Single-Family					
PREDOMINANT EYE OVERHANG	Length:	2.00			
PORCH OVERHANG	Length:	14.00			
WINDOWS					
Double Pane	Total Area	576.00			
All Vertical Glass	Total Area	576.00			
All Skylight Glass	Total Area	.00			
WALLS					
Ext NonWdBlock Int	Area:	1273.00	R-Val:	5.41	
Adj Wood Frame	Area:	155.00	R-Val:	11.00	
DOORS					
Ext Wood	Area:	36.00			
Adj Wood	Area:	20.00			
CEILINGS					
FLAT Under Attic	Area:	422.00	R-Val:	50.00	
PITCHED Under Attic	Area:	2322.00	R-Val:	50.00	
FLOORS					
Slab-on-Grade	Perimeter:	264.00	R-Val:	.00	
DUCTS					
Unconditioned Space	Length ALL		R-Val:	6.00	
COOLING					
Central A/C			SEER:	10.00	
HEATING					
Strip Heat			STRIP:	1.00	
HOT WATER					
Electric			EF:	.90	
	Bedrooms:	2.00			
INFILTRATION					
Conditioned Floor	Area:	2509.00	Practs:	2	

AS BUILT POINTS / BASE POINTS * 100 = EFI

43,775.69

45,337.20

96.56

GLASS TO FLOOR AREA RATIO = .2158

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

PREPARED BY:
DATE:

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

OWNER/AGENT:
DATE:

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

BUILDING OFFICIAL:
DATE:

** PRESCRIPTIVE MEASURES (Must be met or exceeded by all residences) **

COMPONENTS	SECTION	REQUIREMENTS
WINDOWS	904.1	Maximum of 0.34 CFM per linear foot of operable sash crack.
EXTERIOR & ADJACENT DOORS	904.1	Maximum of 0.5 CFM per sq. ft. of door area. Includes sliding glass doors, solid core, wood panel, insulated, or glass doors only.
EXTERIOR JOINTS & CRACKS	904.1	To be caulked, gasketed, weather stripped or otherwise sealed.
WATER HEATERS	904.2	Must bear label indicating compliance w/ASHRAE standard 90 or comply with efficiency and standby loss requirements. Switch or clearly marked circuit breaker (electric), or cut-off (gas) must be provided. An external or built in heat trap must be provided.
SWIMMING POOLS & SPAS	904.3	Spas and heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78
HOT WATER PIPES	904.4	Insulation is required only for recirculating systems. In such cases, piping heat loss shall be limited to 17.5 BTU/H/Linear Ft. of pipe.
SHOWER HEADS	904.5	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.
HVAC DUCT CONSTRUCTION	903.2 904.6	Constructed in accordance with industry standards & local mechanical codes. Ducts in unconditioned space must be insulated to minimum R-4.2 & joints must be sealed.
HVAC CONTROLS	904.7	Separate readily accessible manual or automatic thermostat for each system.
INSULATION	904.9	Ceilings minimum R-19. Common Walls - Frame R-11 or CBS R-3. Frame Common Ceilings & Floors R-11.

** INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST **

COMPONENTS	REQUIREMENTS
PRACTICE #2	Comply with Practice #1 and the following.
Exterior Walls & Floors	Top plate penetrations sealed. Infiltration barrier installed. Sole plate/floor joint caulked or sealed.
Exterior Walls & Ceilings	Penetrations, joints and cracks on interior surface caulked, sealed, and gasketed.
Ductwork	Ductwork in unconditioned space must be sealed.
Fireplaces	Equipped with outside combustion air, doors, and flue dampers.
Exhaust Fans	Equipped with dampers. Combustion devices see 903.2 (f).
Combustion Appliances	Provided with outside combustion air.

SUMMER CALCULATIONS

=== BASE ===				=== AS-BUILT ===										
GLASS														
ORIEN	AREA	x	BSPM =	POINTS	TYPE	SC	ORIEN	AREA	x	BPM	x	SOF	=	POINTS
N	65.00		60.2	3913.0	DBL TINT		N	9.0		54.9		.53		261.9
					DBL TINT		N	56.0		54.9		.81		2498.9
E	102.00		127.0	12934.0	DBL TINT		E	72.0		109.5		.85		6685.5
					DBL TINT		E	20.0		109.5		.81		1778.1
					DBL TINT		E	10.0		109.5		.41		483.5
S	115.00		124.2	14293.0	DBL TINT		S	40.0		107.7		.62		3515.5
					DBL TINT		S	9.0		107.7		.30		290.8
					DBL TINT		S	40.0		107.7		.30		1292.4
					DBL TINT		S	20.0		107.7		.75		1621.0
					DBL TINT		S	5.0		107.7		.62		397.8
W	294.00		127.0	37338.0	DBL TINT		W	40.0		109.5		.94		4127.5
					DBL TINT		W	20.0		109.5		.88		1934.5
					DBL TINT		W	40.0		109.5		.86		3764.7
					DBL TINT		W	20.0		109.5		.81		1778.1
					DBL TINT		W	140.0		109.5		.39		5998.4
					DBL TINT		W	34.0		109.5		.34		1265.5

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS		
AREA	AREA	FACTOR	POINTS	POINTS	POINTS		
.15	2,669.00		576.00	.695	68,488.00	47,602.79	37,694.41

NON GLASS										
AREA	x	BSPM =	POINTS	TYPE	R-VALUE	AREA	x	BPM =	POINTS	
WALLS										
Ext	1376.0		1.6	2201.6	Ext NormWtBlock	In	5.4	1376.0	1.92	2641.9
Adj	156.0		1.0	156.0	Adj Wood Frame		11.0	156.0	1.00	156.0
DOORS										
Ext	56.0		6.4	358.4	Ext Wood			56.0	9.40	526.4
Adj	20.0		2.6	52.0	Adj Wood			20.0	3.80	76.0
CEILINGS										
UA	2669.0		.8	2135.2	Under Attic		30.0	422.0	.80	337.6
					Under Attic		30.0	2322.0	.80	1857.6
FLOORS										
Slb	264.0		-20.0	-5280.0	Slab-on-Grade		.0	264.0	-20.00	-5280.0
INFILTRATION										
	2669.0		14.7	39234.3	Practice #2			2669.0	14.70	39234.3

TOTAL SUMMER POINTS	86,450.23	77,244.23
---------------------	-----------	-----------

TOTAL	x	SYSTEM	=	COOLING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	COOLING
SUM PTS	MULT	POINTS		POINTS	COMPON	RATIO	MULT		MULT		MULT		POINTS		POINTS
86,450.23	.37	31,950.29		77,244.23	1.00	1.100		.340		1.000		28,889.34			

 WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BWPM =	POINTS	TYPE	SC	ORIENT	AREA	x WPM	x WOF	= POINTS
N	65.00	2.2	143.0	DBL TINT		N	9.0	2.4	1.34	28.9
				DBL TINT		N	56.0	2.4	1.11	149.7
E	102.00	-1.1	-112.2	DBL TINT		E	72.0	-1.6	.47	-20.4
				DBL TINT		E	20.0	-1.6	.35	-4.2
				DBL TINT		E	10.0	-1.6	-1.39	6.3
S	115.00	-3.1	-356.5	DBL TINT		S	40.0	-2.4	.85	-82.0
				DBL TINT		S	9.0	-2.4	-.86	18.6
				DBL TINT		S	40.0	-2.4	-.86	82.6
				DBL TINT		S	20.0	-2.4	.78	-37.6
				DBL TINT		S	6.0	-2.4	.57	-8.2
W	294.00	-1.1	-323.4	DBL TINT		W	40.0	-1.6	.81	-19.4
				DBL TINT		W	20.0	-1.6	.59	-7.1
				DBL TINT		W	40.0	-1.6	.51	-12.3
				DBL TINT		W	20.0	-1.6	.35	-4.2
				DBL TINT		W	140.0	-1.6	-1.94	163.1
				DBL TINT		W	34.0	-1.6	-2.41	49.2

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,669.00		576.00	.695	-649.16
					-481.16
					304.99

NON GLASS-----										
AREA	x	BWPM =	POINTS	TYPE	R-VALUE	AREA	x	WPM =	POINTS	
WALLS-----										
Ext	1376.0	.3	412.8	Ext NormWtBlock	In 5.4	1376.0	.96		1183.4	
Adj	156.0	.5	78.0	Adj Wood Frame	11.0	156.0	.50		78.0	
DOORS-----										
Ext	56.0	1.8	100.8	Ext Wood		56.0	2.80		156.8	
Adj	20.0	1.3	26.0	Adj Wood		20.0	1.90		38.0	
CEILING-----										
UA	2669.0	.1	266.9	Under Attic	30.0	422.0	.10		42.2	
				Under Attic	30.0	2302.0	.10		230.2	
FLOORS-----										
Slb	264.0	-2.1	-554.4	Slab-on-Grade	.0	264.0	-2.10		-554.4	
INFILTRATION-----										
	2669.0	1.2	3202.8	Practice #2		2669.0	1.20		3202.8	

=====
 TOTAL WINTER POINTS | 3,081.74 | 4,683.95
 =====

TOTAL	x SYSTEM	= HEATING	TOTAL	x CAP	x DUCT	x SYSTEM	x CREDIT	= HEATING
WIN PTS	MULT	POINTS	COMPON	RATIO	MULT	MULT	MULT	POINTS
3,081.74	1.10	3,389.92	4,683.95	1.00	1.100	1.000	1.000	5,152.34

WATER HEATING

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL	:	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
---------------	---	------	---	-------	---	-------------	----	------------	---	------	---	-------------	---	-------

3		3319.0	=	9,957.00	:	80	.90	1.000		3244.7		1.00	=	9,734.00
---	--	--------	---	----------	---	----	-----	-------	--	--------	--	------	---	----------

SUMMARY

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	x	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	:	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
----------------	---	----------------	---	------------------	---	--------------	---	----------------	---	----------------	---	------------------	---	--------------

31990.3		3389.9	+	9957.0	=	45,337.20	:	28889.3	+	5152.3	+	9734.0	=	43,775.69
---------	--	--------	---	--------	---	-----------	---	---------	---	--------	---	--------	---	-----------

 * EPI = 96.56 *

FORM 900-B-91

**FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**
Section 9 — Residential Point System Method
Department of Community Affairs

Climate Zones
SOUTH 7 8 9

PROJECT NAME AND ADDRESS:	Single Family Residence Lot 47 Rio Vista Sub		BUILDER: Ark Home Const., Inc.	CLIMATE ZONE: 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
	OWNER: Mr. & Mrs. Goson	PERMITTING OFFICE:	PERMIT NO.:	

NEW CONSTRUCTION ADDITION <input checked="" type="checkbox"/>	IF MULTIFAMILY, NUMBER OF UNITS COVERED BY THIS SUBMITTAL: <input type="checkbox"/>	CONDITIONED FLOOR AREA: 2669 SQ. FT.	GLASS AREA AND TYPE			
MULTIFAMILY ATTACHED <input type="checkbox"/>	CHECK IF THIS SUBMITTAL REPRESENTS A WORST CASE CONDITION: <input type="checkbox"/>	PREDOMINANT EAVE OVERHANG LENGTH: 2.0 FT.	CLEAR		TINT, FILM, SOLAR SCREEN	
SINGLE-FAMILY DETACHED <input checked="" type="checkbox"/>		PORCH OVERHANG LENGTH: 14.0 FT.	SINGLE-PANE	SQ. FT.	SINGLE-PANE	SQ. FT.
			DOUBLE-PANE	SQ. FT.	DOUBLE-PANE	576 SQ. FT.

NET WALL AREA AND INSULATION							
EXTERIOR MASONRY	R =	EXTERIOR FRAME	R =	EXTERIOR STEEL	R =	EXTERIOR LOG	R =
1376 SQ. FT.	5.4						
ADJACENT MASONRY	R =	ADJACENT FRAME	R =	ADJACENT STEEL	R =	ADJACENT LOG	R =
		156 SQ. FT.	14				

CEILING AREA AND INSULATION				FLOOR TYPE AND INSULATION			
UNDER ATTIC	R =	SGL ASSEMBLY	R =	SLAB PERIMETER	R =	RAISED. WD <input type="checkbox"/> CON <input type="checkbox"/>	R =
2744 SQ. FT.	3.0			264 FT.	0		

DUCTS	COOLING SYSTEM	HEATING SYSTEM	HVAC CREDITS	HOT WATER SYSTEM	HOT WATER CREDITS
IN UNCONDITIONED SPACE R = 6.0 IN CONDITIONED SPACE R =	<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> ROOM <input type="checkbox"/> PACKAGE TERMINAL AIR CONDITIONER <input type="checkbox"/> NONE SEER/EER = 16.0	<input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER FUELS <input type="checkbox"/> ROOM UNIT OR PACKAGE TERMINAL HEAT PUMP <input type="checkbox"/> NONE COP/HSPF/AFUE =	<input type="checkbox"/> CEILING FANS <input type="checkbox"/> CROSS VENTILATION <input type="checkbox"/> WHOLE HOUSE FAN <input type="checkbox"/> ATTIC RADIANT BARRIER <input type="checkbox"/> MULTIZONE	<input checked="" type="checkbox"/> ELECTRIC <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER FUELS <input type="checkbox"/> NONE EF = 90	SOLAR: S.F. = HEAT RECOVERY (DHW) <input type="checkbox"/> DEDICATED HEAT PUMP: E.F. = NUMBER OF BEDROOMS = 3

INFILTRATION PRACTICE USED <input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3	43776	+	45337	x 100 =	966
	TOTAL AS-BUILT POINTS		TOTAL BASE POINTS		CALCULATED E.P.I.
CALCULATED ENERGY PERFORMANCE INDEX MUST NOT EXCEED 100 POINTS.					

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>[Signature]</u> DATE: 11-17-92	Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.09, F.S. BUILDING OFFICIAL: <u>[Signature]</u> DATE: 12/3/92
I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____	

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

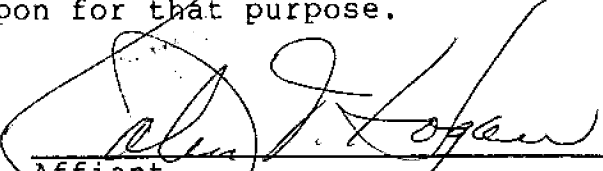
BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties of perjury, deposes and says:

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.


3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 160172.00 .

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



Affiant
Property street address:
100 S. River Rd.
STUART, FLA. 34996

Sworn to and subscribed
before me this 2nd day of
April, 1993.



Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)

Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded thru Troy Falls Insurance Inc.

Ardaman & Associates, Inc.

1017 S. E. Holbrook Court
 Port St. Lucie, FL 34952
 (407) 337-1200

FIELD DENSITY TEST REPORT

DATE OF TEST: 12/7/92

DATE REPORTED: 12/8/92

FILE NO.92-5790

PROJECT: 100 S. RIVER ROAD, LOT #47 RIO VISTA PERMIT NO. 32-97

SUBMITTED TO: ARK HOMES

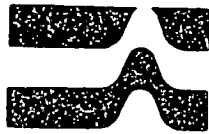
MAXIMUM DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-1557

FIELD DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-2922

Test No.	Location of Test	OMC %	Max. Den. (lb./cu.ft.)	Moisture at Time of Test %	Field Density (lb./cu.ft.) Dry	% of Max. Den.	Job Spec.	Elevation
1	Northwest corner	12.2	112.9	6.8	109.0	97	95	0 to -1' FS
2	Middle	12.2	112.9	6.1	109.3	97	95	-1' to -2' FS
3	Southeast corner	12.2	112.9	7.3	114.6	100	95	0 to -1' FS
4	Southwest corner	12.2	112.9	7.5	115.8	100	95	0 to -1' FS

* IN PLACE DENSITY TEST DOES NOT MEET MINIMUM DENSITY REQUIREMENT
 ** RETEST INDICATES DENSITY MEETS OR EXCEEDS MINIMUM DENSITY REQUIREMENT
 *** F-SOIL DIRECTLY BELOW FOOTING; FS-SOIL UNDER FLOOR SLAB; GA-SOIL IN GENERAL COMPACTED AREA; PAV-SOIL BELOW STABILIZED SECTION; PSSG-STABILIZED SUBGRADE; PB-PAVEMENT BASE; NSSG-NON STABILIZED SUBGRADE; RS-ROADWAY SUBGRADE

J. E. Ardaman



Ardaman & Associates, Inc.

P.O. BOX 8687
Port St. Lucie, Florida 34985
(305) 337-1200



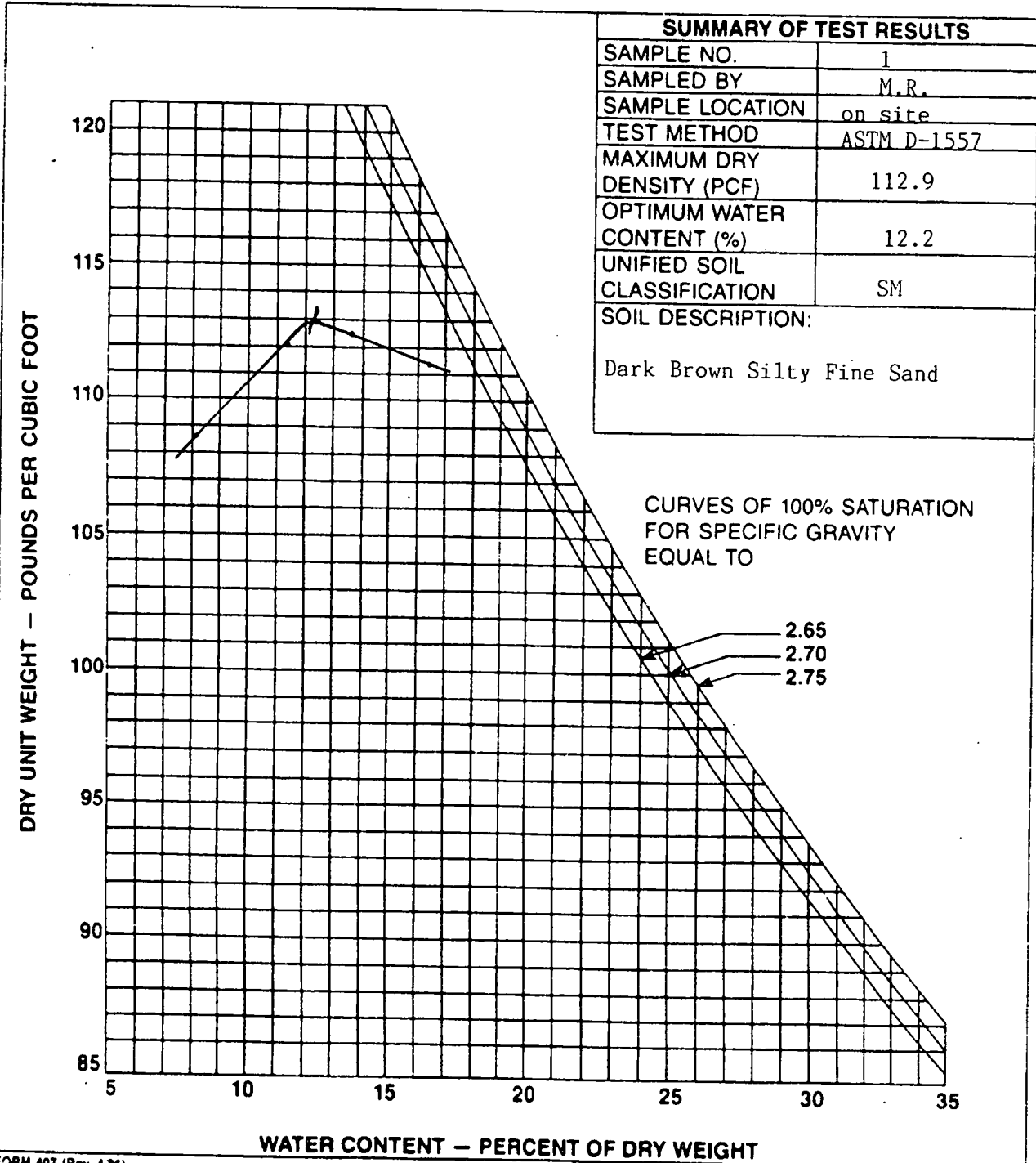
MOISTURE - DENSITY RELATIONSHIP

PROJECT: Lot #47 Rio Vista

FILE NO.: 92-5790

REPORTED TO: ARK Homes

DATE: November 7, 1992



FORM 407 (Rev. 4/86)

By *John E. Ardaman*

AS A MUTUAL PROTECTION TO CLIENTS THE PUBLIC AND OURSELVES ALL REPORTS ARE SUBMITTED AS THE CONFIDENTIAL PROPERTY OF CLIENTS AND AUTHORIZATION FOR PUBLICATION OF STATEMENTS, CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR WRITTEN APPROVAL

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/2/93

This is to request that a Certificate of Approval for Occupancy be issued to Mr John Hogan
 For property built under Permit No. 3297 Dated 12/3/92 when completed in
 conformance with the Approved Plans.

John I. Hogan
 Signed

Approved by

Item	Date
1. LOT STAKES/SET BACKS	12/12/92
2. TERMITE PROTECTION	12/12/92
3. FOOTING - SLAB	12/14/92
4. ROUGH PLUMBING	12/10/92
5. ROUGH ELECTRIC	2/17/93
6. LINTEL	1/6/93
7. ROOF	2/29/93
8. FRAMING	1/22/93
9. INSULATION	2/19/93
10. A/C DUCTS	2/19/93
11. FINAL ELECTRIC	4/1/93
12. FINAL PLUMBING	4/1/93
13. FINAL CONSTRUCTION	4/1/93

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 4/2/93 date

Approved by Building Commissioner [Signature] 4/2/93 date

Utilities notified F.P.L. 3/26/93 date

Original Copy sent to OWNER

(Keep carbon copy for Town files)

3337

POOL

parcel control

Permit No.

12-38-41-002-00470-80000

3337

APPLICATION FOR 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 M/M JOHN HOGAN Present Address 1635 SW SILVERPINE WAY APT. D-109 PALM CITY 33490

Phone 287-6416

Contractor DESTEFANO CUSTOM POOLS Address 2900 WAALER ST STUART

Phone 288-7447

Where licensed MARTIN License number SP00807

Electrical contractor License number _____

Plumbing contractor DESTEFANO License number SP00807

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 100 S. RIVER RD.

SWIMMING POOL

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

Subdivision RIO VISTA Lot number 47 Block number _____

Contract price \$ 11,000.00 Cost of permit \$ 200.00

Plans approved as submitted Plans approved as marked _____

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

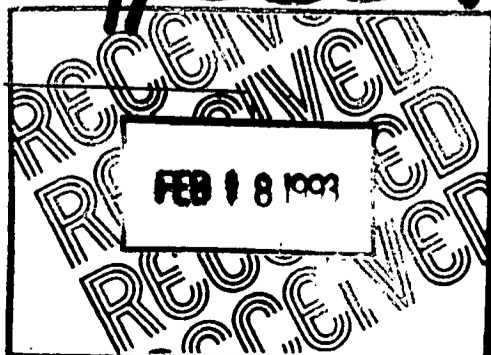
Date submitted _____ Approved: Rob Brown 2/25/93 Building Inspector Date

Approved: [Signature] 2/22/93 Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

1282

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.

Permit No. _____
Tax Folio No. _____

NOTICE OF COMMENCEMENT

RAMCO FORM 404
FS 713.13

State of Florida }
County of 985561 }

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) _____

LOT-47 RIO VISTA SOW PT
PB-6 PG-95 MARTIN CO

General description of improvements SWIMMING POOL

Owner MR JOHN HOGAN

Address 1635 SW SILVERPINE WAY APT D-109 PALM CITY

Owner's interest in site of the improvement 100%
Fee Simple Title holder (if other than owner)

Name _____

Address _____

Contractor DeStefano Custom Pools Inc.

Address 2900 SE Wacker St, Stuart FL 34997

Surety _____

Address _____ Amount of bond \$ _____

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

Name _____

Address _____

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

Name _____

Address _____

In addition to himself, owner designates _____

Of _____

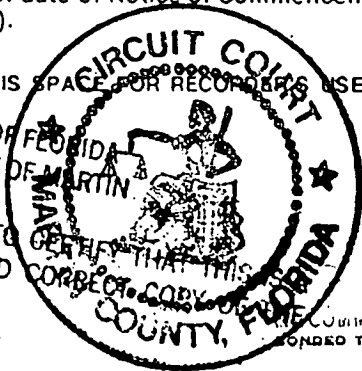
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

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

THIS SPACE FOR RECORDERS USE ONLY

STATE OF FLORIDA
COUNTY OF MARTIN

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



MARSHA STILLER, CLERK

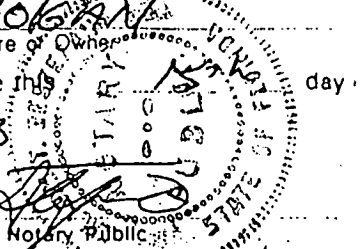
[Signature] D.C.

[Signature]
Signature of Owner

JOHN HOGAN
Printed Signature of Owner

Sworn to and subscribed before me this _____ day

FEB 19 93



NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: MAR. 27, 1993
BONDED THRU NOTARY PUBLIC UNDERWRITERS

WILLIAM T. DISTEFANO
Printed Signature of Notary Public

My Commission expires _____

3362

POOL ENCLOSURE

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date 3-22-93

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEARING 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 DBGAN Present Address 100 SRR

Phone 287-6416

Contractor HORIZON BUILDERS Address 2100 SW Conant Avenue
P. O. Box 8299

Phone (407) 336-4834 Port St. Lucie, FL 34985

Where licensed Martin County License number SP00342

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

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

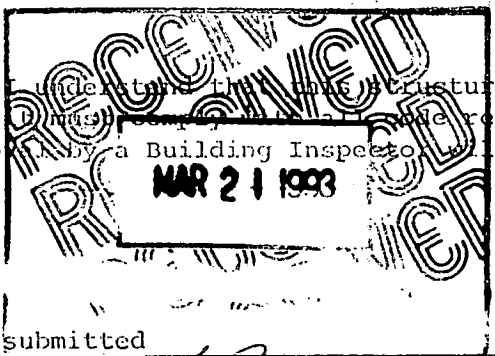
State the street address at which the structure will be built:

Subdivision RIO VISTA Lot number 47 Block number _____

Contract price \$ 2238 Cost of permit \$ 100.⁰⁰

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, the State of Florida Model Energy Efficiency Building Code 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 William F. Page

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

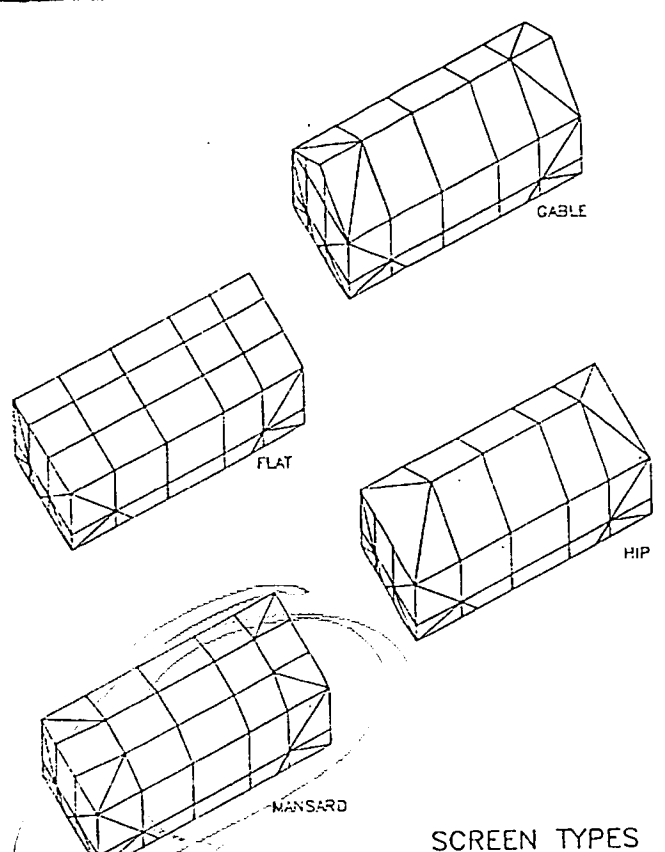
Owner John Hogan

TOWN RECORD

Date submitted _____ Approved Dale Brown 3/22/93
Building Inspector Date

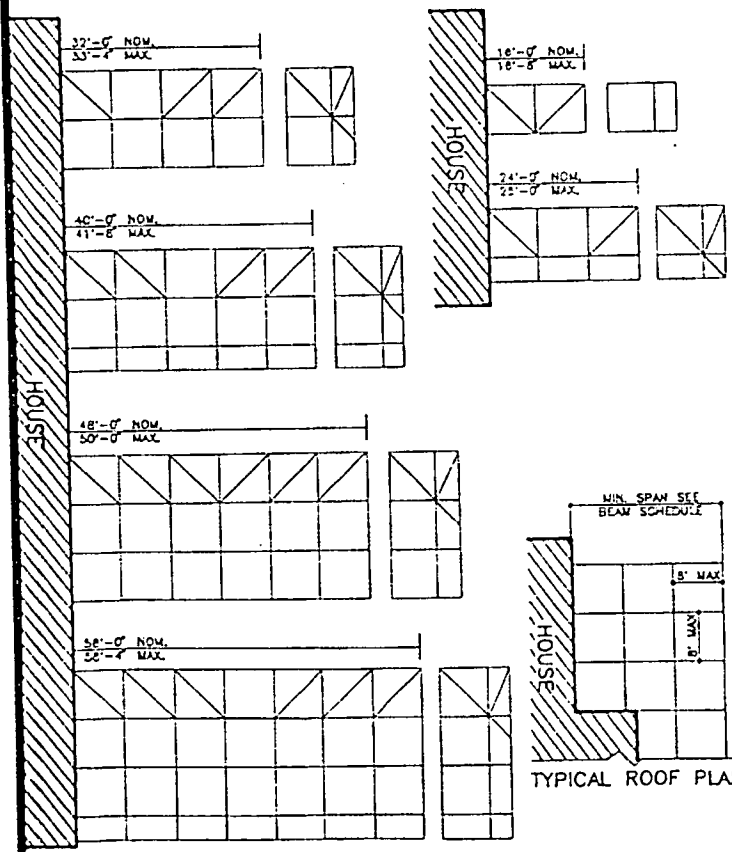
Approved [Signature] 4/20/93 Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

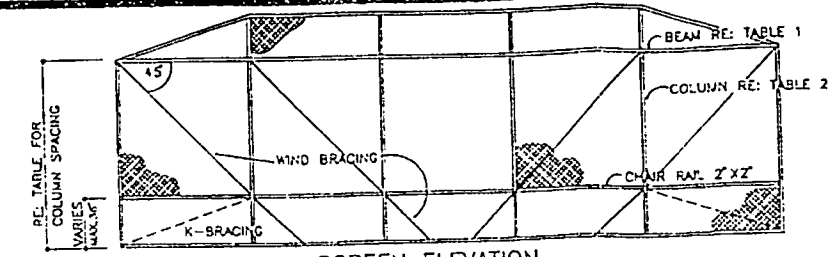


SCREEN TYPES

SCREEN ENCLOSURE WALL AND ROOF BRACING



TYPICAL ROOF PLAN



NOTE: WIND BRACING REQUIRED IN EACH DIRECTION AT EACH CORNER NOT ATTACHED TO EXISTING STRUCTURE. RE: TABLE 3
 NOTE: K-BRACING MAY BE UTILIZED INSTEAD OF WIND BRACING.

TYPE	SIZE in.			THICKNESS in.			MAX. BEAM CLEAR SPAN (MAX. 6'-0")				
	h ₁	w	o	t ₁	t ₂	t ₃	4'-0"	5'-0"	6'-0"	7'-0"	8'-0"
SNAP	3	2	-	.055	.055	-	14'-3"	12'-10"	11'-9"	10'-10"	10'-2"
SNAP	4	2	-	.062	.062	-	17'-0"	19'-3"	13'-11"	12'-10"	12'-0"
LAP	4	2	1.25	.062	.062	.187	22'-0"	20'-0"	18'-0"	17'-6"	16'-10"
SNAP	6	2	-	.062	.140	-	29'-11"	26'-10"	25'-6"	24'-5"	23'-0"
LAP	6	2	1.25	.062	.140	.187	30'-6"	29'-0"	26'-0"	25'-1"	24'-10"
SNAP	7	2	-	.062	.150	-	34'-6"	31'-0"	28'-5"	26'-6"	24'-10"
LAP	7	2	1.25	.062	.150	.187	37'-0"	34'-10"	32'-10"	32'-4"	32'-0"
LAP	8	2	1.25	.072	.160	.187	42'-8"	35'-6"	35'-4"	32'-9"	32'-6"
LAP	9	2	1.25	.072	.160	.187	52'-1"	47'-6"	43'-8"	40'-10"	38'-6"

TYPE	SIZE in.			THICKNESS in.			MAX. COLUMN SPACING FOR HEIGHT SHOWN									
	h ₁	w	o	t ₁	t ₂	t ₃	7'-0"	8'-0"	9'-0"	9'-6"	10'-0"					
SNAP	2	2	-	.055	.055	-	7'-0"	8'-0"	8'-6"	9'-0"	9'-6"					
SNAP	2	3	-	.055	.055	-	9'-0"	8'-8"	8'-4"	7'-0"	6'-6"					
SNAP	2	4	-	.062	.062	-	9'-0"	9'-11"	9'-0"	8'-5"	7'-11"					
MAX. HEIGHT							6'-6"	9'-6"	13'-0"	14'-0"	15'-0"	16'-0"				
LAP	2	4	1.25	.062	.062	.187	17'-0"	13'-6"	8'-6"	8'-0"	7'-6"					
SNAP	2	6	1.25	.062	.140	-	-	9'-6"	8'-2"	7'-2"	6'-3"					
LAP	2	6	1.25	.062	.140	.187	-	-	-	13'-0"	12'-0"					
MAX. HEIGHT							17'-0"	18'-0"	19'-0"	20'-0"	21'-0"	22'-0"	23'-0"	24'-0"	25'-0"	30'-0"
LAP	2	6	-	-	-	-	11'-0"	10'-0"	9'-0"	8'-4"	-					
LAP	2	7	-	-	-	-	12'-0"	11'-0"	10'-0"	9'-0"	8'-4"					
LAP	2	8	-	-	-	-	12'-0"	11'-0"	10'-0"	9'-0"	-					
LAP	2	9	-	-	-	-	-	12'-0"	11'-0"	10'-0"	9'-0"					

NOTE: COLUMNS MORE THAN 8'-0" IN HEIGHT SHALL BE BRACED BACK TO THE BEAM AT HEIGHT OF 8'-0" MAX. SPACING BETWEEN **** SHALL BE 5'-0". MAXIMUM SPACING BETWEEN COLUMNS FOR CHAIR RAIL IS 6'-0".

HEIGHT	SPAN	NO. CABLES	SPAN	NO. CABLES	SPAN	NO. CABLES
8'-0"	16'-0"	2	32'-0"	4	40'-0"	6
10'-0"	13'-0"	2	26'-0"	4	39'-0"	6
12'-0"	10'-0"	2	21'-4"	4	32'-0"	6
14'-0"	9'-0"	2	18'-0"	4	27'-0"	6

RE: DETAIL 2 MINIMUM CABLE 3/32" STAINLESS STEEL CABLE 1,200 LBS. RATED.

DESCRIPTION	FASTENER
PURLIN TO BEAM	3#10 X 1" SMS
CHAIR RAIL TO COLUMN	2#10 X 1" SMS
SILL PLATE TO COLUMN	2#10 X 1" SMS
PERIMETER MEMBER TO FACIA	1/4" @ 24" O.C. WOOD SCREW
BOTTOM RAIL TO FOOTING	1/4" T BOLTS @ 24" C.C.

SCREEN ENCLOSURE

DESIGN CRITERIA
 WIND LOAD - 10 PSF
 WALL SHAPE FACTOR 1.3 (IN AND OUT)
 ROOF SHAPE FACTOR 0.7 (UP AND DOWN)
 ALLOWABLE ALUMINUM ALLOY - 6063-T6
 MAXIMUM DEFLECTION - ROOF - SPAN/80
 MINIMUM SCREEN OPENING - 60%

GENERAL NOTES

- SCREEN ENCLOSURE DESIGN HAS BEEN IN ACCORDANCE WITH THE 1992 SOUTH FLORIDA BUILDING CODE, SECTIONS 2306.6 AND 4403.4 ET AL.
- SCREEN ENCLOSURE SHALL COMPLY WITH REQUIRED BUILDING SETBACK LINES.
- THE SCREEN ENCLOSURE SHALL NOT BE CONSTRUCTED UNDER ELECTRIC SERVICE CONDUCTORS OR OVERHEAD ELECTRIC WIRING.
- THE TOP FLANGE OF THE ENCLOSURE SHALL BE LATERALLY SUPPORTED WITH A MAXIMUM SPACING OF 40 TIMES ITS WIDTH. ENTIRE STRUCTURE SHALL BE BRACED IN THE ROOF PLANE, AS INDICATED.
- THE EXISTING FASCIA BOARD SHALL NOT BE LESS THAN 2 INCH NOMINAL THICKNESS. IF IT IS THEN THE STRUCTURE MUST BE SUPPORTED BY ATTACHMENT TO EACH RAFTER WITH A MINIMUM CAPACITY OF 1,000 LBS VERTICAL LOAD. EXISTING CONSTRUCTION NOT MEETING THESE REQUIREMENTS SHALL BE STRUCTURALLY STRENGTHENED.
- STRUCTURAL REQUIREMENTS DICTATE THE MINIMUM BOLT SIZE SHALL BE 1/4 INCH DIAMETER.
- ALL EXPOSED FASTENERS SHALL BE NON-MAGNETIC STAINLESS STEEL OR ALUM. EXCEPT CABLE HARDWARE FASTENERS WHICH MAY BE HOT-DIPPED GALV. STEEL. (PER SFBC)
- ALL MASONRY ANCHORING DEVICES SHALL BE MADE OF NON-CORROSIVE METALLIC CONSTRUCTION OR MADE OF VIRGIN P.V.C. PLASTIC OR MATERIAL OF APPROVED DURABILITY.
- LATCHES ON DOORS OF SWIMMING POOL ENCLOSURES SHALL BE 5'-6" ABOVE THRESHOLD AND SHALL BE SELF-LATCHING AND SELF-LOCKING TYPE.
- ANY METALLIC ENCLOSURES WITHIN FIVE FEET OF THE INTERIOR WALLS OF SWIMMING POOLS SHALL BE ELECTRICALLY BONDED.
- THIS SCREEN ENCLOSURE SHALL BE ATTACHED AND SECURED TO A PERMANENT STRUCTURE.

FOUNDATION NOTES

- A CONTINUOUS CONCRETE FOUNDATION AS PER DETAIL 8 IS REQUIRED FOR THE ENTIRE LENGTH OF THE SCREEN ENCLOSURE. VERTICAL MEMBERS SHALL BE ATTACHED TO THE FOUNDATION AT 24 INCHES ON CENTER WITH A 1/4" X 2-1/4" T-BOLTS (MIN.) AT EACH COLUMN.
- ALL ANCHORS SHALL PENETRATE THE CONCRETE SLAB A MINIMUM OF 1" IN ADDITION TO PENETRATING THE THICKNESS OF ANY FINISH MATERIAL APPLIED OVER THE SLAB. CONC. ANCHOR SHALL BE 1/4" X 2 1/4" THUNDER BOLT OR EQUAL.
- MAINTAIN 2 INCH SETBACK FROM FROM EDGE OF SLAB ON ALL STRUCTURES.
- IF THE FOUNDATION IS EXISTING, A SMALL SCREEN ENCLOSURE LESS THAN 400 SQ. FT. WOULD NOT REQUIRE A FOOTER.

ALUMINUM NOTES

- STRUCTURAL MEMBERS (BEAMS AND COLUMNS) SHALL HAVE A MINIMUM THICKNESS OF 0.055 INCHES (TOLERANCE .006 INCH).
- CHAIR RAIL, PURLINS, AND BOTTOM RAIL SHALL BE A MINIMUM OF 0.040 THICK WITH NO MINUS TOLERANCE.
- ALL MEMBERS SHALL BEAR THE ALLOY AND HEAT TREATMENT MARK. 6063-T6 ALUMINUM ALLOY BEAMS WILL BEAR EXTRUD. IDENTIFICATION STAMPED ONE FOOT FROM EACH END OF BEAM. FOLLOWING ARE APPROVED MARKS: BGN 6063-T6, M-63-T6, A163-T6.
- ALL SECTIONS ARE ALLOY 6063-T6. ALL CONNECTORS ARE ALUMINUM ALLOY 2024-T4 OR EQUAL.

COPYRIGHT © 1992 BY TWENTY FIRST CENTURY ENGINEERING CORP.

ALL RIGHTS RESERVED.
 REPRODUCTION OF ANY PART OF THIS WORK BEYOND THAT PERMITTED BY SECTION 107 OR 108 OF THE 1976 U.S. COPYRIGHT ACT WITHOUT THE PERMISSION OF THE COPYRIGHT OWNER IS UNLAWFUL.
 ADDRESS REQUESTS TO TWENTY FIRST CENTURY ENGINEERING CORP.

JOHN CARROLL
 P.E. #1810

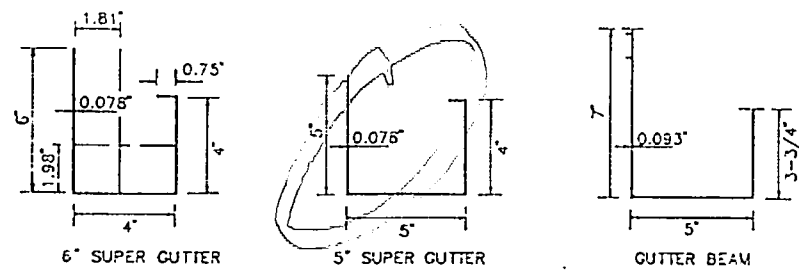
Name: _____
 Address: _____
 City: _____
 Legal Description: _____
 Lot: _____
 Book: _____
 Phone: _____
 Subj.: _____
 Location: _____
 Blk.: _____
 Page: _____
 Customer Signature: _____

HORIZON BUILDERS
 6980 WALLIS RD., SUITE 2-A
 WEST PALM BEACH, FL 33413
 478-0811

TWENTY FIRST CENTURY
 Engineering
 7155 East Sunrise Blvd., Suite 1205
 Ft. Lauderdale, FL 33304
 (305)561-2100
 Fax: (305)561-2127



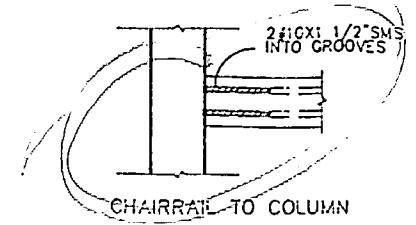
DRWN. M.P.	CHK. J.C.
JOB NO. 2144	DWG. NO. SC2
SCALE: NOT TO SCALE	
DATE: _____	
SHEET of _____	



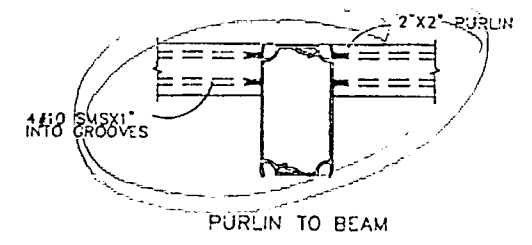
GUTTER TYPES

1.

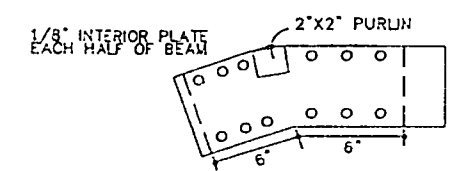
2.



3.

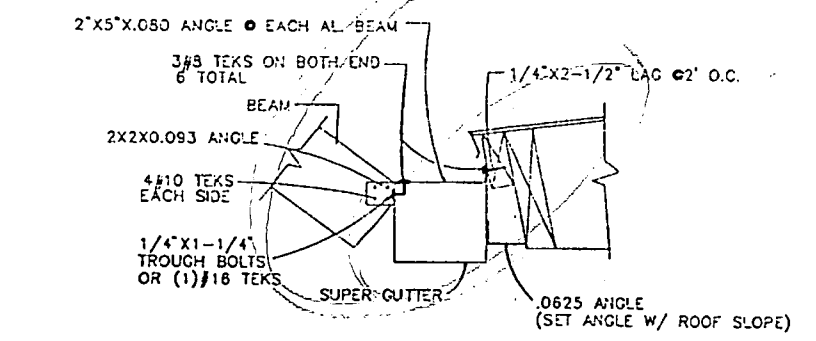


4.



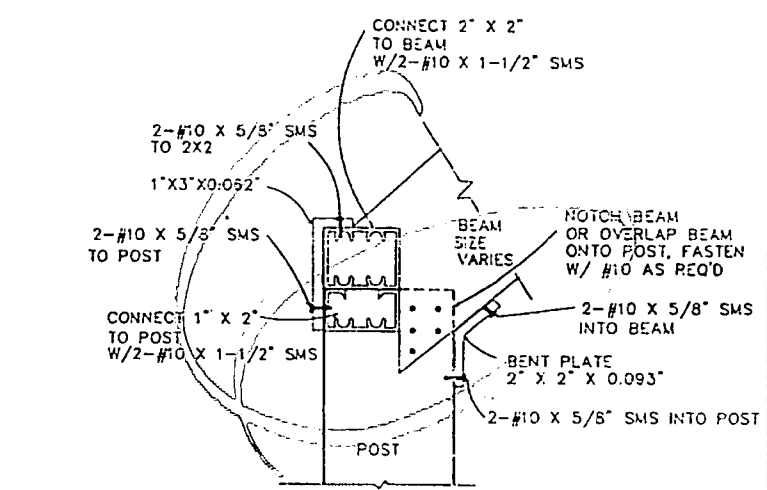
MANSARD BOX BEAM SPLICE

- 2"X4" SM BEAM 3 #14 X 3/4" SMS NS & FS (TOTAL 12)
- 2"X6" SM BEAM 4 #14 X 3/4" SMS NS & FS (TOTAL 16)
- 2"X7" SM BEAM 4 #14 X 3/4" SMS NS & FS (TOTAL 16)
- 2"X9" SM BEAM 6 #14 X 3/4" SMS NS & FS (TOTAL 24)



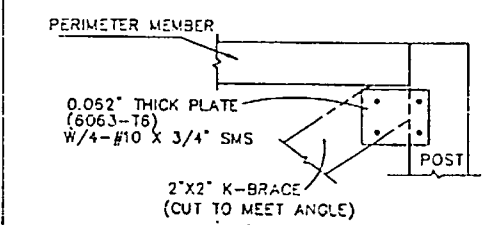
FACIA CONNECTIONS

5.



TYP. BEAM TO COLUMN CONNECTIONS FOR SCREEN ENCLOSURES

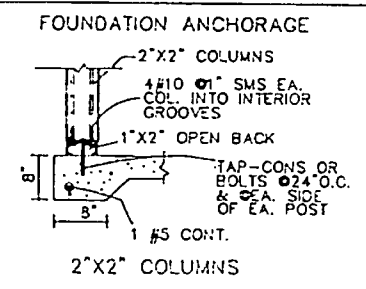
6.



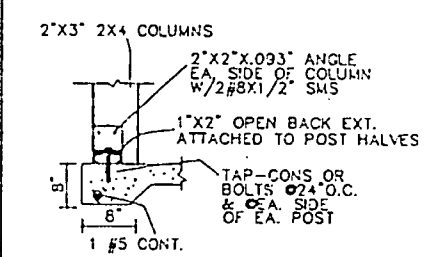
K-BRACE

(NOTE: K-BRACING REQUIRED ON ONE SIDE ONLY; 1 X 2 X 0.093 ANGLE ON INSIDE)

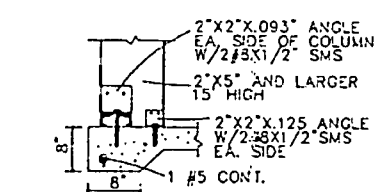
7.



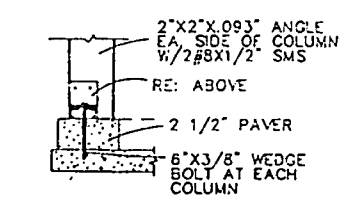
FOUNDATION ANCHORAGE



2"X3" & 2"X4" COLUMNS



2"X5" AND LARGER COLUMNS



PAVER DECKS

8.

JOHN GARROLL
P.E. #41810

Name: _____
Address: _____
City: _____
Legal Description: _____
Blk.: _____
Page: _____
Customer Signature: _____
Phone: _____
Sub.: _____
Location: _____

HORIZON BUILDERS
8980 WALLIS RD., SUITE 2-A
WEST PALM BEACH, FL 33413
478-0811

XXI

TWENTY FIRST CENTURY
Engineering Corp.
2155 East Sunrise Blvd., Suite 1103
Fort Lauderdale, FL 33304
(954) 561-2157

DRWN. M.P.	CHK. J.C.
JOB NO. 2144	DWG. NO. DET1
SCALE: NOT TO SCALE	
DATE: _____	
SHEET of _____	

6956

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date Oct 18, 2004

BUILDING PERMIT NO. 6956

Building to be erected for HOGAN

Type of Permit FENCE REPAIR

Applied for by O/B

(Contractor) Building Fee 30.00

Subdivision RIO VISTA Lot 47 Block _____

Radon Fee _____

Address 100 S RIVER ROAD

Impact Fee _____

Type of structure FENCE

A/C Fee _____

Parcel Control Number:

1238410020008047080000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 30.00 Check # 5961 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1890.00

TOTAL Fees 30.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input checked="" 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 _____ |

RECEIVED
Date OCT 15 2004
OWNERTITLEHOLDER NAME: Schwelt Sylvia Hogan
BY: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Job Site Address: 700 S. Rider Rd City: Sewalls Pt State: FL Zip: 34996
Phone (Day) 277-6416 (Fax) _____

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: Shadow Box Fence Replacement To

WILL OWNER BE THE CONTRACTOR?:
 YES NO

COST AND VALUES:
Estimated Cost of Construction or Improvements: \$ 18,900
(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: _____ 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)
Sylvia Hogan
State of Florida, County of: MARTIN
This the 15TH day of OCTOBER, 2004
by SYLVIA A HOGAN who is personally
known to me or produced FDL #280/281-34-686-0
as identification. *[Signature]* x5p6/09

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: _____
Notary Public

My Commission Expires: _____
Notary Public



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

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: Sylvia HOGAN Date: 10-15-04

Signature: Sylvia Hogan

Address: 100 S. River RD

City & State: Sewall's Pt, FL.

Permit No. _____

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 56

Date 4/1 19 93

PERMIT #3297

Building erected for Mrs Hogan

Subdivision Rio Vista Lot 47 Block _____

Address 100 SBR

An interim proprietary and general services fee to defray costs to Town on newly improved property prior to

imposition of ad valorem taxes on such property. From April To Jan

TOTAL\$ 270.00 PAID - Check # 312, Cash _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 10/18/04
[Signature]
BUILDING OFFICIAL
Gene Simmons

REPAIR WORK FOR
HURRICANE DAMAGE

367 NOTLEM DRIVE
FORT PIERCE, FL 34982

**WE BUILD
ANY FENCE**

LICENSED & INSURED

**UNITED
UNITED
UNITED
UNITED**
Fence & Steel

AA

**GEORGE QUINN
335-2627**

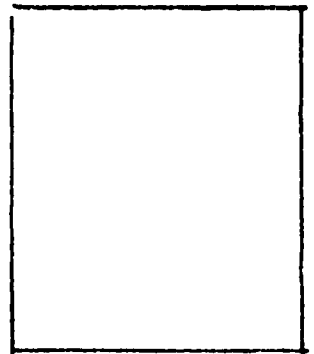
**CHAIN LINK &
BEAUTIFUL CUSTOM
WOOD FENCES AND
DECKS SINCE 1984**

NAME JOHN HOGAN
ADDRESS 100 S. RIVER RD.
CITY SEWALLS FL.
PHONE 207-6416

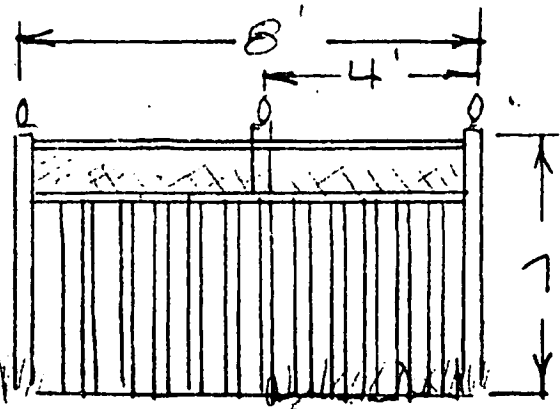
DATE 3.26.93
TOTAL FOOTAGE 36'

FENCE 6' SHAD Bx W 1' LATTICE
TOP RAIL 2x4
LINE POST 4x4 x 10
CORNER POST "
END POST "
GATE POST Ø
WALK GATES Ø
DOUBLE DRIVE GATES Ø
WOOD FENCE PRES. TRAMP
WOOD POSTS "
SURVEY " YES "
HOT DIPPED GALV. NAILS 16d YES
FENCE LINE CLEARED YES

1 x 6 PICKET, DOG EARS
2 1/2" SPACE
2x4 FRAME
ACORNS ON POSTS
1' LATTICE ON TOP.



	Height	# Rolls	1 1/2"	1 1/4"	2"	2 1/2"
FABRIC						
FABRIC						
TERMINAL POSTS						
LINE POSTS						
RAIL ENDS						
BRACE BANDS						
TENSION BARS						
TENSION BANDS						
TERMINAL CAPS						
LOOP CAPS						
TOP RAIL						
BARB ARMS						
BARB WIRE						
TIES						
GATES						
MALES						
FEMALES						
FORKS						
BACKS						
DROP RODS						



TOTAL PRICE \$ 625.00
LESS DEPOSIT \$ 300.00
C.O.D. ON COMPLETION \$ 325.00
SALESMAN George Quinn
CUSTOMER John Hogan
OFFICE ACCEPTANCE _____

Prices quoted do not include any clearing of fence lines. United will clear fence lines for a fee of \$25.00 per man, per hour. The above is an estimate based on our inspection and does not cover any additional labor which may be required after the work has been opened up. Occasionally, after the work has started, large buried objects are discovered which were not evident on the first inspection. Because of this the above prices may have to be renegotiated. This circumstance is rare.

Stuart Fence Co., Inc.

- Licensed, Insured & Bonded
- Residential
- Commercial
- Industrial

P.O. Box 2636 • Stuart, FL 34995
Phone (772) 288-1151 • Fax (772) 288-3035

PROPOSAL / CONTRACT

License #CFE3584

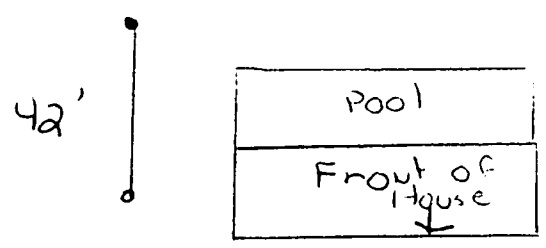
NAME MR HOGAN
ADDRESS 100 South River Road
CITY Stuart (sewell's point)
PHONE 287-6416

DATE 9-20-04
TOTAL FOOTAGE 42'

FENCE 6x1 BOARD ON BOARD Lattice Top
TOP RAIL 2x4
LINE POST 4x4
CORNER POST 4x4
END POST 4x4
GATE POST _____
WALK GATES _____
DOUBLE DRIVE GATES _____
WOOD FENCE All pressure treated
WOOD POSTS All cemented
SURVEY Yes
HOT DIPPED GALVO. _____
FENCE LINE CLEARED Yes
TENSION WIRE _____

- ① 10yr warranty on Material
- ② 2yrs on Labor
- ③ Price includes permit

* ACORN TOPS



do it
in
December

Prices quoted do not include any clearing of fence lines. Stuart Fence Co., Inc. will clear fence lines for a fee of \$45.00 per man, per hours. The above is an estimate based on our inspection and does not cover any additional labor which may be required after the work has been opened up. Occasionally, after the work has started, large buried objects are discovered which were not evident on the first inspection. Because of this the above prices may have to be renegotiated. This circumstance is rare. Stuart Fence Co., Inc. is not responsible for underground utilities such as sprinklers and water pipes that cannot be located.

Title in Goods: Owner/Purchaser agrees that title to the goods herein described shall not pass to the Owner/Purchaser until all payments due Stuart Fence Co., Inc. are paid in full according to the terms of the contract. Owner/Purchaser agrees to grant Stuart Fence Co., Inc. free access to the property to remove fence materials in event Owner/Purchaser fails to pay Stuart Fence Co., Inc. according to the terms of the contract.

Unpaid Balance: Owner/Purchaser agrees to pay Stuart Fence Co., Inc. 1.5% interest per month (18% annual) for any and all unpaid monies due according to the terms of this contract commencing the day fence installation is completed, together with all costs of collection, including a reasonable attorney's fee.

TOTAL PRICE: 1890.00
LESS DEPOSIT: 945.00
C.O.D. ON COMPLETION: 945.00

SALESMAN: Jim Roderik
DATE: _____

CUSTOMER ACCEPTANCE SIGNATURE

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6303	Combs	1 Mandalay Island	Sandfill	[Signature] 6-26-07 ✓
7360	Bartson	176 S Sewalls Pt	Fill	[Signature] 6-26-07 ✓
7024	Close	2 Parker	Fence repair	[Signature] 7/6/07 ✓
7028	Wimelow	105 S Sewalls Pt	Fence repair	[Signature] 6-29-07 ✓
7070	"	105 S Sewalls Pt	Interior renovations	[Signature] 6-29-07 ✓
7436	"	105 S Sewalls Pt	Walkway repair	[Signature] 6-29-07 ✓
7197	Harvey	1 Ridgeland Ct	Fence repair	[Signature] NO FENCE
7198	"	1 Ridgeland Ct	Minor roof repair/fascia	[Signature] 7/6/07 ✓
6956	Hogan	100 S River Rd	Fence repair	[Signature] 7/6/07 ✓
7498+7493	Gaul	107 S River Rd	Generator pad / Gen. Electric	[Signature] 7/6/07 ✓
7228	Lyon	108 N. Sewalls Pt	Pool heater changeout	
7697	"	108 N. Sewalls Pt	Repl wood deck	
5729	Wimyrk	11 Middle Rd	Fence	[Signature] 7/6/07 ✓
7311	Lumb	110 S Sewalls	Fill	[Signature] 7/6/07 ✓
7114	Amos	114 S Sewalls	Fill	[Signature] 7/6/07 ✓
7235	Amos	114 S Sewalls	Dock repair (Harbor Bay mans.)	
7277	Bessmer	116 N. Sewalls	Dock repair	WORK NEVER DONE
6461	Elder	12 Erranta	Paver drive	

7594

A/C CHANGEOUT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/1/05

BUILDING PERMIT NO. 7594

Building to be erected for HOGAN

Type of Permit A/C CHANGEOUT

Applied for by CLASSIC COOLING (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 47 Block _____

Radon Fee _____

Address 100 S. RIVER RD

Impact Fee _____

Type of structure SFR

A/C Fee 35.00

Parcel Control Number:

1238410020000047080000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 5156 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2700

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 6-1-05 Permit Number: _____

OWNER/TITLEHOLDER NAME: John Hogan Phone (Day) 287-6416 (Fax) _____

Job Site Address: 100 S. Bivlev Rd. City: Stuart State: FL Zip: 34886

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: Replace 5TON Air Handler

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2700.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: Classic Cooling Phone: 283-8710 Fax: 283-8735

Street: 1250 SW 34th St. City: Palm City State: FL Zip: 32909

State Registration Number: _____ State Certification Number: CAC020403 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
Mechanical: Classic Cooling State: FL License Number: CAC020403
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.# _____ Phone Number _____

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

ENGINEER _____ Lic.# _____ Phone Number _____

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

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

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)
[Signature]

State of Florida, County of: Martin

This the 1st day of June, 2005

by John B. Hogan who is personally known to me or produced _____

as identification.

CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida, County of: Martin

This the 1st day of June, 2005

by Stephen Alan Strait who is personally known to me or produced _____

As identification. _____

STEPHEN ALAN STRAIT Notary Public
Commission # DD0084770
Expires 1/23/2008
Bonded through Seal
Florida Notary Assn., Inc.

Laura L. O'Brien Notary Public
My Commission Expires:
LAURA L. O'BRIEN
MY COMMISSION # DD 205961
EXPIRES: April 28, 2007

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
CLASC-1

DATE (MM/DD/YYYY)
12/28/04

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED dba Classic Cooling Personalized A/C of Stuart Inc 1259 SW 34th Street Palm City FL 34990	INSURER A: FCCI	
	INSURER B: Auto Owners Insurance Co	18988
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2064556005	01/01/05	01/01/06	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	9543511302	01/01/05	01/01/06	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	001WC04A32893	01/01/05	01/01/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Heating & A/C Systems & Equip Installation, Service or Repair

CERTIFICATE HOLDER

TOWNS-1

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Joseph E. Coont



STATE OF FLORIDA AC# 1459119
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC029403 06/23/04 030741466

CERTIFIED AIR COND CONTR
 STRAIT, STEPHEN ALAN
 CLASSIC COOLING

IS CERTIFIED under the provisions of Ch.489 FS.
 Expiration date: AUG 31, 2006 L04062301375

1459119

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04062301375

DATE	BATCH NUMBER	LICENSE NBR
06/23/2004	030741466	CAC029403

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

STRAIT, STEPHEN ALAN
 CLASSIC COOLING
 1259 SW 34TH STREET
 PALM CITY FL 34990

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
 SECRETARY

2004-2005 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1973-518-384 CERT CAC029403

PHONE (561)283-8710 SIC NO 235110

LOCATION:
 1259 SW 34TH ST PC

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE




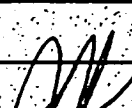
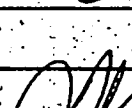
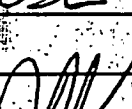
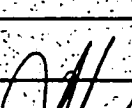
CLASSIC COOLING
 PERSONALIZED AIR CONDITIONING
 OF STUART, INC.
 1259 SW 34TH STREET
 PALM CITY FL 34990

15 DAY OF SEPTEMBER 2004
 AND 12 04091401 002147

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/3, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7514	GANDHI	FINAL DECK	PASS	CLOSE
3	23 N. VIA LUCINDA TREASURE COAST CARR			INSPECTOR: 
7582	JUREY	PLUMBING IN GROUND	FAIL	
8	14 CASTLE HILLY COVER O/B			INSPECTOR: 
7583	BREWER	IN GR TANG LINES	PASS	
6	12 COPAIRE RD FERREL GAS			INSPECTOR: 
7562	CLIFFORD	DEY-IN	FAIL	
7	20 N. RIVER RD TUTTLE ROOFING			INSPECTOR: 
7594	HAGAN	A/C CHANGEOUT	PASS	CLOSE
2	100 S. RIVER RD CLASSIC COOLING			INSPECTOR: 
10741	OSTEEN	FINAL SER	PASS	CLOSE
4	1 RIDGEVIEW DR ANGUS ENT			INSPECTOR: 
7400	H B ASSOC PARTHINGTON	A/C ROUGH CEILING	PASS	
9	3762 OCEAN BLVD AIRCON/KIRCHMAN ELEC RGH		PASS	INSPECTOR: 
OTHER: _____				

10% House
50% Total

Jack White Street
Monday

537

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

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

Owner John & Sylvia Hogan Address Lot 47, R. Wichita Phone 287-6416

Contractor Alex Home Const. Inc. Address 957 S. Fed. Hwy. Stuart, FL 34994 Phone 286-7761

Number of trees to be removed (list kinds of trees) Gumbo Limbo (1) @ 8" diameter

(1) Banyan @ 20" diameter (5) Oaks Diameters 14", 16", 8", 9", 12" diameter.

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

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

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

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted 11/24/92

Approved by Building Inspector [Signature] Date 11-30-92

Approved by Building Commissioner [Signature] Date 11/30-92

Completed _____ Date _____ Checked by _____

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

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

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: John & Sylvia Ringers

ADDRESS: Lot 47, Rio Vista Subdivision

CONTRACTOR: Ark Home Const, Inc

ADDRESS: 957 S. Fed. Hwy
Stuart, FL.

LICENSE NUMBER: CRC 041922

PHONE: 287-6416 286-7761
Owner Contractor

CONTRACT PRICE: \$ 155800.00

PERMIT FEE: \$ 85.00 PAID: 11-24-92
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:
Construction of Single Family Residence, Pool,
Driveway, Septic System.

APPLICATION MATERIAL CHECK LIST:

Survey Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.

~~Flag~~
→ Show on Future Landscape plan Plan showing all proposed re-plants of trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees.

Flag Statement regarding how trees are to be protected during land clearing and construction.

N/A Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).

✓ Survey Plan showing location and dimensions of all setbacks and easements.

✓ Survey Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).

✓ Survey Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required 1-12" OAK 1-8" OAK 1-8" Gumbo

_____ 1. Applicant must relocate trees being removed or replace the trees inch for inch.

RR _____ 2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).

_____ 3. Applicant shall install silt barriers, hay bales, or similar erosion control barriers in any area where erosion or siltation may cause protective vegetation to be damaged.

4. Other: _____

APPROVED: Paul Ben Date: 11/30/92
Building Inspector

DENIED: _____ Date: _____
Building Inspector

Building Commissioner Date: _____

REASON FOR DENIAL, IF APPLICABLE:

TOWN OF SEWALL'S POINT, FLORIDA

Date JANUARY 21 ~~12 2004~~ TREE REMOVAL PERMIT No 2185

APPLIED FOR BY HOGAN (Contractor or Owner)

Owner 100 S. RIVER ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees ROYAL POINSETTA

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons (RS) ~~Town Clerk~~
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for notes or additional information.

PROJECT DESCRIPTION _____

Blank lined area for project description details.

REMARKS _____

Blank lined area for remarks.

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner John Hogan Address 1005 River Rd Phone 287-6416

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Royal poinsettia

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

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

Written statement giving reasons: ~~Planted~~ I planted a Royal

Poinsettia 6 years now - too big doesn't bloom

Signature of Applicant John Hogan Date 1/19/2004 and bills the

Approved by Building Inspector: [Signature] Date 1/21 Fee: -0- replace with another tree

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/21, 20014 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6419	MENDOZA	Partial Framing	PASSED	
7	144 S. Sewall's Pt MASTER PLAN			INSPECTOR: <i>MW</i>
6453	ABESADA - TEUL	DOCK WIRING	PASSED	CLOSE
8	8 MORGAN CR FLANAGAN	FINAL		INSPECTOR: <i>MW</i>
1234	MOGAW	TREE	PASSED	
2	100 S. RIVER RD			INSPECTOR: <i>MW</i>
6413	POWERS	PARTIAL SLAB	PASSED	
1	70 S. SEWALLS Pt FLORIDA'S FINEST			INSPECTOR: <i>MW</i>
TREE	DUBOIS	TREE	PASSED	
4	27 S. RIVER RD			INSPECTOR: <i>MW</i>
TREE	MOFFAT	TREE		
5	1 MELODY LANE			INSPECTOR:
6480	WADE	TIE BEAM	FAILED	
6	9 E. HIGH POINT PINE ORCHARD	(last plan)		INSPECTOR: <i>MW</i>
OTHER:				

TOWN OF SEWALL'S POINT, FLORIDA

Date JUNE 30 ~~14~~ 2004 TREE REMOVAL PERMIT No 2291

APPLIED FOR BY HOGAN (Contractor or Owner)

Owner 100 S. RIVER ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 LOUQUOT

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____
Applicant

Signed, Gene Simmons (Signature)
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberrry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner John Hogan Address 100 S. River Rd Phone 287-6416
Contractor _____ Address _____ Phone _____

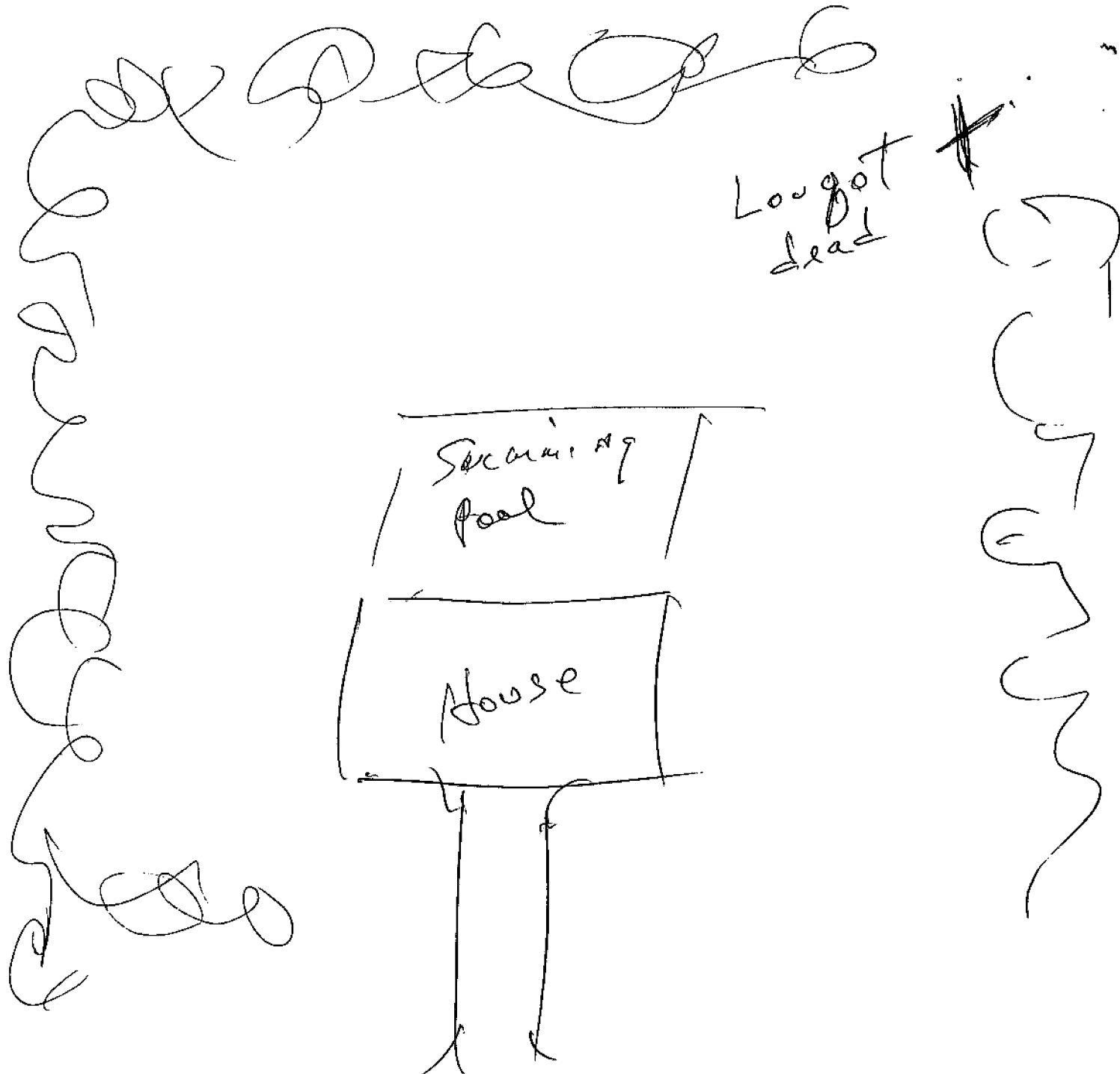
No. of Trees: REMOVE 0 Type: Louguot
No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: in backyard
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Tree is dead

Signature of Applicant [Signature] Date 6/28/2004

Approved by Building Inspector: [Signature] Date 6/30 Fee: 0

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



Lougot
dead

Swimming
Pool

House

River RD

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/30/04, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	GREENE	REROOF	PASS	CLOSE
2	26 ISLAND DR. WILFRAM			INSPECTOR:
6725	SEILER	SORM SWITERS	PASS	CLOSE
8	5 KINGSTON G GULFSTREAM			INSPECTOR:
TREE	HOGAN	TREE	PASS	
9	100 S. RIVER RD			INSPECTOR:
6643	SCHECODNIC	FINAL DOCK BOARDING	PASS	CLOSE
10	12 S. SEWALLS Pt TCBI			INSPECTOR:
6739	SCHECODNIC	FINAL PER. WALL	PASS	CLOSE
11	12 S. SEWALLS Pt RD TCBI			INSPECTOR:
6476	CIVIELLO	FRAMING - MSTE	FAIL	
12	31 FIELDWAY OIB	CURIA - BATH STRAPPING		INSPECTOR:
6809	RADER	POOL STEEL + DRAIN	PASS	
14	SHERITA GEWAY FLAMINGO POOLS	(PRE. POOL) (BET 11AM - 12 PLEASE)		INSPECTOR:

OTHER: _____
