

135 South River Road

1896

FENCE

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1896

Date _____

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

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

Owner PHILIP R. BRADEN Present Address 135 S. RIVER RD.

Phone 287-8258

Contractor SELF Address 11

Phone 287-8258

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: FENCE. 7' high - 60' Long

REAR of PROPERTY. SEE PLAN

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

Subdivision DALWOOD. Lot number 2 Block number _____

Contract price \$ 240⁰⁰ Cost of permit \$ 5⁰⁰

Plans approved as submitted Plans approved as marked _____

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

Contractor OWNER.

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.

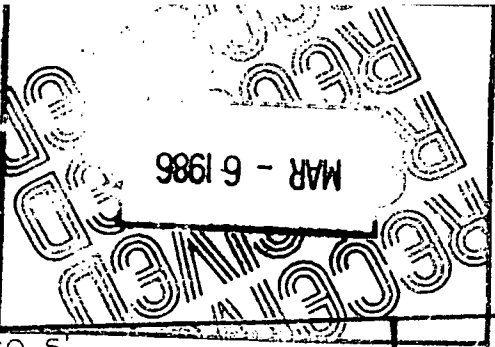
Owner *Philip Braden*

TOWN RECORD

Date submitted 3/6/86 Approved *B. J. [Signature]* 3/6/86
Building Inspector Date

Approved *[Signature]* 6 March 1986 Final Approval given _____
Commissioner Date Date

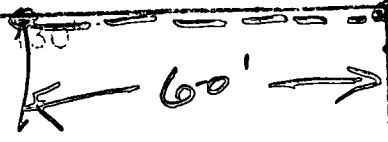
Certificate of Occupancy issued (if applicable) _____
Date



ing R/W Line

160.5

ONST. FLUSH HYDRANT



120'

roposed R/W Line

1
SEE SH. 6 FOR
METER BOX LOCATION
CONST. DOUBLE
WATER SERVICE
△ (TYPICAL)

2

3

CONST. 6" PVC
WATER MAIN

CONST. 6" PVC WATER MAIN

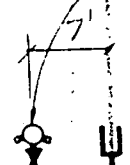
CONST.
HYDRAN
GATE V

Proposed R/W Line

11+25

12+50

13+75



3/6"

CONST. 4" SANITARY
SERVICE (TYP.)

11+45

12+65

13+85

CONST. M.H.#2
STA. 14+00
TOP EL. = 4.50
W. INV. EL. = 1.00
E. INV. EL. = 0.95

CONST. 358' 8" PVC.
@ 1.50%

12

11

10

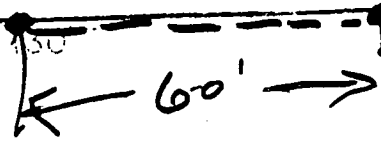
143.40'

5'

ing R/W Line

98619 - MAR - 6 1986

ONST. FLUSH HYDRANT



Proposed R/W Line

SEE SH. 6 FOR
METER BOX LOCATION
CONST. DOUBLE
WATER SERVICE
△ (TYPICAL)

CONST. 6" PVC WATER MAIN

CONS
HYDR.
GATE

CONST. 6" PVC
WATER MAIN

Proposed R/W Line

CONST. 4" SANITARY
SERVICE (TYP.)

CONST. 358' x 8" PVC.
@ 1.50%

CONST. M.H. #2
STA. 14+00
TOP EL. = 4.50
W. INV. EL. = 1.00
E. INV. EL. = 0.95

12

11

10

100.5

120

116.86
STA 11+75.19

113+05.13

STA 11+05.13

11+25

12+50

13+75

11+45

12+65

13+85

43.40'

3'6"

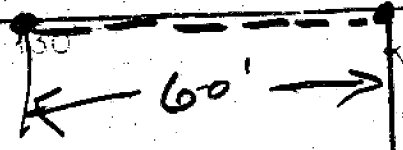
7'

MAR - 6 1986

ing R/W Line

ONST. FLUSH HYDRANT

roposed R/W Line



CONST. 6" PVC WATER MAIN

SEE SHT. 6 FOR METER BOX LOCATION
CONST. DOUBLE WATER SERVICE
△ (TYPICAL)

CONST. 6" PVC WATER MAIN

CONST. HYDR. GATE

Proposed R/W Line

CONST. 4" SANITARY SERVICE (TYP.)

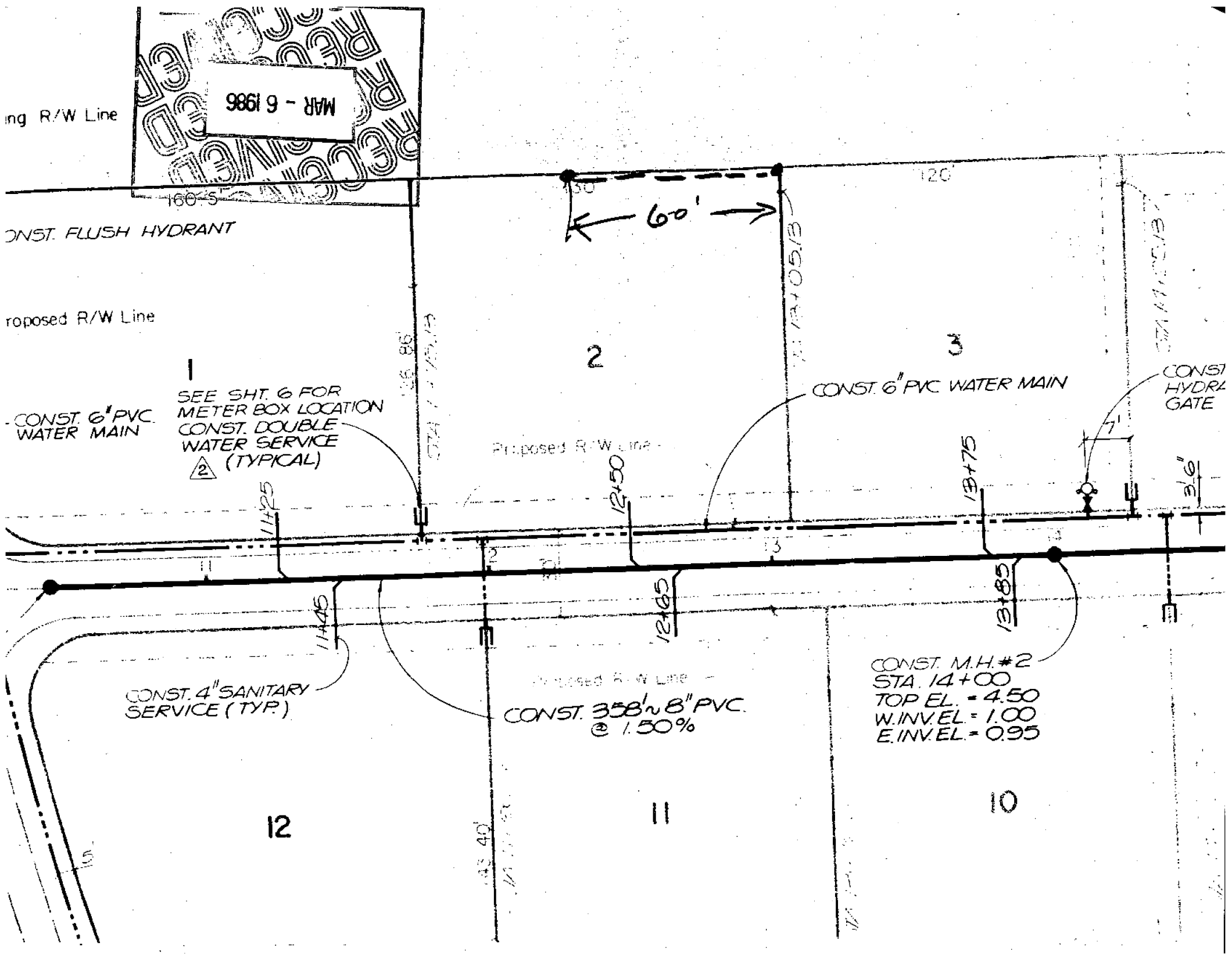
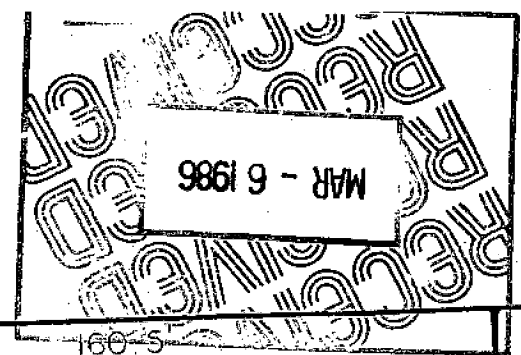
CONST. 358' x 8" PVC @ 1.50%

CONST. M.H.#2
STA. 14+00
TOP EL. = 4.50
W. INV. EL. = 1.00
E. INV. EL. = 0.95

12

11

10



2678

DOCK REPAIR

Permit Number _____

Date 12-18-89

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

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

Owner Phillip Braden Present Address 135 S. River Road
Sewall's Point
Stuart, FL 34996
Phone 287-8165

Contractor Intracoastal Marine Const. Co. Inc. Address P.O. Box 1979
Stuart, FL 34995
Phone 288-3625

Where licensed MARTIN County License number CGCA34027

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: repair existing dock as needed.

135 South River Road Sewall's Point
State the street address at which the structure will be built:

Subdivision HANSON GRANT Lot number 4 Block number _____

Contract price \$ 850⁰⁰ Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Charles A. Cangianelli

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.

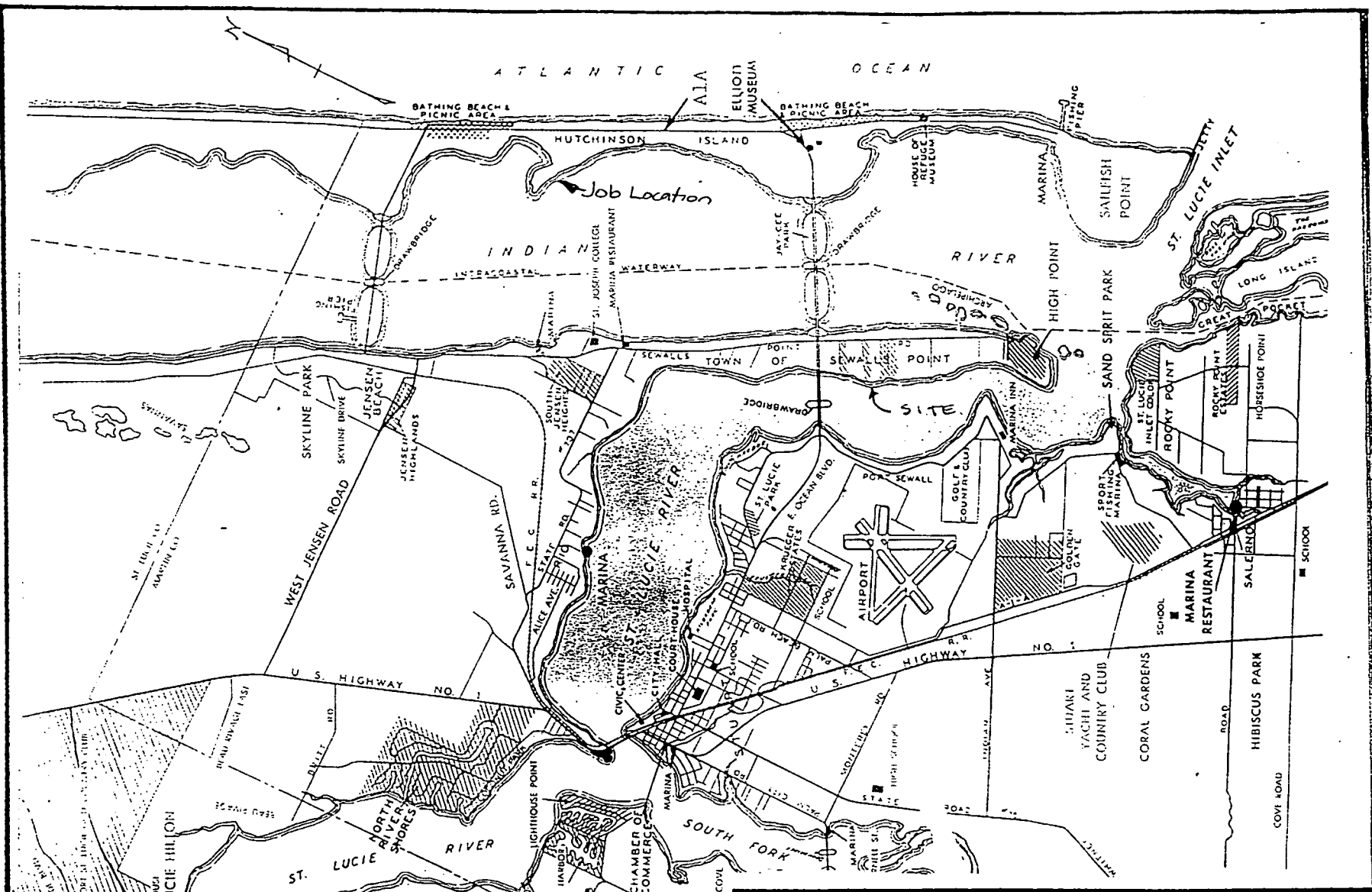
Owner Phillip Braden

TOWN RECORD

Date submitted _____ Approved Dale Brown
Building Inspector Date

Approved _____ Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date



Braden Residence 135 S. River Road		
DATE DEC 89.	DRAWN BY CAC	APPROVED BY
SCALE NTS	REVISED	
LOCATION MAP		
feasibility, development, engineering, design, permitting and management consultants		DRAWING NUMBER
STUART, FLORIDA 33494 (305) 283-8500		1 of 3

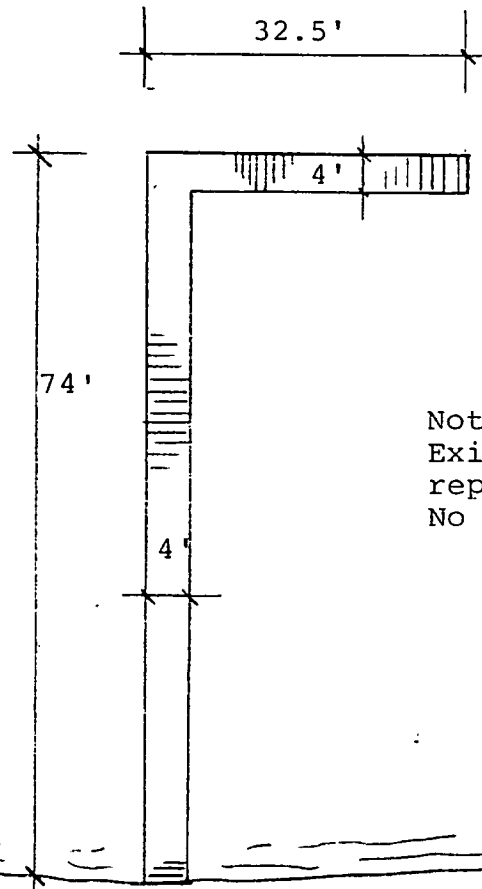
ASSOCIATED MARINE CONSULTANTS

feasibility, development, engineering, design, permitting and management consultants

STUART, FLORIDA 33494 (305) 283-8500



St. Lucie River



Note
 Existing Dock to be
 repaired as needed.
 No additional new work.

MHW



ASSOCIATED MARINE CONSULTANTS

feasibility, development, engineering, design, permitting and management consultants

STUART, FLORIDA 33494 (305) 283-8509

Braden Residence
135 S. River Road

DATE Dec 89

DRAWN BY CAC

APPROVED BY

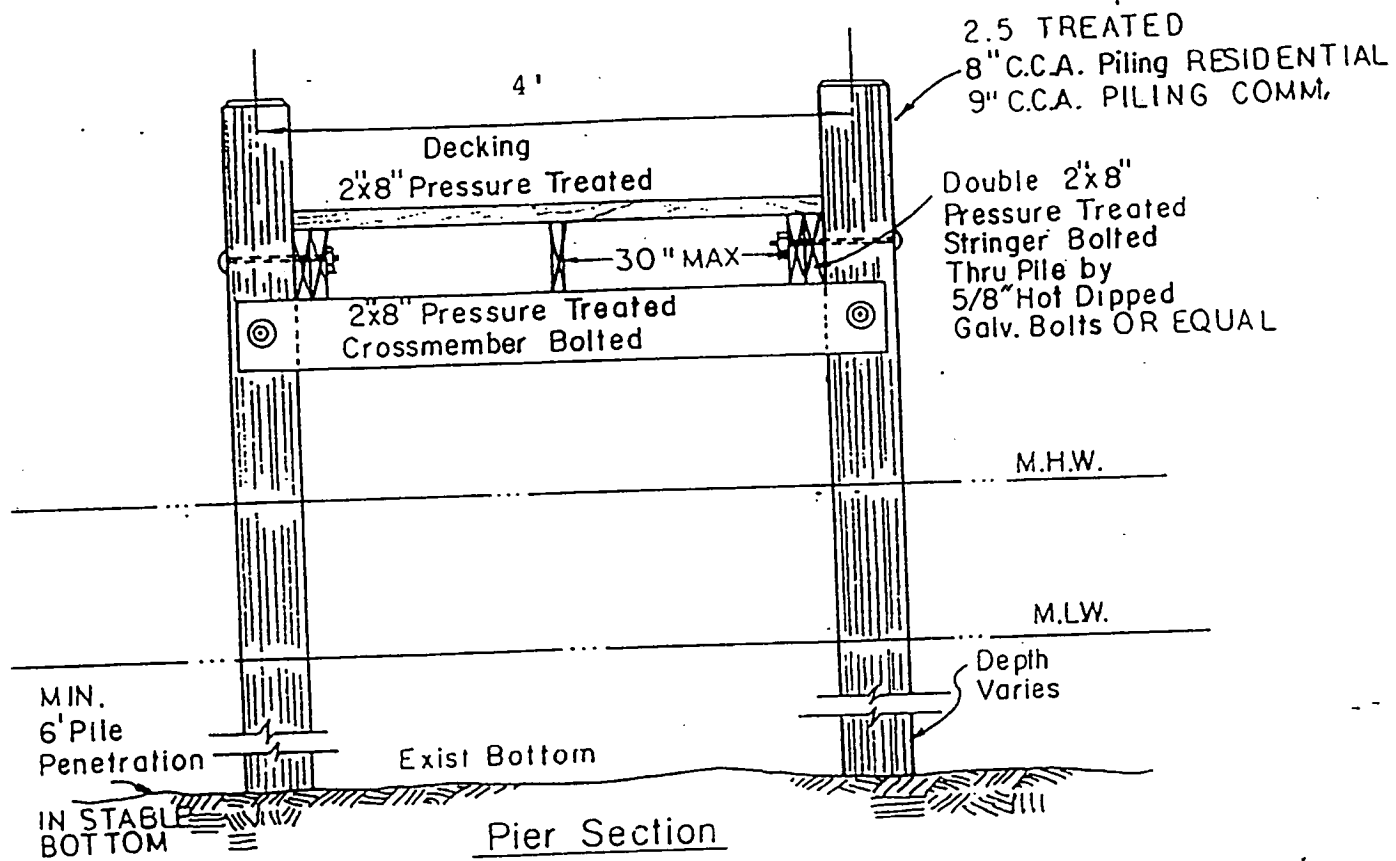
SCALE 1"=20'

REVISED

PLAN VIEW OF EXISTING DOCK

DRAWING NUMBER

2 of 3

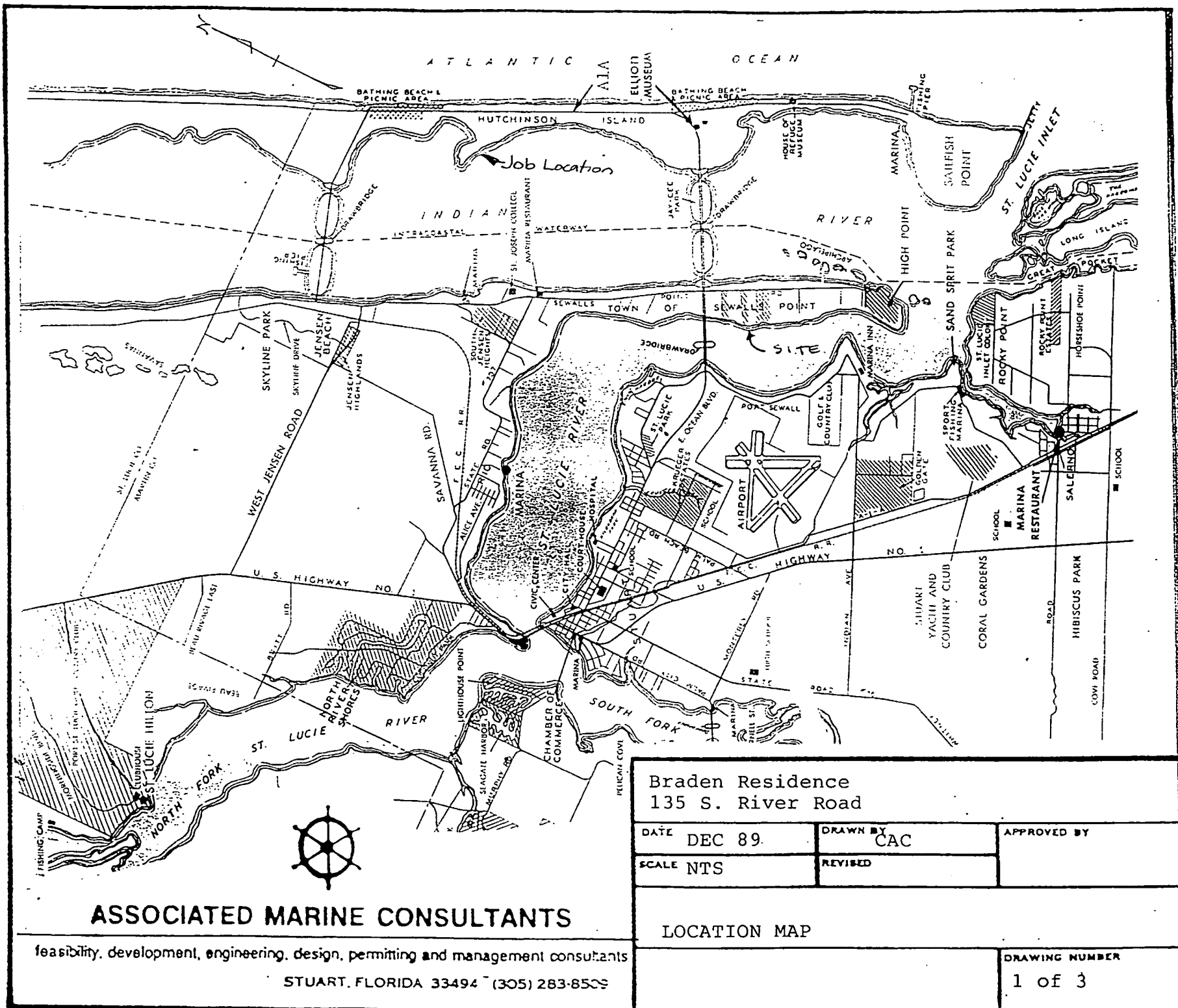


ASSOCIATED MARINE CONSULTANTS

feasibility, development, engineering, design, permitting and management consultants

STUART, FLORIDA 33494 (305) 283-8509

Braden Residence 135 S. River Road		
DATE DEC 89	DRAWN BY CAC	APPROVED BY
SCALE NTS	REVISED	
DETAIL		
		DRAWING NUMBER 3 of 3



Braden Residence
135 S. River Road

DATE DEC 89.	DRAWN BY CAC	APPROVED BY
SCALE NTS	REVISED	

ASSOCIATED MARINE CONSULTANTS

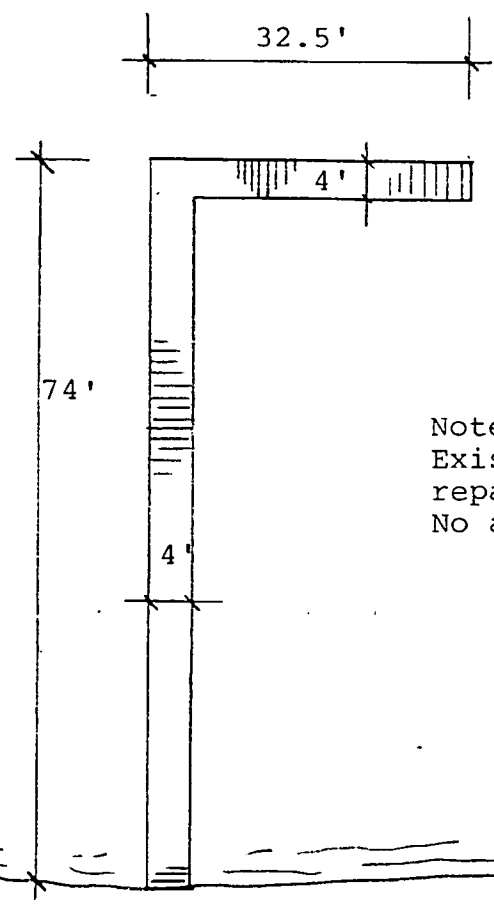
feasibility, development, engineering, design, permitting and management consultants
STUART, FLORIDA 33494 (305) 283-8505

LOCATION MAP

DRAWING NUMBER
1 of 3

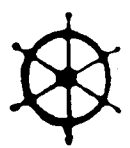


St. Lucie River



Note
 Existing Dock to be
 repaired as needed.
 No additional new work.

MHW

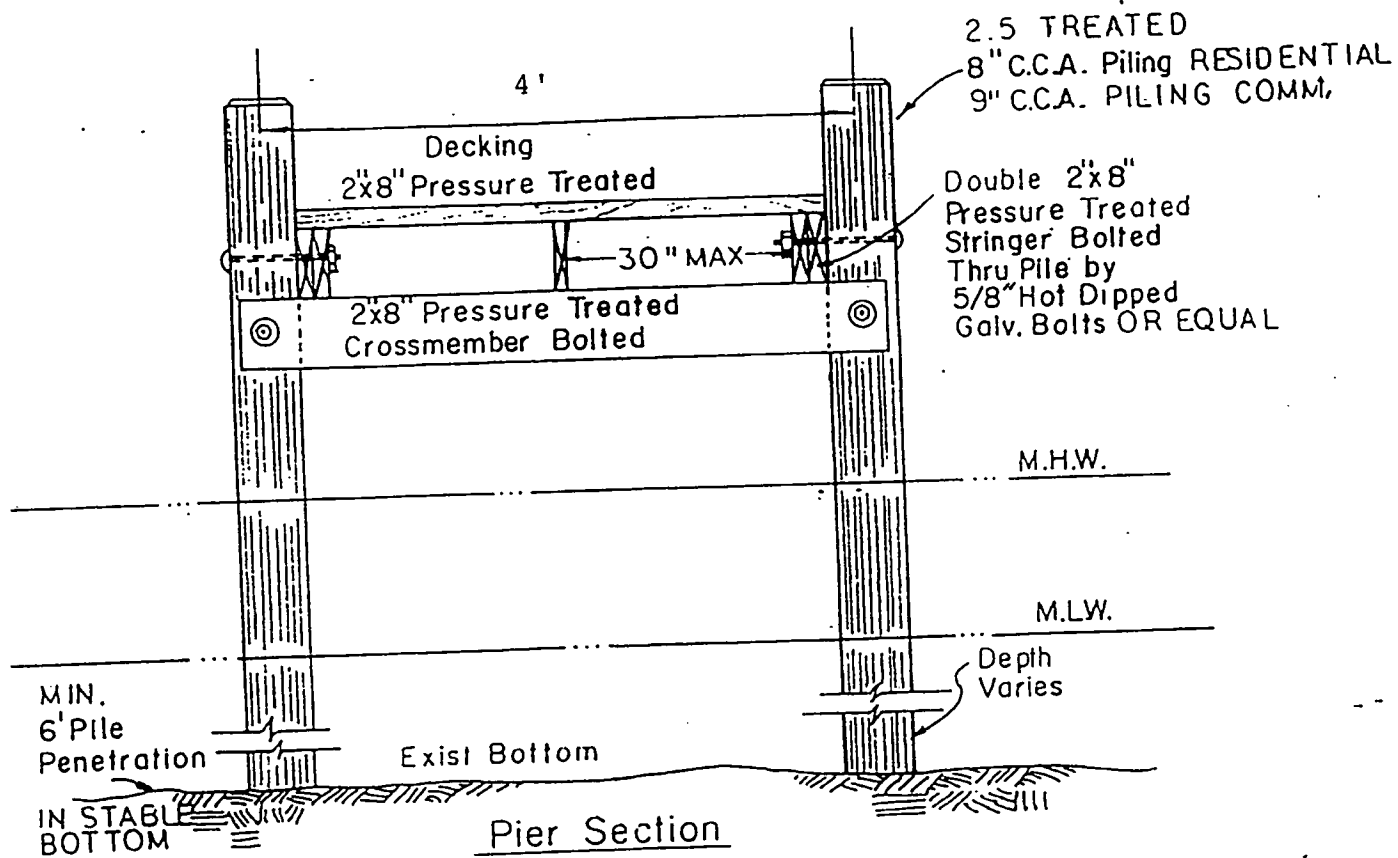


ASSOCIATED MARINE CONSULTANTS

feasibility, development, engineering, design, permitting and management consultants

STUART, FLORIDA 33494 (305) 283-8509

Braden Residence 135 S. River Road		
DATE Dec 89	DRAWN BY CAC	APPROVED BY
SCALE 1"=20'	REVISED	
PLAN VIEW OF EXISTING DOCK		
		DRAWING NUMBER 2 of 3



ASSOCIATED MARINE CONSULTANTS

feasibility, development, engineering, design, permitting and management consultants

STUART, FLORIDA 33494 (305) 283-8509

Braden Residence
135 S. River Road

DATE DEC 89

DRAWN BY CAC

APPROVED BY

SCALE NTS

REVISED

DETAIL

DRAWING NUMBER

3 of 3

3175

REMOVAL OF GAS

TANK & LINE

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

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

Owner PHILIP R. BRADEN Present Address 135 SOUTH RIVER RD.
(SEAWALL'S POINT)
STUART, FL. 34996.

Phone (407) 287-7355

Contractor GLASGOW EQUIPMENT SVCS, INC. Address 1750 HILL AVE.

Phone (407) 842-7236 WEST PALM BEACH, FL. 33407

Where licensed FLORIDA/MARTIN COUNTY License number PCC 045031/79-518-200

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: REMOVE AND DISPOSE OF PUE UNDERGROUND FUEL STORAGE TANK, PIPING AND PUMP. BACKFILL EXCAVATION

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

135 SOUTH RIVER RD., SEAWALL'S POINT

PROPERTY DESCRIPTION ATTACHED (PCN: 41 38 13 00 000 0040/4)
Subdivision OP (HANSON GRANT) Lot number DE 40/4 Block number 000

Contract price \$ 3,042.00 Cost of permit \$ 32.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor *Peter Howard*

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 *Philip Braden*

TOWN RECORD

Approved: *Dale Brown*
Building Inspector Date _____

Date submitted _____

Approved: _____ Commissioner Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

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.

936608

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY: 135 SOUTH RIVER ROAD, SEAWALL'S POINT
LEGAL DESCRIPTION AT BOTTOM OF PAGE

General description of improvements: REMOVE & DISPOSE OF UNDERGROUND FULL STORAGE TANK.

Owner: PHILIP R. BRADEN
Address: 135 SOUTH RIVER RD., SEAWALL'S POINT

Owner's interest in site of the improvement:

Contractor: GLASCOW EQUIPMENT SERVICE, INC.
Address: 1750 HILL AVE WEST PALM BEACH, FL. 33409

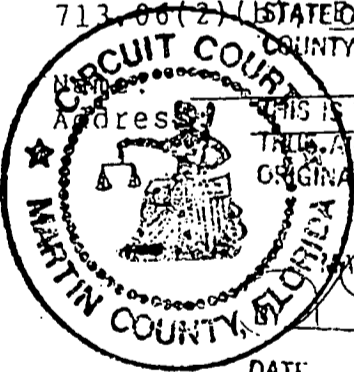
Surety (if any):
Address:
Amount of Bond:

Lender:
Address:

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name:
Address:

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2) (STATE OF FLORIDA Statutes:



COUNTY OF MARTIN
THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MRS. STALLER, CLERK
D.C.
DATE 4-15-92

Signature of Philip R. Braden

Sword to and subscribed before me this 13th day of April, 1992

Signature of Notary Public

I am a Notary Public of the STATE OF AT LARGE, and My Commission Expires:

LEGAL DESCRIPTION

BEGINNING AT A POINT ON THE WEST SHORE OF THE INDIAN RIVER, ON LOT 1, OF NILES OR HANSON GRANT, ACCORDING TO MAP OF COMMISSIONER'S SUBDIVISION OF SAID GRANT, FILED DECEMBER 30, 1901, RECORDED IN PLAT BOOK 3, PAGE 59, DADE COUNTY, FLORIDA, PUBLIC RECORDS, WHERE A LINE PARALLEL TO AND 631 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, OF THE NILES OR HANSON GRANT INTERSECTS THE WATERS OF THE INDIAN RIVER BEING THE POINT OR PLACE OF BEGINNING; (1) THENCE MEANDERING SAID INDIAN RIVER IN A SOUTHERLY DIRECTION ALONG SAID SHORELINE TO A POINT WHERE A LINE PARALLEL TO AND 772.80 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, NILES OR HANSON GRANT INTERSECTS THE WATERS OF THE SAID INDIAN RIVER; (2) THENCE RUN WESTERLY ON A LINE PARALLEL TO AND 772.80 FEET SOUTH OF THE NORTH LINE OF LOT 1 OF SAID GRANT TO THE EAST SHORE OF THE ST. LUCIE RIVER; (3) THENCE MEANDERING THE SAID EAST SHORE IN A NORTHERLY DIRECTION TO A POINT WHERE A LINE PARALLEL TO AND 631 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, INTERSECTS THE WATERS OF SAID ST. LUCIE RIVER; (4) THENCE RUN EASTERLY ON A LINE PARALLEL TO AND 631 FEET SOUTH OF THE SAID NORTH LINE OF LOT 1 OF THE NILES OR HANSON GRANT TO THE SHORE OF THE INDIAN RIVER TO THE POINT OR PLACE OF BEGINNING. ALSO DESCRIBED AS: THE SOUTH 141.86 FEET OF LOT 1, SUBDIVISION OF LOT 1, NILES OR HANSON GRANT, PLAT BOOK 1, PAGE 119, PALM BEACH COUNTY, FLORIDA, PUBLIC RECORDS. SUBJECT TO EXISTING MORTGAGE OF RECORD LESS ALL LAND LYING EAST OF SEWALL'S POINT ROAD. SUBJECT TO EASEMENTS, RESERVATIONS AND ZONING AND RIGHTS-OF-WAY OF RECORD.

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. DEC. 12, 1994
BONDED THRU GENERAL INS. UND.

FILED FOR RECORD
12 APR 15 AM 9:11

HRS/MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH-STORAGE TANK SECTION
POLLUTANT STORAGE TANK SYSTEM REMOVAL REVIEW APPLICATION # ST 92-12

Fee Pd Amount \$25 Receipt # 1007 Date Submitted 4/3/92

DER ID# N/A Facility Name BRADEN RESIDENCE
Address 135 SOUTH RIVER RD. (SEAWALL'S POINT) City STUART
Storage Tank Owner PHILIP BRADEN
Mailing Address 135 SOUTH RIVER RD.
City STUART Zip 34976

Contact Person JIM GREEN, GLASGOW EQUIP Phone No. (407) 842-7236

Anticipated start date 4/16/92 24 hrs notice required

Plans submitted by JIM GREEN, GLASGOW EQUIP Phone No. (407) 842-7236

FOR PLAN REVIEW INCLUDE THE FOLLOWING:

RECEIVED

- Plan review fee \$ 25.⁰⁰
- Proof of facility registration.
- Four info sheets with the following data:
 - System inert or purge method (explosimeter required)
 - Soil treatment facility name and approximate date of removal from site
 - Tank disposal company name
 - Monitoring well(s) disposition
 - PSSSC name, number and telephone no.
 - Consulting firm name and telephone number.
 - Other: _____
- Pre-burn analysis data for sites with known excess soil contamination.

APR 3 1992

HRS-Martin County
Public Health Unit

Review date: 4/13/92

Comments: _____

Remove (1) 1,000 gal. UST

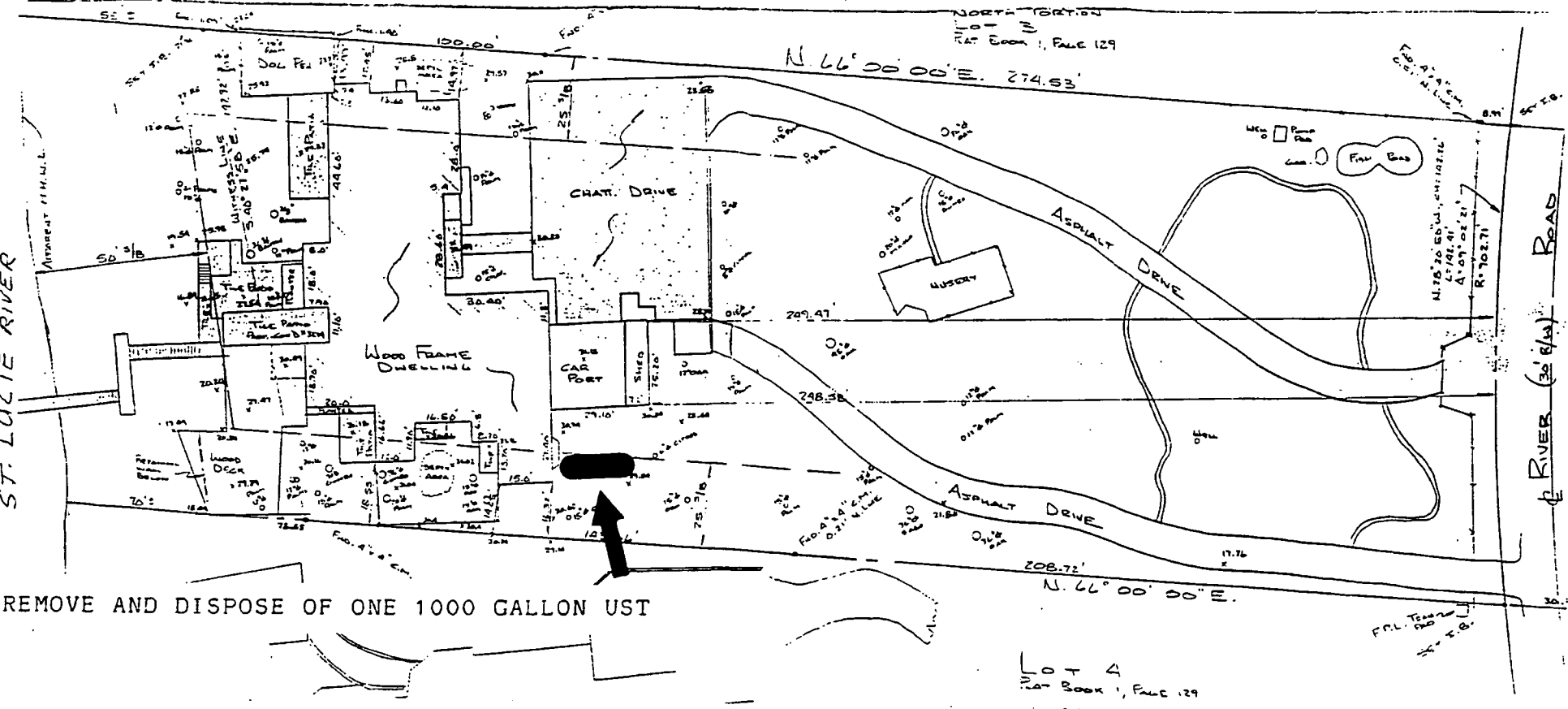
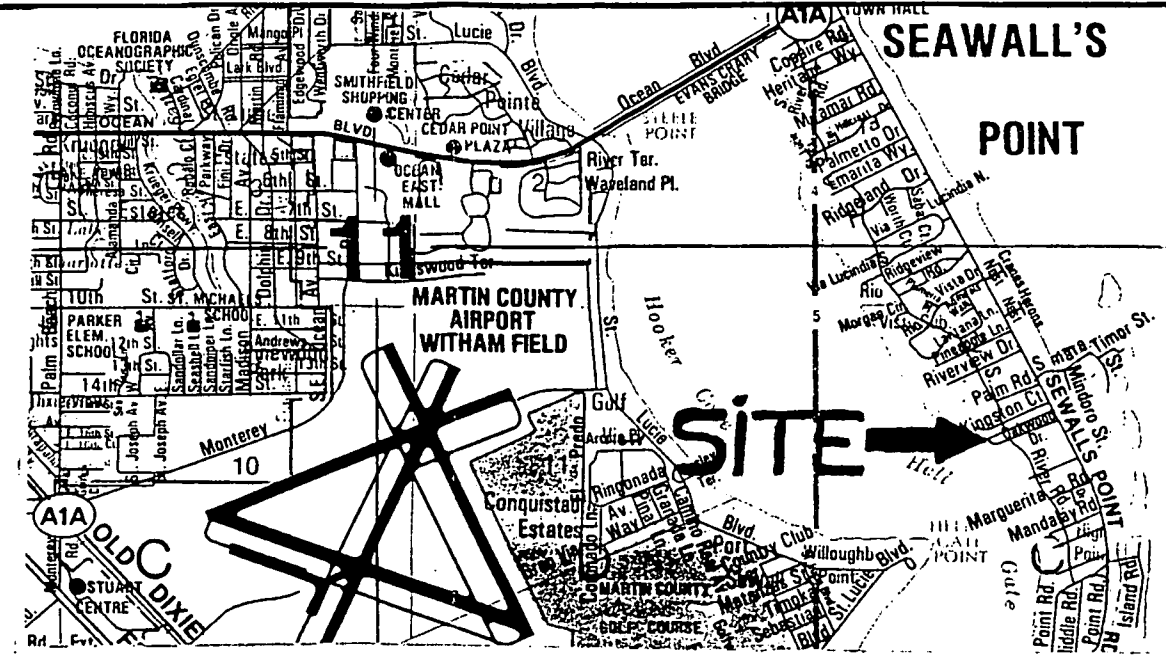
Residence exempt from Closure Assessment Reqmts.
If done, perform 602 + 610 EPA analysis
and soil scanning, submit form to this
office (Closure Assessment Report Form).

ST 92-12

These Plans Have Been Reviewed
<i>[Signature]</i>
4/13/92
HRS-Martin County STORAGE TANK SECTION

ST 92-12

These Plans Have Been Reviewed
 By [Signature]
 Date 4/13/92
 HRS/MARTIN COUNTY PUBLIC HEALTH UNIT
 STORAGE TANK SECTION



REMOVE AND DISPOSE OF ONE 1000 GALLON UST

SCOPE OF WORK: REMOVE AND DISPOSE OF ONE 1000 GALLON UST

TANK CLOSURE PLAN

1. GRAVITY DRAIN ALL PIPING BACK TO TANK.
2. PUMPOUT REMAINING PRODUCT IN TANK.
3. EXCAVATE TO TOP OF TANK AND REMOVE ALL PIPING EXCEPT THE VENT PIPE.
4. PURGE ALL VAPORS WITH CO2.
5. CHECK TANK FOR HAZARDOUS VAPOR CONCENTRATIONS USING CGI; MUST OBTAIN READINGS OF 20% OR LESS BEFORE REMOVING TANK.
6. COMPLETE EXCAVATION; REMOVE TANK AND PLACE IN SECURE LOCATION.
7. LABEL THE TANK AS FOLLOWS: "TANK HAS CONTAINED FLAMMABLE LIQUIDS. NOT GAS FREE. NOT SUITABLE FOR FOOD OR WATER."
8. TRANSPORT TANK TO A-1 WELDING & SALVAGE FOR PROPER DISPOSAL.
9. DURING TANK REMOVAL THE SOILS WILL BE MONITORED CONTINUOUSLY FROM THE SIDES AND BOTTOM OF THE EXCAVATION FOR CONTAMINATION USING OVA-FID FIELD DETECTION METHODS.
10. IF ENCOUNTERED, SOILS HAVING AN ORGANIC VAPOR CONCENTRATION OF 500 PPM OR GREATER (50 PPM DIESEL) WILL BE EXCAVATED AND PLACED ON PLASTIC; THE SOILS WILL BE COVERED WITH PLASTIC TO PREVENT RAINWATER INTRUSION.
11. THE EXCAVATED SOILS WILL BE TEMPORARILY STORED ON SITE (ONE WEEK MINIMUM-ONE MONTH MAXIMUM) WHILE TESTING AND DISPOSAL BY INCINERATION ARE COMPLETED.
12. BACKFILL AND COMPACT THE EXCAVATION WITH CLEAN FILL TO EXISTING GRADE.

NOTES: GLASGOW WILL PERFORM ALL CLOSURE ASSESSMENT ACTIVITIES ACCORDING TO FDER PUBLICATION "POLLUTANT STORAGE TANK CLOSURE ASSESSMENT REQUIREMENTS", MAY 1990.
 ALL TANK REMOVAL ACTIVITY WILL COMPLY WITH API 1604, "REMOVAL AND DISPOSAL OF USED UNDERGROUND PETROLEUM STORAGE TANKS", SECOND EDITION.

OWNER: PHILIP R. BRADEN
 SITE ADDRESS: 135 SOUTH RIVER ROAD, SEAWALL'S POINT

SCALE: NTS	APPROVED BY:	DRAWN BY: JGG
DATE: 4/2/92		REVISED:

GLASGOW EQUIPMENT SERVICE INC. (407) 842-7236
 1750 HILL AVENUE • P.O. BOX 8057 • WEST PALM BEACH, FLORIDA 33407
 PETROLEUM AND INDUSTRIAL EQUIPMENT

3224

DEMOLITION

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

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

Owner Pierce Compton Present Address 135 SAR

Phone 844-6653

Contractor Thomas B. Cushing Demolition Address 8210 8th Rd. N.

Phone 407-793-6173 WPB Fl. 33411

Where licensed Marion County License number SPO 1624

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:

Demolish a one story frame house and garage

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

135 SAR

Subdivision Lot number Block number

Contract price \$ 14,900.- Cost of permit \$ 120.00

Plans approved as submitted Plans approved as marked

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

Contractor Nancy P. Cushing

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 Pierce Compton, LLC

TOWN RECORD

Date submitted 7/22/92 Approved: Dale Brown 7/22/92
Building Inspector Date

Approved: [Signature] 7/22/92 Final Approval given: 7/22/92
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

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.

MARTIN COUNTY CONTRACTORS
 CERTIFICATE OF COMPETENCY
 PAUL STEPHEN CUSHING
 THOS B CUSHING DEMOLITION
 8210 8th Rd No
 WPB FL 33411

EXPIRES SEPTEMBER 30, 19 92

AUDIT CONTROL NUMBER	17962	CERTIFICATE NUMBER	SP01624
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MARTIN COUNTY
 1991 COUNTY OCCUPATIONAL LICENSE 1992

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID

PENALTY 10% FOR MONTH OF OCTOBER,
 5% ADDITIONAL EACH MONTH THEREAFTER
 UP TO 25% PLUS COLLECTION COSTS.

PREV YR. \$	_____	LIC. FEE \$	4.50
TRANSFER \$	_____	HAZ. WST. \$	10.00
DEL PEN \$	_____	COL. FEE \$	1.00
SUBTOTAL \$	_____	SUBTOTAL \$	15.50

TOTAL _____

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF **DEMOLITION CONTRACTOR**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1ST DAY OF **OCTOBER** 19 **91** SEC. _____
 AND ENDING FIRST DAY OF OCTOBER A.D. 1992.

LICENSE 91-520-112 CERT SP MC 01625
 PHONE 000-793-6173 SIC NO. 1795
 LOCATION: 5210 8TH RD N

33 52011291 00001550 2

MAKE CHECKS PAYABLE TO:

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (407) 288-5604

THOMAS B CUSHING DEMOLITION
 8210 8TH RD N
 WEST PALM BEACH FL 33409

08/15/92
 052011291
 6003623 ALL
 LARRY O'STEEN-TAX COLLECTOR
 OCCUPATIONAL

NOTE - A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

ORIGINAL

DEMOLITION CONTR

U12786

COUNTY OCCUPATIONAL LICENSE
PALM BEACH COUNTY, STATE OF FLORIDA
COUNTY ORDINANCE NUMBER 72-7

CLASSIFICATION

CC-032

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH AND ANY OTHER LAWFUL AUTHORITY.

89-06954

THOMAS B CUSHING DEMOLITION
CUSHING PAUL S
8210 8TH RD NORTH
WEST PALM BEACH FL 33411-3732

**LOCATED AT:
SAME

CNTY \$18.0

TOTAL \$18.0

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR

CONTRACTOR

ALLEN C. CLARK
PALM BEACH COUNTY TAX COLLECTOR

PD A.C.CLARK, TAX COLLECTOR CK
\$18.00 OCT 04 09/30/91
2639

LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

DEMOLITION CONTR

U12786

COUNTY OCCUPATIONAL LICENSE
PALM BEACH COUNTY, STATE OF FLORIDA
COUNTY ORDINANCE NUMBER 72-7

CLASSIFICATION

CW-008

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH AND ANY OTHER LAWFUL AUTHORITY.

89-06955

THOMAS B CUSHING DEMOLITION
CUSHING PAUL S
8210 8TH RD NORTH
WEST PALM BEACH FL 33411-3732

**LOCATED AT:
SAME

C/WIDE \$177.00

TOTAL \$177.00

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR

SPECIALTY CONTR.

ALLEN C. CLARK
PALM BEACH COUNTY TAX COLLECTOR

PD A.C.CLARK, TAX COLLECTOR CK
\$177.00 OCT 04 09/30/91
2640

LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

**PALM BEACH COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY**

NAME PAUL S CUSHING
FIRM THOMAS B CUSHING DEMOLITION
8210 8TH ROAD NORTH
WEST PALM BEACH, FL 33411

EXPIRES SEPTEMBER 30, 19 93

AUDIT CONTROL NUMBER A-9124491	CERTIFICATE NUMBER U-12786
---	-------------------------------

FEE : 60.00

CERTIFIED
CONTRACTOR DEMOLITION

ID #0007330
09/04/91

KMT

SIGNATURE Paul S. Cushing

ATTEST: R. Hernandez
Palm Beach County Construction
Industry Licensing Board
60.00

AC# 1672575 STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

02/26/92 AUDIT CONTROL NO. 1672575
 LICENSE NO. BATCH NO. AMOUNT PAID
 RX 0064525 05382 3104.00

DATE	LICENSE NO.	BATCH NO.
02/26/92	KX 0064525	05382

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

THE REG MISCELLANEOUS SPECIALTY CONTRA
 NAMED BELOW HAS REGISTERED
 UNDER THE PROVISIONS OF CHAPTER 489 F.S. FOR THE YEAR
 EXPIRING AUG 31, 1993 (MUST MEET ALL LOCAL LICENSING
 REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

CUSHING, PAUL S
 THOMAS B CUSHING DEMOLITION
 8210 8TH ROAD
 WEST PALM BCH FL 33411

LICENSEE SIGNATURE
 (WALLET CARD) FOLD HERE
 STATE OF FLORIDA
 DEPARTMENT OF PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY
 LICENSING BOARD

REG MISCELLANEOUS SPECIALTY CONTRA

CUSHING, PAUL S
 THOMAS B CUSHING DEMOLITION
 (INDIV. MUST MEET LOCAL LICENSING
 REQ. PRIOR TO CONTR. IN ANY AREA
 HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
 FOR THE YEAR EXPIRING AUG 31, 1993)

Lawton Chiles
 LAWTON CHILES
 GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

George Stuart, Jr.
 GEORGE STUART, JR.
 SECRETARY D.P.R.

Lawton Chiles
 LAWTON CHILES
 GOVERNOR

George Stuart, Jr.
 GEORGE STUART, JR.
 SECRETARY D.P.R.

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE 07/15/92

PRODUCER
Ferr Insurance & Bonds
730 North Military Trail
West Palm Beach, Florida
33415

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

COMPANIES AFFORDING COVERAGE

INSURED
THOMAS CUSHING DEMOLITION
8210 8TH ROAD NORTH
WEST PALM BEACH, FL
33411

- COMPANY LETTER A ESSEX INSURANCE COMPANY
COMPANY LETTER B INSURANCE COMPANY OF N.AMERICA
COMPANY LETTER C
COMPANY LETTER D
COMPANY LETTER E

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

Table with columns: CO, LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF. DATE, POLICY EXP. DATE, LIMITS. Rows include General Liability, Automobile Liability, Excess Liability, Worker's Compensation, and Other.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER SEWALLS POINT
1 S. SEWALLS POINT ROAD
STUART, FL 34996
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Pierce K. Crompton, Jr.

6/30/92

Town of Sewall's Pt
Building Dept.

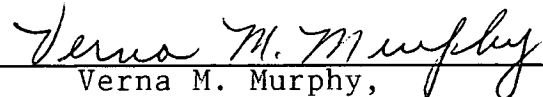
Dear Mr Brown

Please be advised that Thomas
Cushing Co. is authorized to demolish
the dwelling at 135 S. River Rd.
Sewall's Pt.

Sincerely



Appeared before me, Pierce K. Crompton, Jr., well known to me,
who swears the above is true and correct.



Verna M. Murphy,
Notary Public

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: NOV. 15, 1992.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

Dated: June 30, 1992

P.O. BOX 4195
GREENVILLE, DE 19807
RES. 302-655-3075
BUS./FAX 302-655-7468

1001 MORSE BLVD.
SINGER ISLAND, FL 33404
RES. 407-844-6653
BUS./FAX 407-844-3912

Pierce K. Crompton, Jr.

135 S. River Rd

Krauss & Crane Electricians
Temp Pole

Clem Schaub - Architect

John Hill - Salvage - 7/13/ to 7/24

Tom Cushing - Demolition

RooD Landscaping - Cleanup

P.O. BOX 4195
GREENVILLE, DE 19807
RES. 302-655-3075
BUS./FAX 302-655-7468

17 Island Rd - Rental
220-1693
135 S. River Rd

~~100 MORSE BLVD.
SINGER ISLAND, FL 33404
RES: 407-844-6653
BUS./FAX 407-844-3912~~

3307

RETAINING WALL

ATTACHED

GAZEBO

Date

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

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

Owner Pierce Crompton Present Address 17 Island Rd

Phone _____ Stuart, FL 34994

Contractor First Florida Development Address 200 NE Dixie Hwy

Phone 407 692-1736 Stuart FL 34994

Where licensed FL License number CGC 020468

Electrical contractor Elite Electric License number ME00369

Plumbing contractor N/A License number _____

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

Retaining wall with attached Gazebo

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

135 S River Road

Subdivision Sewall's Point North portion of Lot #3 Lot number _____ Block number _____

Contract price \$ 30,000.00 Cost of permit \$ 240.00

Plans approved as submitted Plans approved as marked _____

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

Contractor _____

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.

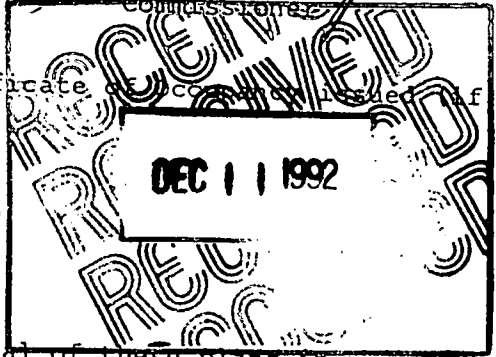
X Owner [Signature]

TOWN RECORD

Date submitted _____ Approved: Dale Brown 12/17/92 Building Inspector Date

Approved: [Signature] 12/17/92 Date Final Approval given: _____ Date

Certificate of occupancy issued (if applicable) _____ Date



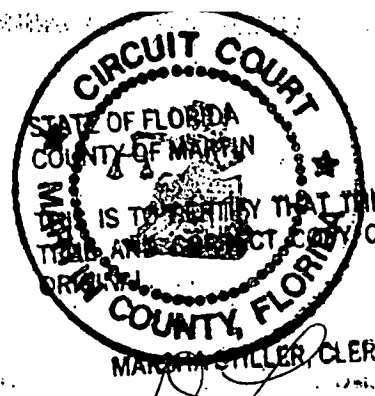
SP1282

Permit No. _____

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

976594 #3307

NOTICE OF COMMENCEMENT



STATE OF Florida
COUNTY OF Martin

BY [Signature] D.C.
12/29/92

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: Retaining Wall with Gazebo

Owner: Pierce Crompton
Address: 17 Island Rd. Sewall's Point, Stuart, FL 34994

Owner's interest in site of the improvement: Owner

Contractor: First Florida Development
Address: 200 NE Dixie Hwy, Stuart, FL 34994

Surety (if any): N/A
Address: _____

Amount of Bond: _____

Lender: N/A
Address: _____

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: NONE
Address: _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: NONE
Address: _____

X [Signature]
Pierce Crompton, owner

Sworn to and subscribed before me this 10th day of December, 1992.

(NOTARY SEAL)

Cindy L. Thomas
Cindy L. Thomas
I am a Notary Public of the STATE OF Florida AT LARGE, and My Commission Expires: Notary Public, State of Florida
My Commission Expires Dec. 3, 1995
Bonded Thru Troy Fain - Insurance Inc.

3344

DOCK, PLATFORM

&

BOATLIFT

9-17-92

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

#3344

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

Owner Pierce K. Crompton Present Address 135 S. River Road

Phone _____ Stuart, FL 34996

Contractor Robert Sandy Construction, Inc. Address 3452 NE Indian Drive

Phone 407-334-3046 Jensen Beach, FL 34957

Where licensed State of Florida License number CGC040310

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. Construction of a 98' X 5' dock with a 16' X 10' terminal

platform and a 12' X 12' cradle style boat lift. Total 114'

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

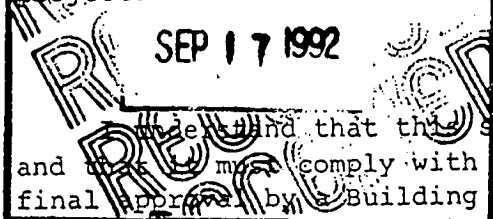
135 S. River Road

Subdivision See Legal Description HANSON GRANT PART #1 Lot number _____ Block number _____

Contract price \$ 17,000. Cost of permit \$ 200.00

Plans approved as submitted Plans approved as marked _____

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



Contractor Robert Sandy

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 Pierce K. Crompton

TOWN RECORD

Date submitted 9-17-92 Approved: Dale Brown 3/1/93
Building Inspector Date

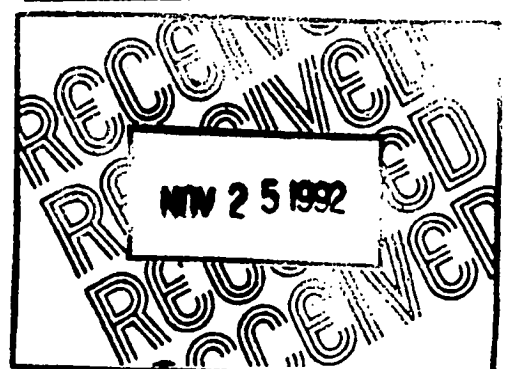
Approved: [Signature] 3/2/92 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. # 3344

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.

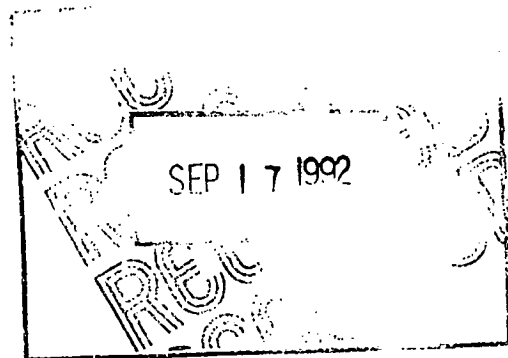


LEGAL DESCRIPTION

BEGINNING AT A POINT ON THE WEST SHORE OF THE INDIAN RIVER, ON LOT 1, OF MILES OR HANSON GRANT, ACCORDING TO MAP OF COMMISSIONER'S SUBDIVISION OF SAID GRANT, FILED DECEMBER 30, 1901, RECORDED IN PLAT BOOK 3, PAGE 59, DADE COUNTY, FLORIDA, PUBLIC RECORDS, WHERE A LINE PARALLEL TO AND 631 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, OF THE MILES OR HANSON GRANT INTERSECTS THE WATERS OF THE INDIAN RIVER BEING THE POINT OR PLACE OF BEGINNING; (1) THENCE MEANDERING SAID INDIAN RIVER IN A SOUTHERLY DIRECTION ALONG SAID SHORELINE TO A POINT WHERE A LINE PARALLEL TO AND 772.80 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, MILES OR HANSON GRANT INTERSECTS THE WATERS OF THE SAID INDIAN RIVER; (2) THENCE RUN WESTERLY ON A LINE PARALLEL TO AND 772.80 FEET SOUTH OF THE NORTH LINE OF LOT 1 OF SAID GRANT TO THE EAST SHORE OF THE ST. LUCIE RIVER; (3) THENCE MEANDERING THE SAID EAST SHORE IN A NORTHERLY DIRECTION TO A POINT WHERE A LINE PARALLEL TO AND 631 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, INTERSECTS THE WATERS OF SAID ST. LUCIE RIVER; (4) THENCE RUN EASTERLY ON A LINE PARALLEL TO AND 631 FEET SOUTH OF THE SAID NORTH LINE OF LOT 1 OF THE MILES OR HANSON GRANT TO THE SHORE OF THE INDIAN RIVER TO THE POINT OR PLACE OF BEGINNING. ALSO DESCRIBED AS: THE SOUTH 141.86 FEET OF LOT 3, SUBDIVISION OF LOT 1, MILES OR HANSON GRANT, PLAT BOOK 1, PAGE 129, PALM BEACH COUNTY, FLORIDA, PUBLIC RECORDS.

SUBJECT TO EXISTING MORTGAGE OF RECORD LESS ALL LAND LYING EAST OF SEWALL'S POINT ROAD.

SUBJECT TO EASEMENTS, RESERVATIONS AND ZONING AND RIGHTS-OF-WAY OF RECORD.



LEGAL DESCRIPTION FOR CROMPTON

Robert Sandy Construction, Inc.

3452 N.E. Indian Drive

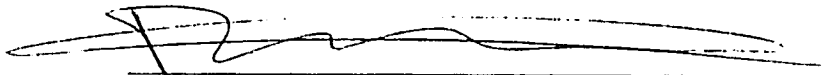
Jensen Beach, FL 34957

407-334-3046

LETTER OF NO OBJECTION

We, Roy W. Allman and -----

being the owner(s) of certain property adjacent to and abutting the property of PERUCE K. CRUMPION who have applied for a dock permit for construction, have read and reviewed the drawing of the dock as proposed and I have no objection to the proposed dock pursuant to the plan attached herein.



Roy W. Allman

STATE OF Florida

COUNTY OF Martin

The foregoing instrument was acknowledged before me this 20TH day of NOVEMBER, 19 92 by ROY W ALLMAN, who is/are personally known to me or who has/have produced FLA DRIVERS LICENSE as identification and who did not take an oath.

Judy Clay
Signature of Notary Public

Judy Clay

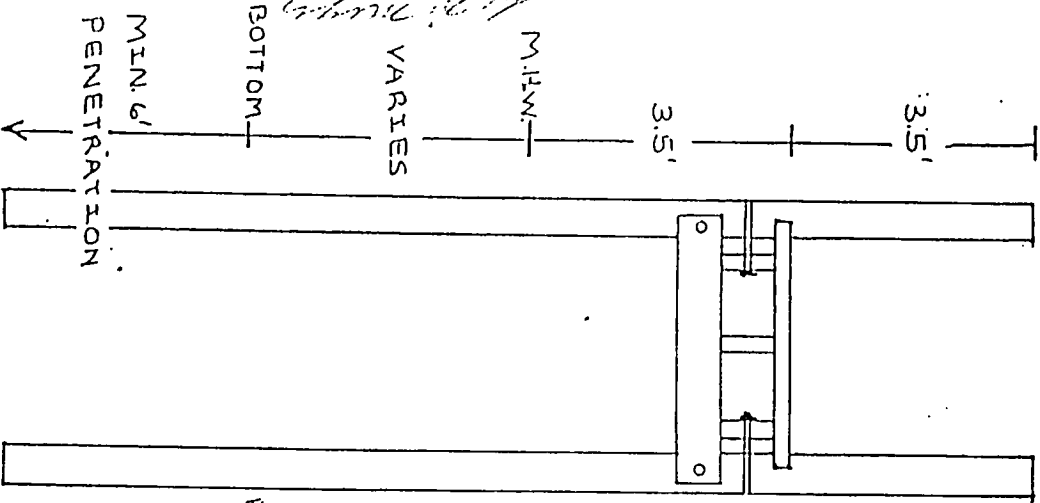
Print, Type or Stamp Commissioned Name of Notary Public

Robert Sandy Construction, Inc.
3452 N.E. Indian Drive
Johnson Beach, FL 31957
407-334-3046

Handwritten: Approved
KSP 6/22/92

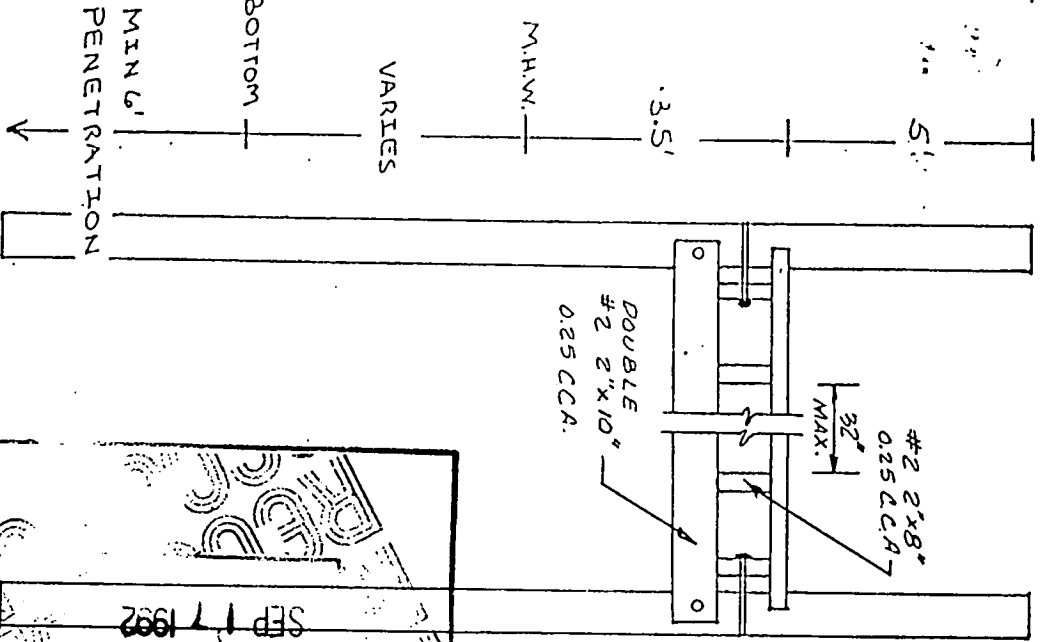
DOCK

5'

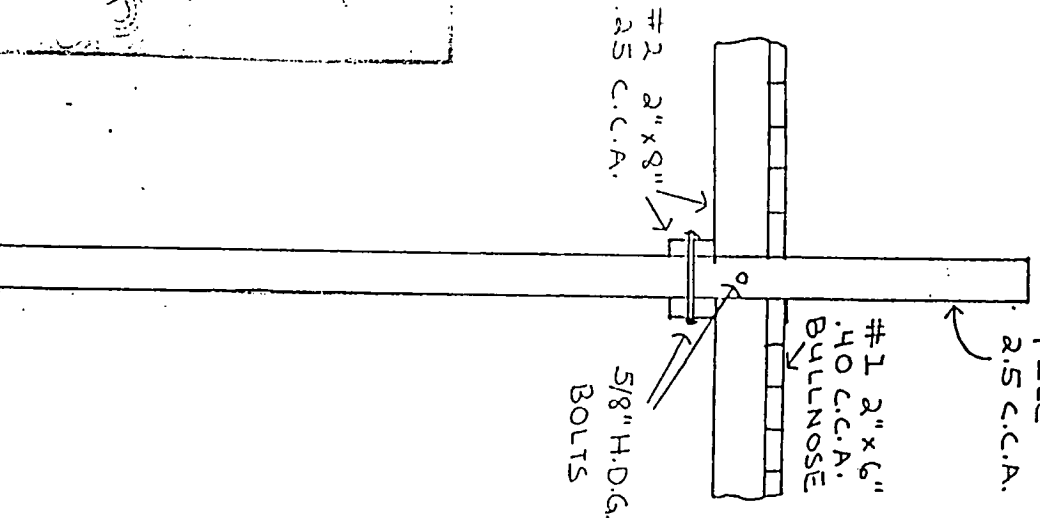


TERMINAL

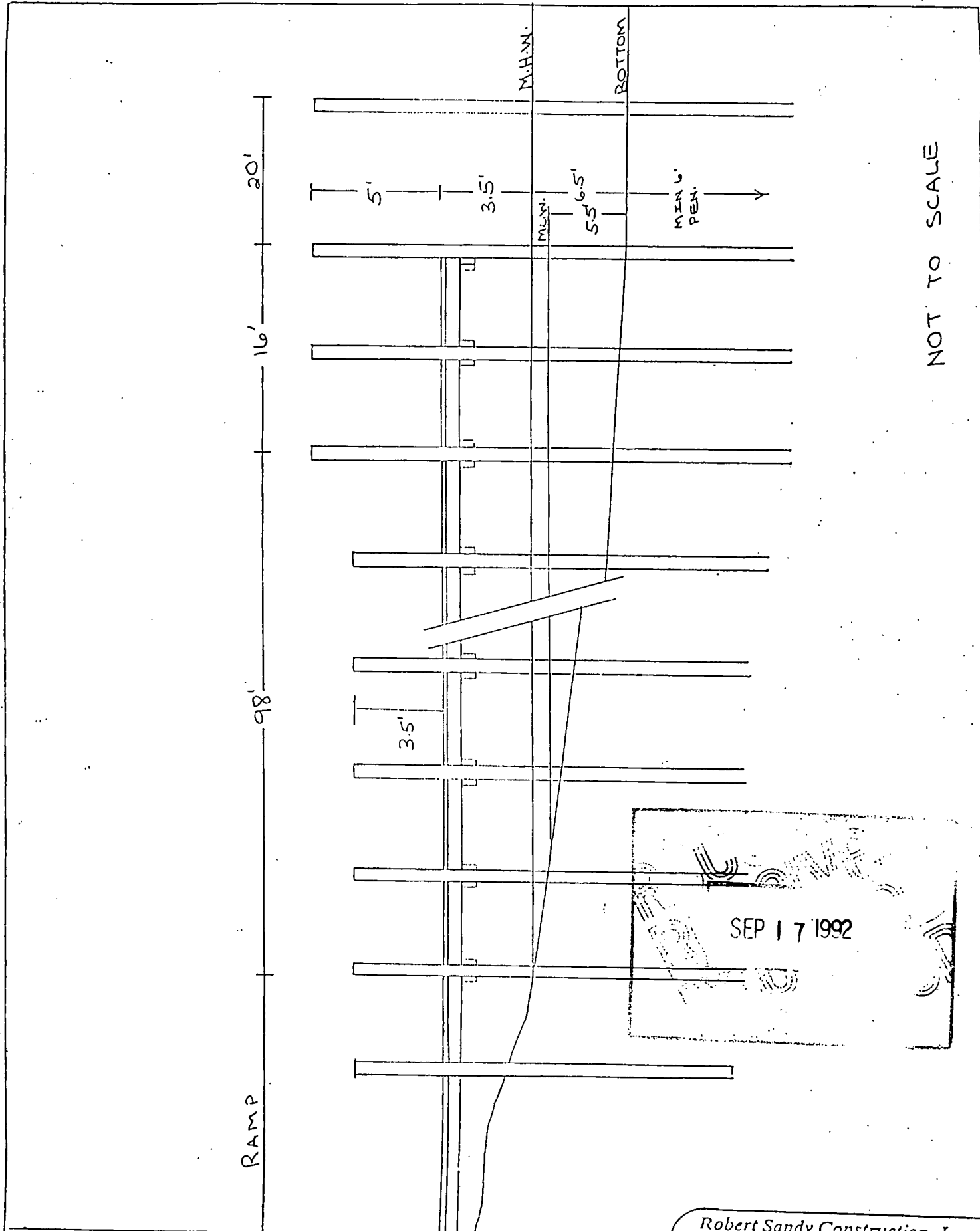
10'



TYPICAL SECTION



NOT TO SCALE



NOT TO SCALE

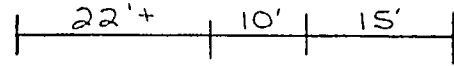
SEP 17 1992

PROPOSED DOCK FOR CROMPTON

Robert Sandy Construction, Inc.
 3452 N.E. Indian Drive
 Janson Beach, FL 34957
 407-334-3046

SHEET 3 OF 5

ST. LUCIE RIVER



RIPARIAN LINES

RIPARIAN LINES

30' SETBACK

7' SETBACK

20'

16'

98'

5.5' M.L.W.

24'

5' M.L.W.

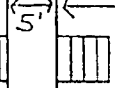
BOAT HOUSE WITH LIFT

24'

WATERWAY WIDTH 1300'

52'±

91'±



① ALLMAN

P.L.

P.L.

② HILERS

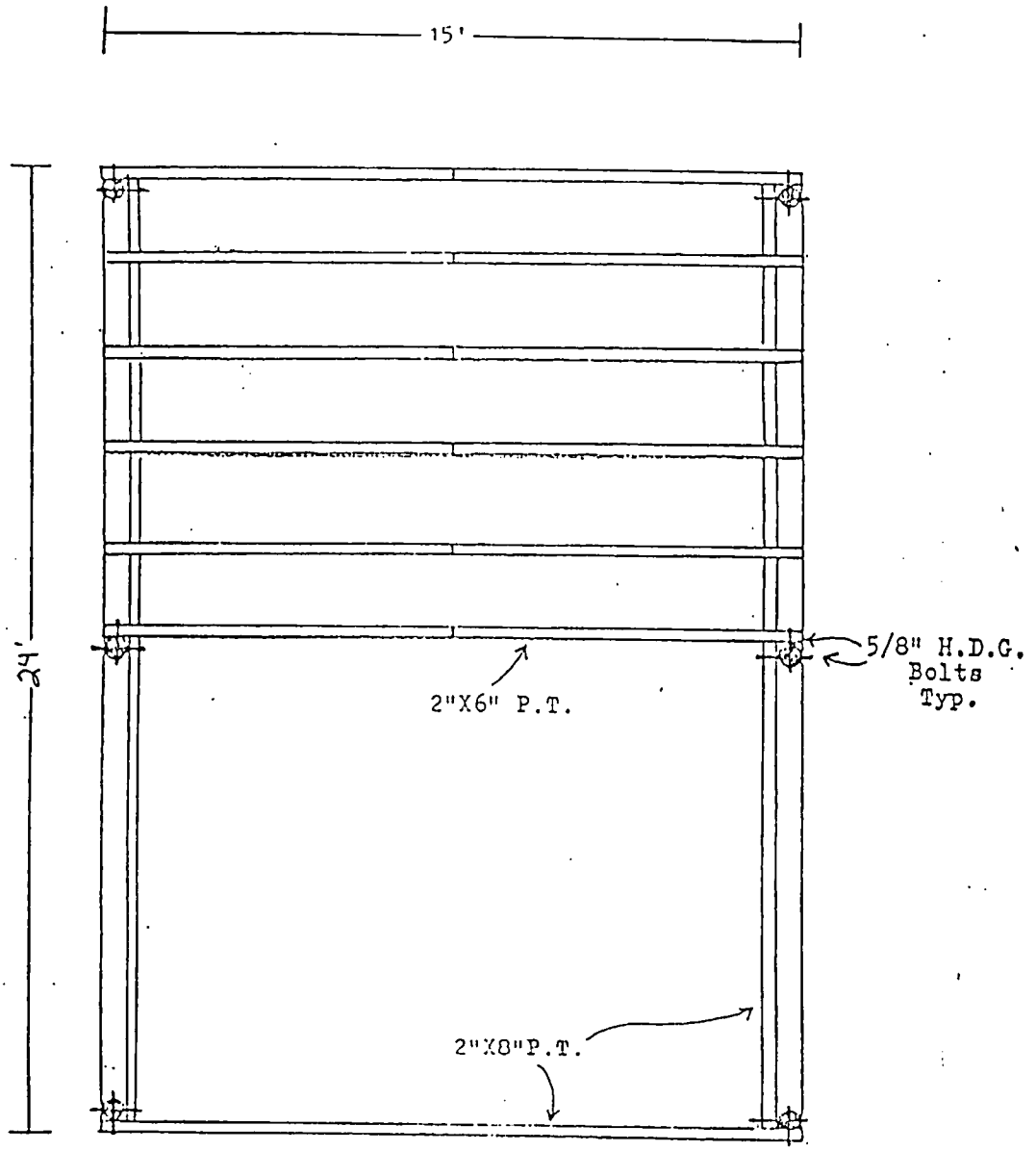
NOT TO SCALE
4/4/92

PROPOSED DOCK FOR CROMPTON

Revised

Robert Sandy Construction, Inc.
3452 N.E. Indian Drive
Jensen Beach, FL 34957
407-334-3046

SHEET 1 OF 5



REVIEWED BY
A M [Signature]
 6/26/90
 NOT TO SCALE

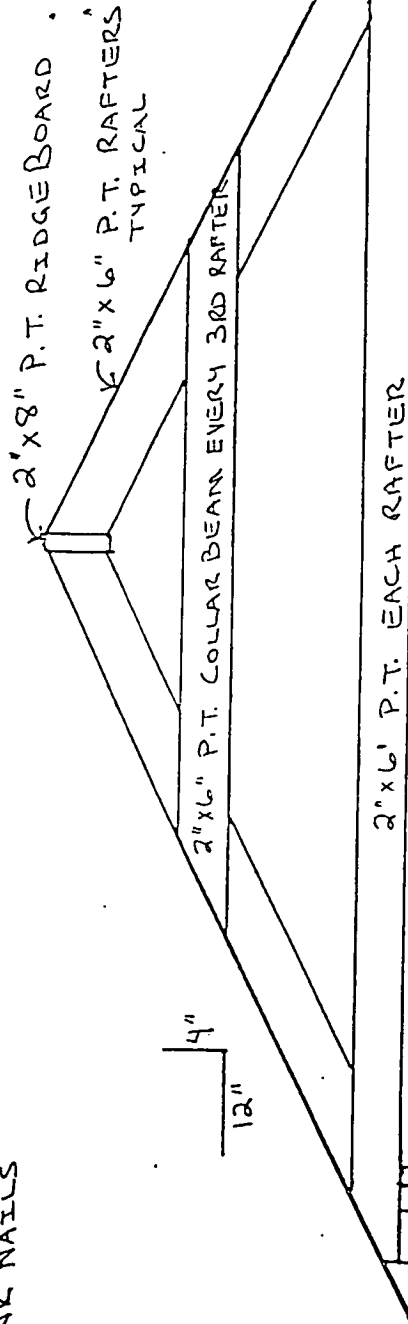
PROPOSED BOAT HOUSE FOR CROMPTON

Robert Sandy Construction, Inc.
 3452 N.E. Indian Drive
 Jensen Beach, FL 34957
 407-334-3046

SHEET 4 OF 5

ALL FRAMING DONE WITH
16# STAINLESS STEEL RING
SHANK NAILS

ROOF DETAIL



2"X6" P.T. EACH RAFTER

5/8" H.D.G.
BOLTS

2"X12" R.S.
P.T. HOCCA.

DETAIL JOIST TO BEAM

5/8" CDX PLY WITH
30# FELT AND
FIBERGLASS
SHINGLES

2"X6" RAFTER
WITH
NOTCH

10" MARINE PILE
WITH 10' PENETRATION

2"X6" P.T.

1"X8" P.T.
FACIA

SIMPSON H3
HURRICANE CLIP
EACH RAFTER

DOUBLE
2"X12"
R.S. P.T.
BEAM

NOTE: ROOF TO MEET ALL
COUNTY CODES.
CONSTRUCTION
INCLUDES STRAPS
HURRICANE CLIPS
ETC....

NOT TO SCALE

REVIEWED BY

[Signature]

6/26/92

Robert Sandy Construction, Inc.
3452 N.E. Indian Drive
Jensen Beach, FL 34957
407-334-3046

PROPOSED BOAT HOUSE FOR CROMPTON

3388

FENCE

TAX FOLIO

3388

DATE

3/24/93

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

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

Owner Pierce Crompton Present Address _____

Phone 220-1693

Contractor All Indian River Fence Address 790 SW. Airosu

Phone 407-340-1045

Where licensed Martin County License Number 18219

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: 660' of Pressure Treated Pine fence - shadowbox
State the street address at which the proposed structure will be built: _____

Subdivision Miles or Hanson Tract Lot Number 3 Block Number _____

Contract Price \$ 6050.⁰⁰ Cost of Permit \$ ~~300~~ ~~175.00~~ 25.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Kevin Peters

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 Pierce Crompton

TOWN RECORD

Date submitted _____

Approved: Dale B... 5/17/93
Building Inspector Date

Approved: [Signature] 5/18/93
Commissioner Date

Final Approval given: _____ Date

Certificate of Occupancy issued(if applicable) _____ Date

Permit No. _____

3401

POOL

TAX FOLIO NO. _____

DATE 3/12/93

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

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

Owner PIERCE K. CRUMPTON Present Address 17 ISLAND ROAD
STUART FL 34996
Phone 220-1693

Contractor LOWDEN BOWDED POOLS Address 4306 S. US #1 FT PIERCE
FL. 34982
Phone 286-5760

Where licensed FLORIDA License Number CPL-011421

Electrical Contractor _____ License Number _____

Plumbing Contractor LOWDEN POOLS License Number CPL-011421

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: INSTALL SWIMMING POOL + FOUNTAIN.

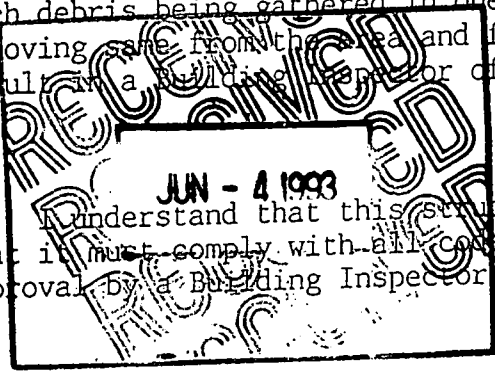
State the street address at which the proposed structure will be built:
135 S RIVER ROAD

Subdivision SEE ATTACHED SHEET. Lot Number #1 Block Number _____

Contract Price \$ 17,000 Cost of Permit \$ 200.00

Plans approved as submitted Plans approved as marked _____

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



Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted _____

Approved: Dale Brown 6/4/93
Building Inspector Date

Approved: [Signature] 6/4/93 Final Approval given: _____
Commissioner Date

Certificate of Occupancy issued(if applicable) _____
Date

SP1282 Permit No. _____

3420

SFR

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____

PERMIT NUMBER 3420

DATE ISSUED 7/7/93

OWNER MR Pierce Crampton
ADDRESS _____

CONTRACTOR OR OWNER/BLDR. Bronco Coast Inc

CITY/ST/ZIP SP

ADDRESS 5354 SE 1st PL

TELEPHONE _____

CITY/ST/ZIP STUART FLA

TELEPHONE 286-4058

FLOOD ZONE NONE

TO BE CONSTRUCTED new house

SITE ADDRESS 135 SRR

SUBDIVISION Hanson

CONSTRUCTION VALUE \$384,590

FEES

REMODELING/NEW CONSTRUCTION NEW

PLUMBING 100.00

IMPACT N/A

ELECTRICAL 100.00

RADON 41.68

MECH./A.C. 100.00

SEPTIC _____

ROOF 100.00

WELL _____

WALL _____

FENCE _____

POOL ENCLOSURE _____

POOL _____

OWNER/BUILDER _____

DOCK _____

TOTAL \$3521.68

PAID BY CHECK 1318

slab OK 8/16/93 DB
Garage slab OK 8/12/93 DB

BUILDING INSPECTION (SIGN OFF)

(FOR OFFICIAL USE ONLY)

FORM BOARD SURVEY OK DATE 12/3/93 DB
ROUGH PLUMBING OK DATE 8/6/93 DB
TERMITE PROTECTION OK DATE 8/1/93 DB
FOOTING-SLAB OK DATE 7/14/93 DB
LINTEL OK DATE 9/8/93 DB
ROUGH ELECTRIC OK DATE 12/3/93 DB
FRAMING OK DATE 2/3/93 DB
A/C DUCTS OK DATE 2/2/93 DB

NAILING OK DATE 1/6/94
ROOF OK DATE 3/14/94
INSULATION OK DATE 2/15/93 DB
FINAL ELECTRIC _____ DATE _____
FINAL PLUMBING _____ DATE _____
SEPTIC FINAL _____ DATE _____
DRIVEWAY _____ DATE _____
FINAL C.O. _____ DATE _____

OK COURSE YARD FENCES 3/7/94

PERMIT AUTHORIZED BY Dale Brown

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

3420

Tax Folio No. _____

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name Pierce K. and Judith M. Crompton

Owner's Address 135 South River Road, Stuart, FL 34996

Owner's Telephone 407 220 1693

Pierce K. Crompton
Trustee Agreement 1/6/88

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

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

City _____ State _____ Zip _____

Contractor's Name BRONCO CONSTRUCTION INC.

Contractor's Address 5354 S.E. INLET PL.

City STUART State FLA. Zip 34997

Contractor's Telephone 286-4038 License Number CGC020462

Job Name CROMPTON RES.

Job Address 135 S. RIVER RD.

City Town of Sewall's Point State Florida Zip 34996

Legal Description On survey provided by Stephen Brown, Inc.

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name Clemens Bruns Schaub

Architect/Engineer's Address P.O. Box 4160, Vero Beach, FL 32964

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

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

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

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

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

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Roofing Contractor _____ License No. _____

A/C Contractor _____ License No. _____

Description of Building or Alterations _____

Name of Street Designated as Front Building Line and Front Yard

135 South River Road, Sewall's Point

Subdivision Hanson Grant Lot 1 of Miles or Hanson Grant Block _____

Building Area (air conditioned) 5,034 sq. ft.

Garage, Porch, Carport Area ~~2,029~~ 3302 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

\$ 384,590 00

[Signature] DATE 7/1/93
(Owner or Authorized Agent)

Sworn and Subscribed before me this
1st day of July 1993 (SEAL)

[Signature]
NOTARY PUBLIC

State of Florida at Large
My Commission Expires:

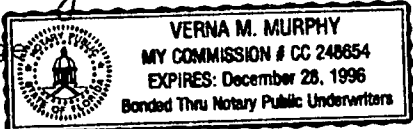
Notary Public, State of Florida
My Commission Expires Nov. 25, 1994
Bonded Thru Troy Fain - Insurance Inc.

[Signature] DATE 7/2/93
(Contractor)

Sworn and Subscribed before me this
2nd day of July 1993 (SEAL)

[Signature]
NOTARY PUBLIC

State of Florida at Large
My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC020462

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY *[Signature]* Permit Officer

[Signature]

For Official Use Only

Plans approved as submitted *[Signature]* Date _____

Plans approved as marked *[Signature]* Date 7/7/93

A/C Area 5734 sq. ft. x \$60. = \$ 302,040

Non A/C Area 3302 sq. ft. x \$25. = \$ 82,550

Total = \$ 384,590

Contract Price \$ 384,590 (fee will be charged on higher amount)

_____ M. x \$8.00 = \$ 3080 Building Fee
 25% Owner/Builder Fee \$ ~~_____~~ (if applicable)
 A/C Fee \$ 100
 Electrical Fee \$ 100
 Plumbing Fee \$ 100
 Roofing Fee \$ 100
 Radon Fee .005/sq ft \$ 41.68
 County Impact Fee \$ ~~1177~~
 TOTAL PERMIT FEE \$ 3521.68
 PAYMENT RECEIVED Wah Bwe 7/2/93
 Signature Date

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 384000.00.

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

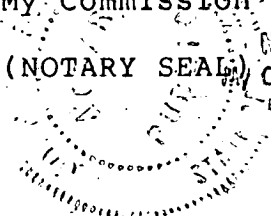
Frank [Signature]
Affiant
Property street address:
135 S. River Rd
Stuart FL 34996

Sworn to and subscribed
before me this 15th day of
April, 1994.

Joan H. Barrow
Notary Public

STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL) Notary Public, State of Florida
Commission Expires Nov. 16, 1994
Bonded Thru Troy Fain - Insurance Inc.



945026

DOC-DEED \$ 6,450.00 MARSHA STILLER
 REC-MTG \$ _____ MARTIN COUNTY
 REC-ASM \$ _____ CLERK OF CIRCUIT COURT
 INT TAX \$ _____ BY [Signature] D.C.

RECORD VERIFIED

**WARRANTY DEED TO TRUSTEE
 (STATUTORY REFERENCE - CHAPTER 689.071 F.S.)**

Ad Valorem Tax Identification: 13-38-41-000-000-00040-9

THIS INDENTURE WITNESSETH, that the Grantor, PHILIP R. BRADEN, individually and as Trustee u/d/t dated September 23, 1983, joined by his wife, EVELYN BRADEN, of the County of Martin and State of Florida, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration in hand paid, receipt of which is acknowledged, grants, conveys and warrants unto PIERCE K. CROMPTON, JR., as Trustee of that certain Trust Agreement dated January 6, 1988, as amended and restated on August 13, 1991, (the "Trust"), of 1001 Morse Blvd., Singer Island, Florida 33404, and whose social security number is 221-20-4326, the property situate in Martin County, Florida and more particularly set forth on Exhibit "A" and made a part hereof (the "Property"), together with all appurtenances, privileges, rights, interests, dower, reversions, remainders and easements thereunto, appertaining:

TO HAVE AND TO HOLD the Property in fee simple upon the Trust and for the uses and purposes herein and those set forth in the Trust.

This conveyance is granted pursuant to and shall be governed by the provisions of Section 689.071, Florida Statutes.

Full power and authority is hereby granted to the Trustee to improve, subdivide, protect, conserve, sell, lease, encumber and otherwise manage and dispose of the Property or any part thereof, to dedicate parks, streets, highways or alleys and to vacate any subdivision or part thereof, to resubdivide the Property as often as desired, to contract to sell, to grant options to purchase, to sell on any terms, to convey either with or without consideration, to convey the Property or any part thereof to a successor or successors in trust and to grant the successor or successors in trust of all the title, estate, powers and authorities vested in the Trustee, to donate, to dedicate, to mortgage, pledge or otherwise encumber the Property, or any part thereof, to lease the Property or any part thereof, from time to time, in possession or reversion, by leases to commence in praesenti or in futuro, and upon any terms and for any period or periods of time, not exceeding in the case of any single demise the term of 99 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter, to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or in any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals, to partition or to exchange the Property, or any part thereof, for other real or personal property, to submit the Property to condominium or to a declaration of covenants and restriction for a homeowner's association, to grant easements or charges of any kind, to release, convey or assign any right, title or interest in or about or easement appurtenant to the Property or any part thereof, and to deal with the Property and every part thereof in all other ways and for any other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter.

Upon the death, disability, or resignation of the Trustee, the successor trustee under the Trust referred to above shall be WILMINGTON TRUST COMPANY, a Delaware corporation, hereinafter referred to as the "Successor Trustee". The written acceptance by the Successor Trustee, recorded among the public records in the county where the Property is located, together with evidence of the Trustee's death, disability, or resignation, shall be deemed conclusive proof that the Successor Trustee provisions of the Trust have been complied with. Evidence of the Trustee's death shall consist of a certified copy of the Trustee's death certificate. Evidence of the Trustee's disability shall consist of a licensed physician's affidavit establishing that the Trustee is incapable of performing the Trustee's duties as Trustee of the Trust. Evidence of the Trustee's resignation shall consist of a resignation, duly executed and acknowledged by the Trustee. The Successor Trustee shall have the same powers granted to the original Trustee as set forth herein.

Any contract, obligation or indebtedness incurred or entered into by the Trustee in connection with the Property shall be as Trustee of an express trust and not individually, and the Trustee shall have no obligation whatsoever with respect to any contract, obligation or indebtedness except only so far as the Property in the actual possession of the Trustee shall be applicable for the payment and discharge thereof; it is expressly understood that any representations, warranties, covenants, undertakings and agreements hereinafter made on part of the Trustee, whole in form purporting to be the representations, warranties, covenants, undertakings and agreements of the Trustee, are nevertheless made and intended not as personal representations, warranties, covenants, undertakings and agreements by the Trustee or for the purpose or with the intention of binding the Trustee personally, but are made and intended for the purpose of binding only Property specifically described herein; and that no personal liability or personal responsibility is assumed by nor shall at any time be asserted or enforceable against the Trustee individually on account of any instrument executed by or on account of any representation, warranty, covenant, undertaking or agreement of the Trustee, either expressed or implied, all personal liability, if any, being expressly waived and released and all persons and corporations whomsoever and whatsoever shall be charged with notice of this condition from the date of the filing for the record of this deed.

In no case shall any party dealing with the Trustee in relation to the Property, or to whom the Property or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by the Trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on the Property, or be obliged to see that the terms of the trust have been complied with, or be obliged to inquire into the necessity or expediency of any act of the Trustee, or be obliged or privileged to inquire into any of the terms of the Trust; and every deed, trust deed, mortgage, lease or other instrument executed by the Trustee in relation to the Property shall be conclusive evidence in favor of every person relying upon or claiming under any conveyance, lease or other instrument, (a) that at the time of delivery thereof the trust created by this Indenture and by the Trust was in full force and effect, (b) that the conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Indenture and in the Trust or in some amendment thereof and binding upon all beneficiaries thereunder, (c) that the Trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument, and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of the Trustee's predecessor in trust.

The interest of each beneficiary under this Deed and

under the Trust hereunder and of all persons claiming under them or any of them shall be only in the possession, earnings, avails and proceeds arising from the sale or other disposition of the Property, and no beneficiary hereunder shall have any title or interest, legal or equitable in or to the Property as such, but only an interest in the possession, earnings, avails and proceeds thereof as aforesaid.

AND the Grantor hereby covenants with the Grantee that Grantor is lawfully seized of the Property in fee simple; that the Grantor has good right and lawful authority to sell and convey the Property; that the Grantor hereby fully warrants the title to the Property and will defend the same against the lawful claims of all persons whomsoever; and that the Property is free of all encumbrances.

IN WITNESS WHEREOF, the Grantor aforesaid has hereunto set their hands and seals this 3rd day of June, 1992.

Signed, sealed and delivered in the presence of:

Gregory G. Keane

Name: GREGORY G. KEANE

Michele Von Gerichten

Name: MICHELE VON GERICHTEN

Gregory G. Keane

Name: GREGORY G. KEANE

Michele Von Gerichten

Name: MICHELE VON GERICHTEN

Philip R. Braden

PHILIP R. BRADEN, individually and as Trustee u/d/t dated 9/23/83

317 E. Osceola Street
Stuart, FL 34994

Evelyn Braden

EVELYN BRADEN
317 E. Osceola Street
Stuart, FL 34994

STATE OF FLORIDA

COUNTY OF MARTIN

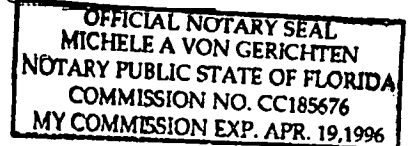
The foregoing instrument was acknowledged before me this 3rd day of June, 1992, by PHILIP R. BRADEN, individually and as Trustee u/d/t dated September 23, 1983, joined by his wife, EVELYN BRADEN, who have produced Florida Drivers Licenses as identification and who did not take an oath.

Michele Von Gerichten

Notary Public

Print Name: MICHELE VON GERICHTEN

My Commission Expires:




This Deed prepared by:

Gregory G. Keane, Esq.
Hampton Murphy Keane & Pyle
900 E. Ocean Blvd., Ste. 244
Stuart, FL 34994
(407) 288-0000

EXHIBIT A

Beginning at a point on the West Shore of the Indian River, on Lot 1, of Miles or Hanson Grant, according to map of Commissioner's Subdivision of said Grant, filed December 30, 1901, recorded in Plat Book B, Page 59, Dade County, Florida, public records, where a line parallel to and 631 feet South of the North line of said Lot 1, of the Miles or Hanson Grant intersects the waters of the Indian River, being the point or place of beginning; (1) thence meandering said Indian River in a Southerly direction along said shoreline to a point where a line parallel to and 772.80 feet South of the North line of said Lot 1, Miles or Hanson Grant intersects the waters of the said Indian River; (2) thence run Westerly on a line parallel to and 772.80 feet South of the North line of Lot 1 of said Grant to the East shore of the St. Lucie River; (3) thence meandering the said East shore in a Northerly direction to a point where a line parallel to and 631 feet South of the North line of said Lot 1, intersects the waters of said St. Lucie River; (4) thence run Easterly on a line parallel to and 631 feet South of the said North line of Lot 1 of the Miles or Hanson Grant to the shore of the Indian River to the point or place of beginning. ALSO DESCRIBED AS: The South 141.86 feet of Lot 3, Subdivision of Lot 1, Miles or Hanson Grant, Plat Book 1, Page 129, Palm Beach County, Florida, public records. LESS land lying East of River Road and Sewall's Point Road.

FILED FOR RECORD
MARTIN CO., FLA.
12 JUN -4 AM 9: 21
MARSHA STILLER
CLERK OF CIRCUIT COURT
BY  D.C.

LEGAL DESCRIPTION

BEGINNING AT A POINT ON THE WEST SHORE OF THE INDIAN RIVER, ON LOT 1, OF MILES OR HANSON GRANT, ACCORDING TO MAP OF COMMISSIONER'S SUBDIVISION OF SAID GRANT, FILED DECEMBER 30, 1901, RECORDED IN PLAT BOOK 3, PAGE 59, DADE COUNTY, FLORIDA, PUBLIC RECORDS, WHERE A LINE PARALLEL TO AND 631 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, OF THE MILES OR HANSON GRANT INTERSECTS THE WATERS OF THE INDIAN RIVER BEING THE POINT OR PLACE OF BEGINNING; (1) THENCE MEANDERING SAID INDIAN RIVER IN A SOUTHERLY DIRECTION ALONG SAID SHORELINE TO A POINT WHERE A LINE PARALLEL TO AND 772.80 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, MILES OR HANSON GRANT INTERSECTS THE WATERS OF THE SAID INDIAN RIVER; (2) THENCE RUN WESTERLY ON A LINE PARALLEL TO AND 772.80 FEET SOUTH OF THE NORTH LINE OF LOT 1 OF SAID GRANT TO THE EAST SHORE OF THE ST. LUCIE RIVER; (3) THENCE MEANDERING THE SAID EAST SHORE IN A NORTHERLY DIRECTION TO A POINT WHERE A LINE PARALLEL TO AND 631 FEET SOUTH OF THE NORTH LINE OF SAID LOT 1, INTERSECTS THE WATERS OF SAID ST. LUCIE RIVER; (4) THENCE RUN EASTERLY ON A LINE PARALLEL TO AND 631 FEET SOUTH OF THE SAID NORTH LINE OF LOT 1 OF THE MILES OR HANSON GRANT TO THE SHORE OF THE INDIAN RIVER TO THE POINT OR PLACE OF BEGINNING. ALSO DESCRIBED AS: THE SOUTH 141.86 FEET OF LOT 3, SUBDIVISION OF LOT 1, MILES OR HANSON GRANT, PLAT BOOK 1, PAGE 129, PALM BEACH COUNTY, FLORIDA, PUBLIC RECORDS.

SUBJECT TO EXISTING MORTGAGE OF RECORD LESS ALL LAND LYING EAST OF SEWALL'S POINT ROAD.

SUBJECT TO EASEMENTS, RESERVATIONS AND ZONING AND RIGHTS-OF-WAY OF RECORD.

INSTRUCTIONS

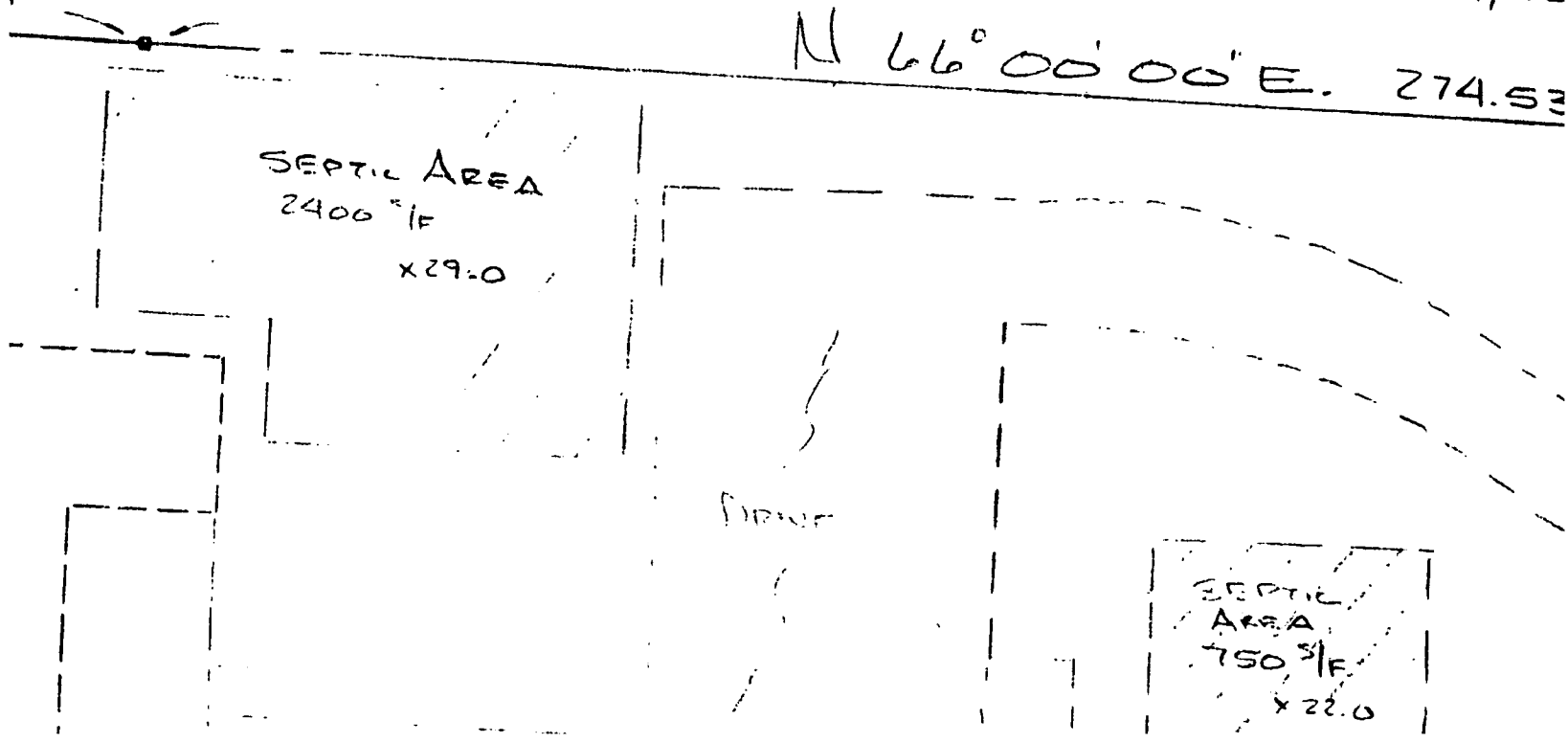
ENO. 4" x 4" C.M.
0.90' N. LINE

NORTH PORT
LOT 3
PLAT BOOK 1, PALM

N 66° 00' 00" E. 274.53

SEPTIC AREA
2400' ±
x 29.0

SEPTIC AREA
750' ±
x 22.0





STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

— MAIN HOUSE

AUG 5 1993

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Crosby

SEPTIC TANK PERMIT NO. 93-058

LEGAL DESCRIPTION: 135 River Rd. Sewalls Point

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: # 3420 (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is 143" inches (circle one) above below benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches (circle one) above/ below crown of road elevation shown on septic tank permit.
- 4. I certify that the top of the drainfield pipe elevation is _____
- 5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram ___A/ ___B on reverse side) Date Observed: ___/___/___
- 6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: ___/___/___
- 7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: ___/___/___

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

CERTIFIED BY: STEPHEN J. BROWN

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

Date: 8/5/93 Job Number: 1833-01-01

[Signature]
(Signature)

-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

[Signature]
Martin County Health Unit Approval Signature

8-6-93
(Date)



UTILITY BLDG
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Crompton SEPTIC TANK PERMIT NO. 93-057
LEGAL DESCRIPTION: 135 River Rd

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: # 3420 (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is 66 inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches (circle one) above/ below crown of road elevation shown on septic tank permit.
- 4. I certify that the top of the drainfield pipe elevation is _____
- 5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram A/ B on revers. side) Date Observed: / /
- 6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: / /
- 7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: / /

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

CERTIFIED BY: STEPHEN J. BROWN As applicant or applicant's representative, I understand the above requirements.
Date: 9/5/93 Job Number: 1833-01-01 Jerry Madley (Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----
[Signature] 8-6-93
Martin County Health Unit Approval Signature (Date)

HRS-MARTIN COUNTY
PUBLIC HEALTH UNIT

Your septic system was inspected on 4/22/94

HD 93-057 & 93-058

- Approved and Cover
- Cover but hold for:
 - Final Grade (see Permit for specifications)
 - Other: _____

- Do not cover, disapproved for the following reasons:
 - Well and well
reinspection fee _____
 - Other: _____

- System Reinspection Not Approved
- Reason(s): _____

Final Grade Pass-System Approved

Please allow this office two working days to schedule a reinspection. If you have any questions, contact _____

at 221-4090.



- MAIN HOUSE

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Cronkton SEPTIC TANK PERMIT NO. 93-058
 LEGAL DESCRIPTION: 135 River Rd. Sewalls Point.

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: _____ (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches (circle one) above/ below crown of road elevation shown on septic tank permit.
- 4. I certify that the top of the drainfield pipe elevation is _____.
- 5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram ___A/ ___B on reverse side) Date Observed: ___/___/___
- 6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: ___/___/___
- 7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: ___/___/___

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

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

Date: _____ Job Number: _____ (Signature)

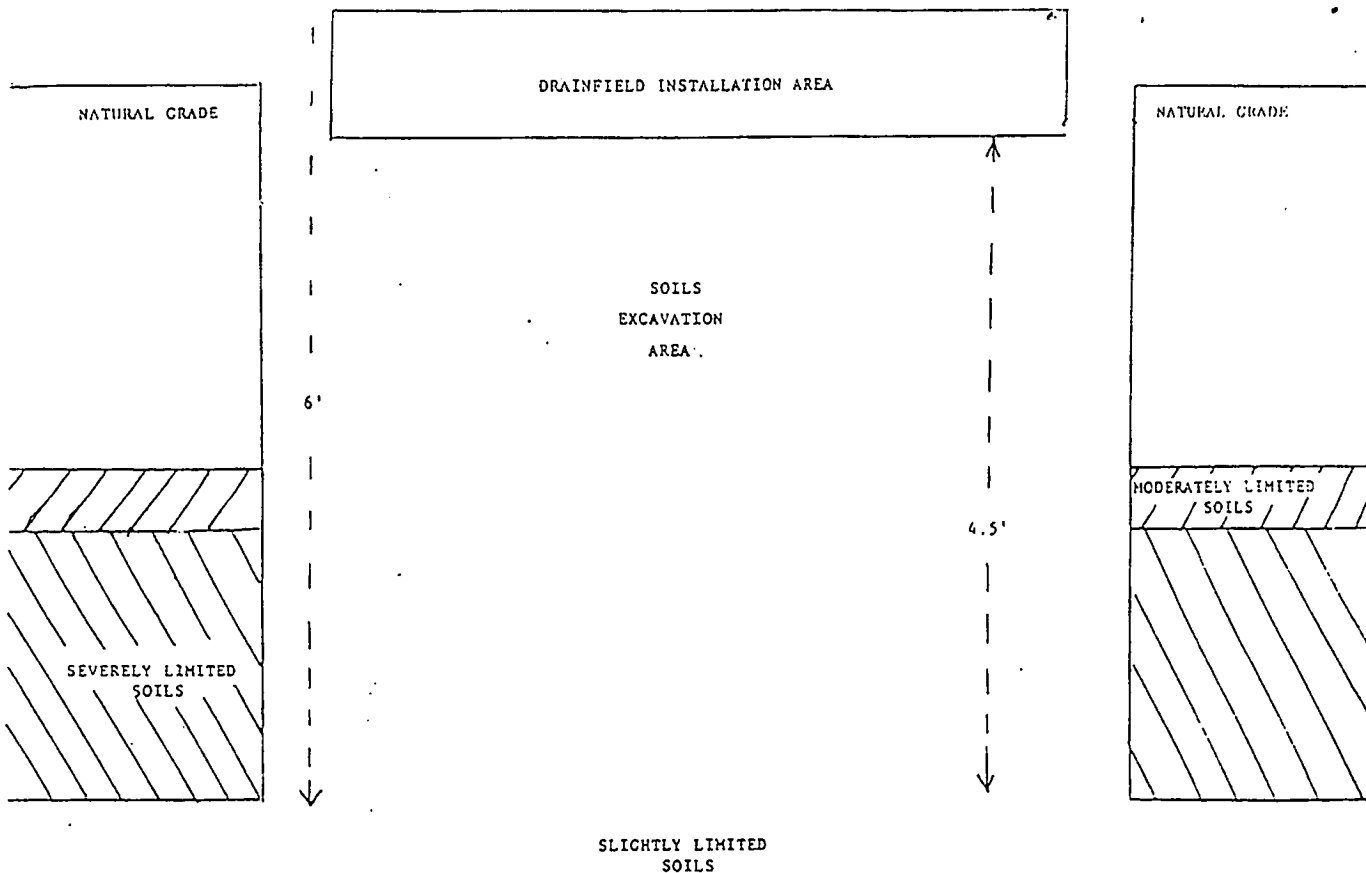
-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

 Martin County Health Unit Approval Signature (Date)

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM A"

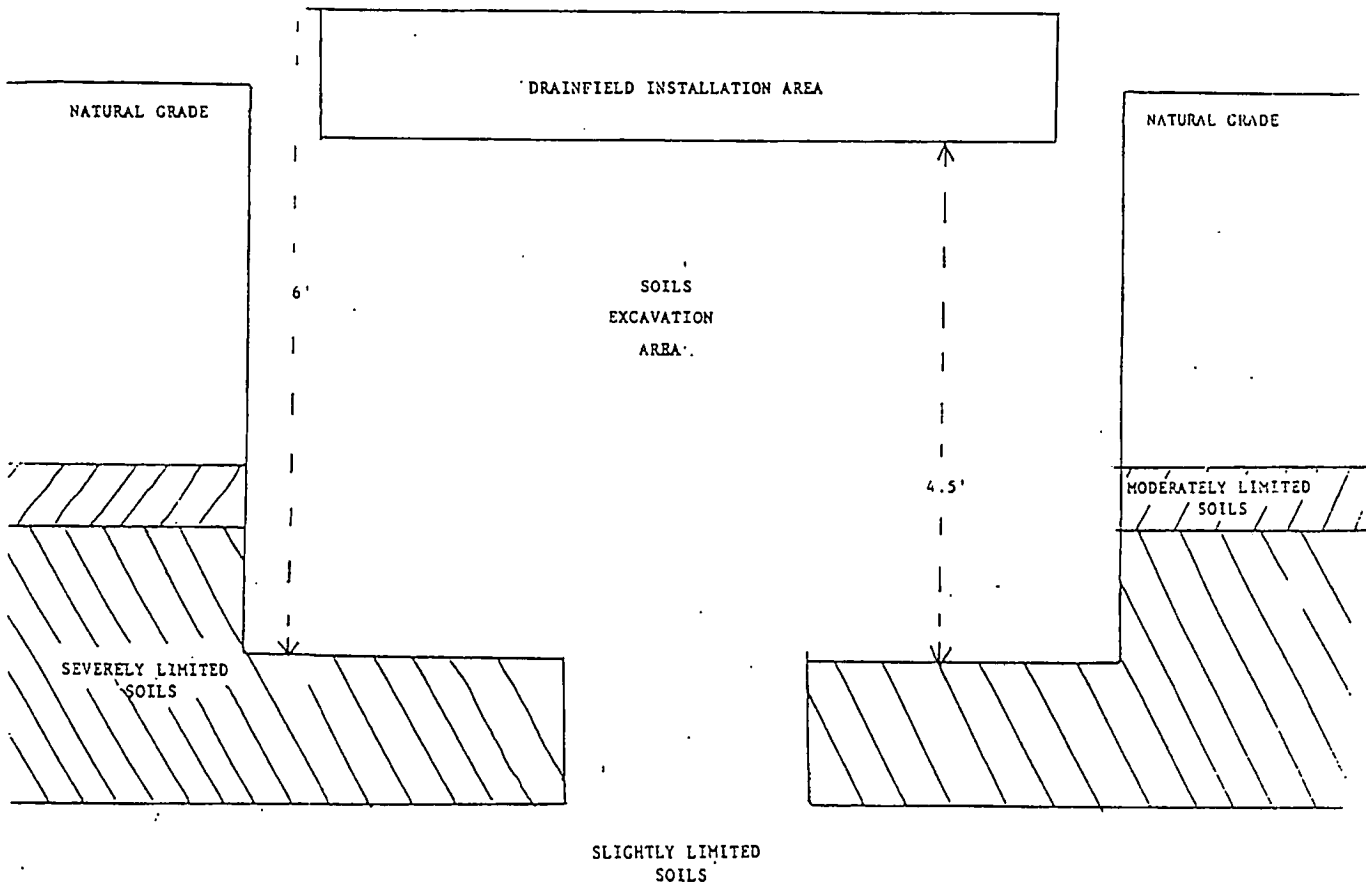


4/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM B"



NTS

S. J. ... DA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
 PERMIT FOR CONSTRUCTION OF AN ONSITE SEWAGE DISPOSAL SYSTEM

MAIN HOUSE

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

Application/Permit Number HD93-058

Permit is for:
 New System: X Repair: _____ Existing System: _____ Experimental System (Temporary): _____
 Tank Abandonment: _____ Holding Tank: _____ Other (Specify): _____

Owner: Vierce Crampton GENERAL INFORMATION Telephone: (Work) 220-1693 (Home) _____
 Property Street Address: 135 S. River Rd. Sewalls Point.
 Lot #: _____ Block #: _____ Subdivision: _____ Unit: _____
 Section: _____ Township: _____ Range: _____ Parcel Number: _____

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

SYSTEM DESIGN AND SPECIFICATIONS

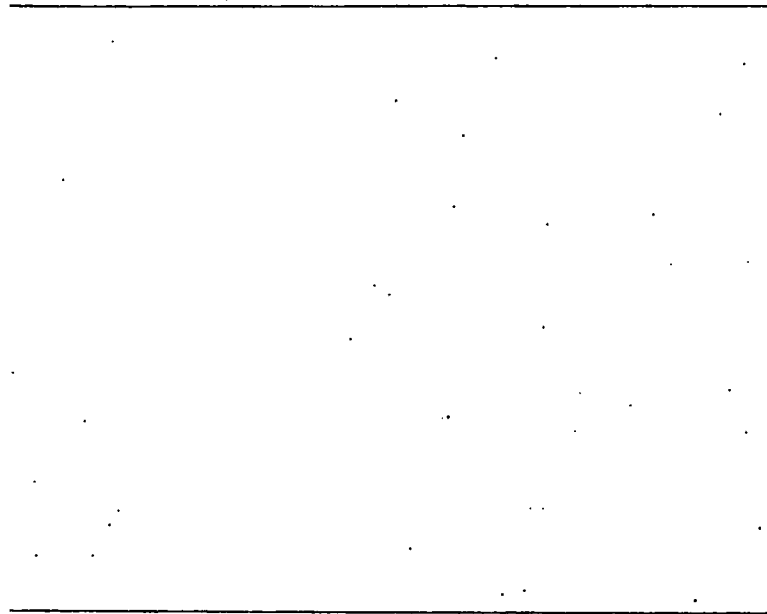
Design Sewage Flow from Table II 1050 GPD Most Restrictive Soil Texture Used for System Sizing: Sand
 Loading Rate: 1.75 Gallons/Square Foot/Day Standard: X Filled: _____ Mound: _____ Other: _____
 Disposal system configuration: Trench: X Bed: _____ Other (describe): _____
 Minimum absorption area required: 600 Square Feet 5 Trenches (3' w/e) w/ 5' between trenches x 40'L
 Bottom of drainfield absorption area must be 111 (9.25') inches above/below (circle one) benchmark/ fixed point of reference.
 Is Fill required? Yes _____ No ✓ If Yes, What is the Minimum Height of Fill Required: _____ Inches/Feet
 Excavation Required: Yes _____ No ✓ Minimum Depth of Excavation: _____ Ft. Area Excavated: _____ Square Feet
 Unobstructed area required: 1200 Square Feet Unobstructed area available: 2400 Square Feet
 Septic tank liquid capacity: 1900 gallons w/ baffles Minimum Drainfield Area Required: 600 Square Feet
 Laundry tank liquid capacity: _____ gallons Minimum Drainfield Area Required: _____ Square Feet
 Gray water tank liquid capacity: _____ gallons Minimum Drainfield Area Required: _____ Square Feet
 Aerobic treatment unit treatment capacity: _____ gpd Minimum Drainfield Area Required: _____ Square Feet
 Grease interceptor capacity: _____ gallons Dosing Tank: Capacity/Volume per Dose (circle one): _____ gallons
 Holding Tank Capacity (must be sufficient to handle all waste generated over a seven day period): _____ gallons
 Additional construction criteria: Drainfield rock must be 5 feet from front or rear property lines and 5 feet from side property lines. Excavation must be a minimum of one / three feet beyond drainfield installation area.
-Top of building stub-out is required to be a minimum elevation of 131" ABOVE BM Elev. 17.76
-Top of drainfield pipe is required to be a minimum elevation of 121" ABOVE BM " "
-Top of septic tank is required to be a minimum elevation of 135" ABOVE BM " "
See Special Conditions List

SEPTIC TANK IS REQUIRED TO BE AT FINISHED SOIL GRADE, DO NOT EXCEED 18 INCHES OF COVER OVER DRAINFIELD ROCK.
 Design by: _____ Title: _____
 If designed by a P.E., provide registration number: _____ Place your seal upon the appropriate plans and attachments.

TO BE COMPLETED BY HEALTH UNIT:
 Application Received: 3, 12, 93 Reviewed by: Alan M. Rodriguez Title: E.S.I Martin CPHU
 Incomplete: _____ Disapproved: _____ Date: 1 / 1 Reason: _____
 Disapproved: _____ Date: 1 / 1 Reason: _____
 Approved: ✓ By: Alan M. Rodriguez Martin CPHU Date: 3, 12, 93
 Date Issued: 3, 12, 93 Date of Expiration: 3, 12, 94 Amount of Fee Paid: \$ 185.00

Inspection Performed ___/___/___
Property Owner: _____ Lot: _____ Block: _____ Subdivision: _____ Unit: _____
Property Street Address: _____ Section: _____ Township: _____ Range: _____ Parcel: _____

Abandonment: Tank Pumped ___/___/___ Crushed and Filled ___/___/___ Approved by: _____
Installer: _____ Approved: Yes ___ No ___ Registration #: _____
Tank Size(s): _____ gallons Tank Material: _____ Baffle Required: Yes ___ No ___ Installed: Yes ___ No ___
Proper Legend: Yes ___ No ___ Level: Yes ___ No ___ Watertight: Yes ___ No ___ Outlet Device: Yes ___ No ___
Excavation & Fill as required: Yes ___ No ___ System at proper elevation: Yes ___ No ___ Fill Adequate: Yes ___ No ___
Absorption area adequate: Yes ___ No ___ Amount of Drainfield Installed: _____ Square Feet
Installed in: Trenches ___ Absorption Bed ___ Other(describe) _____



System located as permitted: Yes ___ No ___
All setbacks maintained as required: Yes ___ No ___
Well Setback _____ Ft Water Line Setback _____ Ft
Property Line Setback _____ Ft Foundation Setback _____ Ft
Surface Water Setback _____ Ft Drainage Setback _____ Ft
Aggregate Suitable: Yes ___ No ___ DOT Grade #: _____
Aggregate Depth: Minimum: _____ Maximum: _____
Drainfield Dimensions: _____ X _____
Number of Lines: _____ Length of lines: _____ Ft _____ Ft _____ Ft
Pipe separation OK: Yes ___ No ___ Proper slope: Yes ___ No ___
Distribution Box/Header Pipe Level: Yes ___ No ___
Unobstructed area required: _____ Sq Ft
Unobstructed area available: _____ Sq Ft
Depth of Cover Material: _____ inches
High Water Alarm: _____ Pump Size: _____
Soil Type _____ Impervious Layer _____ Ft
Construction Status: Disapproved ___ Date ___/___/___
Reason: _____
Construction Status: Disapproved ___ Date ___/___/___
Reason: _____
Construction Approval: Yes ___ No ___ _____ CPHU
By: _____ Date: ___/___/___

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

MOUND & FILLED SYSTEM INSPECTION

System stabilized Yes ___ No ___ Shoulders Adequate: Yes ___ No ___ Slopes Adequate: Yes ___ No ___
Approved Stabilization Material: Yes ___ No ___ Stabilization Material Used: _____
Construction Status: _____
Disapproved: ___ Date: ___/___/___ Reason: _____
Disapproved: ___ Date: ___/___/___ Reason: _____
Construction Approved: _____ By: _____ CPHU Date ___/___/___

FINAL INSTALLATION APPROVAL

Building Area: _____ Square Feet Number of Bedrooms: _____ Number of Units: _____
Well locations proper: Yes ___ No ___ Drainage Structures Located Properly: Yes ___ No ___
Final System Approval Status: _____
Disapproved: ___ Date: ___/___/___ Reason: _____ CPHU
Disapproved: ___ Date: ___/___/___ Reason: _____ CPHU
Inspection Fees Paid: Yes ___ No ___ N/A ___ Date Paid ___/___/___ Amount Fee Paid: _____
Final System Approval: _____ By: _____ CPHU Date: ___/___/___



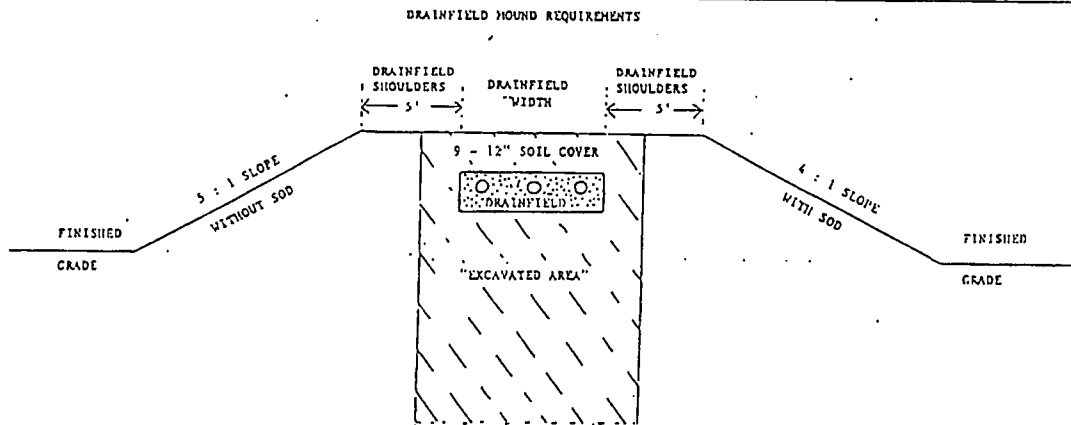
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CONDITIONS OF PERMIT

APPLICANT Crompton SEPTIC TANK PERMIT # 93-058

For permit specifications see attached HRS-H Form 4016

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



NOTE: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

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



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Crompton PERMIT NO. (HD) 93-058
SUBDIVISION: 135 River Road Sewalls

N O T E SPECIAL CONDITION(S) MARKED "X" ARE IN EFFECT.

1. DRAINFIELD MUST BE MAINTAINED UNDER GRASS; ___ AND PROTECTED FROM VEHICULAR TRAFFIC (TRAFFIC BARRIERS).
2. OPERATIONAL TEST OF DOSING PUMP(S) AND HIGH WATER ALARM (AUDIBLE / VISUAL) REQUIRED PRIOR TO FINAL CONSTRUCTION APPR.
3. DRIVEWAY / SIDEWALK ELEVATION MUST BE 9" HIGHER THAN DRAIN-FIELD PIPE ELEVATION.
4. SEPTIC SYSTEM MUST BE 75' FROM SURFACE WATER / WETLANDS / MEAN HIGH WATER LINE.
5. EXCAVATE ONE / THREE FEET BEYOND DRAINFIELD AREA TO A DEPTH OF 4.5' BELOW DRAINFIELD ROCK.
6. IN ADDITION TO ITEM #5, 33% OF UNSUITABLE SOILS AT DEPTHS GREATER THAN 4.5' BELOW THE BOTTOM OF THE DRAINFIELD MUST BE REMOVED TO A DEPTH OF SLIGHTLY LIMITED SOILS.
7. EXISTING WELL(S) MUST BE PROPERLY ABANDONED BY A CERTIFIED WELL DRILLER. THE ATTACHED WELL ABANDONMENT FORM(S) MUST BE COMPLETED BY THE WELL DRILLER AND SUBMITTED TO THIS OFFICE PRIOR TO INITIAL BUILDING CONSTRUCTION OR SYSTEM INSTALLATION.
8. SEPTIC TANK ABANDONMENT PERMIT, FEE AND ABANDONMENT APPROVAL FOR THE EXISTING TANK(S) MUST BE RECEIVED BY THIS OFFICE PRIOR TO FINAL CONSTRUCTION APPROVAL.
9. MOUND AREA MUST BE SODDED OR STABILIZED WITH SEED AND HAY PRIOR TO FINAL GRADE INSPECTION.
10. ANY FUTURE PONDS OR SURFACE WATER CREATED ONSITE MUST BE 75' FROM SEPTIC SYSTEM(S).
11. AVAILABLE AREA FOR SEPTIC INSTALLATION MUST TO BE EVENLY FILLED AND LEVELED.
- SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.

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

SPECIAL CONDITION REQUIREMENTS

PAGE 2

12. SEPTIC SYSTEM MUST BE A MINIMUM OF 15 FEET FROM DRAINAGE CULVERTS, DRY RETENTION AREAS, STORM WATER DRAINAGE SYSTEMS.
13. OCCUPATIONAL APPROVAL WILL NOT BE GIVEN UNTIL ALL REQUIREMENTS FOR PUBLIC WATER SYSTEM/ FOODSERVICE/ INSTITUTIONAL/ SEPTIC SYSTEM ARE MET.
-
14. SEPTIC TANK/ DOSING CHAMBER/ GREASE TRAP MUST HAVE TRAFFIC LIDS WITH TWO MANHOLES COVERS PER TANK EXTENDING TO THE SURFACE.
15. GALLON OUTSIDE GREASE TRAP(S) IS REQUIRED. THE GREASE TRAP SHOULD BE CONNECTED WITH THE OUTLET TEE EXTENDING TO WITHIN 8" OF THE BOTTOM OF THE TANK. THE FOLLOWING MUST BE CONNECTED TO THE GREASE TRAP.
- A) HANDWASH SINK(S).
 - B) THREE COMPARTMENT SINK(S).
 - C) FLOOR DRAINS.
 - D) CAN WASH, JANITOR'S SINK(S).
 - E) DISHWASHER IF PRESENT.
- ALL OTHER GREASELESS FLOW SHOULD BE CONNECTED DIRECTLY TO THE SEPTIC TANK.
16. _____ TO BE DOSED TWO / SIX TIMES IN A TWENTY-FOUR HOUR PERIOD IS REQUIRED. A HIGH WATER ALARM THAT GIVES AUDIBLE AND VISUAL SIGNALS IS REQUIRED. IF TWO DRAINFIELDS ARE USED, EACH FIELD MUST BE CONNECTED TO AN INDIVIDUAL PUMP.
17. TWO PUMPS ARE REQUIRED TO ALTERNATELY DOSE INTO AT LEAST TWO SEPARATE FIELDS.
18. NO SPRINKLERS, ROOF DRAINAGE OR GUTTER DRAINS ARE ALLOWED TO DRAIN INTO DRAINFIELD ROCK AREA.
19. WATER LINE MUST BE TEN FEET FROM DRAINFIELD OR; A. DOUBLE SLEEVED. B. ENCASED IN CONCRETE.
20. OTHER: _____
-
-

N O T E - \$25.00 REINSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

QUESTIONS CONCERNING SPECIAL CONDITIONS CAN BE ANSWERED BY CALLING E. M. Kober AT (407) 221-4090.



HD 93-058

SITE EVALUATION & SYSTEM SPECIFICATIONS

Application/Permit Number _____

Permit Is For:

New System _____ Repair _____ Existing System _____ Experimental System(Temporary) _____ Other(specify) _____

APPLICABLE LEGISLATION

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

SITE AND SOIL EVALUATION

The Elevation of proposed system site is: 135 inches above/below (circle one) the benchmark/reference point.
Benchmark/Reference Point Location: 17.76 Elevation: Assumed Actual
Setback to Surface Waters: 75+ Ft.
Setback to Ditches/Swales from System Site: 100+ Ft. Ditches/Swales contiguous to property normally: Wet _____ Dry _____
Is the site subject to frequent flooding? Yes _____ No Is site subject to 10 Year flooding? Yes _____ No
if subject, what is 10 year flood elevation for site: _____ Ft. MSL/NGVD Site Elevation: 201 Ft. MSL/NGVD
Setback to wells from system site: Public NA Ft. Limited Use _____ Ft. Private _____ Ft. Non-potable _____ Ft.

SOIL PROFILE INFORMATION SITE #1

SOIL PROFILE INFORMATION SITE #2

MUNSELL # & COLOR	TEXTURE	DEPTH
VD. Gray-Brown-10YR	3/2 Sand	0 to 5
Light Gray-10YR	1/2 Sand	5 - 32
Yellowish Brown-10YR	2 5/8 Sand	32 - 46
Light Yellow-10YR	1/2 Sand	46 - 68
Light Yellow-10YR	1/2 Sand	68 - 80

MUNSELL # & COLOR	TEXTURE	DEPTH
VD. Gray-Brown 10YR	3/2 Sand	0 to 7
Light Gray 10YR	1/2 Sand	7 - 34
Yellowish Brown 10YR	2 5/8 Sand	34 - 48
Light Yellow 10YR	1/2 Sand	48 - 72

Public City H2O

USDA Soil Series Name: Paola # 6

USDA Soil Series Name: Paola # 6

Observed Water Table at the time of the evaluation is: 72+ above/below (circle one) existing grade
Estimated Wet Season Water Table is: 48" above/below (circle one) existing grade
Type water table: Perched _____ Apparent Is soil Mottled? Yes _____ No At What Depth: _____
Are the Vegetative species on site indicative of high wet season water table? Yes _____ No Type: _____

Site evaluated by: Sue E. Fante Title: EMS Date: 3/10/93

SYSTEM SPECIFICATIONS

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

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

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

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

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

Building Permit #: _____
Application/Permit Number HD93-058
Date Application Received 3/1/93
Fee Amount Paid \$185⁰⁰
Receipt # 04091
Date Paid 3/1/93

Application Is For:
New System: Repair: _____ Existing System: _____ Experimental System (Temporary): _____
Tank Abandonment: _____ Holding Tank: _____ Other (Specify): _____

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

TO BE COMPLETED BY APPLICANT:

GENERAL INFORMATION

Owner: PIERCE CROMPTON Telephone: (Work) 220-1693 (Home) _____

Owner's Mailing Address: 135 S. RIVER ROAD City: SEWALLS Pt. State: FLA. Zip: _____

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

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

Property Street Address: 135 RIVER ROAD

Exact Directions to Property: _____

"SEE LOCATION MAP"

Portion of Lot 3, S/D of Lot 1, HANSON GRANT
Lot # _____ Block # _____ Subdivision: _____ Unit: _____ Date Subdivided: 1956

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

Property size: 1.4 ± Square Foot/Acres Water Supply: Private: _____ Public: Limited Use: _____

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

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

BUILDING INFORMATION

Type of Establishment Commercial/Residential (circle one)	# Of Units	Building Area (Square Feet) & Number of Bedrooms	# Of Persons	# Of Seats	Hours of Operation
<u>MAIN HOUSE</u>		<u>3 BDRM</u>			
		<u>5135^{sq} ft / 1/1 c</u>			

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

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

Applicant's Signature: STEPHEN J. BROWN Date: 2/25/93

SITE EVALUATION & SYSTEM SPECIFICATIONS

Application/Permit Number _____

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

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

SITE AND SOIL EVALUATION

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

SOIL PROFILE INFORMATION SITE #1

SOIL PROFILE INFORMATION SITE #2

MUNSELL # & COLOR	TEXTURE	DEPTH
		0 to _____

MUNSELL # & COLOR	TEXTURE	DEPTH
		0 to _____

USDA Soil Series Name: _____ # _____

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

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

SYSTEM SPECIFICATIONS

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

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

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

MAIN HOUSE



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICE

APPLICANT PIERCE CROMPTON
LEGAL DESCRIPTION PORTION LOT 3, SUBDIVISION LOT 1, HANSON GRANT

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

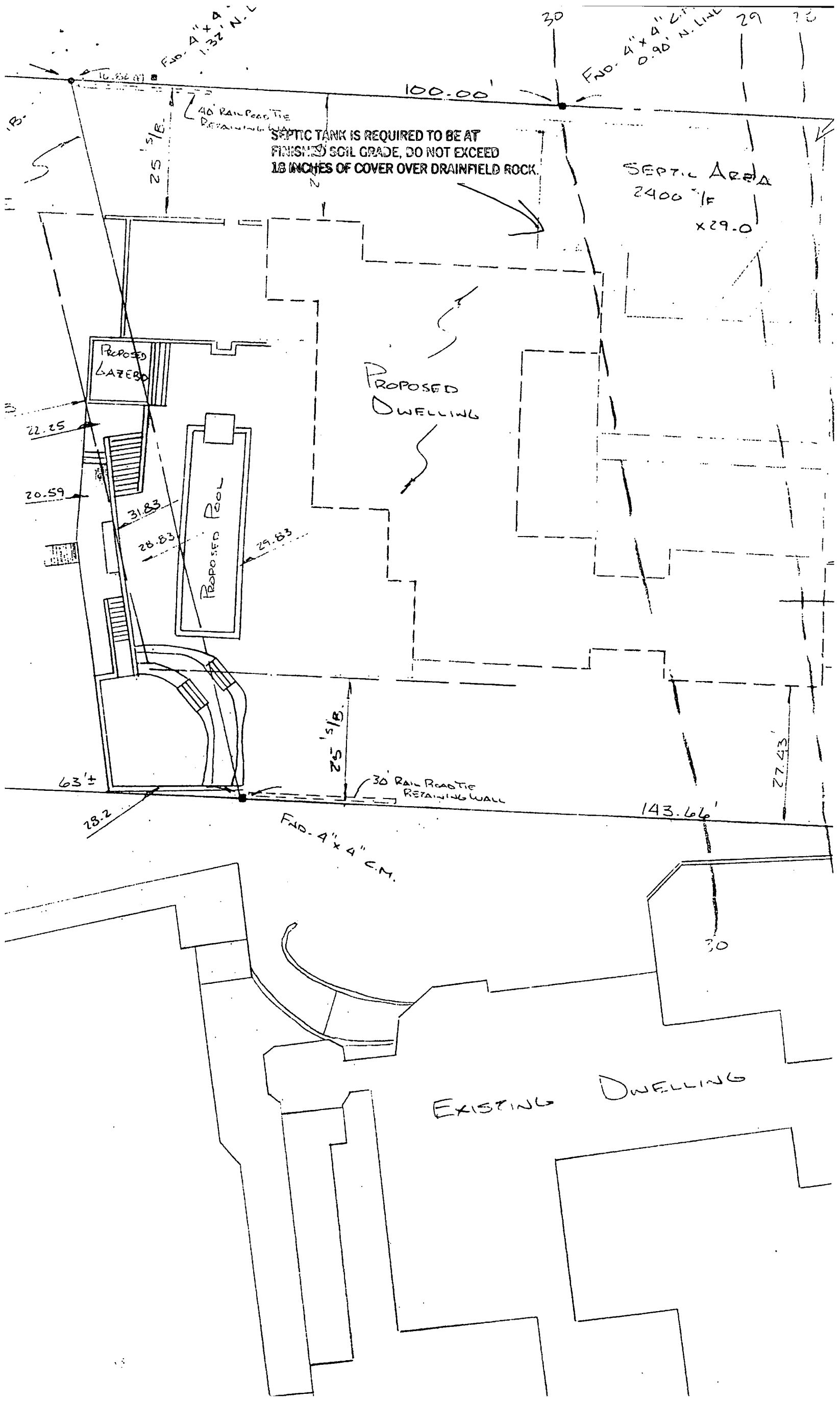
1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? No
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 2400 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION N/A NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 17.76 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 29.00 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? No IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? _____ NGVD.

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

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO. 4049
DATE: 2/25/93 JOB NO. 1233-01-01



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Component Prescriptive Method A

SOUTH

PROJECT NAME: ; BUILDER: BRONCO CONSTRUCTION
AND ADDRESS: RIVER ROAD ; PERMITTING ; CLIMATE
STUART FL 34996 ; OFFICE: SEWALL'S POI ; ZONE: 71 ; 81 ; 91 ;
OWNER: CROMPTON ; PERMIT NO. ; JURISDICTION NO. 531300

CK

- 1. New construction or addition
2. Single family detached or Multifamily attached
3. If Multifamily-No. of units
4. If Multifamily, is this a worst case (yes/no)
5. Conditioned floor area (sq.ft.)
6. Predominant eave overhang (ft.)
7. Porch overhang length (ft.)
8. Glass area and type:
a. Clear Glass
b. Tint, film or solar screen
9. Floor type and insulation:
a. Slab on grade (R-value, perimeter)
10. Net Wall type area and insulation:
a. Exterior: 1. Concrete (Insulation R-value)
a. Exterior: 2. Wood frame (Insulation R-value)
a. Adjacent: 1. Concrete (Insulation R-value)
11. Ceiling type area and insulation:
a. Under attic (Insulation R-value)
b. Single assembly (Insulation R-value)
12. Air distribution systems
a. Ducts (Insulation + Location)
13. Cooling system
14. Heating System:
15. Hot water system:
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)
17. Infiltration practice: 1, 2 or 3
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)
19. EPI (must not exceed 100 points)
a. Total As_Built points
b. Total Base points

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

PREPARED BY: [Signature]
DATE: 6-22-93

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

OWNER/AGENT:
DATE:

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

BUILDING OFFICIAL:
DATE:

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x SPM	x SOF	= POINTS
N	132.80	109.7	14568.2	DBL TINT		N	42.6	54.9	.81	1896.5
				DBL TINT		N	45.0	54.9	.83	2039.3
				DBL TINT		N	15.0	54.9	.84	691.7
				DBL TINT		N	14.2	54.9	.83	643.5
				DBL TINT		N	16.0	54.9	.83	725.1
E	125.50	109.7	13767.4	DBL TINT		E	21.6	109.5	.77	1812.6
				DBL TINT		E	25.8	109.5	.77	2165.1
				DBL TINT		E	14.2	109.5	.79	1225.5
				DBL TINT		E	20.0	109.5	.81	1773.9
				DBL TINT		E	26.4	109.5	.34	982.9
S	327.90	109.7	35970.6	DBL CLR		E	17.5	127.0	.36	808.0
				DBL TINT		S	35.0	107.7	.30	1130.8
				DBL TINT		S	51.6	107.7	.69	3844.7
				DBL TINT		S	48.0	107.7	.79	4107.0
				DBL TINT		S	24.0	107.7	.72	1863.4
W	486.00	109.7	53314.2	DBL TINT		S	10.2	107.7	.65	715.0
				DBL TINT		S	60.8	107.7	.87	5726.0
				DBL TINT		S	72.0	107.7	.30	2326.3
				DBL TINT		S	26.3	107.7	.31	891.0
				DBL TINT		W	48.6	109.5	.77	4078.4
				DBL TINT		W	8.8	109.5	.74	709.6
				DBL TINT		W	28.2	109.5	.81	2501.2
				DBL TINT		W	35.0	109.5	.88	3385.4
				DBL TINT		W	19.3	109.5	.83	1754.1
				DBL CLR		W	45.0	127.0	.34	1943.1
DBL CLR		W	67.5	127.0	.37	3205.8				
DBL TINT		W	177.6	109.5	.90	17567.3				
DBL TINT		W	56.0	109.5	.88	5416.6				

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS

.15	5,084.00	1,072.20	.711	117,620.34	83,657.23	75,929.70
-----	----------	----------	------	------------	-----------	-----------

NON GLASS-----										
AREA	x	BSPM	= POINTS	TYPE	R-VALUE	AREA	x	SPM	= POINTS	

WALLS-----										
Ext	3218.0	1.6	5148.8	Ext Wood Frame	19.0	996.0	1.60	1593.6		
				Ext NormWtBlock In	4.2	2222.0	2.28	5066.2		
Adj	106.0	1.0	106.0	Adj NormWtBlock In	4.2	106.0	1.18	125.1		

DOORS-----										
Ext	32.0	6.4	204.8	Ext Wood		32.0	9.40	300.8		
Adj	20.0	2.6	52.0	Adj Wood		20.0	3.80	76.0		

CEILINGS-----										
UA	3955.0	.8	3164.0	Under Attic	30.0	3658.0	.80	2926.4		
				Single Assembly	19.0	428.0	2.50	1070.0		

FLOORS-----										
Slb	343.0	-20.0	-6860.0	Slab-on-Grade	.0	343.0	-20.00	-6860.0		

INFILTRATION-----										
	5084.0	14.7	74734.8	Practice #1		5084.0	18.60	94562.4		

TOTAL SUMMER POINTS |
160,207.63 | 174,790.14

=====

TOTAL	x	SYSTEM	=	COOLING		TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	COOLING
SUM PTS		MULT		POINTS		COMPON		RATIO		MULT		MULT		MULT		POINTS
160,207.63		.37		59,276.82		174,790.14		1.00		1.100		.280		.950		51,143.60

=====

WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT, ===

GLASS-----										
ORIEN	AREA	x BWPM =	POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	132.80	-.4	-53.1	DBL TINT		N	42.6	2.4	1.11	114.0
				DBL TINT		N	45.0	2.4	1.11	119.6
				DBL TINT		N	15.0	2.4	1.10	39.6
				DBL TINT		N	14.2	2.4	1.11	37.7
				DBL TINT		N	16.0	2.4	1.11	42.5
E	125.50	-.4	-50.2	DBL TINT		E	21.6	-.6	.17	-2.1
				DBL TINT		E	25.8	-.6	.17	-2.6
				DBL TINT		E	14.2	-.6	.25	-2.2
				DBL TINT		E	20.0	-.6	.34	-4.1
				DBL TINT		E	26.4	-.6	-2.41	38.2
S	327.90	-.4	-131.2	DBL CLR		E	17.5	-1.1	-2.19	42.2
				DBL TINT		S	35.0	-2.4	-.86	72.2
				DBL TINT		S	51.6	-2.4	.69	-85.8
				DBL TINT		S	48.0	-2.4	.83	-95.6
				DBL TINT		S	24.0	-2.4	.74	-42.4
W	486.00	-.4	-194.4	DBL TINT		S	10.2	-2.4	.63	-15.4
				DBL TINT		S	60.8	-2.4	.91	-132.6
				DBL TINT		S	72.0	-2.4	-.86	148.6
				DBL TINT		S	26.3	-2.4	-.78	49.4
				DBL TINT		W	48.6	-.6	.17	-4.8
				DBL TINT		W	8.8	-.6	.04	-.2
				DBL TINT		W	28.2	-.6	.34	-5.8
				DBL TINT		W	35.0	-.6	.59	-12.4
				DBL TINT		W	19.3	-.6	.41	-4.7
				DBL CLR		W	45.0	-1.1	-2.41	119.3
DBL CLR		W	67.5	-1.1	-2.10	155.9				
DBL TINT		W	177.6	-.6	.66	-69.9				
DBL TINT		W	56.0	-.6	.59	-19.9				

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS	
AREA	AREA	FACTOR	POINTS	POINTS	POINTS	
.15	5,084.00	1,072.20	.711	-428.88	-305.04	478.76

NON GLASS-----										
AREA	x BWPM =	POINTS	TYPE	R-VALUE	AREA	x WPM =	POINTS			
WALLS-----										
Ext	3218.0	.3	965.4	Ext Wood Frame	19.0	996.0	.30	298.8		
				Ext NormWtBlock In	4.2	2222.0	1.02	2266.4		
Adj	106.0	.5	53.0	Adj NormWtBlock In	4.2	106.0	.44	46.6		
DOORS-----										
Ext	32.0	1.8	57.6	Ext Wood		32.0	2.80	89.6		
Adj	20.0	1.3	26.0	Adj Wood		20.0	1.90	38.0		
CEILINGS-----										
UA	3955.0	.1	395.5	Under Attic	30.0	3658.0	.10	365.8		
				Single Assembly	19.0	428.0	.30	128.4		
FLOORS-----										
Slb	343.0	-2.1	-720.3	Slab-on-Grade	.0	343.0	-2.10	-720.3		
INFILTRATION-----										
	5084.0	1.2	6100.8	Practice #1		5084.0	1.90	9659.6		

TOTAL WINTER POINTS | 6,572.96 | 12,651.74

=====

TOTAL WIN PTS	x MULT	SYSTEM MULT	=	HEATING POINTS		TOTAL COMPON	x RATIO	CAP MULT	x MULT	DUCT MULT	x MULT	SYSTEM MULT	x MULT	CREDIT MULT	=	HEATING POINTS
6,572.96	1.10			7,230.26		12,651.74	1.00	1.100		1.000		.950				13,221.07

=====

WATER HEATING

=== BASE ===

|

=== AS-BUILT ===

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

4		3319.0		13,276.00		65	.94	1.000		3106.0		1.00		12,424.00
---	--	--------	--	-----------	--	----	-----	-------	--	--------	--	------	--	-----------

SUMMARY

=== BASE ===

|

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	;	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
-------------------	---	-------------------	---	---------------------	---	-----------------	---	-------------------	---	-------------------	---	---------------------	---	-----------------

59276.8		7230.3		13276.0		79,783.08		51143.6		13221.1		12424.0		76,788.66
---------	--	--------	--	---------	--	-----------	--	---------	--	---------	--	---------	--	-----------

 * EPI = 96.25 *

ENERGY GUIDE

For detailed information
of the EPI rating number
or for any ITEM listed,
ask your Builder for
DCA Form 600A-93
or Form 600B-93

EPI= 96.2



The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Double Tint	-----X-----			
INSULATION.....					
Ceiling R-Value.....	28.8	R-10		R-30	-----X-----
Wall R-Value.....	8.6	R-0		R-7	-----X-----
Floor R-Value.....	0.0	R-0	X-----	R-19	-----
AIR CONDITIONER.....					
SEER/EER.....	12.0	10.0	SEER	17.0	-----X-----
		9.7	EER	16.0	-----
HEATING SYSTEM.....					
Electric COP/HSPF.....	1.0	2.50	COP	4.19	X-----
Gas AFUE.....	0.00	0.78	AFUE	0.90	-----
WATER HEATER.....					
Electric EF.....	0.94	0.88		0.96	-----X-----
Gas EF.....	0.00	0.54		0.90	-----
Solar EF.....		0.40		0.80	-----
OTHER FEATURES.....					
.....					

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508
 VERO BEACH: (407) 567-6167
 STUART: (407) 283-7711

(Page 1 of 2)

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client: Bronco Construction

Date: August 2 thru
 August 4, 1993

Contractor: Client

Site: 135 S. River Road
 Sewalls Point

Permit #3420

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
8003	Map Location #1	0 - 1'	107.8	8003	113.0	95.4
	Map Location #1	1 - 2'	107.6			95.2
	Map Location #2	0 - 1'	108.2			95.8
	Map Location #2	1 - 2'	108.0			95.6
	Map Location #2	2 - 3'	109.3			96.7
	Map Location #3	0 - 1'	108.8			96.3
	Map Location #3	1 - 2'	109.7			97.1
	Map Location #4	0 - 1'	110.1			97.4
	Map Location #4	1 - 2'	109.9			97.3
	Map Location #4	2 - 3'	111.3			98.5
	Map Location #5	0 - 1'	111.7			98.8
	Map Location #5	1 - 2'	109.7			97.1
	Map Location #6	0 - 1'	109.1			96.5
	Map Location #6	1 - 2'	110.4			97.7
	Map Location #6	2 - 3'	109.7			97.1
	Map Location #7	0 - 1'	108.6			96.1
	Map Location #7	1 - 2'	110.3			97.6
	Map Location #7	2 - 3'	110.9			98.1
	Map Location #7	3 - 4'	108.0			95.5

(Continued on Page 2)

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508
 VERO BEACH: (407) 567-6167
 STUART: (407) 283-7711

(Page 2 of 2)

Report
 of
DENSITY OF SOIL IN PLACE
 ASTM D2922

Client Bronco Construction

Date August 2 thru
 August 4, 1993

Contractor Client

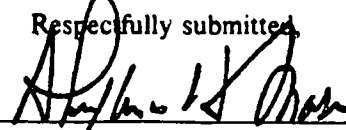
Site 135 S. River Road
 Sewalls Point

Permit #3420

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
8003	N.E. Corner of Utility Rm.	0 - 1'	108.3	8003	113.0	95.8
	S.W. Corner of Utility Rm.	0 - 1'	107.9			95.5
All elevations below slab grade.						

Copies Client - 1
 Sewalls Point Bldg. Dept. - 1

Respectfully submitted,



ALEXANDER H. FRASER, P. E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 481-7508

VERO: (407) 567-8167

STUART: (407) 283-7711

Report
of
MOISTURE DENSITY RELATIONSHIP
ASTM 1557-70

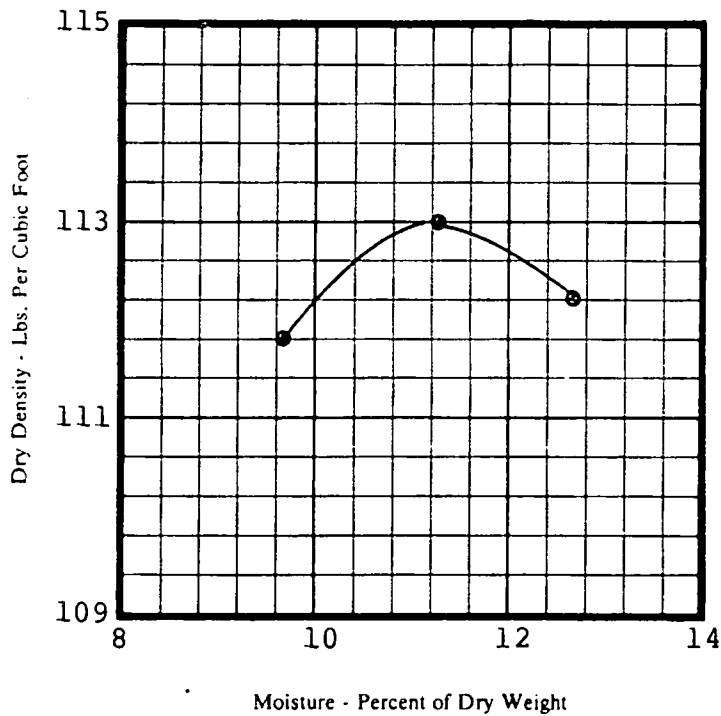
Client Bronco Construction

Date August 4, 1993

Contractor Client

Site 135 S. River Road
Sewalls Point

Permit #3420



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
8003	C	Composite	11.3	113.0	Tan, slightly silty, slightly clayey, fine sand, with trace of shell fragments

Copies

Respectfully submitted,

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

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No 3067-0077
Expires May 31, 1993

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME <u>Pierce K. Crompton</u>	POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <u>135 S. River Rd</u>	COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) <u>Portion Lot 3, Subdivision Hanson Grant</u>		
CITY <u>Stuart</u>	STATE <u>FL</u>	ZIP CODE <u>34996</u>

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
<u>120164</u>	<u>0002</u>	<u>C</u>	<u>4/3/84</u>	<u>C</u>	<u>N/A</u>

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 1.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME STEPHEN J. BROWN Inc.	LICENSE NUMBER (or Affix Seal) 4049
TITLE P.L.S.	COMPANY NAME SSB Inc.
ADDRESS 290 F.L.A. ST, SEWANE	CITY 4/26/94
SIGNATURE <i>[Signature]</i>	STATE ZIP FLA. 34994
	DATE PHONE 4/26/94 407-288-7176

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:

ON SLAB

WITH BASEMENT

ON PILES, PIERS, OR COLUMNS

The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/15/94

This is to request that a Certificate of Approval for Occupancy be issued to Mr Pierce Crompton.

For property at 135 South River Road built under Permit No. 3420 Dated 7/2/93 when completed in conformance with the Approved Plans.

Signed *Pierce Crompton*

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	<u>8/12/93</u>	<u>DB</u>
2. Termite protection	<u>8/12/93</u>	<u>DB</u>
3. Footing - slab	<u>7/14/93</u>	<u>DB</u>
4. Rough plumbing - slab	<u>8/6/93</u>	<u>DB</u>
5. Rough electric - slab	<u>12/3/93</u>	<u>DB</u>
6. Lintel	<u>9/8/93</u>	<u>DB</u>
7. Dry in (final)	<u>1/4/94</u>	<u>DB</u>
8. Roof	<u>3/14/94</u>	<u>DB</u>
9. Framing	<u>12/3/93</u>	<u>DB</u>
10. Rough electric	<u>12/3/93</u>	<u>DB</u>
11. Rough plumbing	<u>12/3/93</u>	<u>DB</u>
12. A/C Ducts	<u>12/3/93</u>	<u>DB</u>
13. Insulation	<u>12/15/93</u>	<u>DB</u>
14. Final electric	<u>4/15/94</u>	<u>DB</u>
15. Final plumbing	<u>4/15/94</u>	<u>DB</u>
16. Final construction	<u>4/15/94</u>	<u>DB</u>
17. As-built survey	<u>4/15/94</u>	<u>DB</u>
18. Affidavit of cost	<u>4/15/94</u>	<u>DB</u>

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector *Dale Brown* 4/15/94 date

Approved by Building Commissioner *W Van* date

Utilities notified F.P.L. 4/15/94 date

Original Copy sent to owner date
(owner)

(Keep carbon copy for Town files)

3857

GARAGE

ALTERATION

TAX FOLIO NO. _____

DATE 9/22/95

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

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

Owner Richard & Molly Wackerhut Present address 135 S. River Road

Phone (407) 781-0966

Contractor Bronco Construction Address _____

Phone 286-4038

Where licensed STATE OF FLA. License number CGC020462

Electrical Contractor A/C ELECTRIC License number _____

Plumbing Contractor _____ License number _____

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

ALTERATION OF STORAGE ABOVE GARAGE - 2 BEDROOMS

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

135 S. RIVER RD.

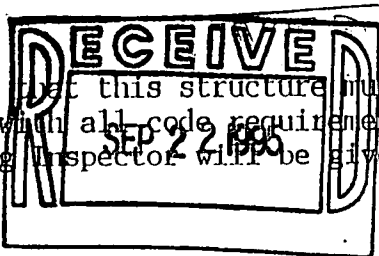
Subdivision HANSON GRANT Lot Number 3 Block Number _____

Contract price \$ 25,000.00 Cost of permit \$ 300.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Robert J. [Signature]



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

Owner Molly B. Wackerhut

TOWN RECORD

Date submitted _____

Approved: Dale [Signature] Building Inspector Date _____

Approved: [Signature] Commissioner Date _____

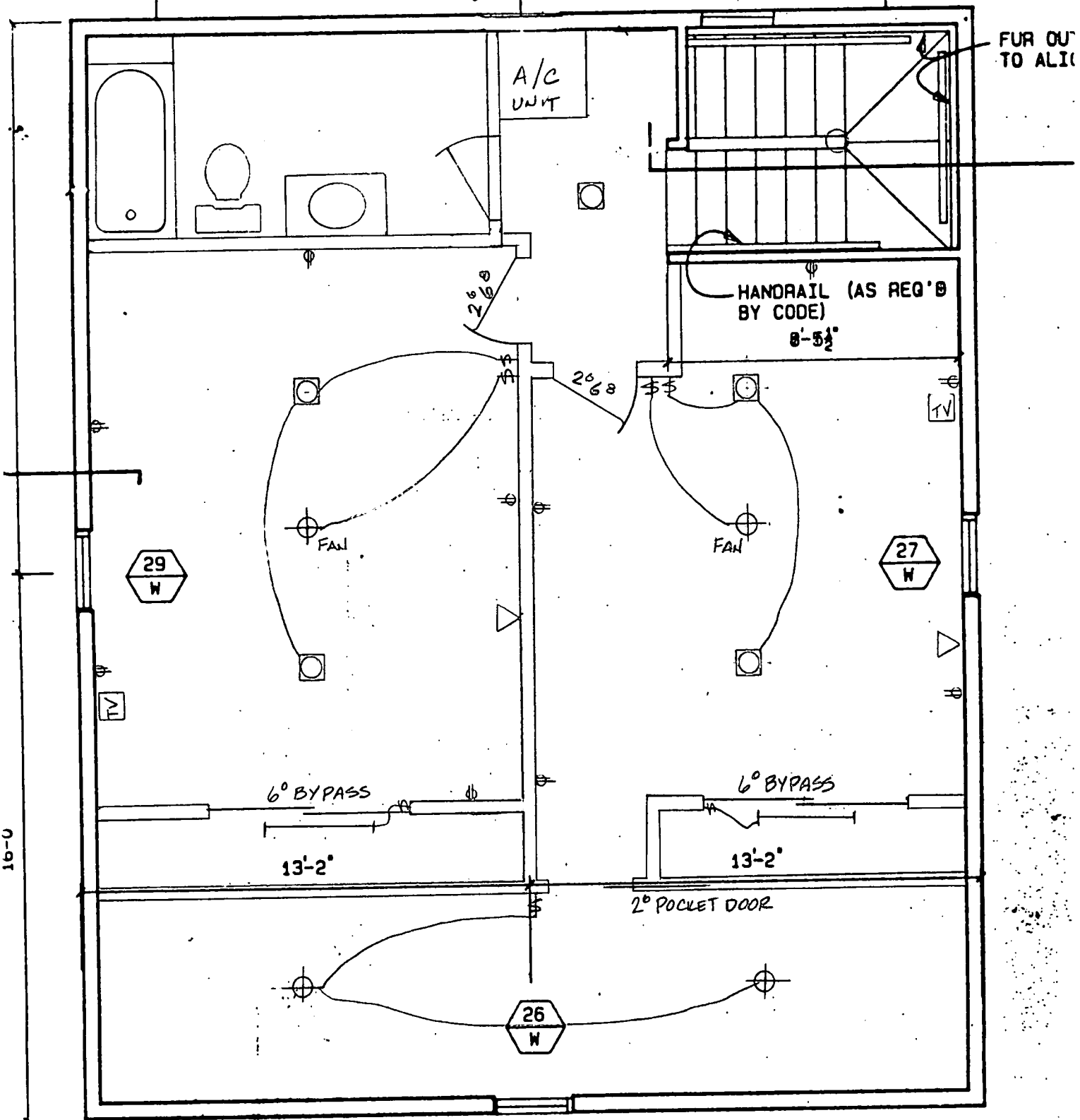
Final approval given: 10/6/95 Date _____

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date _____

PERMIT NO. _____

RECEIVED
SEP 22 1995

OK 9/22/95



16-0

NOTICE OF COMMENCEMENT

STATE OF _____
COUNTY OF _____

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: Remodel

Owner: Richard & Molly Wackerhut
Address: 135 S River Rd., Stuart 34996

Owner's interest in site of the improvement: _____

Contractor: Bronco Const. Inc.
Address: 5354 SE INLET PLACE STUART FLA. 34997

Surety (if any): _____
Address: _____
Amount of Bond: _____

Lender: _____
Address: _____

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: N/A
Address: _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: N/A
Address: _____

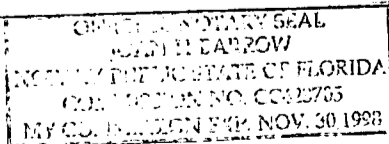
Molly B. Wackerhut

Sworn to and subscribed before me this 22nd day of September, 1995.

Don H. Barrow

(NOTARY SEAL)

I am a Notary Public of the STATE OF Florida AT LARGE, and My Commission Expires:



3937

DOCK EXTENTION

TAX FOLIO NO. _____

DATE _____

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

3937

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

Owner Rick + Molly Wackenhut Present address 135 S. River Rd.

Phone 781-0906 SEWALLS POINT, FL.

Contractor SHAUN JONES Address 5914 MITZI LN.

Phone 220-2306 STUART, FL.

Where licensed MARTIN County License number SPO 2264

Electrical Contractor N/A License number _____

Plumbing Contractor N/A License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: TO EXTEND EXISTING PLATFORM (10' X 15') TO 20' X 25' PLAT FORM.

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

135 SOUTH RIVER ROAD SEWALL POINT

Subdivision HANSON TRACT Lot Number 3 Block Number _____

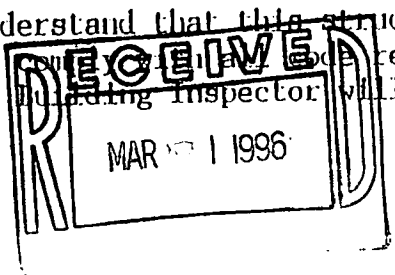
Contract price \$ 5200.00 Cost of permit \$ 200.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor _____

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



Owner Molly B. Wackenhut

TOWN RECORD

Approved: Dee Brown 3/1/96
Building Inspector Date

Date submitted _____

Approved: [Signature]
Commissioner Date

Final approval given: _____ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date

PERMIT NO. _____



DEPARTMENT OF THE ARMY

JACKSONVILLE DISTRICT CORPS OF ENGINEERS, VERO BEACH REGULATORY OFFICE
2001 9TH AVENUE, SUITE 304
VERO BEACH, FLORIDA 32960-6438



REPLY TO
ATTENTION OF

JAN 9 1996

Construction-Operations Division
Regulatory Branch
Atlantic Permits Section
199507588 (GP-TA)
SAJ-20

Mr. Shaun Jones
Superior Marine Construction, Inc.
5914 Southeast Mitzi Lane
Stuart, Florida 34997

Dear Mr. Jones:

Reference is made to the Department of the Army permit application dated November 4, 1995 submitted on behalf of Mr. Rick Wackenhut concerning the extension of a single-family dock from 10' x 16' to 20' x 25'. The project is located at 135 South River Road, St. Lucie River, Section 13, Township 38 South, Range 41 East, Sewall's Point, Martin County, Florida. The application has been assigned number 199507588. **Please refer to this number in future correspondence.**

The proposed project is authorized by General Permit SAJ-20, a copy of which is enclosed for your information and use. You are authorized to proceed with the project in accordance with the enclosed drawings subject to all conditions of the permit.

If the work authorized herein is not completed by **March 1, 1999**, no further work may be undertaken and you should contact this office. A determination of the status of the General Permit will be made and you will be advised. If the General Permit has been reissued with no substantive change(s), a request for an extension of your previous authorization will be considered. If the General Permit has not been reissued or was reissued with new conditions, a new application and drawings may need to be submitted.

This letter does not obviate the requirement to obtain any State or local permits which may be necessary for your proposed work. You should check State permitting requirements with the Florida Department of Environmental Protection. A list of addresses of the appropriate State office is enclosed for your information and use.

Thank you for your cooperation with our permit program.

Sincerely,

A handwritten signature in cursive script that reads "Tori K. Agramonte".

Tori K. Agramonte
Field Biologist

Enclosures

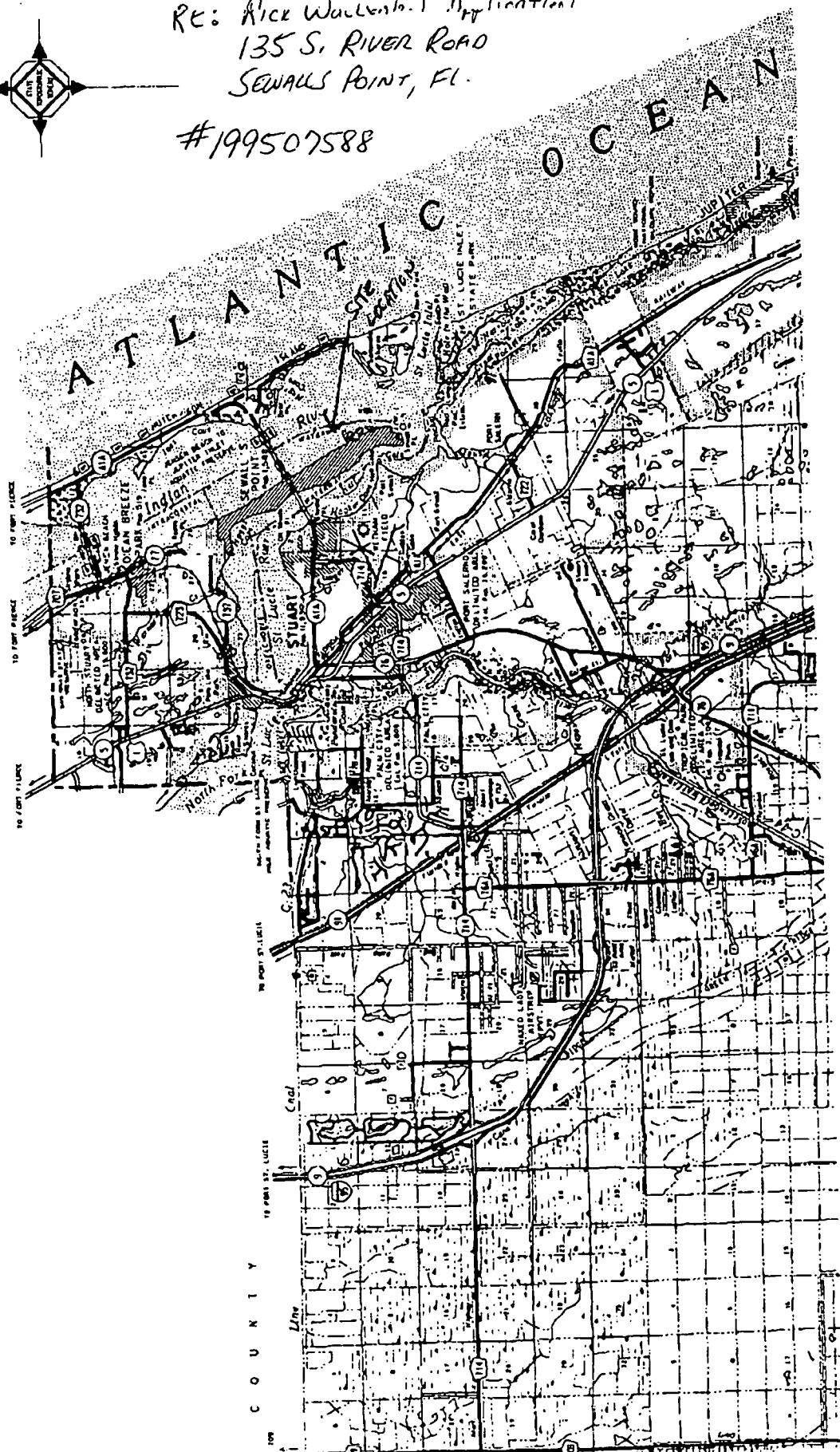
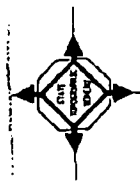
bcc:

DEP, Port St. Lucie (432811968)

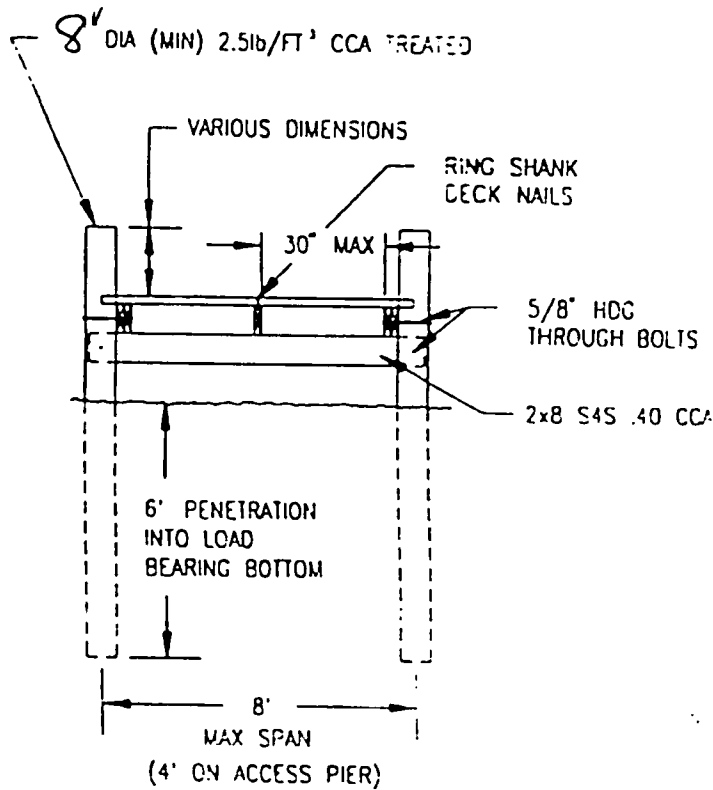
Mr. Rick Wackenhut, Sewall's Point

ATTENTION: TORY AGRAMONTE
RE: Rick Wallen's Application
135 S. RIVER ROAD
SEWALLS POINT, FL.

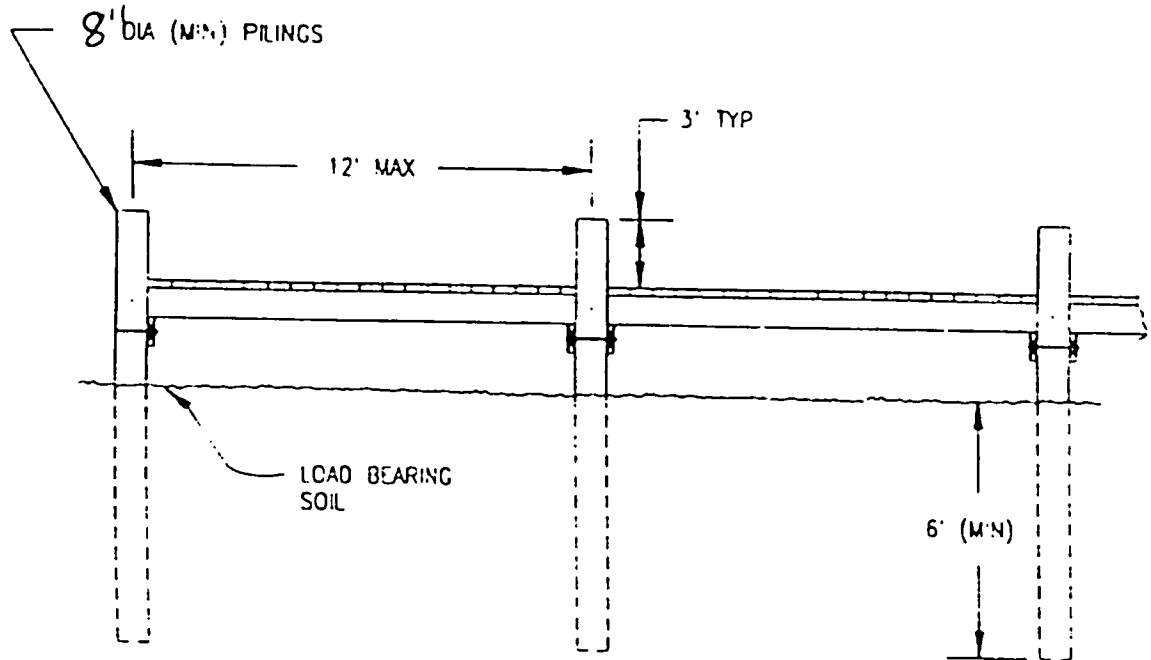
#199507588



C O U N T Y



END VIEW



SIDE VIEW

MATERIAL SPECIFICATIONS

PILINGS: 8" DIA (MIN) MARINE TREATED (2.5lb/FT³ CCA)
6' PENETRATION FOR STRUCTURE

LUMBER: 2x8 0.40lb/FT³ CCA SOUTHERN YELLOW PINE. 2x6 MAY BE USED FOR DECKING

BOLTS: 5/8 DIAMETER THROUGH BOLTS HDC OR STAINLESS STEEL

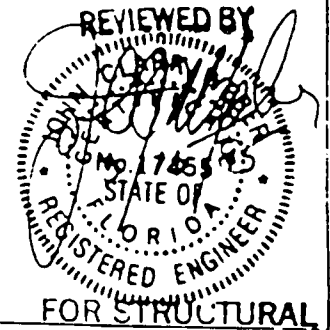
NAILS: 16d ON FRAMING. 12d ON DECKING. RING SHANKED HDC OR STAINLESS STEEL

OWNER INFORMATION:

Rick Wackenhut
135 S. River Rd.
SEWALLS POINT, FL

JOB SITE INFORMATION

135 S. River Rd.
SEWALLS POINT, FL



INTEGRITY
STANDARD SPECIFICATIONS
FOR WOODEN DOCKS

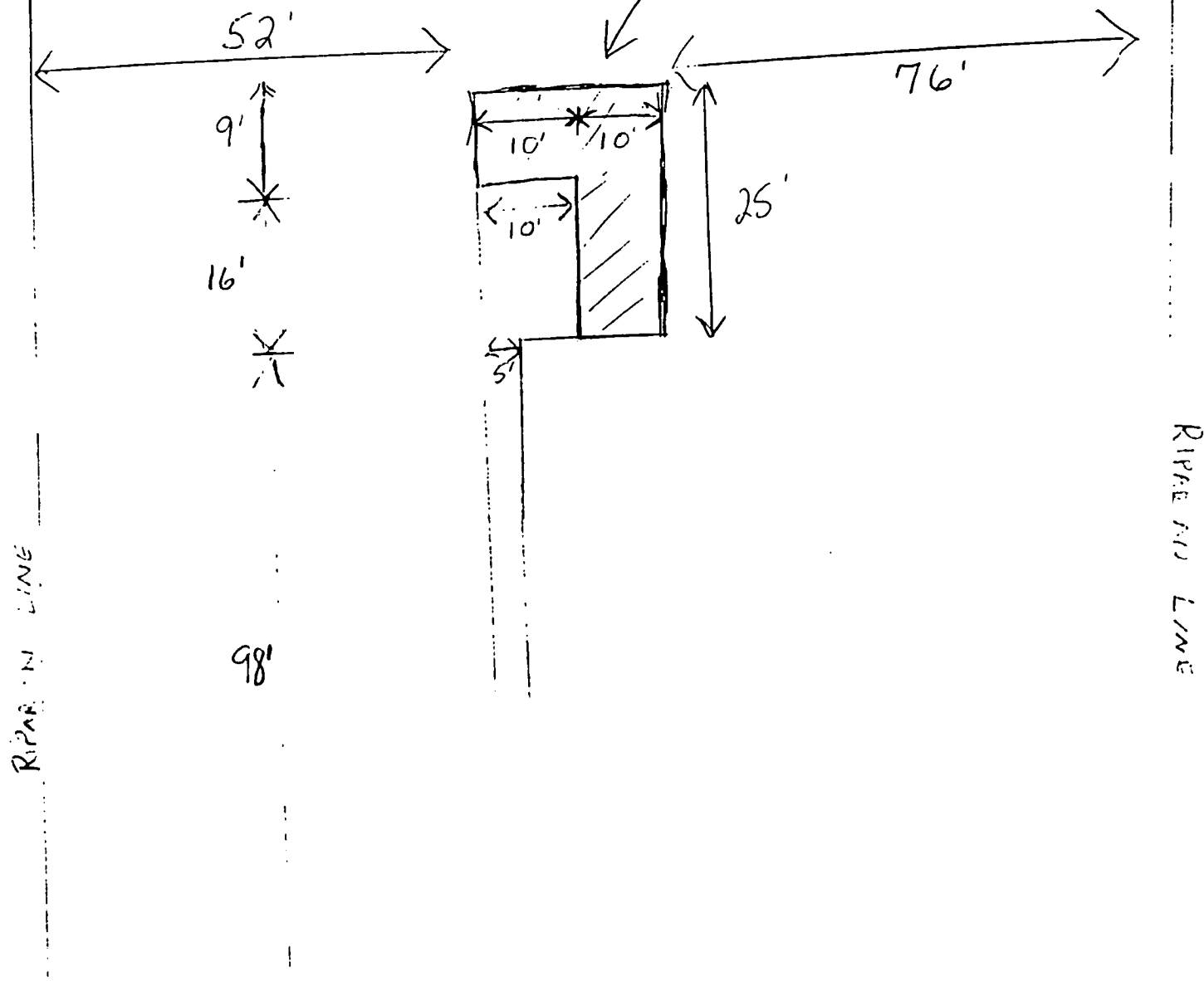
SUPERIOR MARINE CONSTRUCTION
5914 S.E. MITZILANE
STUART, FL 34997

1-407-220-2306

SCALE: NIS

ST. LUCIE RIVER

PROPOSED DOCK EXTENSION



RIPPAP LINE

RIPPAP LINE

98'

16'

9'

52'

76'

25'

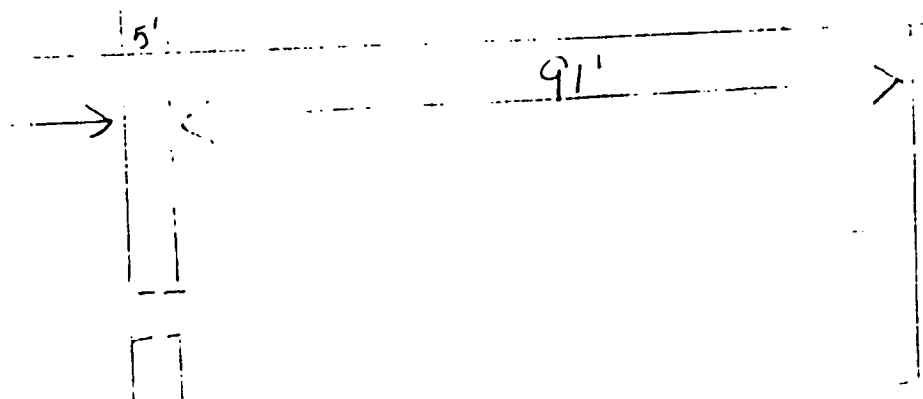
5'

10'

10'

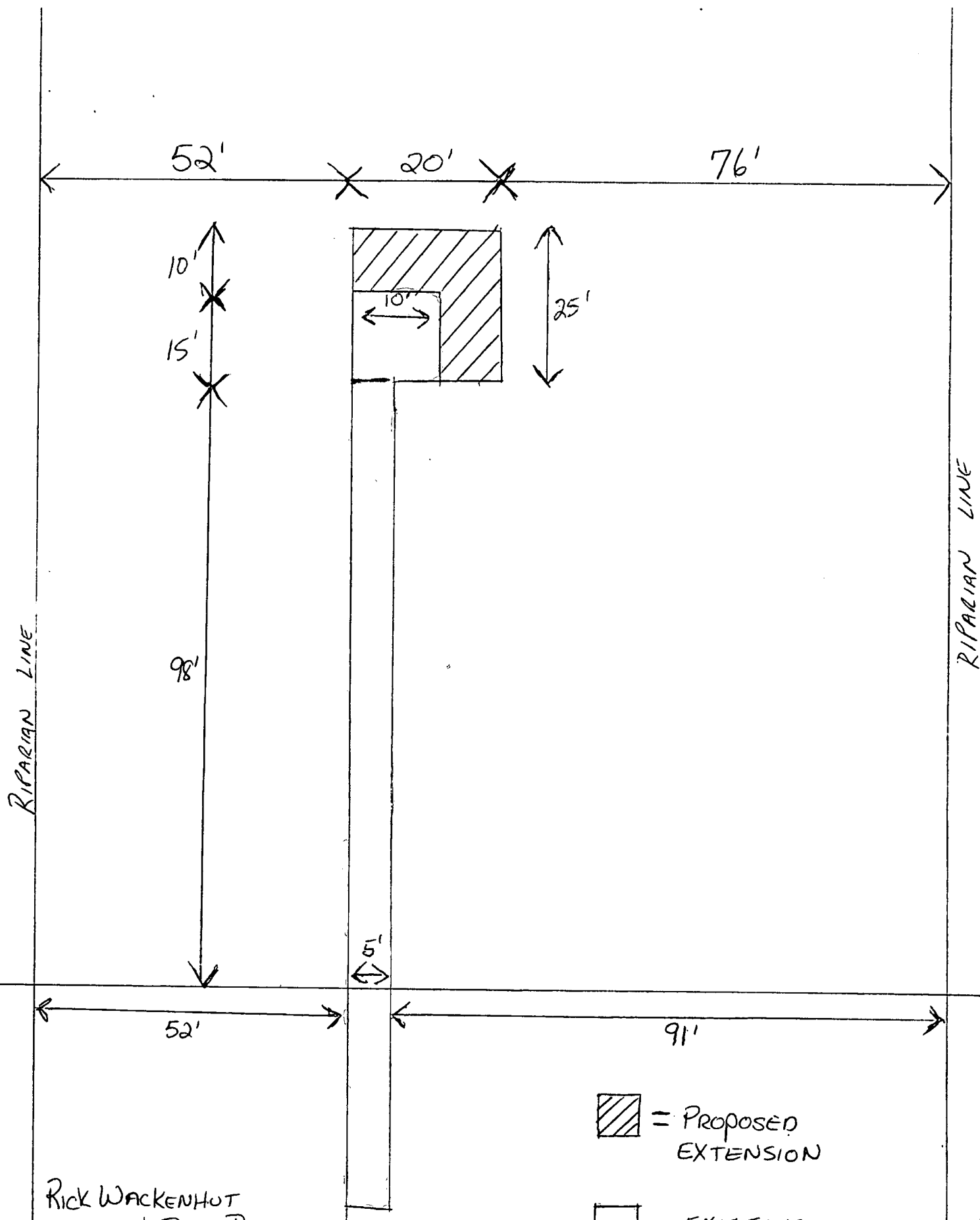
10'


135 S. River Rd.
SEWALLS POINT, FL.




5'

91'



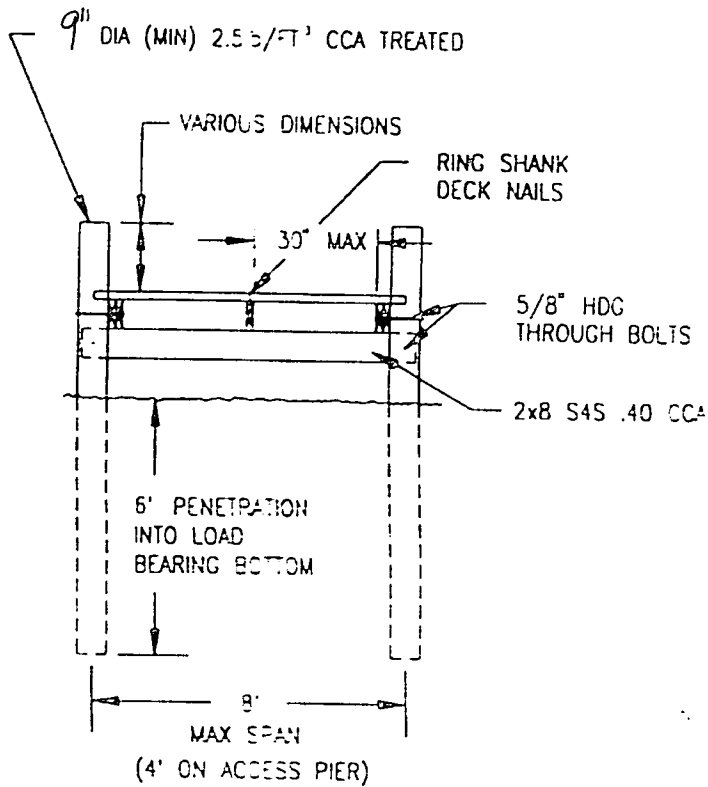
 = PROPOSED EXTENSION

 = EXISTING DOCK

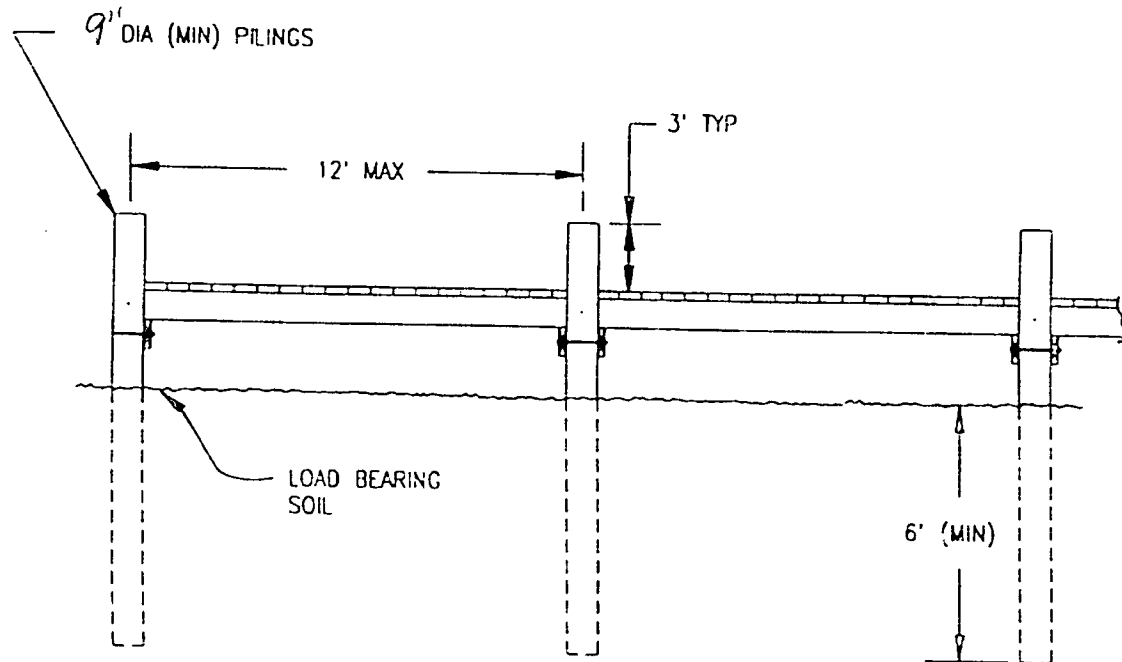
RICK WACKENHUT
 135 SOUTH RIVER ROAD
 SEWALLS POINT, FL. 34996

SECTION : 13
 TOWNSHIP : 38 SOUTH
 RANGE : 41 EAST

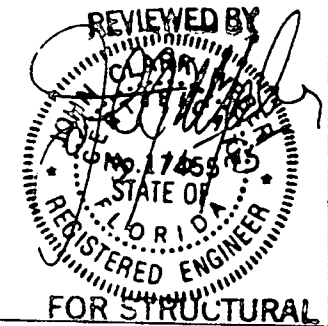
"PLATFORM EXTENSION REQUEST"



END VIEW



SIDE VIEW



INTEGRITY
STANDARD SPECIFICATIONS
FOR WOODEN DOCKS

SUPERIOR MARINE CONSTRUCTION
5914 S.E. MITZILANE
STUART, FL 34997
7-407-220-2306
SCALE: NTS

MATERIAL SPECIFICATIONS

PILINGS: 9" DIA (MIN) MARINE TREATED
(2.5lb/FT³ CCA
6' PENETRATION FOR STRUCTURE.

LUMBER: 2x8 0.40lb/FT³ CCA SOUTHERN YELLOW
PINE. 2X6 MAY MAY BE USED FOR DECKING

BOLTS: 5/8 DIAMETER THROUGH BOLTS HDG OR
STAINLESS STEEL

NAILS: 16d ON FRAMING. 12d ON DECKING. RING
SHANKED HDG OR STAINLESS STEEL

OWNER INFORMATION:

Rick Wackenhut
135 S. River Road
Sewalls Point,
787-0966

JOB SITE INFORMATION

135 S. RIVER ROAD
SEWALLS POINT



Department of Environmental Protection

Lawton Chiles
Governor

Port St. Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St. Lucie, FL 34952
(407)871-7662 (407)335-4310

Virginia B. Weherell
Secretary

DEC 28 1995

Rick Wackenhut
135 South River Road
Sewall's Point, FL 34996

File No.: 432811968

Dear Mr. Wackenhut:

Thank you for your application to:

Construct a 340 square foot terminal platform addition at an existing 650 square foot docking structure. This project is located at 135 South River Road, St. Lucie River, Class III Waters, Section 13, Township 38 South, Range 41 East, Martin County.

Based on the information you sent to us, we have determined that your project is exempt from the need for an environmental resource permit under Rule 40E-4.051 (3)(b), Florida Administrative Code (F.A.C.) and Chapter 403.813, Florida Statutes (F.S.).

In addition, this letter is your authorization to use state-owned submerged land (if applicable) for the construction of your project, as required by Chapter 253.77, F.S. and Chapters 18-20 and 18-21, F.A.C.

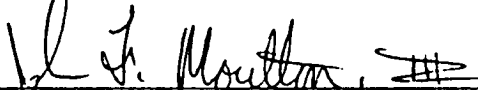
You may need additional permits from the U.S. Army Corps of Engineers and other county and city agencies before you begin construction.

If you change the project from what you submitted, you may no longer qualify for the exemption. Please contact us prior to construction if you wish to make any changes.

Rick Wackenhut
File No. 432811968
Page Two

Please contact Bruce Jerner at the letterhead address, telephone number (407)871-7662 or (407)335-4310 if you have any questions.

Sincerely,



John F. Moulton, III
SES Environmental Program Administrator

JFM/bjw *bs*

Enclosures to Letters:
Attachment D
General Consent Conditions

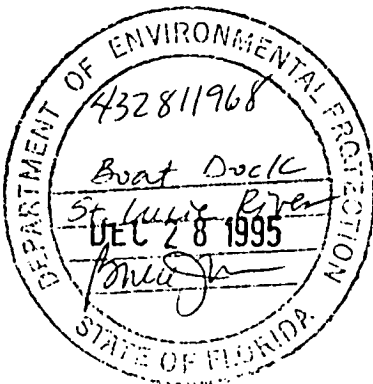
cc: U.S. Army Corps of Engineers, Jacksonville, with enclosures
Leigh O'Shields, DSL, Tallahassee, with enclosures
Superior Marine Construction, Inc.



SITE LOCATION

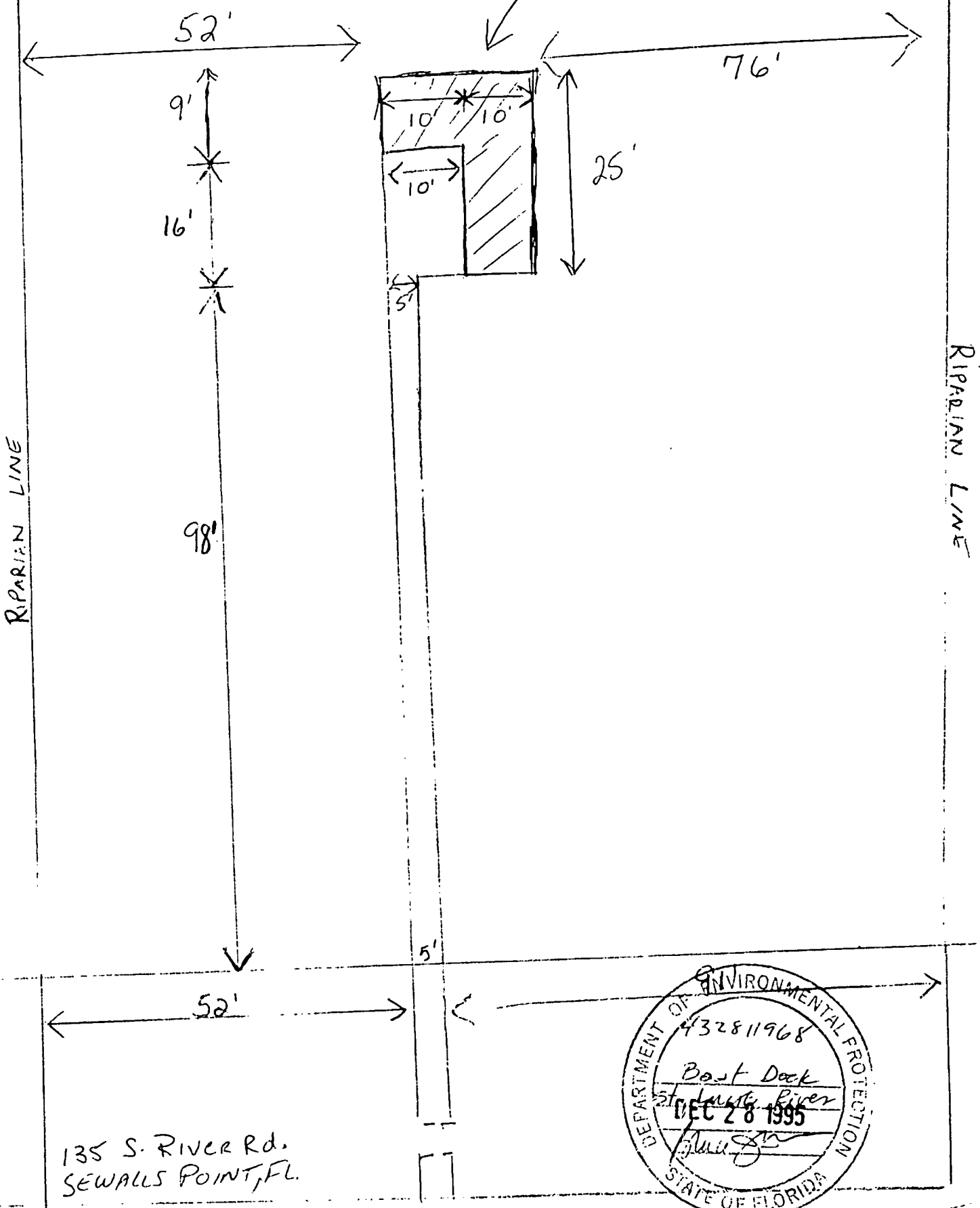
Rick Wackenhut
135 S. Rivers Rd.
SEWALLS POINT, FL

ATLANTIC OCEAN



ST. LUCIE RIVER

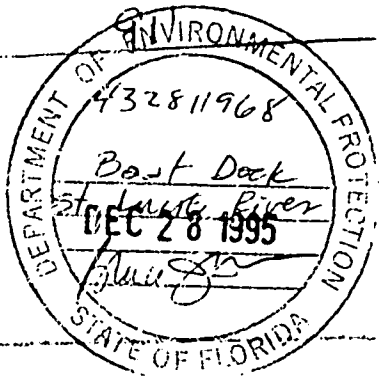
PROPOSED DOCK EXTENSION

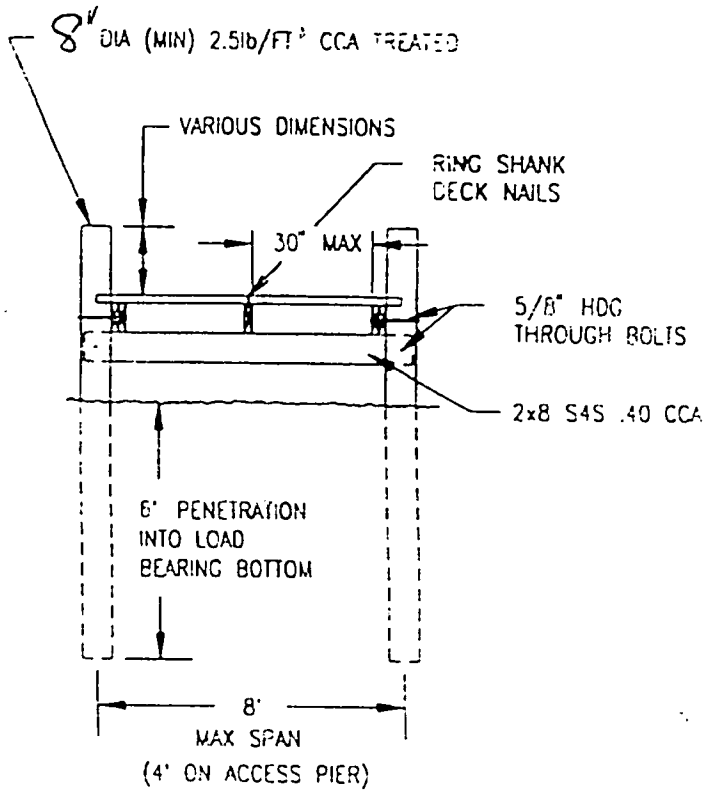


RIPARIAN LINE

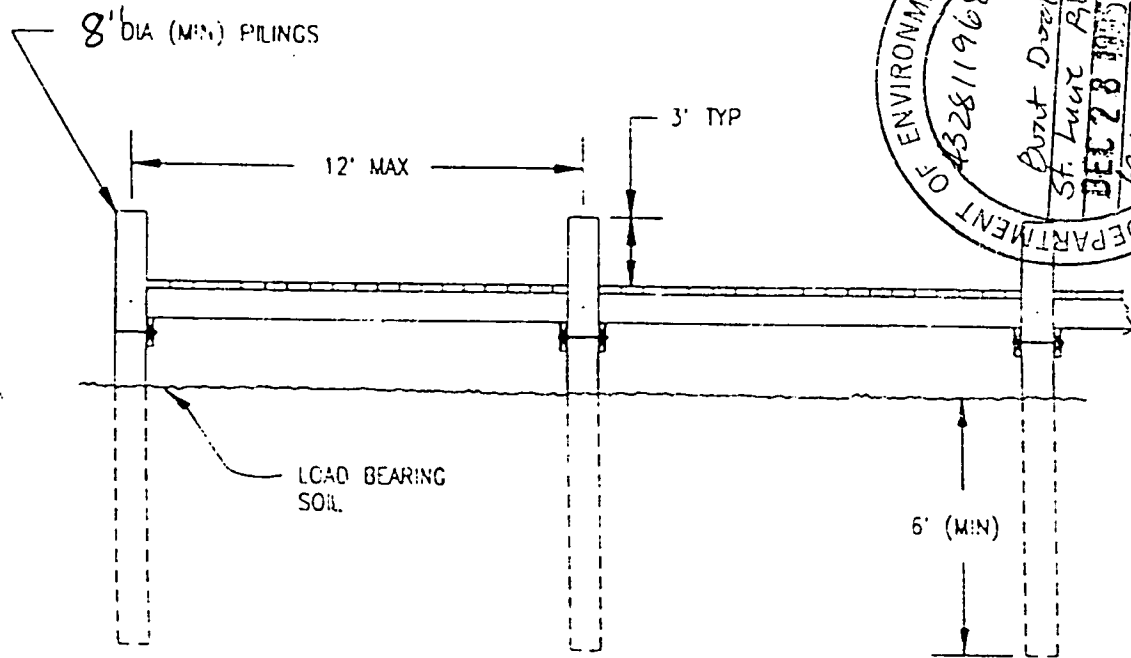
RIPARIAN LINE

135 S. RIVER RD.
SEWALLS POINT, FL.

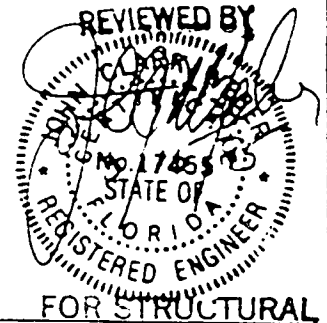
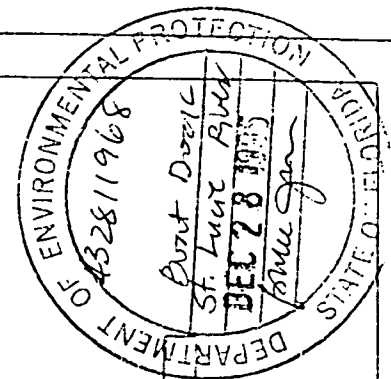




END VIEW



SIDE VIEW



MATERIAL SPECIFICATIONS

PILINGS: 8" DIA (MIN) MARINE TREATED (2.5lb/FT³ CCA)
6" PENETRATION FOR STRUCTURE

LUMBER: 2x8 0.40lb/FT³ CCA SOUTHERN YELLOW PINE. 2X6 MAY BE USED FOR DECKING

BOLTS: 5/8 DIAMETER THROUGH BOLTS HDG OR STAINLESS STEEL

NAILS: 16d ON FRAMING. 12d ON DECKING. RING SHANKED HDG OR STAINLESS STEEL

OWNER INFORMATION:

Rick Wackenhut
135 S. River Rd.
SEWALLS POINT, FL

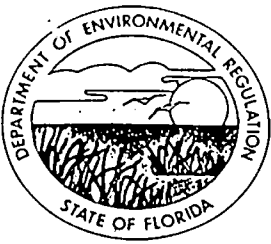
JOB SITE INFORMATION

135 S. River Rd.
SEWALLS POINT, FL

FOR STRUCTURAL
INTEGRITY
STANDARD SPECIFICATIONS
FOR WOODEN DOCKS

SUPERIOR MARINE CONSTRUCTION
5914 S.E. MITZI LANE
STUART, FL 34997
407-220-2306

SCALE: NTS



Florida Department of Environmental Regulation

Southeast District Branch Office • 1801 S.E. Hillmoor, Suite C202 • Port St. Lucie, FL 34952

Lawton Chiles, Governor

Carol M. Browner, Secretary

SEP 15 1992

PERMITTEE:

Pierce K. Crompton
c/o R. Sandy Const., Inc.
3452 N.E. Indian Drive
Jensen Beach, FL 34957

I.D. Number: 5143P01395
Permit/Certificate: 432154458
Date of Issue: September 15, 1992
Expiration Date: September 15, 1997
County: Martin
Latitude/Longitude: 27°11'3"/80°11'43"
Section/Township/Range: 13/38S/41E
Project: Private Dock

This permit is issued under the provisions of Chapter 403, Florida Statutes, Public Law 92-500 and Title 17, Florida Administrative Code Rules. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s) plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TO:

Remove an existing dock and construct a 1,010 sq. ft. dock consisting of a 98' X 5' access pier terminating in a 16' X 10' L-shaped platform with a 24' X 15' boathouse located on the west side of the terminus.

IN ACCORDANCE WITH:

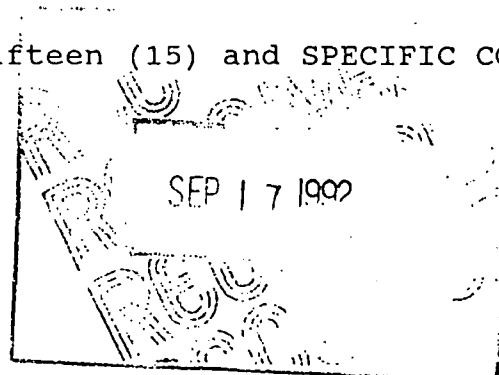
The six (6) stamped drawings which are attached and a part hereof and DEI Application Form 17-1.203(1) dated June 12, 1992 and signed by Pierce K. Crompton (not attached).

LOCATED AT:

135 South River Road, St. Lucie River, Class III waters, Section 13, Township 38 South, Range 41 East, Sewall's Point, Martin County.

SUBJECT TO:

GENERAL CONDITIONS one (1) through fifteen (15) and SPECIFIC CONDITIONS one (1) through ten (10).



GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with F.A.C. 17-4.120 and 17-30.300, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
- Determination of Best Available Control Technology (BACT)
 - Determination of Prevention of Significant Deterioration (PSD)
 - Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
 - Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
 - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
 - (c) Records of monitoring information shall include:
 - 1. the date, exact place, and time of sampling or measurements;
 - 2. the person responsible for performing the sampling or measurements;
 - 3. the dates analyses were performed;
 - 4. the person responsible for performing the analyses;
 - 5. the analytical techniques or methods used;
 - 6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.



PERMITTEE:

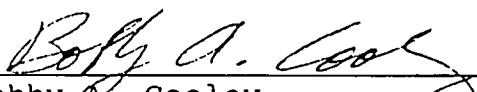
Pierce K. Crompton
c/o R. Sandy Const., Inc.
3452 N.E. Indian Drive
Jensen Beach, FL 34957

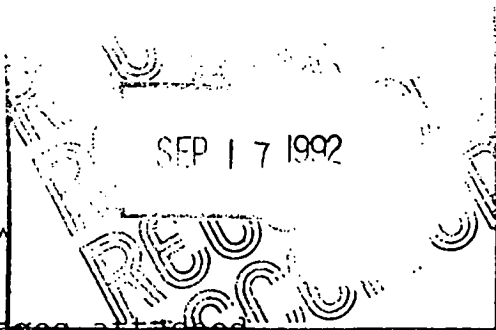
I.D. Number: 5143P01395
Permit/Certificate: 432154458
Date of Issue: September 15, 1992
Expiration Date: September 15, 1997
County: Martin
Latitude/Longitude: 27°11'3"/80°11'43"
Section/Township/Range: 13/38S/41E
Project: Private Dock

- 8. "If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.S. Gray Building, Tallahassee, Florida 32301."
- 9. "No person shall commence any excavation, construction, or other activity involving the use of sovereign or other lands of the state, title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund or the Department of Natural Resources under Chapter 253, until such person has received from the Board of Trustees of the Internal Improvement Trust Fund the required lease, license, easement, or other form of consent authorizing the proposed use." Pursuant to Florida Administrative Code Rule 160-14, if such work is done without consent, or if a person otherwise damages state land or products of state land, the Board of Trustees may levy administrative fines of up to \$10,000 per offense.
- 10. The permittee shall be aware of and operate under the attached "General Permit Conditions Number 1 thru 15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

Issued this 8th day of September, 1992

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL REGULATION


Bobby A. Cooley
Acting Director of District Management



BAC:mfw

6 pages attached



DEPARTMENT OF THE ARMY

TAMPA REGULATORY FIELD OFFICE, JACKSONVILLE DISTRICT CORPS OF ENGINEERS

P. O. BOX 19247

TAMPA, FLORIDA 33686-9247

REPLY TO
ATTENTION OF

July 16, 1992

Tampa Regulatory
Field Office
199241064
SAJ20

Mr. Pierce K. Crompton
c/o Robert Sandy Construction, Inc.
3452 NE Indian Drive
Jensen Beach, Florida 34957

Dear Applicant:

Reference is made to your joint permit application received July 7, 1992, requesting authorization to construct an L-shaped dock and boat house in the St. Lucie River at Section 13, Township 38S, Range 41E, Martin County, Florida.

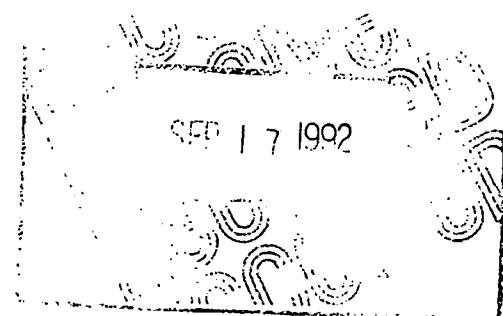
Your proposed work as described above is authorized by General Permit SAJ20, a copy of which is attached for your information and use. You are authorized to proceed with construction subject to all conditions of the permit. This letter does not obviate the need for any other Federal, State, or local permits which may be required.

Thank you for your cooperation with the permit program.

Sincerely,

Joseph R. Bachelor
Chief, Tampa Regulatory
Field Office

Enclosures



DEPARTMENT OF THE ARMY PERMIT

NOV 1 1988

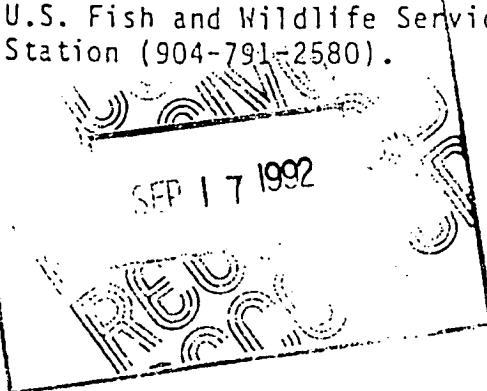
GENERAL PERMIT SAJ-20

PRIVATE SINGLE-FAMILY PIERS - STATE OF FLORIDA

Upon recommendation of the Chief of Engineers, pursuant to Section 10 of the Rivers and Harbors Act of 3 March 1899 (33 U.S.C. 403), general authority is hereby given to construct private single-family piers in navigable waters of the United States within the State of Florida subject to the following conditions:

SPECIAL CONDITIONS:

1. Structures authorized under this general permit are private single-family piers including normal appurtenances such as boat hoists, boat shelters with open sides, stairways, walkways, mooring piling, dolphins, and maintenance of same.
2. No work shall be performed until the applicant submits satisfactory plans for the proposed structure and receives written authorization from the District Engineer.
3. No structures shall be authorized by the general permit in:
 - a. Florida DNR or U.S. Fish and Wildlife Service established boat regulatory zones, sanctuaries or reserves.
 - b. Crystal, Salt, and Homosassa Rivers, Citrus County, where the structure extends waterward greater than minus (-) three (3) feet mean low water (mlw).
 - c. Faka Union Canal in Collier County.
4. The permittee agrees the contractor will instruct all personnel associated with the construction of the facility, of the presence of manatees and the need to avoid collisions with manatees.
5. The permittee agrees all personnel will be advised that there are civil and criminal penalties for harming, harassing, or killing manatees, which are protected under the Endangered Species Act of 1973, the Marine Mammal Protection Act of 1972, and the Florida Manatee Sanctuary Act. The permittee and/or contractor will be held responsible for any manatees harmed, harassed, or killed as a result of construction of the project.
6. The permittee agrees that any collision with a manatee shall be reported immediately on the manatee "hotline" (1-800-342-1821) and to the U.S. Fish and Wildlife Service, Jacksonville Endangered Species Field Station (904-791-2580).



4107

GARAGE ADDITION

#13-38-41-000-000-00040-9

4107

TAX FOLIO NO. _____

DATE

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

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

Owner Molly B. Wackenhut Present Address 135 S. River Rd.

Phone (561) 781-0966 Stuart Fla. 34996

Contractor owner Address same

Phone _____

Where licensed _____ License Number _____

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

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

135 S. River Road

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

135 S. River Rd.

Subdivision Oakwood Subdivision Lot Number 3-4 Block Number 19129

Contract Price \$ 30,000.00 Cost of Permit \$ 645.33

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 of Town Commissioner "Red-Tagging" the construction project.

Contractor Molly B. Wackenhut

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 Molly B. Wackenhut

TOWN RECORD

Date submitted _____

Approved Dale Ben
Building Inspector Date

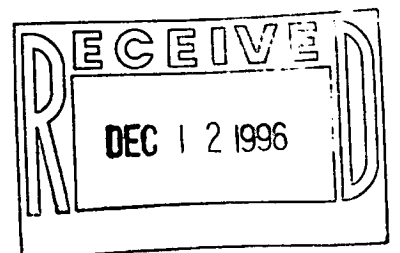
Approved: [Signature]
Commissioner Date

Final Approval given: _____
Date

Certificate of Occupancy issued(if applicable) _____
Date

SP1282

Permit No. _____



TAX FOLIO NO. _____

DATE 3-7-97

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

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

Owner Molly Wackenhut Present Address 1355 River drive

Phone _____

Contractor Al Row Plumbing of Martin County Inc Address 3000 SE Waaler ST

Phone 286-5734 STuart Fla 34997

Where Licensed Martin Statewide License Number _____

Electrical Contractor _____ License Number _____

Plumbing Contractor Al Row Plumbing License Number CFC629692

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 2nd Floor addition - All plumbing

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

Subdivision _____ Lot Number _____ Block Number _____

Contract Price \$ 2360.00 Cost of Permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner _____

TOWN RECORD

Date submitted _____ Approved: _____ Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy Issued (If applicable) _____ Date _____

SP1282

Permit No. 4107

4107

TAX FOLIO NO. _____ DATE _____

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

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

Owner RICHARD WACKENHUT Present Address 135 SOUTH RIVER ROAD

Phone _____

Contractor GRIMES HEATING AND AIR CONDITIONING Address 3054 N. US #1, FORT PIERCE, FL. 34946

Phone 561-461-8711

Where licensed STATE OF FLORIDA License Number CA CO18955

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

Describe the structure, or addition or alteration to an existing structure, for which the permit is sought: GARAGE ADDITION - INSTALL 1.5 TON TRANE SPLIT SYSTEM WITH 5KW HEAT.

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

135 SOUTH RIVER ROAD

Subdivision _____ Lot Number LOT #3 Block Number _____ PART OF

Contract Price \$ 2,000.00 Cost of Permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor *[Signature]*

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

Owner _____

TOWN RECORD

Date submitted _____

Approved: *[Signature]* Building Inspector Date _____

Approved: _____ Date _____
Commissioner

Final Approval given: _____ Date _____

Certificate of Occupancy Issued (if applicable) _____ Date _____

SP1202

Permit No. 4107

Post-it Fax Note	7671	Date	3/3/92	# of pages	1
From	Philip Grunne	Co./Dept.	Town of Sewall's Pt	Phone #	287-2248
To	LA/LA	Fax #	220-4765	Phone #	220-4765
Fax #	(561) 461-8722				

TAX FOLIO NO. _____

DATE _____

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

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

Owner Molly Wackerhut Present Address 1358 S. River Rd

Phone _____

Contractor AC Electric Company Address 1360 SE Petunia

Phone 561 335 7954

Where Licensed Martin ME 000444 License Number _____

Electrical Contractor ER 0012247 License Number _____

Plumbing Contractor _____ License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 2nd story room above garage all electric

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

Subdivision _____ Lot Number _____ Block Number _____

Contract Price \$ 2600 Cost of Permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner _____

TOWN RECORD

Date submitted _____ Approved: _____ Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy Issued (if applicable) _____ Date _____

SP1282 Permit No. 4107

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: GARAGE ADDITION

Owner: MOLLY WACKENHUT

Address: 135 S. RIVER ROAD

Owner's interest in site of the improvement: FER SIMPLE

Contractor: OWNER

Address: _____

Surety (if any): N/A

Address: _____

Amount of Bond: _____

Lender: N/A

Address: _____

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: JEFF STEPHENS

Address: 1471 SW 30th #9 DEERFIELD Bch, FL 33442

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: N/A

Address: _____

Molly B. Wackenhut

Sworn to and subscribed before me this 9th day of December, 1996.

Joan H Barrow

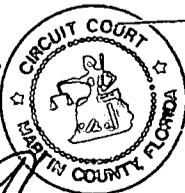
I am a Notary Public of the STATE OF FL AT LARGE, and My Commission Expires: 11-30-98

(NOTARY SEAL)

STATE OF FLORIDA
MARTIN COUNTY

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

BY _____
DATE _____



OFFICIAL NOTARY SEAL
JOAN H BARROW
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC423705
MY COMMISSION EXP. NOV. 30, 1998

Grimes Heating & Air Conditioning
 3054 N. U.S. Hwy. #1
 P.O. Box 3391
 Fort Pierce, FL 34946

Invoice

DATE	INVOICE #
3.5.97	43242

BILL TO:

FLORIDA BUILDING AND DESIGN, INC.
 1471 S.W. 30 TH AVE #9
 DEERFIELD BEACH, FL 33442

P.O. NUMBER	TERMS	PROJECT
	Due on receipt	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	RE: RICHARD WACKENHUT 135 SOUTH RIVER RD. SEWELLS POINT		
	INSTALL ONE (1) 1.5 TON TRANE SPLIT SYSTEM WITH 5 K.W. ALL DUCT WORK, DIFFUSERS, REFRIGERATION LINES, LOW-VOLTAGE WIRING AND AUTOMATIC T-STAT ARE INCLUDED. THERE IS A ONE (1) YEAR FULL WARRANTY ON COMPLETE JOB AND FIVE (5) YEARS ON COMPRESSOR AND CONDENSER COIL.	2,000.00	2,000.00
	Fla Sales Tax	6.50%	0.00

Handwritten signature

TOTAL \$2,000.00

4107

**FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

FORM 1000-C-91 SMALL ADDITIONS AND RENOVATIONS **Section 10 — Residential Prescriptive Compliance Method** **Climate Zones SOUTH 7 8 9**

Department of Community Affairs

Compliance with Section 10 of the Florida Energy Efficiency Code may be demonstrated by use of Form 1000C-91 for additions of 600 square feet or less, and renovations to single and multifamily residences. Alternative methods are provided for additions by use of Form 1000A-91 or 900A-91.

PROJECT NAME: AND ADDRESS:	WACKENHUT RESIDENCE 135 SOUTH RIVER ROAD SEWALLS POINT, FL	BUILDER:		PERMITTING OFFICE:		CLIMATE ZONE:	7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
OWNER:	RICHARD & MOLLY WACKENHUT	PERMIT NO.:		JURISDICTION NO.:			

NEW CONSTRUCTION <input type="checkbox"/>	If Multifamily, number of units covered by this submittal: <input type="text"/>	CONDITIONED FLOOR AREA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SQ. FT.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NEW GLASS AREA AND TYPE	
ADDITION <input checked="" type="checkbox"/>		PREDOMINANT EAVE OVERHANG LENGTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FT.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clear	Tint, Film, Solar Screen
MULTIFAMILY ATTACHED <input type="checkbox"/>		PORCH OVERHANG LENGTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FT.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Single-pane	SQ. FT.
SINGLE-FAMILY DETACHED <input type="checkbox"/>						Double-pane	SQ. FT.

FOR ADDITIONS ONLY	WALL TYPE AND INSULATION		CEILING TYPE AND INSULATION		FLOOR TYPE AND INSULATION	
	WOOD FRAME		MASONRY		WOOD	
	EXTERIOR:	EXTERIOR:	UNDER ATTIC:	UNDER ATTIC:	RAISED:	RAISED:
	R= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DUCTS	COOLING SYSTEM	HEATING SYSTEM	HOT WATER SYSTEM
In Unconditioned Space R= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> Central <input type="checkbox"/> Room <input type="checkbox"/> PTAC <input type="checkbox"/> No New System <input type="checkbox"/> None SEER/EER= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> Electric Strip <input type="checkbox"/> Heat Pump <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other Fuels <input type="checkbox"/> Room Unit/PTHP <input type="checkbox"/> None COP/HSPF/AFUE= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Natural Gas <input type="checkbox"/> Heat Recovery <input type="checkbox"/> Other Fuels <input type="checkbox"/> Dedicated Heat Pump EF= <input type="text"/> <input type="text"/> SF/EF= <input type="text"/> <input type="text"/>
In Conditioned Space R= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			NUMBER OF BEDROOMS= <input type="text"/> <input type="text"/>

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.
 PREPARED BY: Diana M. Duggan DATE: 12/4/96
 I hereby certify that this building is in compliance with the Florida Energy Code.
 OWNER AGENT: _____ DATE: _____

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

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Windows	904.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	✓
Exterior & Adjacent Doors	904.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	✓
Exterior Joints & Cracks	904.1	To be caulked, gasketed, weatherstripped or otherwise sealed.	✓
Sole & Top Plates	903.2	Sole plates and penetrations through top plates of exterior walls must be sealed.	✓
Infiltration Barrier	903.2	Infiltration barrier must be installed in exterior walls & raised wood floors.	✓
Interior Joints & Cracks	903.2	All openings in interior surfaces of ceilings and exterior walls must be sealed.	✓
Fireplaces	903.2	Fireplaces must have flue dampers, glass doors and outside combustion air intakes.	NA
Exhaust Fans	903.2	Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork.	✓
Water Heaters	904.2	Comply with efficiency requirements in Table 9-7A. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	✓
Swimming Pools & Spas	904.3	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78%.	NA
Hot Water Pipes	904.4	Insulation is required only for recirculating systems, including heat recovery units. In such cases, piping heat loss shall be limited to a maximum of 17.5 BTUH per linear foot of pipe.	✓
Shower Heads	904.5	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	✓
HVAC Duct Construction, Insulation & Installation	904.6	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 904.6. Ducts in unconditioned space and air handlers located in attics must be insulated to a minimum R-4.2 (R-6 after 1/1/92).	✓
HVAC Controls	904.7	Separate readily accessible manual or automatic thermostat for each system.	✓
Renovations Only Glass	1003.0	Meets the requirements of sec. 1003.0. See step 3 of page 2 of this form.	NA

TABLE 10B. Prescriptive Requirements for Small Additions (600 Sq.Ft. and Less) and for Renovations to Existing Buildings.

COMPONENT		MINIMUM INSULATION	INSULATION INSTALLED	EQUIPMENT		MINIMUM EFFICIENCY	INSTALLED EFFICIENCY
WALLS	Concrete	R-5	R-19	COOL	Central A/C	1991	1992
	Wood frame, 2' x 4'	R-11				SEER = 9.0	10.0
	Wood frame, 2' x 6'	R-19		Room unit or PTAC	EER = 8.5	8.5	EER =
	Common, Wood frame*	R-11			SPACE HEATING		ANY
Common, Masonry*	R-3	Electric Resistance	HSPF = 6.4	6.8	HSPF =		
CEILINGS	Under attic	R-30	R-30	Heat Pump	COP = 2.6	2.7	HSPF/
	Single assembly	R-19		Room unit or PTHP	HSPF = 6.1	6.1	COP
	Common, Wood frame*	R-11		Gas, natural or propane	AFUE = .70	.78	AFUE =
FLOORS	Slab-on-grade	No Minimum	R-19	Fuel Oil	AFUE = .76	.78	AFUE =
	Raised wood	R-11		HOT WATER	Electric Resistance	EF = .88	EF = .90
	Raised concrete	R-5			Gas, natural or propane	EF = .54	EF =
	Common, Wood frame*	R-11		Fuel Oil	EF = .54	EF =	
DUCT	In unconditioned space	1991 R-4.2	R-6				
	In conditioned space	No Minimum					

*Common components are those which separate two conditioned living units in a multifamily building.

TABLE 10C. Prescriptive Requirements for Glass Areas in ADDITIONS ONLY (Renovations see 3 below)

Maximum percentage glass to floor area allowed is selected by type, overhang length, and shading coefficient. See below.						Maximum % = 20%	Installed % = 17%
GLASS TYPE, OVERHANG, AND SHADING COEFFICIENT (TINTING) REQUIRED FOR GLASS PERCENTAGE ALLOWED							
UP TO 20%		UP TO 30%		UP TO 40%		UP TO 50%	
Single	Double	Single	Double	Single	Double	Single	Double
OH - SC	OH - SC	OH - SC	OH - SC	OH - SC	OH - SC	OH - SC	OH - SC
1' - 1.0	0' - .90	2' - 1.0	1' - .90	3' - 1.0	2' - .90	4' - 1.0	3' - .90
0' - .86		1' - .86	0' - .70	2' - .86	1' - .70	3' - .86	2' - .70
		0' - .65		1' - .65	0' - .50	2' - .65	1' - .50
				0' - .45		1' - .45	0' - .40
						0' - .35	

Shading coefficients (SC) may be obtained from the manufacturer of the glass. Typical shading coefficients are: single-paned clear SC = 1.0, double-paned clear SC = .90, and single-paned tint SC = .86.

Form 1000C may be used to comply the following types of construction:

SMALL ADDITIONS TO EXISTING RESIDENCES. Additions which have 600 square feet or less of conditioned area may comply with the Energy Code using this form. The prescriptive requirements in Tables 10A, 10B and 10C apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels.

RENOVATIONS. Residential buildings undergoing renovations costing more than 30% of the assessed value of the building must comply with the Energy Code using this form. The prescriptive requirements in Tables 10A and 10B apply only to the components and equipment being renovated or replaced.

GENERAL DIRECTIONS:

- On the left side of Table 10B in the column titled "INSULATION INSTALLED", indicate the R-value of the insulation being added to each component. On the right side of Table 10B indicate the efficiency levels of the equipment being installed in the column titled "EFFICIENCY INSTALLED". All R-values and efficiencies installed must meet or exceed the minimum values prescribed in the preceding column for that component. Components and equipment neither being added nor renovated may be left blank.
- ADDITIONS ONLY.** Determine the percentage of new glass to conditioned floor area in the addition as follows. Total the areas of all glass windows, sliding glass doors and glass panels in doors which are more than 1/3 of the area of the door. Double the area of all non-vertical roof glass and add it to the previous total. When glass in existing exterior walls is being removed or enclosed by the addition, an amount equal to the total area of this glass may be subtracted from the total glass area. Divide the adjusted glass area total by the conditioned floor area of the addition. Multiply by 100 to get the percent. Find the largest glass percentage under which your calculated percentage falls on Table 10C. For example, 29% glass would qualify for the "Up to 30%" column. Prescriptives are given by the type of glass (Single or Double pane) and the overhang (OH) paired with a shading coefficient (SC). Any pair within the selected "Up To _____" category is acceptable. For a given glass type and overhang, the maximum shading coefficient allowed is specified. Indicate the category into which the percentage falls in the box at the top titled "Maximum % = _____". In the next column titled "Installed", indicate the calculated percentage of glass in the addition. Actual glass windows and doors previously in the exterior walls of the house and being reinstalled in the addition, do not have to comply with the overhang and shading coefficient requirements on Table 10C. All new glass in the addition must meet the requirements for one of the options in the glass percentage category you indicated. The overhang (OH) distance is measured perpendicularly from the face of the glass to a point directly under the outermost edge of the overhang.
- RENOVATIONS ONLY.** Only glass areas which are being replaced as part of the renovations need to meet the following requirements. Any glass type and shading coefficient may be used for glass areas which are under at least a two foot overhang and whose lowest edge does not extend further than 8 feet from the overhang. Glass areas being renovated that do not meet this criteria must be either single-pane tinted, double-pane clear, or double-pane tinted.
- Complete the information requested on the top half of page 1.
- Read "Minimum Requirements for Small Additions and Renovations", Table 10A on page 1, and check to indicate your intention to comply with all applicable items.
- Read, sign and date the "Owner/Agent" certification statement on page 1.

Date: 12/12/96

This is to request a Certificate of Approval for Occupancy to be issued to:

Molly B. WACKENHUT for Permit No: 4107

issued to construct RESIDENCE OVER GARAGE upon Property described as

follows: Lot 324, Block -, Sect. -, Sub OAKWOOD

known as: 135 S. RIVER ROAD

when completed in conformance with the approved plans, and approval of the following required inspections.

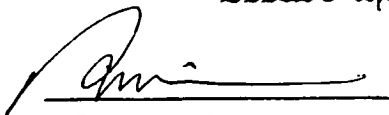
Owner

Certificate of Occupancy

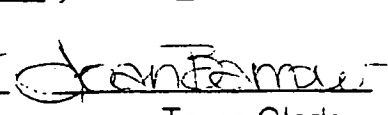
Town of Sewall's Point, Florida

Lot Stakes/Setbacks	Approved: <u>12/12/96</u>	Termite Protection	Approved: <u>N/A</u>
Footings/ Slab	Approved: <u>N/A</u>	Rough Plumbing	Approved: <u>3/6/97</u>
Rough Electric	Approved: <u>3/6/97</u>	Lintel/Tie-beam	Approved: <u>3/6/97</u>
Roofing	Approved: <u>4/1/97</u>	Framing/Furring	Approved: <u>3/6/97</u>
Insulation	Approved: <u>4/1/97</u>	HVAC Rough	Approved: <u>3/6/97</u>
Final Electric	Approved: <u>7/18/97</u>	Final Plumbing	Approved: <u>7/18/97</u>
Final HVAC	Approved: <u>7/18/97</u>	Storm Shutters	Approved: <u>7/18/97</u>
Tie-in Survey	Approved: <u>N/A</u>	Landscape	Approved: <u>N/A</u>

Issued this 18th day of July, 1997


Building Inspector


Building Commissioner


Town Clerk

Record this document or store in a safe place.

7250

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/1/05

BUILDING PERMIT NO. 7250

Building to be erected for GALE Type of Permit FENCE

Applied for by STUART FENCE (Contractor) Building Fee 30.00

Subdivision HANSON GRANT Lot P4 Lot 13 Block _____ Radon Fee _____

Address 135 S. RIVER ROAD Impact Fee _____

Type of structure FENCE A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

133841000000000409000 Plumbing Fee _____

Amount Paid 30.00 Check # 2804 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 8794.00 TOTAL Fees 30.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

JAN 26 2005

BY:

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: Thomas Gale

Phone (Day) 219-0727 (Fax) _____

Job Site Address: 135 S. River Road

City: Sewalls Point State: FL Zip: _____

Legal Description of Property: Sewall's Point 541.86' of Lot 3 SID of Lot 1
A GRANT W OF RIVER RD

Parcel Number: 13-38-41-000-000-00040-9

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Description of Work To Be Done: Remove & Replace 366' of vertical shadow box fence

WILL OWNER BE THE CONTRACTOR?:

Yes No

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

CONTRACTOR/Company: Stuart Fence

Phone: 288-1151 Fax: _____

Street: 2832 SE Iris St.

City: Stuart State: FL Zip: 34997

State Registration Number: _____

State Certification Number: _____

Martin County License Number: LFE3584

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 8794.00

(Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT

Street: _____ Phone Number: _____
City: _____ State: _____ Zip: _____

ENGINEER

Street: _____ Phone Number: _____
City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC

Carport: _____ Total Under Roof _____ Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Wood Deck: _____ Accessory Building: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION:

National Electrical Code: 2002

Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001

Florida Energy Code: 2001

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)

Thomas Gale
State of Florida, County of: MARTIN
This the 24 day of Nov, 2005
by Thomas Gale who is personally
known to me or produced 6400-823-43-218-0
as identification. Janis L. Loudin

CONTRACTOR SIGNATURE (required)

Chester Richmond
On State of Florida, County of: MARTIN
This the 11 day of Jan, 2005
by Chester Richmond who is personally
known to me or produced _____
as identification. Janis L. Loudin

My Commission Expires:



Notary Public
Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Sealed Thru
Atlantic Bonding Co., Inc.

My Commission Expires:



Notary Public
Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Bonded Equal
Atlantic Bonding Co., Inc.

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 8/23/04
PRODUCER MARIE HOWELL INSURANCE SERVICES 3215 S US 1 SUITE B-201 FORT PIERCE FL 34982 772-461-4733	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 STUART FENCE COMPANY, INC. CHESTER J. RICHMOND & JOHN JAMASON P O B 2636 STUART, FL 34995	INSURERS AFFORDING COVERAGE INSURER A: WESTERN WORLD INSURER B: INSURER C: INSURER D: INSURER E:	NAIC#

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.

POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
04GL010	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input checked="" type="checkbox"/> OCCUR	04GL010	8/18/04	8/16/05	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO FINISHED PREMISES (Eq. occurrences) \$ 50,000 MRO EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - CON/FOP AGG \$ 1,000,000
	GENERAL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> OTHER OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Eq. accidents) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	OTHER LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	INSURER'S RETAIL LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> PRODUCTS <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
	ADMIRALS COMPENSATION AND EMPLOYERS LIABILITY (See provisions and SPECIAL PROVISIONS below)				<input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER TOWN OF SEWELL'S POINT 1 S. SEWELL'S POINT ROAD SEWELL'S POINT, FL 34996 ATTN: LORA FAX 772-220-4765	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
---	--

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date
12/16/200

Producer: Lion Insurance Company
2739 U.S. Highway 19 N.
Holiday, FL 34691
Phone: 727-938-5562 Fax: 727-937-2138

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: South East Personnel Leasing
2739 U.S. Highway 19 N.
Holiday, FL 34691
Phone : (727)938-5562

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	
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 LTR	ADDL 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 <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						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.	\$
						Autos Only: AGG.	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> 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 71949	01/01/2005	01/01/2006	X WC Statutory Limits	OTHER
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000
		Other 3465485 Stuart Fence Company	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.				

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 5/10/2004
 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company * FAX: 772-288-3035 & 772-220-4765 / ISSUE: 10-21-04 (PDC)

CERTIFICATE HOLDER

CANCELLATION

TOWN OF SEWALLS POINT
ATTN: LAURA
1 S. SEWALLS POINT RD.
SEWALLS POINT

FL 34996

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives

John A. ...

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 2004-518-003 CERT. CFE3584

PHONE (772) 519-6263 SIG NO 235990

LOCATION:
2832 SE IRIS ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

IF HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF FENCE ERECTION CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

21 DAY OF SEPTEMBER 20 04
AND ENDING SEPTEMBER 2005

RICHMOND, CHESTER - QUALIFIER
STUART FENCE COMPANY INC
2832 SE IRIS STREET
STUART FL 34997

12 04091402 002561 PAID

This Certificate is subject to St. Lucie County revocation
and suspension by Contractor Certification St. Lucie County
Examining Board. Chap. 20978
Statute ACTV

DBA: STUART FENCE CO. INC.
THIS IS TO CERTIFY THAT: CHESTER J. III RICHMOND has qualified
as a certified FENCE contractor
for period from 10/1/2004 to 9/30/2005 subject to St. Lucie
County Code of Ordinances and Complied Laws.

Date: 08/30/04

Charles Wenzel

Contractor Licensing Official

PERMIT # _____

TAX FOLIO # 13-38-41-000-000-0040-9

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 719, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): 135 S. RIVER RD Seward's Point S 141.86' of Lot 3 S/D of Lot 1, H GRANT W. of RIVER RD

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL FENCE

OWNER: Tom Gale

ADDRESS: 135 S. River Road (Seward's Point) STUART, FL 34992

PHONE #: 219-0727 FAX #: _____

CONTRACTOR: Stuart Fence Co

ADDRESS: PO Box 2636, Stuart, FL 34995

PHONE #: 288-1151 FAX #: 288-3035

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

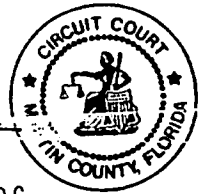
STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL

MARSHA EWING, CLERK

BY: M. Fensh D.C.

DATE: 1/20/05



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 719.13(1)(A)7., FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 719.13(1)(B), FLORIDA STATUTES.

PHONE #: _____ FAX #: _____

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

6400-823-43-218-0

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 DAY OF Nov 2005 BY Tom Gale

OR
PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID 6400-823-43-218-0

[Signature]
NOTARY SIGNATURE




Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

INSTR # 1808148 OR BK 01974 PG 2259 RECD 01/20/2005 03:17:29 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK M Fenschke

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

DATE: 1/27/05


BUILDING OFFICIAL
Gene Simmons

5' TAN
Rehang
sections

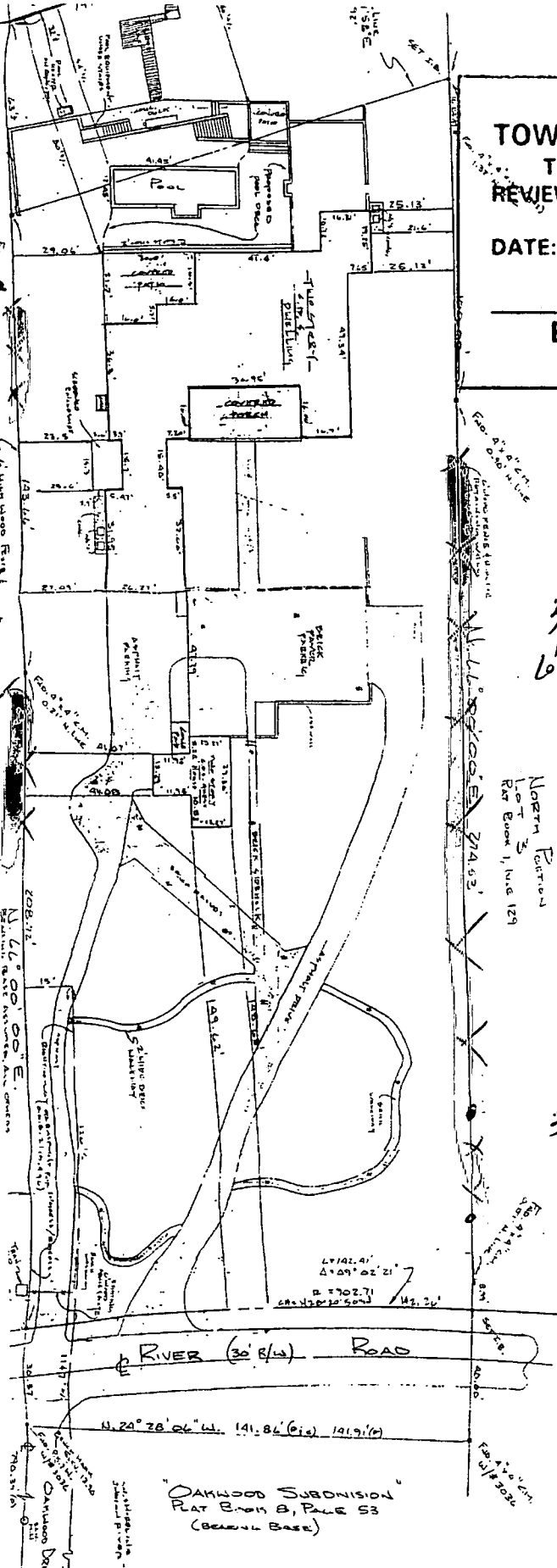
42' replace
6' HT VERTICAL
Shadow box

324' replace
6' HT VERTICAL shadow box

35' drop from
6' to 5' in
Height

NORTH
PARTION
LOT 3
PLAT BOOK 1, PAGE 129

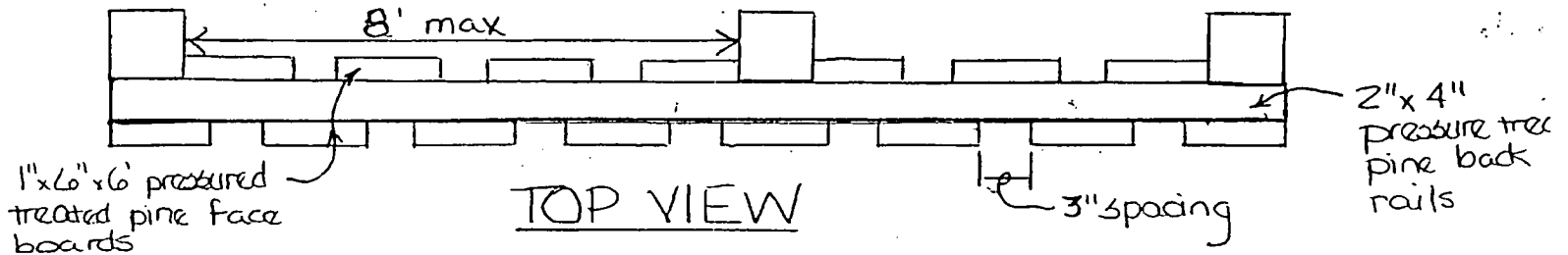
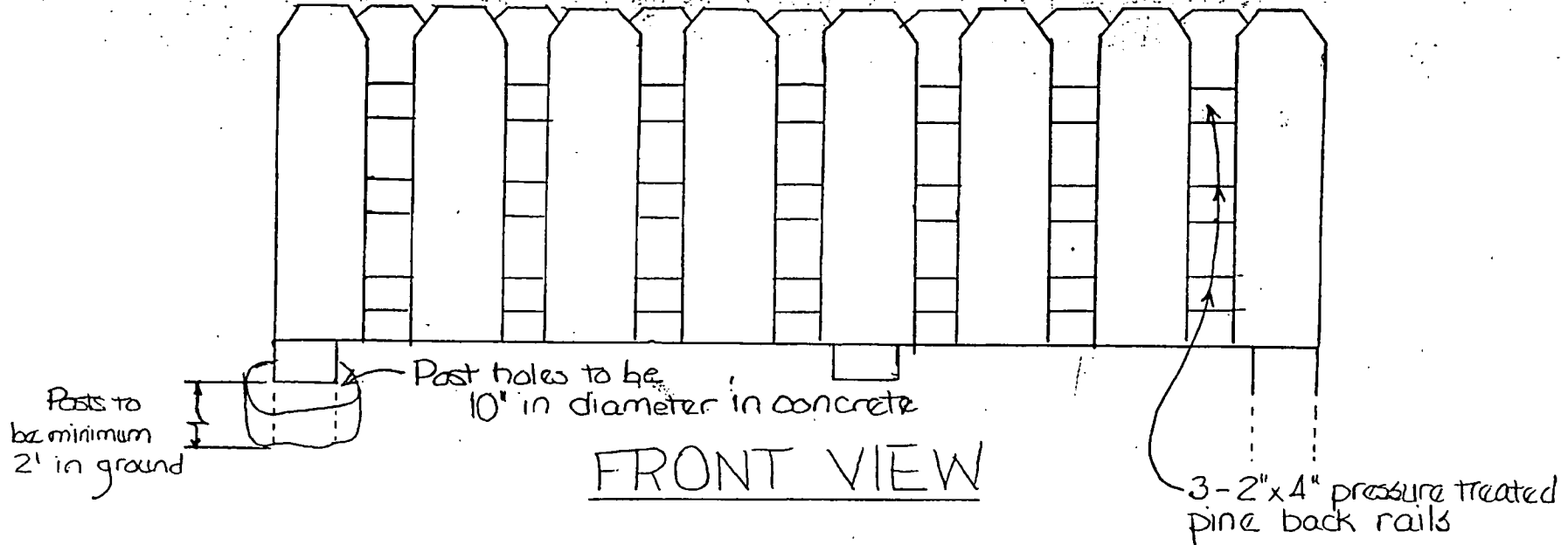
LOCATION MAP



DAKWOOD SUBDIVISION
PLAT BOOK B, PAGE 53
(BEAUFORT BASE)

VERTICAL SHADOW BOX

PRESSURE TREATED PINE PICKETS



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
- 7191	HECKENBURL	DOCK EOC	FAIL	
10	5 N.E. LAGOON ISLAND CT. O/B			INSPECTOR: <i>AM</i>
- TREE	O'CONNOR	TREE	PASS	
12	16 FIELDWAY DR			INSPECTOR: <i>AM</i>
7043	SWEENEY-GOLNIK	IN PROGRESS ROOF	PASS	
6	4 S. VIA LUCINDA O/B			INSPECTOR: <i>AM</i>
- 7272	H BASSOC/MARETEND	ELEC WALL PANT	PASS	
13	3758 SE OCEAN (ME KELLMAN WAYNE 260-0949			INSPECTOR: <i>AM</i>
7280	REDACTED	FENCE FINAL	PASS	REDACTED
3	135 S. RIVER RD STUART KORMAN FENCE			INSPECTOR: <i>AM</i>
7186	LIPPS	FINAL ROOF	PASS	CLOSE
9	5 COPAIRE DR PVD DEVELOPMENT			INSPECTOR: <i>AM</i>
7300	JENKINS	TIN TAG METAL	PASS	
7	4 SABAL COURT GARY MARZO			INSPECTOR: <i>AM</i>

OTHER: _____

7836

REPAIR DOCK

MOVE BOATSLIP

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10-20-05

BUILDING PERMIT NO. 7836

Building to be erected for GALE

Type of Permit REPAIR DOCK + MOVE BOAT LIFT

Applied for by LINDEN MARINE (Contractor)

Building Fee 240.00

Subdivision HANSEN GRANT Lot P7341 Block _____

Radon Fee _____

Address 135 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

133841000000000004090000

Roofing Fee _____

Amount Paid 264.00 Check # 112327828 Cash _____

Other Fees (10% P.R.) 24.00

Total Construction Cost \$ 6000.00

TOTAL Fees 264.00

Signed 

Applicant

Signed 

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED
9/30/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Thomas Gale Phone (Day) 772-219-0727 (Fax) _____

Job Site Address: 135 South River Rd. City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: 13-38-41-000-000-00040-9

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

Description of Work To Be Done: Repair dock & move boat lift

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 6000.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Linden Marine Phone: 342 8730 Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Thomas C. Gale

CONTRACTOR SIGNATURE (required)
Maurice Pate

State of Florida, County of: Martin

On State of Florida, County of: Martin

This the 23 day of Sept. 2005

This the 28th day of Sept 2005

by THOMAS C GALE who is personally

by Maurice Pate who is personally

known to me or produced FL DL

known to me or produced

as identification Christine Fulton

As identification. Michelle Hirt

My Commission Expires: _____
Notary Public
CHRISTINE FULTON

My Commission Expires: _____
Notary Public
Commission #DD238943
Expires: Sep 08, 2007



Seal Bonded Thru
_____ Co., Inc.

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT FROM TOWN OF SEWALL'S POINT OFFICE
My Commission Expires Aug. 22, 2010
Acting in the County of Essex

Michelle Hirt



Martin County Building Department

**2401 SE Monterey Road
Stuart, Fl 34996
(772) 288-5482
Fax (772) 288-5911**

**PETZ, MAURICE D
LINDEN MARINE INC
2689 SW TRAILSIDE PATH
STUART, FL 34997**

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



**MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency**

MARINE CONTRACTOR

License Number SP02847 Expires: 30-SEP-07

**PETZ, MAURICE D
LINDEN MARINE INC
2689 SW TRAILSIDE PATH
STUART, FL 34997**

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 2/1/2005
PRODUCER Paul Lynch & Associates, Inc. 701 N Federal Hwy, Suite 401 Stuart, FL 34994 (772) 232-9371	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
INSURED Linden Marine Construction, Inc. 2689 SW Trailside Path Stuart, Florida 34997	INSURER A: Essex Insurance Company	
	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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	9CA8925	02/01/05	02/01/06	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> P&I (ex-crew & cargo)				PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMPROP AGG \$1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Marine contractor and boat lift installation/repair.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point, Florida 34996 Fax: 220-4765		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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

05-23-2005



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 06/12/2005

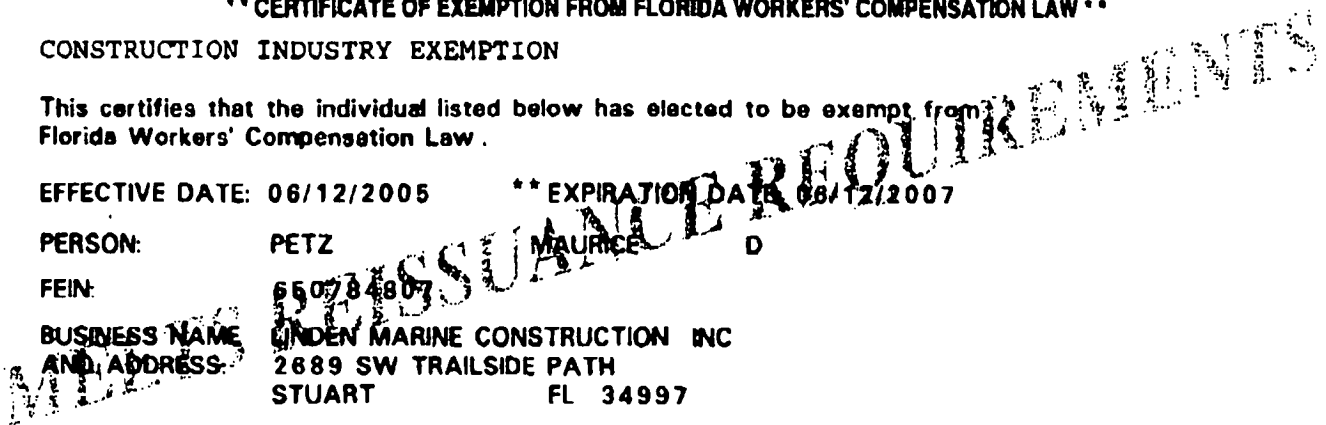
** EXPIRATION DATE 08/12/2007

PERSON: PETZ MAURICE D

FEIN: 650784807

BUSINESS NAME: LINDEN MARINE CONSTRUCTION INC
AND ADDRESS: 2889 SW TRAILSIDE PATH
STUART FL 34997

SCOPE OF BUSINESS OR TRADE: 1- MARINE CONSTRUCTION



IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC - 252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE: 06/12/2005
** EXPIRATION DATE: 08/12/2007

PERSON: PETZ MAURICE D

FEIN: 650784807

BUSINESS NAME: LINDEN MARINE CONSTRUCTION INC
AND ADDRESS: 2889 SW TRAILSIDE PATH
STUART FL 34997

SCOPE OF BUSINESS OR TRADE:
1- MARINE CONSTRUCTION

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IMPORTANT

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

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

05-19-2005



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 05/19/2005 ** EXPIRATION DATE: 05/19/2007

PERSON: MANNIELLO, JOSEPH

FEIN: 65078480

BUSINESS NAME: BUDEN MARINE CONSTRUCTION INC
AND ADDRESS: 2689 SW TRAILSIDE PATH
STUART FL 34997

SCOPE OF BUSINESS OR TRADE: 1 - MARINE CONSTRUCTION

REISSUANCE REQUIREMENTS

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC-262 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 05/19/2005 ** EXPIRATION DATE 05/19/2007</p> <p>PERSON: MANNIELLO, JOSEPH</p> <p>FEIN: 65078480</p> <p>BUSINESS NAME: BUDEN MARINE CONSTRUCTION INC AND ADDRESS: 2689 SW TRAILSIDE PATH STUART FL 34997</p> <p>SCOPE OF BUSINESS OR TRADE: 1- MARINE CONSTRUCTION</p>	<p>F O L D H E R E</p> <p>IMPORTANT</p> <p>Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>QUESTIONS? (850) 413-1609</p>
---	---

CUT HERE

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

DWC-262 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

HLG Services Inc.
210 SE Camino St.
Port Saint Lucie, FL 34952

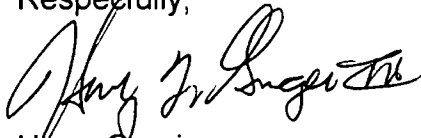
To: The Town of Sewall's Point

Date: September 21, 2005

Subject: Permit for Thomas Gale

HLG Services is withdrawing its request for the permit for Thomas Gale, 135 S River Rd. Please give the permit application to Robert Riggs.

Respectfully,

A handwritten signature in black ink, appearing to read "Harry Goeringer". The signature is written in a cursive style with a large initial "H".

Harry Goeringer
President
HLG Services

PERMIT # _____ TAX FOLIO # 13-38-41-000-000-00040-9

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): 135 S River Rd Sewalls Point Fl 34996 (Sewalls Point S 141.86' of lot 3 S/O of Lot 1 H Grant W of Rvc

GENERAL DESCRIPTION OF IMPROVEMENT: Relocation of Boat lift

OWNER: Thomas Gale

ADDRESS: 135 S River Rd Sewalls Point Fl 34996

PHONE #: 231-439-9117 FAX #: _____

CONTRACTOR: Linden Marine Construction

ADDRESS: 2689 Trailside Path Stuart Fl 34997

PHONE #: _____ FAX #: _____

SURETY COMPANY (IF ANY): _____ MARTIN COUNTY

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER: Phoenix DATE 10-20-05

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

Thomas C. Gale
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 20th DAY OF May 2005 BY Thomas C. Gale

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____

Linda Parker
NOTARY SIGNATURE LINDA PARKER
Emmet County, Michigan
/data/gmd/bsd/bldg_forms/Noc.sw


My commission expires: 7-8-2011

INSTR # 1883393 OR BK 02074 PG 1857 RECD 10/20/2005 10:23:53 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

DOCK PERMIT

LETTER OF NO OBJECTION

We, Edward Rosario and Lisa Rosario
 being the owner (s) of certain property adjacent to and abutting the
 property of Tom Gale who have applied for a
 dock permit for construction, have read and reviewed the drawing of
 the dock and We (I) have no objection to the proposed dock pursuant
 to the plan attached herein.


 Signature


 Signature

STATE OF Florida
 COUNTY OF Martin County

SWORN TO AND SUBSCRIBED before me this 27TH day
 of July, 20 05

Bonnie G. Burton
 NOTARY PUBLIC



Bonnie G. Burton
 My Commission DD224645
 Expires September 21, 2007

MY COMMISSION EXPIRES: _____

DOCK PERMIT

LETTER OF NO OBJECTION

We, NICK SMITH and JANET SMITH
 being the owner (s) of certain property adjacent to and abutting the
 property of TOM & CHARLENE GALE who have applied for a
 dock permit for construction, have read and reviewed the drawing of
 the dock and We (I) have no objection to the proposed dock pursuant
 to the plan attached herein.

[Signature]
 Signature

[Signature]
 Signature

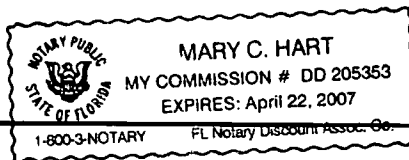
STATE OF Florida

COUNTY OF Palm Beach

SWORN TO AND SUBSCRIBED before me this 5th day
 of July, 20 05

Mary Hart
 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



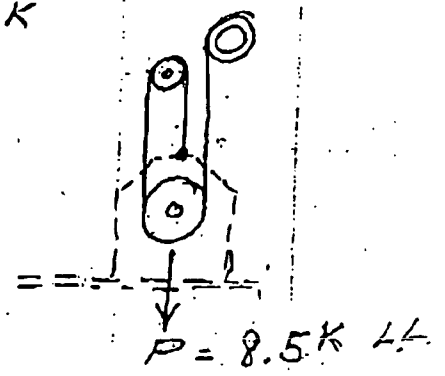
By Yield Stress Method: 20,000 lb. Lift

Breaking Strength $\frac{5}{16}$ " S.S. Cable = 8900 lb. = K

Load "P" = $\frac{20,000 \text{ lb boat} \times 1.7}{4 \text{ Pulleys}} = 8.5 \text{ K}$
 = 8.5K (LL & DL)

Cable Stress = $\frac{8.5 \text{ K}}{3 \text{ part line}} = 1.67 \text{ K}$

F.S. = $\frac{8.9 \text{ K/cable}}{1.67 \text{ K}} = 5.2$
 10K



REC 07 2804

Shear $\frac{1}{4}$ " # (Center #)

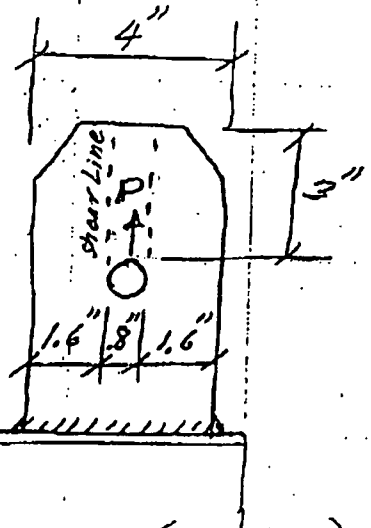
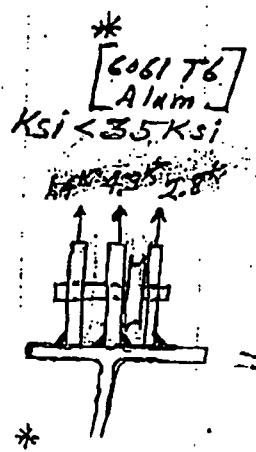
$f_s = \frac{P}{3" \times \frac{1}{4}" \text{ #} \times 2 \text{ Pieces} \times \frac{1}{2}"}$

Tension $\frac{1}{4}$ " # (center #)

$f_T = \frac{4.3 \text{ K}}{1.6" \times \frac{1}{4}" \times 2 \text{ Pieces}} = 5.4 \text{ Kpsi} < 35.0$
 $f_T \text{ At Weld} = \frac{4.3 \text{ K}}{4" \times \frac{1}{4}" \times 2 \text{ #s}} = 2.2 \text{ Kpsi} < 12$

Bearing $\frac{1}{4}$ " # (Center #)

$f_B \text{ (allow)} = 56 \text{ Kpsi} *$
 $f_B \text{ act.} = \frac{4.3 \text{ K}}{.75" \text{ Bolt} \times \frac{1}{4}" \text{ #}} = \frac{4.3}{.188"} = 23 \text{ Kpsi} < 56.0 *$



Check $\frac{1}{4}$ " (outside #) Fillet Weld

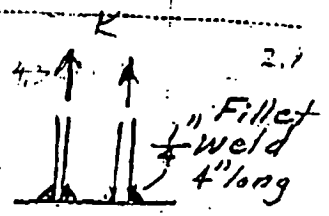
$\frac{2.55 \text{ K}}{.177" \times 4" \text{ long Weld Throat} \times .708"} = 3.6 \text{ Kpsi} < 12 \text{ Kpsi Weld} *$

ROBERT J. KOLP, P.E. NO. 16710
 17212 130TH AVENUE NORTH
 JUPITER, FL 33478

Allowable (yield) stresses are from Aluminum Design Manual Part 1

Dwg. No.

Welds: [P. 59 "Specs. For Alum Structures"]
Using No. 4043 Alloy Wire



$$f_s(\text{allow}) = 12 \text{ Ksi Thru throat}$$

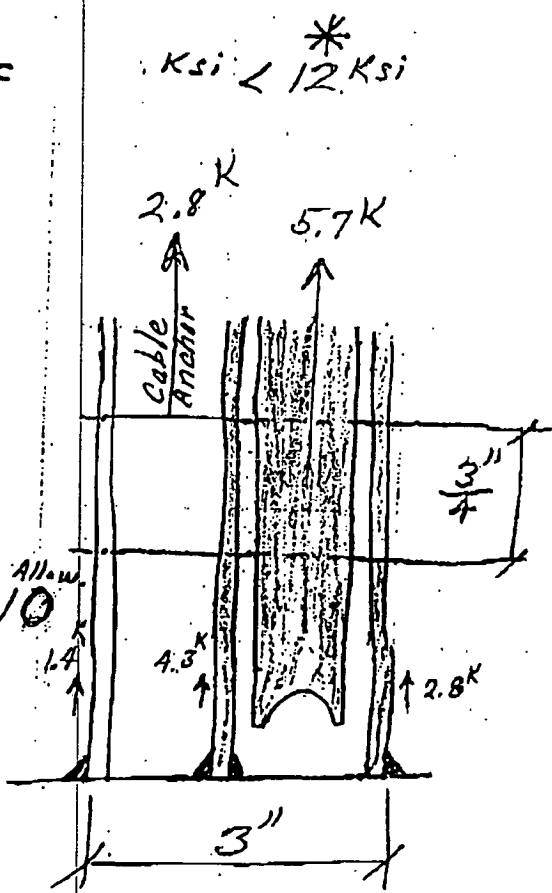
$$f(\text{act}) = \frac{K}{.127 \text{ weld} \times 4 \text{ Lg.} \times 1 \text{ Welds}} = \text{Ksi} < 12 \text{ Ksi}$$

Dwg. No.

S.S. Bolt 3/4" Dia.
 $f_s(\text{allow}) = 10 \text{ Ksi}$

$$f_s(\text{act}) = \frac{5.7 \text{ K}}{.44 \text{ x } 2} = 6.5 \text{ Ksi} < 10 \text{ Allow.}$$

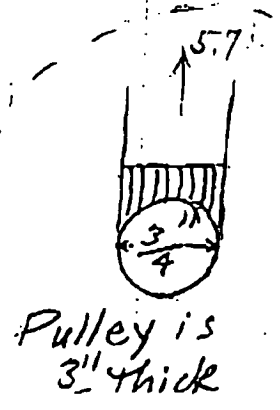
Double shear condition



Pulley: 6061-T6 Alum.
Check Bearing Bolt on Alum.

$$f_b(\text{allow}) = 5.6 \text{ Ksi}$$

$$f_b(\text{act}) = \frac{5.7 \text{ K}}{\frac{3/4 \text{ Dia} \times 3/4 \text{ Width}}{.563}} = 10.1 \text{ Ksi} < 56.$$



Dwg. No. 20,000 Lift

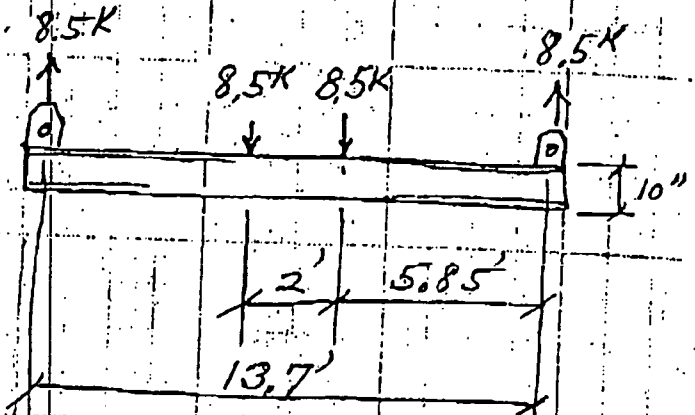
Lifter Beam - Flexural:

Beam - Aluminum 6061-T6
 10" x 6" Flange S = 26.42 in.³
 r_{xx} = 4.24" I = 132.09 in.⁴

Most Critical Loading is with
 Boat at $\frac{1}{2}$ of Beam as Shown

$M = 8.5^k \times 5.85' = 49.7^k'$
 max at load

$f_y(act.) = \frac{M}{S} = \frac{49.7^k' \times 12}{26.42 in.^3}$
 $= 23^kpsi < 35^k*$

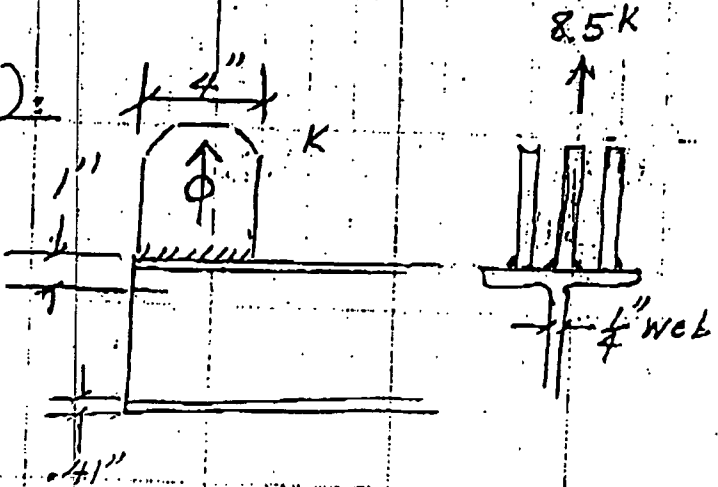


FEB 07 2004

Beam Web (1" from welds):

$f_y(allow)$ (within 1" of welds) = 20Kpsi Tensile strength

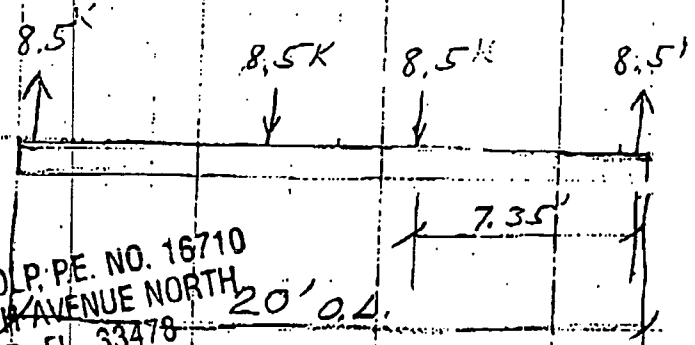
$f(allow) = \frac{8.5^k}{\frac{1''}{4} \times 4''} = 8.5^kpsi < 20$



For 20' Long Beam:

$M = 8.5^k \times 9' = 77^k'$

$f_y(act.) = \frac{M}{S} = \frac{77^k' \times 12''}{26.42 in.^3} = 34.97$
 $= 35.0^kpsi = 35^k*$
 10K



ROBERT J. KOLP, P.E. NO. 16710
 17212 130TH AVENUE NORTH
 JUPITER, FL 33478 20' 0.4'

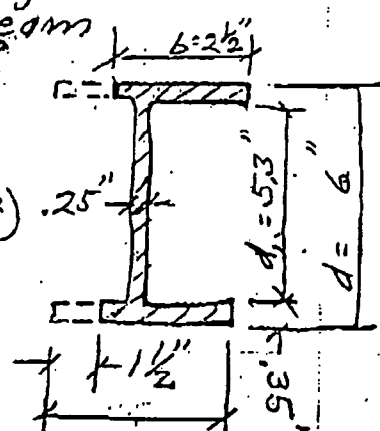
Dwg. No.

Winch Frame: 6061 T6 Alum.

Beam 6" x 4" $S = 8.5 \text{ in}^3$

Sect. Modulus of Cut Away
 Beam is Highest Stress
 Area of Beam

$$\begin{aligned} \text{cut-away sect.} \\ &= \frac{b(d^2 - d_1^2)}{6d} \\ &= \frac{1.5(6^2 - 5.3^2)}{6 \times 6} \\ &= 2.80 \text{ in}^3 \end{aligned}$$



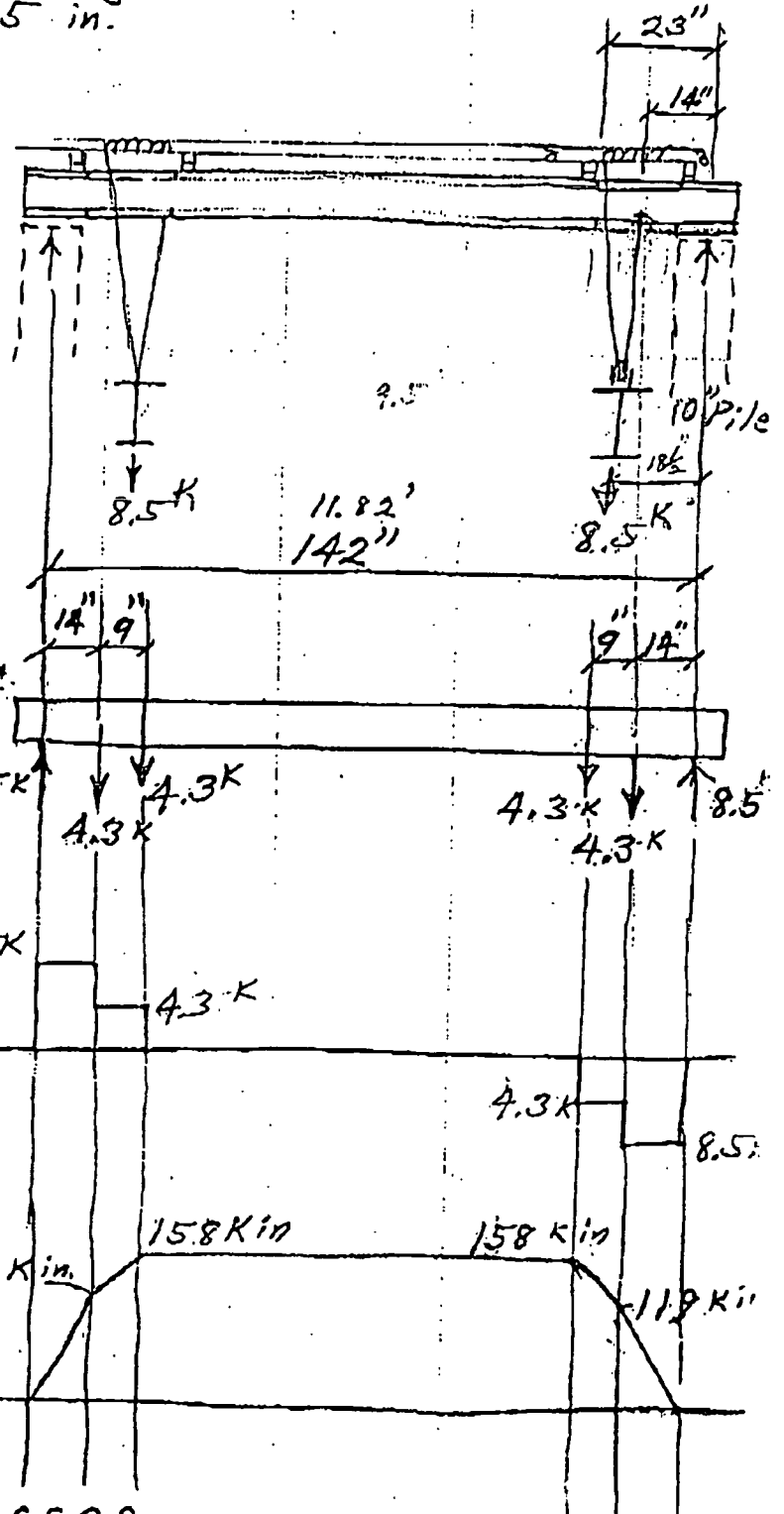
$$\begin{aligned} &= 8.5 - 2.8 \\ &= 5.7 \text{ in}^3 \text{ each} \times 2 = 11.4 \\ &= \frac{Sd}{2} = \frac{5.7 \times 6}{2} = 17.1 \text{ in}^4 \times 2 = 34.2 \end{aligned}$$

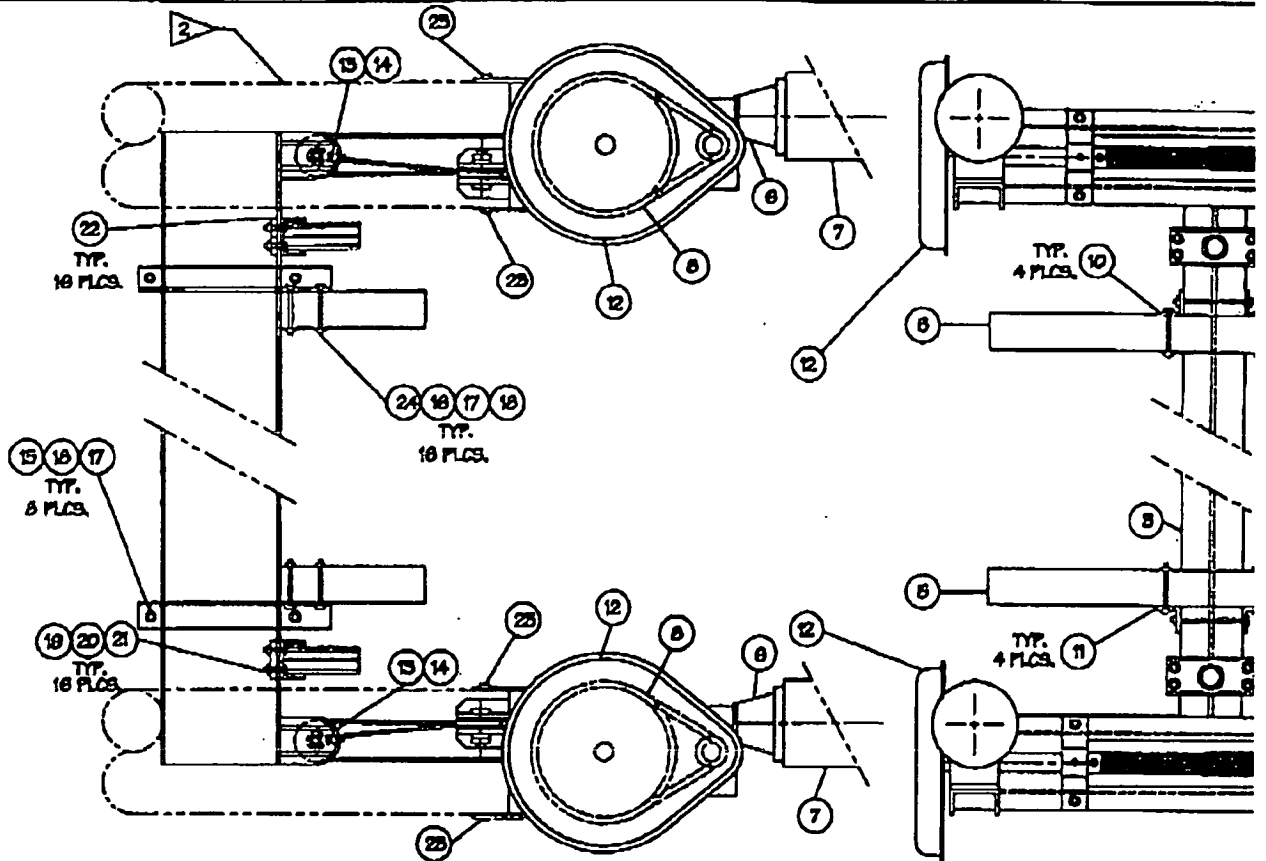
$V =$ Area Shear Diagram
 change between load points

$$\begin{aligned} &= 14'' \times 8.5K = 119 \text{ Kin} \\ &= 119 \text{ Kin} + (4.3K \times 9'') \\ &= 15.8 \text{ Kin} \end{aligned}$$

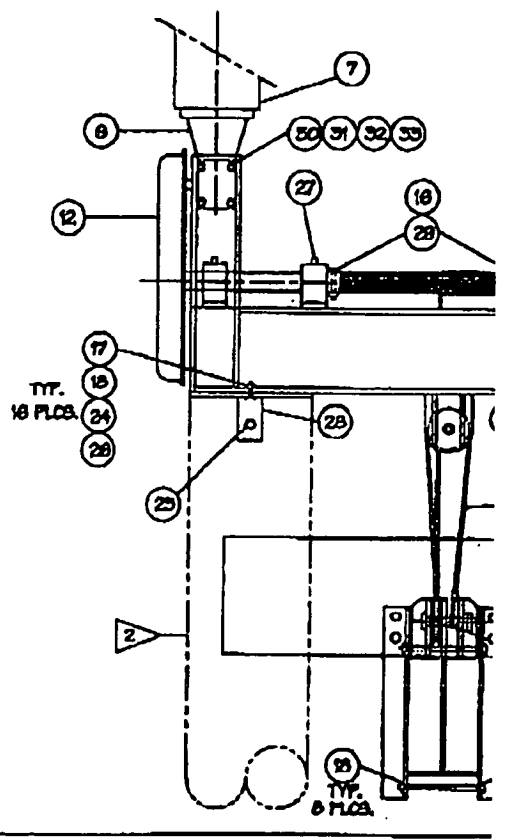
$$\begin{aligned} \sigma_{\text{reqd}} &= \frac{M}{f} = \frac{158 \text{ Kin}}{35 \text{ ksi}} \\ &= 4.5 \text{ in}^3 < 11.4 \text{ in}^3 \text{ OK} \end{aligned}$$

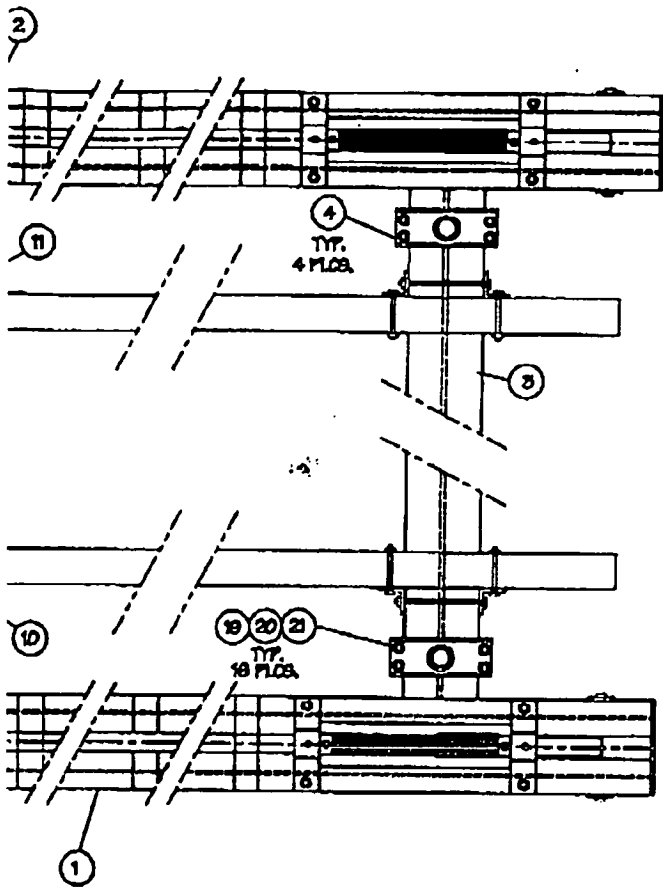
- Allowable Yield Stresses





33	--	7/16-14 S.S. HEX NUT	8
32	--	7/16 S.S. FLATWASHER	8
31	--	7/16 S.S. LOCKWASHER	8
30	--	7/16-14 S.S. HEX. HD. BOLT - 1 1/2" LONG	8
29	--	5/8-18 S.S. SELF LOCKING HEX NUT	8
28	EX-0033-2	10" TOP CARRIER MOUNTING BRACKET	8
27	--	GREASE FITTING	10
26	--	5/8 S.S. CARRIAGE BOLT - 1 1/2" LONG	8
25	--	1/4 CABLE CLAMPS	4
24	--	5/8 S.S. LOCKWASHER	32
23	--	5/8 S.S. LAG BOLT-3" LONG	8
22	22-1086-43	P.Y.C. STANSON MTG. SOCKET CLAMP	18
21	--	1/2-18 S.S. HEX NUT	18
20	--	1/2 S.S. LOCKWASHER	18
19	--	1/2-18 S.S. HEX HD. BOLT-1 1/2" LONG	16
18	--	5/8 S.S. FLAT WASHER	32
17	--	5/8-18 S.S. HEX NUT	24
16	--	5/8-18 S.S. HEX HD. BOLT-4" LONG	16
15	--	5/8-16 S.S. HEX HD. BOLT-7" LONG	8
14	--	5/16 SWAGE FITTINGS	4
13	--	5/16 THIMBLE	4
12	EX-0022	GEAR COVER ASSEMBLY	2
11	22-3208-17	BUNKCLAMP "B"	4
10	22-3208-18	BUNKCLAMP "A"	4
9	22-1086-48	5/16 S.S. CABLE	4
8	22-1086-19	R80 ROLLER CHAIN	2
7	--	1 HP ELECTRIC MOTOR	2
6	22-1086-23	60M WORM GEAR ASSEMBLY	2
5	22-3208-08	BUNK ASSEMBLY	2
4	22-3208-04	P.Y.C. STANSON MTG. SOCKET ASSY.	4
3	22-3208-06	LIFTER ASSEMBLY	2
2	28-1307-05	WINCH ASSEMBLY - L.H.	1
1	28-1307-02	WINCH ASSEMBLY - R.H.	1
ITEM	DWG. NR.	NOMENCLATURE	QTY.





ROBERT J. KOLP, P.E. NO. 16710
 17212 130TH AVENUE NORTH
 JUPITER, FL 33478

▶ PILING NOT NECESSARY
 PART OF ASSEMBLY, REFERENCE
 ONLY.

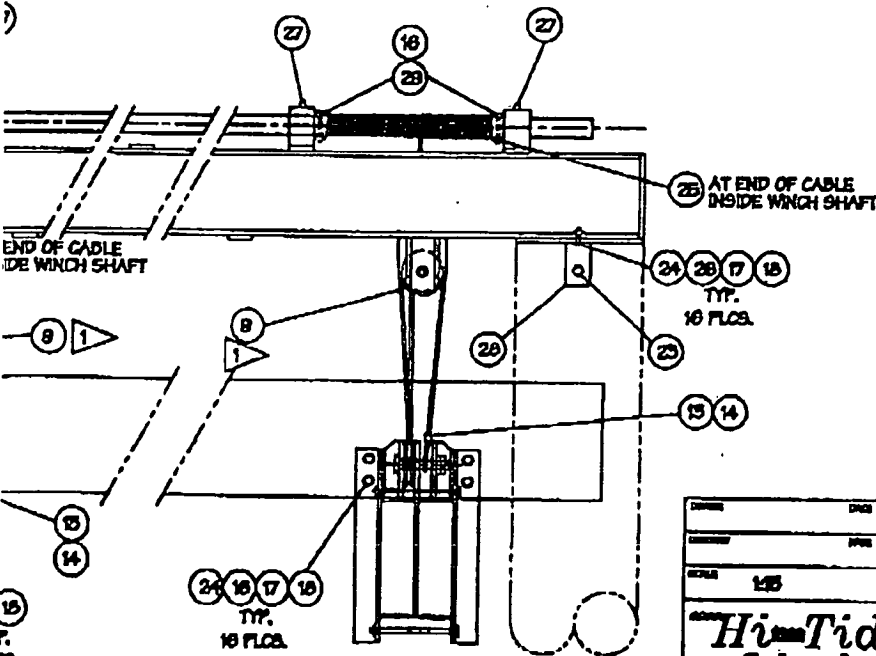
▶ CABLE CUT TO REQUIRED
 LENGTH AND MOUNTED AT
 ASSEMBLY.

NOTES

[Signature]

FEB 07 2004

SEAL



1	REVISED AND RENAMED FROM 28-2014-01 TO ROL-20000-ASSEMBLY	30 AUG. 1997
REVISIONS	DATE	

DESIGN	DATE	REVISION	SEE NOMENCLATURE
DRAWN	DATE	BY	RO-LIFT 20000 LBS CAPACITY
TITLE	1/85		
HimTide Sales, Inc.		B	ROL-20000-ASSEMBLY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/19, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7813	PARKS	SHEATHING	PASS	
1	3 MINDORO ST PARKS + Co.			INSPECTOR: <i>[Signature]</i>
7084	JONES	FINAL DOCK REPAIR	FAIL	CLOSE
2	14 HERON'S NEST O/B		PASS	INSPECTOR: <i>[Signature]</i>
7727	SCATER	TWUSS ENA	FAIL	
5	4 LAGOON ISLAND CONWAY			INSPECTOR: <i>[Signature]</i>
7695	GILL	FENCE	PASS	CLOSE
3	33 RIO VISTA STUART FENCE			INSPECTOR: <i>[Signature]</i>
7976	GOLDMAN	GAS INT. BOUQUIN	FAIL	
4	4 SUMMER LA COAST GAS			INSPECTOR: <i>[Signature]</i>
	MARTIN	ROOF IN PRG.	PASS	
1A	23 ISLAND ROAD PACIFIC			INSPECTOR: <i>[Signature]</i>
7836	GALE	REPAIR DOCK	PASS	CLOSE
7902	135 S. RIVER	REPAIR BOAT LIFT ELEC.	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
OTHER: _____				

7902

ELECTRIC

CONNECTION

DOCK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/23/05

BUILDING PERMIT NO. 7902

Building to be erected for GALE

Type of Permit RECONNECT BOAT ELEV

Applied for by ELECTRICAL CONNECTIONS BY MIKE (Contractor)

Building Fee _____

Subdivision HANSEN GRANT Lot P13 d1 Block _____

Radon Fee _____

Address 135 S. RIVER RD

Impact Fee _____

Type of structure SEW

A/C Fee _____

Parcel Control Number:
1338410000000004090000

Electrical Fee 35.00

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 4803 Cash _____ Other Fees (_____)

TOTAL Fees 35.00

Total Construction Cost \$ 1100.

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

Date: 11/00/05 RECEIVED 11/10/05 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: THOMAS GALE Phone (Day) 231-499-9117 (Fax) _____

Job Site Address: 135 S River Rd City: SMART State: FL Zip: 34986

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: 133841 000000000 409.0000

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

Description of Work To Be Done: Reconnect electric to boat lift

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1100.00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: ~~Laura Marine~~ Phone: 370-4394 Fax: _____

Street: ~~2689 Transitte Path~~ City: SMART State: FL Zip: 34987

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

SUBCONTRACTOR INFORMATION:

Electrical: Electrical Connections by Mike Inc State: FL License Number: EC13001494

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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)

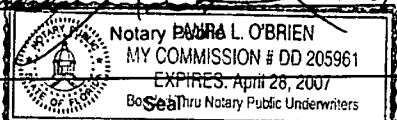
State of Florida, County of: MARTIN

This the 10th day of November, 2005

by Thomas Charles Gale who is personally known to me or produced EOL 640687343218-0

as identification. [Signature] *6/18/10

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

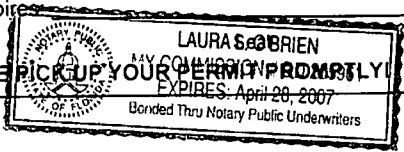
On State of Florida, County of: MARTIN

This the 10th day of November 2005

by Michael Andrew Pokong II who is personally known to me or produced EOL 73823411-51-216-0

As identification [Signature] *6/16/10

My Commission Expires: _____



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

CERTIFICATE OF INSURANCE



The Company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy or policies numbered and described below.

Certificate Holder's Name and Address:
TOWN OF SEWELLS POINT
1 SOUTH SEWELLS POINT ROAD
SEWELLS POINT, FL 34998
FAX # 772-220-4765
ATTN: LAURA
RENEWAL

Insured's Name and Address:
ELECTRICAL CONNECTIONS BY MIKE, INC.
9019 SE HAWKSBILL WAY
HOBE SOUND, FL 33455

TYPE OF INSURANCE	POLICY NUMBER AND ISSUING COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY (*Limits At Inception)
GENERAL LIABILITY <input checked="" type="checkbox"/> Premises-Operations <input checked="" type="checkbox"/> Products-Completed Operations <input checked="" type="checkbox"/> Personal & Advertising Injury <input checked="" type="checkbox"/> Medical Expense <input checked="" type="checkbox"/> Fire Damage Legal <input type="checkbox"/> Other Liability <input type="checkbox"/> GARAGE LIABILITY-PREMISES	NATIONWIDE INSURANCE 77AC706650-3001	11/1/05	11/1/06	General Aggregate* \$2,000,000 Pr. Comp. Op. Agg.* \$1,000,000 Each Occurrence \$1,000,000 Any One Person/Org. \$1,000,000 Any One Person \$ 5,000 Any One Fire \$ 100,000 Each Accident Aggregate*
AUTOMOBILE LIABILITY # <input checked="" type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> GARAGE <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned # Fill in Either Combined Single Limits or Split Limits	77BA706650-3002	11/1/05	11/1/06	Bodily Injury (Each Person) (Each Accident) Property Damage (Each Accident) Combined Single Limit \$ 100,000
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form				Each Occurrence \$ Aggregate* \$
<input type="checkbox"/> Workers' Compensation and <input type="checkbox"/> Employers' Liability				STATUTORY LIMITS Bodily Injury by accident Each Accident \$ Bodily Injury by Disease Each Employee \$ Bodily Injury by Disease Policy Limit \$

Insurance in force only for hazards indicated by X.

Description Special Items:

RK

Authorized Representative:

Countersigned at: Pat O'Connell Insurance P.O. Box 650339 Vero Beach, Florida 32985

Date Issued: 10/26/05

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
 Work Comp Associates, Inc.
 P.O. Box 33297
 Palm Beach Gardens, FL 33420-3297
 USA

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

COMPANIES AFFORDING COVERAGE
 COMPANY
A Florida Citrus, Business & Ind.

INSURED
 Electrical Connections by
 Mike, Inc.
 9019 S.E. Hawksbill Way
 Hobe Sound, FL 33455-3111

COMPANY
B
 COMPANY
C
 COMPANY
D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$																
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	10636223	4/1/2005	4/1/2006	<table border="1"> <tr> <td>XX</td> <td>WC STATUTORY LIMITS</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td></td> <td>EL EACH ACCIDENT</td> <td></td> <td>\$ 100,000</td> </tr> <tr> <td></td> <td>EL DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td></td> <td>EL DISEASE -EA EMPLOYEE</td> <td></td> <td>\$ 100,000</td> </tr> </table>	XX	WC STATUTORY LIMITS	OTH-ER			EL EACH ACCIDENT		\$ 100,000		EL DISEASE - POLICY LIMIT		\$ 500,000		EL DISEASE -EA EMPLOYEE		\$ 100,000
XX	WC STATUTORY LIMITS	OTH-ER																			
	EL EACH ACCIDENT		\$ 100,000																		
	EL DISEASE - POLICY LIMIT		\$ 500,000																		
	EL DISEASE -EA EMPLOYEE		\$ 100,000																		
	OTHER																				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER **CANCELLATION**

Town of Sewall's Point
 Building Department
 1 South Sewall's Point Road
 Sewall's Point, FL 34996-6736

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

AUTHORIZED REPRESENTATIVE *Gwendolyn Hall* (TRE)

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY

CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE: 04/03/2004

** EXPIRATION DATE: 04/03/2006

PERSON: PETTENGILL, MICHAEL
ID: 6508006

BUSINESS NAME: ELECTRICAL CONNECTIONS BY MIKE
AND ADDRESS: 150 SE FOUR WINDS DRIVE
#206
STUART FL 34996

SCOPE OF BUSINESS OR TRADE: ELECTRICAL CONTRACTOR

MEETS REISSUANCE REQUIREMENTS

AC#1483208

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L04070900525

DATE	BATCH NUMBER	LICENSE NBR
07/09/2004	040022397	EC13001494

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



PETTENGILL, MICHAEL ANDREW
ELECTRICAL CONNECTIONS BY MIKE INC
9019 SE HAWKSBILL WAY
HOPE SOUND FL 34955

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

**2005-2006 MARTIN COUNTY
COUNTY OCCUPATIONAL LICENSE**
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985

LICENS 2002-508-008 CERT FR-13012330
PHONE (772)288-5121 SIC NO 235310

LOCATION: 200 SE FOUR WINDS DR 206

CHARACTER COUNTS IN MARTIN COUNTY

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

I HEREBY CERTIFY TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **ELECTRICAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

08 DAY OF AUGUST 05
AND 2006

**PETTENGILL, MICHAEL
ELECTRICAL CONNECTIONS BY MIM
9019 SE HAWKBILL WAY
HOBE SOUND FL 33455**

RECEIPT OF PAYMENT

LARRY C. O'STEEN
TAX COLLECTOR
9013 BOX / STUART FL 34985
888-388-3888
827-288-5121



Department of Environmental Protection

Port St. Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St. Lucie, FL 34952

Colleen M. Castille
Secretary

Jeb Bush
Governor

(772) 398-2806 Fax (772) 398-2815

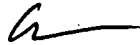
SEP 29 2004

Thomas Gale
4620 Shores Drive
Bay Harbor, MI 49770

FILE COPY

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

DATE: 10/20/05



BUILDING OFFICIAL
Gene Simmons

File Number: 43-0237809-001
Martin County

Dear Mr. Gale:

On September 16, 2004, we received your application for an exemption to perform the following activities: relocate an existing boat lift in the St. Lucie River, Class III Waters of the State, located at 135 S. River Road (Section 13, Township 38 South, Range 41 East), Stuart, Martin County.

Your application has been reviewed to determine whether it qualifies for any of three kinds of authorization that may be necessary for works in wetlands or waters of the United States. The kinds of authorization are (1) regulatory authorization, (2) proprietary authorization (related to state-owned submerged lands), and (3) federal authorization. The authority for review and the outcomes of the reviews are listed below. Please read each section carefully. Your project **may not** have qualified for all three forms of authorization. If your project did not qualify for one or more of the authorizations, refer to the specific section dealing with that authorization for advice on how to obtain it.

1. Regulatory Review - EXEMPTION VERIFIED

The Department has the authority to review your project under Part IV of Chapter 373, Florida Statutes (F.S.), Title 62, Florida Administrative Code (F.A.C.), and in accordance with operating agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C.

Based on the information you submitted, we have determined that your project is exempt from the need to obtain a DEP Environmental Resource Permit under Rule 40E-4.051(3)(a), (F.A.C.).

2. Proprietary Review (related to state-owned lands) - GRANTED

The Department acts as staff to the Board of Trustees of the Internal Improvement Trust Fund (B.O.T.) and issues certain authorizations for the use of sovereign submerged lands. The Department has the authority to review your project under Chapters 253 and 258, F.S., Chapters 18-20 and 18-21, F.A.C., and Section 62-343.075, F.A.C.

Your project shall occur on sovereign submerged land and shall require authorization from the Board of Trustees to use public property. As staff to the Board of Trustees, we have reviewed the proposed project and have determined that, as long as it is located within the described boundaries and is consistent with the attached general consent conditions, the project qualifies for consent to use sovereign submerged lands. Therefore, pursuant to Chapter 253.77, Florida Statutes, you may consider this letter as authorization from the Board of Trustees for the upland riparian owner to perform the project.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
SUBMERGED LANDS & ENVIRONMENTAL RESOURCES PROGRAM
GENERAL CONSENT CONDITIONS**

File Number: 43-0237809-001

Applicant: Thomas Gale

- (1) Authorizations are valid only for the specified activity or use. Any unauthorized deviation from the specified activity or use and the conditions for undertaking that activity or use shall constitute a violation. Violation of the authorization shall result in suspension or revocation of the grantee's use of the sovereignty submerged land unless cured to the satisfaction of the Board.
- (2) Authorizations convey no title to sovereignty submerged land or water column, nor do they constitute recognition or acknowledgment of any other person's title to such land or water.
- (3) Authorizations may be modified, suspended or revoked in accordance with their terms or the remedies provided in Sections 253.04 and 258.46, F.S., or Chapter 18-14, F.A.C.
- (4) Structures or activities shall be constructed and used to avoid or minimize adverse impacts to sovereignty submerged lands and resources.
- (5) Construction, use, or operation of the structure or activity shall not adversely affect any species which is endangered, threatened or of special concern, as listed in Rules 68A-27.003, 68A-27.004, and 68A-27.005, F.A.C.
- (6) Structures or activities shall not unreasonably interfere with riparian rights. When a court of competent jurisdiction determines that riparian rights have been unlawfully affected, the structure or activity shall be modified in accordance with the court's decision.
- (7) Structures or activities shall not create a navigational hazard.
- (8) Structures shall be maintained in a functional condition and shall be repaired or removed if they become dilapidated to such an extent that they are no longer functional. This shall not be construed to prohibit the repair or replacement subject to the provisions of Rule 18-21.005, F.A.C., within one year, of a structure damaged in a discrete event such as a storm, flood, accident, or fire.
- (9) Structures or activities shall be constructed, operated, and maintained solely for water dependent purposes, or for non-water dependent activities authorized under paragraph 18-21.004(1)(f), F.A.C., or any other applicable law.

Thomas Gale
File Number: 43-0237809-001
Page Three

The Department will not publish notice of this determination. Publication of this notice by you is optional and is not required for you to proceed. However, in the event that an administrative hearing is held and the Department's determination is reversed, proceeding with the proposed activity before the time period for requesting an administrative hearing has expired would mean that the activity was conducted without the required permit.

If you wish to limit the time within which all substantially affected persons may request an administrative hearing, you may elect to publish, at your own expense, the enclosed notice (Attachment A) in the legal advertisement section of a newspaper of general circulation in the county where the activity is to take place. A single publication will suffice.

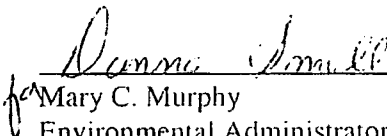
If you wish to limit the time within which any specific person(s) may request an administrative hearing, you may provide such person(s), by certified mail, a copy of this determination, including Attachment A.

For the purposes of publication, a newspaper of general circulation means a newspaper meeting the requirements of sections 50.011 and 50.031 of the Florida Statutes. In the event you do publish this notice, within seven days of publication, you must provide to the following address proof of publication issued by the newspaper as provided in section 50.051 of the Florida Statutes. If you provide direct written notice to any person as noted above, you must provide to the following address a copy of the direct written notice.

Florida Department of Environmental Protection, Southeast District - Port St. Lucie Branch Office
Submerged Lands & Environmental Resources Program, 1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952

Thank you for applying to the Submerged Lands and Environmental Resource Program. If you have questions regarding this matter, please contact **Jimmy Sellers** of this office, at telephone (772)398-2806.

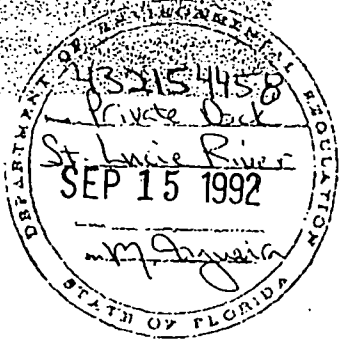
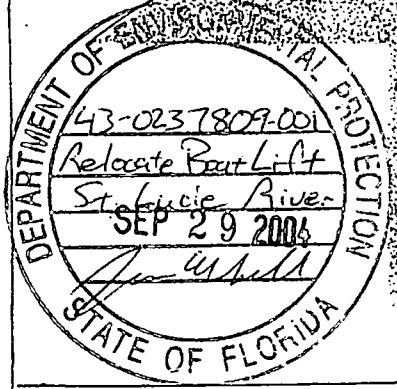
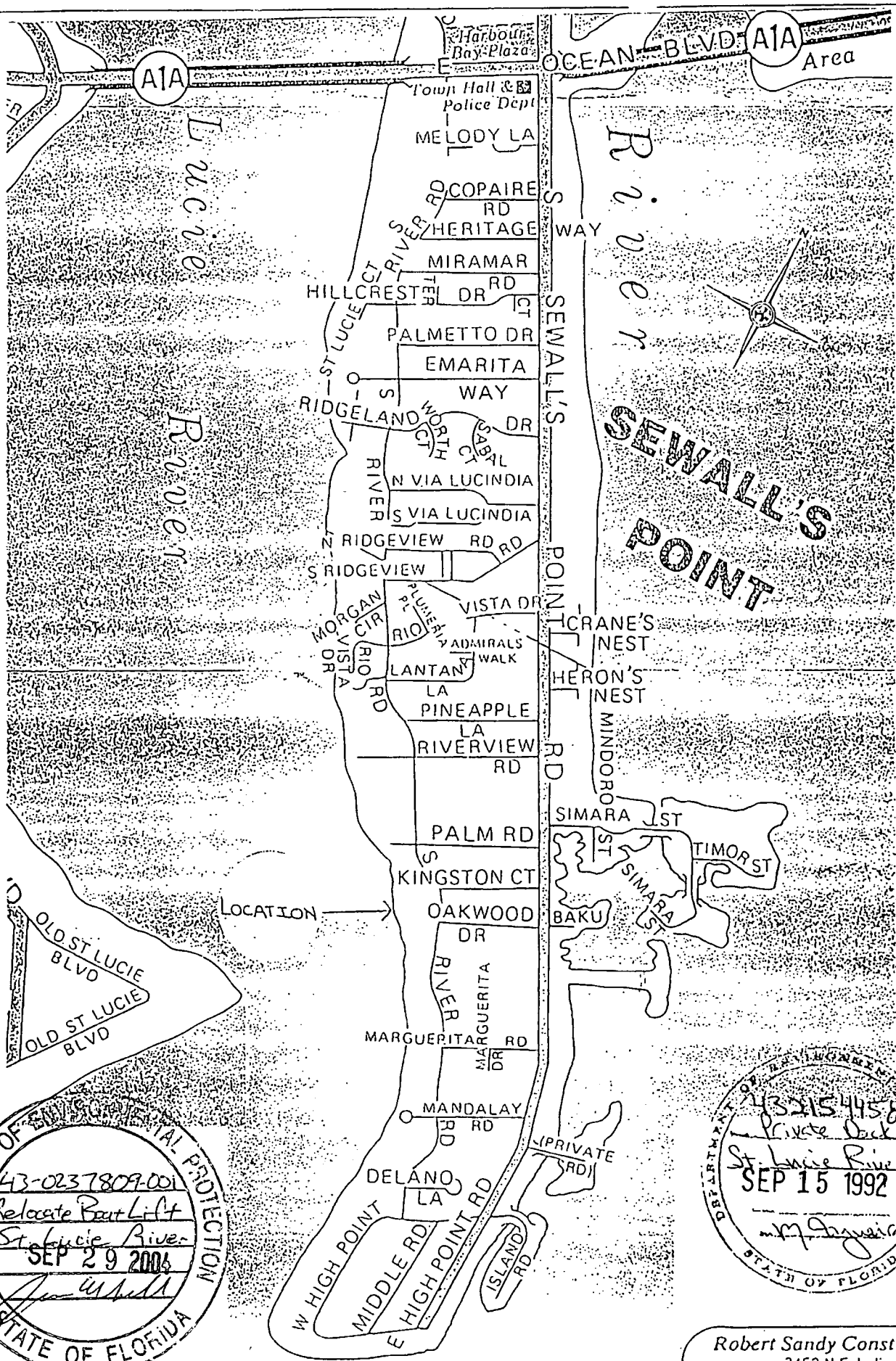
Sincerely,


Mary C. Murphy
Environmental Administrator
Florida Department of Environmental Protection
Southeast District Branch Office

Date 9/25/04

MCM/JS

Enclosures: General Consent Conditions
Federal Manatee Conditions, Federal General Conditions for SPGP III- R1 and Transfer Request
Attachment A- Notice of Determination of Qualification for Exemption



Robert Sandy Construction, Inc.
 3452 N.E. Indian Drive
 Jonson Beach, FL 34957
 407-334-3046

LOCATION MAP FOR ~~EROMPTON~~ **GALE**
35 S. RIVER RD.

RECEIVED

SEP 21 2004

Dept. of Environ. Protection
Port St. Lucie

RIPARIAN RIGHT LINE
N. 61° 45' 00" E.

63' ±

WITNESS
S. 40° 27'
147.5

ST. LUCIE RIVER

REVISED

Wood Dock

BOAT LIFT

M.H.W.L. ELEV. 1.00

147.53' (6)

76'
20'
52'

52'

83'

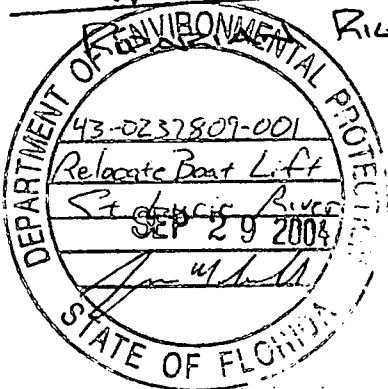
52'

N. 61° 45' 00" E.

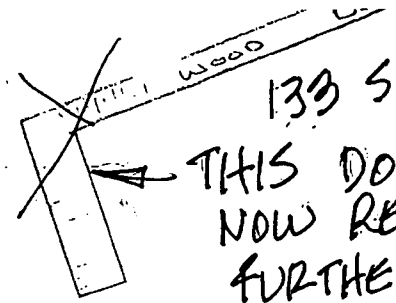
RIGHT LINE

135 S. RIVER RD.
SEWALLS POINT, FL.

[DIMENSIONS FROM DEC. 28 1995
BOAT DOCK DEP PERMIT]

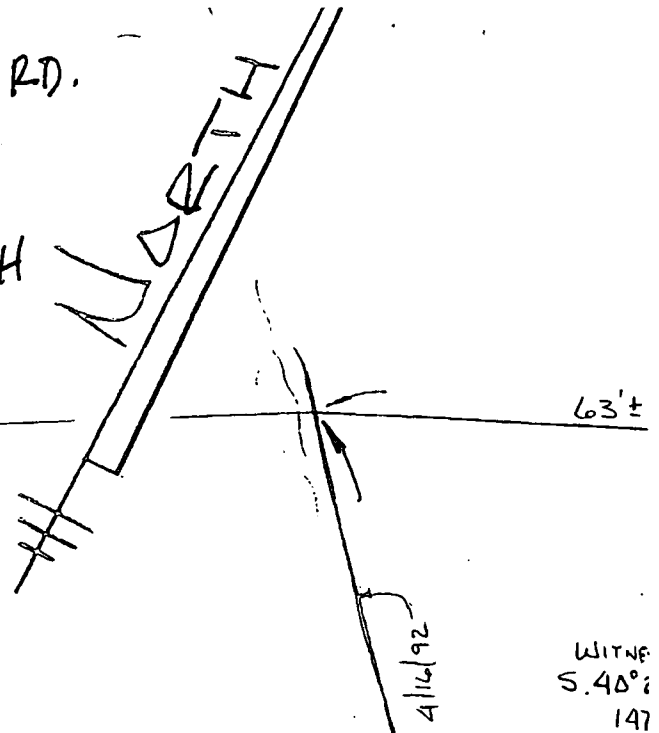


REC
9.20.2004



133 S. RIVER RD.
THIS DOCK IS NOW REVISED FURTHER NORTH

RIPARIAN RIGHT LINE
N. 61° 45' 00" E.



WITNES
S. 40°
147

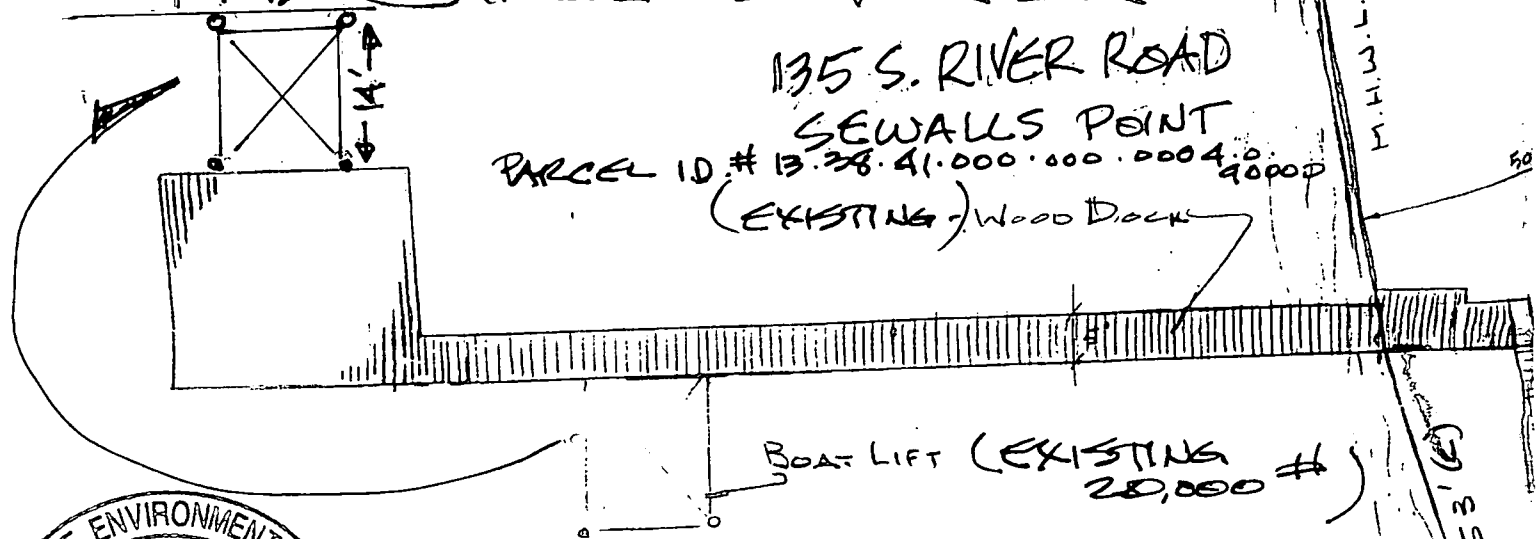
25 ±

St. Lucie River

135 S. RIVER ROAD
SEWALLS POINT

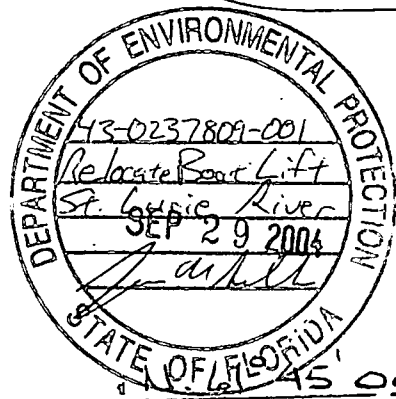
PARCEL ID. # 13-28-41-000-000-0004-0
(EXISTING) Wood Dock

M.H.W.L. ELEV. 11.00



BOAT LIFT (EXISTING 20,000 #)

PROPOSED - MOVE EXISTING BOAT LIFT TO NORTH SIDE OF EXISTING DOCK
APPLICATION 9.16.04
T. GALE



45' 00" E.
RIPARIAN RIGHT LINE

SCALE 1" = 20'-0"
FROM SURVEY DATED MAY 03
STEPHEN J. BROWN INC.

Dwg. No.

Winch Frame: 6061 T6 Alumn.

Beam 6" x 4" S = 8.5 in.³

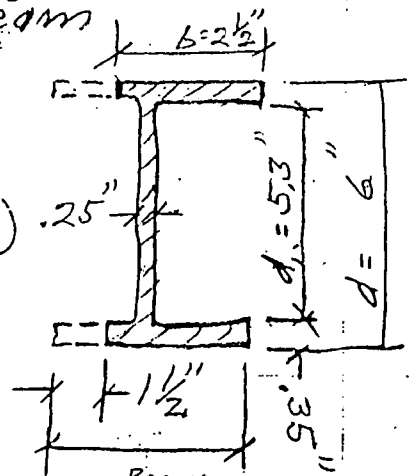
Sect. Modulus of Cut Away
 Beam is Highest Stress
 Area of Beam

S cut-away sect

$$S = \frac{b(d^3 - d_1^3)}{6d}$$

$$= \frac{1.5(6^3 - 5.3^3)}{6 \times 1}$$

$$= 2.80 \text{ in.}^3$$



$S_{net} = 8.5 - 2.8 = 5.7 \text{ in.}^3$ each x 2 = 11.4

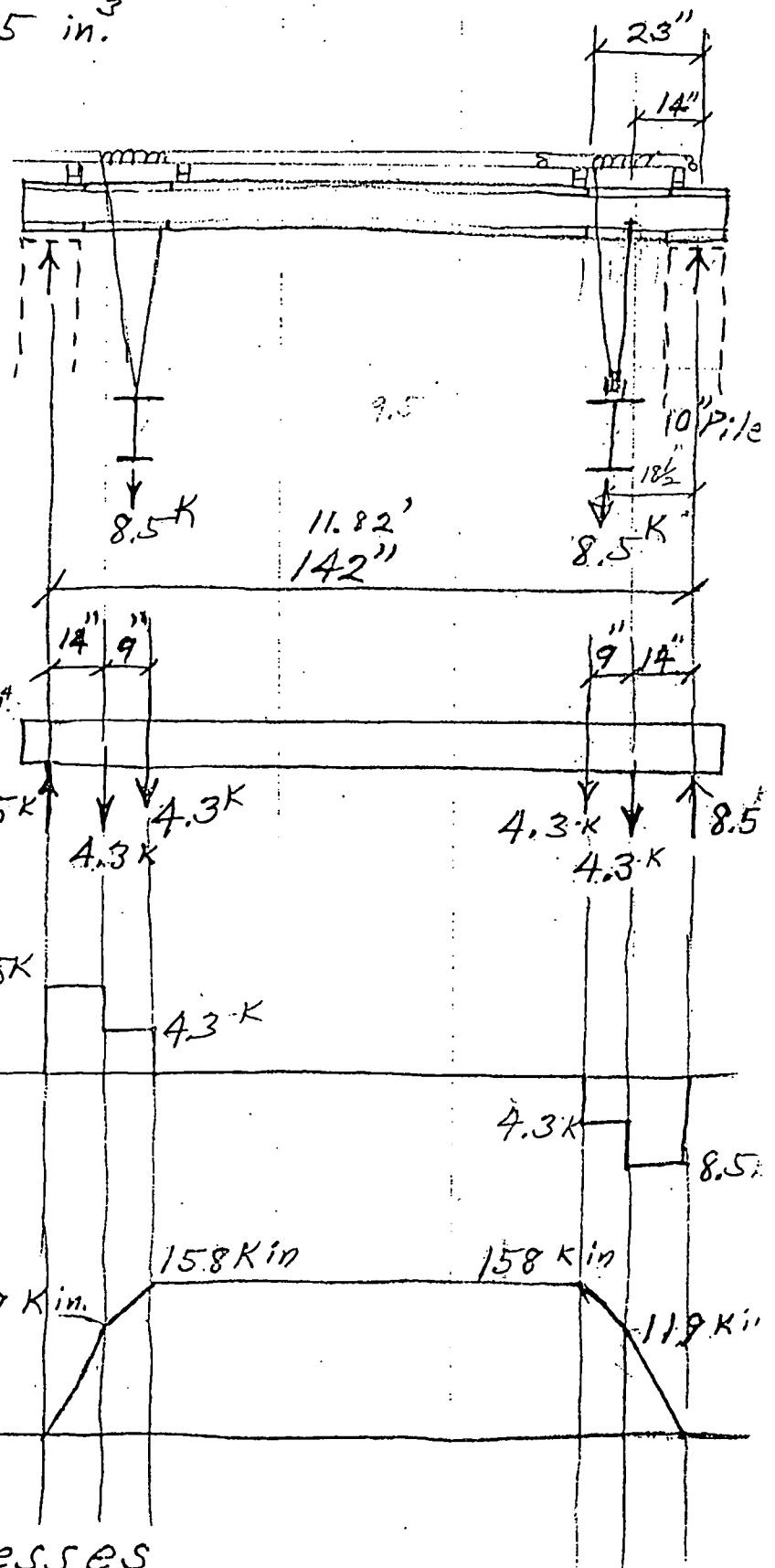
$I = \frac{Sd}{2} = \frac{5.7 \times 6}{2} = 17.1 \text{ in.}^4 \times 2 = 34.2 \text{ in.}^4$

M = Area Shear Diagram
 change between load points

$M_{14"} = 14" \times 8.5K = 119 \text{ Kin}$

$M_{23"} = 119 \text{ Kin} + (4.3K \times 9") = 158 \text{ Kin}$

$S_{reqd} = \frac{M}{f} = \frac{158 \text{ Kin}}{35 \text{ Kpsi}}$
 = 4.5 in.³ < 11.4 in.³ OK

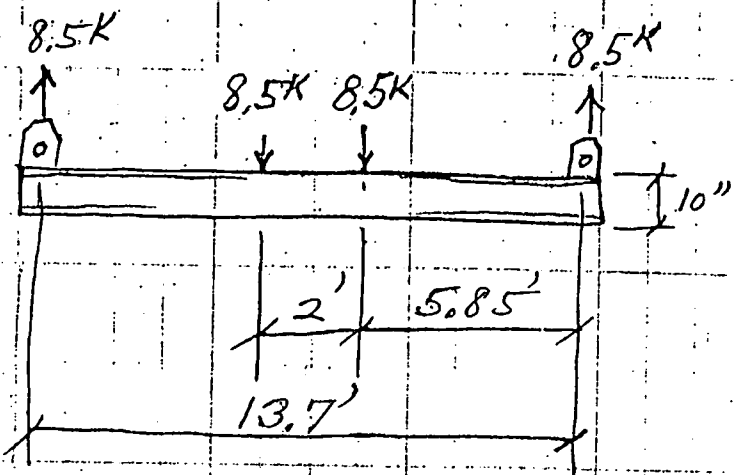


* Allowable Yield Stresses

Dwg. No. - 20,000 Lift

Lifter Beam - Flexural:

Beam - Aluminum 6061-T6
 10" x 6" Flange S = 26.42 in.³
 r_{xx} = 4.24" I = 132.09 in.⁴
 Most Critical Loading is with Boat at $\frac{1}{4}$ of Beam as Shown



$M = 8.5K \times 5.85' = 49.7K'$
 max at load

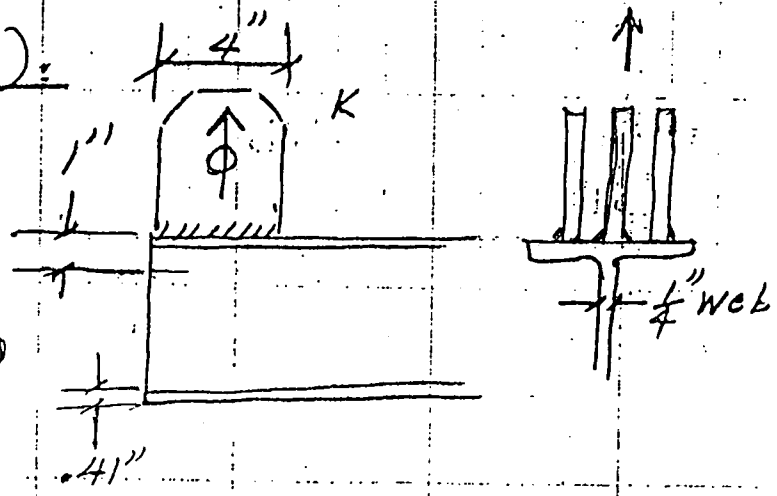
$f_y(Act.) = \frac{M}{S} = \frac{49.7K' \times 12}{26.42 in.^3} = 23 Ksi < 35^*$

FEB 07 2004

Beam Web (1" from welds):

$f_y(\text{within } 1" \text{ of welds}) = 20 Ksi$ Tensile strength allow

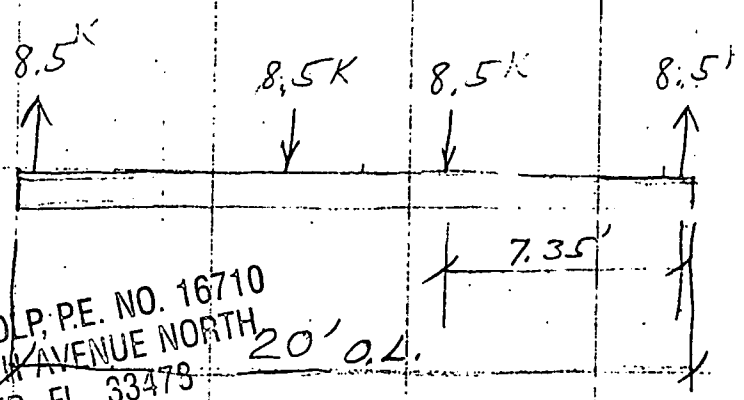
$f_t(Act.) = \frac{8.5K}{\frac{1"}{4} \times 4"} = 8.5 Ksi < 20$



Try For 20' Long Beam:

$M = 8.5K \times 9' = 77K'$

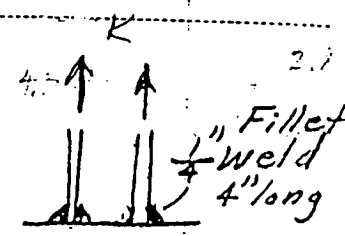
$f_y(Act.) = \frac{M}{S} = \frac{77K' \times 12"}{26.42 in.^3} = 34.97 = 35.0 Ksi = 35^*$
 10K



ROBERT J. KOLP, P.E. NO. 16710
 17212 130TH AVENUE NORTH
 JUPITER, FL 33478 20' O.D.

Dwg. No.

Welds: [P. 59 "Specs. For Alum Structures"]
 Using No. 4043 Alloy Wire



$$f_s(\text{allow}) = 12 \text{ Ksi Thru throat}$$

$$f(\text{act}) = \frac{K}{.177 \text{ weld} \times 4 \text{ Lg.} \times 1 \text{ Welds}} = \text{Ksi} < 12 \text{ Ksi}$$

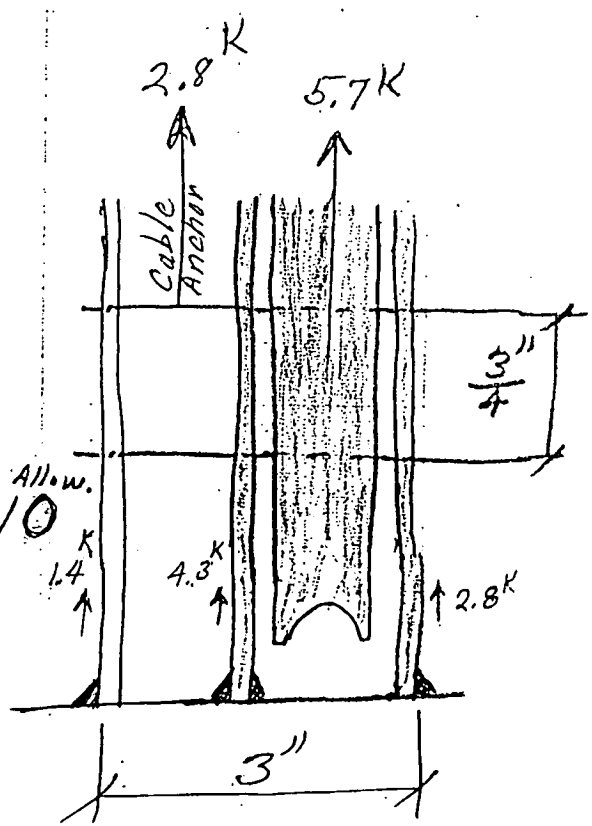
Dwg. No.

S.S. Bolt 3/4" Dia.

$$f_s(\text{allow}) = 10 \text{ Ksi}$$

$$f_s(\text{act}) = \frac{5.7 \text{ K}}{.44 \text{ in} \times 2} = 6.5 \text{ Ksi} < 10 \text{ Ksi Allow.}$$

Double shear condition

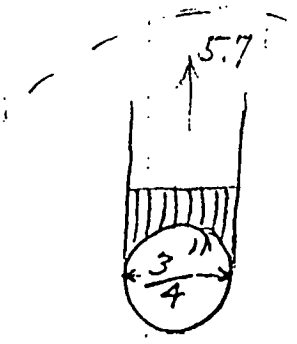


Pulley: 6061-T6 Alum.

Check Bearing Bolt on Alum.

$$f_B(\text{allow}) = 56 \text{ Ksi}$$

$$f_B(\text{act}) = \frac{5.7 \text{ K}}{\frac{3 \text{ in}}{4} \times \frac{3 \text{ in}}{4}} = \frac{5.7}{.563} = 10.1 \text{ Ksi} < 56.$$



Pulley is 3/4" Thick

By Yield Stress Method: 20,000 lb. Lift

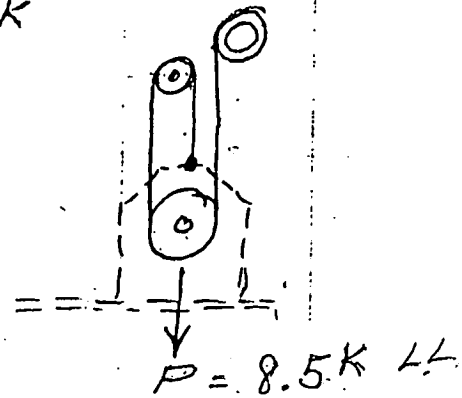
Breaking Strength $\frac{5}{16}$ " S.S. Cable = 8900 lb. = K

$$\text{Load "P" } = \frac{20,000 \text{ lb boat}}{4 \text{ Pulleys}} \times 1.7 = 8.5 \text{ K}$$

$$= 8.5 \text{ K (LL \& DL)}$$

$$\text{Cable Stress} = \frac{8.5 \text{ K}}{3 \text{ part line}} = 1.67 \text{ K}$$

$$\text{F.S.} = \frac{8.9 \text{ K/cable}}{1.67 \text{ K}} = 5.2$$



FE 07 2804

Shear $\frac{1}{4}$ " # (Center #)

$$f_s = \frac{P}{3" \times \frac{1}{4}" \text{ thk} \times 2 \text{ Places}} = \frac{8.5 \text{ K}}{1.5"} = 5.67 \text{ K}$$

Tension $\frac{1}{4}$ " # (Center #)

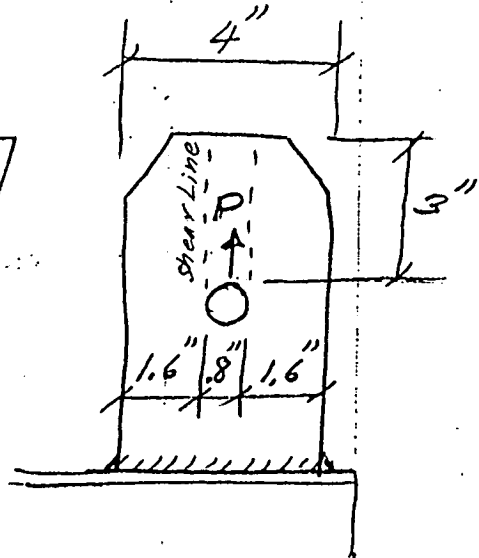
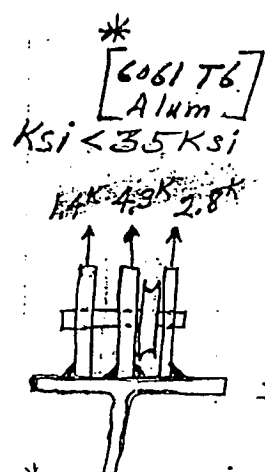
$$f_T = \frac{4.3 \text{ K}}{1.6" \times \frac{1}{4}" \times 2 \text{ Places}} = 5.4 \text{ Kpsi} < 35.0$$

$$f_T \text{ At Weld} = \frac{4.3 \text{ K}}{4" \times \frac{1}{4}" \times 2 \text{ #s}} = 2.2 \text{ Kpsi} < 12$$

Bearing $\frac{1}{4}$ " # (Center #)

$$f_B (\text{allow}) = 56 \text{ Kpsi} *$$

$$f_B \text{ act.} = \frac{4.3 \text{ K}}{.75" \text{ Bolt} \times \frac{1}{4}" \text{ #}} = \frac{4.3}{.188"} = 23 \text{ Kpsi} < 56.0 *$$



Check $\frac{1}{4}$ " (outside #) Fillet Weld

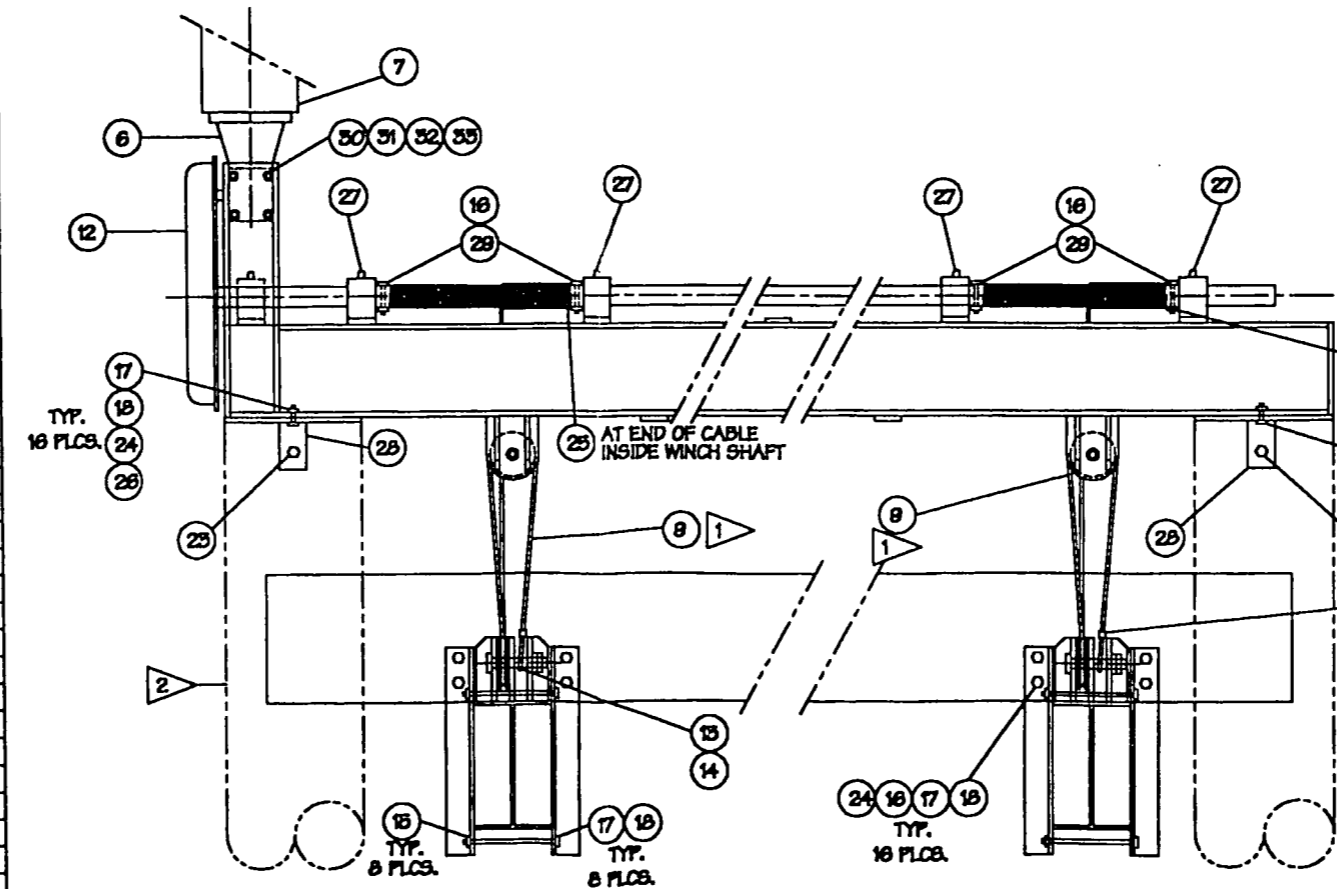
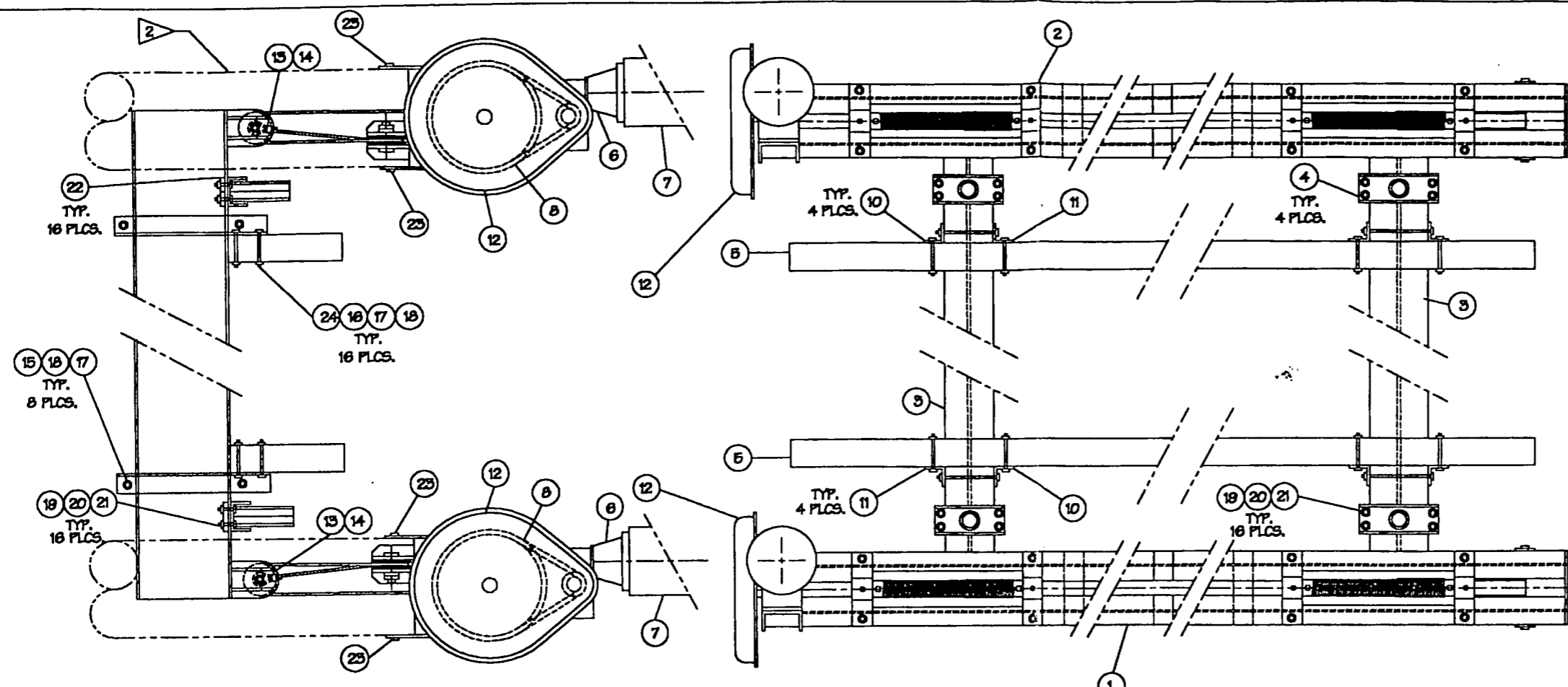
$$\frac{2.55 \text{ K}}{.177" \times 4" \text{ long Weld}} = 3.6 \text{ Kpsi} < 12 \text{ Kpsi}$$

throat .708"

ROBERT J. KOLP, P.E. NO. 16710
 17212 130TH AVENUE NORTH
 JUPITER, FL 33478

* Allowable (Yield) Stresses Are From Aluminum Assoc. Manual Sect 1

ROBERT J. KOLP, P.E. NO. 16710
 17212 130TH AVENUE NORTH
 JUPITER, FL 33478



NOTES

▶ PILING NOT NECESSARY PART OF ASSEMBLY, REFERENCE ONLY.

▶ CABLE CUT TO REQUIRED LENGTH AND MOUNTED AT ASSEMBLY.

SEAL

FEB 07 2004

REVISIONS

1 REVISED AND RENAMED FROM 28-2014-01 TO ROL-20000-ASSEMBLY 30 AUG. 1997

DATE

ITEM	DWG. NR.	NOMENCLATURE	QTY.
33	--	7/16-14 S.S. HEX NUT	8
32	--	7/16 S.S. FLATWASHER	8
31	--	7/16 S.S. LOCKWASHER	8
30	--	7/16-14 S.S. HEX. HD. BOLT - 1 1/2" LONG	8
29	--	3/8-16 S.S. SELF LOCKING HEX. NUT	8
28	EX-0033-2	10" TOP CARRIER MOUNTING BRACKET	8
27	--	GREASE FITTING	10
26	--	3/8 S.S. CARRIAGE BOLT - 1 1/2" LONG	8
25	--	1/4 CABLE CLAMPS	4
24	--	3/8 S.S. LOCKWASHER	32
23	--	3/8 S.S. LAG BOLT-3" LONG	8
22	22-1086-43	P.V.C. STANSION MTG. SOCKET CLAMP	16
21	--	1/2-15 S.S. HEX NUT	16
20	--	1/2 S.S. LOCKWASHER	16
19	--	1/2-15 S.S. HEX. HD. BOLT-1 1/2" LONG	16
18	--	3/8 S.S. FLAT WASHER	32
17	--	3/8-16 S.S. HEX NUT	24
16	--	3/8-16 S.S. HEX. HD. BOLT-4" LONG	16
15	--	3/8-16 S.S. HEX. HD. BOLT-7" LONG	8
14	--	5/16 SWAGE FITTINGS	4
13	--	5/16 THIMBLE	4
12	EX-0022	GEAR COVER ASSEMBLY	2
11	22-3208-17	BUNKCLAMP "B"	4
10	22-3208-16	BUNKCLAMP "A"	4
9	22-1086-48	5/16 S.S. CABLE	4
8	22-1086-19	R60 ROLLER CHAIN	2
7	--	1 HP ELECTRIC MOTOR	2
6	22-1086-23	60:1 WORM GEAR ASSEMBLY	2
5	22-3208-06	BUNK ASSEMBLY	2
4	22-3208-04	P.V.C. STANSION MTG. SOCKET ASSY.	4
3	22-3208-05	LIFTER ASSEMBLY	2
2	28-1307-03	WINCH ASSEMBLY - L.H.	1
1	28-1307-02	WINCH ASSEMBLY - R.H.	1
ITEM	DWG. NR.	NOMENCLATURE	QTY.

SEE NOMENCLATURE

RO-LIFT 20000 LBS CAPACITY

1/15

HiTide Sales, Inc.

B

ROL-20000-ASSEMBLY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/9, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7813	PARKS	SHEATHING	PASS	
1	3 MINDORO ST PARKS + Co.			INSPECTOR: <i>[Signature]</i>
7084	JONES	FINAL DOCK REPAIR	FAIL	CLOSE
2	14 HERON'S NEST O/B		PASS	INSPECTOR: <i>[Signature]</i>
7727	SCATEL	TEUSS ENA	FAIL	
5	4 LAGOON ISLAND CONWAY			INSPECTOR: <i>[Signature]</i>
7695	GILL	FENCE	PASS	CLOSE
3	33 RIO VISTA SQUART FENCE			INSPECTOR: <i>[Signature]</i>
7976	GOLDMAN	GAS INT. BOAT W	FAIL	
4	4 SUMMER LA COAST GAS			INSPECTOR: <i>[Signature]</i>
7297	MARTIN	PROOF IN PROG.	PASS	
1A	23 ISLAND ROAD PACIFIC			INSPECTOR: <i>[Signature]</i>
7836	GALE	REPAIR DOCK	PASS	CLOSE
7902	135 S. RIVER	REPAIR BOAT LIFT ELEC.	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
OTHER: _____				

8785

PAVER DECK,

PATIO &

WALKWAY



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:	8785	DATE ISSUED:	DECEMBER 17, 2007
SCOPE OF WORK:	PAVER POOL DECK, PATIO & WALKWAY		
CONDITIONS:			
CONTRACTOR:	APEX PAVERS		
PARCEL CONTROL NUMBER:	13384100000000409	SUBDIVISION	HANSON GRANT-LOT 1
CONSTRUCTION ADDRESS:	135 S RIVER RD		
OWNER NAME:	GALE		
QUALIFIER:	RYAN FIGMAN	CONTACT PHONE NUMBER:	772-419-5151

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

RECEIVED
DATE: 12-10-07
TOWN OF SEWALL BUILDING PERMITS

Date: 12-10-07 Town of Sewall's Point Building Permit Application Permit Number: _____

OWNER/TITLEHOLDER NAME: Thomas Gale Phone (Day) 772-219-0727 (Fax) _____

Job Site Address: 135 S. RIVER RD. City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Sewall's Pt S of Lot 3 S/D of LOT 1 Parcel Number: 13-38-41-000-000-00040-9

Owner Address (if different): 4620 Shores DR City: Bay Harbor State: MI Zip: 49770

Description of Work To Be Done: Install sand set paver pool deck, patio and walkway -

2500
SQ
FT

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 32,450

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: APEX PAVERS Phone: 772-419-5151 Fax 772-419-5101

Street: 834 SE LINCOLN AVE City: STUART State: FL Zip: 34994

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CPB 4701

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

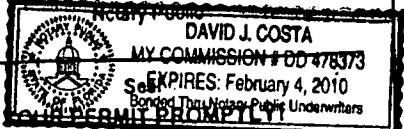
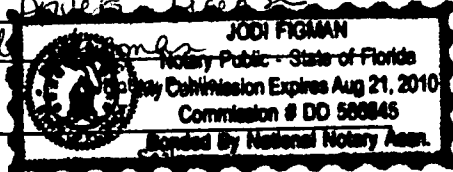
NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county and there may be additional permits required from other governmental entities such as water management districts, state agencies,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

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

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

OWNER OR AGENT SIGNATURE (required)
Thomas Gale
State of Florida, County of: Martin
This the 10 day of December, 2007
by Thomas Gale who is personally
known to me or produced _____
as Identification.

CONTRACTOR SIGNATURE (required)
Ryan Figman
On State of Florida, County of: Martin
This the 10 day of December, 2007
by Ryan Figman who is personally
known to me or produced _____
As Identification.





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

Site Provided by...
governmentmax.com T1.13

Summary

print Owner
7 of 13

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-000-000-00040-9	135 S RIVER RD	27635	Owner	0	1

Summary

Property Location 135 S RIVER RD
Tax District 2200 Sewall's Point
Account # 27635
Land Use 101 0100 Single Family
Neighborhood 193170
Acres 1.399

Legal Description

Property Information
 SEWALL'S POINT S 141.86' OF
 LOT 3 S/D OF LOT 1, H GRANT W
 OF RIVER RD

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 GALE, THOMAS C

Mail Information
 4620 SHORES DR
 BAY HARBOR MI 49770

Assessment Info
Front Ft. 1.00

Market Land Value \$2,373,840
Market Impr Value \$1,092,340
Market Total Value \$3,466,180

Site Functions

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

Recent Sale
Sale Amount \$0

Sale Date 12/11/2003
Book/Page 1848 0134

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 12/03/2007





INSTR # 2054798
OR BK 02226 FG 0409
Pg 0409 (1pg)
RECORDED 12/10/2007 02:00:17 PM
MARSHA EWING
CLERK OF MARTIN COUNTY, FLORIDA
RECORDED BY S Phoenix

PERMIT NUMBER:

NOTICE OF COMMENCEMENT

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

- 1. DESCRIPTION OF PROPERTY (Legal description and street address) TAX FOLIO NUMBER: 13-38-41-000-000-00040-9
SUBDIVISION Sewalls Pt BLOCK _____ TRACT _____ LOT 3/1 BLDG _____ UNIT _____
135 S. River Rd Stuart 34996
- 2. GENERAL DESCRIPTION OF IMPROVEMENT: Install paver pool deck, patio and walkway
- 3. OWNER INFORMATION: a. Name Thomas Gale
b. Address 135 S. River Rd Stuart 34996 c. interest in property residence
d. Name and address of fee simple titleholder (if other than owner) _____
- 4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER: APEA PAVERS, INC
834 SE LINCOLN AVE Stuart FL 34994 Tel. 772-419-5151
- 5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT: _____
- 6. LENDER'S NAME, ADDRESS AND PHONE NUMBER: _____
- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a) 7., Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER: _____
- 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER: _____
- 9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____, _____, 20_____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Thomas C. Gale
STATE OF FLORIDA
MARTIN COUNTY
Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager

Thomas C. Gale
Print Name and Provide Signatory's Title/Office

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



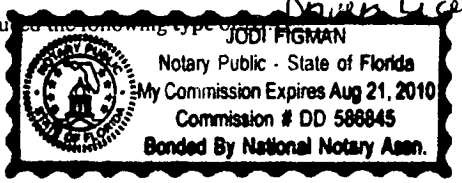
State of Florida
County of Martin

BY Thomas Gale D.C. December, 2007
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.
By Thomas Gale as owner
(Name of person) (Type of authority...e.g. Owner, officer, trustee, attorney in fact)

For _____
(Name of party on behalf of whom instrument was executed) Personally Known _____ or produced to me in the following type _____ Driver License

Jodi Figman
(Printed Name of Notary Public)

Jodi Figman
(Signature of Notary Public) (Seal)



Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager who signed above:
By: Thomas C. Gale By: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-23, 2008

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8512	Valdes	framing	CANCEL	
6	107 N Sewalls			INSPECTOR: <i>JW</i>
	TCE			
8745	Nelson	2nd Floor Column	PASS	
?	3 Marquerita Nelson Homes			INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8185	Gale	2nd floor	PASS	CLASH
2	135 S River Apey Panera			INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8745		2nd floor	PASS	DUPLICATION
	3 MARQUERITA	2ND FL. PORCH		
	JOHN NELSON			INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

10447

REDECK DOCK



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

Form with fields: PERMIT NUMBER: 10447, DATE ISSUED: MAY 15, 2013, SCOPE OF WORK: REDECK EXISTING DOCK, CONTRACTOR: CUSTOM BUILT MARINE, PARCEL CONTROL NUMBER: 133841000-000-00409, SUBDIVISION: PT OF SP LOT 3, CONSTRUCTION ADDRESS: 135 S RIVER RD, OWNER NAME: WYLER, QUALIFIER: LEE CORRIGAN, CONTACT PHONE NUMBER: 288-6384

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

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

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

INSPECTIONS

- UNDERGROUND PLUMBING
UNDERGROUND MECHANICAL
STEM-WALL FOOTING
SLAB
ROOF SHEATHING
TIE DOWN /TRUSS ENG
WINDOW/DOOR BUCKS
ROOF DRY-IN/METAL
PLUMBING ROUGH-IN
MECHANICAL ROUGH-IN
FRAMING
FINAL PLUMBING
FINAL MECHANICAL
FINAL ROOF

- UNDERGROUND GAS
UNDERGROUND ELECTRICAL
FOOTING
TIE BEAM/COLUMNS
WALL SHEATHING
INSULATION
LATH
ROOF TILE IN-PROGRESS
ELECTRICAL ROUGH-IN
GAS ROUGH-IN
METER FINAL
FINAL ELECTRICAL
FINAL GAS
BUILDING FINAL

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 5/10/13 Permit Number: 10447
 OWNER/LESSEE NAME: Greg Wyle Phone (Day) 772-455-9368 (Fax) _____
 Job Site Address: 135 S River Rd City: Sewall's Point State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: _____
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Re-decking existing Deck

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO X
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: \$ 22,822.00
 (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: Custom Built Marine Phone: 772-288-6384 Fax: 772-288-2502
 Qualifiers name: Lee Corrigan Street: 1288 SE Industrial Blvd City: P.S.L. State: FL Zip: 34952
 State License Number: CGC1521194 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____
 DESIGN PROFESSIONAL: General Contractor Fla. License# Shreves
 Street: 1288 SE Industrial Blvd City: P.S.L. State: FL Zip: 34952 Phone Number: 772-288-6384

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement

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

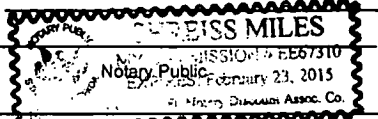
WARNINGS TO OWNERS AND CONTRACTORS:

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

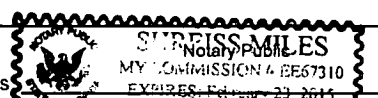
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: Martin
 On This the 10th day of May, 2013
 by Greg Wyle who is personally known to me or produced
 As identification, _____
 My Commission Expires: _____



CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: Martin
 On This the 10th day of May, 2013
 by Lee Corrigan who is personally known to me or produced
 As identification, _____
 My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.04) - ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

100
9/12
113/13

CUSTOM BUILT MARINE CONSTRUCTION INC.

1288 S.E. Industrial Blvd.

Phone (772)288-4254

Port St. Lucie, Florida 34952

Fax (772)288-2802



April 29, 2013

Attention: Greg Wyler
135 S. River Road Sewell's Point
(772)485-9368

RE: Re-deck existing dock with Ipe deck boards
We hereby submit the following estimate:

Scope: Custom Built Marine will provide all labor, equipment, and materials necessary to remove all existing deck boards, dispose of all removed deck boards, and install new Ipe decking using stainless steel quick drive screws predrilled & counter sunk. *Includes permits and fees*

Total (not including new Ipe deck boards): \$9,930.00

Estimated price for Ipe decking (may vary due to fluctuating lumber prices): \$ 12,892.00

Payment Schedule

Payment Schedule is **25%** with Signed Proposal; **25%** upon start, **40%** at substantial completion and the remaining **10%** balance due upon completion.

All material is guaranteed to be as specified. All work is to be completed in a workman like manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the proposal. **All agreements are contingent upon strikes, accidents, or delays beyond our control.** Prices are good for a period of thirty days from date of Proposal. Signed proposal becomes your Contract with Custom Built Marine Construction. Any changes needed should be discussed prior to your signing this proposal. Due to the constant fluctuating costs of materials, any increase received from our suppliers will be passed on to the consumer throughout the contractual period.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

BTB OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10447

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Matthew Kindel

CONSTRUCTION ADDRESS: 2761 SW Oakner St

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Replaces existing electrical equipment at dock.

VALUE OF CONSTRUCTION \$ 3800

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature] 2761 SW Oakner St.
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Reel Electric LLC
PLEASE PRINT

TELEPHONE NO: 772-200-5725 FAX NO: _____

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: ER13014845

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. *****

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: Greg Wyles

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

generated on 5/10/2013 11:29:53 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-000-000-00040-9	27635	135 S RIVER RD, SEWALL'S POINT	\$2,654,210	5/4/2013

Owner Information

Owner(Current)	WYLER GREG
Owner/Mail Address	135 S RIVER RD STUART FL 34996
Sale Date	10/22/2010
Document Book/Page	2482 2528
Document No.	2239854
Sale Price	100

Location/Description

Account #	27635	Map Page No.	SP-05
Tax District	2200	Legal Description	SEWALL'S POINT S 141.86' OF LOT 3 S/D OF LOT 1, H GRANT W OF RIVER RD
Parcel Address	135 S RIVER RD, SEWALL'S POINT		
Acres	1.3990		

Parcel Type

Use Code	0100 Single Family
Neighborhood	193170 LUCINDIA,RIVERVIEW(ST LUC.RVR)

Assessment Information

Market Land Value	\$1,887,600
Market Improvement Value	\$766,610
Market Total Value	\$2,654,210

INSTR # 2393916
OR BK 2650 PG 4
(1 Page)
RECORDED 05/09/2013 01:07:43 PM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLIO # _____

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 (AND STREET ADDRESS, IF AVAILABLE):

Sewalls Point 3 141.86 of lot 3 s/p of lot 1 Hgrant w of

GENERAL DESCRIPTION OF IMPROVEMENT: Remove and Replace deck boards River rd

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: Greg Wyler
Address: 1355 Kiper Rd Stuart FL 34996
Interest in property: _____
Name and address of fee simple title holder (If different from Owner listed above): _____

CONTRACTOR'S NAME: Joe Carrigan Custom Built + Marine Construction
Address: 1288 SE Industrial Blvd Port Saint Lucie FL 34952
Phone No.: 772-288-0384

SURETY COMPANY (if applicable, a copy of the payment bond is attached):

Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ **STATE OF FLORIDA** Phone No.: _____
Address: _____ **MARTIN COUNTY**

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

THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.



Name: _____
Address: _____

In addition to himself or herself, owner designates _____ BY _____ of _____ D.C. to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. DATE: 0509/13
Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

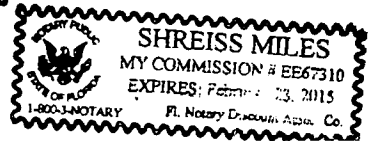
Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 9th day of May, 2013
By: Shreiss Miles as Notary for Greg Wyler
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Notary's Signature _____
(Print, Type, or Stamp Commissioned Name and State) _____
SHREISS MILES
MY COMMISSION # EE67310
EXPIRES: February 23, 2015
Fl. Notary Discount Assoc. Co.



RIPARIAN RIGHT LINE
N. 61° 45' 00" E.

ST. LUCIE RIVER

MEAN HIGH WATER LINE

MEAN HIGH WATER
ELEVATION 0.76 FEET
NGVD 1929, AS LOCATED
4/9/05. LINE WAS LOCATED
BY ANGLE AND DISTANCE

WITNESS LINE
S. 40° 27' 58" E
147.92'

PROPOSED
RIP-RAP

PROPOSED
RELOCATED
BOAT LIFT
12'-7" X 15'-0"

WOOD DOCK

PROPOSED
POOL DECK

POOL

TRIO STAIRS
6.13, 5.0
DWELLING

COVERED
PORCH

POOL EQUIPMENT
UNDER STAIRS

POOL HEATER +
ON CONC. PAD

SCREENED
ENCLOSURE

6' HIGH WOOD
RIP-TIE RETAIN

RIPARIAN RIGHT LINE
N. 61° 45' 00" E.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

BENCHMARK # 1
12.90 FEET
NGVD 1929

FOUND. 4" X 4" C.M.

WOOD DOCK

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

8-19-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10447	Wyler	Final		
1ST	135 S River Rd Custom Built Marine	dock w/ electric	PASS	CLOSE
				INSPECTOR <i>[Signature]</i>
10524	Wade	Final		
9:00-10:30	9 E High Pl Honest Air	A/C	PASS	CLOSE
				INSPECTOR <i>[Signature]</i>
10558	LEDON	DOOR		
	2 KNOWLES	FINISH	PASS	CLOSE
	D & D GARAGE DOOR			INSPECTOR <i>[Signature]</i>
10558	LEDON	DRY IN		
	5 LAZARNA	9 MONTH	Final	
	ALL AMERICAN			INSPECTOR
	LEDON	DRY FINISH		
				INSPECTOR
10455	SUBIN	GEN FINAL		
	9 Palm Ct	w/ gas Final	PASS	CLOSE
	Driftwood			INSPECTOR
	18 S. Via LucINDIA	N/C NO PERMIT		FINE
	ASSOCIATED AIR	DOUBLE 250 ⁰⁰		INSPECTOR

10630

ACCHANGEOUT



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:	10630	DATE ISSUED:	OCTOBER 14, 2013
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	NIS AIR		
PARCEL CONTROL NUMBER:	133841000-000-000409	SUBDIVISION	HANSON GR - PT L3
CONSTRUCTION ADDRESS:	135 S RIVER RD		
OWNER NAME:	WYLER		
QUALIFIER:	PHILIP NISA	CONTACT PHONE NUMBER:	466-8115

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

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

INSPECTIONS

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

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

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

Date: 8.22.13 Permit Number: 10630
 OWNER/LESSEE NAME: Greg Wiles Phone (Day) 485-9368 (Fax) _____
 Job Site Address: 1355 River Road City: Stuart State: Fla Zip: 34996
 Legal Description _____ Parcel Control Number: 13-38-41-000-000-0004-9
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** AC Changeout

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO _____
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 25400
 (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
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: Nisaire A/C Phone: 466-8115 Fax: 468-9745
 Qualifiers name: Philip Nisa JR Street: 3700S. US Hwy 1 City: A. Ponce State: Fla Zip: 34982
 State License Number: CACO4199 OR: Municipality: _____ License Number: _____
LOCAL CONTACT: Philip Nisa JR Phone Number: 466-8115
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 area below BFE*: _____
 *Enclosed non-habitable areas below the Base Flood Elevation (greater than 300) require a Non-Conversion Covenant Agreement.

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

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: _____
 On This the _____ day of _____, 20____
 by _____ who is personally
 known to me or produced _____
 As identification: _____
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: St. Lucie
 On This the 22 day of August, 2013
 by Philip Nisa JR who is personally
 known to me or produced _____
 As identification: Nichole L. Simmons
 Notary Public

My Commission Expires: _____
 My Commission Expires: _____
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL BY THE TOWN OF SEWALL'S POINT. ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



ESTIMATE



3705 S US Highway One
Fort Pierce, FL 34982

Meritt: (772) 298-0604
St. Lucie: (772) 468-6115
Toll Free: 1-877-7NISAIR

NAME GREG WYLER
ADDRESS 135 S RIVER RD
STUART FL 34996
Phone: 458-9368 Fax #

DATE 8-21-13
JOB LOCATION 135 S RIVER RD
STUART FL 34996
EPL Acct/Meter #

THERMOSTATS

- Digital Thermostat
- Humidistat

ELECTRIC INDOOR AND OUTDOOR

- New Disconnect Box & Wiring
- High Voltage Wiring
- New Weatherproof Conduit & Connections For Outside Unit
- New Weatherproof Conduit & Connections For Inside Unit

AIR DISTRIBUTION/DUCT MODIFICATION

- Increase Return Duct Size to:
- New Return Air Grille Size to:
- Modify New Fiberglass Return Plenum
- Modify New Fiberglass Supply Air Plenum
- Drop, Hang and Support New Plenums
- Seal Wall Cracks and Cracks to not Draw Attic Air
- Liquid Mastic Sealant All New Duct Connections
- New Wood Top & Paint White
- Polyboard Insulate Return Air Plenum & Mastic Seal
- Seal Oil Return Air Plenum for Air Leaks

FILTRATION / CLEAN AIR

- New High Media Air Filter
- High Efficiency Charler
- Ultra Violet Light System

PIPING & FITTINGS

- Re-pipe Suction & Liquid Lines at new Unit. Insulate New Suction Line & Secure Low Voltage Wiring.
- New Refrigerant Copper Tubing Line Set Overhead Exterior Line cover Includes Armalox & Detailed Workmanship.

RECLAIM / EVACUATION / REFRIGERANT

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

EQUIPMENT ACCESSORIES

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

****Please Note - Duct Sealing If Required by Florida Statutes Code 101.4.7.1:1 \$85/Hr Plus Materials.**

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

Warranties (Under Terms of Warranty, Routine Scheduled Maint. Must be Performed on System)								
A			B			C		
AM Model #	AM Model #	AM Model #	Cond Model #	Cond Model #	Cond Model #	Cond Model #	Cond Model #	Cond Model #
SEER <u>16</u> Aux. Heat _____ KW	SEER _____ Aux. Heat _____ KW	SEER _____ Aux. Heat _____ KW	SEER <u>16</u> Aux. Heat _____ KW	SEER _____ Aux. Heat _____ KW	SEER _____ Aux. Heat _____ KW	SEER _____ Aux. Heat _____ KW	SEER _____ Aux. Heat _____ KW	SEER _____ Aux. Heat _____ KW
Compressor _____ year	Compressor _____ year	Compressor _____ year	Compressor _____ year	Compressor _____ year	Compressor _____ year	Compressor _____ year	Compressor _____ year	Compressor _____ year
Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year
Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year
Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year
Labor _____ year	Labor _____ year	Labor _____ year	Labor _____ year	Labor _____ year	Labor _____ year	Labor _____ year	Labor _____ year	Labor _____ year
Job Quote \$ <u>2540</u>	Job Quote \$ _____	Job Quote \$ _____	Job Quote \$ <u>2540</u>	Job Quote \$ _____	Job Quote \$ _____	Job Quote \$ _____	Job Quote \$ _____	Job Quote \$ _____
EPL Rebate \$ <u>2135</u>	EPL Rebate \$ _____	EPL Rebate \$ _____	EPL Rebate \$ <u>2135</u>	EPL Rebate \$ _____	EPL Rebate \$ _____	EPL Rebate \$ _____	EPL Rebate \$ _____	EPL Rebate \$ _____
Discounts _____	Discounts _____	Discounts _____	Discounts _____	Discounts _____	Discounts _____	Discounts _____	Discounts _____	Discounts _____
Amount Due By Customer \$ _____	Amount Due By Customer \$ _____	Amount Due By Customer \$ _____	Amount Due By Customer \$ _____	Amount Due By Customer \$ _____	Amount Due By Customer \$ _____	Amount Due By Customer \$ _____	Amount Due By Customer \$ _____	Amount Due By Customer \$ _____

We hereby propose to complete work as specified above for the sum of \$ _____

Payment options: Finance _____ (Subject to approval) Check _____ Cash _____ Credit Card _____

*Finance Plan: Total _____ Down payment = _____ Amount financed _____

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

SPECIAL COMMENTS & MODIFICATIONS: CHANGE OUT EVAPORATOR COIL
410A CHANGE OUT CONDENSER TO 410A FRIESEN
FLUSH SYSTEM COPPER LINES
ATT TOWN
MR WYLER WILL CALL YOU
TO CONTACT FRIDAY

Tech Signature: _____ Customer Signature: _____

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

generated on 8/22/2013 11:23:56 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-000-000-00040-9	27635	135 S RIVER RD, SEWALL'S POINT	\$2,632,320	8/17/2013

Owner Information

Owner(Current)	WYLER GREG
Owner/Mail Address	135 S RIVER RD STUART FL 34996
Sale Date	10/22/2010
Document Book/Page	2482 2528
Document No.	2239854
Sale Price	100

Location/Description

Account #	27635	Map Page No.	SP-05
Tax District	2200	Legal Description	SEWALL'S POINT S 141.86' OF LOT 3 S/D OF LOT 1, H GRANT W OF RIVER RD
Parcel Address	135 S RIVER RD, SEWALL'S POINT		
Acres	1.3990		

Parcel Type

Use Code	0100 Single Family
Neighborhood	193170 LUCINDIA,RIVERVIEW(ST LUC.RVR)

Assessment Information

Market Land Value	\$1,887,600
Market Improvement Value	\$744,720
Market Total Value	\$2,632,320



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____
 Volts _____ CFM's _____ Heat Strip _____ Kw _____
 Min. Circuit Amps _____ Wire gauge _____
 Max. Breaker size _____ Min. Breaker size _____
 Ref. line size: Liquid _____ Suction _____
 Refrigerant type _____
 Location: Existing _____ New _____
 Attic/Garage/Closet (specify) _____
 Access: _____

Condenser: Mfg Lennox Model# 14AC4-024-230
 Volts 230 SEER/EER 16 BTU's 24800
 Min. Circuit Amps 17.9 Wire gauge 10-2
 Max. Breaker size 30 Min. Breaker size 20
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location _____

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____
 Volts _____ CFM's _____ Heat Strip _____ Kw _____
 Min. Circuit Amps _____ Wire gauge _____
 Max. Breaker size _____ Min. Breaker size _____
 Ref. line size: Liquid _____ Suction _____
 Refrigerant type _____
 Location: Ext. _____ New _____
 Attic/Garage/Closet (specify) _____
 Access: _____

Condenser: Mfg Trane Model# _____
 Volts 230 SEER/EER 13 BTU's _____
 Min. Circuit Amps 17.9 Wire gauge 10-2
 Max. Breaker size 30 Min. Breaker size 20
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location _____

Certification:

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

 Signature

8-22-13
 Date



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

Certificate of Product Ratings

AHRI Certified Reference Number: 5535803

Date: 8/22/2013

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

Outdoor Unit Model Number: 14ACX-024-230-16

Indoor Unit Model Number: CBX27UH-024-230*+TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: 14ACX SERIES

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

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

Cooling Capacity (Btuh):	24800
EER Rating (Cooling):	13.70
SEER Rating (Cooling):	16.20

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

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

DISCLAIMER

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

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

CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130216578359799345



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

Customer Information

Street Address: 135 S River Road, Stuart, FL 34996

Latitude, Longitude: 26.6726°, -80.0706°

House Square Footage: 6514 sq. ft.

Name: Greg Wyler

Phone: 123-123-1234

Email: example@mail.com

*Replacing
1-2 ton Condensor
IN OFFICE / exercise RM*

House Information

SHR: 75

Number of residents: 2

Ceiling height: 9

Wall U-value | R-value: 0.09 | 11

Floor U-value | R-value: 0.2 | 5

Ceiling U-value | R-value: 0.053 | 19

Window U-value: 0.5

Window SHGF: 0.85

Moisture grains: 64

Duct loss %: 10

Duct gain %: 10

Cooling infiltration (ACH): 0.6

Heating infiltration (ACH): 0.8

Winter ventilation: 0

Summer ventilation: 0

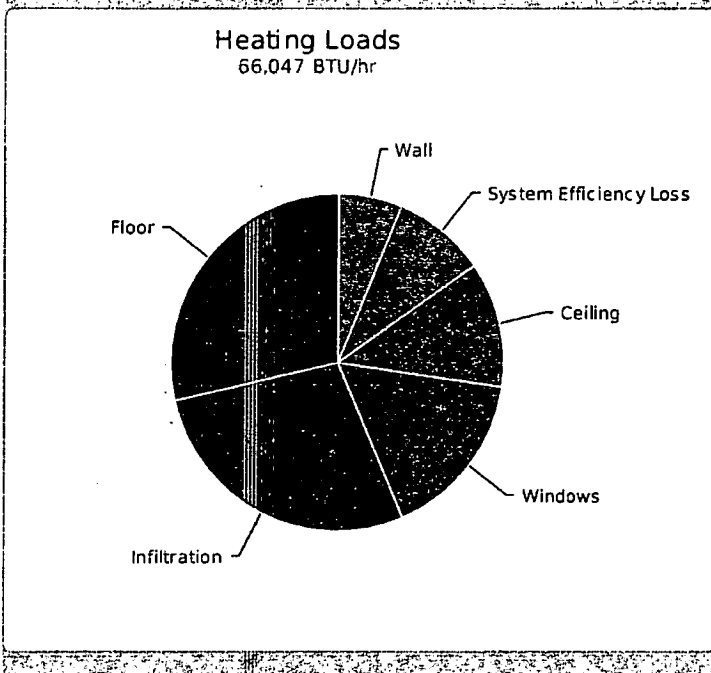
Design Conditions

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

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

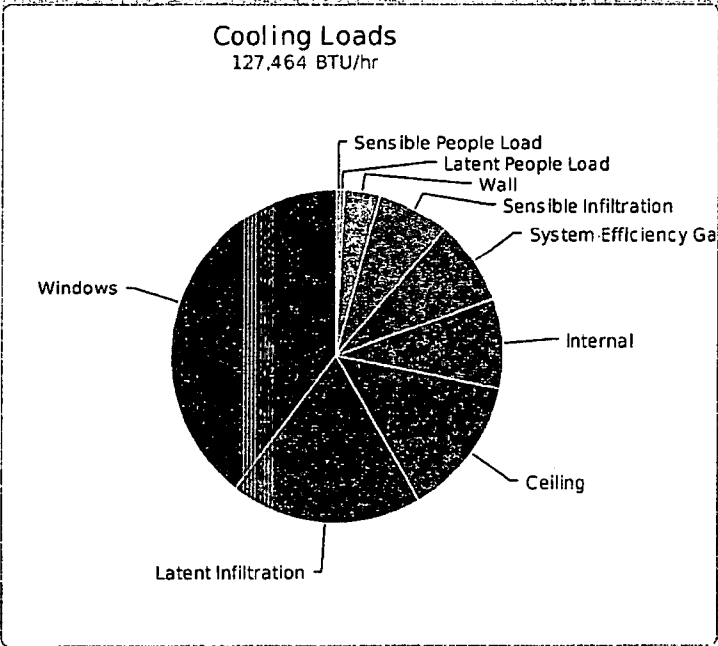
Heating Loads

Area	Btuh	% of load
Wall	4079	6.2
Floor	18878	28.6
Ceiling	7941	12
Windows	10753	16.3
Infiltration	18392	27.8
System Efficiency Loss	6004	9.1
Total	66047	

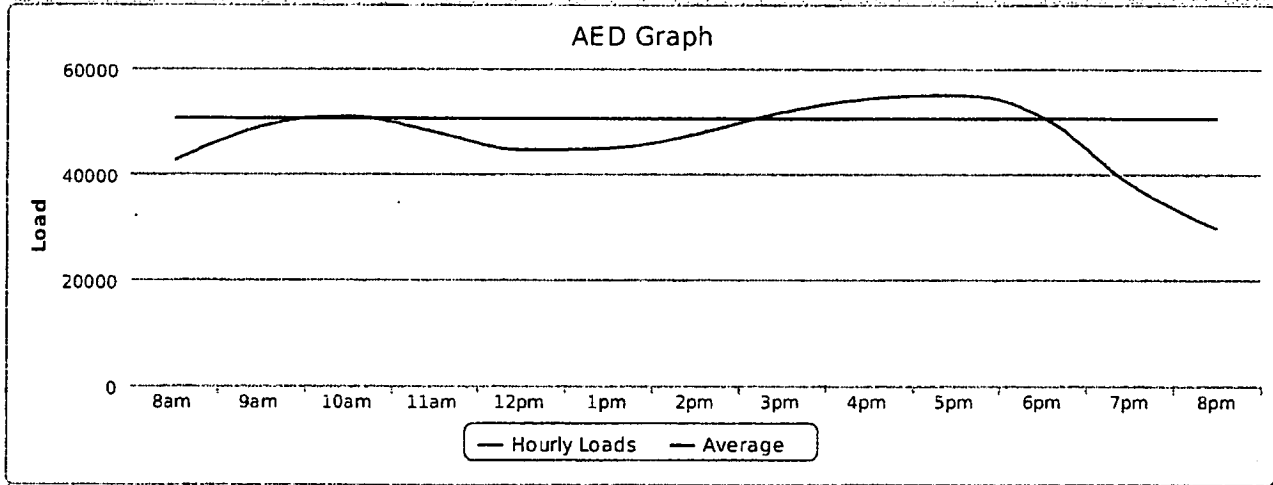


Cooling Loads

Area	Btuh	% of load
Wall	4434	3.5
Ceiling	17262	13.5
Windows	50553	39.7
Sensible Infiltration	8996	7.1
Latent Infiltration	23728	18.6
System Efficiency Gain	10497	8.2
Internal	11074	8.7
Sensible People Load	460	0.4
Latent People Load	460	0.4
Total	127464	
Sensible load	103276	
Latent load	24188	
SHR	0.81	
Capacity at 75 SHR	11.48 Tons	



Adequate Exposure Diversity



Equipment selection

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

Glass (E)	472 sq. ft.
Glass (S)	66 sq. ft.
Glass (N)	66 sq. ft.
Glass (W)	331 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	103,276 Btuh
Latent Cooling	24,188 Btuh
Required Cooling Airflow	4,694 CFM
Sensible Heating	66,047 Btuh
Required Heating Airflow	858 CFM

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



FEATURES

Refrigerant System

Scroll Compressor

Non-chlorine, ozone friendly, R-410A refrigerant.

Copper tube construction with enhanced ripple-edged aluminum fins.

PVC coated, steel-wire outdoor coil guard furnished.

Fully serviceable brass service valves.

High Pressure Switch

Liquid line drier shipped with unit

Totally enclosed, direct drive outdoor fan motor with sleeve bearings.

Louvered steel top fan guard.

Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.

Corner patch plate allows access to compressor.

Limited Warranty

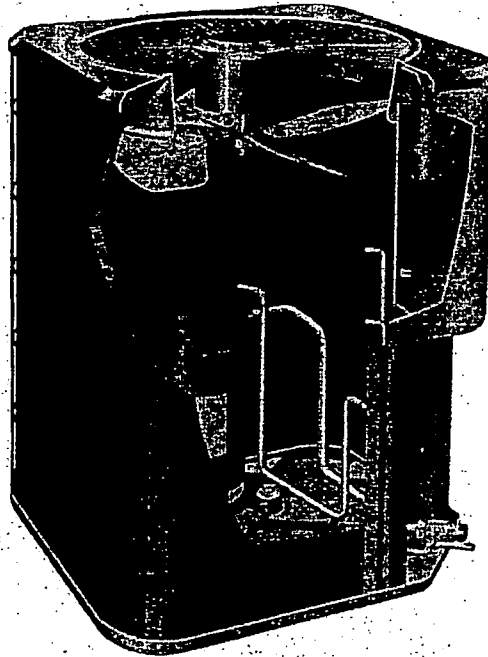
Compressor - five years

All covered components - five years

Refer to Lennox Equipment Limited

Warranty certificate included with

equipment for details



ARI RATINGS

See Page 111 - Page 133

OPTIONAL ACCESSORIES

See Page 20

Cabinet

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

Compressor

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

Controls

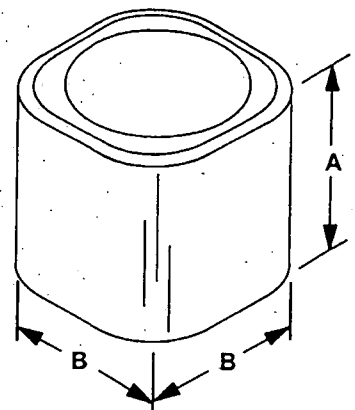
- Freezestat
- Indoor Blower Off Delay-Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS - in. (mm)

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



ARI Standard
210/240 UAC



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

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

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

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

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

³ HACR type circuit breaker or fuse.

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

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer:

Douglas W. Lowe, P.E.
FLA# 18355
1206 Millennium Parkway
Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

WARNING: DANGEROUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

#771 (4 pk)

#772 (100 bag)

#773 (4 pk including hardware)

CONSTRUCTION

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

PACKAGING DETAILS

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

INSTALLATION

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

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

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

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

Suitable for general mounted units.

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

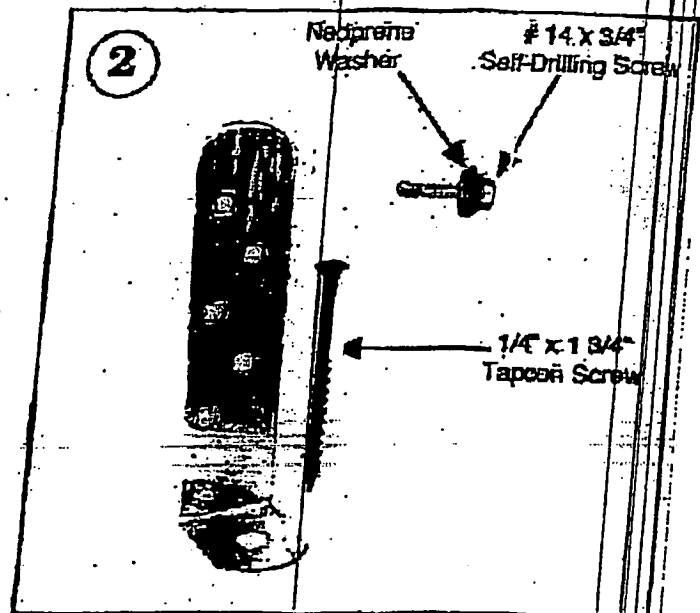
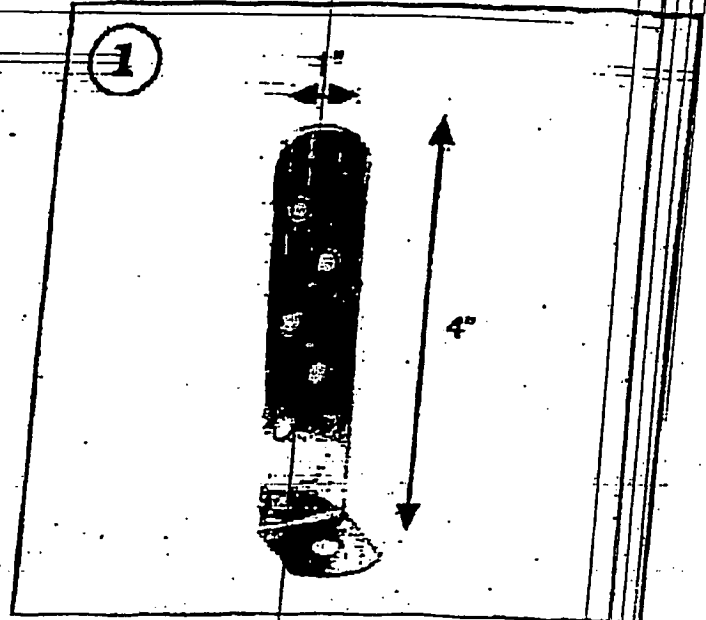
Chapter 301.12 for wind resistance up to 140 MPH.

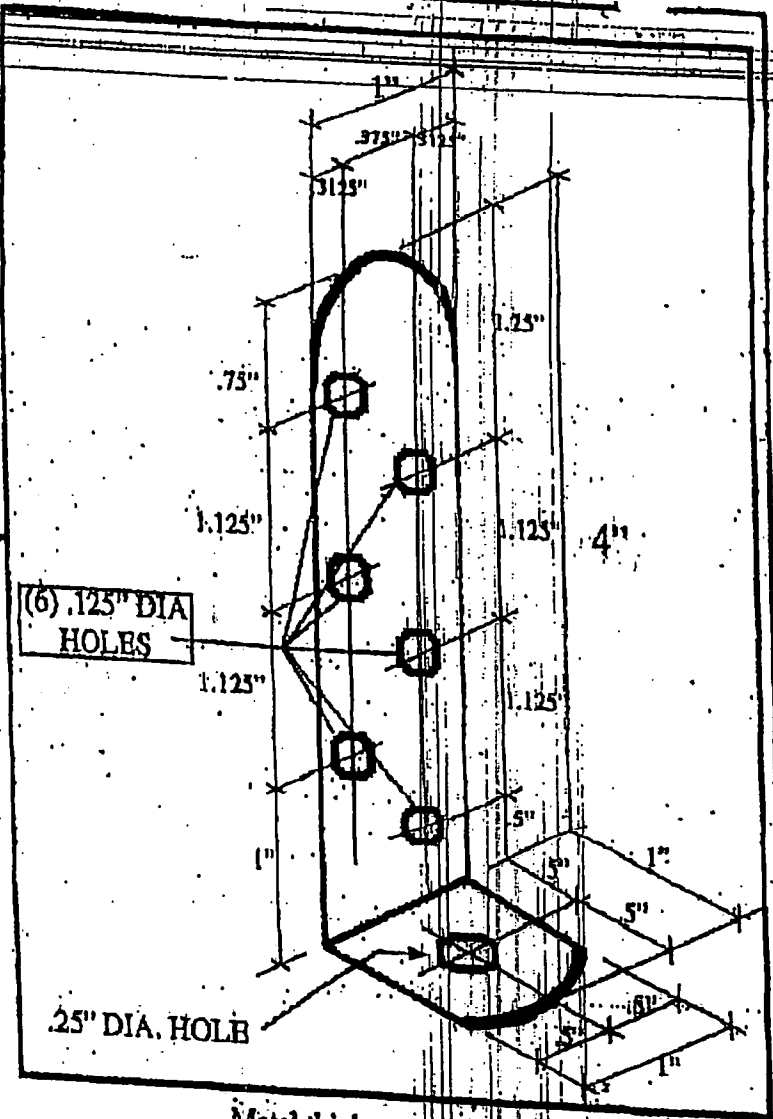
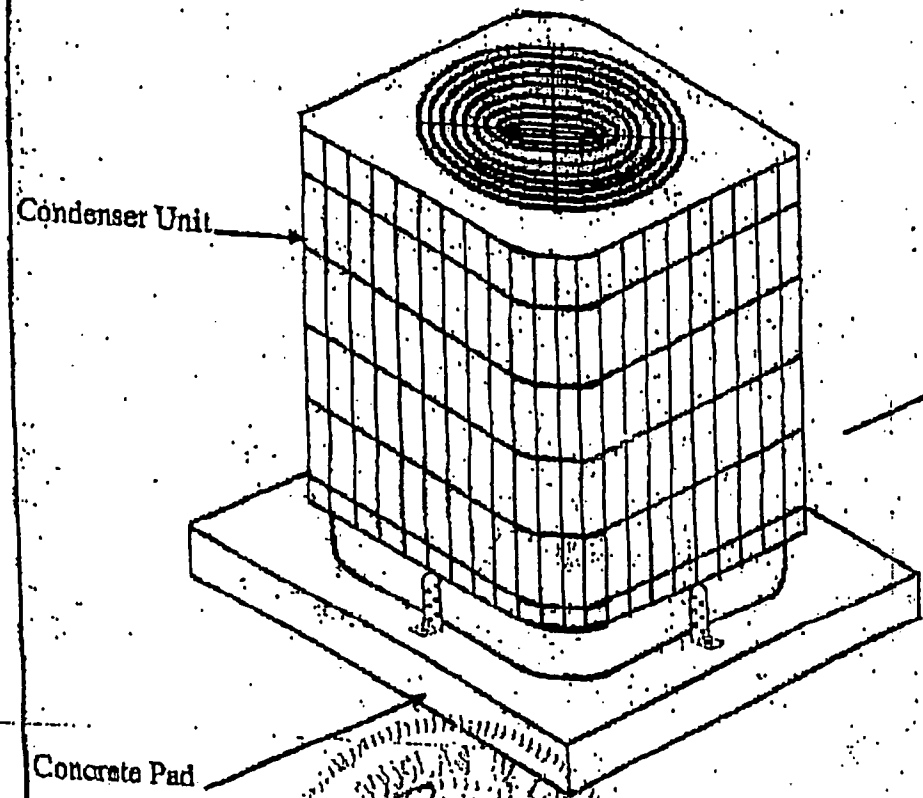
FEATURES

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

NOTE

Above installation instruction suitable for up to 5 ton units.





Handwritten signature and date: 2/14/08

The Metal Shop
 1139 Eldridge Street
 Clearwater
 FL 33765

Ph: (727) 441-2492
 Fax: (727) 442-8499
 Web: www.metalsshop.org

Consulting Engineer:
 Douglas W. Lowe, P.E.
 FLA # 13355
 1206 Millenium Parkway
 Brandon, FL 33511

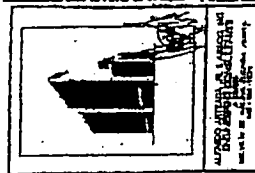
Revision Date:
 2/14/08

Drawn by:
 K.P.R.

Page:
 1 of 1

Scale - Not to scale

REVISED	



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

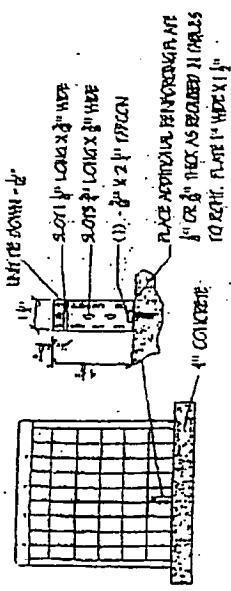
BRAND	A.A.A.
ENGINEER	A.A.
DRAWING NO.	0-04-07
SCALE	AS NOTED
REV. NO.	
DRAWN	

S-1

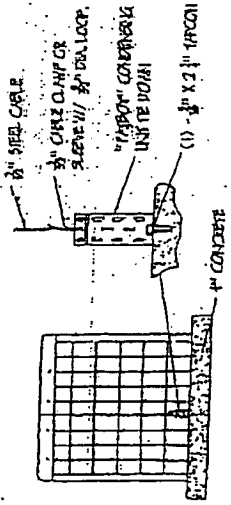
CLIP TYPE	CONCRETE STRENGTH	STEEL STRAP	STEEL BEAM
0-1/2"	2	2	1
0-3/4"	3	3	1
1"	4	4	1
1-1/4"	5	5	1
1-3/4"	6	6	1
2"	7	7	1
2-1/4"	8	8	1
2-3/4"	9	9	1
3"	10	10	1
3-1/4"	11	11	1
3-3/4"	12	12	1
4"	13	13	1
4-1/4"	14	14	1
4-3/4"	15	15	1
5"	16	16	1
5-1/4"	17	17	1
5-3/4"	18	18	1
6"	19	19	1
6-1/4"	20	20	1
6-3/4"	21	21	1
7"	22	22	1
7-1/4"	23	23	1
7-3/4"	24	24	1
8"	25	25	1
8-1/4"	26	26	1
8-3/4"	27	27	1
9"	28	28	1
9-1/4"	29	29	1
9-3/4"	30	30	1
10"	31	31	1
10-1/4"	32	32	1
10-3/4"	33	33	1
11"	34	34	1
11-1/4"	35	35	1
11-3/4"	36	36	1
12"	37	37	1
12-1/4"	38	38	1
12-3/4"	39	39	1
13"	40	40	1
13-1/4"	41	41	1
13-3/4"	42	42	1
14"	43	43	1
14-1/4"	44	44	1
14-3/4"	45	45	1
15"	46	46	1
15-1/4"	47	47	1
15-3/4"	48	48	1
16"	49	49	1
16-1/4"	50	50	1
16-3/4"	51	51	1
17"	52	52	1
17-1/4"	53	53	1
17-3/4"	54	54	1
18"	55	55	1
18-1/4"	56	56	1
18-3/4"	57	57	1
19"	58	58	1
19-1/4"	59	59	1
19-3/4"	60	60	1
20"	61	61	1
20-1/4"	62	62	1
20-3/4"	63	63	1
21"	64	64	1
21-1/4"	65	65	1
21-3/4"	66	66	1
22"	67	67	1
22-1/4"	68	68	1
22-3/4"	69	69	1
23"	70	70	1
23-1/4"	71	71	1
23-3/4"	72	72	1
24"	73	73	1
24-1/4"	74	74	1
24-3/4"	75	75	1
25"	76	76	1
25-1/4"	77	77	1
25-3/4"	78	78	1
26"	79	79	1
26-1/4"	80	80	1
26-3/4"	81	81	1
27"	82	82	1
27-1/4"	83	83	1
27-3/4"	84	84	1
28"	85	85	1
28-1/4"	86	86	1
28-3/4"	87	87	1
29"	88	88	1
29-1/4"	89	89	1
29-3/4"	90	90	1
30"	91	91	1

CLIP TYPE	CONCRETE STRENGTH	STEEL STRAP	STEEL BEAM
0-1/2"	2	2	1
0-3/4"	3	3	1
1"	4	4	1
1-1/4"	5	5	1
1-3/4"	6	6	1
2"	7	7	1
2-1/4"	8	8	1
2-3/4"	9	9	1
3"	10	10	1
3-1/4"	11	11	1
3-3/4"	12	12	1
4"	13	13	1
4-1/4"	14	14	1
4-3/4"	15	15	1
5"	16	16	1
5-1/4"	17	17	1
5-3/4"	18	18	1
6"	19	19	1
6-1/4"	20	20	1
6-3/4"	21	21	1
7"	22	22	1
7-1/4"	23	23	1
7-3/4"	24	24	1
8"	25	25	1
8-1/4"	26	26	1
8-3/4"	27	27	1
9"	28	28	1
9-1/4"	29	29	1
9-3/4"	30	30	1
10"	31	31	1
10-1/4"	32	32	1
10-3/4"	33	33	1
11"	34	34	1
11-1/4"	35	35	1
11-3/4"	36	36	1
12"	37	37	1
12-1/4"	38	38	1
12-3/4"	39	39	1
13"	40	40	1
13-1/4"	41	41	1
13-3/4"	42	42	1
14"	43	43	1
14-1/4"	44	44	1
14-3/4"	45	45	1
15"	46	46	1
15-1/4"	47	47	1
15-3/4"	48	48	1
16"	49	49	1
16-1/4"	50	50	1
16-3/4"	51	51	1
17"	52	52	1
17-1/4"	53	53	1
17-3/4"	54	54	1
18"	55	55	1
18-1/4"	56	56	1
18-3/4"	57	57	1
19"	58	58	1
19-1/4"	59	59	1
19-3/4"	60	60	1
20"	61	61	1
20-1/4"	62	62	1
20-3/4"	63	63	1
21"	64	64	1
21-1/4"	65	65	1
21-3/4"	66	66	1
22"	67	67	1
22-1/4"	68	68	1
22-3/4"	69	69	1
23"	70	70	1
23-1/4"	71	71	1
23-3/4"	72	72	1
24"	73	73	1
24-1/4"	74	74	1
24-3/4"	75	75	1
25"	76	76	1
25-1/4"	77	77	1
25-3/4"	78	78	1
26"	79	79	1
26-1/4"	80	80	1
26-3/4"	81	81	1
27"	82	82	1
27-1/4"	83	83	1
27-3/4"	84	84	1
28"	85	85	1
28-1/4"	86	86	1
28-3/4"	87	87	1
29"	88	88	1
29-1/4"	89	89	1
29-3/4"	90	90	1
30"	91	91	1

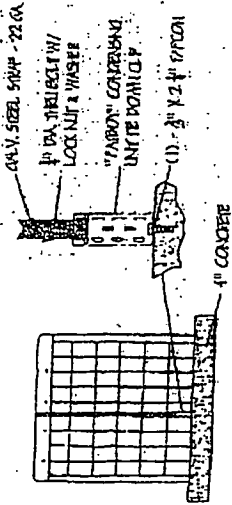
GENERAL NOTES:
 1- ATTACHMENT TO CONCRETE SHALL BE BY MEANS OF (SEE #) ANCHOR BOLTS AS MANUFACTURED BY THE ORIGINAL PAN CO. (SEE 44-1111) DATED JANUARY 4, 1911. NOMINAL EDGE DISTANCE IS 4" (SEE 4-1) LONG.
 2- CONCRETE TO WHICH ATTACHMENT OF CLIP IS MADE SHALL HAVE A COMPRESSIVE STRENGTH OF 4000 PSI.
 3- STEEL STRAPS OVER AC UNIT SHALL BE 2 GA. GALVANIZED STEEL. STEEL ANCHORS TO STEEL LAGS SHALL BE GALVANIZED OR GALVANNEAL WITH 60% AND HAVE A YIELD STRENGTH OF 58 KSI.
 4- THE STEEL STRAP SHALL BE 1/2" THICK AND BE CONNECTED WITH A 1/2" DIA. STEEL BOLT WITH WASHER AND NUT IDENTICAL.
 5- ANGLE CLIP USED IN ATTACHING THE STRAP TO THE SUPPORTING STRUCTURE SHALL BE AS MANUFACTURED BY THE ORIGINAL PAN COMPANY, 1100 N.W. 77 ST. AVE., MIAMI, FLORIDA 33142 AND AS DETAILLED IN THIS DRAWING.
 6- ATTACHMENT OF CLIP TO ALUMINUM BEAM SHALL BE BY USING A RIGGING BOLT AS SEPARATOR BETWEEN CLIP AND SUPPORTING ALUMINUM STRUCTURE AND USE OF A 1/2" DIAMETER RIGGING OR DRILLED BOLT WITH LOCK WASHER AND NUT. ANCHORING STRUCTURES SHALL BE AT LEAST 1/2" THICK ALUMINUM STRUCTURE SHALL BE 1/4" MIN. TO ALLOW.
 7- ATTACHMENT OF CLIP TO SUPPORTING STEEL STRUCTURE SHALL BE BY A RIGGING BOLT WITH RIGGING BOLT AND NUT IDENTICAL AT LEAST 1/2" THICK. (SEE 7-1) FOR FULL OUT FORM.
 8- ADDITIONAL PLATE WELD AS MANUFACTURED SHALL BE 30D. APPLICATION OF CLIP AND BE DRILLED WITH ONLY ONE HOLE THROUGH PLATE WITH RIGGING BOLT AND NUT. THE THICKNESS OF PLATE SHALL BE 1/4" MIN. AND BE 1/4" WIDE.
 9- USE OF CABLE INSTEAD OF STEEL STRAP SHALL CONFORM TO APPLICABLE SPECIFICATIONS AND BE 1/4" DIA. MINIMUM DIAMETER. STRAP REQUIREMENTS OF 1/2" DIA. MINIMUM AS SHOWN IN DETAIL 111111 SHALL BE 1/4" DIA. MINIMUM WITH A BREAKING STRENGTH OF 150 KIPS AND HAVE A MINIMUM DIAMETER OF 1/4" DIA. MINIMUM.
 10- ATTACHING CLIP TO STEEL BEAM SHALL BE BY MEANS OF STEEL ANCHOR BOLTS TO MATCH STANDARD MIN. YIELD OF 58 KSI. SEE CLIP DETAIL FOR ATTACHMENT LOCATION.
 11- ANCHORS THAT CONFORM TO THE RECORDED ATTACHMENT SHALL BE 1/4" DIA. MINIMUM WITH 1/4" DIA. MINIMUM BEAR AND BE 1/4" DIA. MINIMUM PLATE AS SHOWN IN THIS DESIGN.



"FABRIC" CABLE INSTALLATION GUIDE



"FABRIC" CABLE INSTALLATION GUIDE



"FABRIC" STRAP INSTALLATION GUIDE

NOTE: SEE TABLES FOR WIND VELOCITY AND HEIGHT OF INSTALLATION ABOVE GROUND. ALSO SEE TABLES FOR CORRECTIVE WHEN ATTACHED TO MASONRY OR STEEL.

PM INSPECTIONS

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

11-25-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10650	Weller	General		
100 130	135 S Ruben Nisbin (Brian 215-1337)	ARC	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10660	Raos	draft stop		
10662 after 2PM	16 Castle Hill Rubin		Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Church 8 Island Rd	Tree	<i>[Signature]</i>	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	85 SPTRO			INSPECTOR

11120

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:	11120	DATE ISSUED:	December 15, 2014
SCOPE OF WORK:	Fence		
CONTRACTOR:	Mel-Ry Construction		
PARCEL CONTROL NUMBER:	13-38-41-000-00040-9	SUBDIVISION:	Sewall's Point S Lot 3 S/D
CONSTRUCTION ADDRESS:	135 S River Road		
OWNER NAME:	Wylor		
QUALIFIER:	Mark Matos	CONTACT PHONE NUMBER:	626-3176

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11120		
ADDRESS:	135 S River Road		
DATE ISSUED:	12/15/2014	SCOPE OF WORK:	Fence

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
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Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel:			
@ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 4,750.00
Total number of inspections: @ \$ 100.00 per insp. # insp		1	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 12/15/14 Permit Number: _____
 OWNER/LESSEE NAME: DR ROSSARIO Greg WYLER Phone (Day) 772-519-0211 (Fax) N/A
 Job Site Address: 1379 135 S. RIVER RD City: STUART State: FL Zip: 34996
 Legal Description Hansen Grant Parcel Control Number: 13-38-91-000-000-00040-09
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Remove wood Fence and build NEW (same)

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES NO
Has a Zoning Variance ever been granted on this property?
 YES (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 4750.00
 (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: MEL-RY CONSTRUCTION INC. Phone: 772-626-3176 Fax: 772-337-4501
 Qualifiers name: MACK MATOS Street: 10967 S. OCEAN DR. City: JENSEN State: FL Zip: 34957
 State License Number: CGC 059412 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: MARIE MONTALDO Phone Number: 772-626-3176
 DESIGN PROFESSIONAL: N/A 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 area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

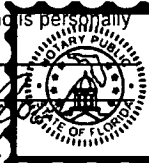
WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 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.
- 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.

<p>OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE: X <u>[Signature]</u> State of Florida, County of: <u>ST LOUIS</u> On This the <u>5</u> day of <u>December</u>, 20<u>14</u> by <u>MACK MATOS</u> who is personally known to me or produced <u>DL PK</u> As identification: <u>[Signature]</u> My Commission Expires: <u>9/21/2016</u></p>	<p>CONTRACTOR / LICENSEE NOTARIZED SIGNATURE: X <u>[Signature]</u> State of Florida, County of: <u>ST LOUIS</u> On This the <u>5</u> day of <u>December</u>, 20<u>14</u> by <u>MACK MATOS</u> who is personally known to me or produced <u>DL PK</u> As identification: <u>[Signature]</u> My Commission Expires: <u>9-21-2016</u></p>
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SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SUNZ Insurance Solutions, LLC ID(Essential)
c/o Essential HR, Inc. dba First Star HR
251 O'Connor Ridge Blvd Suite 370
Irving, TX 75038

CONTACT NAME: Jennifer Hauger
PHONE: (A/C No., Ext): 214-492-1986 FAX: (A/C No.)
E-MAIL: jennifer.hauger@firststarhr.com
ADDRESS: Jennifer.Hauger@firststarhr.com

INSURED
Essential HR Inc., Essential HR II Inc,
dba First Star HR
251 O'Connor Ridge Blvd
Suite 370
Irving TX 75038

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: SUNZ Insurance Company 34762
INSURER B: Aspen Re - London - Best Rating "A"
INSURER C: Catin Syndicate - Lloyds - Best Rating "A"
INSURER D: Brt Syndicate - Lloyds - Best Rating "A"
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 21627019

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR: WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTAL PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/CP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCPEO0000184 02 WCPEO0000184 01	10/1/2014 10/1/2013	10/1/2015 10/1/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation					This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage					
D						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage provided for all leased employees but not subcontractors of: MEL-RY CONSTRUCTION
Effective date: 10/1/2013

CERTIFICATE HOLDER

63500017

City of Sewalls point
1 South Sewalls Point Rd
Sewalls Point FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Glen J Distefano

ACORD 25 (2014/01)

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CERTIFICATE OF LIABILITY INSURANCE

MELRY-1

OP ID: LA

DATE (MM/DD/YYYY)

05/01/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City, FL 34980
Cabot W. Lord, CIC.

Phone: 772-286-4334
Fax: 772-286-9389

CONTACT NAME:

PHONE (A/C No, Ext):

FAX (A/C No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Southern Owners

10190

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Mel-Ry Construction, Inc
10987 S. Ocean Drive
Jensen Beach, FL 34957

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADUL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		72707959	05/15/14	05/15/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> OCCUR					\$
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

TOWSP-1

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CGC059412	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

MATOS, MACK RICARDO
MEL-RY CONSTRUCTION
10967 S. OCEAN DR
JENSEN BEACH FL 34957



ISSUED: 07/23/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407230001464

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 12/15/2014 11:07:52 AM EST
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-000-000-00040-9	27635	135 S RIVER RD, SEWALL'S POINT	\$2,279,160	12/13/2014

Owner Information

Owner(Current)	WYLER GREG
Owner/Mail Address	135 S RIVER RD STUART FL 34996
Sale Date	10/22/2010
Document Book/Page	<u>2482 2528</u>
Document No.	2239854
Sale Price	100

Location/Description

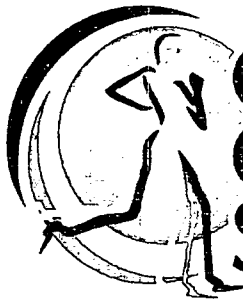
Account #	27635	Map Page No.	SP-05
Tax District	2200	Legal Description	SEWALL'S POINT S 141.86' OF LOT 3 S/D OF LOT 1, H GRANT W OF RIVER RD
Parcel Address	135 S RIVER RD, SEWALL'S POINT		
Acres	1.3990		

Parcel Type

Use Code	0100 Single Family
Neighborhood	193170 Lucindia,Riverview ST LUC.RVR

Assessment Information

Market Land Value	\$1,544,400
Market Improvement Value	\$734,760
Market Total Value	\$2,279,160



COASTAL ORTHOPAEDIC & SPORTS MEDICINE CENTER

NORMAN PALMERI, M.D.

EDWARD ROSSARIO, M.D.

JOHN HRUSKA, M.D.

GERALD SHUTE, M.D.

ROBERTO LUGO, M.D.

JOINT REPLACEMENT

SPORTS MEDICINE

SPINAL DISORDERS

FRACTURE CARE

ARTHROSCOPIC SURGERY

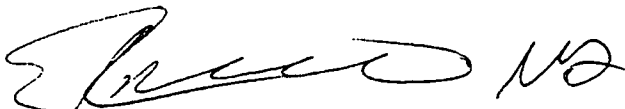
FOOT & ANKLE

Please
Correspond & Remit
to
PORT ST. LUCIE

PORT ST. LUCIE
7710 SOUTH US HWY 1
PORT ST. LUCIE, FL 34952
(772) 335-5300 PHONE
(772) 878-7235 FAX

STUART
2220 SE OCEAN BLVD.
SUITE 302
STUART, FL 34996
(772) 283-5500 PHONE
(772) 283-4274 FAX

To Whom it May Concern,
Please be advised that
Greg Wyler, my next door
neighbor at 1375 RIVER
RD., and myself, are
in complete agreement to
install a new fence
between our properties.

Sincerely,
EDWARD J. ROSSARIO, MD
 MD.

1375 RIVER
SEWALLS POINT,
3491



FLORIDA TEAM PHYSICIANS FOR THE NEW YORK METS

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

DATE: 1/27/05

BUILDING OFFICIAL
Gene Simmons

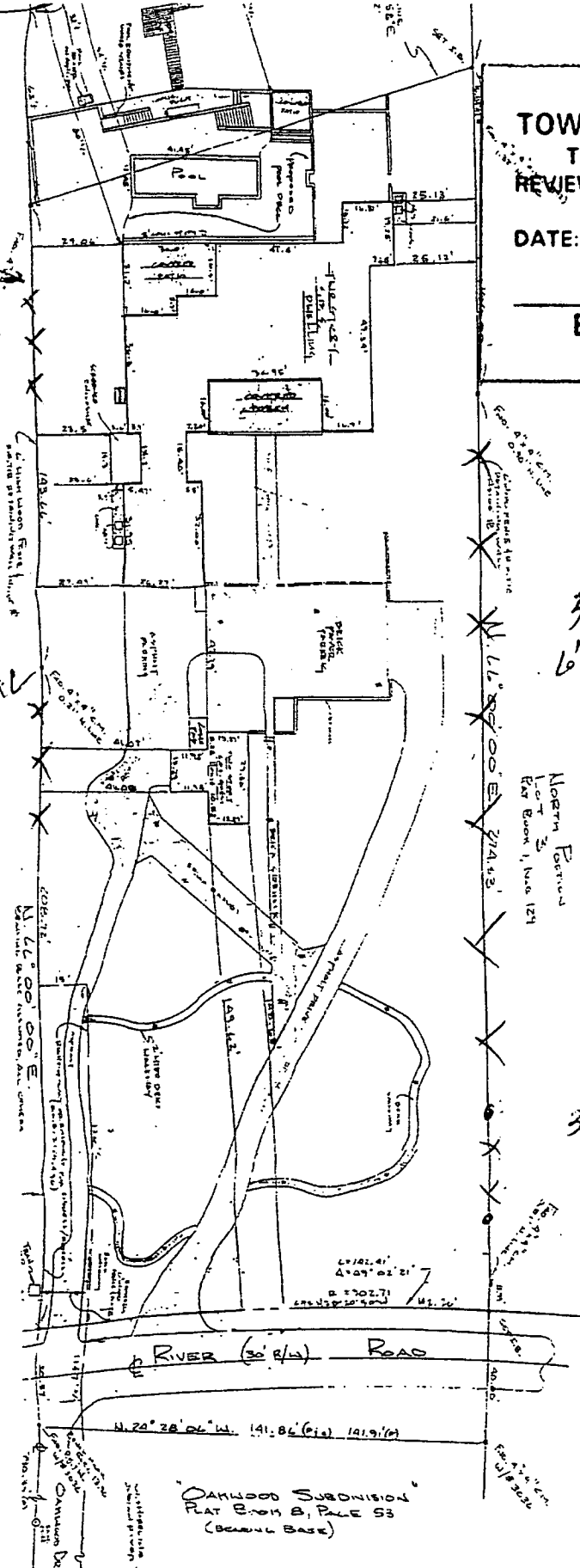
5' TAN
REHANG
SECTIONS

42' REPLACE
6' HT. VERTICAL
SHADOW BOX

324' REPLACE
6' HT. VERTICAL SHADOW BOX

35' DROP FROM
6' TO 5' IN
HEIGHT

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



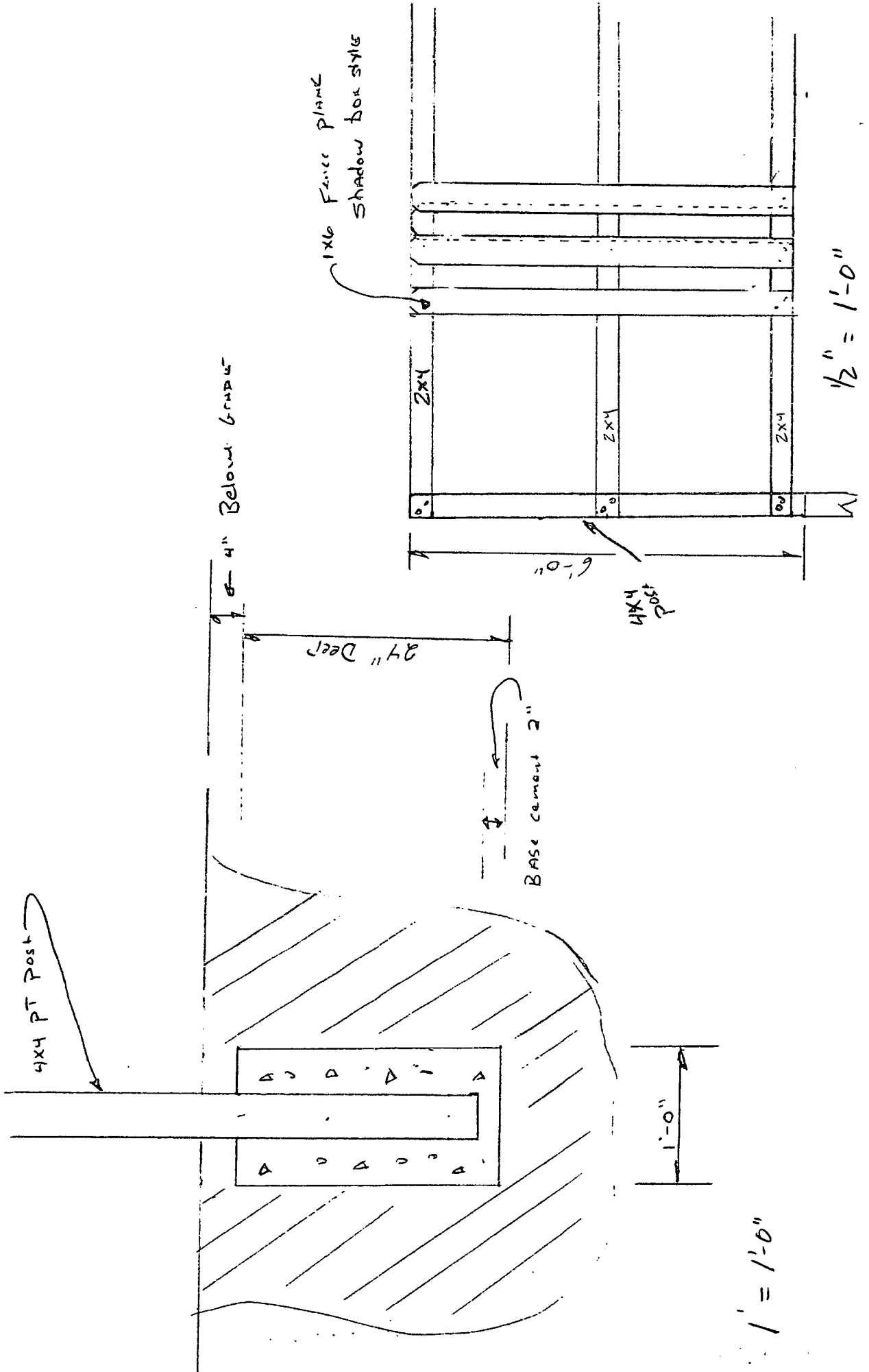
LOCATION MAP

137 S. River Road

JENSEN BEACH FL 34957

772-626-3176

SEWELL'S POINT



TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/30/14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11096	HB Assoc. of TC	Final		
AM Requested	3730 SE Ocean	A/C	Pass	Picture
	Metro tek			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11049	Flannery	Final Paver		
	23 Rio Vista	Deck + Walkway	Pass	Close
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11103	Warren/Braken	Final		No Ladder
	4 Delano Lane	A/C	Fail	
	Krauss + Crane			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11120	Wylor	Fence		
	135 S River Rd	Final	Pass	Close
	Mel-Ry			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11072	Horkins	Underground		
	10 Crane's Nest	Piping + Tank	Pass	
	Martin County Propane	(re-inspection)		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

CORRESPONDENCE

TOWN of SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

COMMISSIONERS

JOHN C. GUENTHER, Mayor
GILBERT C. STRUBELL, Vice Mayor
DOROTHY D. ROCHE, Commissioner
CLIFFORD B. DRAKE, Commissioner
• ROBERT R. AUNE, Commissioner

TELEPHONE (305) 287-2455

JOAN H. BARROW
Town Clerk
F. J. MATUSZEWSKI
Chief of Police

February 19, 1986

Mr. Philip R. Braden
317 East Osceola Avenue
Stuart, Florida 33494

Dear Mr. Braden:

Neighbors of yours have called to our attention the presence of a non-conforming, un-permitted building on your Lot 2, Oakwood. This building has evidently been there for some time, but has been obscured in past years. Its presence is in violation of Sewall's Point Ordinance, Section VI, Residential Districts A-2 (a).

Because of the building's unconforming status and the objectives voiced about its appearance, it would be appreciated if you would arrange for its early removal.

With best wishes,

Sincerely,

TOWN OF SEWALL'S POINT



Gilbert C. Strubell, Building Commissioner

GCS:jb

TOWN of SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

COMMISSIONERS

JOHN C. GUENTHER, Mayor
GILBERT C. STRUBELL, Vice Mayor
MIMI TOWL, Commissioner
CLIFFORD B. DRAKE, Commissioner
ROBERT R. AUNE, Commissioner

TELEPHONE (305) 287-2455

JOAN H. BARROW
Town Clerk
F.J. MATUSZEWSKI
Chief of Police

April 22, 1986

Mr. Philip R. Braden
135 South River Road
Stuart, Florida 33494

Dear Mr. Braden:

In accordance with the Town of Sewall's Point Charter and its Ordinance Number 104, owners of property here are required to dispose of all "obnoxious growth, brush, weeds and trash" from both improved and unimproved land. The ordinance prohibits and declares a public nuisance any excessive accumulation of untended growth of weeds, undergrowth, or other plant matter (other than undisturbed natural growth) within 100 feet of any road, easement, or improved property, as well as accumulated trash, rubbish, debris and other unsightly or unsanitary matter.

When such a public nuisance exists, we are required to write the property owner and demand that, within 15 days, the condition be remedied. The following materials, therefore, must be removed within 15 days from your property at Lot 2 Oakwood :

- Untended growth of weeds
- Undergrowth or other dead or living plant life (not including undisturbed natural growth)
- Trash, rubbish, debris and/or other unsightly and/or unsanitary matter

You may, within 15 days, make written request to the Town Commission, in care of the Town Clerk, for a hearing to show that the condition of your land does not constitute a public nuisance or to contest our determination of the condition of your land. Such hearing would be scheduled at the next available Commission meeting. If, within 20 days, however, you have neither corrected the condition of your land nor requested a hearing, Ordinance 104 requires that the Town remedy or abate the condition of your land at your expense.

If you wish a copy of Ordinance 104 please see the Town Clerk any weekday between 8: A.M. and 4: P.M..

In the meantime, we appreciate your cooperation in complying with the provisions of this ordinance and your desire to help maintain the beautiful and healthful atmosphere of Sewall's Point.

Making satisfactory arrangements to keep your property in compliance with Ordinance 104 will make it unnecessary for us to send further letters of this sort. Kindly make arrangements to have your property cared for on a regular basis.

Very truly yours,

TOWN OF SEWALL'S POINT

F. J. Matuszewski
F. J. Matuszewski, Chief of Police

*HAND DELIVERED TO MRS BRADEN
4/22/66 - 9:30 AM.*

526

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

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

Owner Pierce K Compton Address 135 S. River Rd Phone 220 1693

Contractor BOOD LANDSCAPE Address 4546 COUNTY LINDR TEQUESTA FL 33462 Phone 746-5186

Number of trees to be removed (list kinds of trees) (9) TOTAL

(4) OAKS (2) SABALS (2) BANYANS (1) QUEEN

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

Number of trees to be replaced within 30 days (list kinds of trees) _____

Permit Fee: \$ 100 (\$5. for first tree plus \$1. for each additional tree - not to exceed \$25.)

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

Plans approved as submitted Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit \$5.

Signature of applicant, [Signature] Date submitted 7/27/92

Approved by Building Inspector [Signature] Date 7/27/92

Approved by Building Commissioner [Signature] Date 7/27/92

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSES 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.

535

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued 11/11/92

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 Pierce K. Crompton Address 135 S. River Rd Phone 2201693

Contractor Rood Landscaping Address 4546 County Rd 33469 Phone 746 5186

Number of trees to be removed (list kinds of trees) _____

8 Palms

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

8 Palms

Number of trees to be replaced within 30 days (list kinds of trees) None

Permit Fee: \$ 25. for first tree plus \$10. for each additional tree - not to exceed \$100.

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

Plans approved as submitted _____ Plans approved as marked ✓

Permit good for one year. Fee for renewal of expired permit \$5.

Signature of applicant, [Signature] Date submitted 11/2/92

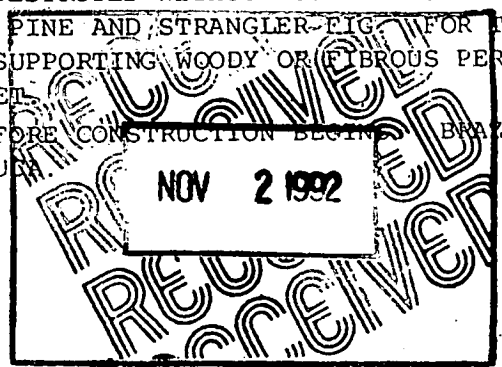
Approved by Building Inspector [Signature] Date 11-11-92

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

Completed _____
Date _____ Checked by _____

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

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



SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: Pierce K Crompton

ADDRESS: 135 S. River Rd

Stuart FL 34996

CONTRACTOR: Rood Landscaping

ADDRESS: 4546 County Line Rd

Tagueta FL 33469

LICENSE NUMBER: _____

PHONE: 220 1693 746-5186
Owner Contractor

CONTRACT PRICE: \$ 2000⁰⁰

PERMIT FEE: \$ NONE PAID: NA
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

New Construction

Trees in way of house had to move

Tree Left will be Flagged

APPLICATION MATERIAL CHECK LIST:

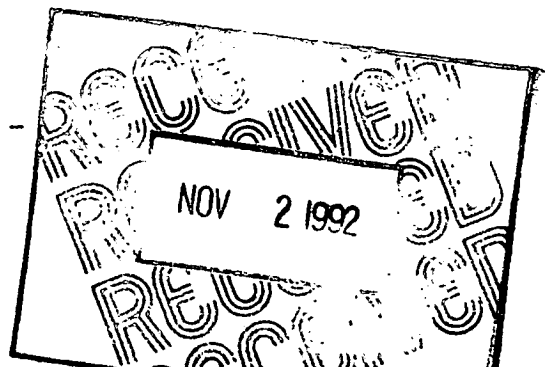
- Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.
- Plan showing all proposed re-plants of trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees.
- Tape Statement regarding how trees are to be protected during land clearing and construction.
- Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).
- Plan showing location and dimensions of all setbacks and easements.
- Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).
- Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required

180/186

1. Applicant must relocate trees being removed or replace the trees inch for inch.
2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).



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

4. Other: _____

APPROVED: _____ Date: _____
Building Inspector

DENIED: _____ Date: _____
Building Inspector

_____ Date: _____
Building Commissioner

REASON FOR DENIAL, IF APPLICABLE:

TOWN OF SEWALL'S POINT, FLORIDA

Date 4/1/2 19 TREE REMOVAL PERMIT No 2023

APPLIED FOR BY Serafini, 21 N Via Lucinda (Contractor or Owner)

Owner _____

Sub-division _____, Lot _____, Block _____

Kind of Trees 2 Silk Oaks, 2 Gleditsia / 6 Melaleuca

No. Of Trees: REMOVE 10

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS All prohib. species

Gumbo Limbs = sound -> submit replacement etc FEE \$

Signed, _____ Applicant

Signed, [Signature]
Town Clerk
Bldg. Insp.

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 grid area for notes or photos]

PROJECT DESCRIPTION _____

[Empty lines for project description]

REMARKS _____

[Empty lines for remarks]

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 2023

Date Issued: 4/1/12

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 JUDITH SERAFINI Address 21 N VIA LUCINDA Phone 561 586 2672

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 SILK OAKS - 2 EUCALYPTUS

6 MELALEUCAS - 1 GUMBO LIMBO (LARGE ROOTS UP ROOTING SIDEWALK VERY CLOSE TO HOUSE FOUNDATION TOO CLOSE TO HOUSE)
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

~~\$15.00~~

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant _____ Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 4/1/12

Completed _____
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A 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

See attached Tree Species List

MELA.

MELA.

MELA.

MELA.

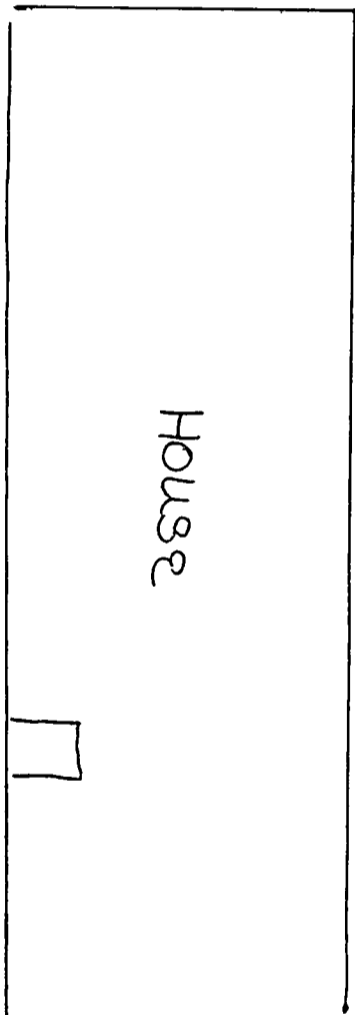
MELA.

MELA.

EUQA
LYPTUS

EUQA
LYPTUS

POOL



Gumbo
Limbo

SILK
OAK

SILK
OAK

BERAFINI
21 N VIA WASHINGTON

TOWN OF SEWALL'S POINT, FLORIDA

Date DECEMBER 10 ~~11/2003~~ TREE REMOVAL PERMIT No 2168

APPLIED FOR BY GAIL (Contractor or Owner)

Owner 135 S. RIVER ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees HICKORY, SWEETGUM, SAGO

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Gene Sumner (AOS)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner GAIL Address 135 S. River Phone _____

Contractor Living Waters Address 5 Melody Hill Phone 287-1023

No. of Trees: REMOVE 3 Type: Hickory, Schefflera, Sago
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: ok
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: dead diseased

Written statement giving reasons: Dead Hickory; Diseased Sago - Don't want Schefflera

Signature of Applicant [Signature] Date 12-8-03

Approved by Building Inspector: [Signature] Date 12/6/3 Fee: \$

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

Location Over



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/10, 2003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	GAL...	TREE	Pass	
(11)	135 S. RIVER			INSPECTOR:
6476	CIVIELLO	WINDOWBUCKS		
(2)	31 FIELDWAY O/B	E/Plumbg Rough Roofing	Pass	INSPECTOR:
6525	HAYNES	SHEATHING	Pass	
(6)	6 Palm Road DAN BUTCHER ROOFING	FEN TAG		INSPECTOR:
6327	PFEIFFER	POOL DECK	Pass	
(9)	104 HENRY SEWALL ADVANTAGE POOL			INSPECTOR:
6429	ROBERTS	DRY IN	Pass	
(12)	42 N. RIDGEVIEW PACIFIC			INSPECTOR:
6406	PELICAN GROUP	POWER RELEASE	Pass	
(8)	142 S. SEWALL'S PT OLIVER ELECTRIC			INSPECTOR:
TREE	UTRATA	TREE	Pass	
(10)	117 N. SEWALL'S PT RD			INSPECTOR:
OTHER: _____				