

**101 South River Road**

**1332**

**SFR**

Permit No. 1332

Date APRIL 23 1981

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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

Owner ROBERT C. STELLA Present address 175 BIRCH ST

Phone 617-848-0440 Loche Rep. 287-4650 BRAINTREE, MASS.

General contractor ROBERT C. STELLA Address 175 BIRCH ST.

Phone 617-848-0440 Loche Rep. 287-4650 BRAINTREE, MASS.

Where licensed OWNER BUILDER License No. \_\_\_\_\_

Plumbing contractor WHITE PLUMBING License No. #60

Electrical contractor BALLENTINE ELEC License No. #098

Air-conditioning contractor JOSEPH TRINCA AIR COND. License No. #1090 CERT.# 00174

Describe the building, or alteration to existing building \_\_\_\_\_

Name the street on which the building, its front building line and its front yard will face # 101 50 RIVER RD.

Subdivision RIO VISTA Lot No. 95 Area 15,000 sqft.

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2450

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 85,000<sup>00</sup>

Cost of permit \$ 455 Plans approved as submitted  or, as marked \_\_\_\_\_

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor Robert Stella

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

Owner Robert Stella

Note: Specular and other orders will be required to sign both of the above statements.

TOWN RECORD

Date submitted \_\_\_\_\_

Approved by \_\_\_\_\_ Inspector (date) 4/27/81

Inspector's initials Jam

Approved by \_\_\_\_\_ Commissioner (date) 4/28/81

Commissioner's initials JS

Certificate of Occupancy issued (date) 8/13/81

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.

1332

# Certificate of Insurance

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

NAME AND ADDRESS OF AGENCY

SUBURBAN INSURANCE  
239 N FRANKLIN ST  
HOLBROOK MA 02343

COMPANIES AFFORDING COVERAGES

**A** HOME INS CO

**B**

**C** BERKSHIRE MUTUAL

**D** HOME INS CO

**E**

NAME AND ADDRESS OF INSURED

CAPITAL CONTR. CORP.,  
817 WASHINGTON ST  
BRAINTREE MA 02184

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

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	Limits of Liability in Thousands (000)	
				CURRENT	AGGREGATE
A	<b>GENERAL LIABILITY</b>	GA9958196	1/09/82	1000	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				
	<input checked="" type="checkbox"/> PREMISES—OPERATIONS			BF250	
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD				
	<input type="checkbox"/> UNDERGROUND HAZARD				
	<input checked="" type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS HAZARD				
<input checked="" type="checkbox"/> CONTRACTUAL INSURANCE					
<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS					
<input type="checkbox"/> PERSONAL INJURY					
	<b>AUTOMOBILE LIABILITY</b>				
	<input type="checkbox"/> COMPREHENSIVE FORM				
	<input type="checkbox"/> OWNED				
	<input type="checkbox"/> HIRED				
<input type="checkbox"/> NON OWNED					
C	<b>EXCESS LIABILITY</b>	CU221842	1/09/82	2000	
	<input type="checkbox"/> UMBRELLA FORM				
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				
D	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>	WC9838027	1/09/82	100	(EACH ACCIDENT)
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS WHERE WORK IS PERFORMED:  
CAPITAL CONTRACTING CORP DBA CAPITAL ESTATES OFFICE; 32 RIO VISTA DRIVE SEWALLS POINT JENSEN BEACH FLORIDA

**Cancellation:** Should any of the above described policies be cancelled prior to the expiration thereof, the issuing company will endeavor to mail 30 days written notice to the herein named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER

DEPT OF PROFESSIONAL REGULATION  
FLA CONSTRUCTION INDUSTRY LICENSING BRD  
JACKSONVILLE FLA

February 5, 1981 N



**SUBURBAN INSURANCE AGENCY INC.**

Insurance Representative

403989

WARRANTY DEED

THIS DEED dated the date set forth hereinbelow between GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANN SCHICKEDANZ, of Toronto, Province of Ontario, Canada, the Grantor, and CAPITAL CONTRACTING CORP., whose mailing address is 817 Washington Street, Braintree, Massachusetts 02184, County of \_\_\_\_\_, State of Massachusetts, Grantee, a Massachusetts corporation,

WITNESSETH:

That for the sum of Ten (\$10.00) Dollars and other good and valuable consideration, said Grantor does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the said Grantee all that certain parcel of land situate in Martin County, Florida, described as follows:

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

SUBJECT HOWEVER, to the following:

1. Taxes accruing subsequent to December 31, 1980;
2. Zoning regulations and ordinances of the Town of Sewall's Point, Florida;
3. The provisions and easements set forth on the aforesaid Plat of RIO VISTA SUBDIVISION;
4. The provisions of DECLARATION OF PROTECTIVE COVENANTS COVERING ALL OF RIO VISTA SUBDIVISION recorded in Official Records Book 393, Page 1469, Martin County, Florida, Public Records, as amended by the First Amendment to Declaration of Protective Covenants Covering All of Rio Vista Subdivision recorded in Official Records Book 403, Page 549, Martin County, Florida, Public Records;

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

IN WITNESS WHEREOF, the said Grantor has set forth his Hand and Seal this 27 day of FEBRUARY 1981.

WITNESSES:

[Signature] (SEAL)  
GUSTAV SCHICKEDANZ, Individually  
and as Trustee

[Signature] (SEAL)  
ANN SCHICKEDANZ

DOMINION OF CANADA  
PROVINCE OF ONTARIO  
DISTRICT OF YORK

The foregoing instrument was acknowledged before me by GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANN SCHICKEDANZ, on this 27 day of FEBRUARY, 1981.

(Notary Seal)

[Signature]  
Notary Public

My Commission Does Not Expire.  
It is for Life.

This instrument prepared by:  
JOHN FENNIMAN, CHARTERED  
501 East Osceola Street  
P. O. Box 2473  
Stuart, Florida 33494  
Phone: (305) 287-4300

BOOK 516 PAGE 2120

STATE OF FLORIDA  
DOCUMENTARY STAMP TAX  
DEPT. OF REVENUE  
MARI 3'81  
PB. 11100  
140.00

606801

STATE OF FLORIDA  
DOCUMENTARY STAMP TAX  
DEPT. OF REVENUE  
MARI 3'81  
PB. 11100  
106.00

516801

MARTIN COUNTY

JOHN FENNIMAN,  
CHARTERED  
ATTORNEY AT LAW  
POST OFFICE BOX 2473  
STUART, FLORIDA 33494  
(305) 287-4300

LOUISIANA  
CLERK OF COURTS  
BY [Signature]  
81 MAR 13 P 3: 01  
MARTIN COUNTY

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**

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

**APPLICATION FOR SEPTIC TANK PERMIT  
AND FINAL INSPECTION FORM**

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

Permit Number HD 81-151

Name of Applicant Joseph Schepes Telephone 287-4680  
 Mailing Address of Applicant 32 Rd Vista Dr Jensen Beach  
 To be Installed at: (Give Street Address)\*  
 Lot 95 Block \_\_\_\_\_ Subdivision Rio Vista  
 Plat Book & Page P. O. 6 Page 95 Date Recorded \_\_\_\_\_  
 Residential: No. Living Units 1 Number of Bedrooms 3  
 Commercial: Type of Business \_\_\_\_\_ Number of People \_\_\_\_\_ Number of Toilets \_\_\_\_\_  
 \*Note: Attach site location map and other supportive documents.  
 Signature of Applicant Joseph Schepes

**SITE INFORMATION**

Is there a private well within 75 ft. of the proposed septic system? NO  
 Is there a public well within 100 ft. of the proposed septic system? NO  
 Is there a public sewer within 100 ft. of the proposed lot? NO  
 Is there a lake, stream, canal or other body of water within 50 ft. of the proposed septic system? NO  
 Is there a septic system or other interference within 75 ft. of the proposed private well? NO  
 Is the proposed or existing public water line within 10 ft. of the proposed septic system? NO  
 There is 200 + square feet of unobstructed land for future expansion of the drainfield.

**SOIL PROFILE AND PERCOLATION DATA**

0-	yellow sand
1-	
2-	white sand
3-	
4-	dark yellow sand
5-	no water
6-	

Water table..... 5'  
 Wet season water table ..... 5'  
 Compacted fill of ..... — required.  
 Compacted fill check by .....  
 Date.....

Certified by: WR Williams  
 Florida Professional Number: 1272  
 Date: 2-20-81 Job Number 00060  
 Percolation Rate 20 Minutes/Inch  
 Soil Identification:  
 Class 1 Group S.P.

**INSTALLATION SPECIFICATIONS**

Septic Tank Capacity 900 Gallons  
 Dosing Tank Capacity \_\_\_\_\_ Gallons  
 Grease Trap Capacity \_\_\_\_\_ Gallons  
 Absorption Bed Size 260 Square Ft.  
 Lateral Drainfield Size \_\_\_\_\_ Square Ft.  
 Sand Filter Size \_\_\_\_\_ Square Ft.

2-24-81  
Date Processed

**THIS PERMIT EXPIRES ONE (1)  
YEAR FROM DATE OF ISSUANCE**

Robert Washburn, R.S.  
Signature of Sanitarian

MARTIN County Health Department

**FINAL INSPECTION DATA**

Date and Time of Inspection \_\_\_\_\_ Type of Tank (Concrete, Fiberglass, Etc.) \_\_\_\_\_  
 Size Tank Installed \_\_\_\_\_ Drainfield Size \_\_\_\_\_  
 Dosing Tank Size \_\_\_\_\_ Grease Trap Size \_\_\_\_\_ Sand Filter Size \_\_\_\_\_  
 Who made Installation \_\_\_\_\_  
 RECOMMENDATIONS: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Signature of Sanitarian

FLORIDA DEPARTMENT OF POLLUTION CONTROL

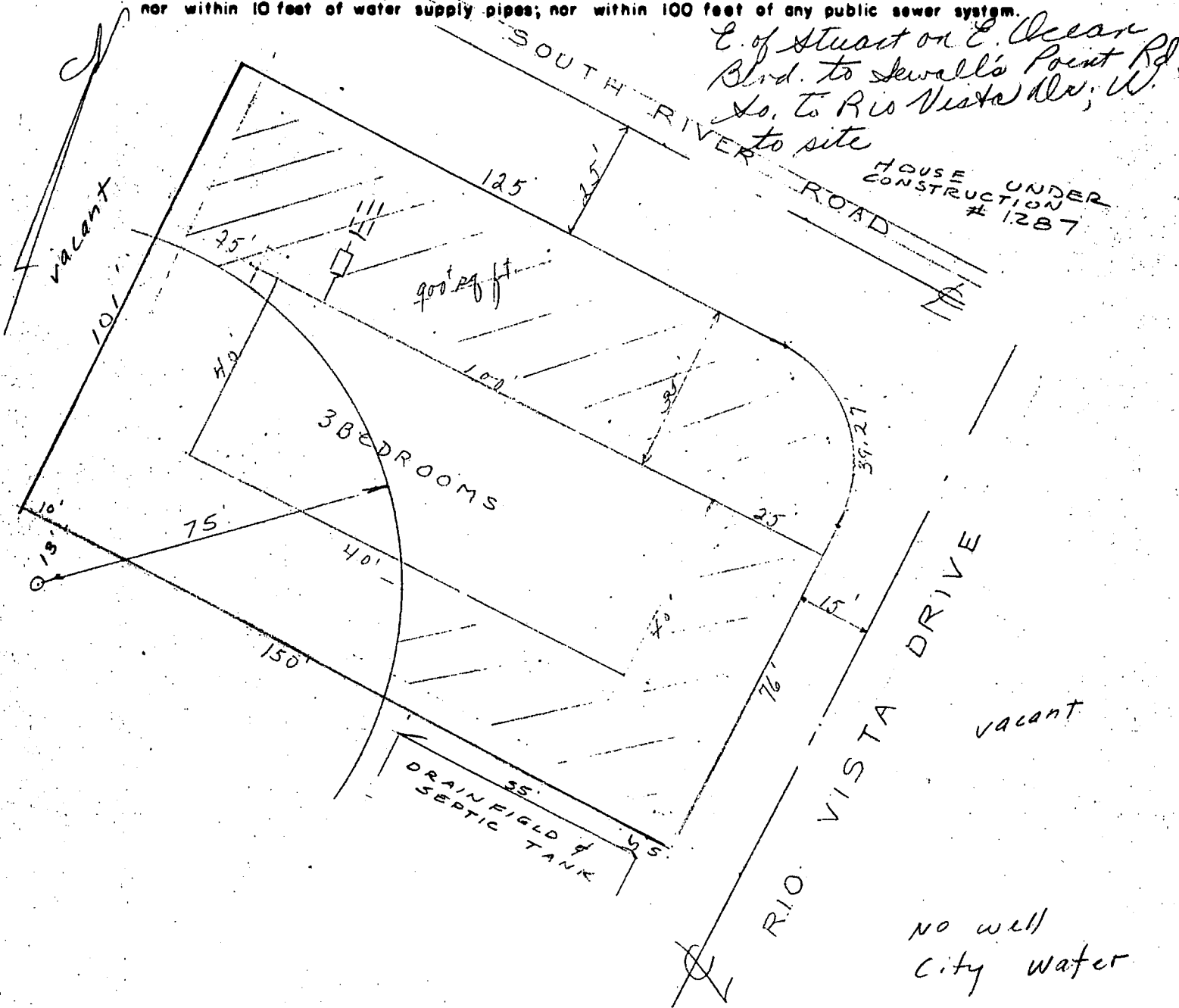
S. E. Subregion  
 806 South 6th Street  
 Fort Pierce, Florida 33450  
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

Location: Lot 95  
Rio Vista  
 Applicant: Joseph Schepis  
 County: Manatee

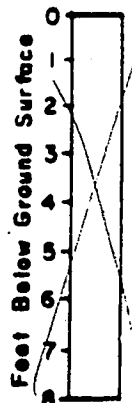
**NOTE:** This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



PLAN  
 Scale: 1" = 30'

SOIL DATA

SOIL BORING LOG  
 Soil Identification: CLASS L GROUP SP.  
 Soil Characteristics \_\_\_\_\_  
 Percolation Rate \_\_\_\_\_ min/inch  
 Water Table Depth \_\_\_\_\_  
 Water Table Depth During Wet Season \_\_\_\_\_  
 Compacted Fill Of \_\_\_\_\_ Req'd  
 Compacted Fill Checked By: \_\_\_\_\_  
 Date \_\_\_\_\_



LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

CERTIFIED BY: W. Williams  
 FLORIDA PROFESSIONAL No. 1272  
 Date 2-20-81 Job No. \_\_\_\_\_  
 Sheet 2 of 2





WINTER				GROSS WINTER POINTS	SUMMER				GROSS SUMMER POINTS
COMPONENT	AREA	X WPM	=		COMPONENT	AREA	X SPM	=	

WALLS	CONCRETE	R3-3.9	1000	6.2	6200	WALLS	CONCRETE	R3-3.9	1000	16.6	16600
		R4-5.9		5.0				R4-5.9		15.0	
		R6 & UP		4.4				R6 & UP		13.9	
	FRAME OR BRICK OR VENEER	R11-18.9	144	2.5	360		FRAME OR BRICK OR VENEER	R11-18.9	144	13.9	2001
		R19-25.9		1.5				R19-25.9		8.6	
		R26 & UP		1.1				R26 & UP		6.5	
	COMMON			5.5			COMMON			7.6	
				6560							

DOORS	WOOD OR METAL	18	86.5	1557	DOORS	WOOD OR METAL	18	55.4	997
	INSULATED		84.0			INSULATED		22.2	
	STORM DOOR		44.6			STORM DOOR		44.3	
	COMMON		43.3			COMMON		13.9	

CEILING	UNDER ATTIC	R11-18.9		2.9		CEILING	UNDER ATTIC	R11-18.9		13.3	
		R19-21.9	3650	1.9	5035			R19-21.9	3650	8.4	22250
		R22-29.9		1.7				R22-29.9		7.6	
		R30 & UP		1.5				R30 & UP		5.5	
	SINGLE ASSEMBLY (NO ATTIC)	R6-7.9		5.4			SINGLE ASSEMBLY (NO ATTIC)	R6-7.9		22.6	
		R8-9.9		4.0				R8-9.9		17.3	
		R10-11.9		3.5				R10-11.9		14.6	
		R12-18.9		2.5				R12-18.9		10.6	
		R19 & UP		1.9				R19 & UP		8.4	
		COMMON			3.4				COMMON		

FLOOR OVER UNCONDITIONED SPACE DO NOT ADD CARPETS	WOOD	R0-6.9		5.8		FLOOR OVER UNCONDITIONED SPACE DO NOT ADD CARPETS	WOOD	R0-6.9		6.6	
		R7-10.9		2.4				R7-10.9		2.9	
		R11-18.9		2.1				R11-18.9		2.3	
		R19 & UP		1.4				R19 & UP		1.5	
	CONCRETE	R0-2.9	2650	6.8	18020		CONCRETE	R0-2.9	2650	8.2	21730
		R3-5.9		4.3				R3-5.9		5.7	
		R6-10.9		3.4				R6-10.9		3.6	
		R11-18.9		2.3				R11-18.9		2.9	
		R19 & UP		1.5				R19 & UP		1.9	
		COMMON			3.4				COMMON		

SLAB ON GRADE PERIMETER	EDGE INSULATION	PERIMETER	WPM	GWP
	R0 - 2.9	206	28.3	5839
	R3 - 5.9		20.4	
	R6 & UP		12.4	

GLASS DO NOT APPLY INTERIOR SHADING	OR	AREA	SINGLE	DOUBLE	WOF	GWP
	N	84	55.4	38.5	1.00	4453.6
	NE		55.4	38.5		
	E	134	55.4	38.5	.86	4376.9
	SE		55.4	38.5		
	S	48	55.4	38.5	.86	2273.1
	SW		55.4	38.5		
	W	148	55.4	38.5	1.00	8199.2
	NW		55.4	38.5		
	H		22.6	6.8		
	414					
H: HORIZONTAL GLASS (SKYLIGHTS)						30772

GLASS DO NOT APPLY INTERIOR SHADING	OR	AREA	SINGLE		DOUBLE		SOF	GSP
			CLR	TIN	CLR	TIN		
			N	84	204	176		
NE		309	264	258	218			
E	134	425	360	362	304	.95	45828	
SE		418	354	355	298			
S	48	346	294	287	242	.92	12983	
SW		418	354	355	298			
W	148	425	360	362	304	.95	50616	
NW		309	264	258	218			
H		720	605	627	524			
FOR TINTED GLASS SL ≠ 0.83 SEE SEC. 902.2 d								63588

TOTAL GROSS WINTER POINTS	58103.8	TOTAL GROSS SUMMER POINTS	187799
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DUCT INSULATION MULTIPLIER	1" FIBERGLASS	58103	1.15	66818	DUCT INSULATION MULTIPLIER	1" FIBERGLASS	187799	1.15	216188
	1.5" FIBERGLASS		1.12			1.5" FIBERGLASS		1.12	
	DUCT IN COND.SP.		1.00			DUCT IN COND.SP.		1.00	

HSM FROM TABLE 9A	66818 x 1.00	66818	CSM FROM TABLE 9B	216188 x .81	175012
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FLOOR AREA (DIVIDE)	66818 ÷ 2650	25.21	FLOOR AREA (DIVIDE)	175012 ÷ 2650	66.09
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WINTER POINTS (WP)	25.21	SUMMER POINTS (SP)	66.09
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FORM 900 AND 901 - 789					ZONES - 789	
WINTER POINTS	SUMMER POINTS	HOT WATER POINTS	CREDIT POINTS	PENALTY POINTS	91.30 EPI	
25.21	+ 66.09	-	-	+	=	
FEWER TOTAL POINTS ARE ENCOURAGE FOR MAXIMUM ENERGY SAVINGS						

9F	WINTER OVERHANG FACTOR (WOF)								
	FEET	N	NE	E	SE	S	SW	W	NW
0-0.99	1.00	0.99	0.85	0.75	0.83	0.98	1.00	1.00	
1-1.99	1.00	0.99	0.85	0.76	0.84	0.98	1.00	1.00	
2-2.99	1.00	0.99	0.86	0.77	0.86	0.99	1.00	1.00	
3-3.99	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00	
4-4.99	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00	
5-5.99	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00	
6-6.99	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00	
7-7.99	1.00	1.00	0.94	0.92	0.96	1.00	1.00	1.00	
8-8.99	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00	
9-9.99	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00	
10-10.99	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00	
11 & UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	

9F	SUMMER OVERHANG FACTOR (SOF)								
	FEET	N	NE	E	SE	S	SW	W	NW
0-0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.99	1.00	1.00	0.99	0.99	0.98	0.99	0.99	0.99	1.00
2-2.99	1.00	0.98	0.99	0.93	0.92	0.93	0.95	0.96	0.96
3-3.99	1.00	0.95	0.89	0.87	0.86	0.87	0.89	0.95	
4-4.99	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91	
5-5.99	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88	
6-6.99	0.99	0.85	0.76	0.72	0.72	0.72	0.76	0.85	
7-7.99	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83	
8-8.99	0.98	0.81	0.69	0.66	0.68	0.66	0.69	0.81	
9-9.99	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79	
10-10.99	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78	
11-11.99	0.97	0.76	0.63	0.61	0.65	0.61	0.63	0.76	
12 & UP	0.97	0.76	0.62	0.59	0.64	0.59	0.62	0.76	

9A	HEATING SYSTEM MULTIPLIER (HSM)									
	HEAT PUMP	COP	2.0-2.19	2.2-2.39	2.4-2.59	2.6-2.79	2.8-2.99	3.0-3.19	3.2-3.39	3.4 & UP
		HSM	0.50	0.45	0.42	0.38	0.36	0.33	0.31	0.29
SOLAR HEAT		(BACKUP SYSTEM FRACTION) X (BACKUP SYSTEM HSM)								
GAS HEAT		0.50								
OIL HEAT		0.70								
ELECTRIC STRIP HEAT		1.00								

9B	COOLING SYSTEM MULTIPLIER (CSM)												
	ELECTRIC	SEER	6.8-6.99	7.0-7.49	7.5-7.99	8.0-8.49	8.5-8.99	9.0-9.49	9.5-9.99	10.0-10.49	10.5-10.99	11.0-11.99	12.0 & UP
		CSM	1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	0.62	0.59	0.54
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP					
	CSM	1.50	1.25	1.00	1.09	1.00	0.92	0.89					

NOTE: SEER = COOLING MODE COP x 3.413 = ARIATED COOLING OUTPUT IN BTUH ÷ TOTAL WATTS CONSUMED

9C	HOT WATER CREDIT POINTS (HWP)	
	RESISTANCE HEATERS	
ELECTRIC		0.0
GAS		7.0
SOLAR	MINIMUM CERTIFIED DCR OF 6,000 BTU PER BEDROOM AND 15 GALLON STORAGE PER BEDROOM	19.6
	MINIMUM CERTIFIED DCR OF 9,000 BTU PER BEDROOM AND 20 GALLON STORAGE PER BEDROOM	22.8
	MINIMUM CERTIFIED DCR OF 12,000 BTU PER BEDROOM AND 27 GALLON STORAGE PER BEDROOM	24.5
A/C HEAT RECOVERY UNIT	MINIMUM CERTIFIED RATING OF 1500 BTUH/TON MINIMUM HOT WATER STORAGE TANK 40 GALLONS	11.3
	MINIMUM CERTIFIED RATING OF 2500 BTUH/TON MINIMUM HOT WATER STORAGE TANK 40 GALLONS	17.9

NOTE: DAILY COLLECTION RATE (DCR) IS MEASURED AT 122°F USING FSEC STANDARD FLORIDA SOLAR DAY

**1398**

**SCREEN**

**ENCLOSURE**

1398

RECEIVED AUG 26 1981

TOWN OF SEWALL'S POINT FLORIDA

Permit No. \_\_\_\_\_

Date 8/25/81

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

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

Owner ROBT. STELLA Present address 101 S. RIVER RD

Phone 287-4782

Contractor EAST COAST ALUM Address 906 BELL AVE

Phone 283-5650 FORT PIERCE FL.

Where licensed FLORIDA License number CRC 014349

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

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

101 S. RIVER RD.

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

Subdivision RIO VISTA Lot No. 95

Contract price \$ 3000.00 Cost of Permit \$ 915

Plans approved as submitted  Plans approved as marked \_\_\_\_\_

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

Contractor James H. Wilkins EAST COAST ALUM

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 Robt Stella

TOWN RECORD

Date submitted 8/26/81

Approved: J. Mazzuca  
Building Inspector

Date 8/28/81

Approved: J.C. Strubell  
Commissioner

Date 8/15/81

Final Approval given: J.M. 10/8/81  
Date

Certificate of Occupancy issued Not Reg  
Date

SP/1-79

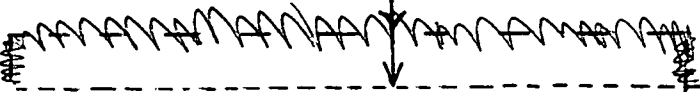
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

1398

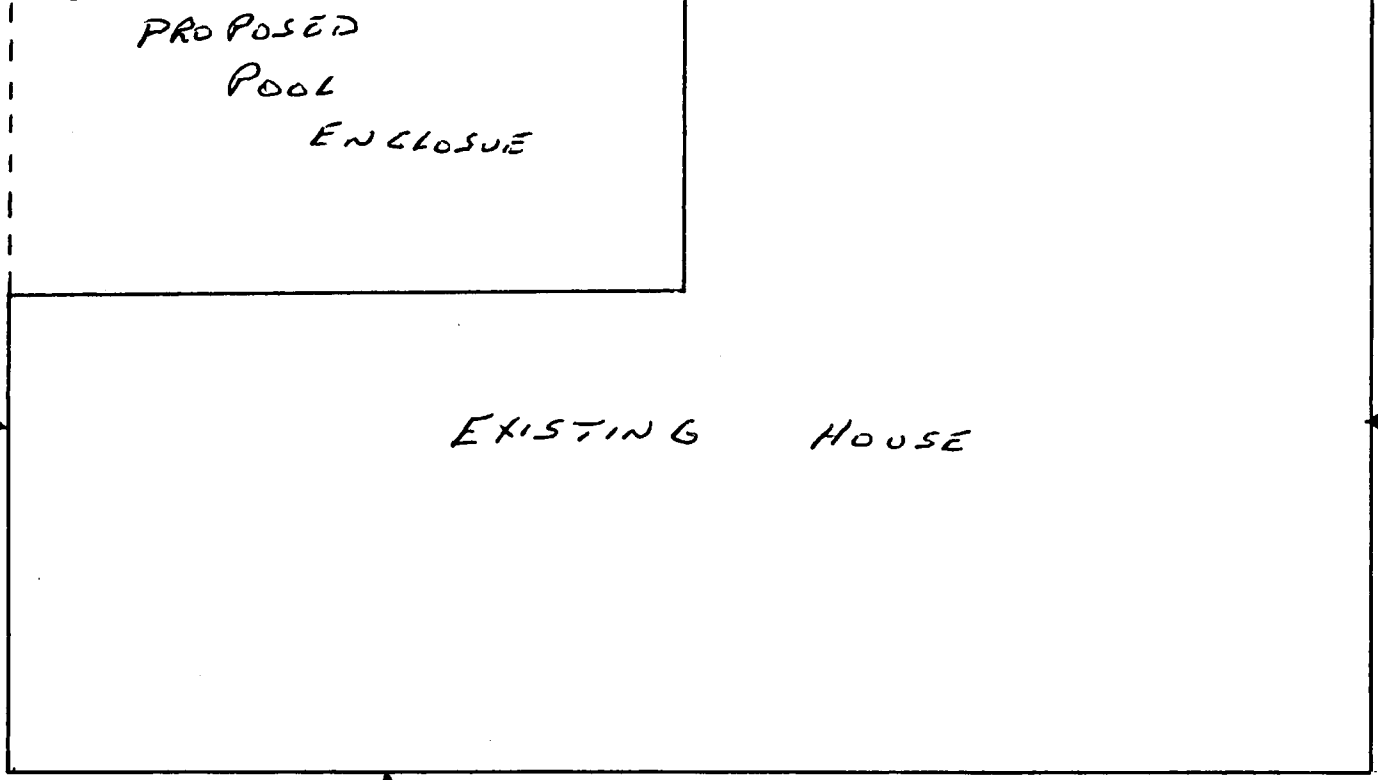
RECEIVED AUG 26 1981

ROBT STELLA  
101 S. RIVER RD.  
RIO VISTA S. DIVISION  
LOT 95

25' 5"



PROPOSED  
POOL  
ENCLOSURE



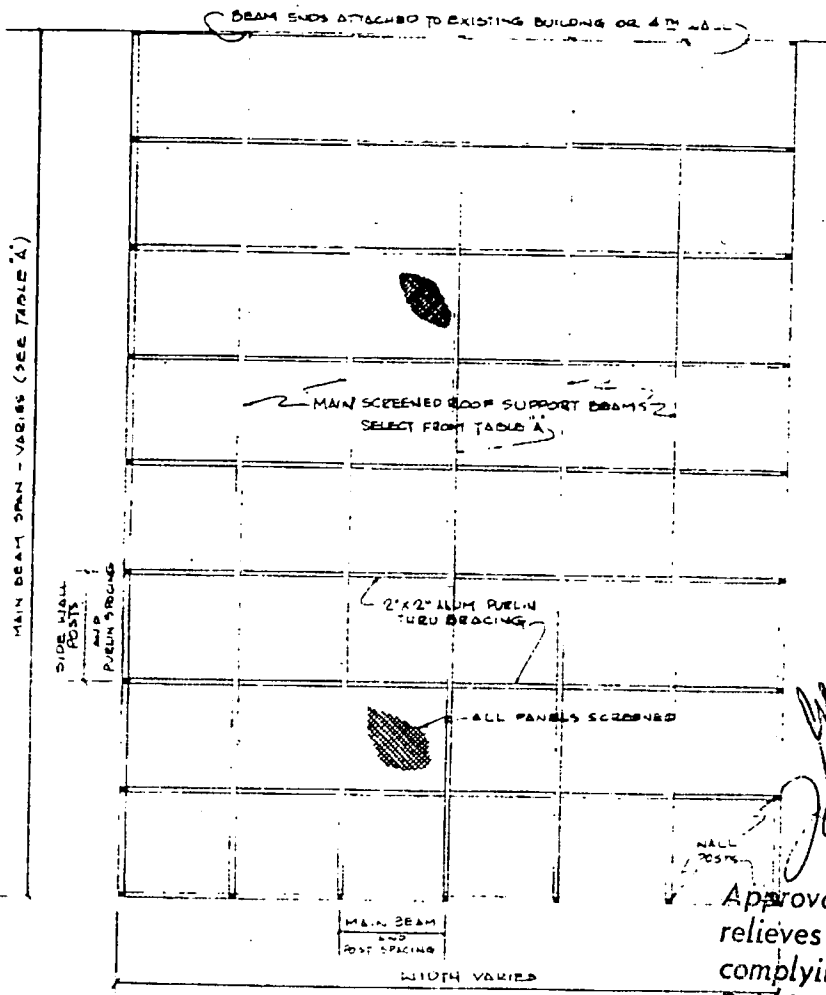
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N.C.

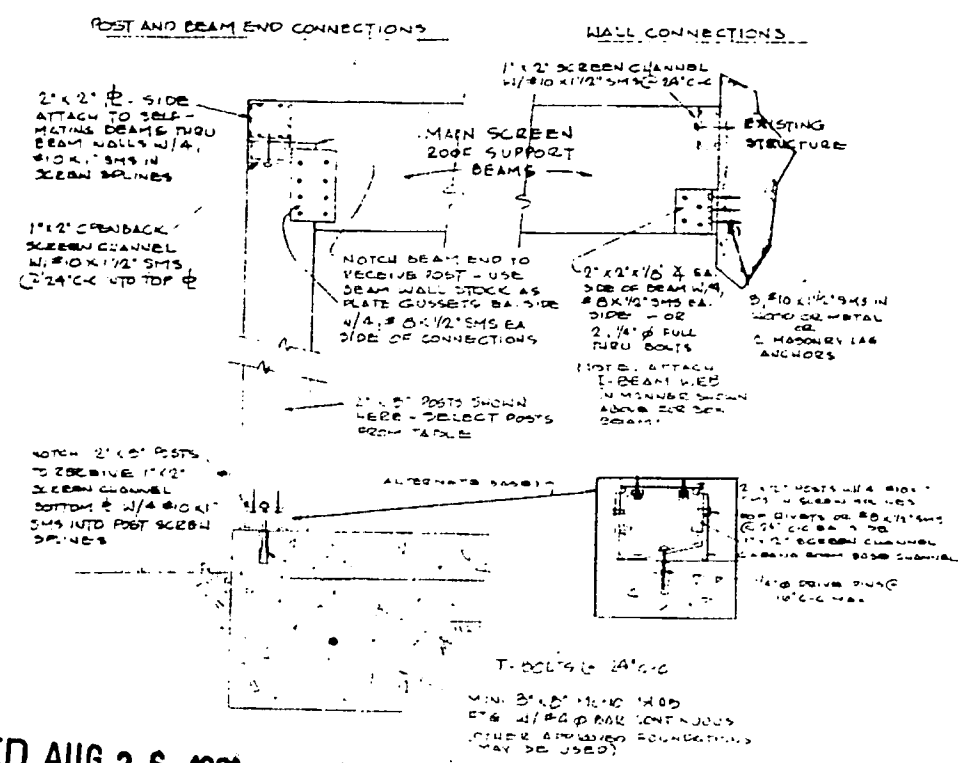
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RIVER RD

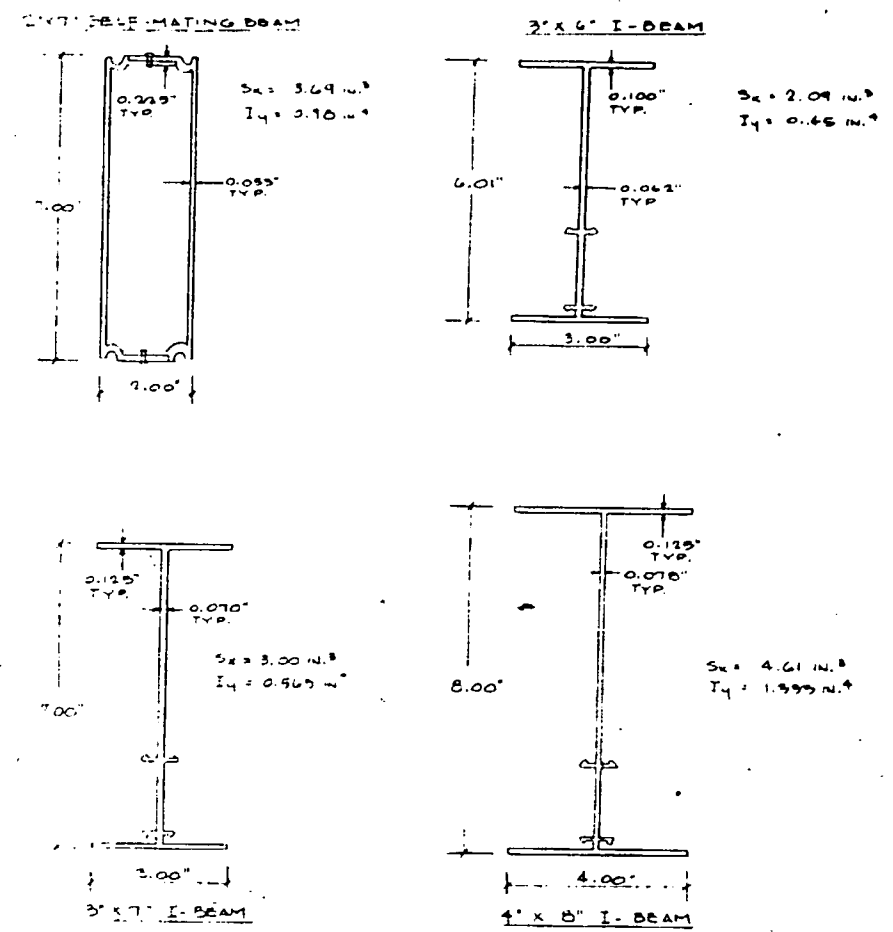
SCREENED POOL ENCLOSURE PLAN



TYPICAL CONNECTION DETAILS



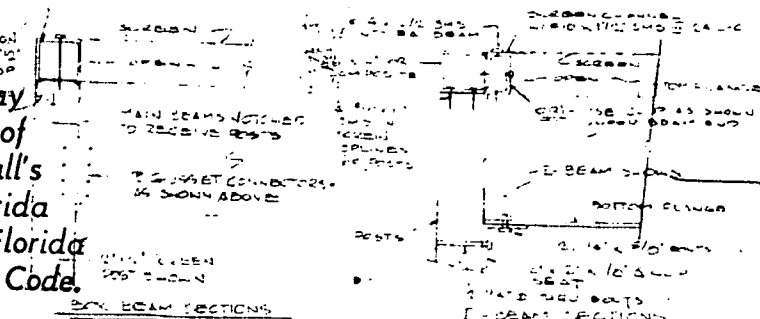
ADDITIONAL BEAM SECTIONS - ALLOY 6063 T6 (SEE 1.40 SHEET 2)



RECEIVED AUG 26 1981  
 DAM 8/27/81

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

ALTERNATE CONNECTION DETAILS



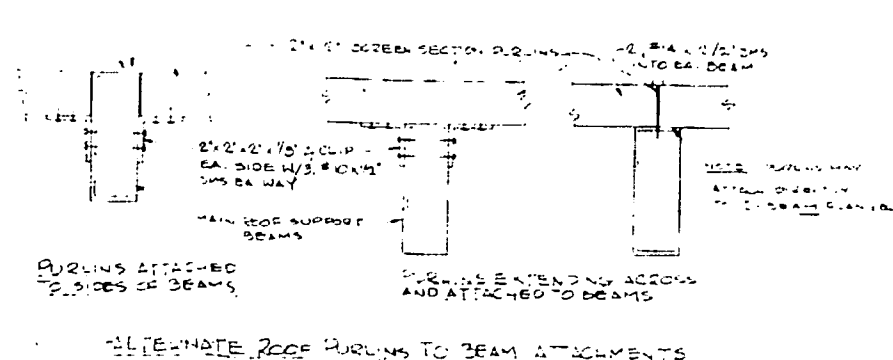
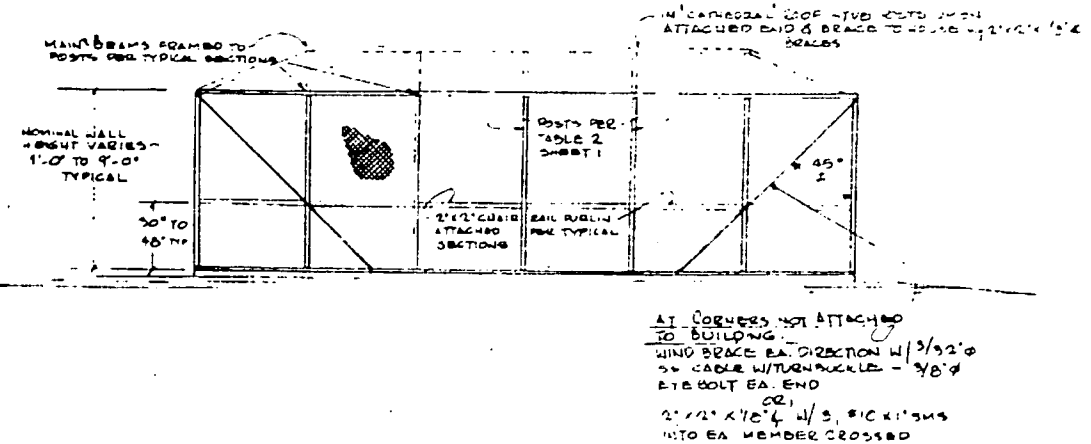
2x3 Posts

TABLE A - SPAN TABLE FOR SCREEN ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS SPACINGS					
	4'-0" C-C	5'-0" C-C	5'-6" C-C	6'-0" C-C	6'-6" C-C	7'-0" C-C
2x4 S.M BEAM	25'-0"	22'-6"	21'-6"	20'-0"	19'-0"	18'-6"
2x6 S.M BEAM	32'-10"	29'-6"	28'-5"	26'-0"	25'-0"	24'-4"
2x8 S.M BEAM	40'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"
3x6 I-BEAM	34'-5"	31'-4"	30'-0"	27'-9"	26'-8"	25'-9"
3x8 I-BEAM	41'-6"	37'-6"	36'-0"	33'-0"	31'-10"	31'-0"
4x8 I-BEAM	50'-0"	46'-0"	44'-6"	41'-0"	39'-6"	38'-4"

REMARKS: BEAM SPAN & W/VE LATERAL PURLINS (2x4) @ 90° ANGLE TO BEAM FRAMED ACROSS ROOF 5' EACH POST IN SCREENED SIDE WALLS AS SHOWN ON PLAN VIEW.

END ELEVATION VIEW



THESE SCREENED ENCLOSURES ARE DESIGNED IN ACCORDANCE WITH CHAP. 12 AND 26 OF FLORIDA BUILDING CODE (FBC), 1976. FOR WIND PRESSURES AS FOLLOWS:  
 SCREENED ROOFS: 10 PSF (30.7)  
 SCREENED WALLS: 10 PSF (31.9)

3-1-80 *Paul R. King* PE

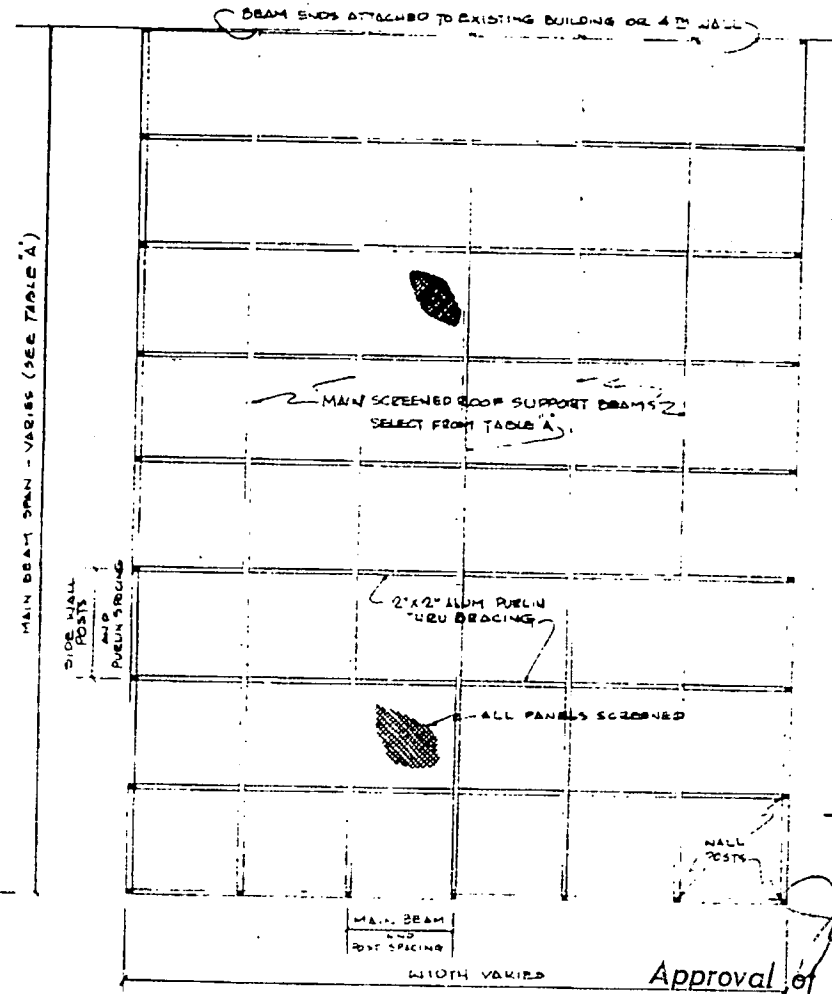
**Master Plans-Aluminum Patios, Screened and Cabana rooms, Carports and Utility Storage Rooms**

**Cline Associates Engineering Labs**  
 3601A US Hwy 19 N.  
 Palm Harbor, FL 33563

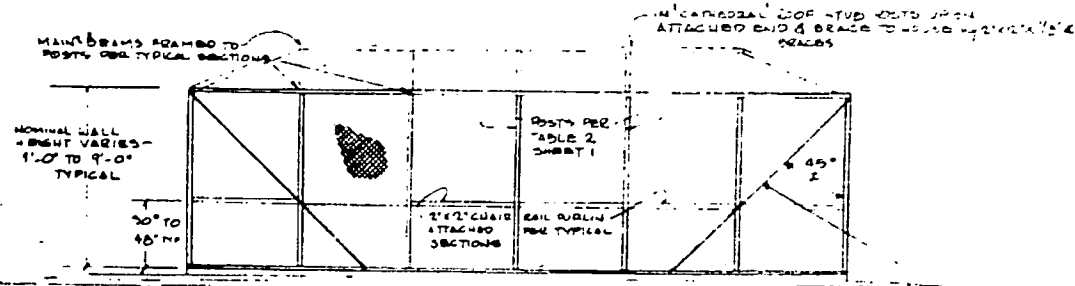
**SHEET 1 of 3 (Suppl.) Plans, Details & Assembled Sections**

**East Coast Aluminum Products**  
 P.O. Box 1886  
 Ft. Pierce, FL 33450  
 B - 831 - LT6 Rev.CAE

SCREENED POOL ENCLOSURE PLAN

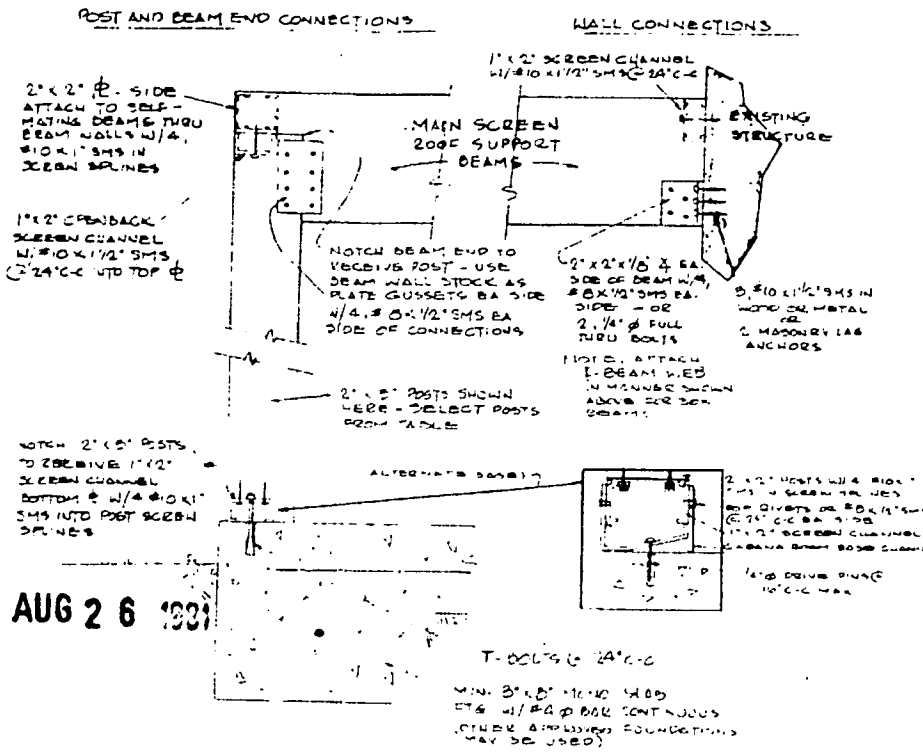


END ELEVATION VIEW



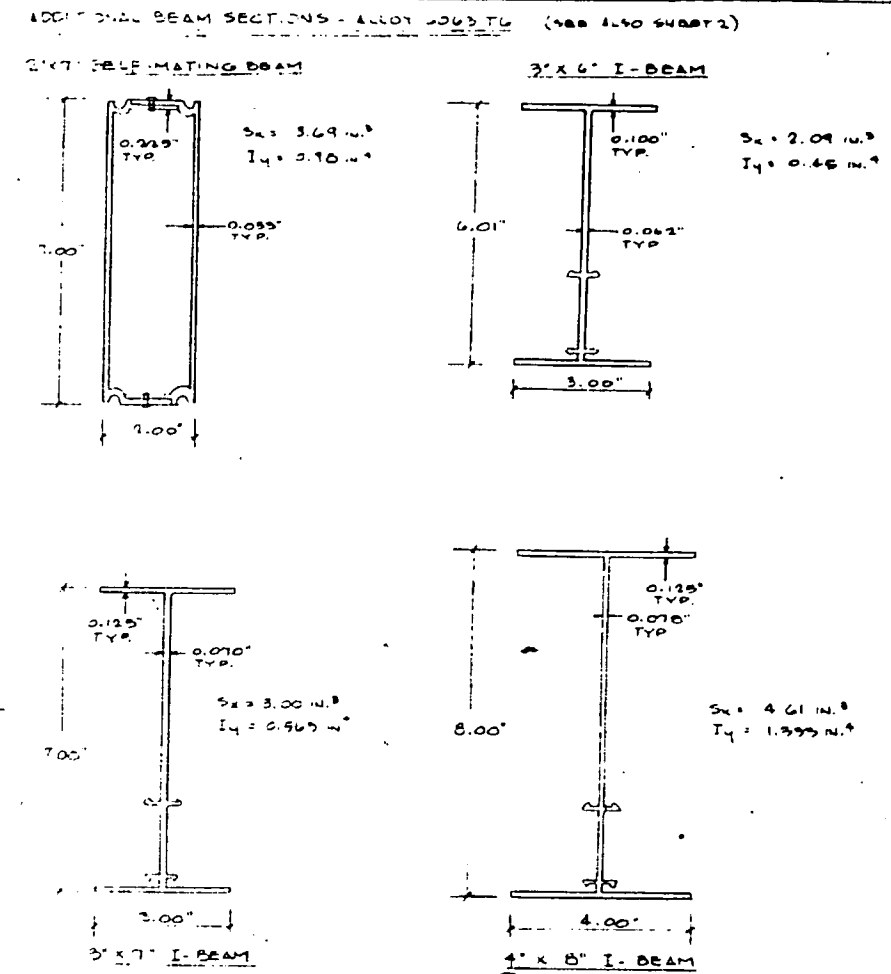
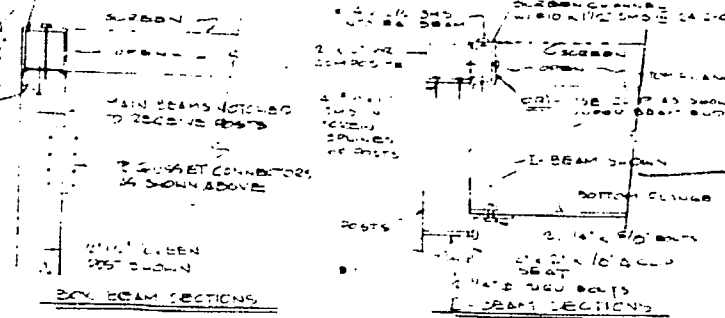
AT CORNERS NOT ATTACHED TO BUILDING:  
WIND BRACE EA. DIRECTION W/ 3/32" Ø 56 GALV. W/TURNBUCKLE - 3/8" Ø EYE BOLT EA. END  
2" x 2" x 1/2" W/ 3" Ø 10 K11/2 SWS INTO EA. MEMBER CROSSED

TYPICAL CONNECTION DETAILS



RECEIVED AUG 26 1981

ALTERNATE CONNECTION DETAILS



2 X 3 POSTS

TABLE A - SPAN TABLE FOR SCREEN ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS SPACINGS					
	4'-0" C-C	5'-0" C-C	5'-6" C-C	6'-0" C-C	6'-6" C-C	7'-0" C-C
2"x4" S4 BEAM	25'-0"	21'-6"	21'-6"	20'-0"	19'-0"	18'-0"
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2"x7" S4 BEAM	40'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"
3"x6" I-BEAM	34'-5"	31'-4"	30'-0"	27'-9"	26'-8"	25'-9"
3"x7" I-BEAM	41'-6"	37'-6"	36'-0"	33'-0"	31'-10"	31'-0"
4"x5" I-BEAM	50'-0"	46'-0"	44'-6"	41'-0"	39'-6"	38'-4"

REMARKS: BEAM SPANS ASSUME LATERAL BRACING (2" X 2" @ 90° ANGLE TO BEAM FRAMED ACROSS ROOF @ EACH POST IN SCREENED SIDE WALLS AS SHOWN ON PLAN VIEW.)

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

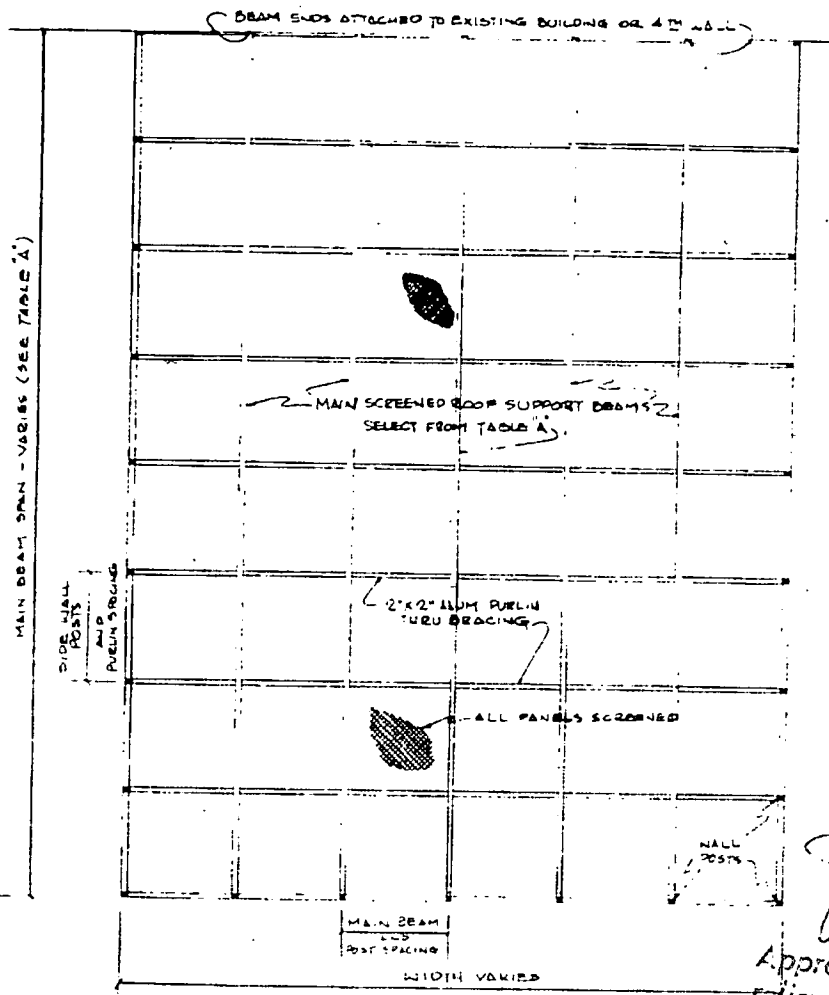
THESE SCREENED ENCLOSURES ARE DESIGNED IN ACCORDANCE WITH CHAP. 12 AND 26 OF STANDBOARD BUILDING CODE (SBC), 1976. FOR WIND PRESSURES AS FOLLOWS:  
SCREENED ROOFS: 10 PSF X (1.0)  
SCREENED WALLS: 10 PSF X (1.0)

3-1-80 [Signature] PE

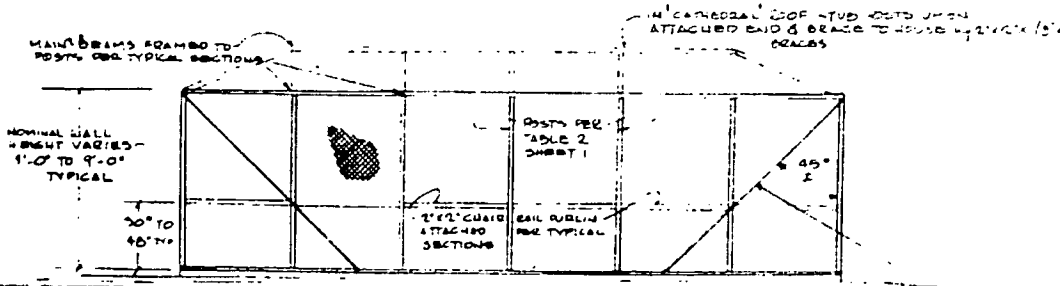
<p>Master Plans-Aluminum Patios, Screened and Cabana rooms, Carports and Utility Storage Rooms</p> <p>Cline Associates Engineering Labs 3601A US Hwy 19 N. Palm Harbor, FL 33563</p>	<p>SHEET 1 Of 2 (Suppl.) Plans, Details &amp; Assembled Sections</p> <p>East Coast Aluminum Products P.O. Box 1886 Ft. Pierce, FL 33450 B - 831 - LT6 Rev.CAE</p>
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SCREENED POOL ENCLOSURE PLAN

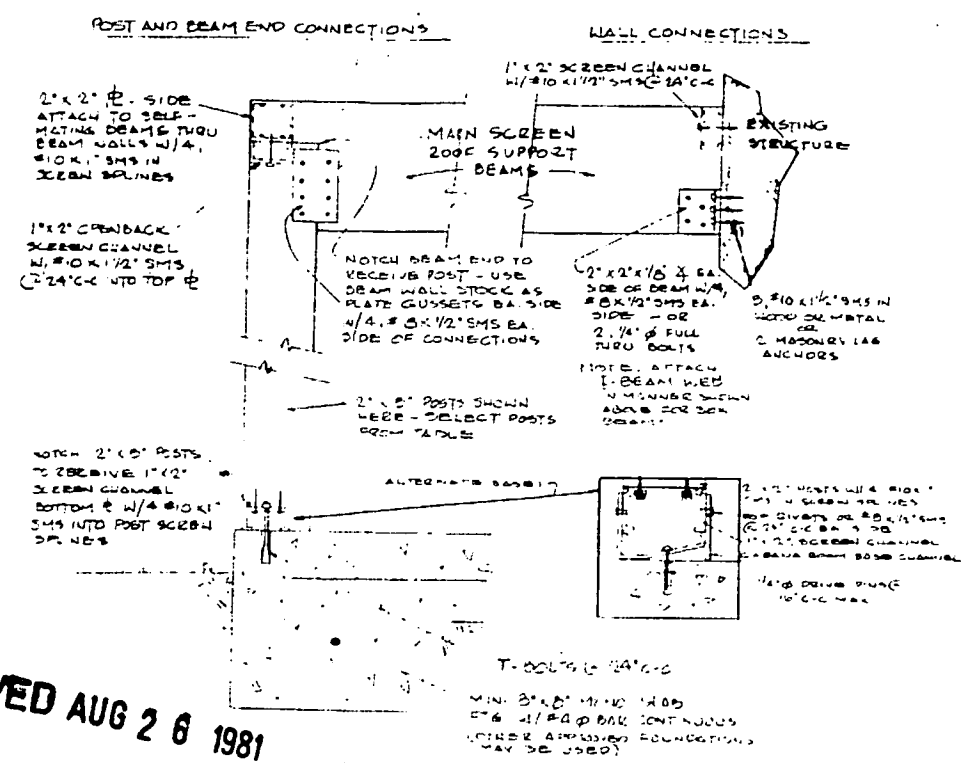


END ELEVATION VIEW



AT CORNERS NOT ATTACHED TO BUILDING  
WIND BRACE EA. DIRECTION W/ 3/8\"/>

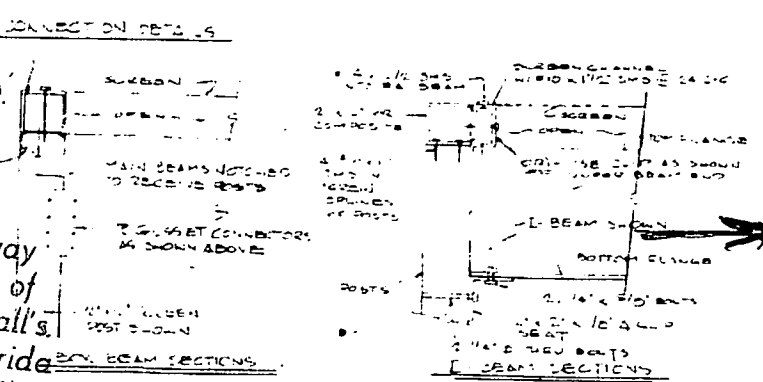
TYPICAL CONNECTION DETAILS



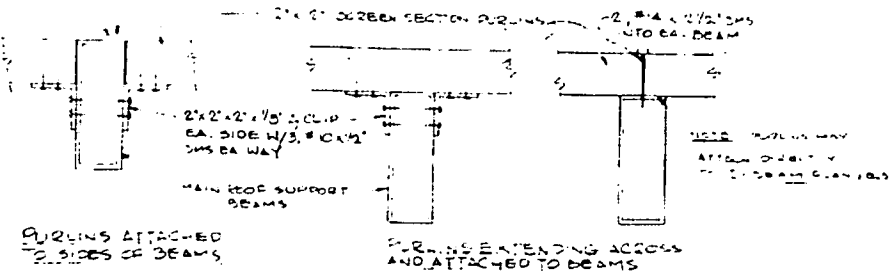
RECEIVED AUG 26 1981

*Handwritten signature and date: 8/27/81*

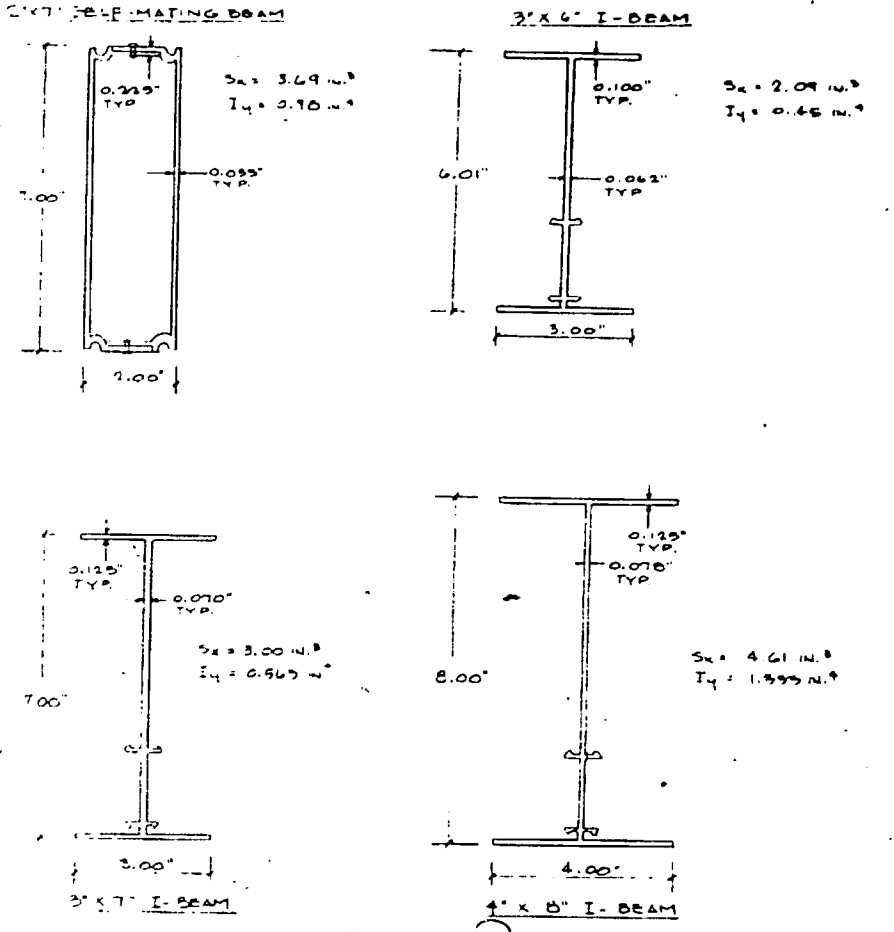
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ALTERNATE ROOF PURLINS TO BEAM ATTACHMENTS



ADDITIONAL BEAM SECTIONS - ALLOY STEEL TO (SEE ALSO SHEET 2)



2x3 Posts

TABLE A - SPAN TABLE FOR SCREEN ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS SPACINGS					
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2"x8" S4 BEAM	40'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"
3"x6" I-BEAM	34'-5"	31'-4"	30'-0"	27'-9"	26'-8"	25'-9"
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REMARKS: BEAM SPANS WITH LATERAL PURLINS (2"x2") @ 90° ANGLE TO BEAM FRAMED ACROSS ROOF IN EACH DIRECTION IN SCREENED SIDE WALLS AS SHOWN ON PLAN VIEW.

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SCREENED ROOFS: 10 PSF X (10.7)  
SCREENED WALLS: 10 PSF X (11.9)

Master Plans-Aluminum Patios, Screened and Cabana rooms, Carports and Utility Storage Rooms  
Cline Associates Engineering Labs  
3601A US Hwy 19 N. Palm Harbor, FL 33563

SHSHT 1 Of 3 (Suppl.) Plans, Details & Assembled Sections  
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B - 831 - LT6 Rev.CAE

3-1-80 *Handwritten signature* PE

Page 2 of 3

**5372**

**DRIVEWAY**

MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 5/10/01

BUILDING PERMIT NO. 5372

Building to be erected for RICHARD SHEETS

Type of Permit CODE, DRIVEWAY

Applied for by C. ANDREW BEATLEY

(Contractor) Building Fee \$43.20

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 101 S. RIVER RD.

Impact Fee \_\_\_\_\_

Type of structure S.F.R.

A/C Fee \_\_\_\_\_

Parcel Control Number:  
12-38-41-002-000-00950-70000

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Amount Paid \$47.52 Check # 1198 Cash \_\_\_\_\_

Roofing Fee \_\_\_\_\_

Total Construction Cost \$ 4,500.00

Other Fees ( REP ) 4.32

TOTAL Fees \$47.52

Signed C. Andrew Beatley  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

## BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>12/3/01</u>

FLOOD ZONE \_\_\_\_\_

LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

### WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

- New Construction  
 Remodel  
 Addition  
 Demolition

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



**Town of Sewall's Point  
BUILDING PERMIT APPLICATION**

**RECEIVED** Bldg. Permit Number 5372  
MAY - 2 2001

Owner or Titleholder's Name Richard Sheets by: [Signature] Phone No. (561) 223-9777

Street: 101 South River Rd. City Sewall's Point State: FL Zip 34997

Legal Description of Property: 101 SOUTH RIVER ROAD  
STUART FLORIDA Parcel Number: 12384100200000950 70000

Location of Job Site: 101 SOUTH RIVER ROAD

TYPE OF WORK TO BE DONE: Install driveway

CONTRACTOR/Company Name: C. Andrew Bentley Phone No. (561) 288-4793

Street: Po Box 2190 City Stuart State: FL Zip 34995

State Registration: \_\_\_\_\_ State License: SP01775

ARCHITECT: N/A Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: N/A Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**AREA SQUARE FOOTAGE - SEWER - ELECTRIC:**

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: \_\_\_\_\_ AMPS

**FLOOD HAZARD INFORMATION**

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

**COSTS AND VALUES**

Estimated cost of construction or Improvement: \$ 4500

Estimated Fair Market Value (FMV) prior to improvement: \$ 4500

If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO X

Method of determining Fair Market Value: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER or AGENT SIGNATURE (Required)  
[Signature]

CONTRACTOR SIGNATURE (Required)  
[Signature]

State of Florida, County of: Martin On this the 9 day of April, 2000, by Richard Sheets who is personally known to me or produced as identification.

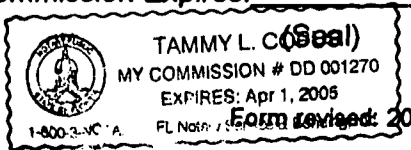
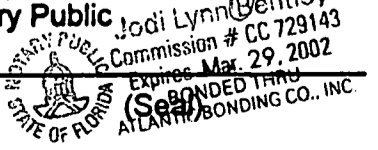
State of Florida, County of: Martin On this the 1 day of May, 2000, by Charles Andrew Bentley who is personally known to me or produced as identification.

[Signature]  
Notary Public

[Signature]  
Notary Public

My Commission Expires: Mar. 29, 2002

My Commission Expires: \_\_\_\_\_



**TREE REMOVAL (Attach sealed survey)**

Number of trees to be removed: 1 Number of trees to be retained: \_\_\_\_\_ Number of trees to be planted: \_\_\_\_\_ Number of Specimen trees removed: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_ Authorized/Date: \_\_\_\_\_

DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE**

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.


4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

**ADDITIONAL Required Documents are:**

- 1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
- 2. Well Permit or information on existing well & pump.
- 3. Flood Hazard Elevation (if applicable).
- 4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
- 5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
- 6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
- 7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
- 8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

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

Approved by Building Official:  Date: 5/8/07

Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID SB BENTC-1	DATE (MM/DD/YY) 05/02/01
PRODUCER Stuart Insurance, Inc <i>per suit</i> 3070 S W Mapp Palm City FL 34990 <i>FILE</i> Phone: 561-286-4334 Fax: 561-286-9389		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.	
INSURED  C. Andrew Bentley 1554 SW College Street Stuart FL 34997		INSURERS AFFORDING COVERAGE INSURER A: Hanover Insurance Company INSURER B: Hartford Service Center INSURER C: INSURER D: INSURER E:	
<b>FILE</b> <i>actions.</i>		RECEIVED MAY - 2 2001	

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	VDJ579720800	07/29/00	07/29/01	EACH OCCURRENCE \$ 300000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 300000
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 600000
					PRODUCTS - COMP/OP AGG \$ 600000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY EA ACC AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
<b>B</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	BINDER	04/23/01	04/23/02	<input checked="" type="checkbox"/> WVC STATUTORY LIMITS <input type="checkbox"/> OTHER
					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 ENDORSEMENTS/SPECIAL PROVISIONS

**Masonry STATE OF FLORIDA**

CERTIFICATE HOLDER TOWNS-1  Town of Sewalls Point 1 S Sewalls Point Road Stuart FL 34996	ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Vicki Hill, CIC
---	---

**C. ANDREW BENTLEY**  
Specialty Concrete Contractors

STAMPED CONCRETE

Andrew Bentley Owner

Brick Pavers

Authorized A.C.T. Applicators

Specializing in Pool Deck, Driveway,

& Patio Restorations. \*Crack Repair

\* Designer Coatings

\*Concrete Stains & Sealers

Insured

Lic. # SP01775

1554 S.W. College St. / Stuart, Fla.

561.288.4793  
fax 561.283.8563



MARTIN COUNTY, FLORIDA  
Construction Industry Lic Bd  
Certificate of Competency

License: SP01775

Expires September 30, 2001

BENTLEY, ANDREW C

1554 SW COLLEGE ST  
STUART, FL 34997  
CONCRETE FORMING & FINISHING

CITY OF STUART

EXPIRES: 09/30/2001

#6670 TYPE: CPF

Bentley, Andrew C.  
1554 SW College Street  
Stuart, Florida 34997

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # \_\_\_\_\_

TAX FOLIO # 1238410020000950 70000

**NOTICE OF COMMENCEMENT**

STATE OF Florida

COUNTY OF Martin

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

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

101 SOUTH RIVER ROAD

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL NEW DRIVEWAY

OWNER: Richard Sheets

ADDRESS: 101 SOUTH RIVER ROAD

PHONE #: 223-9777 FAX #: \_\_\_\_\_

CONTRACTOR: C. Andrew Bentley

ADDRESS: P.O. Box 2196 Stuart FL 34995

PHONE #: 288-4793 FAX #: 283-8563

SURETY COMPANY (IF ANY) n/a

ADDRESS: \_\_\_\_\_ STATE OF FLORIDA

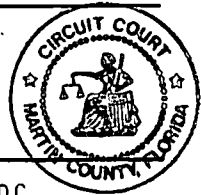
PHONE # \_\_\_\_\_ FAX #: \_\_\_\_\_ MARTIN COUNTY

BOND AMOUNT: \_\_\_\_\_ THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

LENDER: \_\_\_\_\_ MARSHA EWING, CLERK

ADDRESS: \_\_\_\_\_ BY [Signature] D.C.

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ DATE 5-1-01



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

NAME: Richard Sheets

ADDRESS: 101 South River Road Sevierville TN Florida

PHONE #: 561-223-9777 FAX #: \_\_\_\_\_

IN ADDITION TO HIMSELF, OWNER DESIGNATES Andrew Bentley

OF C. Andrew Bentley TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: 561-223-4793 FAX #: 561-283-8563

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

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

[Signature]

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 9 DAY OF April

~~10~~ 2001 BY Richard Sheets

PERSONALLY KNOWN   
OR PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

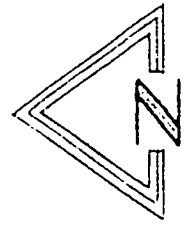
[Signature]  
NOTARY PUBLIC  
Jodi Lynn Bentley  
Commission # CC 723729  
Expires Mar. 29, 2002  
BONDED THRU ATLANTIC BONDING CO.



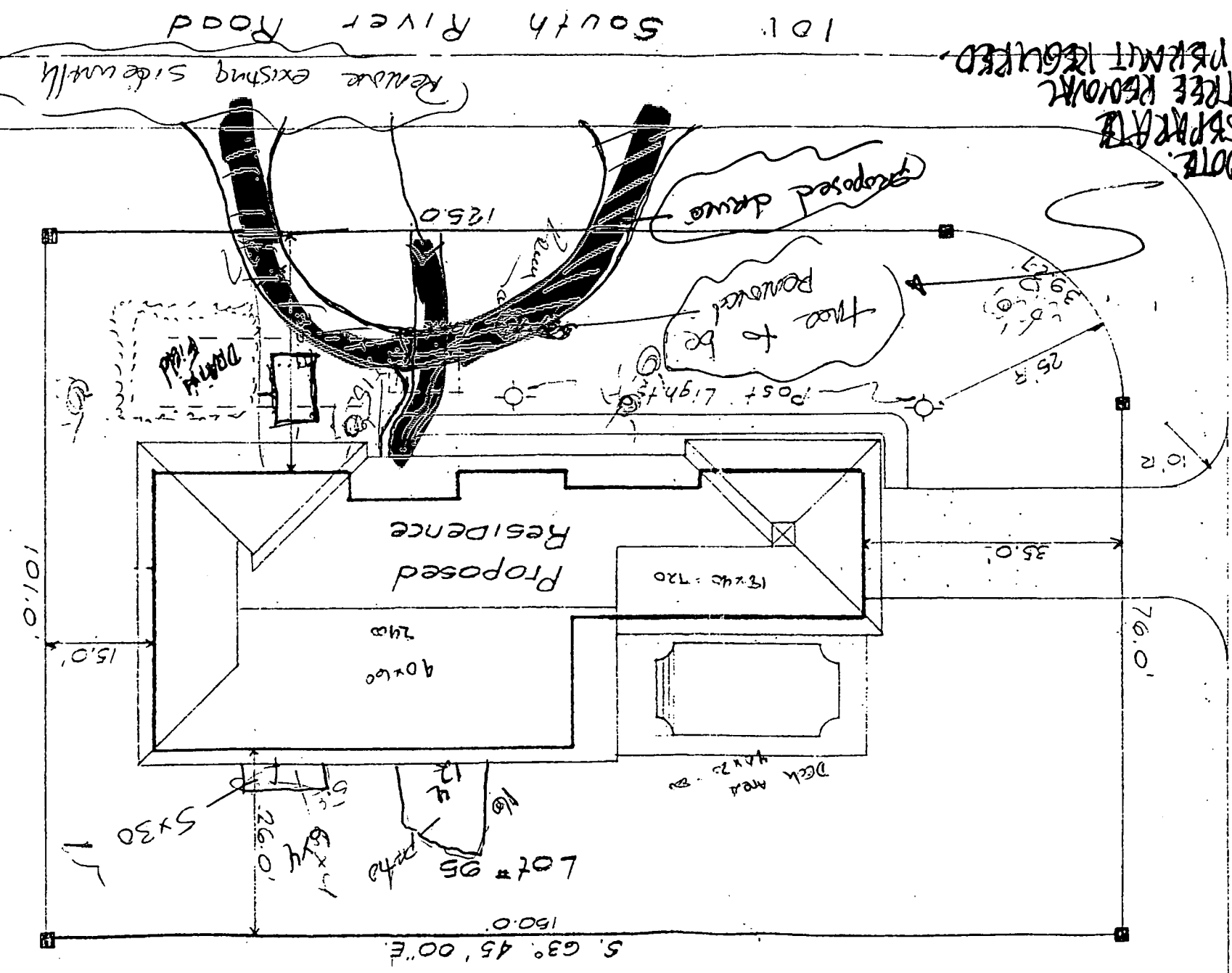
PD 5372

FILE  
TOWD COPY  
101 S. KILMER RD.

Sketch TOWN OF SPARTA'S PLAN  
REVIEW: [Signature]  
BLDG. APPROVAL



Plot PLAN 1" = 20.0'



NOTE:  
SPRINKLER  
TREE REMOVAL  
PERMIT REQUIRED

- 55307E
- 90 # Front entry 6x15
- 48 # Sidelwalk 4x12
- 540 # PL + PL
- New drive 45x12
- Existing drive
- 560 #
- 150 #
- 24 #
- 197 #
- 380 #
- Slab + Pool surround
- Area
- Pavus
- 101 8' size
- 151507E

411 PERMITS  
ON 12/15/2012  
KAPPA (CORRECTED)  
SOIL

Handwritten text at the top left, possibly a header or title.

Handwritten text below the first block.

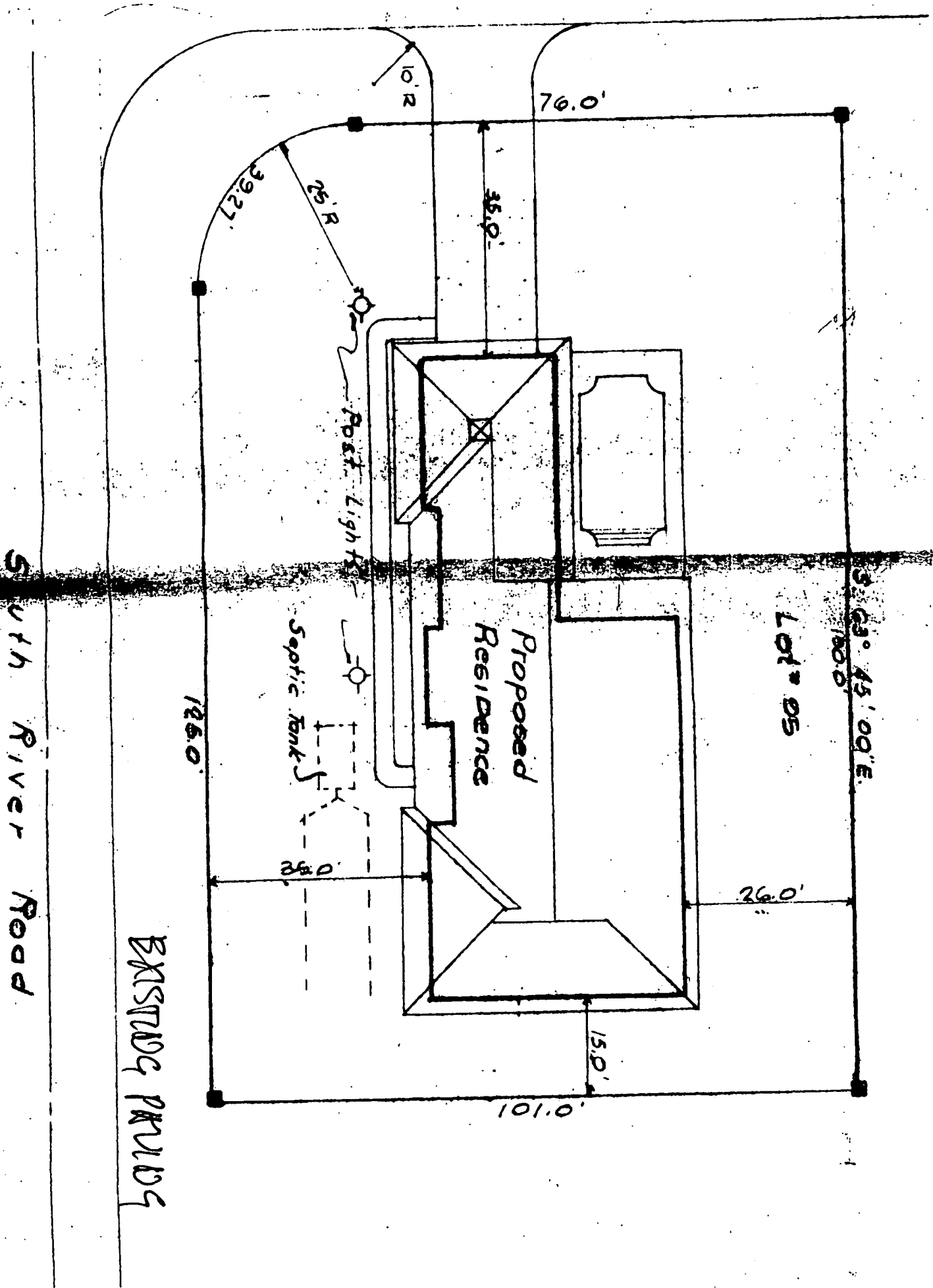
Handwritten text below the second block.

Handwritten text on the left side, possibly a list or notes.

Handwritten text on the right side, possibly a list or notes.

Handwritten text at the bottom right corner.

Rio Vista Drive



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed  Fri  ~~JUNE 4~~ 2001; Page 2 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5381	HARBOR BAY	IN PROGRESS	Passed	+ PRE-COURT. 10SP 5/31/01
N (14)	3240 SE OCEAN ROOFMAN			INSPECTOR: JG/4
5172	ECKNA'	DRIVEWAY	Passed	
S (6)	107 HENRY SEWALL WAY JMC			INSPECTOR: JG/4
5371	VOLPE	DRY IN	Passed	
S (9)	15 MIRIMAK O/B	(T/M/TL - KEKOD)		INSPECTOR: JG/4
5380	GIFFORD	POOL STEEL	Passed	FORMBOARD SURVEY RECEIVED
N (11)	85 N. SPR A+G	+ GROUND		INSPECTOR: JG/4
5312	<del>SHRETS</del>	<del>DRIVEWAY</del>	<del>Passed</del>	
S (8)	<del>101 S. RIVER</del> SPECIALTY CONCRETE	<del>PRE POUR</del>		ANDREW - 288-4793 INSPECTOR: JG/4
* 5013	<del>DENNIS</del> <del>16 RIDGELAND</del> <del>PL. &amp; NEST</del>	<del>CLOSE IN (?)</del>	<del>CANCEL</del>	G.C. request all trades Wed 6/6. INSPECTOR:
5363	JOHNSON	TEMP POLE	Passed	Called FPL 10:00
N (10)	2 OAKHILL WAY DRIFTWOOD			INSPECTOR: JG/4

OTHER: \_\_\_\_\_

**8539**

**RE-ROOF**

**8539**

**RE-ROOF**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 3-9-07

BUILDING PERMIT NO. 8539

Building to be erected for Sheds

Type of Permit Reroof

Applied for by Stuart Roofing (Contractor)

Building Fee \_\_\_\_\_

Subdivision Rio Vista Lot 95 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 1015 River Rd

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

123841-002-000-009507000

Plumbing Fee \_\_\_\_\_

Roofing Fee 120-

Amount Paid \$120- Check # 12321 Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 30000-

TOTAL Fees 120-

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: 3-7-07 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: SHEETS Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 101 S RIVER RD. City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIO VISTA SID LOT 95 Parcel Number: 12-38-41-002-000-00950-7

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: RE ROOF

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 30,000.00  
(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: STUART ROOFING Phone: 772-692-9854 Fax: 772-692-9856

Street: 140 NE DIXIE HWY. City: STUART State: FL Zip: 34994

State Registration Number: CC-024411 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: \_\_\_\_\_

Carport: \_\_\_\_\_ Total Under Roof 480 Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)  
[Signature]

State of Florida, County of: MARTIN

This the 7 day of MARCH, 2007

by RICHARD SHEETS who is personally

known to me or produced \_\_\_\_\_

as identification. \_\_\_\_\_

Notary Public

My Commission Expires: [Signature]

CONTRACTOR SIGNATURE (required)  
[Signature]

On State of Florida, County of: MARTIN

This the 7 day of MARCH, 2007

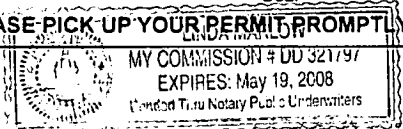
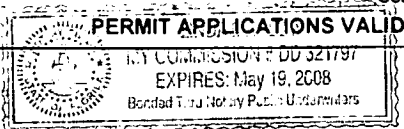
by JOAN W. TURNER who is personally

known to me or produced \_\_\_\_\_

As identification. \_\_\_\_\_

Notary Public

My Commission Expires: [Signature]



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



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PS  
STUAR-3

DATE (MM/DD/YYYY)  
08/24/06

**PRODUCER**  
Atlantic Pacific Insurance-PBG  
11382 Prosperity Farms, #123  
Palm Beach Gardens FL 33410  
Phone: 800-538-0487 Fax: 561-626-3153

**INSURED**  
Stuart Roofing, Inc. & /or  
Stuart Roofing of the Treasure  
Coast, Inc.  
P.O. Box 2556  
Stuart FL 34995

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Hermitage Insurance Co.	18376
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <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	HCP489472-05	08/27/06	08/27/07	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP Any one person \$ 1,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				AS STATED BY OTHER E L EAC- ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
		OTHER				

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

## CERTIFICATE HOLDER

SEWELLS

TOWN OF SEWELL'S POINT  
1 SO. SEWELL'S POINT RD.  
STUART FL 34996

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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  
Peace and Associates, Inc.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

12/4/2006

<b>PRODUCER</b>  CONDON MEEK 1211 COURT STREET CLEARWATER FL 33756	Serial # 107183	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.												
<b>INSURED</b>  FrankCrum 100 S MISSOURI AVENUE CLEARWATER FL 33756	1-800-277-1620	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: FRANK WINSTON CRUM INSURANCE, INC.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: FRANK WINSTON CRUM INSURANCE, INC.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#													
INSURER A: FRANK WINSTON CRUM INSURANCE, INC.														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														

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 OF OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																				
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																				
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> 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	WC 7 0000 0000	1/1/2007	1/1/2008	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">WC STATUTORY LIMITS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">OTHER</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">E.L. EACH ACCIDENT \$ 1,000,000</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">E.L. DISEASE - POLICY LIMIT \$ 1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER						E.L. EACH ACCIDENT \$ 1,000,000					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER																							
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				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000																						
				E.L. DISEASE - POLICY LIMIT \$ 1,000,000																						
		OTHER																								

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING WITH FrankCrum. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS TO FrankCrum. COVERAGE IS NOT PROVIDED FOR STATUTORY EMPLOYEES OF THE CLIENT. EFFECTIVE 05/15/2006, APPLIES TO 100% OF THE EMPLOYEES OF FrankCrum LEASED TO STUART ROOFING OF THE TREASURE COAST, INC.  
 772-692-9856

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

AC# 2742755

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06082302412

DATE	BATCH NUMBER	LICENSE NBR
08/23/2006	068019607	CCC024411

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2008

TURNER, JOHN WESLEY  
STUART ROOFING INC  
140 NE DIXIE HWY  
STUART FL 34994

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

2006-2007 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1984-518-0782 CERT CCC024411  
PHONE (772)286-2317 SIC NO 001761  
LOCATION: 140 NE DIXIE HWY ST

CHARACTER COUNTS IN MARTIN COUNTY

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

RECEIPT OF PAYMENT  
LARRY C O'STEEN  
99 03/14/2006 NORMA  
19840003160078  
002 2005 0011105  
STUART ROOFING INC

TURNER, JOHN WESLEY  
STUART ROOFING INC  
PO BOX 2556  
STUART FL 34995

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

14 DAY OF AUGUST 06  
AND ENDING SEPTEMBER 30 2007



**NOTICE OF COMMENCEMENT**

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 12-38-41-002-000-00950-7

STATE OF FL COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):  
RIO VISTA SID LOT 95 101 S RIVER RD.

GENERAL DESCRIPTION OF IMPROVEMENT: REEROOF

OWNER: RICHARD CARLETON SHEETS  
ADDRESS: 101 SOUTH RIVER RD. STUART, FL 34996  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

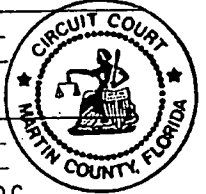
INTEREST IN PROPERTY: \_\_\_\_\_

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):  
\_\_\_\_\_

CONTRACTOR: STUART ROOFING STATE OF FLORIDA  
ADDRESS: 140 NE DIXIE HWY. STUART, FL 34994 COUNTY  
PHONE NUMBER: 772-692-9854 FAX NUMBER: 772-692-9856

SURETY COMPANY (IF ANY): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.  
BY MARSHA EWING, CLERK D.C.  
DATE 3/7/07



LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_ OF SECTION 713.13(1)(B), FLORIDA STATUTES. TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

[Signature]  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF March 2007

BY: Richard Sheets

WHO IS PERSONALLY KNOWN TO ME  OR PRODUCED ID \_\_\_\_\_ TYPE OF ID \_\_\_\_\_

[Signature]  
NOTARY SIGNATURE

NOTARY SEAL



TOWN OF SEWALL'S POINT  
RE-ROOF PERMIT CERTIFICATION

PERMIT # \_\_\_\_\_

CONTRACTOR'S NAME: STUART ROOFING PHONE #: 772-692-9854 FAX: 772-692-9856

OWNER'S NAME: SHEETS

CONSTRUCTION ADDRESS: 101 S RIVER RD. CITY STUART STATE FL

RE-ROOF:  RESIDENTIAL(SINGLE FAMILY)

COMMERCIAL \*\*--REMOVE/REINSTALL ROOF TOP HVAC EQUIP  YES  NO

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

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

ROOF TYPE:  HIP  BOSTON-HIP  GABLE  FLAT  OTHER

ROOF PITCH: 5 /12 SLOPE

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

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

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

EXISTING DECK TO REMAIN/REPAIRED

FILE COPY  
TOWN OF SEWALL'S POINT  
THESE PLANS HAVE BEEN  
REVIEWED FOR COMPLIANCE  
DATE 3/19/07  
BUILDING OFFICIAL

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

PROPOSED NEW ROOF COVERING: TILE

MANUFACTURER ENTEGR PRODUCT NAME ESTATE 5 PRODUCT APPR # 06-0310.05

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

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

PROPOSED FLASHING:  GALV./STEEL  ALUMINUM  COPPER  OTHER

RIDGEVENT TO BE INSTALLED:  YES  NO

DESCRIPTION OF WORK: TEAR OFF EXISTING TILE ROOF DOWN TO SHEETING, RENAIL PLYWOOD TO CODE, DRY-IN WITH 30#, HOT MOP 90#, FOAM DOWN TILE ROOF SYSTEM.

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

[Signature] DATE: 3-7-07  
SIGNATURE OF CONTRACTOR

# SEWALL'S POINT BUILDING DEPARTMENT

MUST BE SUBMITTED WITH PERMIT APPLICATION

	ROOFING MATERIAL LIST	QUANTITY	REMARKS
1	ENTEGRA Estar 8-5		
2	90 # felt		
3	30 # felt		
4	galvanic drip edge		
5	" valleys		
6	lead stacks		
7	poly foam		
8	pressure treated 2x4		
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

**NOTICE OF ACCEPTANCE (NOA)**

[www.buildingcodeonline.com](http://www.buildingcodeonline.com)

Entegra Sales, Inc.  
819 N. Federal Highway, Suite 300  
Stuart, FL. 34994

**SCOPE:**

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

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

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

**DESCRIPTION: Estate "S" Tile**

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

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

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

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

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

This renews NOA # 01-0703.04 and consists of pages 1 through 7.  
The submitted documentation was reviewed by Alex Tigera.



NOA No. 06-0310.05  
Expiration Date: 08/23/11  
Approval Date: 07/27/06  
Page 1 of 7

## ROOFING ASSEMBLY APPROVAL

**Category:** Roofing  
**Sub Category:** Roofing Tiles  
**Material:** Concrete

### 1. SCOPE

This renews a roofing system using Entegra Estate "S" Concrete Roof Tile, as manufactured Entegra Roof Tile Corporation in as described in Section 2 of this Notice of Acceptance, designed to comply with the Florida Building Code, 2004 Edition for High Velocity Hurricane Zone. For the locations where the pressure requirements, as determined by applicable Building Code, does not exceed the design pressure values obtain by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

### 2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Entegra Estate 'S' Roof Tile	l = 16-1/2" w = 13" min. 1/2" thick	TAS 112	Low profile, interlocking, extruded concrete roof tile equipped with two nail hole and double roll ribs. For direct deck or battened nail-on, mortar or adhesive set applications
Trim Pieces	l = varies w = varies varying thickness	TAS 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

#### 2.1 Components or products manufactured by others

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Rainproof II	30" x 75' roll 36" x 75' roll or 60" x 75' roll	TAS 104	Single ply, nail-on underlayment with 2" self-adhering top edge.	Protect-O-Wrap, Inc. (with current NOA)
Ice and Water Shield	36" x 75' roll	TAS 103	Self-adhering underlayment	W.R. Grace Co. (with current NOA)
Wood Battens	<u>Vertical</u> Min. 1"x 4" <u>Horizontal</u> Min. 1"x 4" for use with vertical battens or Min. 1"x 2" for use alone	Wood Preservers Institute LP - 2	Salt pressure treated or decay resistant lumber battens	Generic (with current NOA)



NOA No. 06-0310.05  
 Expiration Date: 08/23/11  
 Approval Date: 07/27/06  
 Page 2 of 7



<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Tile Nails	Min. 10dx 3"	TAS 114 Appendix E	Corrosion resistant screw or smooth shank nails	Generic (with current NOA)
Tile Screws	#8x 2 ½" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread dia.	TAS 114 Appendix E	Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws	Generic (with current NOA)
Roof Tile Mortar ("TileTite™")	N/A	TAS 123	Prepared mortar mix designed for mortar set roof tile applications.	Bermuda Roof Company, Inc. with current PCA
Roof Tile Mortar ("Quikrete® Roof Tile Mortar #1140")	N/A	TAS 123	Prepared mortar mix designed for mortar set roof tile applications.	Quikrete Construction Products with Current PCA
Roof Tile Mortar ("BONSAL® Roof Tile Mortar Mix")	N/A	TAS 123	Prepared mortar mix designed for mortar set roof tile applications.	W. R. Bonsal Co. with current PCA
Roof Tile Adhesive ("Polypro® AH160")	N/A	See PCA	Two component polyurethane adhesive designed for adhesive set roof tile applications.	Polyfoam Products, Inc.
Roof Tile Adhesive TileBond	Factory premixed canisters	See PCA	Single component polyurethane foam roof tile adhesive	Flexible Products (with current NOA)
Hurricane Clip & Fasteners	Clips Min. ½" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 ¼"	TAS 114 Appendix E	Corrosion resistant clips with corrosion resistant nails.	Generic



### 3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with RAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayments shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable Building Code.

### 4. INSTALLATION

4.1.1 Entegra Estate "S" Concrete Roof Tile and its components shall be installed in strict compliance with Miami Dade County Roofing Application Standard RAS 118, RAS 119, and RAS 120.

#### 4.2 Data For Attachment Calculations

Table 1: Average Weight (W) and Dimensions (l x w)			
Tile Profile	Weight-W (lbf)	Length-l (ft)	Width-w (ft)
Entegra Estate 'S' Roof Tile	10.0	1.375	1.08

Table 2: Aerodynamic Multipliers - $\lambda$ (ft <sup>3</sup> )		
Tile Profile	$\lambda$ (ft <sup>3</sup> ) Batten Application	$\lambda$ (ft <sup>3</sup> ) Direct Deck Application
Entegra Estate 'S' Roof Tile	0.267	0.289

Table 3: Restoring Moments due to Gravity - $M_g$ (ft-lbf)										
Tile Profile	3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Entegra Estate 'S' Roof Tile	5.91	6.74	5.82	6.64	5.70	6.50	5.56	6.33	5.40	N/A



Table 4: Attachment Resistance Expressed as a Moment - $M_r$ (ft-lbf) for Nail-On Systems				
Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)	Battens
Entegra Estate 'S' Roof Tile	2-10d Ring Shank Nails	27.8	37.4	28.8
	1-10d Smooth or Screw Shank Nail	8.8	11.8	4.1
	2-10d Smooth or Screw Shank Nails	16.4	21.9	7.1
	1 #8 Screw	25.8	25.8	22.9
	2 #8 Screw	47.1	47.1	49.1
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
	2-10d Ring Shank Nails <sup>1</sup>	43.0	67.5	50.9

<sup>1</sup> Installation with a 4" tile headlap and fasteners are located a min. of 2½" from head of tile.

Table 5: Attachment Resistance Expressed as a Moment $M_r$ (ft-lbf) for Two Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Estate 'S' Roof Tile	Adhesive	26.1 <sup>3</sup>

<sup>2</sup> See manufactures component approval for installation requirements.  
<sup>3</sup> Flexible Products Company TileBond Average weight per patty 11.4 grams.  
Polyfoam Product, Inc. Average weight per patty 8 grams.

Table 5A: Attachment Resistance Expressed as a Moment - $M_r$ (ft-lbf) for Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Estate 'S' Roof Tile	Polyfoam PolyPro™	86.61 <sup>4</sup>
	Polyfoam PolyPro™	45.5 <sup>5</sup>

<sup>4</sup> Large paddy placement of 54 grams of PolyPro™.  
<sup>5</sup> Medium paddy placement of 24 grams of PolyPro™.

Table 5B: Attachment Resistance Expressed as a Moment - $M_r$ (ft-lbf) for Mortar or Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Estate 'S' Roof Tile	Mortar Set	20.60



**5. LABELING**

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo (See **Detail Below**), or following statement: "Miami-Dade County Product Control Approved".



OR



**ESTATE "S" TILE LABEL (LOCATED ON UNDERSIDE OF TILE)**

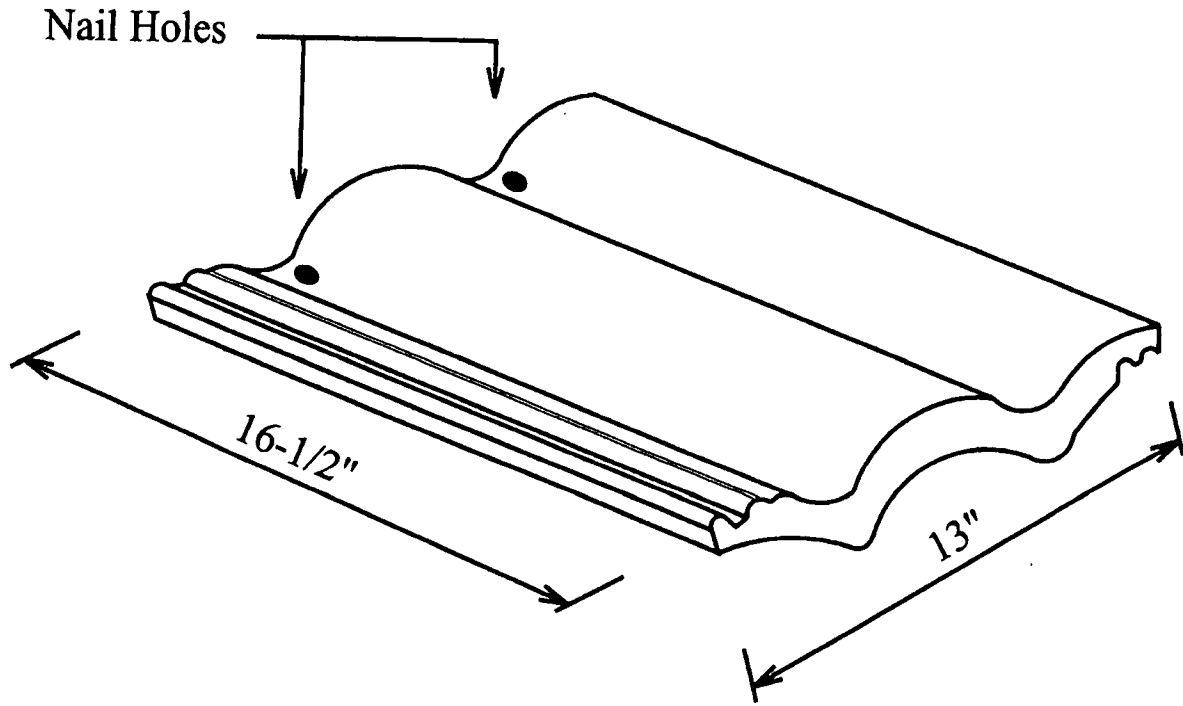
**6. BUILDING PERMIT REQUIREMENTS**

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



NOA No. 06-0310.05  
Expiration Date: 08/23/11  
Approval Date: 07/27/06  
Page 6 of 7

**PROFILE DRAWING**



**ENTEGR A ESTATE "S" CONCRETE ROOF TILE**

**END OF THIS ACCEPTANCE**



**NOA No. 06-0310.05**  
**Expiration Date: 08/23/11**  
**Approval Date: 07/27/06**  
**Page 7 of 7**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3-21, 2007

Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8528		FOOTING	PASS	
5	5 MANDALAY MASTERPIECE			INSPECTOR: <i>[Signature]</i>
0027	Carlson/Menner	LGTH	PASS	PARTIAL
11	3 TUSCAN MASTERPIECE			INSPECTOR: <i>[Signature]</i>
<del>8529</del>	<del>Sheets</del>	<del>DRY-IN</del>	<del>PASS</del>	
7	101 S. RIVER SVAAT ROOF			INSPECTOR: <i>[Signature]</i>
8524	Dunn	FINAL ROOF	PASS	CLOSE
16	29 N. RIVER J.A. TAYLOR			INSPECTOR: <i>[Signature]</i>
Tree	VanVorno	Tree	PASS	
10	15 S. Ridgeway MonteTree SRV			INSPECTOR: <i>[Signature]</i>
8427	Hepworth	Meter final	CANCEL	(WILL RESCHEDULE)
9	8 Riv Vista Sand Castle			INSPECTOR: <i>[Signature]</i>
8479	Miraglia	Final	PASS	RECEIVED EVEN
13	66 N Sewalls Custom Built Marine		(CLOSE)	INSR. REPORT INSPECTOR: <i>[Signature]</i>
OTHER: _____				

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3-30, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8508	Smith	Final-rough	PASS	CLOSE
1	24 Middle Rd Blue Water Court.			INSPECTOR: <i>[Signature]</i>
0145	Gewinger	stemwood SLAB	PASS	
4	8 Castle Hill OIB (A/P)			INSPECTOR: <i>[Signature]</i>
8423	Silas	slab-sted	PASS	
5	10 Castle Hill Palm Beach Grading			INSPECTOR: <i>[Signature]</i>
8539		IN PROGRESS	PASS	
2	101 S. RIVER STUART ROOF			INSPECTOR: <i>[Signature]</i>
8543	King	Final grade	PASS	
3	30 Rio Vista Cent Marine			INSPECTOR: <i>[Signature]</i>
C.E.	UTRATA	TIKI HUT	OK,	
	117 N.S.P.R.	REMOVAL.		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: \_\_\_\_\_



**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 101 S. RIVER

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

FINAL ROOF

UNUSED

REMOVE BROKEN & ~~UNUSED~~

TILES FROM SITE.

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

DATE: 4-2

INSPECTOR

**DO NOT REMOVE THIS TAG**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4-2, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8531	Cummings 83 S. River Rd Elias/Ed	Guest House slab	PASS	
				INSPECTOR: <i>[Signature]</i>
8172	Manano 23 Middle Rd Ken Wendell	rough plumbing through electric LATH	FAIL FAIL FAIL	
				INSPECTOR: <i>[Signature]</i>
<del>8539</del>	<del>Shurt</del>	<del>Final</del>	<del>FAIL</del>	<del>REINSPECTED LATER</del>
4	101 S River Rd Shurt Roof			INSPECTOR: <i>[Signature]</i>
8500	Toledo 9 N River Rd Paucci Roof.	Final - roof	FAIL	
				INSPECTOR: <i>[Signature]</i>
8549	Demorest 92 S River Rd Demorest Const	Final Pool Guard Rail	PASS	CLOSE
5				INSPECTOR: <i>[Signature]</i>
8397	Rossario 137 S River Rd Hardware Elec	Final (gen)	FAIL	
2				INSPECTOR: <i>[Signature]</i>
Tree	Breene 113 Helcrest DR OB	Tree	PASS	
7				INSPECTOR: <i>[Signature]</i>

OTHER: \_\_\_\_\_

**9750**

**FENCE**



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK  
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9750	DATE ISSUED:	MARCH 25, 2011
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:.	OB		
PARCEL CONTROL NUMBER:	123841002-000-009507	SUBDIVISION	RIO VISTA-LOT 95
CONSTRUCTION ADDRESS:	101 S RIVER RD		
OWNER NAME:	SHEETS		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	600-7064

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

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

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

### REQUIRED INSPECTIONS

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

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

9750  
~~9750~~

# Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 3-22-11 Permit Number: ~~9750~~

OWNER/TITLEHOLDER NAME: RICHARD SHEETS Phone (Day) 772-600-7064 (Fax) \_\_\_\_\_

Job Site Address: 101 S. RIVER RD City: SEWALL'S POINT State: FL Zip: 34996

Legal Description LOT 95, RIO VISTA PLAT BOOK 6 PAGE 95 Parcel Control Number: \_\_\_\_\_

Owner Address (if different): SAME City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SCOPE OF WORK (PLEASE BE SPECIFIC):

FENCE

WILL OWNER BE THE CONTRACTOR?  
(If yes, Owner Builder questionnaire must accompany application)  
YES X NO \_\_\_\_\_

Has a Zoning Variance ever been granted on this property?  
YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO \_\_\_\_\_  
(Must include a copy of all variance approvals with application)

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 1000.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 \_\_\_ AE9 \_\_\_ AE8 X \_\_\_  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Qualifiers name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: N/A Phone Number: \_\_\_\_\_

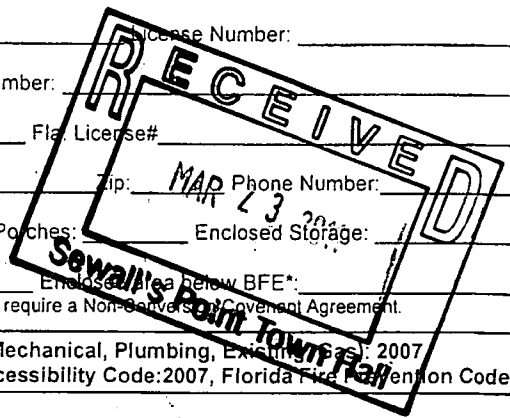
DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_

Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-enclosure Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Electrical, etc.) 2007  
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007



### NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

X [Signature]

State of Florida, County of: Martin

On This the 22nd day of March, 20 11

by Richard Sheets who is personally known to me or produced \_\_\_\_\_

As identification: [Signature]

Notary Public #DD 724736

My Commission Expires: \_\_\_\_\_

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)

X N/A

State of Florida, County of: \_\_\_\_\_

On This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_

As identification: \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

SINGLE FAMILY PERMITS TO BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...  
 governmax.com 1,12

**Summary**

Address  
 1 of 1

**Tabs**

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- NEW: Navigator
- Parcel Map →
- Parcel Map (To be phased out 6/1/11) →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-002-000-00950-7	27606	101 S RIVER RD, SEWALL'S POINT	\$302,870	3/19/2011

Owner Information	
<b>Owner(Current)</b>	SHEETS RICHARD CARLETON SHEETS CARLETON HUNTER (TR)
<b>Owner/Mail Address</b>	101 SOUTH RIVER RD STUART FL 34996
<b>Sale Date</b>	01/31/2001
<b>Document Number</b>	JMB
<b>Document Reference No.</b>	1530 1712
<b>Sale Price</b>	285000

**Searches**

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- NEW: Navigator
- Maps →
- Maps (To be phased out 6/1/11) →

Location/Description			
<b>Account #</b>	27606	<b>Map Page No.</b>	SP-04
<b>Tax District</b>	2200	<b>Legal Description</b>	RIO VISTA S/D LOT 95
<b>Parcel Address</b>	101 S RIVER RD, SEWALL'S POINT		
<b>Acres</b>	.3450		

Parcel Type	
<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120250 RIO VISTA DRY

**Functions**

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Assessment Information	
<b>Market Land Value</b>	\$139,700
<b>Market Improvement Value</b>	\$163,170
<b>Market Total Value</b>	\$302,870

Print First Previous Next Last

*Legal Disclaimer / Privacy Statement*





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

**REVISIONS – CORRECTIONS REQUEST FORM**  
**MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS**

DATE: 4-1-11 PERMIT NUMBER: 9750  
 JOB ADDRESS: 101 S. RIVER RD.

**PLEASE CHECK ONE OF THE FOLLOWING:**

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

**\*\*\*\*ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING\*\*\*\***

**ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET**

DESCRIPTION OF REVISION(S): CHANGE FROM SHADOW BOX FENCE  
TO BOARD ON BOARD

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES  NO  VALUE \$ \_\_\_\_\_  
 \*\*\*INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL\*\*\*

CONTACT NAME: R. Sheets SIGNATURE: [Signature]

PHONE NUMBER: 600-7064 FAX NUMBER: \_\_\_\_\_  
(772) 233-1671

**FOR OFFICE USE ONLY:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_

Additional conditioned space \_\_\_\_\_ sq. ft. @ \$104.65 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Additional non-conditioned space \_\_\_\_\_ sq. ft. @ \$ 48.90 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Other declared value increase (must be based on value not cost) \_\_\_\_\_ x 2% = \_\_\_\_\_

Other additional fees: \_\_\_\_\_ Revision review fee: \_\_\_\_\_ Pages @ \$25.00/Page \_\_\_\_\_

Radon Fee \_\_\_\_\_ Professional Regulation Fee \_\_\_\_\_ Road impact assessment \_\_\_\_\_

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ \_\_\_\_\_

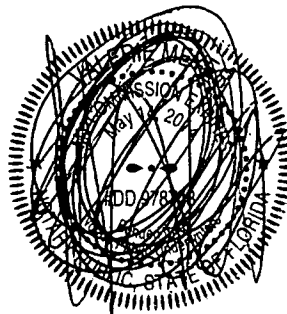
Applicant notified by: \_\_\_\_\_ Date: \_\_\_\_\_

3-22-11

PN # 9750

I UWE C. PETERSEN OF 49 RIO VISTA GIVE  
AUTHORIZATION TO RICHARD SHEETS OF  
101 S. RIVER RD. TO ATTACH A FENCE  
TO MY WALL.

*[Handwritten signature]*



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 4-8-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9648	Thompson	Final		
	95 SSPR	Garage door	Pass	Close
	Ann Palm Beach Garage			

INSPECTOR *[Signature]*

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9612	Elder	Final		
	110 SSPR	Gas	Pass	Close
	Paulie propane			

INSPECTOR *[Signature]*

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9606	Elder			
	110 SSPR	FINAL MECHANICAL	Pass	
	OB			

INSPECTOR *[Signature]*

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>9780</del>	<del>Smaw</del>	<del></del>	<del></del>	<del></del>
	<del>101 S. ...</del>	<del>Fence work</del>	<del>Pass</del>	<del>Close</del>
	<del>OB</del>			

INSPECTOR *[Signature]*

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9727	KAPLAN			
	11 Rivercrest Ct	Windows	Pass	
	GULFSTREAM	REPAIRS		

INSPECTOR *[Signature]*

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		ANN SCHMIDT
	9. S. RIDGEVIEW	UN MAINTAINED		RENTON 285-573
		POOL ETC		

INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9744	Turner	roof		
	815 River Rd	deck framing	Pass	
	OB			

INSPECTOR *[Signature]*



**TOWN OF SEWALL'S POINT, FLORIDA**

Date 5/11/01 1901 TREE REMOVAL PERMIT No 0440

APPLIED FOR BY A. Bentley, 101 S. River Rd. (Contractor or Owner)

Owner \_\_\_\_\_

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees 1 Oak type

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS In the way of new driveway

*Field verified  
5/16*

Signed, Sign. on file Applicant

Signed J. Jefferson  
Town Clerk  
Bldg. Insp.

FEE \$ 0.00

**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


PROJECT DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

RECEIVED  
MAY 10 2001  
BY:

Permit # 0440  
Date Issued 5/11/01

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

Owner RICHARD SHEETS Address 101 SOUTH RIVER RD Phone 223-9777  
Contractor C. ANDREW BENTLEY Address PO Box ~~Sheet~~ 2196 Phone 288-4793  
Stunet FL 34995

Number of trees to be removed (list kinds of trees) One (1) UNKNOWN

would guess oak - INCIDENT TO N/W CONST. (PR 5372)  
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 \$ 0 - ~~(\$25.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00)~~ \$15.00

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

Plans approved as submitted  Plans approved, as marked \_\_\_\_\_

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

Signature of applicant [Signature] Date submitted 5/10/01

Approved by Building Inspector [Signature] Date 5/11/01

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

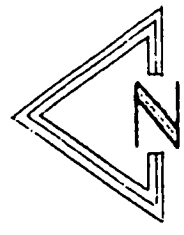
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ **FEE**. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE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

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

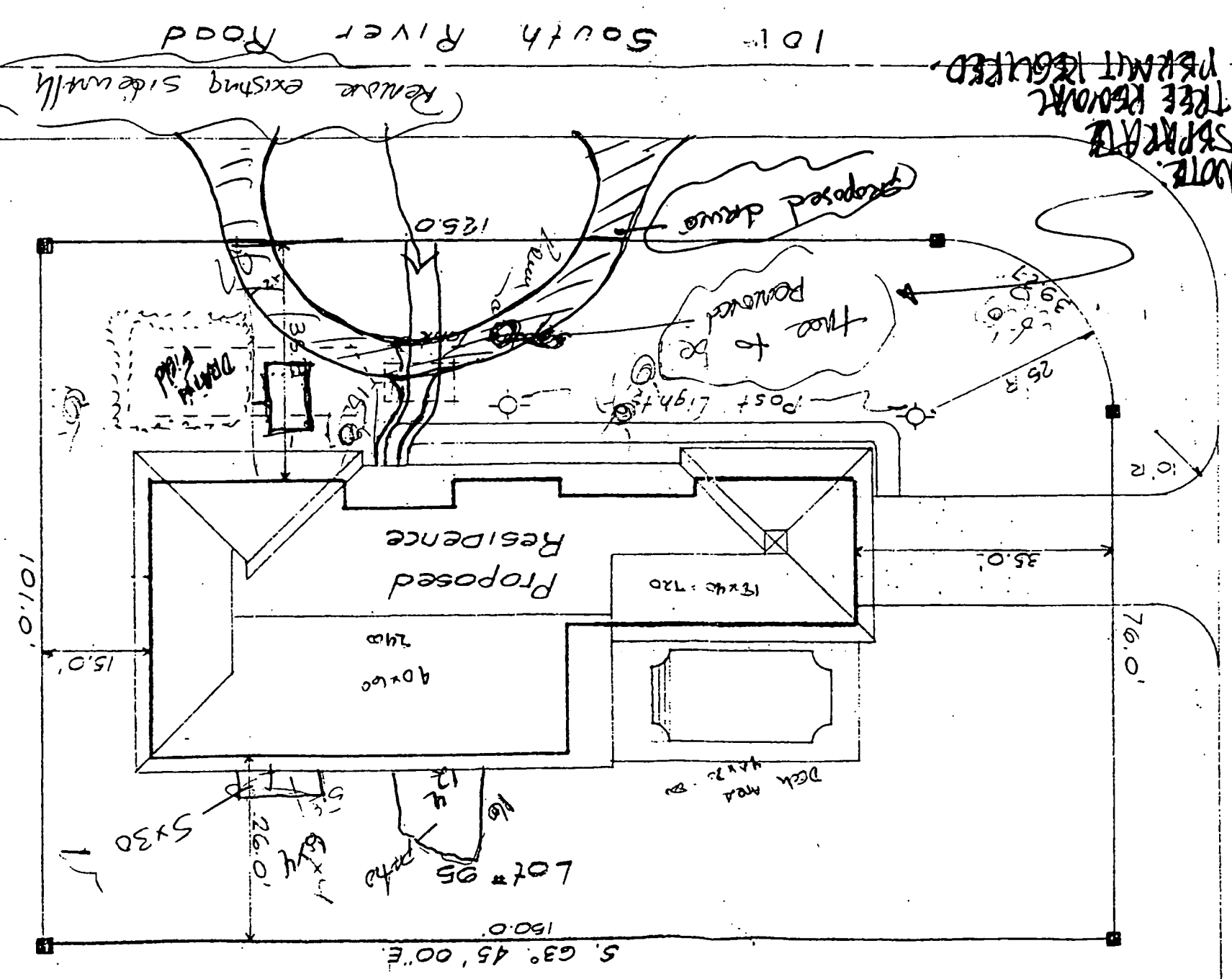
PD 5372

FILE  
TOWN COPY  
101 S. KLUCK RD.

5/8/01  
TOWN OF SPARTAN'S PAIN  
REVIEW: [Signature]  
BLDG. OFFICIAL



Plot Plan 1" = 20.0'



NOTE:  
SPRINKLE  
TREE REMOVAL  
PERMIT REQUIRED.

- Slab + Pool Structure 380 #
- Pavus 197 #
- 24 #
- 150 #
- Existing drive 560 #
- New drive 45x12 540 #
- Pl + pl 48 #
- Sidewalk 4x12 90 #
- Trant entry 6x15 55297 #

Lot size 15150 #

4" PERMANENT  
CONCRETE  
ON EXISTING  
SOIL

Rio Vista Drive

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri MAY 11, 2001; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5336	SACHS	FRAMING -	Passed	+ SIDING + WINDOW ANCA
N (12)	78 N. SEWALLS PT. RD. MASTERPIECE BLDGS.	ALL TRADES		INSPECTOR: J.S./11
✓ 5328	DALLEY	REROOF - FINAL	Passed	
N (13)	20 PERIWINKLE LN CAPPS & HUFF			INSPECTOR: J.S./11
? 5341	NOHEJL	FENCE - FINAL	Passed	
S (8)	18 S. VIA LUCINDIA O/B			INSPECTOR: J.S./11
✓ 5342	NOHEJL	FENCE - FINAL	Passed	
S (9)	6 N. RIDGEVIEW O/B			INSPECTOR: J.S./11
✓ 5343	BARDELL	FENCE - FINAL	Passed	
S (6)	4 N. RIDGEVIEW O/B			INSPECTOR: J.S./11
✓ 5371	VOLPE	SHEATHING (REROOF)		LATE AS POSSIBLE
S (14)	15 MIRAMAR O/B (781-0266)			INSPECTOR:
✓ 5327	Geller	Screen incl.	Passed	see page 2
S (6)	10 S. Palmetto Goodman Seiden	reinspection - FINAL		INSPECTOR: J.S./11
OTHER: (7)	T/R SHEETS 101 S. RIVER RD C. ANDREW BENTLEY	FIELD VERIF.	Passed	REMOVAL PER FOR CONST. PK 5372 ISSUED 5/10/01 J.S./11

**TOWN OF SEWALL'S POINT, FLORIDA**

Date OCTOBER 21 2004 TREE REMOVAL PERMIT No 2342

APPLIED FOR BY SHEETS (Contractor or Owner)

Owner 101 S. RIVER RD

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 1 GUMBO LIMBO

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant  
Signed, [Signature] FEE \$ 0  
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

Empty lined 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 two inches.

**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 RICHARD SHEETS Address 101 S. RIVER RD. Phone 772-223-9777

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: GUMBO LIMBO

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: TREE HAS A SPLIT AND LARGE AMOUNTS OF SAP IS COMING OUT

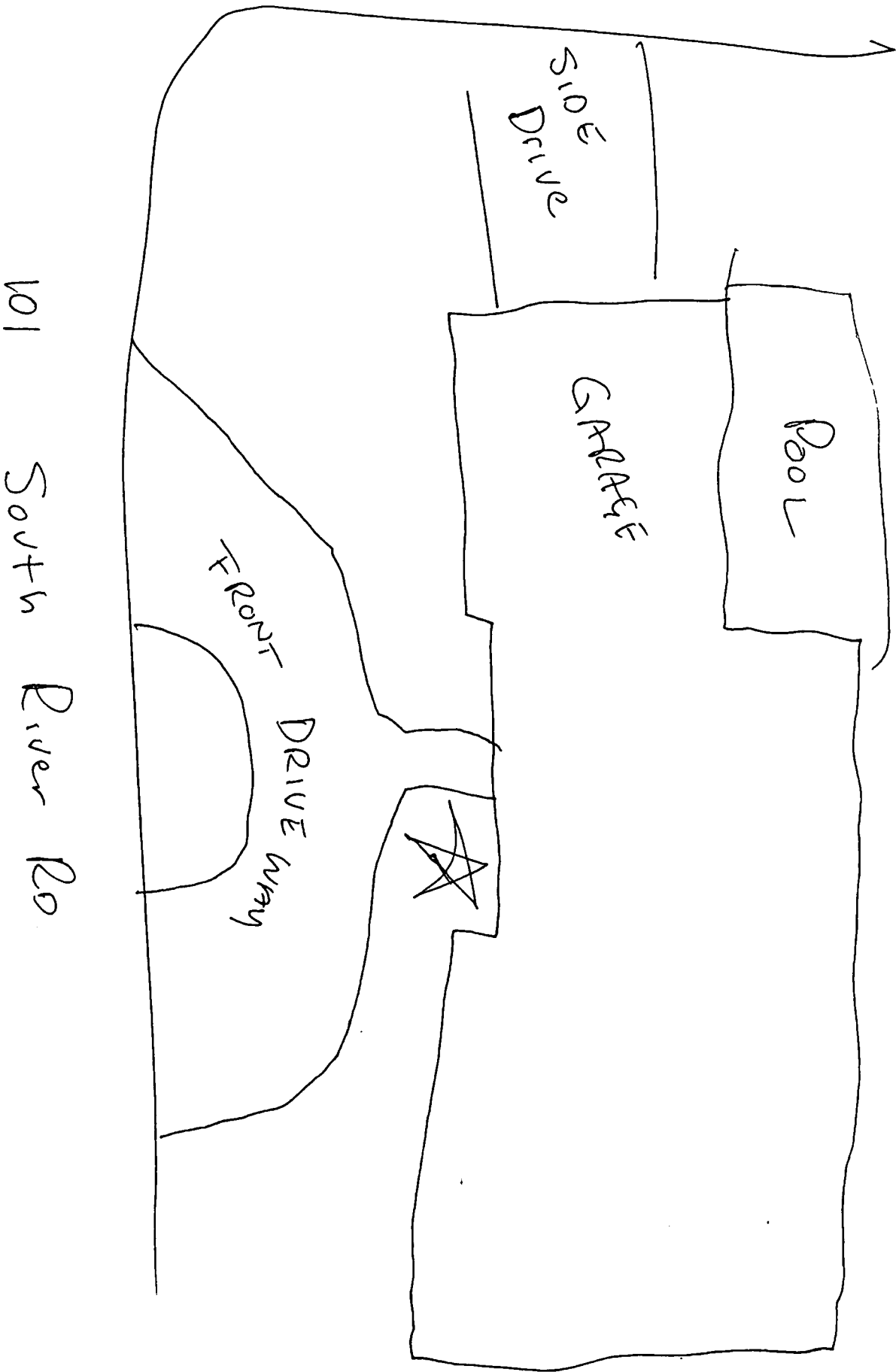
Signature of Property Owner [Signature] Date \_\_\_\_\_

Approved by Building Inspector: [Signature] Date 10/1/04 Fee: [Signature]

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_

ENDANGERING HOUSE

Rio Vista





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2455 Fax 772-220-4765

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner RICHARD SHEETS Address 101 S. WINDY RD. Phone 772-600-7064  
772-233-1671

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 2 Species: QUEEN PALMS

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

\*\*\*ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION\*\*\*

Reason for tree removal/relocation (See notice above) TOP HEAVY, THREATENS HOUSE

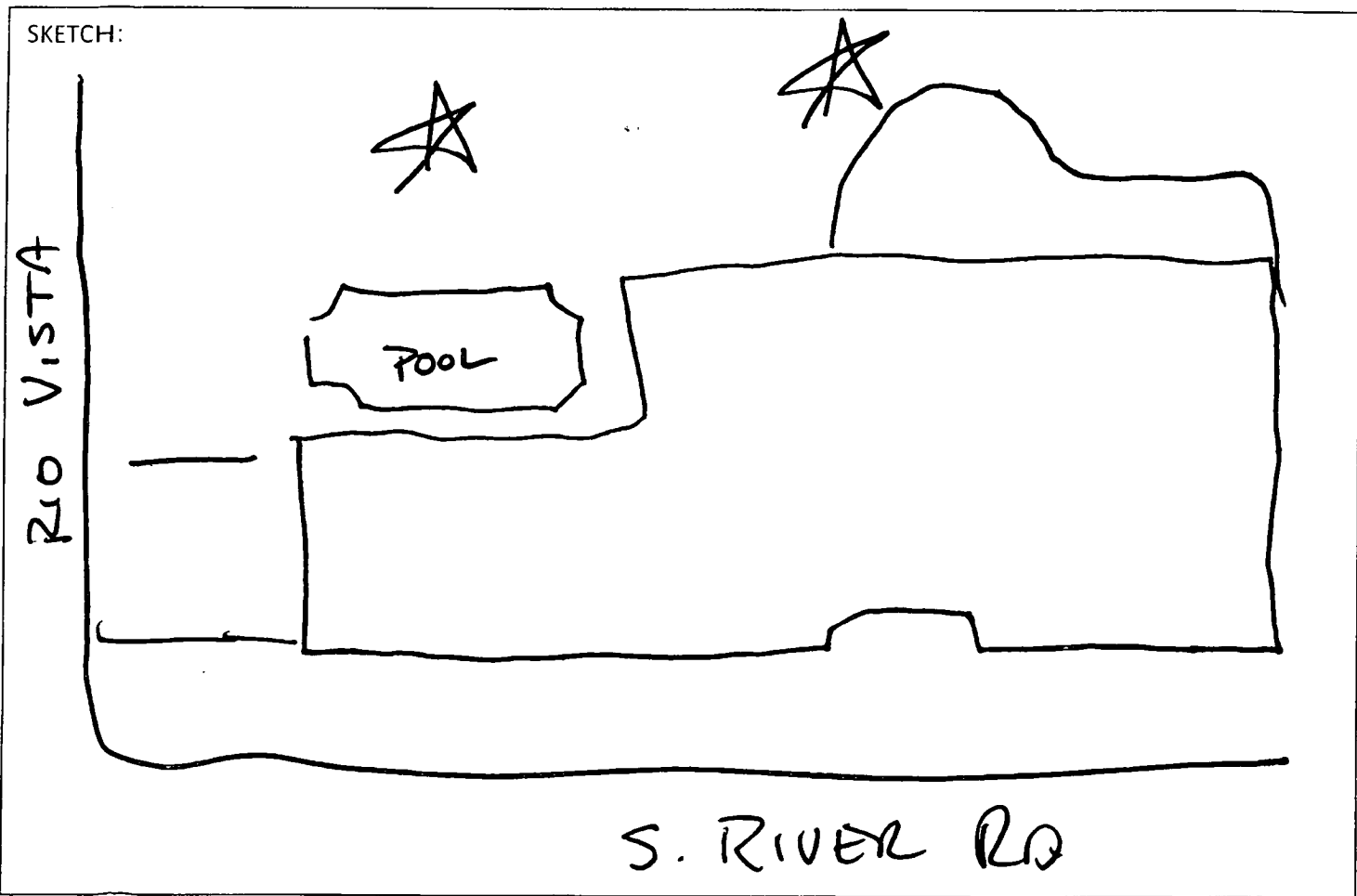
Signature of Property Owner [Signature] Date 7-26-10

Approved by Building Inspector: [Signature] Date 7-26-10 Fee: 15<sup>00</sup>

NOTES: \_\_\_\_\_

10  
7/25/10  
CL#  
2320

SKETCH:







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

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner RICHARD SHEETS Address 101 S. RIVER RD. Phone 772-600-7064

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Species: GUMBO LIMBO

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

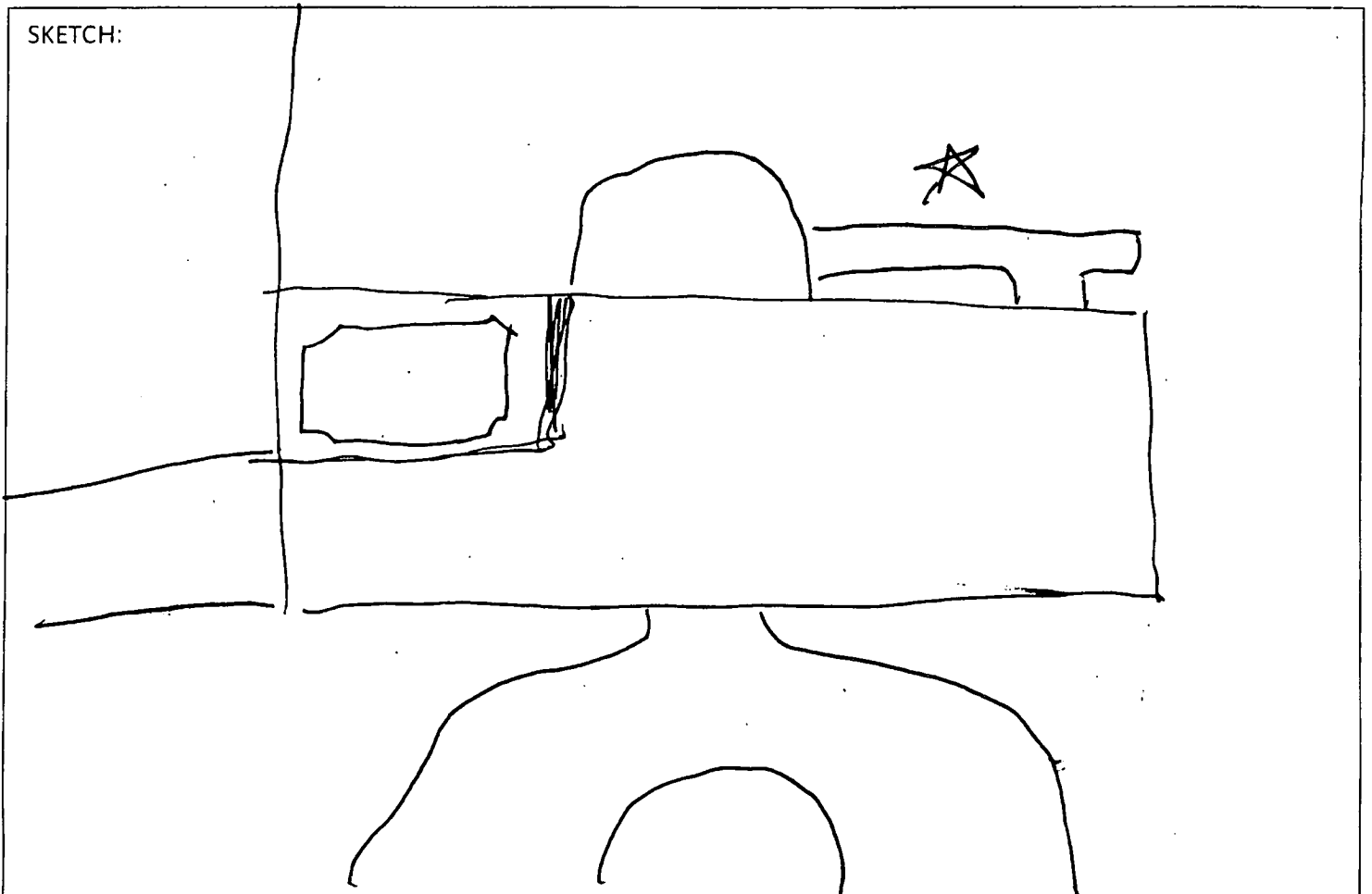
\*\*\*ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION\*\*\*

Reason for tree removal/relocation (See notice above) ROTTED AT BOTTOM, LOCATED ON HILLSIDE, THREATENS HOUSE

Signature of Property Owner [Signature] Date 8-23-11

Approved by Building Inspector: [Signature] Date 8-24-11 Fee: N/C

NOTES: \_\_\_\_\_



RIO VISTA

101 S. RIVER RD.