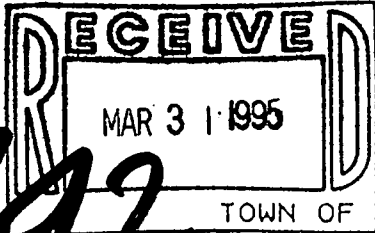


160 South River Road

3792

SFR



Tax Folio No. _____

3792

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name William L., II and Allison A. Read

Owner's Address 2507 Morningside Blvd. Port St. Lucie, Fl 34952

Owner's Telephone 335-3226

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

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

City _____ State _____ Zip _____

Contractor's Name Treasure Coast Development, Inc.

Contractor's Address 514 SW Port St. Lucie Blvd.

City Port St. Lucie State Fl Zip 34953

Contractor's Telephone 871-0333 License Number CGC040478

Job Name Read Residence

Job Address #160 South River Rd.

City Town of Sewall's Point State Florida Zip 34996

Legal Description Lot 13 Marguerita Subdivision

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name Paul Welch, Inc.

Architect/Engineer's Address 1984 SW Biltmore St. Suite 114
Port St. Lucie, Fl 34983

Mortgage Lender's Name Coral Gables Federal

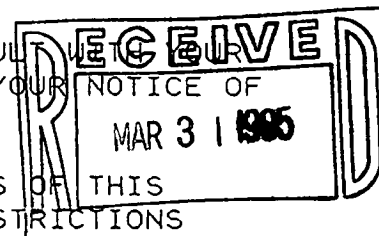
Mortgage Lender's Address 2511 Ponce De Leon Blvd.
Coral Gables, Fl 33134-6084

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 Seacrest Plumbing License No. RF 0036296
Electrical Contractor ~~Accurate Electric~~ E & ELEC. License No. ~~ME 000492~~
Roofing Contractor Koch Roofing License No. _____
A/C Contractor Action Air License No. CAC 033649

Description of Building or Alterations _____
Single Family Residence

Name of Street Designated as Front Building Line and Front Yard _____
South River Rd.

Subdivision Marquerita Lot 13 Block _____

Building Area (air conditioned) 3171 sq. ft.

Garage, Porch, Carport Area 976 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)
\$ 184,500

Rich Hill
(Owner or Authorized Agent)

DATE 3/28/95

Sworn and Subscribed before me this

28th day of March 1995

(SEAL)

Carolyn Paige Blind

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



John Brown
(Contractor)

DATE 3-28-95

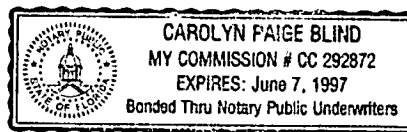
Sworn and Subscribed before me this

28th day of March 1995

(SEAL)

Carolyn Paige Blind

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dak Brown Permit Officer
[Signature]

For Official Use Only

Plans approved as submitted _____ Date E

Plans approved as marked ✓ Date 5/8/95

A/C Area 3171 sq. ft. x \$60. = \$ 190,260.00

Non A/C Area 976 sq. ft. x \$25. = \$ 24,400.00

Total = \$ 214,660

Contract Price \$ 184,500 (fee will be charged on higher amount)

215,000

M. x \$8.00 = \$ 1,720.00

Building Fee

A/C Fee \$ 100.00

Electrical Fee \$ 100.00

Plumbing Fee \$ 100.00

Roofing Fee \$ 100.00

Radon Fee \$ 42.00

County Impact Fee \$ 1508.20

TOTAL PERMIT FEE \$ 3,670.20

PAYMENT RECEIVED Dale Brown
Signature

5/9/95
Date

- Contractor's License
- Sub-Contractors' Licenses
- Workers' Comp. Insurance
- General Liability Insurance
- Three sets of Plans
- Plans sealed by architect or engineer
- Plot Plan
- Boundary survey *need*
- Topographic survey certified to the _____
Town of S.P.
- Recorded warranty deed
- Septic tank permit
- Energy Code calculations
- Elevation certificate
- Recorded notice of commencement
- Application for c.o.

94-12-0091 DD

01098471

95 JAN 10 AM 11:44

RETURN TO:
FIRST AMERICAN TITLE CO.
COURT HOUSE BOX 28

PERMIT NO. _____

TAX FOLIO NO. _____

NOTICE OF COMMENCEMENT

56- 7660030

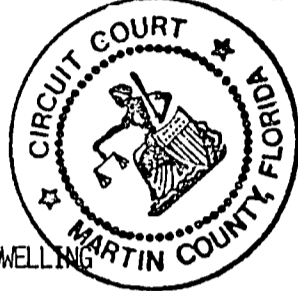
STATE OF FLORIDA

COUNTY OF MARTIN

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

1. Description of property (legal description of the property and street address if available):

LOT 13, MARGUERITA SUBDIVISION ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 10, PAGE 3 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.



2. General description of improvement: A SINGLE FAMILY DWELLING

3. Owner information:

a. Name and address: WILLIAM L READ, II AND ALLISON A READ, HIS WIFE
2507 MORNINGSIDE BLVD, PRT ST LUCIE, FL 34952

b. Interest in property: **FEE SIMPLE**

c. Name and address of fee simple titleholder (if other than owner):

STATE OF FLORIDA
COUNTY OF MARTIN

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

4. Contractor (Name and address): FLORIDA NETWORK PROPERTIES, INC.

5. Surety:

a. Name and address:

b. Amount of bond \$

MARSHA STILLER, CLERK
BY: *[Signature]*
DATE: 1-10-95

6. Lender (Name and address): **CORAL GABLES FEDERAL / CONSTRUCTION LOAN DEPARTMENT
2511 PONCE DE LEON BLVD., CORAL GABLES, FLORIDA 33134-6084**

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 and address):

8. In addition to himself, Owner designates **CORAL GABLES FEDERAL / CONSTRUCTION LOAN DEPARTMENT, 2511 PONCE DE LEON BLVD., CORAL GABLES, FLORIDA 33134-6084**

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

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

Signature of Owner *William L Read Allison A Read*
WILLIAM L READ, II AND ALLISON A READ, HIS WIFE

POST ON PREMISES

STATE OF FLORIDA,

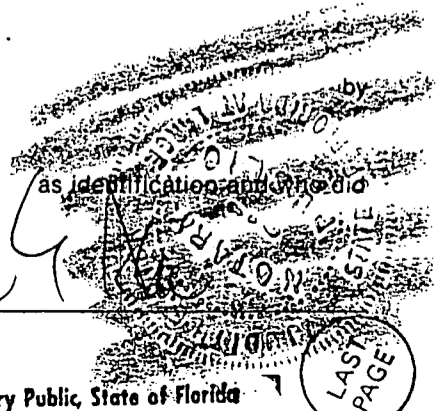
ST. LUCIE

County ss:

The foregoing instrument was acknowledged before me this JAN. 3, 1995

WILLIAM L. READ, II AND ALLISON A. READ, HIS WIFE

who is personally known to me or who has produced DRIVER LICENSES
take an oath.



This Instrument was Prepared By:
CORAL GABLES FEDERAL SAVINGS AND LOAN ASSOCIATION
2511 PONCE DE LEON BLVD., CORAL GABLES, FL, 33134

BY: *Stacey Shank*
S SHANK

Notary Public

Notary Public, State of Florida
My Commission Expires July 19, 1995

This Warranty Deed

Made this 28th day of December A.D. 1994

ROBERT J. JANKOWSKI AND DONNA W. JANKOWSKI, HIS WIFE
90 CRATER LANE, KENSINGTON, CT 06037
hereinafter called the grantor, to
WILLIAM L. READ, II AND ALLISON A. READ, HIS WIFE

whose post office address is: 2507 MORNINGSIDE BLVD.
PORT ST. LUCIE,, FLORIDA 34952

Grantees' SSN:
hereinafter called the grantee:

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

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

LOT 13, MARGUERITA SUBDIVISION ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 10, PAGE 3 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

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

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

Parcel Identification Number: 13-38-41-011-000-00130-70000

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 19 94

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

Signed, sealed and delivered in our presence:

Beth A. Cretella
Beth A. Cretella
Lori P. Arute
Lori P. Arute
Name: _____
Name: _____
Name: _____
Name: _____

ROBERT JANKOWSKI
90 CRATER LANE, KENSINGTON CT 06037
Name & Address: ROBERT J. JANKOWSKI 06037
DONNA W. JANKOWSKI
90 Crater Lane, Kensington, Ct. 06037
Name & Address: DONNA W. JANKOWSKI
Name & Address: _____

State of Connecticut
County of Hartford

The foregoing instrument was acknowledged before me this 28th day of December, 1994

by ROBERT J. JANKOWSKI AND DONNA W. JANKOWSKI, HIS WIFE

who is personally known to me or who has produced DRIVER LICENSES as identification and who DID NOT take an oath.

Marianne [Signature]
Print Name: Marianne [Signature]
Notary Public
My Commission Expires: March 31, 1995

PREPARED BY: JUDITH E. DICK
First American Title Company of St. Lucie County, Inc.
201 S.W. Port St. Lucie Blvd., Suite 205
Port St. Lucie, Florida 34984
File No: 94-10-0135
RETURN TO: COURT HOUSE BOX 28

OR BK 10, 60361

LAST PAGE

RECORDED & VERIFIED BY [Signature] 95 JAN 10 AM 11:43
COUNTY OF HARTFORD
MARTIN COUNTY

10/27/95

From : William L Read #
Subject: Change of Builder
To: Mr Dale Brown

Dear Mr Brown,

This is to inform you that Rick Bilbert
of Fla Network Properties or John Blind
of Treasure Coast Builders is no longer
affiliated with the construction of my home
at 160 S. River Rd, Seawall Pt, FL.

Emil La Viola will be taking over
construction of my home immediately

~~Wm L Read~~ 10/27/95
William L Read #

WILLIAM L. READ II
2507 Morningside Blvd
Port St Lucie, FL 34952

12 Oct 95

Dear Rick,

I have reviewed your outrageous letter dated 10-2-95 and I am stunned by your demands.

You seem to have forgotten your promise to Allison and me, after you raised the price from \$250,000.00 to \$270,000.00, that you would not be coming back for more money. In fact, in the event that there were cost overruns, you said they would be covered by your built-in profit. Why else would we have agreed to pay you an additional \$5,000.00 after moving in or offered to pay you a portion of the profit if we sold it instead? Fortunately, according to my attorney, we have a legal contract that demands you to build my family a house to the specifications of the plans on record. Even Bart Stewart, the Martin County Building Inspector and Dale Brown suggested that you have no choice but to perform. They all have said you have taken much too long and I agree. Our contract states that our house would be completed in 180 days, yet we're approaching 300 days and not near completion. In your heart you know the truth, yet you refuse to do the right thing.

Do you remember our conversation when I informed you of my intentions to come directly to your office to write checks to pay suppliers and workers? You threatened to shut me down and pull my permits; that it would be another year before we'd move in. You even said my actions were illegal. Did you know that I was making an informed decision based on the inaccuracies of the balance sheet I received from your office dated 9/19/95? Rick, I know exactly when you received the draws to pay for construction and I also know when you actually paid them out. I have proof. All the while you were pressuring Allison and me to give you more money. Would you like me to write out the details to add to this letter? I don't think so. Still, I'm continuing to try and do the right thing.

First of all, I am now informing you of my intent to make this house my permanent residence. Please remove the "For Sale" sign immediately. As long as you finish the house within the terms of our contract and comply with the stipulations in this letter, I will pay you an additional \$5,000.00 within 4 months of moving in. Any profit sharing, specifically including the profit sharing agreement dated 11/23/94, between us is terminated.

You continue to claim that I made the house bigger when you know the footprint has not changed one iota. I admit, though it is not in writing, to allowing you to finish the upstairs bathroom and front attic space. Those

"extras", as you recall, were at your insistence to make the house more desirable in the marketplace. You should also recall on several occasions that I suggested we not finish those rooms due to budget constraints. If you would have ever told me that it would cost me another \$40,000.00, you can be assured I would not have consented. I am willing, however, to pay you a reasonable price for those "extras".

Those "extras" include the following:

- upgraded from 30 to 40 year roof
- gas installed (with credit for water heater)
- electric
- plumbing and fixtures
- air conditioning capacity
- drywall
- carpentry materials and labor
- paint
- carpet and pad
- lot prep/fill
- trim

After consulting with other contractors and suppliers, I am prepared to pay you an additional \$7048.40 for the above "extras". After adding a generous 13% mark-up to you, the total above-contract price I will pay at this time is \$7964.69.

I will also pay for: (no commission or mark-up to be paid)

- additional fill (not to exceed \$900.00)
- single sheet, .62 ga. metal storm shutters (\$1500.00 including installation)
- upgraded interior and porch trim (\$300.00, see addendum for specs)
- any overages on allowances specified in the addendum to our contract dated 11/15/94.

I will also receive a credit for allowance monies not used.

Furthermore, since we have had several "misunderstandings" concerning construction, supervision, and payment, I have a few demands.

Construction: Construction will be performed in an orderly, professional, and timely manner. The framers have worked on the house only one morning in the last 3-4 weeks. The drywallers are having to work around unfinished interior framing. Today the painters came and left immediately because the siding installation is incomplete. The site will regularly be cleaned of filth and debris. Exterior trim and doors will be primed immediately and secured every night to prevent further water damage. The front and rear porches will be corrected to a pitch that is nearly level (1 in.) Trim and finish, as previously agreed to, will be finished to the specifications in the addendum and must meet my satisfaction. Other items of note include:

- exterior oval windows re-trimmed
- addition of front sidewalk and replacement of sidewalk to entrance
- ensure proper grading for water run-off and repair neighbor's property
- stucco and paint foundation/stemwall
- existing trees protected and cleaned
- any other items not mentioned above or in the addendum will be completed in a manner consistent with the intent set forth in this document.

Since you told me the house will be finished by the end of November, you will be fined \$100.00/day for each day beyond 11/30/95 that we have not received a certificate of occupancy. This is to help defray our costs of living in temporary housing.

Supervision: You will supply me with detailed bids so I can ascertain that construction will be completed with the current funding. I have the option to solicit bids from other subcontractors and suppliers. Construction progress will be monitored daily by a general contractor to ensure all work is accomplished in a professional and timely manner. That means you go out to my house every day and report back to me.

Payment: You will submit all bills and invoices to me and I will make payment from my construction account. You will receive a copy of the check. At that time I will require the proper lien releases from you and the supplier/subcontractor. Remember that I have a fixed price contract. Any cost-plus agreements will be put in writing and signed by both parties before any work is to begin.

Rick, just as I know you can be a good builder, you can be assured that I am a good pilot. But good pilots don't just sit back and let the autopilot take them for a ride. They monitor their craft and their course, constantly making adjustments. In an emergency these adjustments can be extreme to ensure they arrive at their destination as advertised; smoothly, safely, and on time. By the way, we never charge the customer for another ticket just because we had to detour 500 miles around bad weather.

We will not argue any longer because this is the best offer we can give you. You have until 5PM on Friday, 10/13/95 to consider this proposal and respond in writing. Allison will be home after 4PM. Otherwise, your services will be terminated and we will proceed with another contractor. My attorney, Tom Fogt, can be reached at tele. 288-3303.

Sincerely,



William L. Read II



Allison A. Read

WILLIAM L. READ II
2507 Morningside Blvd
Port St Lucie, FL 34952

Addendum to 12 Oct 95 letter

These are the specifications for trim and finish that we had originally agreed to. I will have the opportunity to make adjustments after viewing an installed sample.

Fireplace: full mantle with genuine marble base and edge trim or \$1900.00 allowance

Exterior Trim and Doors: fit, finished, and fastened snugly; upstairs door sill to run entire length of opening and water-proofed correctly, get upper and lower doors primed, including top and bottom, and installed now

Front Porch: roof leveled, wood soffit, 8in. smooth framed columns and trimmed top and bottom, proportionate framed beams on front and sides, finished level ceiling (do not use drywall) with crown molding on inside and outside circumference, decorative pressure-treated spindles on bottom rail, std 2x2 for spindles on top, correct facia on deck to prevent termites and rot, decorative shutters for front of house

Rear Porch: level upper deck, finished columns and ceiling (no drywall), method to dry in porch at garage intersection to be approved by me, substitute lower rails with screen and door if code allows

Stairs: Oak rails with painted decorative spindles, bottom stairs to have oak treads and landing, finished painted risers, 8 in. painted base mold along the stairwell with chair rail and picture frame molding

Crown molding: Living/Dining rooms/Foyer (5 1/4 in w/ add. build-up)
Family room/Master Bed and bathroom (5 1/4) Kitchen TBD

All doorways/openings/windows trimmed w/ 3 1/2 in fluted casings w/ rosettes, Wide openings in foyer, living/dining rooms have matching heavy casing

Dining room: Chair rail with "picture frame" design below



FOGT & MATHESON

Attorneys at Law
700 Colorado Avenue
Stuart, Florida 34994-3086

Thomas A. Fogg*
Robert H. Matheson, Jr.
*Board Certified Real Estate Lawyer

Telephone: (407) 288-3303
287-3303
283-3303
Facsimile: (407) 286-3303

Of Counsel:

William R. Scott
Harold G. Melville**
**Board Certified Civil Trial Lawyer

October 31, 1995

Mr. James Bond, Esq.
Post Office Box 2038
Stuart, Florida 34995-2038

Rick Gilbert
Florida Network Properties, Inc.
514 Port St. Lucie Blvd.
Port St. Lucie, FL 34953

VIA FAX AND REGULAR MAIL

RE: House Sale Contract
William L. Read, III & Allison A. Read, husband and wife and
Florida Network Properties, Inc.

Dear Sirs:

Please let this letter serve as formal notice of termination of any and all contractual relationships between the above-referenced parties.

This specifically terminates that certain House Sale Contract entered into between the parties on November 21, 1994.

The reason for the termination is that Florida Network Properties, Inc. has materially breached the Contract in numerous ways, including, but not limited to all of the following:

1. Poor workmanship. Having the property "red tagged."
2. Delay in construction.
3. Leaving the structure unprotected from the elements, causing degradation to the structure unnecessarily.

Page Two
October 31, 1995

4. Allowing the placement of liens on the property/non-payment of subcontractors.

5. Anticipatory breach of contract in that the builder/contractor has informed that he is \$40,000.00 over the contract price with no written change orders and has stated that the house cannot be completed for the contract price.

As stated, the above consist of numerous but not all of the grounds for termination of the Contract.

Florida Network Properties, Inc. should make arrangements to remove any of their equipment, if any, from the premises as soon as possible.

A copy of this letter is being sent to Dale Brown, the Sewall's Point Building Inspector in order for him to allow a subsequent contractor to finish the job.

We expect, in the immediate future, to obtain a bid to complete the premises, and, that, of course, will help us to establish a benchmark concerning negotiating a final debit or credit between the Buyers and the Contractor herein.

If you have any questions upon receipt of this please don't hesitate to call.

Very truly yours,

Thomas A. Fogt

TAF/ddh
95-371F

cc: Mr. and Mrs. William L. Read

ACCURATE ELECTRICAL CONTRACTING
2365 WEST BLACKWELL DRIVE
PORT ST. LUCIE, FLORIDA, 34952
407-335-1201

MAY 2, 1995

VINCENT VORRASSO
TOWN OF SEWALL'S POINT
STUART, FL 34996

PLEASE BE ADVISED THAT ACCURATE ELECTRICAL CONTRACTING
IS NOT PERFORMING ANY OF THE ELECTRICAL WORK AT THE
FOLLOWING ADDRESS:

WILLIAM AND ALLISON READ
LOT 13 MARGUERITA SUBDIVISION

PLEASE BE SURE THAT THE GENERAL CONTRACTOR UPDATES YOUR SUB
LIST WITH THE CORRECT INFORMATION. IF THERE ARE ANY
QUESTIONS PLEASE CALL 335-1201.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Arthur Engelmann", written in black ink.

ARTHUR ENGELMANN, OWNER

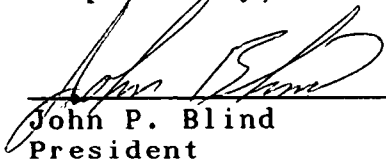
TREASURE COAST DEVELOPMENT, INC.
148 S.W. SARATOGA AVE.
PORT ST. LUCIE, FLORIDA 34953
(407) 336-6902

05-04-95

To Whom It May Concern,

Treasure Coast Development, Inc. agrees to supply plans sealed by an architect prior to framing the Read residence located on Lot 13, of Marguerita Subdivision, Sewalls Point, Florida.

Respectfully,



John P. Blind
President

PAUL WELCH INC.

Mechanical • Electrical • Civil • Engineering

1984 S.W. Biltmore St. #114

Port St. Lucie, FL 34984

Phone (407) 785-9888

FAX (407) 785-9933

April 17, 1995

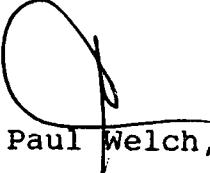
Re: Mr. William Read
Marguerita Road
Sewalls Point , Florida

To Whom It May Concern:

Please be advised that on April 17, 1995 qualified personal of Paul Welch Inc. performed soil compaction testing in the floor slab areas for the above referenced project. The soil compaction was found to be in accordance with Building Code and our plan specified requirements. See attached test location map and test results.

Thank you for your attention to this matter.

Submitted by:
PAUL WELCH INC.



Paul Welch, P.E.

PW:ns

PAUL WELCH INC.

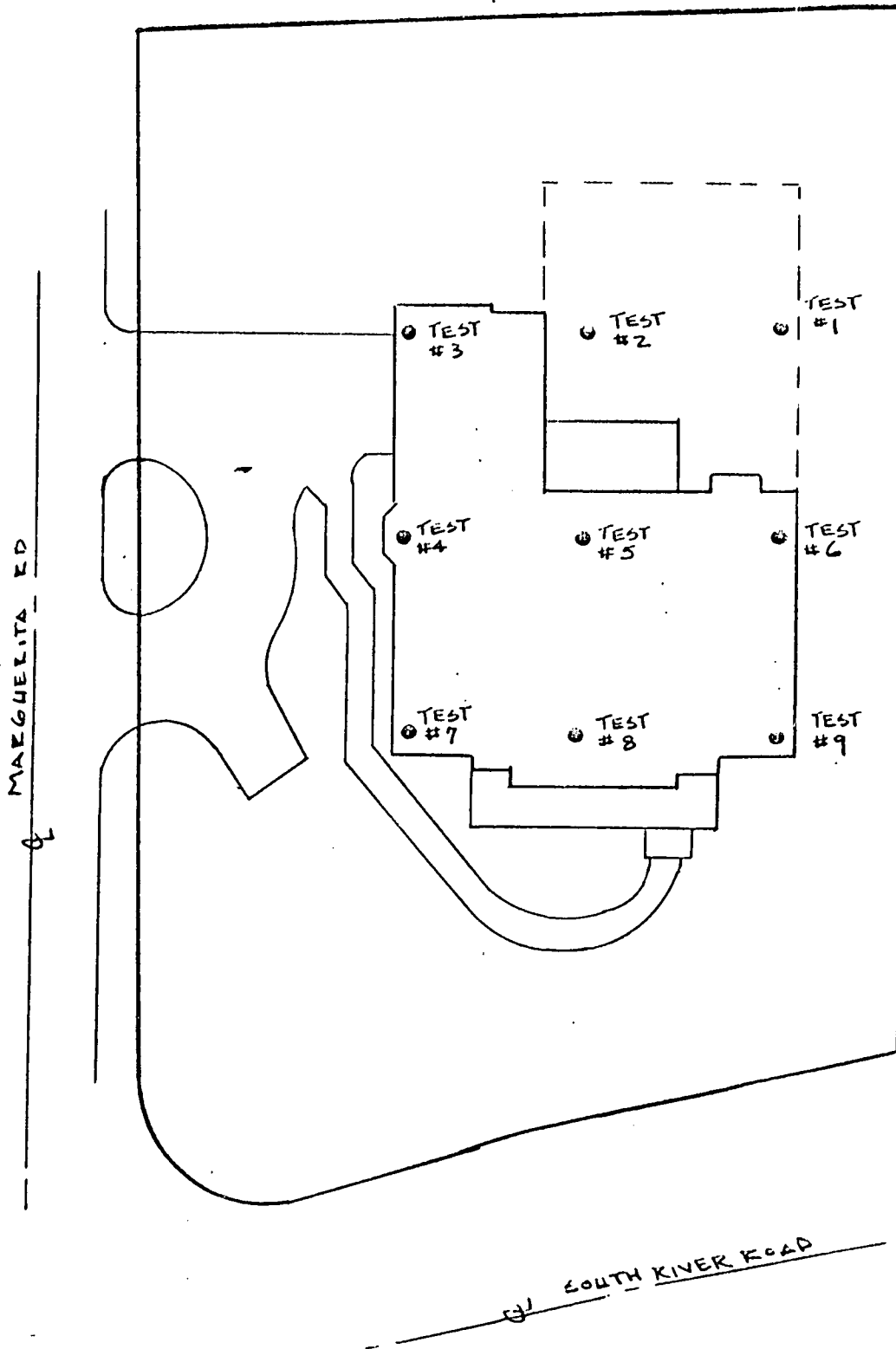
Mechanical • Electrical • Civil • Engineering

1984 S.W. Biltmore St. #114

Port St. Lucie, FL 34984

Phone (407) 785-9888

FAX (407) 785-9933



SOIL COMPACTION TEST(S) LOCATION(S)

PAUL WELCH INC.

Mechanical • Electrical • Civil • Engineering

1984 S.W. Biltmore St. #114

Port St. Lucie, FL 34984

Phone (407) 785-9888

FAX (407) 785-9933

SOIL COMPACTION TEST RESULTS

PROJECT : BILL AND ALISON READ
LOCATION: SEWALLS POINT
DATE TESTED: APRIL 17, 1995

TEST #	POUNDS	X	DIVISIONS	+	.315	X	144	=	PSF
1	0.331	X	53	+	.315	X	144	=	2571.5
2	0.331	X	57	+	.315	X	144	=	2762.208
3	0.331	X	61	+	.315	X	144	=	2953.152
4	0.331	X	59	+	.315	X	144	=	2857.53
5	0.331	X	72	+	.315	X	144	=	3431.808
6	0.331	X	65	+	.315	X	144	=	3143.52
7	0.331	X	62	+	.315	X	144	=	3000.52
8	0.331	X	67	+	.315	X	144	=	3238.848
9	0.331	X	55	+	.315	X	144	=	2666.88

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.

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Amended 4-28-95

Plumbing Contractor _____ License No. _____

Electrical Contractor Ed's Electric License No. ME 00353
ER 0011913

Roofing Contractor _____ License No. _____

A/C Contractor _____ License No. _____

Description of Building or Alterations _____

Single Family Residence

Name of Street Designated as Front Building Line and Front Yard _____

South River Rd.

Subdivision Marquerita Lot 13 Block _____

Building Area (air conditioned) 3171 sq. ft.

Garage, Porch, Carport Area 976 sq. ft.

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

\$ 184,500

PAUL WELCH INC.

Mechanical • Electrical • Civil • Engineering

1984 S.W. Biltmore St. #114

Port St. Lucie, FL 34984

Phone (407) 785-9888

FAX (407) 785-9933

April 17, 1995


Re: Mr. William Read
Marguerita Road
Sewalls Point , Florida

To Whom It May Concern:

Please be advised that on April 17, 1995 qualified personal of Paul Welch Inc. preformed soil compaction testing in the floor slab areas for the above referenced project. The soil compaction was found to be in accordance with Building Code and our plan specified requirements. See attached test location map and test results.

Thank you for your attention to this matter.

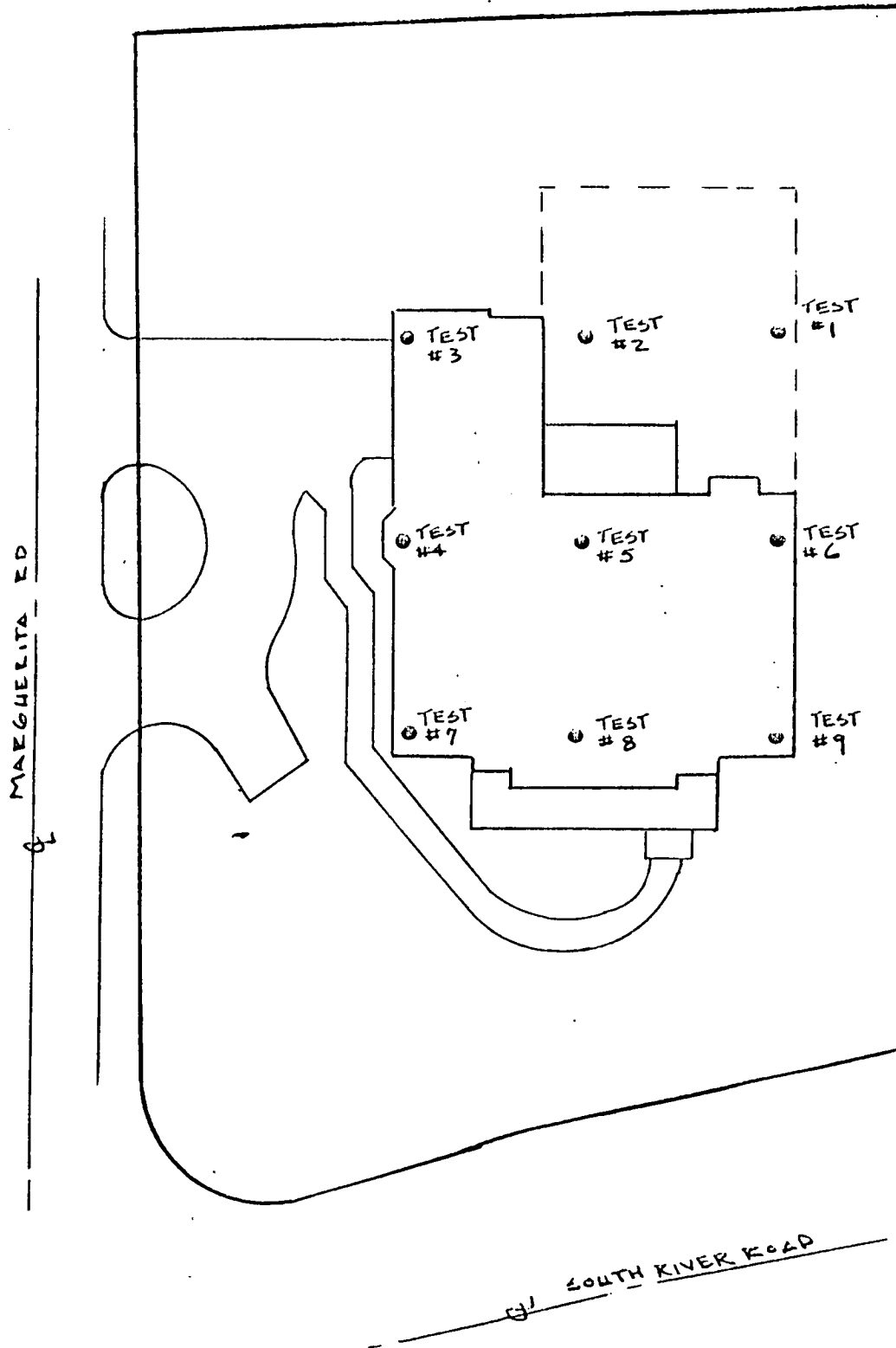
Submitted by:
PAUL WELCH INC.



Paul Welch, P.E.

PW:ns

TRON WELDON INC.
Mechanical • Electrical • Civil • Engineering
1984 S.W. Biltmore St. #114
Port St. Lucie, FL 34984
Phone (407) 785-9888
FAX (407) 785-9933



SOIL COMPACTION TEST(S) LOCATION(S)

PAUL WELCH INC.
 Mechanical • Electrical • Civil • Engineering
 1984 S.W. Biltmore St. #114
 Port St. Lucie, FL 34984
 Phone (407) 785-9888
 FAX (407) 785-9933

SOIL COMPACTION TEST RESULTS

PROJECT : BILL AND ALISON READ
 LOCATION: SEWALLS POINT
 DATE TESTED: APRIL 17, 1995

TEST #	POUNDS	X	DIVISIONS	+	.315	X	144	=	PSF
1	0.331	X	53	+	.315	X	144	=	2571.5
2	0.331	X	57	+	.315	X	144	=	2762.208
3	0.331	X	61	+	.315	X	144	=	2953.152
4	0.331	X	59	+	.315	X	144	=	2857.53
5	0.331	X	72	+	.315	X	144	=	3431.808
6	0.331	X	65	+	.315	X	144	=	3143.52
7	0.331	X	62	+	.315	X	144	=	3000.52
8	0.331	X	67	+	.315	X	144	=	3238.848
9	0.331	X	55	+	.315	X	144	=	2666.88

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.

Amended 4-28-95

Plumbing Contractor _____ License No. _____

Electrical Contractor Ed's Electric License No. ME 00353
ER 0011913

Roofing Contractor _____ License No. _____

A/C Contractor _____ License No. _____

Description of Building or Alterations _____

Single Family Residence

Name of Street Designated as Front Building Line and Front Yard _____

South River Rd.

Subdivision Marquerita Lot 13 Block _____

Building Area (air conditioned) 3171 sq. ft.

Garage, Porch, Carport Area 976 sq. ft.

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

\$ 184,500

200



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: W. REED SEPTIC TANK PERMIT NO. HD95-0066

LEGAL DESCRIPTION: LOT 13, MARGUERTA

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 _____. 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: _____

Rich Gilbert
(Signature)

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

Martin County Health Unit Approval Signature

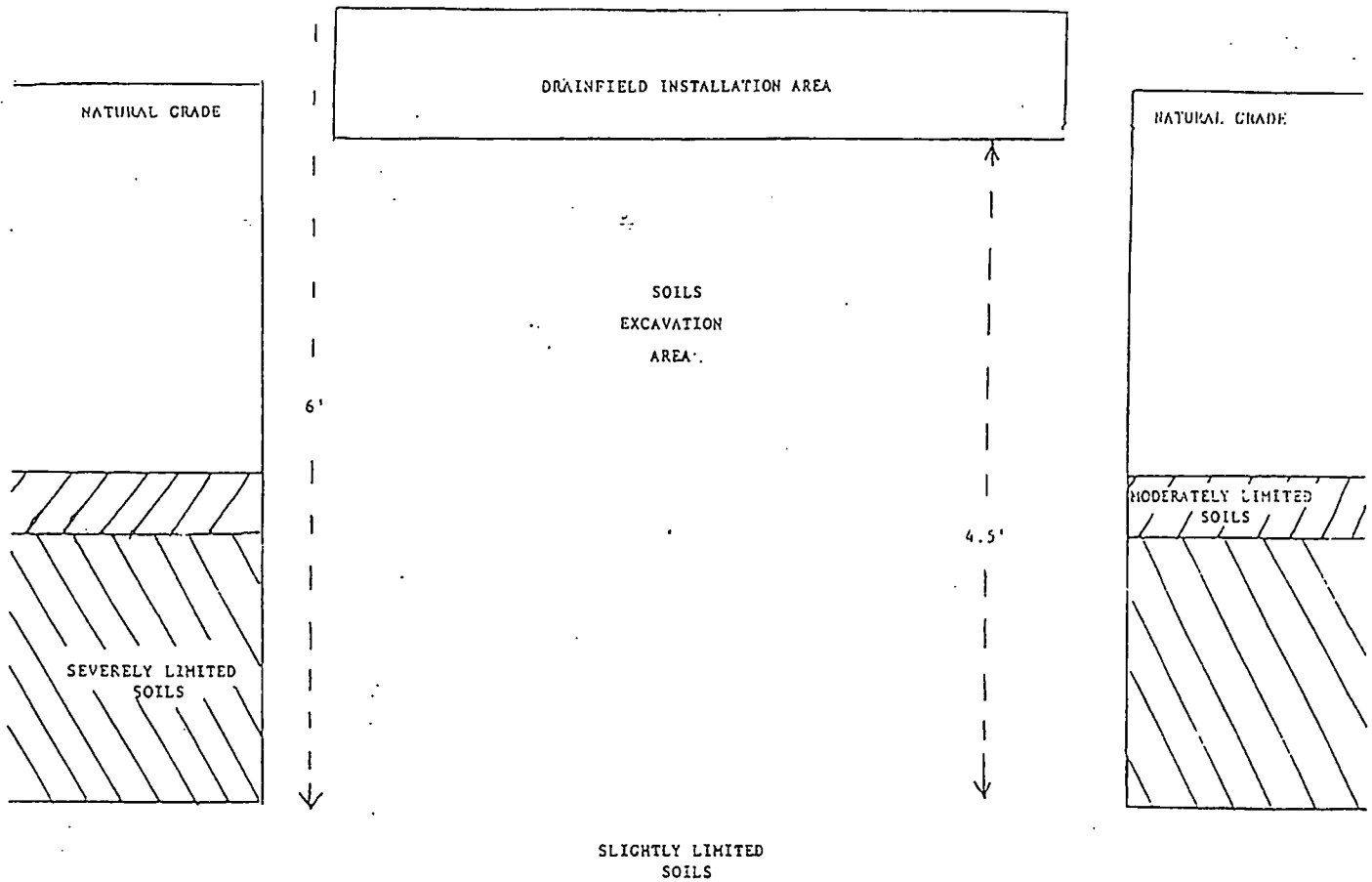
(Date)

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

Revised 3/28/92

9 - 12" SOIL COVER

"DIAGRAM A"

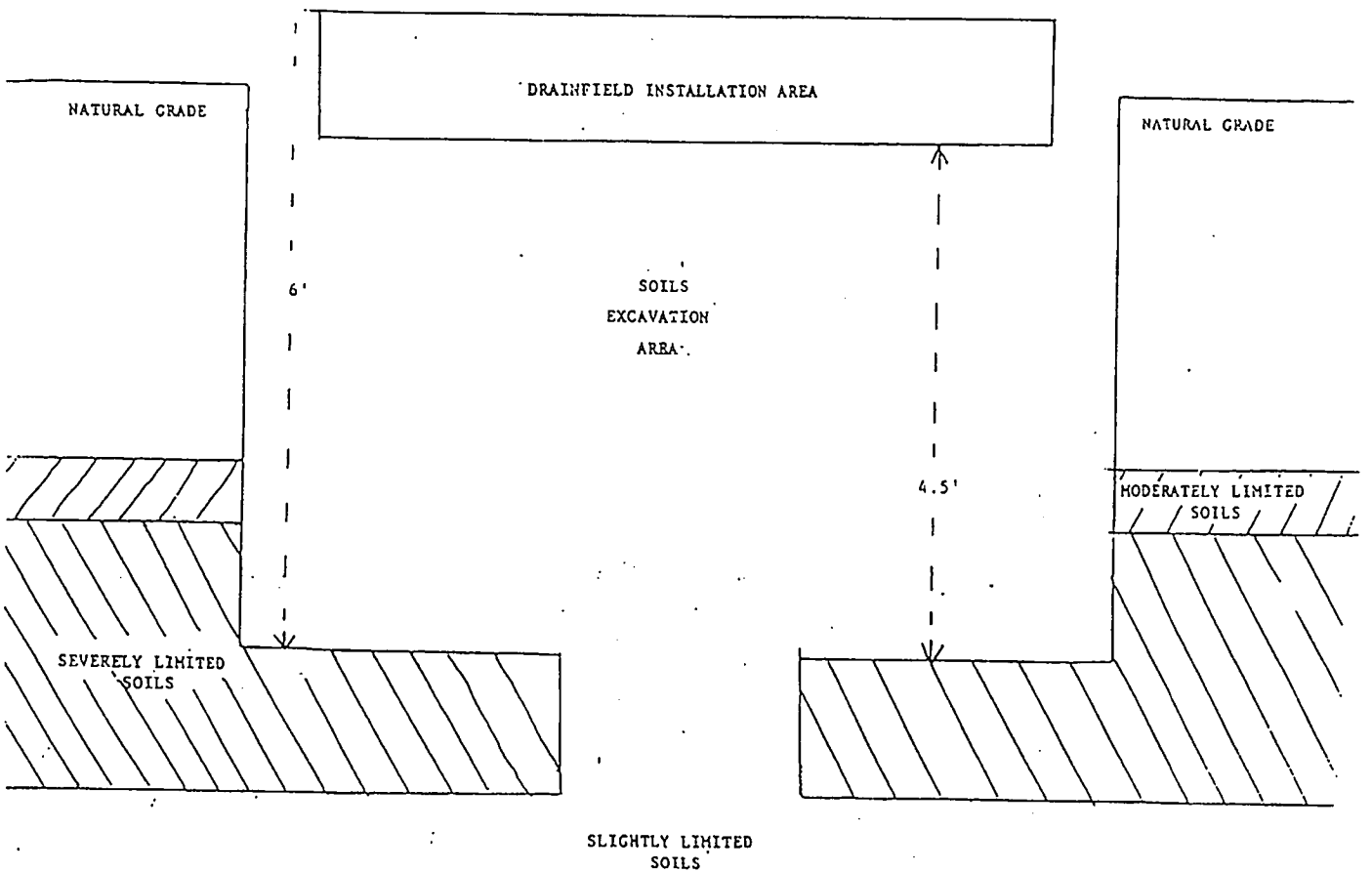


4/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM B"





SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: WILLIAM READ PERMIT NO. (HD) 95-0066
SUBDIVISION: LOT 13 MARGUERITA

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 and visual) required prior to final construction approval.
3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
4. Septic system must be 75' from surface water / wetlands / mean high water line.
5. Excavate one / three feet beyond drainfield area to a depth of _____.
6. In addition to item #5, 33% of unsuitable soils at depths greater than _____ 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 notices from the Septic Tank Contractor 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 (Sod or seed/hay must be applied within seven days of drainfield approval).
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.
12. _____ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.

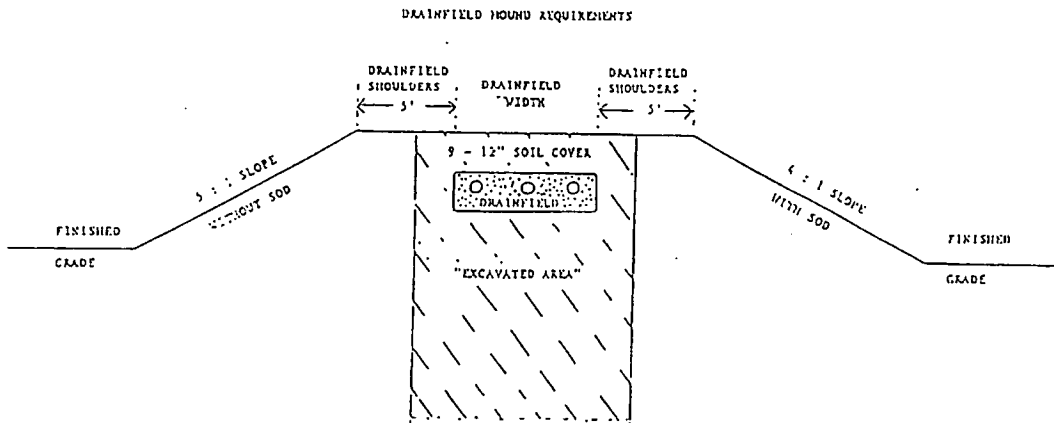
* SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

13. Septic system must be a minimum of 15 feet from drainage culverts, storm water drains, dry retention areas, storm water drainage systems.
14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met. _____
15. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) _____ manhole cover(s) per tank extending to the surface.
16. _____ 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.

17. _____
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 and alternately dose.
18. Two pumps are required to alternately dose into at least two separate fields. Separate drainfields must be a minimum of 10 feet apart.
19. If rainwater from the building roof drains onto the drainfield, gutters will be required in area of drainfield. Down-spouts must be diverted from the drainfield area.
20. No sprinkler heads are allowed on top of drainfield. Irrigation lines must be separated from the drainfield by two feet unless a backflow prevention device is installed.
21. Potable water lines must be ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the drainfield absorption surface.
22. All wells installed onsite must be 25' from the building foundation and meet all other setback-installation requirements.
23. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
24. If building stubout is placed more than 20ft. from septic tank or drainfield, the stubout elevation must be higher than the permitted elevation to achieve gravity flow. This must have prior approval from the health unit.

- 25. If fill is required, contact Martin County Building Division.
- 26. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.
- 27. An approved outlet filter device, tank baffle or tanks in series is required.
- 28. If any information on this permit changes, an amended application is required to be filed immediately.
- 29. Any alteration of the information or conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
- ___ 30. The engineer of record must certify that the installed system complies with the approved design and installation requirements.
- ___ 31. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$_____ annual permit fee (For ___Indust./Manuf. ___Aerobic system(s)).
- ___ 32. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within drainfield shoulder or slope areas of a mound system).



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

___ 33. Other: _____

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

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

STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
 ONSITE SEWAGE DISPOSAL SYSTEM
 SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT # 95-0066-
 BUILD PERM _____

APPLICANT: WILLIAM READ AGENT: ALLEN E. BECK

LOT: 13 BLOCK: _____ SUBDIVISION: MARGUERITA

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES NO NET USABLE AREA AVAILABLE: .38 ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
 AUTHORIZED SEWAGE FLOW: 450 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 1250 SQFT UNOBSTRUCTED AREA REQUIRED: 684 SQFT

BENCHMARK/REFERENCE POINT LOCATION: CR of Road ~~5.62~~ 5.62 (Bm)
 ELEVATION OF PROPOSED SYSTEM SITE IS 22 INCHES [ABOVE ~~(22)~~] BENCHMARK/REFERENCE POINT.

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:
 SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET? YES NO
 WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
 BUILDING FOUNDATIONS: 10 FT PROPERTY LINES: 12 FT POTABLE WATER LINES: 10 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
 10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 7.5 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

Munsell #/Color	Texture	Depth
<u>10YR 4/1 Dk Gray</u>	<u>sand</u>	<u>0 to 12</u>
<u>10YR 7/1 Lt Gray</u>	<u>sand</u>	<u>12 to 18</u>
<u>10YR 8/1 white</u>	<u>sand</u>	<u>18 to 48</u>
<u>10YR 5/1 Yellow</u>	<u>sand</u>	<u>48 to 72</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>10YR 4/1 Dk Gray</u>	<u>sand</u>	<u>0 to 18</u>
<u>10YR 7/1 Lt Gray</u>	<u>sand</u>	<u>18 to 24</u>
<u>10YR 8/1 white</u>	<u>sand</u>	<u>24 to 56</u>
<u>10YR 5/1 Yellow</u>	<u>sand</u>	<u>56 to 72</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

USDA SOIL SERIES: Jonathan / Paola Tm, USDA SOIL SERIES: Jonathan / Paola Tm

OBSERVED WATER TABLE: not observed INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 54 INCHES [ABOVE / BELOW] EXISTING GRADE.
 HIGH WATER TABLE VEGETATION: YES NO MOTTLING: YES NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.2 DEPTH OF EXCAVATION: N/A INCHES
 DRAINFIELD CONFIGURATION: TRENCH BED [OTHER (SPECIFY) _____]

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: Cliff H DATE: 3/10/95



STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
 ONSITE SEWAGE DISPOSAL SYSTEM
 APPLICATION FOR CONSTRUCTION PERMIT
 Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 95-066
 DATE PAID 3-9-95
 FEE PAID \$ 80
 RECEIPT # 14284

APPLICATION FOR:

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

APPLICANT: WILLIAM REED

TELEPHONE: 340-1432

AGENT: ALLEN E. BEUX - LAND SURVEYING

MAILING ADDRESS: 608 BAYSHORE BLVD PORT ST. LUCIE FL 34983

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 13 BLOCK: _____ SUBDIVISION: MARGUERITA S/D DATE OF SUBDIVISION: 9-1985
 PROPERTY ID #: _____ [Section/Township/Range/Parcel No.] ZONING: _____

PROPERTY SIZE: 0.38 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: PRIVATE PUBLIC

PROPERTY STREET ADDRESS: # SOUTH RIVER ROAD, SEWALL'S POINT

DIRECTIONS TO PROPERTY: EAST OCEAN BLVD TO INT W/ SEWALL'S POINT RD

SOUTH TO MARGUERITA RD, WEST TO SOUTH RIVER RD

PROPERTY IN SE QUADRANT OF INTERSECTION

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	TWO STORY RESIDENTIAL	3	3271 (A/C)		
2					
3					
4					

Garbage Grinders/Disposals Spas/Hot Tubs Floor/Equipment Drains
 Ultra-low Volume Flush Toilets Other (Specify) _____

APPLICANT'S SIGNATURE: William Reed

DATE: 3/7/95



APPLICANT William Reed
LEGAL DESCRIPTION LOT 13, MARGUERITA S/D

-----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? yes but not
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? N/A
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE; BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? yes
14. THERE IS 1250 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 9.72 NGVD SHOW LOCATION ON PLOT PLAN. ~~IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 5.62 NGVD SHOW LOCATION ON PLOT PLAN.~~
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 7.5 ^{on} _{AD} 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 ~~OR ENGINEER.~~

CERTIFIED BY: Allen E. Beck
FL. PROFESSIONAL NO. 3690
DATE: 3-01-95 JOB NO. 74-1939

SURVEYOR NOTES:

ALLEN E. BECK SETS A STANDARD MARKER OF A 1/2" IRON ROD AND A CAP MARKED PLS #3690 AT ALL CORNERS UNLESS OTHERWISE NOTED OR: HEREON SAID MARKER IS SHOWN AS - ○ AND FIELD SURVEYED ON 11.29.94

BASES OF BEARING/ANGLES BEING THE SOUTHERLY RIGHT-OF-WAY LINE OF MARGUERITA RD. PER RECORD PLAT.

- ABBREVIATIONS:**
- FB - FOUND
 - (R) - RADIAL
 - (C) - CALCULATED
 - (M) - MEASURED
 - (D) - DEED OR DESCRIPTION
 - R/W - RIGHT-OF-WAY
 - (UN-R) - UNREADABLE
 - C.M. - CONCRETE MONUMENT
 - I.P.C. - IRON PIPE AND CAP
 - I.R.C. - IRON ROD AND CAP
 - P.C. - POINT OF CURVATURE
 - P.T. - POINT OF TANGENCY
 - P.R.C. - POINT OF REVERSE CURVATURE
 - P.C.C. - POINT OF COMPOUND CURVATURE
 - D./U.E. - DRAINAGE AND/OR UTILITY EASEMENT W/L
 - E/P - EDGE OF PAVEMENT
 - // - OVERHEAD UTILITY
 - W.M. - WATER METER
 - ⊕ - POWER POLE
 - ⊞ - UTILITY PEDISTAL
 - ⊙ - WELL
 - ⊘ - SATELLITE DISH
 - ⊖ - CENTERLINE
 - SS - WATER VALVE
 - SS ⊙ - SANITARY SEWER MANHOLE
 - (TYP) - TYPICAL
 - F.P.L. - TRANSFORMER
 - W/L - WATER LINE

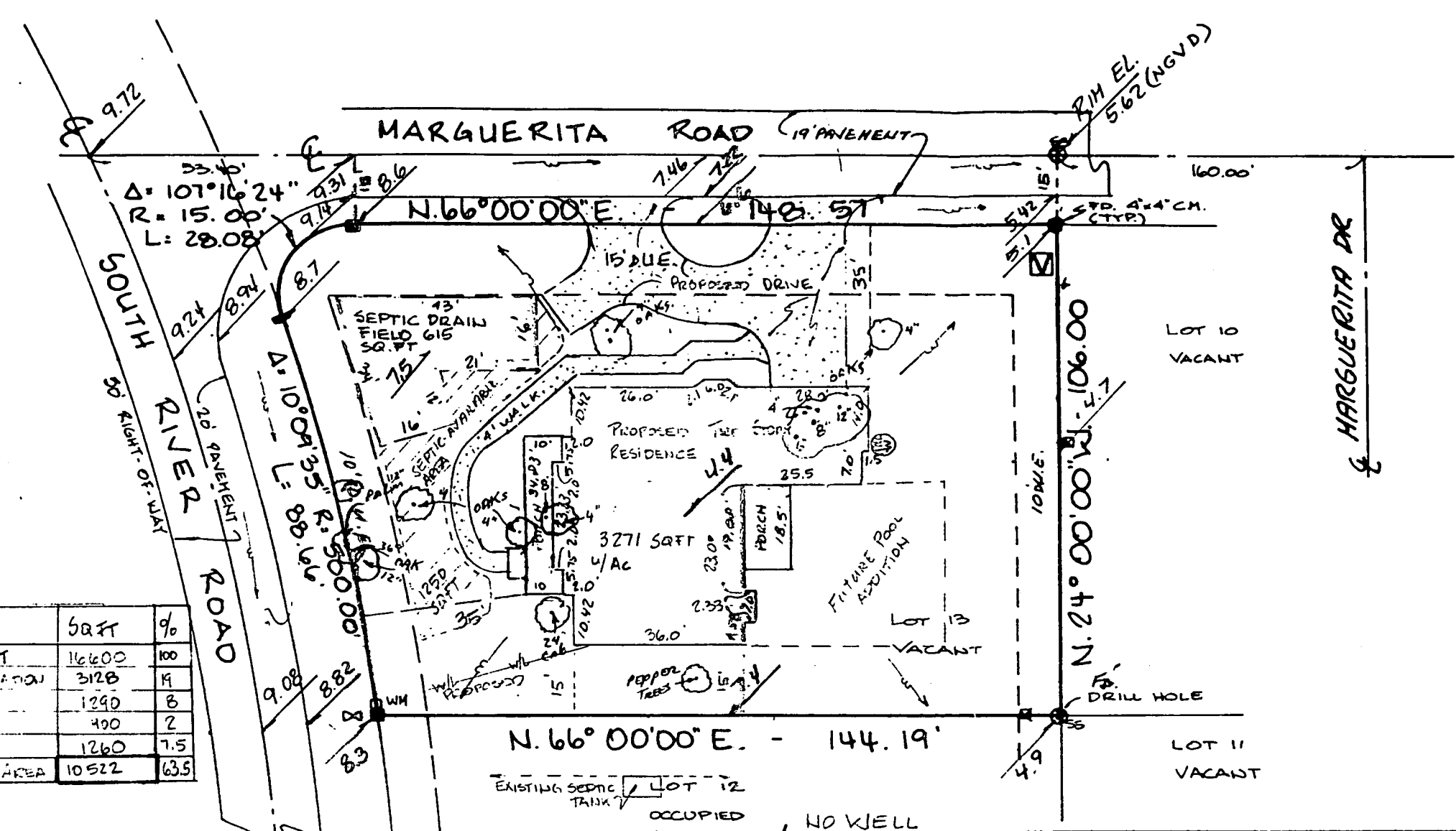
ALLEN E. BECK DOES NOT GUARANTEE OR ASSUME ANY LIABILITY FOR ANY EASEMENT, RIGHT-OF-WAY, SETBACKS, RESERVATION, RESTRICTION, OR SIMILAR MATTERS NOT SHOWN OR REFERRED TO ON THE PLAT, OR PHYSICALLY VISIBLE ON SITE. THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF ABSTRACT TITLE, AND ALL MATTERS OF TITLE SHOULD BE REFERRED TO AN ATTORNEY.

THIS SURVEY IS NOT VALID UNLESS IT IS IMPRINTED WITH AN EMBOSSED SEAL. JURISDICTIONAL AREAS, WETLANDS, AND UNDERGROUND UTILITIES, IF ANY HAVE NOT BEEN LOCATED, OTHER THAN SHOWN.

THIS SURVEY IS FOR THE USE OF THE PARTIES SPECIFICALLY CERTIFIED TO HEREON, AND NO OTHERS.

ACCORDING TO THE FEDERAL EMERGENCY MANAGEMENT ASSOCIATIONS (FEMA) FLOOD INSURANCE RATE MAPS, THIS PROPERTY LIES IN FLOOD ZONE C. COMMUNITY PANEL # 120164 0002 DATED 6.16.82. BASE ELEVATION N/A.

DESCRIPTION	SQFT	%
OVERALL LOT	16600	100
BUILDING FOUNDATION	3128	19
DRIVEWAY	1290	8
WALK	400	2
Pool Area	1260	7.5
REMAINING GREEN AREA	10522	63.5



LEGAL DESCRIPTION

LOT 13 BLOCK OF MARGUERITA SUBDIVISION ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 10 AT PAGE 3, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

REVISIONS

REVISION	DATE
ADD SITE PLAN & Topo	AEB 2-02-95
ADD TREES	AEB 2-04-95
REVISE SITE PLAN	AEB 2-13-95
CHANGE SQFT	AEB 2.28.95

BOUNDARY SURVEY

CERTIFIED TO:
FLORIDA NETWORK PROPERTIES
William & Allison READ

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY BELIEF THAT THIS SURVEY IS TRUE AND ACCURATE, AND THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR SURVEYING AS PER CHAPTER 61G17-6 OF THE F.A.C. SUBJECT TO ALL NOTES AND NOTATIONS SHOWN HEREON.

Allen E. Beck 11-29-94
ALLEN E. BECK P.L.S. #3690 DATE

ALLEN E. BECK

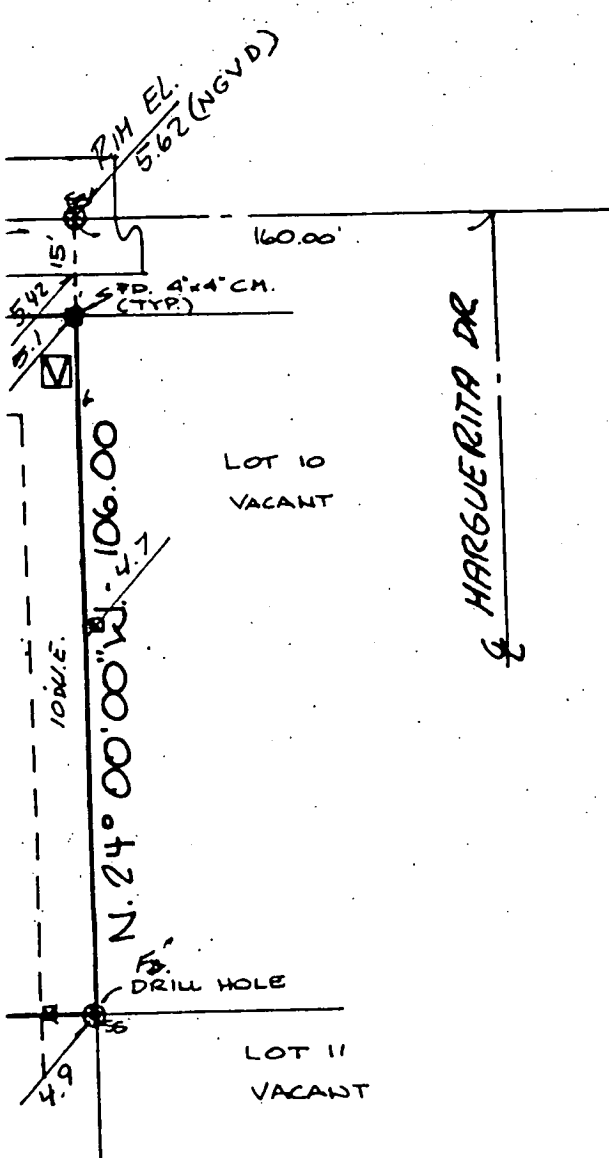
PROFESSIONAL LAND SURVEYORS
608 S.W. BAYSHORE BLVD.
PORT ST. LUCIE, FLORIDA 34983
(407) 340-1432

SCALE 1" = 30' JOB NO. 94-1939
F.B. SL 33 PAGE 41

Plan Approved Not Approved Date 03/14/95
BY R. Lee HD15-0066
MRS Martin County Public Health Unit
All changes must be approved by the County Public Health Unit
COMMENTS:

THE GENERAL SLOPE OF THE PROPERTY RECORDED EASEMENTS FROM THE RECORD PLAT FILLED AREAS AND DRAINAGE FEATURES ARE AS SHOWN.

DATUM OF ELEVATIONS SHOWN IS - AND IS SHOWN
IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL SETBACKS PROPOSED AND EXISTING UTILITIES, AND ALL PROPOSED IMPROVEMENTS SHOWN HEREON PRIOR TO CONSTRUCTION.



SURVEYOR NOTES:

ALLEN E. BECK SETS A STANDARD MARKER OF A 1/2" IRON ROD AND A CAP MARKED PLS #3680 AT ALL CORNERS, UNLESS OTHERWISE NOTED ON HEREON. SAID MARKER IS SHOWN AS - ● AND FIELD SURVEYED ON 11.29.94

BASIS OF BEARING/ANGLES BEING THE SOUTHERLY RIGHT-OF-WAY LINE OF MARGUERITA DR. PER RECORD PLAT.

- ABBREVIATIONS:**
- FD. - FOUND
 - (R) - RADIAL
 - (C) - CALCULATED
 - (M) - MEASURED
 - (D) - DEED OR DESCRIPTION
 - R/W - RIGHT-OF-WAY
 - (UN-R) - UNREADABLE
 - C.M. - CONCRETE MONUMENT
 - I.P.C. - IRON PIPE AND CAP
 - I.R.C. - IRON ROD AND CAP
 - P.C. - POINT OF CURVATURE
 - P.T. - POINT OF TANGENCY
 - P.R.C. - POINT OF REVERSE CURVATURE
 - P.C.C. - POINT OF COMPOUND CURVATURE
 - D./U.E. - DRAINAGE AND/OR UTILITY EASEMENT
 - E/P - EDGE OF PAVEMENT
 - ///- OVERHEAD UTILITY
 - W.M. - WATER METER
 - - POWER POLE
 - ⊞ - UTILITY PEDESTAL
 - - WELL
 - ⊙ - SATELLITE DISH
 - ⊕ - CENTERLINE
 - ⊗ - WATER VALVE
 - ⊝ - SANITARY SEWER MANHOLE
 - (TYP.) - TYPICAL
 - ⊞ - F.P.L. TRANSFORMER

ALLEN E. BECK DOES NOT GUARANTEE OR ASSUME ANY LIABILITY FOR ANY EASEMENT, RIGHT-OF-WAY, SETBACKS, RESERVATION, RESTRICTION, OR SIMILAR MATTERS NOT SHOWN OR REFERRED TO ON THE PLAT, OR PHYSICALLY VISIBLE ON SITE. THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF ABSTRACT TITLE, AND ALL MATTERS OF TITLE SHOULD BE REFERRED TO AN ATTORNEY.

THIS SURVEY IS NOT VALID UNLESS IT IS IMPRINTED WITH AN EMBOSSED SEAL. JURISDICTIONAL AREAS, WETLANDS, AND UNDERGROUND UTILITIES, IF ANY HAVE NOT BEEN LOCATED, OTHER THAN SHOWN.

THIS SURVEY IS FOR THE USE OF THE PARTIES SPECIFICALLY CERTIFIED TO HEREON, AND NO OTHERS.

ACCORDING TO THE FEDERAL EMERGENCY MANAGEMENT ASSOCIATIONS (FEMA) FLOOD INSURANCE RATE MAPS, THIS PROPERTY LIES IN FLOOD ZONE C. COMMUNITY PANEL # 120164 0002. DATED 6.16.82. BASE ELEVATION N/A.

LEGAL DESCRIPTION

LOT 13 ~~BLOCK~~ OF MARGUERITA SUBDIVISION ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 10 AT PAGE 3, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

BOUNDARY SURVEY

CERTIFIED TO:
 FLORIDA NETWORK PROPERTIES
 William & Allison READ

REVISIONS

ADD SITE PLAN & Topo	AEB	2-02-95
ADD TREES	AEB	2-04-95
REVISE SITE PLAN		2-23-95

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY BELIEF THAT THIS SURVEY IS TRUE AND ACCURATE, AND THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR SURVEYING AS PER CHAPTER 61G17-8 OF THE F.A.C. SUBJECT TO ALL NOTES AND NOTATIONS SHOWN HEREON.

Allen E. Beck 11-29-94
 ALLEN E. BECK P.L.S. #3690 DATE

ALLEN E. BECK
 PROFESSIONAL LAND SURVEYORS
 608 S.W. BAYSHORE BLVD.
 PORT ST. LUCIE, FLORIDA 34983
 (407) 340-1432

SCALE 1" = 30' JOB NO. 94-1939
 F.B. SL 33 PAGE 41

↑

PAUL WELCH INC.
Mechanical • Electrical • Civil • Engineering
1984 S.W. Biltmore St. #114
Port St. Lucie, FL 34984
Phone (407) 785-9888
FAX (407) 785-9933

April 17, 1995

Re: Mr. Donald Read
Marguerita Road
Sewalls Point , Florida

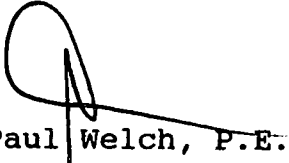
Permit No:

To Whom It May Concern:

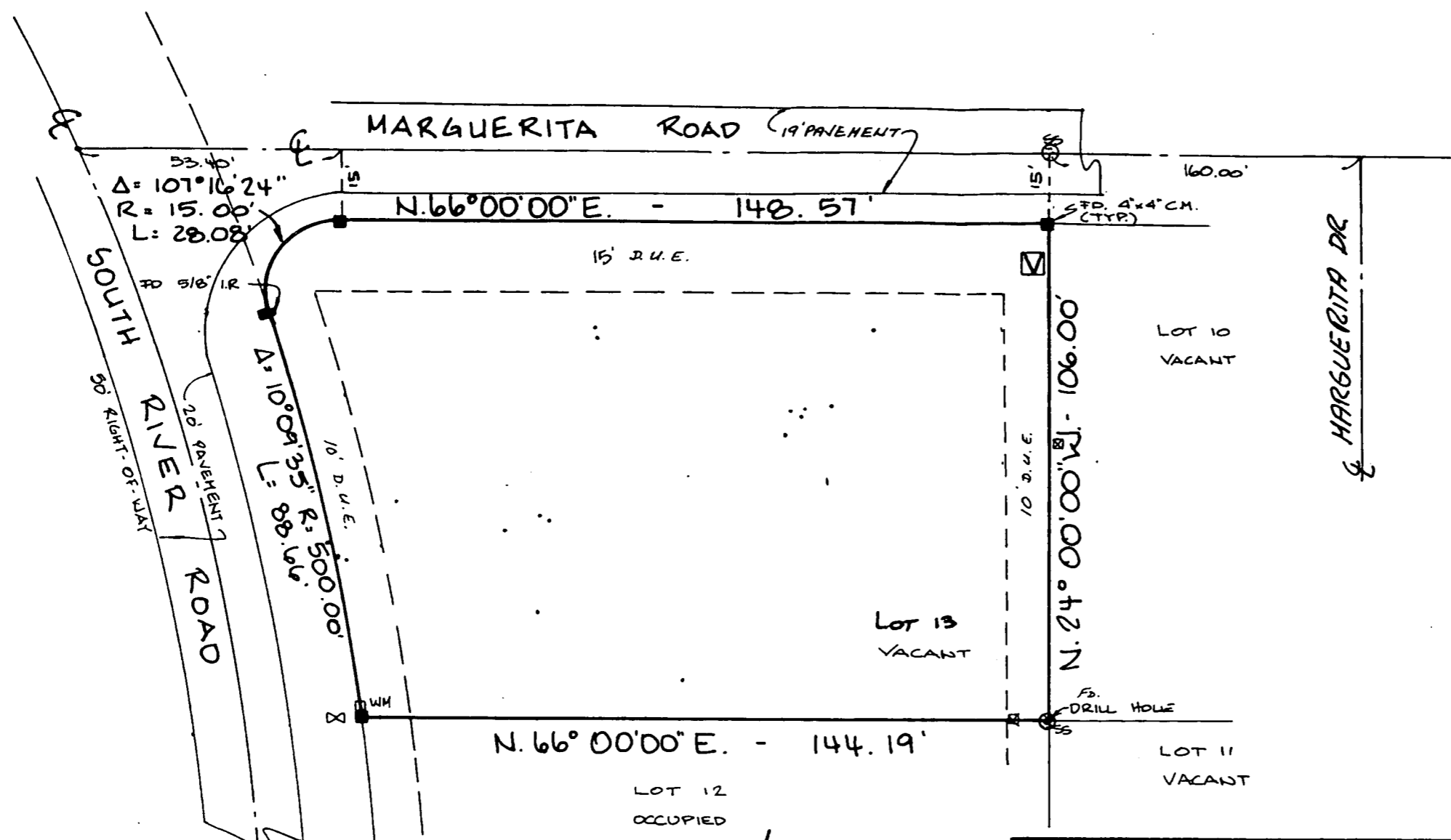
Please be advised that on April 17, 1995 qualified personal of Paul Welch Inc. preformed soil compaction testing in the floor slab areas for the above referenced project. The soil compaction was found to be in accordance with Building Code and our plan specified requirements.

Thank you for your attention to this matter.

Submitted by:
PAUL WELCH INC.


Paul Welch, P.E.

PW:ns



SURVEYOR NOTES:

ALLEN E. BECK SETS A STANDARD MARKER OF A 1/2" IRON ROD AND A CAP MARKED PLS #3690 AT ALL CORNERS. UNLESS OTHERWISE NOTED ON HEREON, SAID MARKER IS SHOWN AS - ● AND FIELD SURVEYED ON 11.29.94

BASIS OF BEARING/ANGLES BEING THE SOUTHERLY RIGHT-OF-WAY LINE OF MARGUERITA RD. PER RECORD PLAT.

ABBREVIATIONS:

- FD. - FOUND
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- ///- OVERHEAD UTILITY
- W.M. - WATER METER
- ⊕ - POWER POLE
- ⊞ - UTILITY PEDESTAL
- ⊙ - WELL
- ⊘ - SATELLITE DISH
- ⊖ - CENTERLINE
- ⊞ - WATER VALVE
- ⊞ - SANITARY SEWER MANHOLE
- (TYP.) - TYPICAL
- ⊞ - ELECT. TRANSFORMER

ALLEN E. BECK DOES NOT GUARANTEE OR ASSUME ANY LIABILITY FOR ANY EASEMENT, RIGHT-OF-WAY, SETBACKS, RESERVATION, RESTRICTION, OR SIMILAR MATTERS NOT SHOWN OR REFERRED TO ON THE PLAT, OR PHYSICALLY VISIBLE ON SITE. THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF ABSTRACT TITLE, AND ALL MATTERS OF TITLE SHOULD BE REFERRED TO AN ATTORNEY.

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ACCORDING TO THE FEDERAL EMERGENCY MANAGEMENT ASSOCIATIONS (FEMA) FLOOD INSURANCE RATE MAPS, THIS PROPERTY LIES IN FLOOD ZONE C. COMMUNITY PANEL # 120164 0002 DATED 6.16.82 BASE ELEVATION N/A

LEGAL DESCRIPTION

LOT 13 ~~BLOCK~~, OF MARGUERITA SUBDIVISION ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 10 AT PAGE 3, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

REVISIONS

BOUNDARY SURVEY

CERTIFIED TO:

WILLIAM READ & ALLISON READ
THE TOWN OF SCWALLS POINT

FLORIDA NETWORK PROPERTY

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY BELIEF THAT THIS SURVEY IS TRUE AND ACCURATE, AND THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR SURVEYING AS PER CHAPTER 81G17-8 OF THE F.A.C. SUBJECT TO ALL NOTES AND NOTATIONS SHOWN HEREON.

Allen E. Beck 11-29-94
ALLEN E. BECK P.L.S. #3690 DATE

ALLEN E. BECK
PROFESSIONAL LAND SURVEYORS
608 S.W. BAYSHORE BLVD.
PORT ST. LUCIE, FLORIDA 34983
(407) 340-1432

SCALE 1" = 30' JOB NO 94-1939
F.B. SL 33 PAGE 41

SPACIA WORLDWIDE ENGINEERS
 Mechanical • Electrical • CIVIL • Engineering
 1080 S.W. Indiana St. #119
 Fort St. Lauderdale, FL 33484
 Phone (407) 785 5858
 FAX (407) 785 9888

SOIL COMPACTION TEST RESULTS

PROJECT : BILL AND ALTEON ROAD
 LOCATION: SEWALLS POINT
 DATE TESTED: APRIL 17, 1995

TEST #	POUNDS	X	DIVISIONS	+	.315	X	144	=	BSF	% OF COMPACTION
1	0.331	X	53	+	.315	X	144	=	2571.5	95.78
2	0.331	X	57	+	.315	X	144	=	2762.203	96.18
3	0.331	X	61	+	.315	X	144	=	2953.152	97.83
4	0.331	X	69	+	.315	X	144	=	2857.51	97.758
5	0.331	X	72	+	.315	X	144	=	3431.804	98.23
6	0.331	X	65	+	.315	X	144	=	3143.52	98.08
7	0.331	X	63	+	.315	X	144	=	3081.52	97.93
8	0.331	X	67	+	.315	X	144	=	3229.842	98.058
9	0.331	X	75	+	.315	X	144	=	2676.81	95.98

MAY 8 1995

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 \$ 212,800 —.

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.

Wm. L. Read
Affiant
Property street address:
160 S. River Rd
Sewall's Point, FL

Sworn to and subscribed
before me this 26th day of
January, 1996.

Grand. Barrow
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)



RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 1/25/96

This is to request that a Certificate of Approval for Occupancy be issued to Mr William L Read.

For property at 160 South River Road built under Permit No. 3792 Dated 5/9/95 (street address) when completed in conformance with the Approved Plans.

Signed Wm L Read

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	5/9/95	DB
2. Termite protection	5/14/95	DB
3. Footing - slab	5/14/95	DB
4. Rough plumbing - slab	5/11/95	DB
5. Rough electric - slab	5/11/95	DB
6. Lintel	NR	
7. Dry in (final)	8/29/95	DB
8. Roof	11/5/95	DB
9. Framing	9/20/95	DB
10. Rough electric	9/20/95	DB
11. Rough plumbing	9/20/95	DB
12. A/C Ducts	9/20/95	DB
13. Insulation	10/4/95	DB
14. Final electric	1/25/96	DB
15. Final plumbing	1/25/96	DB
16. Final construction	1/25/96	DB
17. As-built survey	1/22/96	DB
18. Affidavit of cost	1/24/96	DB

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 1/25/96 date

Approved by Building Commissioner _____ date

Utilities notified F.P.L. 1/24/96 date

Original Copy sent to OWNER date
(owner)

(Keep carbon copy for Town files)

4893

FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 4/7/00

BUILDING PERMIT NO. 4893

Building to be erected for MARGUERITE MADDEN

Type of Permit FENCE (WOOD)

Applied for by FENCE CRAFTERS, INC.

(Contractor) Building Fee \$30.00

Subdivision MARGUERITA Lot 13 Block _____

Radon Fee _____

Address 160 S. RIVER ROAD

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number:

13-38-41-011-00000130 70000

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$30.00 Check # 15084 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 5,800.00

TOTAL Fees \$30.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

FENCE PERMIT

(NSP RECORD ATTACHED)

INSPECTIONS			
SETBACKS FOOTINGS	DATE _____ DATE _____	HEIGHT FINAL	DATE _____ DATE <u>4/19/00</u> <i>bc</i>
24 HOURS NOTICE REQUIRED FOR INSPECTIONS.		CALL 287-2455	
WORK HOURS – 8:00 AM UNTIL 5:00 PM			
MONDAY THROUGH SATURDAY			

- New Construction Remodel Addition Demolition

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

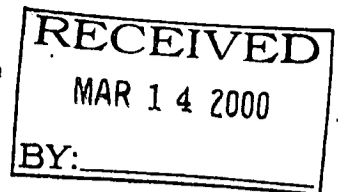
Bldg. Pmt#

1003

Town of Sewall's Point

Date 5-13-00
2800

BUILDING PERMIT APPLICATION



Owner's Name: MARGUERITE MADDEN Phone No. _____
Owner's Present Address: 160 SO. RIVER RD
Fee Simple Titleholder's Name & Address if other than owner: N/A

Location of Job Site: 160 SE. RIVER RD.
TYPE OF WORK TO BE DONE: INSTALL A 6' HIGH U.S.A. WOOD FENCE IN ROAR
CONTRACTOR INFORMATION
Contractor/Company Name: FENCE CRAFTERS, INC. Phone No. 561-575-3100
COMPLETE MAILING ADDRESS: 205 COMMENCE WAY, JUPITER, FL 33458
State Registration _____ State License LL 16724
Legal Description of Property: LOT 13 OF MARGUERITA SUBDIVISION
Parcel Number: 1338 41 011 00000130 70600

ARCHITECT/ENGINEER INFORMATION

Architect: N/A Phone No. _____
Address _____
Engineer: N/A Phone No. _____
Address _____

Area Square Footage: Living Area _____ Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement: \$5800.00
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical: N/A State License _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing _____ State License# _____

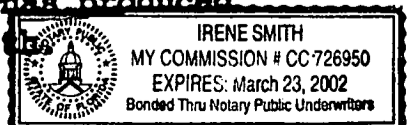
Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, TREE REMOVAL.

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE: [Signature] 2000
Sworn to and subscribed before me this 8 day of Feb, 1998 by John Yodice who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE: [Signature]
Sworn to and subscribed before me this 8 day of Feb, 2000 by JOHN YODICE who is personally known to me or has produced _____ and who did (did not) take an oath.

Irene Smith



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____

Specimen tree removed _____ Fee _____ Authorized/Date _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
1. Floor Plan
 2. Foundation Details
 3. Elevation Views - Elevation Certificate due after slab inspection.
 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 5. Truss layout
 6. Vertical Wall Sections (one detail for each wall that is different)
 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

ACORD CERTIFICATE OF LIABILITY INSURANCE ID AO FENCECR DATE (MM/DD/YY) 01/01/00

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

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
 Fence Crafters, Inc.
 205 Commerce Way, Suite D
 Jupiter FL 33458

FILE
 LIC/INS

INSURER A: AmComp
 INSURER B: USF & G/St. Paul Fire & Marine
 INSURER C:
 INSURER D:
 INSURER E:

FILE PERMIT

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY	BFS00000356127	06/26/99	06/26/00	EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners				FIRE DAMAGE (Any one fire) \$ 50000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<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				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	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 \$				\$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCV4073817 05	01/01/00	01/01/01	WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 100,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
B	OTHER Business Owners	BFS00000356127	06/26/99	06/26/00	PROPERTY 5,200

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

CERTIFICATE HOLDER **N** ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

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

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

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

YODICE, JOHN F
FENCE CRAFTERS INC
205 COMMERCE WAY
JUPITER , FL 33458

front

EXPIRES SEPTEMBER 30, 20 00

AUDIT CONTROL NUMBER	37579	CERTIFICATE NUMBER	SP02513
----------------------	-------	--------------------	---------

RECEIVED
APR - 7 2000
BY: *A (for)*

FILE
LIC/INS

COPY
PERMIT

CERTIFIED CONTRACTOR

FENCE ERECTION

SIGNATURE _____

ATTEST:
 YVLENE A. MESSIER
 LICENSING ADMINISTRATOR

13973

back

EASEMENT AGREEMENT

Date: 1-25-00

Gentlemen:

I propose to apply for a Martin County permit to erect a wood Fence in the (utility/drainage) easement on my property at _____

160 SO. ELMOR RD. LEGAL DESCRIPTION:

LOT 13, BLOCK _____, SUBDIVISION MARQUERITA Sub.

(Brief description of dimensions and location from property lines)

Along sides & rear

In the event you have no objection to this project, please complete this form and return to me at FOUR CRAFTS, 205 Commercial Way Jupiter, FL 33458 FAX 575-7869

I understand your company will not be responsible in any way for repair or replacement of any portion of this Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for construction or maintenance of this structure.

Signed: M. Madden Phone: 223-2618

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: JFC

By: Andrea Heitfeld

Title: S/C Planning

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____



EASEMENT AGREEMENT

JAN 26 2000
 WEST PALM BEACH
 DIGITAL TELECOM SIG

BELLSOUTH
 ENGINEERING DEPARTMENT
 2021 SOUTH MILITARY TRAIL
 W PALM BEACH, FL 33415

Date: 1-25-00

Gentlemen:

I propose to apply for a Martin County permit to erect a wood Fence
 in the (utility/drainage) easement on my property at _____

162 SO. KING RD LEGAL DESCRIPTION:

LOT 13, BLOCK _____, SUBDIVISION TRABUERA Sub.

(Brief description of dimensions and location from property lines)

Along sides & back

In the event you have no objection to this project, please complete
 this form and return to me at Fence Crafter, 205 Commerce Way
Jupiter, FL 33450 Fax 575-7869

I understand your company will not be responsible in any way for
 repair or replacement of any portion of this Fence
 and that any removal or replacement of such, necessary for your use
 of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to
 your facilities in this (utility/drainage) easement by the
 construction or maintenance of this structure.

Signed: M. Madden Phone: 223-2648

.....
 FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances
 described above.

Company: Bellsouth
 By: [Signature]
 Title: Project Manager 1/26/00

Company records indicate that a potential conflict (DOES) (DOES
 NOT) exist. The conflict consists of _____

FROM: FenceCrafter

FAX NO. : 561

To: <u>Lovise</u>	From: <u>Bob Grant</u>
Co: <u>Fence Crafters</u>	Co: <u>Adelphia</u>
Dept:	Phone # <u>692-9010</u>
Fax #	Fax #

EASEMENT AGREEMENT

Date: 1-25-00

Gentlemen:

I propose to apply for a Martin County permit to erect a wood Fence in the (utility/drainage) easement on my property at _____

160 SO. EDGE RD LEGAL DESCRIPTION:

LOT 13, BLOCK _____, SUBDIVISION MALBUERITA Sub.

(Brief description of dimensions and location from property lines)
Along sides & rear

In the event you have no objection to this project, please complete this form and return to me at Fence Crafters, 705 Commerce Way Jupiter, Fl. 33458 Fax 575-7869

I understand your company will not be responsible in any way for repair or replacement of any portion of this Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: M. Madden Phone: 223-2618

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

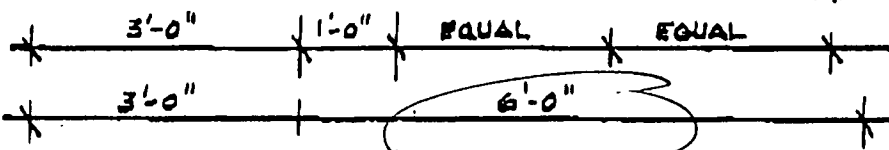
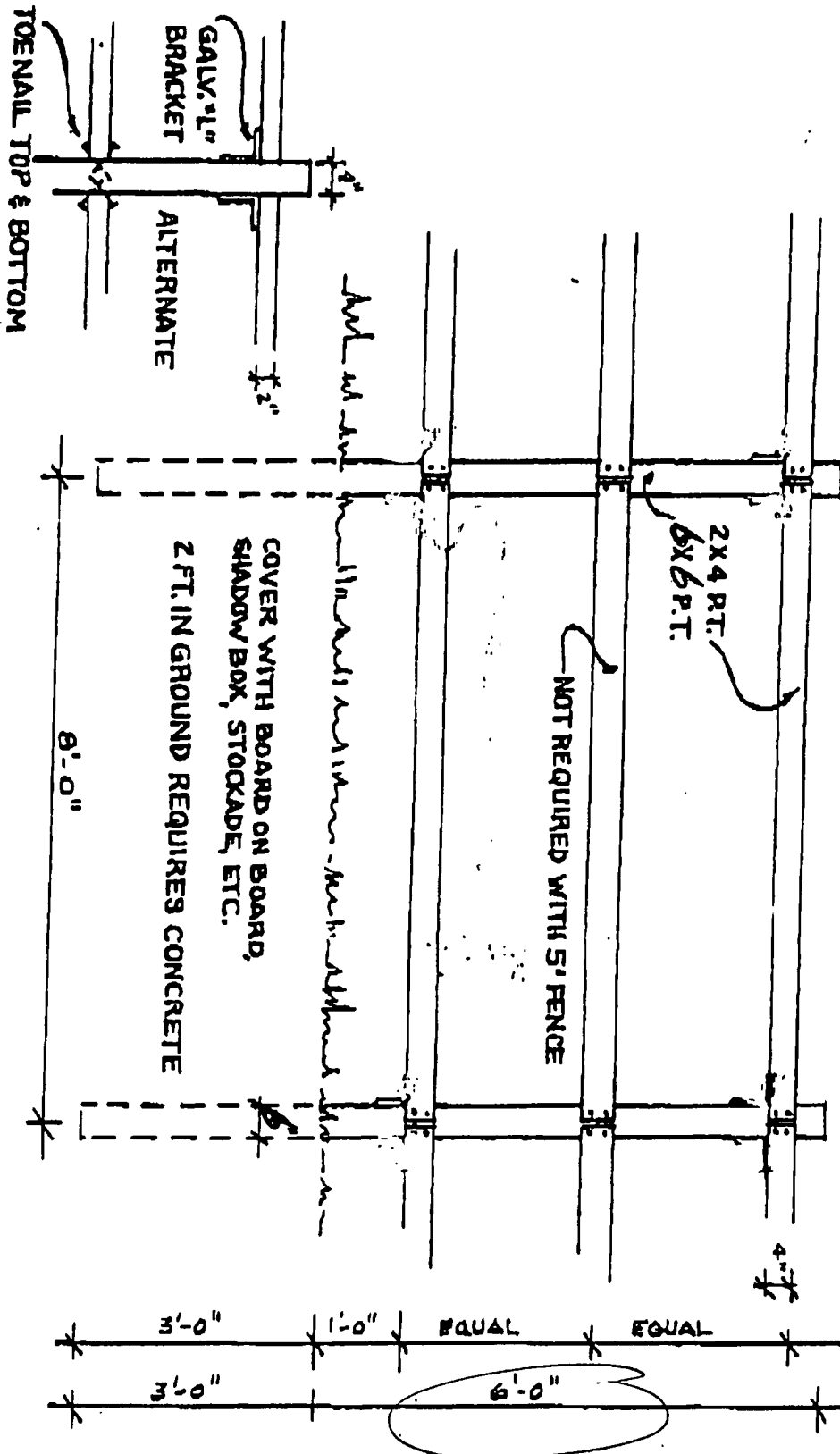
Company: Adelphia Cable
By: Bob Grant
Title: Construction Supervisor

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____

NOTE: we do have buried underground lines need to call in for locates / Sunshin One call @ 1-800-432-4770

TYPICAL FENCE SECTION
 Built on Site

November 1994



5'-0" MAXIMUM HGT.
 FROM FRONT SETBACK (35')
 LINE TO STREET

4/7/00 TOWN OF SEWALL'S POINT
 REVIEW: [Signature] PROG OFF.

TOWN COPY
 160 S. RIVER RD.

PN 4893

BUILDING DIVISION

FINAL INSPECTION REQUIRED FOR ALL FENCES!



BOARD ON BOARD FENCE

SHADOW BOX FENCE

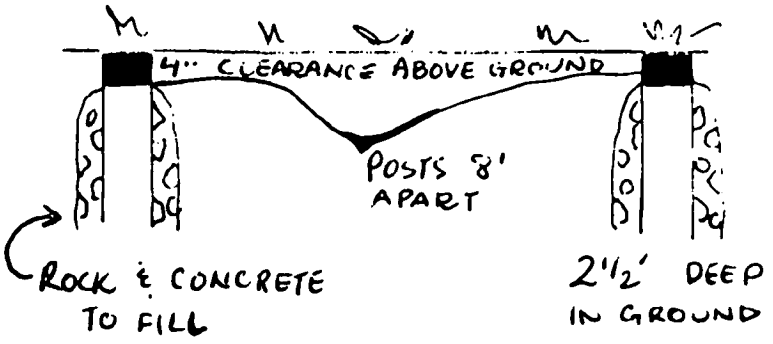
STOCKADE FENCE



FREE ESTIMATES

205 Commerce Way
Suite D
Jupiter, FL 33458

(407) 575-3100
DELRAY (407) 265-7293
FAX (407) 575-7869
BROWARD (305) 428-0855



EIGHT 6' ^{5' MAX} W/ 35' OF FRONT P.L.

L.T. FEET 180

MATERIAL PT PINE BOARD ON BOARD

OBJECT MADDEN



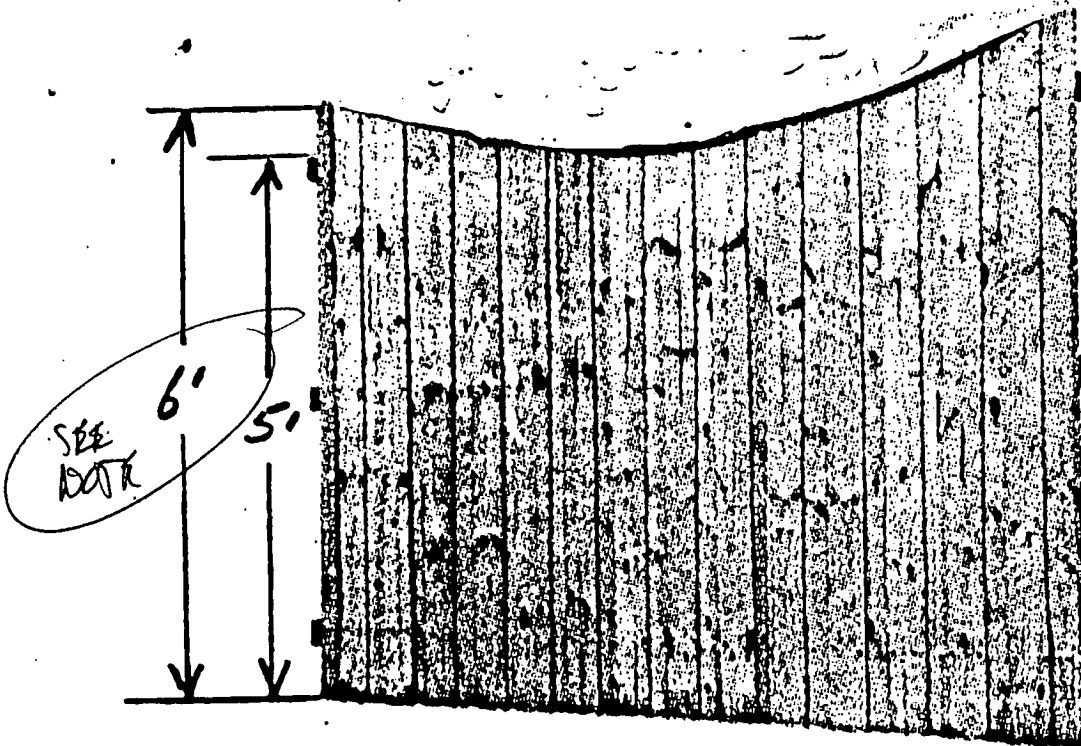
JOE DUSSICH

FREE ESTIMATES

PHONE (561) 575-3100

205 Commerce Way
Jupiter, FL 33458

PAGER (561) 605-3687
FAX (561) 575-7869



6' x 8' Premium Pressure-Treated Board-On-Board Fence Panel

- Provides complete privacy
- Double-nailed boards
- Three pressure-treated back rails (2" x 4")

SCALLOPED

SURVEYOR NOTES:

ALLEN E. BECK, INC. SETS A STANDARD MARKER OF A 1/2" IRON ROD AND A CAP MARKED LB 6790 AT ALL CORNERS, UNLESS OTHERWISE NOTED HEREON. SAID CORNER IS SHOWN AS \bullet AND FIELD SURVEYED ON 9-16-98

BASES OF BEARINGS/ANGLES BEING THE SOUTH R/W LINE OF MARGUERITA ROAD PER RECORD PLAT.

ABBREVIATIONS:

- | | |
|--|---------------------------|
| FD. = FOUND | -///- = OVERHEAD UTILITY |
| (R) = RADIAL | W.M. □ = WATER METER |
| (C) = CALCULATED | ⊕ = POWER POLE |
| (M) = MEASURED | U.P. ⊙ = UTILITY PEDESTAL |
| (D) = DEED OR DESCRIPTION | ⊙ = WELL |
| (UN-R) = UNREADABLE | ⊙- = SATELLITE DISH |
| I.R.C. = IRON ROD & CAP | ⊕ = CENTERLINE |
| I.P.C. = IRON PIPE & CAP | Δ = DELTA |
| P.C. = POINT OF CURVATURE | L = LENGTH |
| P.T. = POINT OF TANGENCY | R = RADIUS |
| P.R.C. = POINT OF REVERSE CURVATURE | M&D/T = MAIL AND DISC/TAB |
| P.C.C. = POINT OF COMPOUND CURVATURE | R/W = RIGHT-OF-WAY |
| P.C.P. = PERMANENT CONTROL POINT | ⊕ = ELECTRIC TRANSFORMER |
| D./U.E. = DRAINAGE &/OR UTILITY EASEMENT | |
| E/P = EDGE OF PAVEMENT | |

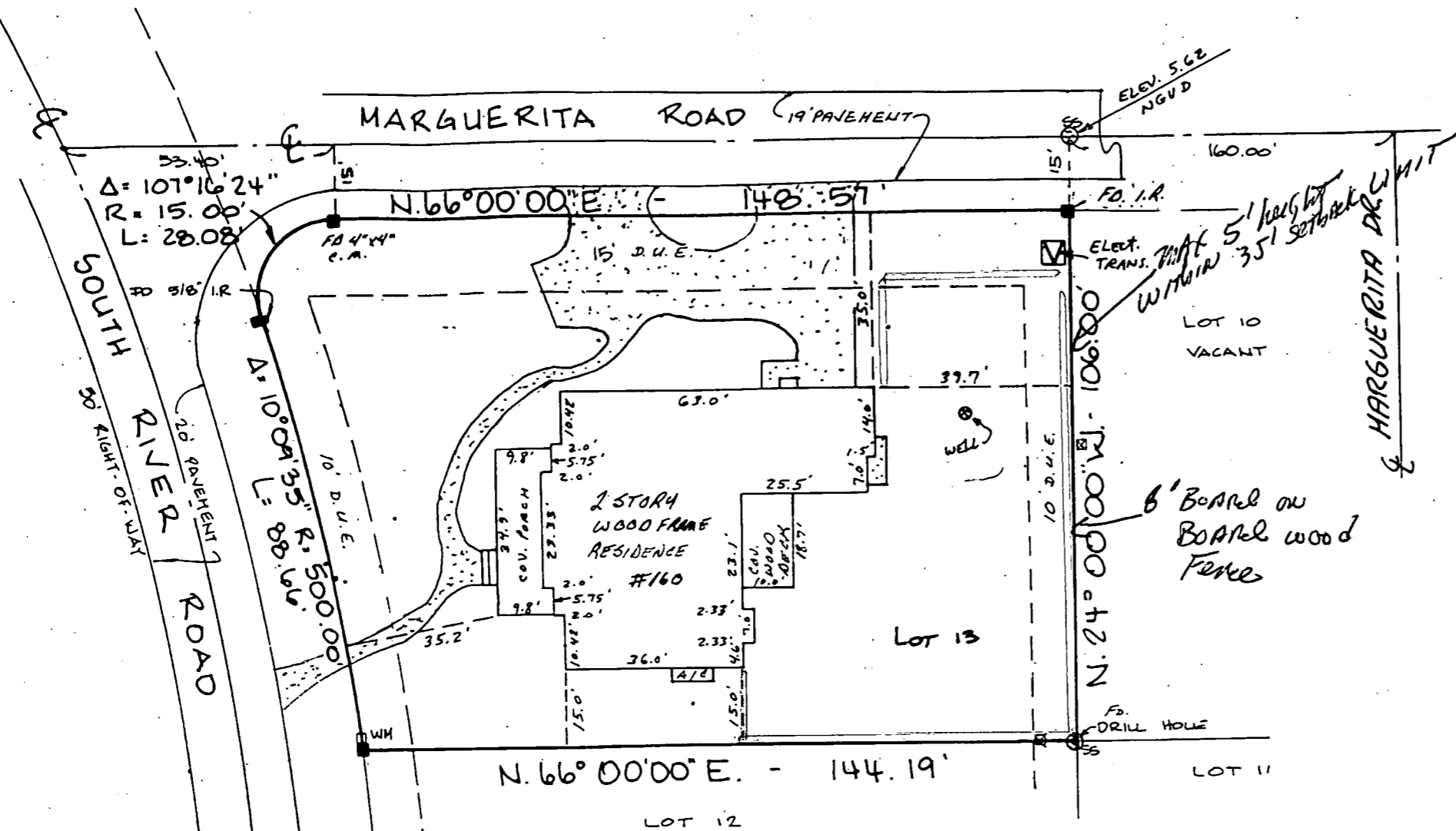
ALLEN E. BECK, INC. DOES NOT GUARANTEE OR ASSUME ANY LIABILITY FOR ANY EASEMENT, RIGHT-OF-WAY, SETBACKS, RESERVATION, RESTRICTION, OR SIMILAR MATTERS NOT SHOWN OR REFERRED TO ON THE PLAT, OR PHYSICALLY VISIBLE ON SITE. THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF ABSTRACT TITLE AND ALL MATTERS OF TITLE SHOULD BE REFERRED TO AN ATTORNEY.

THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

JURISDICTIONAL AREAS, WETLANDS, AND UNDERGROUND UTILITIES, IF ANY HAVE NOT BEEN LOCATED, OTHER THAN SHOWN.

THIS SURVEY IS FOR THE USE OF THE PARTIES SPECIFICALLY CERTIFIED TO HEREON, AND NO OTHERS.

ACCORDING TO THE FEDERAL EMERGENCY MANAGEMENT ASSOCIATION (FEMA) FLOOD INSURANCE RATE MAPS, THIS PROPERTY LIES IN FLOOD ZONE COMMUNITY PANEL # 120164 0002 DATED 6-16-92 BASE ELEVATION N/A



LEGAL DESCRIPTION

LOT 13, BLOCK —, OF
 MARGUERITA SUBDIVISION
 ACCORDING TO THE PLAT THEREOF,
 AS RECORDED IN PLAT BOOK 10 AT
 PAGE 3, OF THE PUBLIC
 RECORDS OF MARTIN COUNTY, FLA.

BOUNDARY SURVEY

CERTIFIED TO:
 KEVIN T. MADDEN
 SUNTRUST BANK, NATIONAL ASSOCIATION,
 ITS SUCCESSORS AND/OR ITS ASSIGNS
 Mc CARTHY, SOMMERS, BOOKS, MEYER, WOOD ISAWYER P.A.
 COMMONWEALTH LAND TITLE INSURANCE CO.

REVISIONS

SURVEYOR'S CERTIFICATE
 I HEREBY CERTIFY TO THE BEST OF MY BELIEF THAT THIS SURVEY IS TRUE AND ACCURATE, AND THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR SURVEYING AS PER CHAPTER 61G17-6 OF THE F.A.C. SUBJECT TO ALL NOTES AND NOTATIONS SHOWN HEREON.

ALLEN E. BECK, INC.
 PROFESSIONAL LAND SURVEYORS
 608 SW. BAYSHORE BLVD.
 PORT ST. LUCIE, FLORIDA 34983
 (561) 340-1432 LB 6790

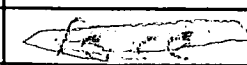

Allen E. Beck 9-21-98
 ALLEN E. BECK P.S.M. # 3690 DATE

SCALE 1" = 30' JOB NO 98-4490
 F.B. SL-33 PAGE 41 of FILE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-20-4/0, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4613	Subin	temp. POWER	Passed	LTR. AGMT ON FILE.
(11)	8 Palm MORRIS (DRIFTWOOD)	A/C ONLY	By	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4657	FOGUA	FINAL SHUTTER	Passed	Bahama shutter Removed
(7)	105 HENRY SEWALL	C.G.	By	USWA Corroded Panel
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4658	FOGUA	TEMP. ELECT	Passed	
(6)	103 HENRY SEWALL	(IRRIGATION) (REINSPECT - FEE IF FAIL)	By	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4803	FOGUA	ROOF SHEATHING	Passed	
(5)	101 HENRY SEWALL		By	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4667	FOGUA	POOL DECK	Passed	
(8)	106 HENRY SEWALL	DRIVEWAY	By	(POOL PN 4780 - STARLITE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4573	Waddor		Passed	
(4)	VELOS RIVER Rd. FENCECRAFTERS		By	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4673	FOGUA	POOL DECK	Passed	
(9)	110 HENRY SEWALL WAY (POOL PN 4781 - STARLITE)	D/W	By	

OTHER: _____

INSPECTOR (Name/Signature): _____

5718

RE-ROOF

TOWN OF SEWALL'S POINT

Date 3/14/02

BUILDING PERMIT NO. 5718

Building to be erected for KEVIN T. MADDEN Type of Permit RE-ROOF

Applied for by COLLINS ROOFING INC (Contractor) Building Fee _____

Subdivision MARGUERITA Lot 13 Block _____ Radon Fee _____

Address 160 S. RIVER RD. Impact Fee _____

Type of structure SFR A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1338410110000013070000

Roofing Fee 120.00

Amount Paid \$120.00 Check # 6864 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2,400.00

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed Mene Scunions / nlc
Town Building Official

PERMIT

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

INSPECTIONS

- | | |
|-----------------------------------|-------------------------------|
| UNDERGROUND PLUMBING _____ | UNDERGROUND GAS _____ |
| UNDERGROUND MECHANICAL _____ | UNDERGROUND ELECTRICAL _____ |
| STEMWALL FOOTING _____ | FOOTING _____ |
| SLAB _____ | TIE BEAM/COLUMNS _____ |
| ROOF SHEATHING _____ | WALL SHEATHING _____ |
| TRUSS ENG/WINDOW/DOOR BUCKS _____ | LATH _____ |
| ROOF TIN TAG/METAL _____ | ROOF-IN-PROGRESS _____ |
| PLUMBING ROUGH-IN _____ | ELECTRICAL ROUGH-IN _____ |
| MECHANICAL ROUGH-IN _____ | GAS ROUGH-IN _____ |
| FRAMING _____ | EARLY POWER RELEASE _____ |
| FINAL PLUMBING _____ | FINAL ELECTRICAL _____ |
| FINAL MECHANICAL _____ | FINAL GAS _____ |
| FINAL ROOF _____ | BUILDING FINAL <u>3/18/02</u> |

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: Kevin T Madden City: Sewalls Point State: FL Zip: 34996
 Legal Description of Property: Marguerita S/D LOT 13 Parcel Number: 13384101100000130700
 Location of Job Site: 160 S. River Rd Type of Work To Be Done: Partial ReRoof

CONTRACTOR/Company Name: COLLINS ROOFING INC Phone Number: 283 4202
 Street: PO BOX 12867 City: F.P. State: FL Zip: 34982
 State Registration Number: _____ State Certification Number: CLL058011 Martin County License Number: SP02196

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: 800 ScreenedPorch: _____
 Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
 Type Sewage: _____ Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

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

COST AND VALUES Estimated Cost of Construction or Improvements: 2400.00 Estimated Fair Market Value (FMV) Prior
 To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____
 Mechanical: _____ State: _____ License Number: _____
 Plumbing: _____ State: _____ License Number: _____
 Roofing: COLLINS ROOFING INC State: FL License Number: CLL058011

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
 National Electrical Code 1999 Florida Energy Code 2001
 Florida Accessibility Code 2001

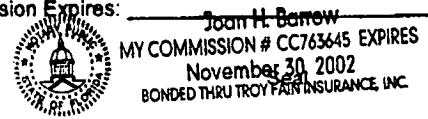
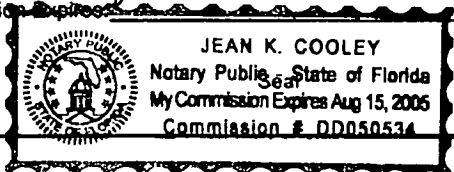
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required) Kevin T. Madden
 State of Florida, County of: MARTIN
 This the 12 day of MARCH, 2002
 by Kevin Madden who is personally
 known to me or produced
 as identification. Jean K. Cooley

CONTRACTOR SIGNATURE (Required) C. Collins
 On State of Florida, County of: MARTIN
 This the 13th day of March, 2002
 by C. Collins who is personally
 known to me or produced Fl d. l.
 As identification. Joan H. Barrow

My Commission Expires: _____
 Notary Public

My Commission Expires: _____
 Notary Public



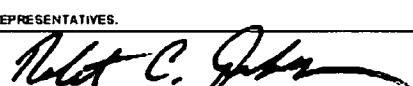
ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID IP CAINA-1	DATE (MM/DD/YY) 03/12/02
PRODUCER R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 561-287-3366 Fax: 561-287-4255		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Cain & Company Construction Contractor Inc PO Box 1533 Palm City FL 34991		INSURERS AFFORDING COVERAGE	
		INSURER A:	Ohio Casualty Group
		INSURER B:	Hartford Underwriters
		INSURER C:	
		INSURER D:	

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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BH050746536	09/22/01	09/22/02	EACH OCCURRENCE \$ 100000
	GEM. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 100000 PRODUCTS - COMP/OP AGG \$ 100000
	<input type="checkbox"/> 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	NOT COVERED			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT COVERED			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	NOT COVERED			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	38WBGGD1681	01/20/02	01/20/03	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 100000
					E.L. DISEASE - EA EMPLOYEE \$ 100000
	OTHER				E.L. DISEASE - POLICY LMT \$ 500000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Carpentry - Interior - No extensive shop operations
 30 days notice of cancellation for workers compensation coverage.

CERTIFICATE HOLDER SEWEL-1 Sewells Point Building Dept Attn: Glen Simmons 1 S Sewells Point Road Sewells Point FL 34996	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		

ACORD CERTIFICATE OF LIABILITY INSURANCE		CERTIFICATE NO. / DATE VC2-46103-332993 3/12/2002 11:18:58 AM
PRODUCER Eisenmann Risk Placements Inc. 105 South Benge Street McKinney, TX 75069 Fax:	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 COLLINS ROOFING 5704 BUCHANAN FT. PIERCE, FL 34982 561-201-1350 fax: 561-489-6505	INSURER A: National Fire Insurance Company of Hartford 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																								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																								
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC2491.89627	9/1/2001	9/1/2002	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 15%; font-size: x-small;">WC STATU-TORY LIMITS</td> <td style="width: 10%; font-size: x-small;">OTH-ER</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	X	WC STATU-TORY LIMITS	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
X	WC STATU-TORY LIMITS	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																								
	OTHER <input type="checkbox"/>				LIMIT \$ LIMIT \$																								
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS																													

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Bldg. Official 1 S. Sewalls Point Rd. Sewalls, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency
License: SP02196

Expires September 30, 2003

Name: CHRIS D COLLINS
Company: COLLINS ROOFING INC
Address: Box 12867
City, ST: Ft Pierce FL 34979
License Type: ROOFING CONTRACTOR



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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Johns Manville Corp.
717 17 Street (P.O. Box 5108)
Denver ,CO 80217

Your application for Notice of Acceptance (NOA) of:
Johns Manville Modified Bitumen Roofing Systems Over Wood Deck
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0206.17
EXPIRES: 06/14/2006

Raul Rodriguez
Chief Product Control Division

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

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

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: <u>3/16/02</u>
BUILDING OFFICIAL
Gene Simmons








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

APPROVED: 06/14/2001

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MARCH 18, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	WINER 19 RIDGELAND LEAR	INSULATION	Passed	INSPECTOR: 
5388	WALKER 6 CHAUNES NEST OLYMPIC	Pool Plumbing	Passed	INSPECTOR: 
5486	VILLAR 92 N. SEWALLS PT RD PACIFIC	SWEATHING	Passed	INSPECTOR: 
5567	INGRAM 101 N. SEWALLS PT RD BUFORD.	EARLY POWER RELEASE	Passed → agreement?	INSPECTOR: 
5656	D'AMICO, 5 ISLAND RD. TAYLOR	FINAL ROOF	Passed	INSPECTOR: 
5501	ALMAN 3 SUMMER LN. ALMAN	ELECTRICAL + MECH ROUGH	Partial Passed	INSPECTOR: 
5718	MADDELL	Pool	Partial	
7	160 S. RIVER RD. COLLINS	283.4202		INSPECTOR: 

OTHER: _____

5837

POOL

&

DECK

TOWN OF SEWALL'S POINT

Date 6-18-02

BUILDING PERMIT NO. 5837

Building to be erected for Kevin Madden

Type of Permit Pool/Deck

Applied for by Olympic Pools

(Contractor) Building Fee 240.00

Subdivision Marguerita Lot 13 Block _____

Radon Fee _____

Address 160 S. River Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338410110000013070000

Electrical Fee _____

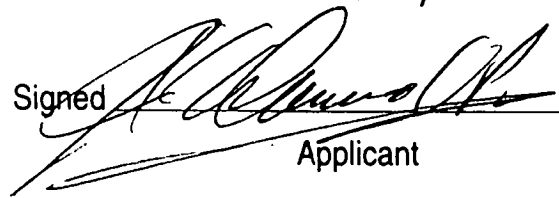
Plumbing Fee _____

Amount Paid 264.00 Check # 3449 Cash _____

Other Fees (24.00) _____

Total Construction Cost \$ 19,000.00

TOTAL Fees 264.00

Signed 
Applicant

Signed  (nyn)
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 checked="" 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	_____

Mar 27 02 09:57a

Town of Sewall's Point

(561)220-4765

p. 1

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: KEVIN & MARGUERITE MADDEN Building Permit Number: _____
 City: STUART State: FL Zip: 34996
 Legal Description of Property: Lot #13 Marguerite Parcel Number: 133841010000013070000
 Location of Job Site: 160 S. RIVER RD Type of Work To Be Done: Swimming Pool

CONTRACTOR/Company Name: Olympic Pools of Stuart Corp Phone Number: 286-6070
 Street: 1685 SW. Plantain Hwy City: Palm City State: FL Zip: 34920
 State Registration Number: _____ State Certification Number: CP4039888 Martin County License Number: _____

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

ENGINEER: Curtis Singletary Phone Number: 630-8531
 Street: 8259 N. Military Trail #6 City: North Palm Beach State: FL Zip: _____

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

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

COST AND VALUES Estimated Cost of Construction or improvements: 24,000.00 Estimated Fair Market Value (FMV) Prior
 To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____
 Mechanical: _____ State: _____ License Number: _____
 Plumbing: _____ State: _____ License Number: _____
 Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

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 26th day of April, 2002
 by Marguerite Madden who is personally known to me or produced _____ as identification.

CONTRACTOR SIGNATURE (Required)
 On State of Florida, County of: Martin
 This the 29 day of May, 2002
 by [Signature] who is personally known to me or produced _____ as identification.

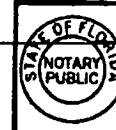
Notary Public
 My Commission Expires: 6/3/04

Notary Public
 My Commission Expires: _____

Seal



Judith A Cooke
 My Commission CC931284
 Expires June 03, 2004



JOHN K. DAVIES, JR.
 My Comm Exp. 12/19/03
 Seal No. CC 896745
 (1) Personally Known (1) Other I.D.

Handwritten signature/initials at bottom left.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
3/7/02

PRODUCER Kearns Agency of Florida, Inc. PO Box 1849 Jensen Beach, FL 34958	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 Olympic Pools of Stuart 1565 SW Martin Hwy Palm City, FL 34990	INSURER A:	
	INSURER B:	Auto Owners Insurance Co.
	INSURER C:	
	INSURER D:	
	INSURER E:	

RECEIVED

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
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	No Coverage Afforded			EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	AO 12480 02	3/1/02	3/01/03	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTHER	No Coverage Afforded			WC STATUTORY LIMITS 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
 Pool Construction

CERTIFICATE HOLDER Town of Sewalls Point 1 South Sewalls Point Rd. Stuart, FL 34996	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE Lawrence E. Kearns

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID JR
OLYMP-7

DATE (MM/DD/YY)
03/06/02

PRODUCER
 Insurance By Ken Brown, Inc.
 P.O. Box 540569
 1339 Arlington Street
 Orlando FL 32805
 Phone: 407-849-0490 Fax: 407-648-0197

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

 Olympic Pools of Stuart Corp/
 O.P. Custom Pools Cor.
 1565 S. W. Martin Highway
 Palm City FL 34990

INSURER A:	Amerisure Ins Company
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

RECEIVED

 BY: _____

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	11047	03/01/02	03/01/03	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)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	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)	\$
	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	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

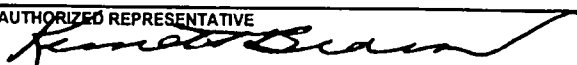
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER: N ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION

SEWALLS

 City of Sewalls Point
 1 South 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 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/29/2002

PRODUCER (561)334-3181 FAX (561)334-7742
Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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 **Olympic Pools of Stuart Corp/O. P. Custom Pools**
 1565 SW Martin Highway
 Palm City, FL 34990-1370

INSURER A: **Valley Forge Insurance Company**
 INSURER B: **Transcontinental Ins Co**
 INSURER C: **Associated Industries of FL**
 INSURER D: **RECEIVED**
 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.

NSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	B1013132148	02/01/2001	03/01/2002	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	B1028001140	02/01/2001	03/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				OTHER THAN EA ACC AGG \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2001313225	02/01/2002	02/01/2003	WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$ 500,000
					E.L. DISEASE - EA EMPLOYEE \$ 500,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN OF SEWALLS POINT 1 SOUTH SEWALLS POINT RD STUART, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 Keith Carroll/KAS <i>Keith Carroll</i>



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

RECEIVED
MAY 17 2001
BY: *[Signature]*

FILE
[Signature]

STATE OF FLORIDA AC# 5923506
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CP -C039888 07/26/2000 00900266
CERT COMMERCIAL POOL/SPA CONTR
SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5923506

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/26/2000	00900266	CP -C039888

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

NOTICE OF COMMENCEMENT

Permit No. _____
State Of Florida

Tax ID # _____
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 Lot #13

General description of improvements 160 S. River Rd South Pt
Swimming Pool
Owner KEVIN + MARGUERITE MADDEN
Address 160 S. RIVER RD STUART, FL. 34996
Owner's interest in site of improvement _____

Fee Simple Title holder (if other than owner) _____
Address _____

Contractor Olympic Pools of Stuart, Corp Phone # 286-6070
Address 1565 S.W. Martin Hwy, Palm City, Fla 34990 Fax # 288-6962

Surety _____ Phone # _____
Address _____ Fax # _____
Amount of Bond \$ _____

Lender _____ Phone # _____
Address _____ Fax # _____

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

Name _____ Phone # _____
Address _____ Fax # _____

In addition to himself, owner designates _____ of _____ (Phone # _____)
Fax # _____) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.


Expiration date of notice of commencement is one year from the date of recording unless a different date is specified.
_____(Date)

Marguerite Madden
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF Martin
Acknowledged before me this 26th day of April, 2002, by Marguerite Madden who is personally known to me or who has produced known identification.

(seal)

Judith A. Cooke
SIGNATURE OF NOTARY
JUDITH A. COOKE
TYPE OR PRINT NAME OF NOTARY

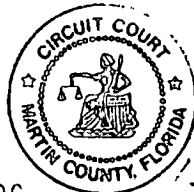
 Judith A Cooke
My Commission CC931284
Expires June 03, 2004

NOTARY PUBLIC TITLE
6/3/04 COMMISSION NUMBER

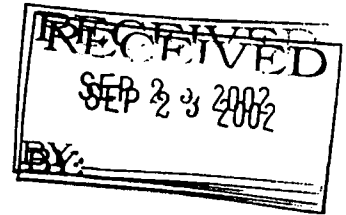
STATE OF FLORIDA
MARTIN COUNTY

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

BY [Signature] D.C.
DATE 5.30.02



OLYMPIC POOLS OF STUART



1565 SW MARTIN HIGHWAY
PALM CITY, FLORIDA 34990
Office number - 772-288-6070
Fax number - 772-288-6962

URGENT

URGENT

URGENT

Send to: Sewalls Point Building Department	From: Frank
Attention: Mr. Gene Simmons	Date: 09-20-02
Office Location:	Office Location:
Fax Number:	Phone Number: 288-6070

- Urgent
- Reply ASAP
- Please comment
- Please review
- For your information

Total pages, including cover: 1

Comments:

Sir,
 Please accept this Fax as notification that Olympic Pools of Stuart is no longer the pool deck contractor for the Madden project (160 South River Rd. / permit #5837) We will however be taking the pool to completion.

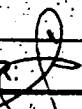

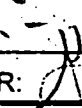
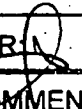
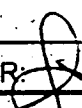
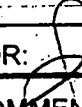
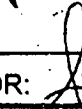
Thank you,

Frank S. Tumler III
General Manager

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 15, 2001; 2 Page of .

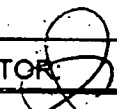

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5847	BAUER	UNDEGD PLUMB	Passod	
(1)	10 COPAIRE. SEAGATE.	MECH 263 4448		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5937	WANDEN	POOL STEEL. a)	Passod	
(4)	100 S. RIVER RD. OLYMPIC.	TREE REM. b)		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5501	ALMAN.	METER TEMP.	Failed →	Sign Agreement \$30. ✓
(3)	3 SUMMER CT. ALMAN			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5185	JONES	NAILING	Passod	Partial
(2)	14 HERON'S NEST O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	Winer	Front Door	Passod	
(5)	19 Ridgeland Loa			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5500	Busha 323 755?	Pool Final	NA →	need drgs first
(6)	10 Palmy Ct. Schiller			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
(7)	Hart	Water run off	into	Dr. G. pool 2x!
	61 S. River Winchip			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/12/2002, 2002, Page of .

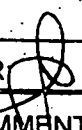
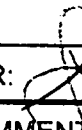
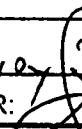

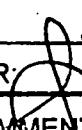
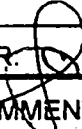
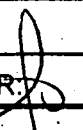
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5773	DeGarmo	Final Pool	Passed	
	24 W. High Pt. RD Harbor Bay			INSPECTOR: 
5837	MADDER	Pool Plumbing	Final	Late
	160 S. RIVER RD.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
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: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-27-02, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5930	STEVENSON	AC - Electrical	Passal	
(1)	1 NE Lagoon Island Ct OLIVERI	Plumbing		INSPECTOR: 
5640	FRANCIS	TIN TAB + METAL	Passal	
(2)	S S. River Rd PACIFIC			INSPECTOR: 
5837	Madden	Pool Final		Late
	160 S. RIVER Rd OLYMPIC	wood deck survey Pool OK - need deck permit	Gene:	Pin Survey? 
5900	Lipschutz	IN PROGRESS		Late -> Monday
	53 S. River Rd Palmieri	(ROOF)		INSPECTOR: 
5868	STUKIE	Dry IN Metal	Passed	Late
	7 LANTANA LN ALL AMER	ROOF		INSPECTOR: 
5960	Lewis	STEM Wall	Passal	
	41 Rio Vista Dr DRIFTWOOD	FOOTING		INSPECTOR: 
5887	Madden	Final	Passed	
	160 S. River Rd RPO Construction	Wood deck		INSPECTOR: 

OTHER: 173 S. Sewalls Pl.



5837

TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 160 S. River

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

Pool final:

Need the following:

OK 9/29/12

deck permit (changed contractor)

SEVER FROM PERMIT

✓ final survey incl. deck

fence

OK 9/29/12

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

DATE: 9/30/12







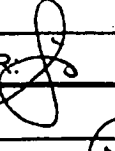
[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT


Building Department - Inspection Log

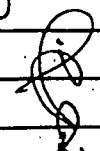
Date of Inspection: Mon Wed Fri 9-30-02, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5875	MAYSON	STEEL+SLAB	Passed	stem wall survey by
(2)	9 S. RIVER Rd Knepper			Copper exposed ✓ INSPECTOR: 
TREE	FORBES	TREE	Passed	
(1)	8 KNOWLES Rd			INSPECTOR: 
5880	HART.	TIM TAC + METAL	Passed	
(8)	3 E HIGH PT RD. NAVARRO.			INSPECTOR: 
5636	FRANGLE.	BUCK. INSPECTION	Passed	Stair gate
(3)	5 S RIVER Rd. WILBORNING.			INSPECTOR: 
5890	LOWELL.	DECK + PLUMB	Passed	
(7)	7 W. HIGH POINT FLAMINGO WOOD POOL	POOL		INSPECTOR: 
		Structure	Passed	Stairs/ramp/railing to be removed
(4)	66 S Sewalls Pt.	near river		INSPECTOR: 
T/R	Green	Tree	Passed	
(6)	26 Island Rd. Ecotec			INSPECTOR: 

OTHER:

(5) ~~160 S. River Rd Pool correction notice~~ 5837 

(9) T/R IS Per 

17 Island Rd 
Stop work order placed.

5887

WOOD DECK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/29/02

BUILDING PERMIT NO. 5887

Building to be erected for KEVIN MADDEN

Type of Permit Wood Deck

Applied for by R.P.D. Construction (Contractor)

Building Fee 35.00

Subdivision Margherita Lot 13 Block _____

Radon Fee _____

Address 160 S. River Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338 41011 0000013070000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # 1125 Cash _____ Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 2000.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

- UNDERGROUND PLUMBING _____
- UNDERGROUND MECHANICAL _____
- STEMWALL FOOTING 5/20/02 _____
- SLAB Framing _____
- ROOF SHEATHING _____
- TRUSS ENG/WINDOW/DOOR BUCKS _____
- ROOF TIN TAG/METAL _____
- PLUMBING ROUGH-IN _____
- MECHANICAL ROUGH-IN _____
- FRAMING _____
- FINAL PLUMBING _____
- FINAL MECHANICAL _____
- FINAL ROOF _____

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: MR. KEVIN MADDEN Building Permit Number:
City: SEWALL'S PT State: FL Zip: 34996
Legal Description of Property: MARGUERITA Lot 13 Parcel Number: 13-38-41-011-00000-1307
Location of Job Site: 160 S. RIVER RD. Type of Work To Be Done: WOOD DECK 0000
SEWALL'S PT, FL 34996

CONTRACTOR/Company Name: RPD CONSTRUCTION SERVICES, INC Phone Number: 220-0065
Street: 2336 S. OCEAN BLVD # 321 City: Stuart State: FL Zip: 34996
State Registration Number: State Certification Number: CBLA52954 Martin County License Number:

ARCHITECT: Rothern Design Group Phone Number: 385-7095
Street: 3017 S.E. Overbrook Dr. City: PSL State: FL Zip: 34952

ENGINEER: WALTER KARPINA, P.E. Phone Number: 561-743-1400
Street: 11406 172nd Pl. N. City: Jupiter State: FL Zip: 33458

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch:
Carport: Total Under Roof Wood Deck: 160 S.F. Accessory Building:
Type Sewage: Septic Tank Permit Number From Health Dept. Well Permit Number:

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

COST AND VALUES Estimated Cost of Construction or Improvements: 2000.00 Estimated Fair Market Value (FMV) Prior
To Improvements If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO X

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

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

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

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

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

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: Martin
This the 22nd day of July 2002
by Robert Demarest who is personally
known to me or produced
As identification. Joan H. Barrow

Notary Public

Notary Public

My Commission Expires:

My Commission Expires: Joan H. Barrow

Seal



MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

BUILDING PERMIT APPLICATION

RE-SUBMITTAL 7/25
Building Permit Number: _____

Owner or Titleholder Name: MR. KEVIN MADDEN

City: SEWALL'S PT State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: 13.38.41.011.00000.130
Location of Job Site: 160 S. RIVER RD. Type of Work To Be Done: WOOD DECK
SEWALL'S PT, FL 34996 0000

CONTRACTOR/Company Name: RPD CONSTRUCTION SERVICES, INC Phone Number: 220.0065
Street: 2336 S. OCEAN BLVD #321 City: SMART State: FL Zip: 34996
State Registration Number: _____ State Certification Number: CBCA52954 Martin County License Number: _____

ARCHITECT: Robertson Design Group Phone Number: 335-7075
Street: 3017 S.E. OVERLUSH DR City: PSL State: FL Zip: 34952

ENGINEER: WALTER KARPINA, P.E. Phone Number: 561-743-1400
Street: 11406 172ND PL. N. City: JUPITER State: FL Zip: 33458

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof: _____ Wood Deck: 160 S.F. Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$2000.00 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO X

SUBCONTRACTOR INFORMATION

Electrical: _____ State _____ License Number: _____
Mechanical: _____ State _____ License Number: _____
Plumbing: _____ State _____ License Number: _____
Roofing: _____ State _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) X
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

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: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification, _____

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
As identification, _____

Notary Public
My Commission Expires: _____

Notary Public
My Commission Expires: _____

Seal

Seal



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

DEMAREST, ROBERT PAUL
RPD CONSTRUCTION SERVICES INC
92 S RIVER ROAD
STUART FL 34996

STATE OF FLORIDA AC# 0467061

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CBCA52954 06/25/02 011146771

CERTIFIED BUILDING CONTRACTOR
DEMAREST, ROBERT PAUL
RPD CONSTRUCTION SERVICES INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2004 SEQ # L02062501130

DETACH HERE

AC# 0467061

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L02062501130

DATE	BATCH NUMBER	LICENSE NBR
06/25/2002	011146771	CBCA52954

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004.

DEMAREST, ROBERT PAUL
RPD CONSTRUCTION SERVICES INC
92 S RIVER ROAD
STUART FL 34996

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR JM
RPDC001

DATE (MM/DD/YY)
05/08/02

PRODUCER
Huckleberry, Sibley & Harvey
Insurance & Bonds, Inc.
1020 N Orlando Ave, Suite 200
Maitland FL 32751
Phone: 407-647-1616

INSURED
RPD Construction Services, Inc
2336 S.E. Ocean Blvd #321
Stuart FL 34996

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

INSURERS AFFORDING COVERAGE


INSURER A: Zurich Insurance Services
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.

RSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> CCCLR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TBA	04/07/02	04/07/03	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MGD EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TBA	04/07/02	04/07/03	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> CCCLR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				W/C STATUTORY LIMITS: OTH-ER: E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN OF SEWALLS POINT BUILDING DEPARTMENT FAX 772-220-4765 1 SOUTH SEWALLS POINT ROAD STUART FL 34996	TOWNSEW	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
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	02/28/2002	EXPIRATION DATE	02/28/2004
PERSON	DEMOREST	ROBERT	P
SSN	379-58-3056		
FEIN	651038817		
BUSINESS	R P D CONSTRUCTION SERVICES INC		
	92 S RIVER ROAD		
	STUART	FL	34996

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


PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

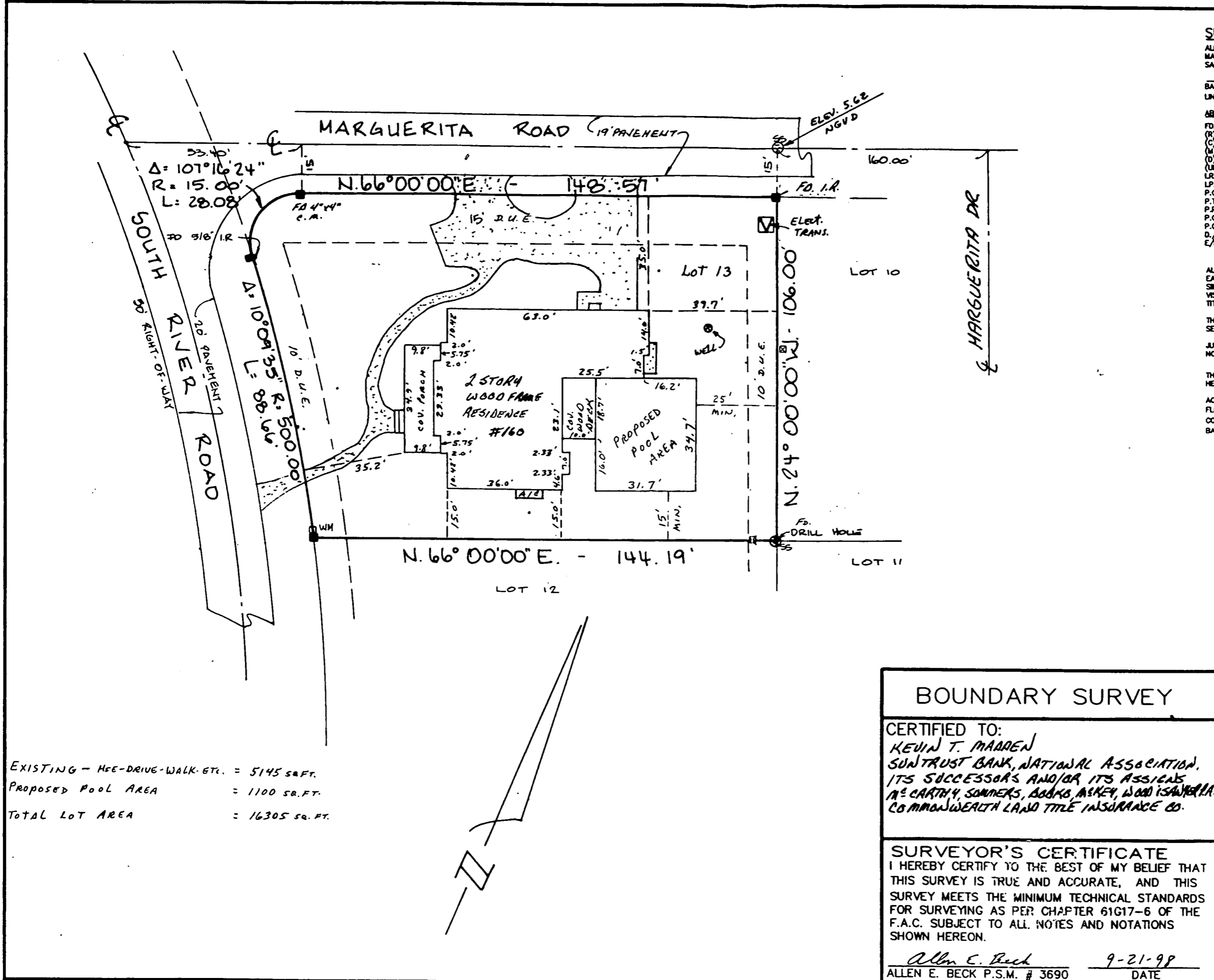
<p>STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF WORKERS' COMPENSATION</p>  <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 02/28/2002 EXPIRATION: 02/28/2004</p> <p>PERSON: DEMOREST ROBERT SSN: 379-58-3056 FEIN: 651038817</p> <p>BUSINESS: R P D CONSTRUCTION SERVICES IN 92 S RIVER ROAD STUART FL 34996</p>	<p>F O L D H E R E</p> <p>NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Woerks' Compensation Law may not recover benefits or compensation under Chapter 440.</p>
--	---

CUT HERE

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

111 2002/1/13
S.P. 20/21/13
to town of S.P.
at 270

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 2/28/02

BUILDING OFFICIAL
Gene Simmons



SURVEYOR NOTES:

ALLEN E. BECK, INC. SETS A STANDARD MARKER OF A 1/2" IRON ROD AND A CAP MARKED LB 6790 AT ALL CORNERS, UNLESS OTHERWISE NOTED HEREON. SAID CORNER IS SHOWN AS - (●) AND FIELD SURVEYED ON

9-16-98
BASIS OF BEARINGS/ANGLES BEING THE SOUTH R/W LINE OF MARGUERITA ROAD PER RECORD PLAT.

- ABBREVIATIONS:**
- FD. = FOUND
 - (R) = RADIAL
 - (C) = CALCULATED
 - (M) = MEASURED
 - (D) = DEED OR DESCRIPTION
 - (UN-R) = UNREADABLE
 - I.R.C. = IRON ROD & CAP
 - I.P.C. = IRON PIPE & CAP
 - P.C. = POINT OF CURVATURE
 - P.T. = POINT OF TANGENCY
 - P.R.C. = POINT OF REVERSE CURVATURE
 - P.C.C. = POINT OF COMPOUND CURVATURE
 - P.C.P. = PERMANENT CONTROL POINT
 - D./U.E. = DRAINAGE &/OR UTILITY EASEMENT
 - E/P = EDGE OF PAVEMENT
 - //--- = OVERHEAD UTILITY
 - WM. □ = WATER METER
 - ⊙ = POWER POLE
 - U.P. ⊙ = UTILITY PEDESTAL
 - ⊙ = WELL
 - ⊙ = SATELLITE DISH
 - ⊙ = CENTERLINE
 - Δ = DELTA
 - L = LENGTH
 - R = RADIUS
 - M&D/T = MAIL AND DISC/TAB
 - R/W = RIGHT-OF-WAY
 - ⊞ = ELECTRIC TRANSFORMER

ALLEN E. BECK, INC. DOES NOT GUARANTEE OR ASSUME ANY LIABILITY FOR ANY EASEMENT, RIGHT-OF-WAY, SETBACKS, RESERVATION, RESTRICTION, OR SIMILAR MATTERS NOT SHOWN OR REFERRED TO ON THE PLAT, OR PHYSICALLY VISIBLE ON SITE. THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF ABSTRACT TITLE AND ALL MATTERS OF TITLE SHOULD BE REFERRED TO AN ATTORNEY.

THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

JURISDICTIONAL AREAS, WETLANDS, AND UNDERGROUND UTILITIES, IF ANY HAVE NOT BEEN LOCATED, OTHER THAN SHOWN.

THIS SURVEY IS FOR THE USE OF THE PARTIES SPECIFICALLY CERTIFIED TO HEREON, AND NO OTHERS.

ACCORDING TO THE FEDERAL EMERGENCY MANAGEMENT ASSOCIATION (FEMA) FLOOD INSURANCE RATE MAPS, THIS PROPERTY LIES IN FLOOD ZONE 2. COMMUNITY PANEL # 120164 0002 DATED 4-16-92. BASE ELEVATION N/A

EXISTING - HSE-DRIVE-WALK-ETC. = 5145 SQ.FT.
 Proposed POOL AREA = 1100 SQ.FT.
 TOTAL LOT AREA = 16305 SQ.FT.

LEGAL DESCRIPTION

LOT 13, BLOCK —, OF MARGUERITA SUBDIVISION ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 10 AT PAGE 3, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLA.

BOUNDARY SURVEY

CERTIFIED TO:
 KEVIN T. MADSEN
 SUNTRUST BANK, NATIONAL ASSOCIATION,
 ITS SUCCESSORS AND/OR ITS ASSIGNS
 M^{RS} CATHY SUMMERS, BOOKS, ASKEY, WOOD ISAWYER, A.
 COMMONWEALTH LAND TITLE INSURANCE CO.

REVISIONS

ADD Proposed Pool & AREA Tabul.	AEB	6-10-02

SURVEYOR'S CERTIFICATE
 I HEREBY CERTIFY TO THE BEST OF MY BELIEF THAT THIS SURVEY IS TRUE AND ACCURATE, AND THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR SURVEYING AS PER CHAPTER 61G17-6 OF THE F.A.C. SUBJECT TO ALL NOTES AND NOTATIONS SHOWN HEREON.

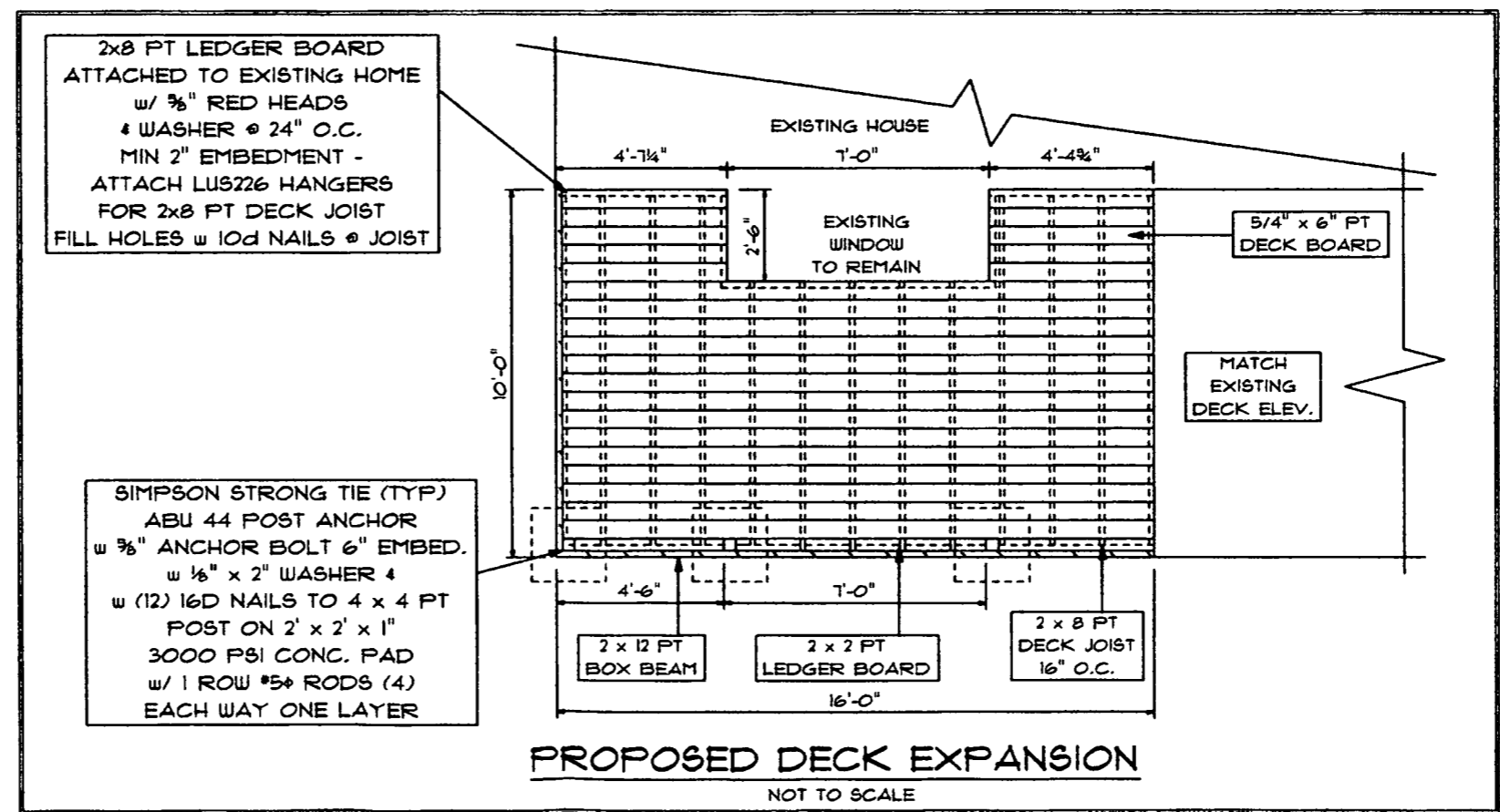
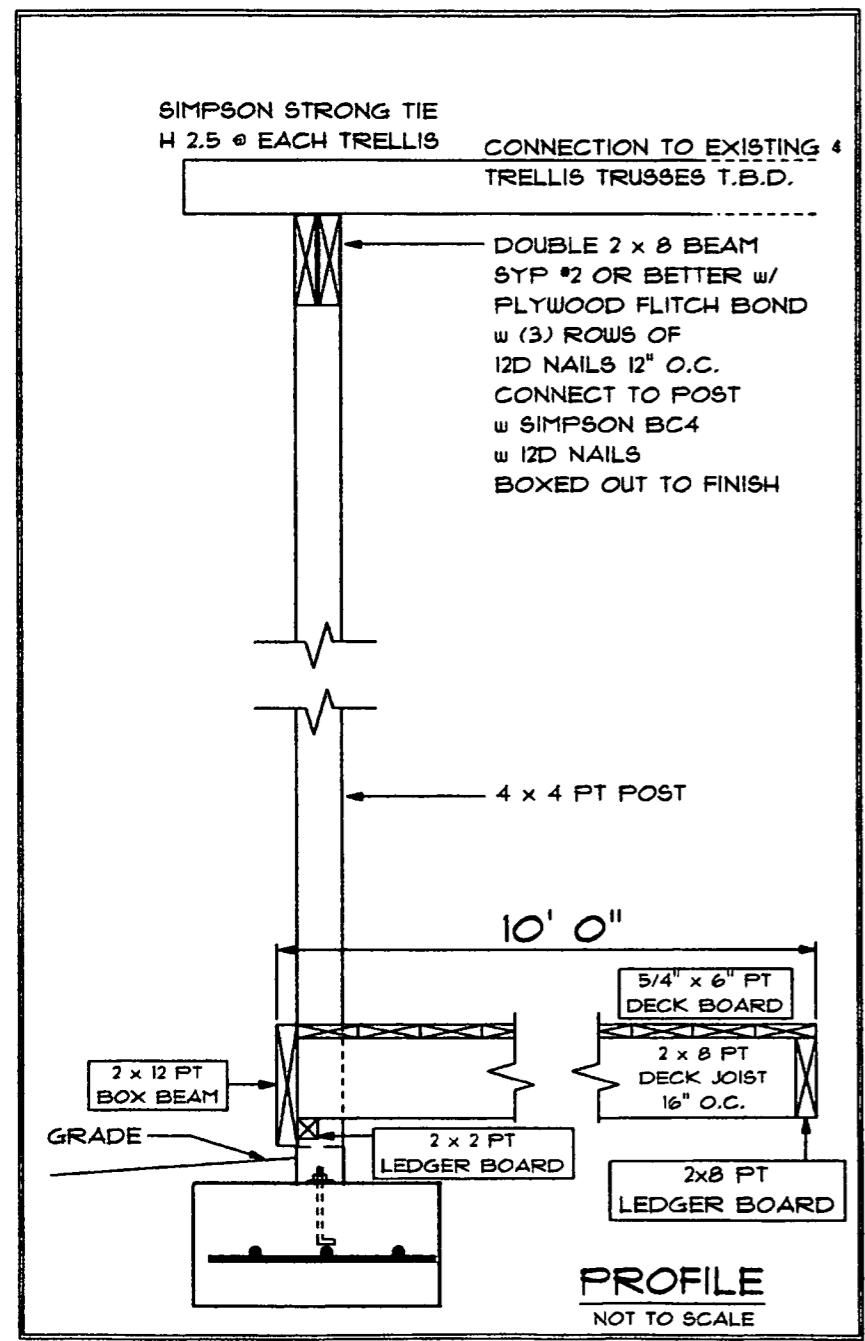
Allen E. Beck 9-21-98
 ALLEN E. BECK P.S.M. # 3690 DATE

ALLEN E. BECK, INC.
 PROFESSIONAL LAND SURVEYORS
 608 SW. BAYSHORE BLVD.
 PORT ST. LUCIE, FLORIDA 34983
 (561) 340-1432 LB 6790
 SCALE 1" = 30' JOB NO. 98-4490
 F.B. 5L-33 PAGE 41 of FILE

REMODELING, ADDITION, ALTERATION, AND GENERAL NOTES
CONSTRUCTION TO FOLLOW FLORIDA BUILDING CODE

1. Contractor to verify all dimensions prior to the commencement of construction.
2. Determine the existence of any underground tanks, drain fields, wiring, plumbing, piping, etc. and allow for same during construction.
3. Verify adequacy of existing electrical service and wiring capacity. Upgrade and sub-panel as required. Relocate any tv, phone cable, thermostat, fans, chimes, outlets, switches, smoke detectors, fixtures, etc. as may be required.
4. All wood members exposed to weather or in contact concrete and/or masonry shall be pressure treated.
5. Do not scale drawings. If there are written dimensions to take precedence. Dimensions and construction details may vary due to substitution, field conditions, construction technique or other variables.
6. These drawings are not intended to cover all conditions. Field decisions may need to be made by designer. If this situation arises, please contact Contractor. Contractor shall allow for minor adjustments.
7. Certain assumptions have been made using the best judgement and experience of the design team. No demolition has been undertaken by the designer to verify the conditions and construction techniques employed in the existing structure. The contractor shall verify actual conditions prior to undertaking construction.

NOTICE:
 It is important that the Client and Contractor examine the drawings and documentation in detail. It shall be the final responsibility of the Contractor to review and double check the plans for accuracy and compliance with regulatory agencies. It is customary and ordinary not to include details well within the knowledge of licensed Contractor. If necessary, further clarification of these plans should be achieved before signing the construction contract and obtaining a building permit, otherwise the Contractor assumes responsibility for the construction in question. Methods of construction shall be determined by the Contractor.



ALL SHEETS STRUCTURE ONL
 WALTER KARPINIA PE46635
 11406 N 172 PL JUP., FL 33478
 561 743-1400
 7/24/2

WALTER KARPINIA P.E.
 PROFESSIONAL ENGINEER
 NO. 46635
 11406 172nd PLACE NORTH
 JUPITER, FL. 33458
 PHONE (561) 743-1400
 PAGER (561) 556-0196

ROBERSON DESIGN GROUP
 CUSTOM HOME DESIGN

"PLANS FOR YOUR DREAM"
 3017 S.E. OVERBROOK DRIVE
 PORT ST. LUCIE, FL. 34952
 PHONE & FAX (772) 335-7095
 E-MAIL rdg1@adelphia.net
 © Copyright 2002
 ROBERSON DESIGN GROUP
 All rights reserved.

PROPOSED DECK EXPANSION FOR
MADDEN RESIDENCE
 LOT 13 / MARGUERITA SUBDIVISION
 MARTIN COUNTY, FLORIDA

DEMOREST CONSTRUCTION GROUP
 A DIVISION OF RPD CONSTRUCTION SERVICES INC.
 STATE CERTIFIED CONTRACTOR CBCA52954
 2336 S. Ocean Blvd. # 321
 Stuart, Florida 34996-3310
 PHONE (772) 220-0065 Fax (772) 220-0227

JOB # 2111
 DATE : 7/18/02
 DRAWN BY
 SR
 SHEET
 1 / 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/29, 2007 Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5541	Milord	Temp Elec		
(7)	144 N. Sewall's Pt. Rd o/b	Power		INSPECTOR:
5863	Newman	Footer & Slab	Partial	
(2)	15 Perennable Lane EMMICK	Compaction ?		INSPECTOR:
5237	MMOEN	Footings	Partial	
(6)	160 S. RIVER RD. RPA CONST.			INSPECTOR:
5631	NART	Pool Wall	Partial	
(3)	61 S. RIVER RD. WMCNIP	Foundation		INSPECTOR:
5872	WYCOFF	TIE DOWN (TRUSSES)	Partial	
(1)	26 N. RIVER RD.	Shooting	Partial	INSPECTOR:
5888	POLLOCK	SHEATHING	Partial	
(5)	102 HILLCREST RD PACIFIC	CALL (263 0177)		INSPECTOR:
5689	HENDERSON	LATH	Partial	PT as Steel post ?
(8)	24 ISLAND RD. BUDORFF			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri August 14, 2002; Page of .

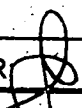
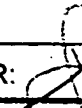
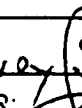
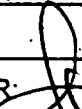
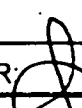
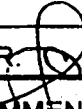
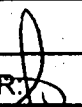
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5841	TENNY	Final Retain	Passed	
(3)	10 S. Sewalls Pt Rd Tropic Marine	WALK		INSPECTOR: <i>[Signature]</i>
5813	Flaugh	Final		NO access ??
(1)	6 India Lucia Hwy Martin County Propane			Gas ?? INSPECTOR: <i>[Signature]</i>
TREE	Schroeder	TREE	Passed	
(4)	4 Ridgeland Dr.			INSPECTOR: <i>[Signature]</i>
TREE	Hillman, Lynda	TREE		Pls call B4 going - 781-0919
(2)	1 Heritage Way West End of Blg	Contractor said Tevelers Palm	Passed	unit to house needs 2 go INSPECTOR: <i>[Signature]</i>
5887	Madden	FRAMING Deck	Passed	
(5)	160 S. River Rd RPO Const			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-27-02, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5930	STEVENSON	AC - Electrical	Passal	
(1)	1 NE Lagoon Island Ct OLIVERI	Plumbing		INSPECTOR: 
5640	FRANCIS	TIN TAB + METAL	Passal	
(2)	S S. NEWER RD PACIFIC			INSPECTOR: 
5837	Madden	Pool Final		Late:
	160 S. RIVER Rd OLYMPIC	wood fin survey Pool OK - need deck pen	Gene:	fin survey? INSPECTOR: 
5900	Lipschutz	IN PROGRESS		Late -> Monday
	53 S. River Rd Palmieri	(ROOF)		INSPECTOR: 
5868	Stukie	Dry IN Metal	Passed	Late
	7 LANTANA LN ALL AMER	ROOF		INSPECTOR: 
5960	Lewis	Stem Wall	Passal	
	41 Rio Vista Dr DRIFTWOOD	FOOTING		INSPECTOR: 
5887	Madden	Final	Passed	
	160 S. River Rd RPO Construction	Wood deck		INSPECTOR: 

OTHER: 173 S. Sewall's Pt.

5935

ELECTRICAL

TOWN OF SEWALL'S POINT

Date 8-26-02

BUILDING PERMIT NO. 5935

Building to be erected for Kevin Madden

Type of Permit Misc Electric Work

Applied for by Jim Reisner Electric (Contractor)

Building Fee 35.00

Subdivision Margarita Lot 13 Block _____

Radon Fee _____

Address 160 S. River Road

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338410110000013076000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 6081 Cash _____ Other Fees (_____)

Total Construction Cost \$ 3000.00

TOTAL Fees 35.00

Signed Jim Reisner
Applicant

Signed Gene Simmons (don)
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	_____

Olympic Pool #5837
RPD #5887

Town of Sewall's Point

ELECTRICAL
BUILDING PERMIT APPLICATION

Owner or Titleholder Name: KEVIN MADDEN Building Permit Number: _____
City: SEWALLS POINT State: FL Zip: 34987
Legal Description of Property: 1338 41011 00000 13070000 Parcel Number: _____
Location of Job Site: 160 S RIVER ROAD Type of Work To Be Done: MISC ELECTRICAL SERVICES

CONTRACTOR/Company Name: TIM REISNER ELECTRIC Phone Number: 972-286-2947
Street: 4886 SW HONEY TERP. 1 City: PAUM CITY State: FL Zip: 34990
State Registration Number: NA State Certification Number: EC-0002442 Martin County License Number: NA

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$3,000.00 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION
Electrical: TIM REISNER ELECTRIC State: FLORIDA License Number: EC-0002442
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

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

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

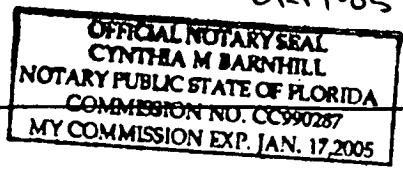
OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: MARTIN
This the 23RD day of AUGUST, 2002
by JAMES L. REISNER who is personally
known to me or produced PERSONALLY KNOWN
as identification. _____

Notary Public
My Commission Expires: _____

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: MARTIN
This the 23RD day of AUGUST, 2002
by James L. Reisner who is personally
known to me or produced PERSONALLY KNOWN
As identification. _____

Notary Public
My Commission Expires: 01-17-05

Cynthia M. Barnhill
CYNTHIA M. BARNHILL
Seal



Seal

JIM REISNER ELECTRIC

4886 SW HONEY TERR.
PALM CITY, FL 34990
(772) 286-2947
FAX (772) 286-6698
jrelect@juno.com

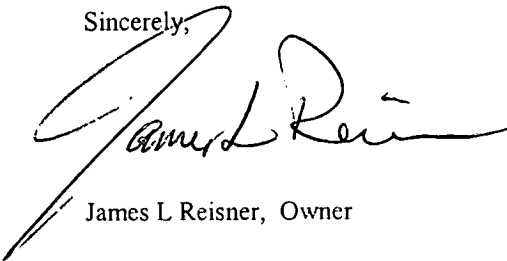
August 23, 2002

Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, FL 34996

To Whom It May Concern:

I, hereby authorize Amy L Reisner to perform all necessary permitting applications, fees, and inspection scheduling.

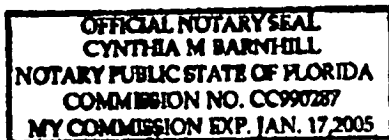
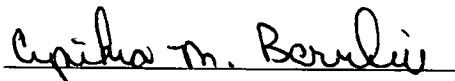
Sincerely,



James L Reisner, Owner

Personally known

Sworn and subscribed before me
this 23rd day of August 2002



ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID SB REISJ-1	DATE (MM/DD/YY) 08/19/02
PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 561-286-4334 Fax: 561-286-9389		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Jim Reisner Electric 4886 SW Honey Terrace Palm City FL 34990		INSURERS AFFORDING COVERAGE INSURER A: Assurance Company of America INSURER B: Auto Owners Insurance Co INSURER C: Bridgefield Insurance Co INSURER D: INSURER E:	

RECEIVED
 AUG 20 2002

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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	<input checked="" type="checkbox"/> GENERAL LIABILITY	CFM80561716	01/28/02	01/28/03	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	<input type="checkbox"/> AUTOMOBILE LIABILITY	9543511000	06/23/02	06/23/03	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 100000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ 300000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 50000
<input type="checkbox"/> HERED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY AGG	\$
EXCESS LIABILITY	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0196 00887	01/01/02	01/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$ 100,000
					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
OTHER						

DESCRIPTION OF OPERATIONS/BLOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

Electrical Contractor - State of Florida

CERTIFICATE HOLDER N ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
TOWNS-1 Town of Sewalls Point Gene Simmons 220-4765 1 S Sewalls Point Road Stuart FL 34996	AUTHORIZED REPRESENTATIVE

**2001-2002 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(888) 288-5804

LICENSE 994-508-008 CERT ME00478

PHONE (561) 286-2947 SIC NO 01731

LOCATION:

4886 SW HONEY TER MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	UC 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		25.00	

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **ELECTRICAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

17 DAY OF AUGUST 01
AND ENDING SEPTEMBER 30 2002

RELSNER, JIM JR
JIM REISNER JR
4886 SW HONEY TERRACE
PALM CITY FL 34990

RECEIPT OF PAYMENT

LARRY C. O'STEEN
99 BOX 9013 STUART FL 34995
8882885804

RECEIVED
AUG 21 2002
BY: _____

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSES

DATE	BATCH NUMBER	LICENSE NO.
08/17/2002	000001	99-000478

ELECTRICAL CONTRACTOR
JIM REISNER JR
Under the provisions of Chapter 489, F.S.
Expiration date: **AUG 31, 2002**

REISNER, JAMES LEE
JIM REISNER ELECTRIC
4886 SW HONEY TERRACE
PALM CITY FL 34990

JEB BUSH
GOVERNOR


DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

Electrical Items: MADDON RESIDENCE

1. Add Nine GFI Outlets, Porch Area.
2. Add Low Voltage Lighting, Trellis Area
3. Connect 2 Pumps & Lites, XPMRS, Deck Bypass
of the Existing Sub Panel for Pool - (within Sete-
of Pool Equipment)

James L. Reim, Owner
JIM REISNER ELECTRIC

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: <u>8/26/82</u>

BUILDING OFFICIAL
Gene Simmons

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Aug 28, 2008, Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5845	LUCAS	RE-INSPECT	Passal	Roofline & locks &
(5)	1 Mandalay Quality	Final FENCE		locks & INSPECTOR: [Signature]
		Final - 8/26/02		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5828	WALKER	Insulation	Passal	
(4)	21 W. High Pt Rd Holmes			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5746	Milord	Elevator	Passal	
(7)	144 V-Sewall's Pt Rd Signature lift			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5863	Newman	insulation	Passal	
(8)	15 Periwinkle Crescent Emmick			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5625	HENRY	Final Pool	Failed ?	Rec. 5/28/15 by 161
(3)	8 E. High Pt. Rd Schiller		→	Safety Helms INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5868	Stuckle	Roof	Passal	
(2)	7 Lantana Lane Masterpiece	Sheeting		INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5735	Madden	Electrical	Passal	
(1)	160 S. River Rd J/R Electric	(Patch area)		INSPECTOR: [Signature]

OTHER: _____

6257

POOL DECK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5/7/03

BUILDING PERMIT NO. 6257

Building to be erected for KEVIN MADDEN Type of Permit POOL DECK

Applied for by SECOND NATURE LAND DESIGN (Contractor) Building Fee 76.80

Subdivision MARGUERITA Lot 13 Block _____ Radon Fee _____

Address 160 S. RIVER ROAD Impact Fee _____

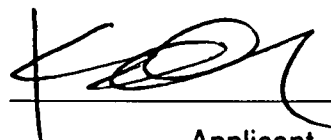
Type of structure SFR A/C Fee _____

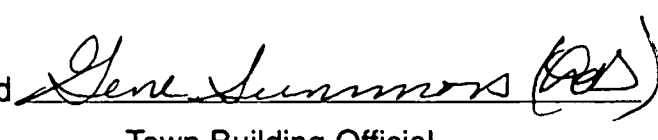
Parcel Control Number: _____ Plumbing Fee _____

133841011 0000013070000 Roofing Fee _____

Amount Paid 76.80 Check # 3440 Cash _____ Other Fees (_____)

Total Construction Cost \$ 8,000.00 TOTAL Fees 76.80

Signed  Applicant

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: 5837

Owner or Titleholder Name: KEVIN MADDEN City: STUART State: FL Zip: 34996
Legal Description of Property: LOT 13 MARGUERITA SUBDIVISION Parcel Number: 13384101100000 13070000
Location of Job Site: S. RIVER RD Type of Work To Be Done: POOL DECK

CONTRACTOR/Company Name: SECOND NATURE LAND DESIGN INC Phone Number: 772-263-9138
Street: 5755 SW RANCHITO STREET City: PALM CITY State: FL Zip: 34990
State Registration Number: State Certification Number: Martin County License Number: SP022865

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$2,000-00 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

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.

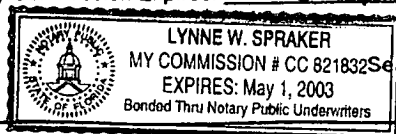
OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of:
This the day of , 200
by who is personally
known to me or produced
as identification.

Notary Public
My Commission Expires:

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of:
This the day of 2002
by Kenneth E. Teardo who is personally
known to me or produced
As identification.

Notary Public Lynne W. Spraker
My Commission Expires: 5-1-03

Seal



ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YY) 03/31/03	
PRODUCER DES CHAMPS & GREGORY, INC. 1812 MANATEE AVENUE WEST P O BOX 1101 BRADENTON FLORID 34206-1101		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 SECOND NATURE LAND DESIGN INC 4651 NE OCEAN BLVD JENSEN BEACH FL 34957		COMPANY A F C C I				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		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CPP00010112	03/15/03	03/15/04	GENERAL AGGREGATE	\$2,000,000	
					PRODUCTS - COMP/OP AGG	\$2,000,000	
					PERSONAL & ADV INJURY	\$1,000,000	
					EACH OCCURRENCE	\$1,000,000	
					FIRE DAMAGE (Any one fire)	\$ 100,000	
					MED EXP (Any one person)	\$ 5,000	
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	\$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT	\$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					OTHER THAN AUTO ONLY:	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL					EACH ACCIDENT	\$	
OTHER					AGGREGATE	\$	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS							
CERTIFICATE HOLDER Town of Sewall Point 772-692-3537				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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.			
ACORD 25-6 (1/85)				AUTHORIZED REPRESENTATIVE Michelle Dupre		MD A	
© ACORD CORPORATION 1998							

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE OF ISSUE
04/08/2003

PRODUCER
Insurance Company of the Americas
1310 Utica Street
P.O. Box 855
Oriskany, New York 13424
Tel: (315) 768-2726 Fax: (315) 736-8731

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
Employee Leasing Solutions, Inc.
Formerly Known As: People Leasing, Inc.
L/C/F Second Nature Land Design, Inc.
1301 6th Ave. W.
Bradenton, FL 34205

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Company of the Americas	33030
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.

INBR LTR	ADD'L INBR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCC.) \$ MED EXPENSE (per one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC03010102	01/01/03	01/01/04	<input checked="" type="checkbox"/> WC STAT. (Per limits) <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER Client ID #4040037				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:
 Second Nature Land Design, Inc.
 Qualifiers Name: KENNETH TEARDO

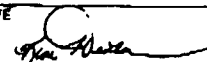
CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 S SEWALLS POINT RD
ATTN: JEAN SIMMONS
SEWELLS, FL 34996

CANCELLATION

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 FAILING TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



HMW4P15RZ3S3LTM

**2002-2003 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34995
(561) 288-6604

LICENSE 1998-267-046 CERT _____
PHONE (561) 287-8733 SIC NO 5612301

LOCATION:
5755 SW RANCHITO ST MARIETTA

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>6.25</u>
\$	<u>.00</u>	COL. FEE \$	<u>58.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>11.00</u>
TOTAL			<u>36.25</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **LANDSCAPE LAWMANINTENANCE**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

31 DAY OF MARCH 20 03
AND ENDING SEPTEMBER 30, 2003

**TEARDO, KENNETH E
SECOND NATURE LAND DESIGN
KENNETH E TEARDO
5755 SW RANCHITO ST
PALM CITY FL 34990**

RECEIPT OF PAYMENT

6010
LARRY C. O'STEEN
99783/31/2003 DCCI NORMAL
199826700046888
022003033100413MCK \$36.25

SURVEYOR NOTES:

ALLEN E. BECK, INC. SETS A STANDARD MARKER OF A 1/2" IRON ROD AND A CAP MARKED LB 6790 AT ALL CORNERS, UNLESS OTHERWISE NOTED HEREON. SAID CORNER IS SHOWN AS = ● AND FIELD SURVEYED ON

9-16-98
 BASIS OF BEARINGS/ANGLES BEING THE SOUTH RW
 LINE OF MARGUERITA ROAD PER RECORD PLAT.

ABBREVIATIONS:

- | | |
|--|---------------------------|
| FD. = FOUND | -///- = OVERHEAD UTILITY |
| (R) = RADIAL | WM □ = WATER METER |
| (C) = CALCULATED | □ = POWER POLE |
| (M) = MEASURED | U.P. □ = UTILITY PEDESTAL |
| (D) = DEED OR DESCRIPTION | ○ = WELL |
| (UN-R) = UNREADABLE | ○ = SATELLITE DISH |
| L.R.C. = IRON ROD & CAP | ○ = CENTERLINE |
| L.P.C. = IRON PIPE & CAP | Δ = DELTA |
| P.C. = POINT OF CURVATURE | L = LENGTH |
| P.T. = POINT OF TANGENCY | R = RADIUS |
| P.R.C. = POINT OF REVERSE CURVATURE | M&D/T = NAIL AND DISC/TAB |
| P.C.C. = POINT OF COMPOUND CURVATURE | R/W = RIGHT-OF-WAY |
| P.C.P. = PERMANENT CONTROL POINT | ET = ELECTRIC TRANSFORMER |
| D./U.E. = DRAINAGE &/OR UTILITY EASEMENT | |
| E/P = EDGE OF PAVEMENT | |

ALLEN E. BECK, INC. DOES NOT GUARANTEE OR ASSUME ANY LIABILITY FOR ANY EASEMENT, RIGHT-OF-WAY, SETBACKS, RESERVATION, RESTRICTION, OR SIMILAR MATTERS NOT SHOWN OR REFERRED TO ON THE PLAT, OR PHYSICALLY VISIBLE ON SITE. THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF ABSTRACT TITLE AND ALL MATTERS OF TITLE SHOULD BE REFERRED TO AN ATTORNEY.

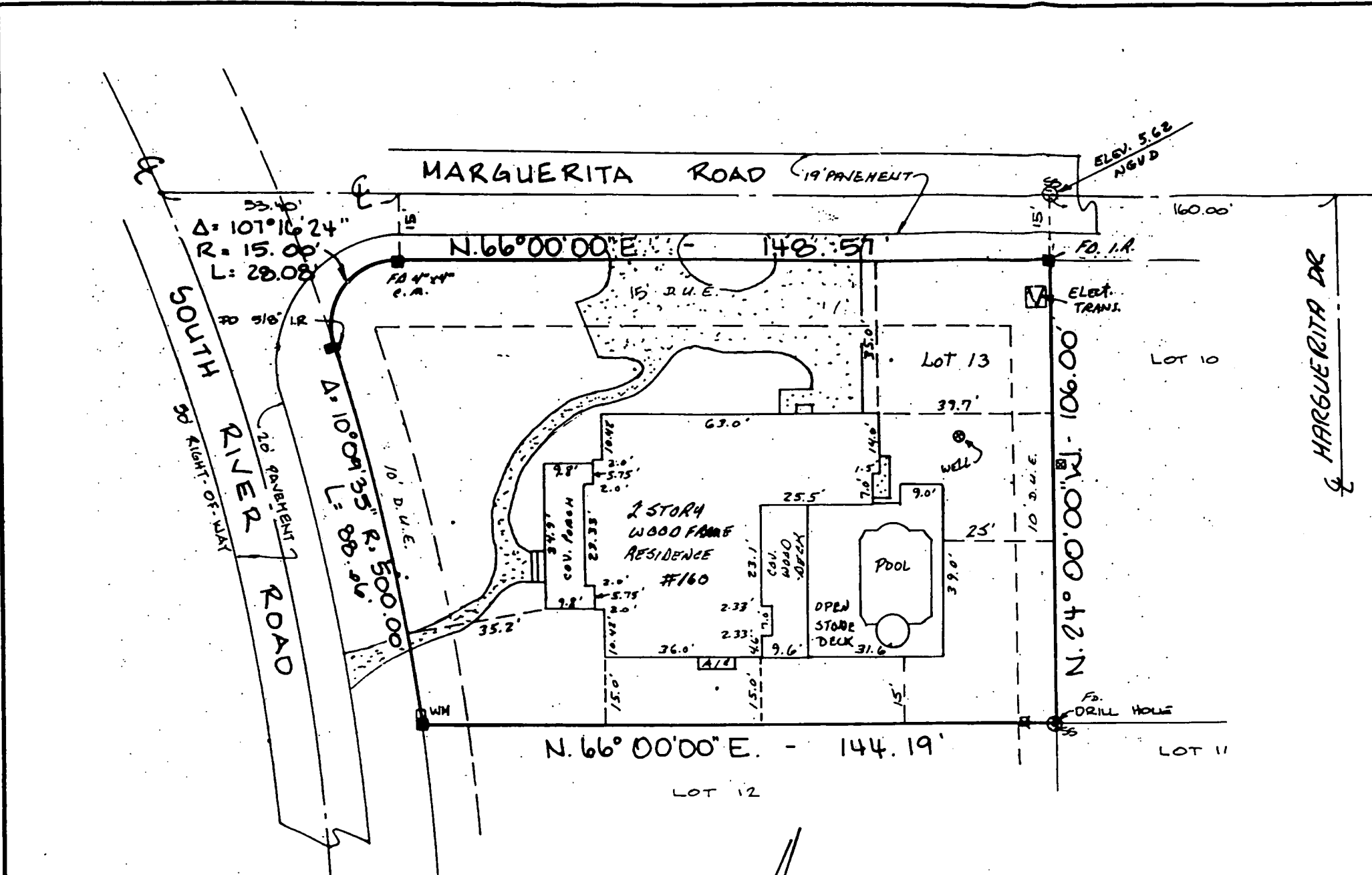
THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

JURISDICTIONAL AREAS, WETLANDS, AND UNDERGROUND UTILITIES, IF ANY HAVE NOT BEEN LOCATED, OTHER THAN SHOWN.

THIS SURVEY IS FOR THE USE OF THE PARTIES SPECIFICALLY CERTIFIED TO HEREON, AND NO OTHERS.

ACCORDING TO THE FEDERAL EMERGENCY MANAGEMENT ASSOCIATION (FEMA) FLOOD INSURANCE RATE MAPS, THIS PROPERTY LIES IN FLOOD ZONE COMMUNITY PANEL 120164 0002 DATED 6-16-92
 BASE ELEVATION N/A

EXISTING - HSE-DRIVE-WALK-GR. = 5145 SQ.FT.
 PROPOSED POOL AREA = 1100 SQ.FT.
 TOTAL LOT AREA = 16305 SQ.FT.



LEGAL DESCRIPTION

LOT 13, BLOCK —, OF
 MARGUERITA SUBDIVISION
 ACCORDING TO THE PLAT THEREOF,
 AS RECORDED IN PLAT BOOK 10 AT
 PAGE 3, OF THE PUBLIC
 RECORDS OF MARTIN COUNTY, FLA.

BOUNDARY SURVEY

CERTIFIED TO:
 KEVIN T. MADDEN
 SUNTRUST BANK, NATIONAL ASSOCIATION,
 ITS SUCCESSORS AND/OR ITS ASSIGNS
 Mc CARTHY, SOMMERS, BOGGS, ASKEY, WOOD ISAWARRA
 COMMONWEALTH LAND TITLE INSURANCE CO.

REVISIONS

ADD PROPOSED POOL & AREA TABUL.	AEB	6-10-02
ADD POOL FINAL	AEB	10-02-02

SURVEYOR'S CERTIFICATE
 I HEREBY CERTIFY TO THE BEST OF MY BELIEF THAT THIS SURVEY IS TRUE AND ACCURATE, AND THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR SURVEYING AS PER CHAPTER 61G17-6 OF THE F.A.C. SUBJECT TO ALL NOTES AND NOTATIONS SHOWN HEREON.



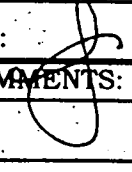
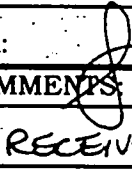
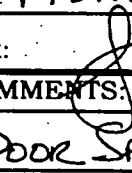
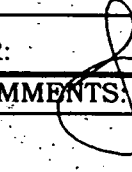
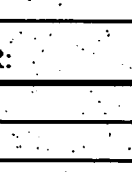
Allen E. Beck 9-21-98
 ALLEN E. BECK P.S.M. # 3690 DATE

ALLEN E. BECK, INC.
 PROFESSIONAL LAND SURVEYORS
 608 SW. BAYSHORE BLVD.
 PORT ST. LUCIE, FLORIDA 34983
 (561) 340-1432 LB 6790
 SCALE 1" = 30' JOB NO. 98-4490
 F.B. 5L-33 PAGE 41 & FILE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/9, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5937	FOSTER	ELEC - INT	FAILED	
	128 S. Sewalls Pt	Plumb - 2nd St	PASSED	
	RALPH PARKS	AC & INSUL.	FAILED	INSPECTOR: 
6251	DICKERSON	UNDERGROUND	PASSED	
	19 EMARITA WAY	GAS		
	TREASURE COAST PROPANE			INSPECTOR: 
6046	CONROY	Elec, Plum, Alc	PASSED	
	12 PALMETTO	Strap		
	O/B			INSPECTOR: 
6255	GOODMAN	ROOF SHEATHING	PASSED	
	6 OAKWOOD	DRIFTWOOD		
	SAM CHESS	(AS LATE AS POSS)		INSPECTOR: 
6257	MADDEN	POOL DECK		SURVEY RECEIVED
	160 S. RIVER			NEED AFFIDAVIT
	SECOND NATURE			INSPECTOR: 
5825	SHEWBRIDGE	ADDITION GARAGE	PASSED	NEED DOOR SPEEDS
	126 S. SEWALLS Pt			
	DRIFTWOOD			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: 

OTHER: _____

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6913	Mosley	52 S Sewall Pt	Fence repair	NOT DONE
6914	Mosley	52 S Sewall Pt	Replace dock	NOT DONE
7649	Milord	52 S Sewall Pt	Temp Power Pole	NOT DONE
6989	DeSardis	73 S River	Dock repair	
6940	Hart	61 S River	Dock repair	CM 10/22
6572	Francis	5 S River Pt	Dock electric renewed	
6257	Madden	160 S River Rd	Pool deck	CM 10/22
7697	DeSardis	73 S River Rd	Replace Cobblestone drive	
7539	DeSardis	73 S River Rd	Replace 3 windows	
7179	Hobby	20 Palmetto Dr	REPLACE GARAGE	House demolish
7602	River	3 S Sewall Pt	Fence + columns	Null + void
6209	McMahon	5 Melody Ln	Fence	
7590	Weisbecker	2 Copaire Rd	Remove 30' of driveway	
7879	Martin	23 Island Rd	Minor ext elec	CM 10/22
7916	Martin	23 Island Rd	Minor elec	CM 10/22
8000	Martin	23 Island Rd	Relocate floor outlet	CM 10/22
7633	THOMAS	10 PALM ROAD	REPLACE WINDOWS	

7596

REMODEL BATH

WINDOWS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 7596

Date 6/2/05

Building to be erected for MADDEN

Type of Permit RETILE BATH + INSTALL WINDO

Applied for by O/B

(Contractor) Building Fee 250.00

Subdivision MARGHERITA Lot 13 Block _____

Radon Fee _____

Address 160 S. RIVER RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338410110000013070000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 250.00 Check # 1115 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 5,000.

TOTAL Fees 250.00

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 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 |
| | | <input checked="" type="checkbox"/> BATH RENOVATION |

INSPECTIONS

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

RECEIVED

CGCL-215-8988

Date: 5/27/05

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME KEVIN & MARGUERITE MADDEN (772) 223-2058 (Fax) Phone (Day)

Job Site Address: 160 S. RIVER RD City: STUART State: FL Zip: 34996

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

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

Description of Work To Be Done: REPLACE TILE IN MASTER SHOWER & BLOCK WINDOW (2 FLOOR) ALL DUE TO HURRICANE DAMAGE

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5,000 (Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

(If yes, Owner Builder Affidavit must accompany application)

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.# _____ Phone Number _____

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

ENGINEER _____ Lic.# _____ Phone Number _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required) Marguerite Madden

State of Florida, County of: MARTIN

This the 27th day of MAY, 2005

by MARGUERITE S. MADDEN who is personally

known to me or produced by [Signature] #6123/10

as identification [Signature]

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

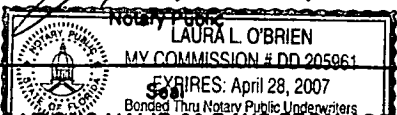
This the _____ day of _____ 2005

by _____ who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____



My Commission Expires: _____

Notary Public

Seal

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



PERMIT # _____

Parcel ID
FAX FOLIO # 1338410110000013070000

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):

MARGUERITA LOT 13 160 S. RIVER RD SEWALL'S Pt, FL

GENERAL DESCRIPTION OF IMPROVEMENT: BATHROOM RENOVATION, DOORS, WINDOWS GENERAL RESTORATI.

OWNER: MARGUERITE S. MADDEN

ADDRESS: 160 S. RIVER RD SEWALL'S Pt, FL 34996

PHONE #: 772-223-2058 FAX #: _____

CONTRACTOR: OWNER FOUNDED

ADDRESS: _____

PHONE #: _____ FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

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(1)(A)7., FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE #: _____ FAX #: _____

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

Marguerite Madden
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27th DAY OF May 2005 BY MARGUERITE S. MADDEN

[Signature]
NOTARY SIGNATURE



PERSONALLY KNOWN
PRODUCED ID M350-557-65-723-0
TYPE OF ID FLDL x6/23/10



- SITE NAVIGATION**
- Home
- Course Accreditation
- Florida Building Code
- Manufact. Buildings
- Prototype Building
- Surcharges
- Training
- Product Approval
- License Search
- Mailing List
- Florida Building Commission

PRODUCT APPROVAL Product Type Detail

Overview Product Search Organization Search Product Application

User: Public User - Not Associated with Organization -

[Need Help ?](#)

Application #: FL2025
 Date Submitted: 03/09/2004
 Code Version: 2001

Product Manufacturer: Hy-Lite Products Inc.
 Address/Phone/email: 101 California
 Beaumont, CA 92223
 (800) 827-3691

Technical Representative: Karl Hatrak
 Technical Representative Address/Phone/email: 101 California Ave
 Beaumont, CA 92223
 (800) 827-3691
 karl_hatrak@hy-lite.com

Quality Assurance Representative: Tracy Avila
 Quality Assurance Representative Address/Phone/email: 101 California
 Beaumont, CA 92223
 (800) 827-3691
 tracy_avila@hy-lite.com

Category: Windows
 Subcategory: Fixed

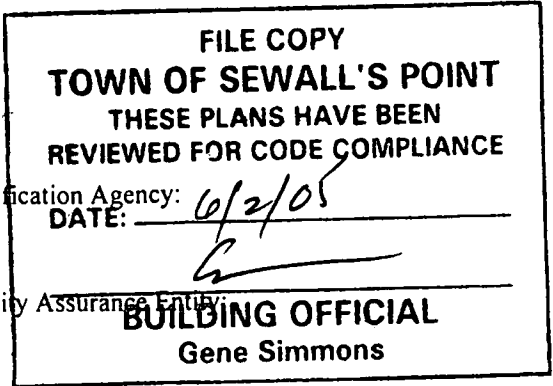
Evaluation Method: Certification Mark or Listing

Referenced Standards from the Florida Building Code:

Section	Standard	Year
	AAMA / NWWDA 101/ I.S 2-97	1997
	CAWM 301-90	1997
	Forced Entry	

Certification Agency: 6/2/05
 DATE: _____ American Architectural Manufacturers Association

Quality Assurance Entity: _____
BUILDING OFFICIAL
 Gene Simmons



Validation Entity:

Authorized Signature:

Michael Smith
mike_smith@hy-lite.com

Evaluation/Test Reports Uploaded:

Installation Documents Uploaded:

Product Approval Method:

Method 1 Option A

Application Status:

Approved

Date Validated:

03/09/2004

Date Approved:

04/21/2004

Date Certified to the 2004 Code:

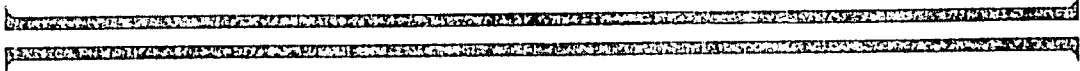
Page:

Page 1 / 1

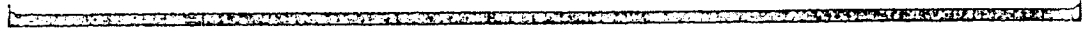
App/Seq #	Product Model # or Name	Model Description	Limits of Use
2025.1	600/800	Aluminum w/ 3 x 6 3x8 Blocks	600/800 98x98 F-C30/ 74x74 F-HC40 / 50x50 F-HC80/ 26x82 F-C80 625/825 74x74 F-C35/ 50x50 F-C80/ 26x82 F-C80 Low Profile Builders Series 77x77 F-HC40/ 52x52 F-HC70/ 31x87 F-C80 Glass Block Series Alum. 57x57 F-LC50/ Vinyl 57x57 F-LC80 Prestige Fixed Window 79x79 F-C35/ 55x55 F-C80/ 31x87 F-C80
2025.2	625/825	Aluminum w/ 2x6 2x8 Blocks	600/800 98x98 F-C30/ 74x74 F-HC40 / 50x50 F-HC80/ 26x82 F-C80 625/825 74x74 F-C35/ 50x50 F-C80/ 26x82 F-C80 Low Profile Builders Series 77x77 F-HC40/ 52x52 F-HC70/ 31x87 F-C80 Glass Block Series Alum. 57x57 F-LC50/ Vinyl 57x57 F-LC80 Prestige Fixed Window 79x79 F-C35/ 55x55 F-C80/ 31x87 F-C80
			600/800 98x98 F-C30/ 74x74 F-HC40 / 50x50 F-HC80/ 26x82 F-C80 625/825 74x74 F-C35/ 50x50 F-C80/ 26x82 F-C80 Low Profile Builders

2025.3	Glass Block Series	Aluminum w/ 2x8 Glass Block	Series 77x77 F-HC40/ 52x52 F-HC70/ 31x87 F- C80 Glass Block Series Alum. 57x57 F-LC50/ Vinyl 57x57 F-LC80 Prestige Fixed Window 79x79 F-C35/ 55x55 F- C80/ 31x87 F-C80
2025.4	Glass Block Series	Vinyl w/ 2x8 Glass Block	600/800 98x98 F-C30/ 74x74 F-HC40 / 50x50 F- HC80/ 26x82 F-C80 625/825 74x74 F-C35/ 50x50 F-C80/ 26x82 F- C80 Low Profile Builders Series 77x77 F-HC40/ 52x52 F-HC70/ 31x87 F- C80 Glass Block Series Alum. 57x57 F-LC50/ Vinyl 57x57 F-LC80 Prestige Fixed Window 79x79 F-C35/ 55x55 F- C80/ 31x87 F-C80
2025.5	Low Profile Builders Series	Vinyl w/ 2x6 2x8 Blocks	600/800 98x98 F-C30/ 74x74 F-HC40 / 50x50 F- HC80/ 26x82 F-C80 625/825 74x74 F-C35/ 50x50 F-C80/ 26x82 F- C80 Low Profile Builders Series 77x77 F-HC40/ 52x52 F-HC70/ 31x87 F- C80 Glass Block Series Alum. 57x57 F-LC50/ Vinyl 57x57 F-LC80 Prestige Fixed Window 79x79 F-C35/ 55x55 F- C80/ 31x87 F-C80
2025.6	Prestige Fixed Window	Vinyl w/ 2x6 2x8 Blocks	600/800 98x98 F-C30/ 74x74 F-HC40 / 50x50 F- HC80/ 26x82 F-C80 625/825 74x74 F-C35/ 50x50 F-C80/ 26x82 F- C80 Low Profile Builders Series 77x77 F-HC40/ 52x52 F-HC70/ 31x87 F- C80 Glass Block Series Alum. 57x57 F-LC50/ Vinyl 57x57 F-LC80 Prestige Fixed Window 79x79 F-C35/ 55x55 F- C80/ 31x87 F-C80

Next



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Meeting Florida Building Codes with Hy-Lite Products

7 pages
Total

Florida Wind Zone Requirements

The Florida Building Code has minimum requirements to ensure that buildings in hurricane prone areas can withstand high winds and within coastal counties, the impact of wind-borne debris. Buildings must withstand exterior wind pressures, and in wind-borne debris regions, they must either be designed to withstand additional interior wind pressures that occur when windows and doors are pierced in a storm, or all exterior glass windows and doors must be made of shatter-resistant glass, or be protected by shutters.

Although Hy-Lite's acrylic and glass block windows do not qualify as impact resistant glass, they can be used even in the strictest areas provided shutters are used. Although our windows may not survive multiple impacts of large objects, they have passed wind load tests in excess of 112 psf (212 mph wind equivalent).

Basically, the Wind Requirements for the state of Florida are broken down into four zones:

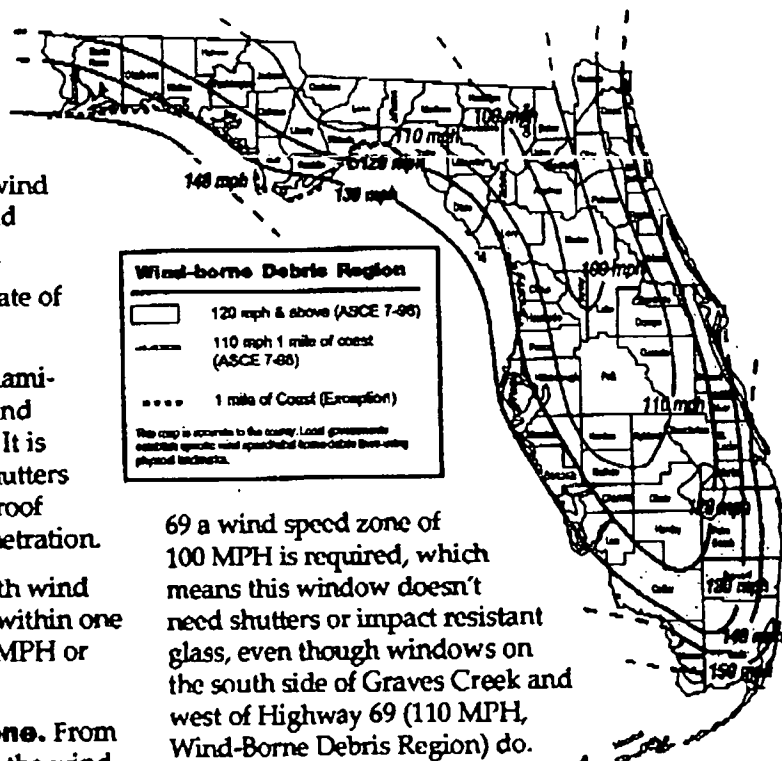
High Velocity Hurricane Zone. In Miami-Dade and Broward counties, strict design and construction measures have been adopted. It is required to protect windows with either shutters or impact resistant glass, and for wall and roof systems resistant to wind-borne debris penetration.

Wind-Borne Debris Region. Areas with wind speeds in excess of 120 MPH and/or areas within one mile of the coast where wind speed is 110 MPH or greater. Shutters are needed in these areas.

Panhandle Protection Provision Zone. From Franklin County to the Alabama state line, the wind-borne debris region is restricted to the area within one mile of the coast. Shutters are needed only in areas within 1 mile of the coast where wind speed is 110 MPH or greater.

Remaining Florida. Wind loads are calculated based on wind speed estimates as determined by ASCE 7-98 base wind speed map. For these areas, the buildings are designed and built much as they were using previous codes.

So, what if you don't want to use shutters with Hy-Lite windows? Check your local building codes. In many counties, whether you need shutters or not depends on several factors: distance from the coast; which side of the house the window will be installed; etc. For instance, in Calhoun county, a window on the north side of Graves Creek and east of Highway



69 a wind speed zone of 100 MPH is required, which means this window doesn't need shutters or impact resistant glass, even though windows on the south side of Graves Creek and west of Highway 69 (110 MPH, Wind-Borne Debris Region) do.

Detailed and updated information on the Florida Building Code is available by visiting the codes official site, www.floridabuilding.org or by calling the Florida Department of community affairs at (850) 487-1824 or (877) FLA-DCA-2 and ask to speak to someone in the codes and Standards Section.

RESOURCES

The Florida Department of Community Affairs Building Code Information System www.floridaguilding.org/pr/pr_srch.asp - search online for products approved by The Florida Building Commission.

Also, you can visit www.buildingcodeonline.com for more information on the Miami-Dade County High Velocity Hurricane Zone Requirements.

(* 5 Pages) *



TESTING INFORMATION
Aluminum Windows

	6" x 6" x 2"	6" x 6" x 3"	8" x 8" x 2"	8" x 8" x 3"
Weight of Hy-Lite Blocks*	4.1 lb./sq. ft.	4.4 lb./sq. ft.	3.1 lb./sq. ft.	3.4 lb./sq. ft.

**Weights based on 50" x 50" windows. Square footage weight is typically less for larger windows.*

UV Stability (Discoloring)				
Fed Test Std. 406	No Effect	No Effect	No Effect	No Effect
ASTM D1435 [3 years of Arizona exposure]	Negligible Effect	Negligible Effect	Negligible Effect	Negligible Effect

Safety Glazing				
ANSI Z97.1-1984	Passed	Passed	Passed	Passed

Hy-Lite windows are qualified to be used in most applications where tempered glass is required.

Performance Class:
AAMA/NWDA 101 I.S.2-97

SEE CHARTS BELOW

Performance Class:				
AAMA 1701.2-85 HUD 3280.305				
Wind Zones II, & III (48 & 58 psf)	Passed	Passed	Passed	Passed

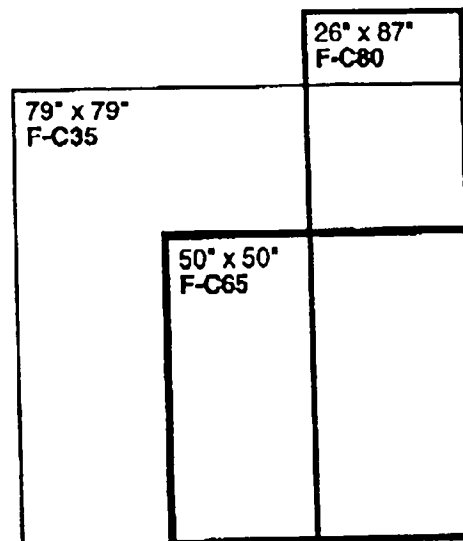
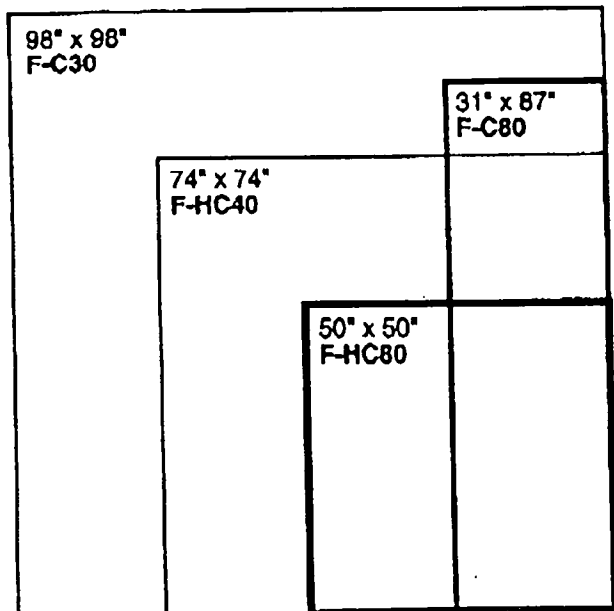
Thermal Performance Results:				
NFRC				
U-Value Residential (AA)	0.55	0.51	0.54	0.51
U-Value Nonresidential (BB)	0.54	0.50	0.54	0.50

Complete test reports are on file with Hy-Lite and are available upon request. AAMA and NFRC ratings are pending for Diamond Block Windows.

Performance Class:
AAMA/NWDA 101/I.S.2-97 Each rating applies to windows of the indicated size and smaller.

Block Size: 6" x 6" x 3"
 8" x 8" x 3"

Block Size: 6" x 6" x 2"
 8" x 8" x 2"



The information contained is current at the time of printing. Changes to product(s) may have been made since publication. Please consult your sales representative prior to purchase.

TESTING INFORMATION

Vinyl Windows



	Fixed	Casement	Awning
Weight of Hy-Lite Blocks*			
6" Blocks	3.7 lb./sq. ft.	5.5 lb./sq. ft.	5.5 lb./sq. ft.
8" Blocks	3.4 lb./sq. ft.	5.0 lb./sq. ft.	5.0 lb./sq. ft.

*Weights based on the following models: KD808, L0606, P48, Q36. Square footage weight is typically less for larger windows.

UV Stability (Discoloring)

Fed Test Std. 406	No Effect	No Effect	No Effect
ASTM D1435 [3 years of Arizona exposure]	Negligible Effect	Negligible Effect	Negligible Effect

Safety Glazing

ANSI Z97.1-1984	Passed	Passed	Passed
-----------------	--------	--------	--------

Hy-Lite windows are qualified to be used in most applications where tempered glass is required.

Performance Class:

AAMA/NWDA 101 I.S.2-97

	Fixed	Casement	Awning
FIXED		SEE CHART BELOW	
CASEMENT	N/A	C-40	N/A
AWNING	N/A	N/A	C-40

Performance Class:

AAMA 1701.2-85 HUD 3280.305

Wind Zones II & III (48 & 58 psf)	Passed	Passed	Passed
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Thermal Performance Results:

NFRC

U-Value Residential (AA)	0.49	0.46	0.46
U-Value Nonresidential (BB)	0.49	0.46	0.46

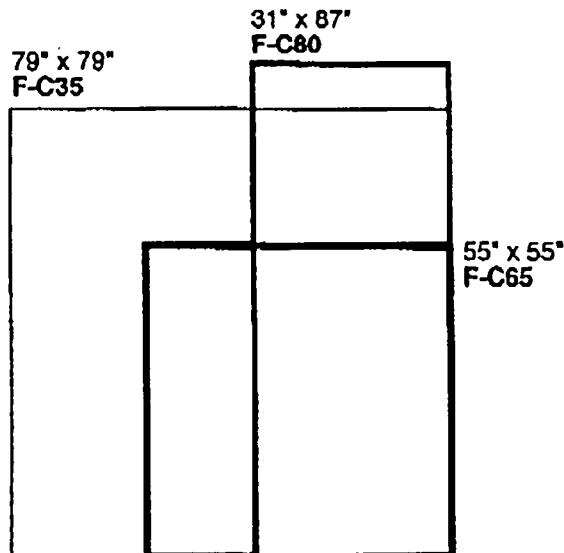
Complete test reports are on file with Hy-Lite and are available upon request. AAMA and NFRC ratings are pending for Diamond Block windows and Low Profile vinyl windows.

Performance Class:

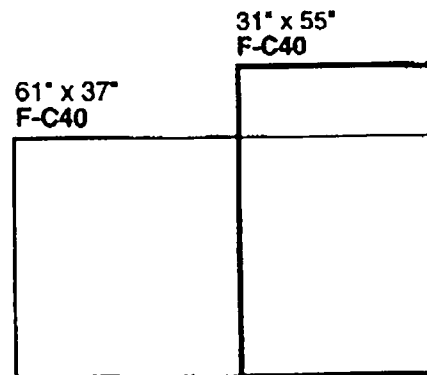
AAMA/NWDA 101/I.S.2-97

Each rating applies to windows of the indicated size and smaller.

Fixed Units



Operable Units



The information contained is current at the time of printing. Changes to product(s) may have been made since publication. Please consult your sales representative prior to purchase.

Certification Test Summary
AAMA/NWDA 101A.S2-97

Company	Date Tested	Report Number	Specification	Rating	Series/Model	Expiration Date
Hy-Lite Products Inc.	9/28/99	V99F-141	F-C80*-31x87	80	Prestige/Fixed	9/24/03
Hy-Lite Products Inc.	9/28/99	V99F-145	F-C65*-55x55	65	Prestige/Fixed	9/24/03
Hy-Lite Products Inc.	9/28/99	V99A-144	AP-C40-61x37	40	Prestige/Awn	9/24/03
Hy-Lite Products Inc.	9/28/99	V99C-143	C-C40-31x65	40	Prestige/Case	9/24/03
Hy-Lite Products Inc.	9/28/99	V99F-139	F-C35-79x79	35	Prestige/Fixed	9/24/03
Hy-Lite Products Inc.	9/28/99	Waiver V99F-141	F-C80*-31x87	80	625/825	9/24/03
Hy-Lite Products Inc.	9/28/99	Waiver V99F-145	F-C65*-55x55	65	625/825	9/24/03
Hy-Lite Products Inc.	9/28/99	Waiver V99F-139	F-C35-79x79	35	625/825	9/24/03
Hy-Lite Products Inc.	9/28/99	Waiver V99F-141	F-C80*-31x87	80	600/800	9/24/03
Hy-Lite Products Inc.	12/21/99	1. A99F-183 Waiver V99F-145	F-HC80*-50x50	80	600/800	12/21/03
Hy-Lite Products Inc.	9/28/99	Waiver V99F-145	F-C65*-55x55	65	600/800	9/24/03
Hy-Lite Products Inc.	4/8/01	A01F-043	F-HC40-74x74	40	600/800	4/8/05
Hy-Lite Products Inc.	11/21/00	A00F-146	F-C30-98x98	30	800/800	11/21/04

Vinyl

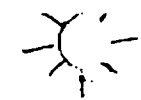
Alu

Alu

DP Rating

TABLE OF EQUIVALENT WIND VELOCITIES

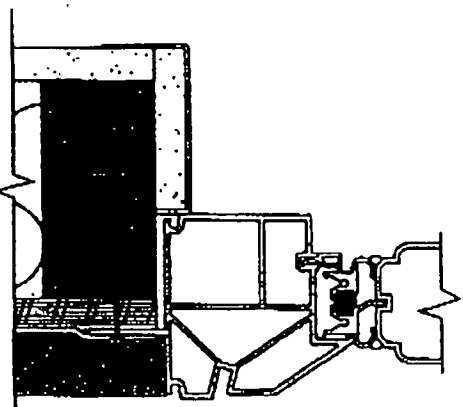
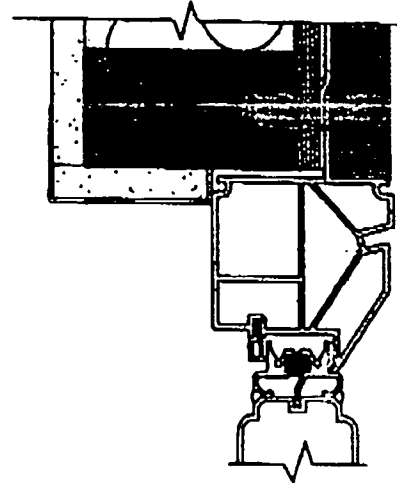
Design Pressure Rating or Class	Water Test Pressure In PSF	Equiv. Wind Velocity In MPH.	Structural Test Pressure In PSF.	Equiv. Wind Velocity In MPH.
15	>>> 2.86	>>> 33.85	>>> 22.50	>>> 94.94
20	>>> 3.00	>>> 34.87	>>> 30.00	>>> 109.63
25	>>> 3.75	>>> 38.76	>>> 37.50	>>> 122.57
30	>>> 4.50	>>> 42.46	>>> 45.00	>>> 134.27
35	>>> 5.25	>>> 45.86	>>> 52.50	>>> 145.03
40	>>> 6.00	>>> 49.02	>>> 60.00	>>> 155.04
45	>>> 6.75	>>> 52.00	>>> 67.50	>>> 164.45
50	>>> 7.50	>>> 54.82	>>> 75.00	>>> 173.34
55	>>> 8.25	>>> 57.49	>>> 82.50	>>> 181.8
60	>>> 9.00	>>> 60.05	>>> 90.00	>>> 189.89
65	>>> 9.75	>>> 62.50	>>> 97.50	>>> 197.64
70	>>> 10.50	>>> 64.86	>>> 105.00	>>> 205.1
Air Infiltration Pressures In PSF.		Equivalent Wind Velocity In MPH.		
1.57		25.08		
6.24		50.00		
<p>These values are calculated from the Enswiler formula $P = .002496 V^2$, where V = wind velocity in miles per hour and P = the differential pressure across the window in pounds per square foot. The equation assumes the direction of the wind is perpendicular to the window and there are no effects from surrounding terrain or the shape of the building in which it is installed. Positive (+) pressures act inward and negative (-) pressures act outward on the window.</p>				
<p><u>Hy-Lite Products Inc. Sample NFRC Labels</u></p>				



U-Value to R-Value Conversion Table

(R=1/U)

Window Type	U-Value	R-Value	SHGC	
<i>Aluminum</i>	600/800	AA 0.51 BB 0.50	1.96 2.00	
	625/825	AA 0.54 BB 0.54	1.85 1.85	
		625/825 SW	0.48/0.51	0.32/0.36
	<i>vinyl</i>	PRESTIGE FIXED	AA 0.49 BB 0.49	2.04 2.04
		SOLAR 6"/8"	0.43/0.45	0.26/0.30
		PRESTIGE CASEMENT	AA 0.46 BB 0.46	2.17 2.17
SOLAR 6"/8"		0.41/0.44	.023/.026	
PRESTIGE AWNING		AA 0.46 BB 0.46	2.17 2.17	
SOLAR 6"/8"		0.42/0.44	0.23/0.25	
<i>vinyl</i>		BUILDER SERIES 882CW	0.49	0.59
		BUILDER SERIES 662 CW	0.49	0.60
	BUILDER SERIES 882SW	0.45	0.33	
	BUILDER SERIES 662SW	0.43	0.29	



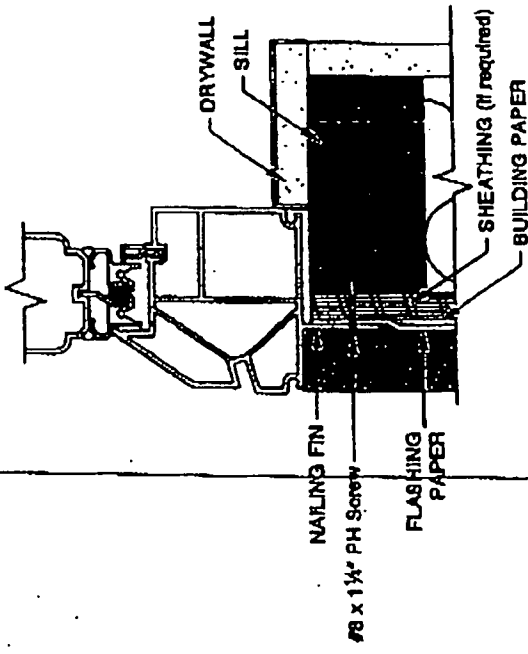
Performance Class:
 AAMA/WDMA 101A.S.2-97
 Each rating applies to windows of the indicated size and smaller.

Fixed Units

78" x 78" P-C35 / DP 86 V98F-138	31" x 87" P-C50 / DP 80 V98F-141
85" x 85" P-Q85 / DP 85 V98F-145	

Operable Units

61" x 37" AP-C10 / DP 40 V98A-144	31" x 65" P-C40 / DP 40 V98C-143
---	--



Hy-Lite
 PRODUCTS, INC.
 101 California Ave.
 Beaumont, CA 92223

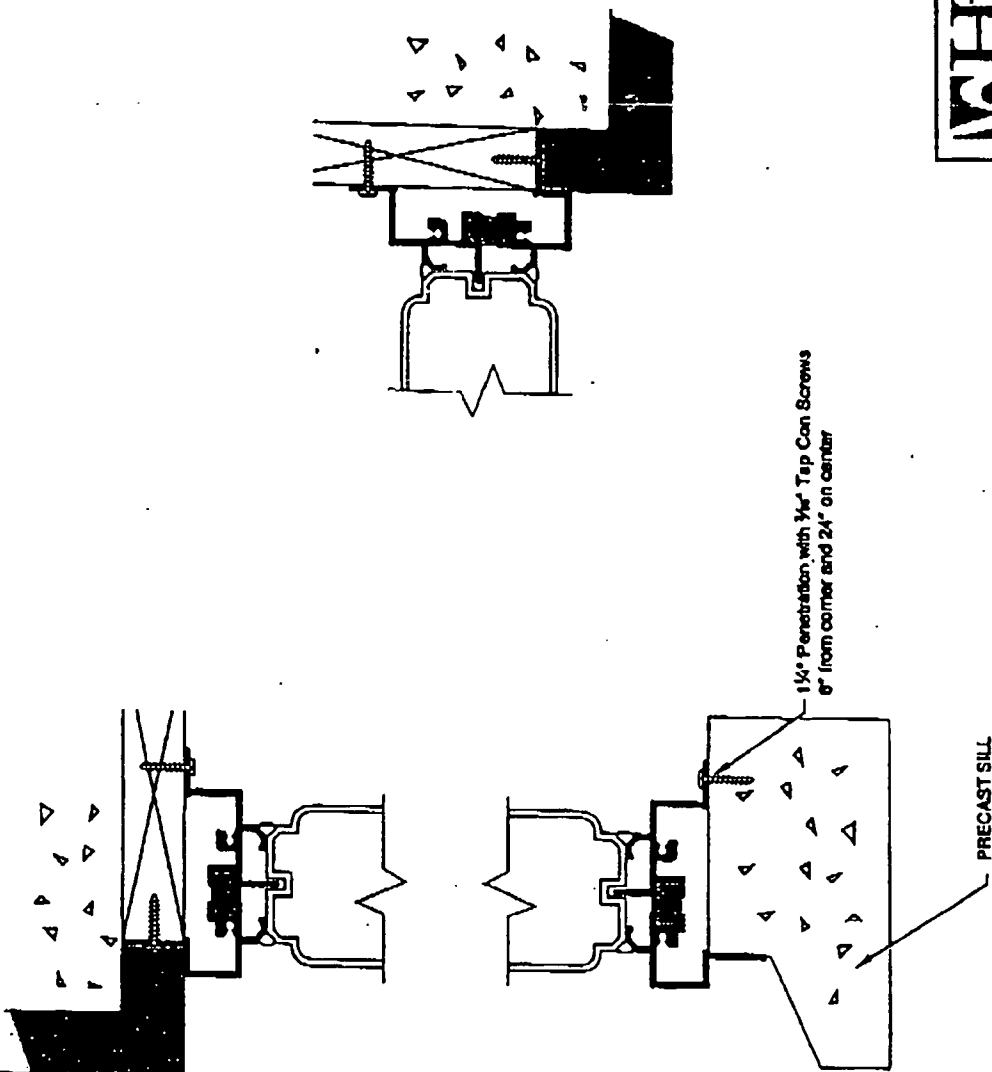
Prestige Series Max. DP 80

Drawn by:
M. Smith

Date:
09/26/01

Vinyl Window Installation

Window Fastener Requirements
 Corrosive resistant #6 x 1 1/2" PH Screw or equivalent
 3"-10" from all corners, 16" O.C. Max.



Performance Class:
AAMA WINDA 101/A.S.2-87
 Each rating applies to windows of the indicated size and smaller.

11' x 8'	P-C80 / DP 80
7' x 7'	P-C50 / DP 50
8' x 8'	P-C75 / DP 75
10' x 10'	P-C100 / DP 100

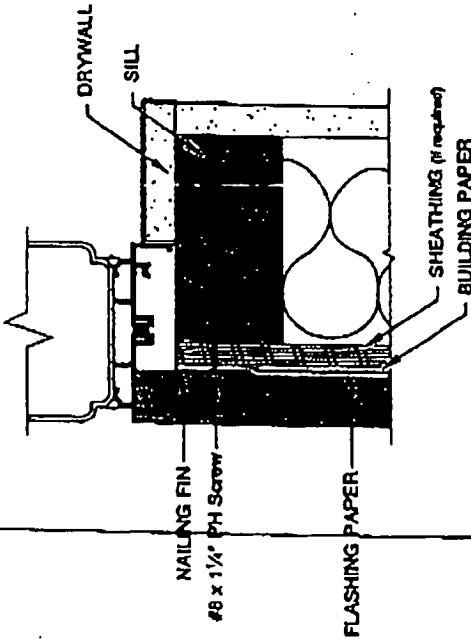
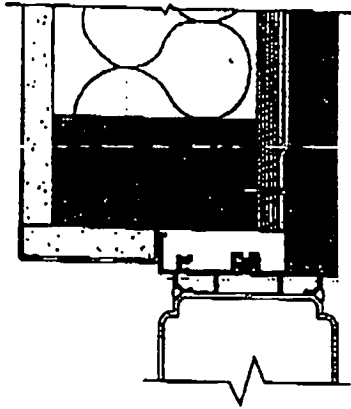
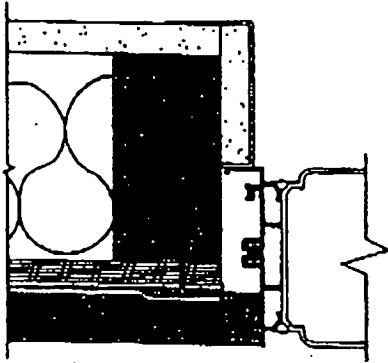
Hy-Lite
 PRODUCTS, INC.
 101 California Ave.
 Beaumont, CA 92223

Series 625/825 Max. DP 80

Drawn by: **M. Smith** Date: **09/26/01**

Sturco Flange Window Installation

Window Fastener Requirements
 Corrosive resistant #6 x 1 1/4" PH Screw or equivalent
 3"-10" from all corners, 16" O.C. Max.



Performance Class:
 AAMA/NWDA 101A.S.2-97
 Each rating applies to windows of this
 indicated size and similar.

31" x 07" P-C80 / DP 80	V90E-141
31" x 24" P-C80 / DP 40	
36" x 07" P-C80 / DP 80	V90E-141
36" x 24" P-C80 / DP 40	

Hy-Lite
 PRODUCTS, INC.
 101 California Ave.
 Beaumont, CA 92223

Series 600/800 Max. DP 80

Drawn by: M. Smith Date: 09/26/01

3" Aluminum Frame Window Installation

Window Fastener Requirements
 Corrosive resistant #8 x 1/4" PH Screw or equivalent
 3"-10" from all corners, 16" O.C. Max.



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 160 S. RIVER

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

DOOR / WINDOW

ADD HEAD & JAMBS FASTENERS
PER PRODUCT APPROVAL

ADD 2 STEEL CLIPS AT
DOOR JAMBS ON 2ND
FLOOR DOORS

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

DATE: 6/3


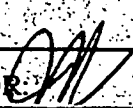

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/3, 20015 Page 2 of

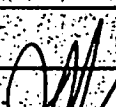



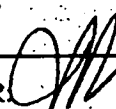

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Gesser	TREE	PASS	
5	53 S. Sewall St			INSPECTOR: 
7596	MADDEN	BATH WINDOW	FAIL	
1	160 S. RIVER RD O/B			INSPECTOR: 
7597	MADDEN	DOOR	FAIL	
1	160 S. RIVER RD O/B			INSPECTOR: 
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7441	TOMPECK	FINAL ROOF	FAIL	
4	20 EMERALTA WY O/B			INSPECTOR: 
7596	MADDEN	BATH WINDOW	PASS	<u>CLOSE</u>
2	160 S. RIVER RD O/B			INSPECTOR: 
7597	MADDEN	DOOR	PASS	
2	160 S. RIVER RD O/B			INSPECTOR: 
7391	CONRAD	FINAL ROOF		CKL
	9 S. VIALUCINA STUART ROOFING			INSPECTOR:
7521	ZELMER	RAT PUMB	PASS	
3	1 RIVERVIEW DR HOMESAFE	RAT ELECTRIC FRAMING	PASS	INSPECTOR: 
7581	WILKINSON	A/C CHANGEOUT	FAIL	
1	8 OAKWOOD CLASSIC COOLING			INSPECTOR: 
7455	WILSON	UG PUMB.	PASS	
5	11 LOFTING WAY BUFORD			INSPECTOR: 

OTHER: _____

7597

DOORS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/2/05

BUILDING PERMIT NO. 7597

Building to be erected for MADDEN

Type of Permit REPLACE DOORS

Applied for by O/B

(Contractor) Building Fee \$5K + 9.60/1000 = 48.00

Subdivision MARGUERITA Lot 13 Block _____

Radon Fee _____

Address 1600 S. RIVER RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

133841041000013070000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 60.00 Check # 1115 Cash _____

Other Fees 25% OB 12.00

Total Construction Cost \$ 5,000

Roofing Fee _____

TOTAL Fees 60.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED
5/27/05

C = 215-8988

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 5/27/05

Permit Number: _____

OWNER/TITLEHOLDER NAME: KEVIN & MARGUERITE MADDEN (772) 223-2058
Phone (Day) (Fax)

Job Site Address: 160 S. RIVER RD City: STUART State: FL Zip: 34996

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

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

Description of Work To Be Done: REPLACE FRENCH DOOR, 3rd GARAGE DOOR

WILL OWNER BE THE CONTRACTOR?

YES NO
 YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 15,000
(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: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Marguerite Madden

State of Florida, County of: MARTIN

This the 27th day of MAY, 2005

by MARGUERITE S. MADDEN who is personally

known to me or produced as identification. *[Signature]* x 6/23/10

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced

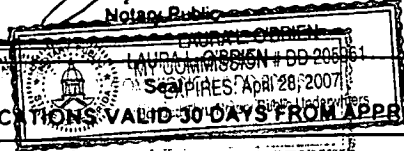
As identification. _____

Notary Public

My Commission Expires: _____

My Commission Expires: _____

Seal



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



PARCELS # 08790-00
MARTHA EWING MARTIN COUNTY DEPUTY CLERK L Wood
FAX FOLIO # 1338410110000013070000

PERMIT # _____

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):

MARGUERITA LOT 13 160 S. RIVER RD SEWANEE Pt FL

GENERAL DESCRIPTION OF IMPROVEMENT: BATHROOM RENOVATION, DOORS, WINDOWS GENERAL RESTORATION

OWNER: MARGUERITE S. MADDEN

ADDRESS: 160 S. RIVER RD SEWANEE Pt, FL 34996

PHONE #: 772-223-2058 **FAX #:** _____

CONTRACTOR: OWNER BUILDER

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

BOND AMOUNT: _____

LENDER: _____

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 #:** _____

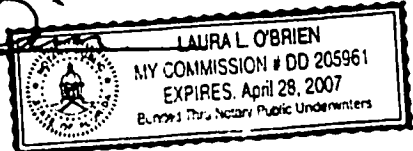
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Marguerite Madden
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27th DAY OF May
BY MARGUERITE S. MADDEN

Laura L. O'Brien
NOTARY SIGNATURE

PERSONALLY KNOWN
PRODUCED ID M350-557-65-723-0
TYPE OF ID FLDL x6/23/10





BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 5/21/05

BUILDING OFFICIAL
Gene Simmons

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
180 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

Jeld-Wen, Inc.
31725 Highway 97 North
Chiloquin, OR 97624

SCOPE:

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

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

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

DESCRIPTION: The Jeld-Wen Series "Premium"-Single Outswing Glazed Wood Door w/wo Sidelites & w/wo Surface bolts

APPROVAL DOCUMENT: Drawing No: S-2034, titled "Premium Wood Doors," sheets 1 through 9 of 9, prepared by manufacture dated 07/20/00 and last revised on 02/10/05, signed & sealed by James Dobrowski, P. E. bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None: Approved Hurricane Protection devices, complying with FBC, as applicable, are required.

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

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

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

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

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

This NOA renews and revises NOA # 02-0722.08 and, consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P. E.

8
2/18/05

NOA No 04-1025.07
Expiration Date: September 27 2010
Approval Date: March 10, 2005
Page 1

JELD-WEN
 PREMIUM WOOD DOORS
 6-8 AND 8-0 GLAZED OUTSWING
 SINGLE DOOR W/ AND W/O SIDELITES

GENERAL NOTES

1. THIS PRODUCT IS DESIGNED TO MEET THE NATIONAL BUILDING CODE 2001 INCLUDING TYPICAL INSTALLATION OF THIS SYSTEM IN "ANY" AREAS REQUIRES THE USE OF APPROVED QUALIFYING PROFESSIONAL ENGINEERING CONSULTING "ANY" AREAS SHALL MEET THE APPLICABLE CODE REQUIREMENT FOR PROGRESSIVE DEFORMS PROTECTION.
2. WOOD GRADES BY GRADES MUST BE ANCHORED PROPERLY TO REINFORCED CONCRETE TO THE STRUCTURE.
3. PRODUCT ANCHORS SHALL BE AS LISTED AND SPACED AS PER DETAILS. ANCHOR EMBEDMENT TO BLUE MATERIAL SHALL BE BENTON WALL PRESSURE OR STRUCK.
4. THE BENTON PRESSURE RATING SEE SHEET 1, PAGE 1.
5. SQUIGLES ARE AN OPTION AND CAN BE A SINGLE OR DOUBLE CONSPICUOUS.

Finish Construction: The head and side joints are finger jointed per ANSI J108.1 (2001) and the bottom joint is finger jointed per ANSI J108.1 (2001). The head and side joints are finished, stained and finished with (D) 1500, P X 1/2" crown sashes at the top corners. The bump should be attached to the floor.

Door Panel Construction: The panel is a stile and rail construction. The stile and rails are constructed from solid wood of either Douglas Fir or Western Hemlock. They are laminated with a 1/8" thick veneer of the matching species. (See BOM Item #1 for species). The narrow face of the stile and rail. The top rail is connected to the jamb by a 1/2" x 1/2" x 4" long wooden dowel and the bottom rail is connected to the jamb by a 1/2" x 1/2" x 4" long wooden dowel. The glazing is explained between the wood cap on the exterior and the wood glaze cap on the interior. The panels are wet glaze using PVC SIS sashes.

Stile Construction: Panel is a stile and rail construction. The stile and rails are constructed from solid wood of either Douglas Fir or Western Hemlock. They are laminated with a 1/8" thick veneer of the matching species. (See BOM Item #1 for species). The narrow face of the stile and rail. The top rail is connected to the jamb by a 1/2" x 1/2" x 4" long wooden dowel and the bottom rail is connected to the jamb by a 1/2" x 1/2" x 4" long wooden dowel. The glazing is explained between the wood cap on the exterior and the wood glaze cap on the interior. The panels are wet glaze using PVC SIS sashes.

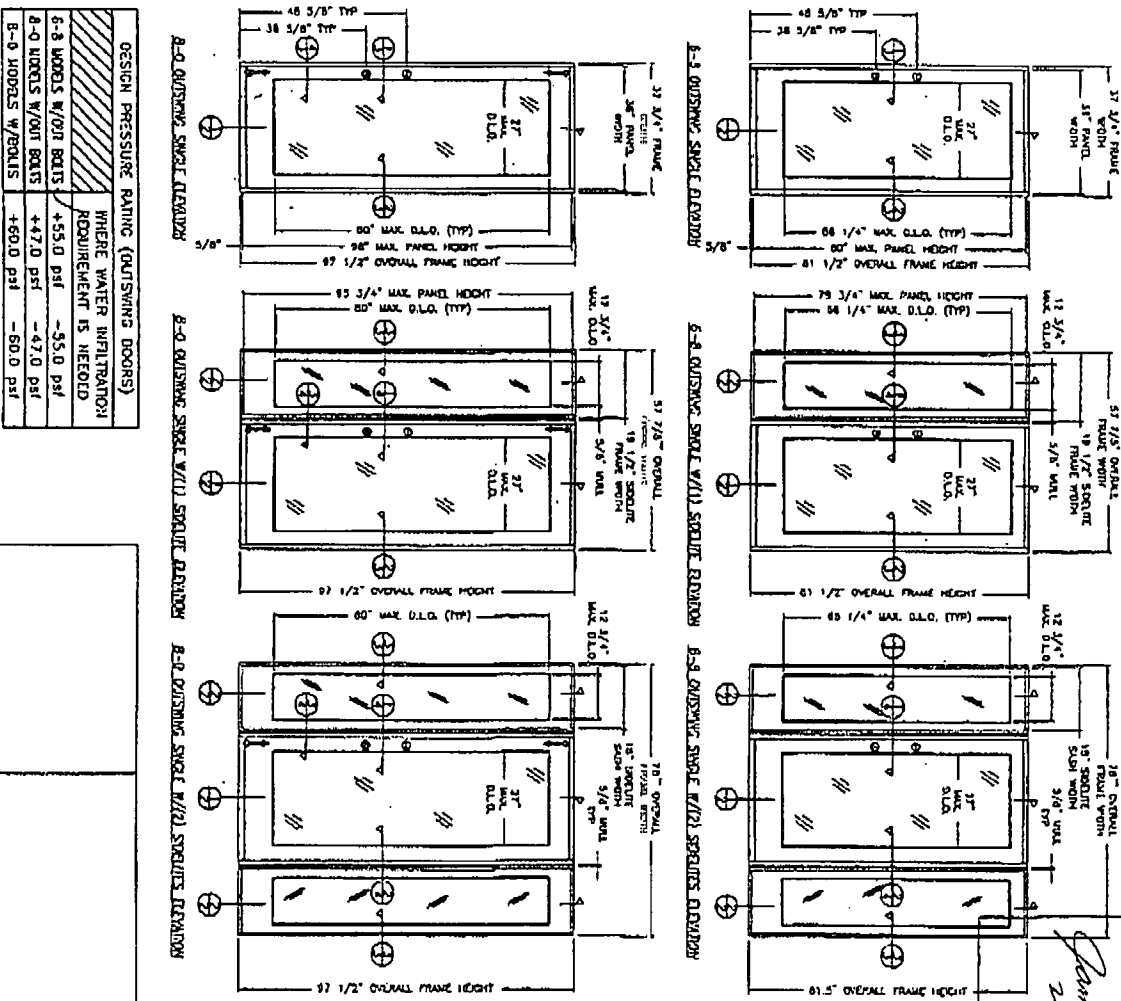
TABLE OF CONTENTS

SHEET #	DESCRIPTION
1	COMMON (GENERAL NOTES, TYPICAL ELEVATIONS)
2	VERTICAL CROSS SECTIONS
3	HORIZONTAL CROSS SECTIONS 1/3, 2/3, 3/3 & 4/3
4	HORIZONTAL CROSS SECTIONS 1/4, 2/4 & 3/4
5	ANCHORING LOCATIONS SINGLE & DOUBLE W/O SIDELITE
6	ANCHORING LOCATIONS SINGLE & DOUBLE W/ SIDELITE
7	GLAZING DETAILS & RAIL DETAILS
8	FRAME COMPONENTS & B.O.M.
9	DOOR MODELS

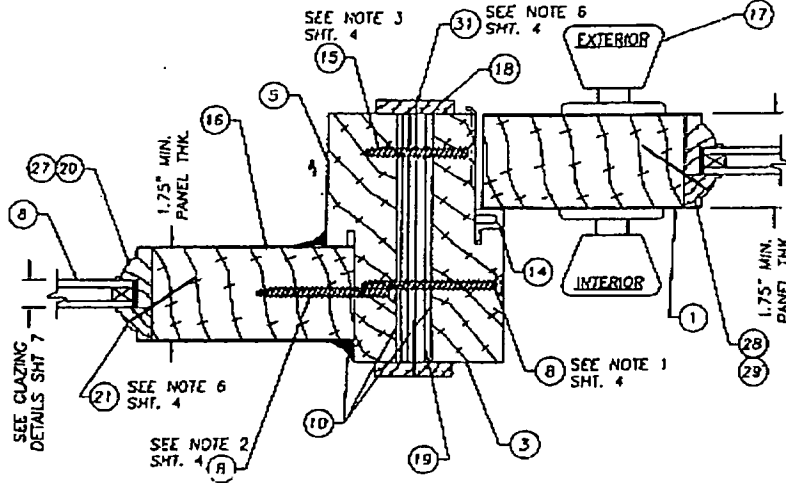
ALL MODELS ARE VIEWED FROM THE INTERIOR.
 THE SURFACE BOX IS AN OPTION USED TO ACHIEVE A HIGHER DESIGN PRESSURE RATING.
 SEE SHEET 2, 3 AND SHEET 4 FOR SURFACE BOLT OPTIONS.

ANCHOR & MULLION ATTACHMENT SPACING FOR 8-0 DOORS, SEE SHEET 6 OF 9

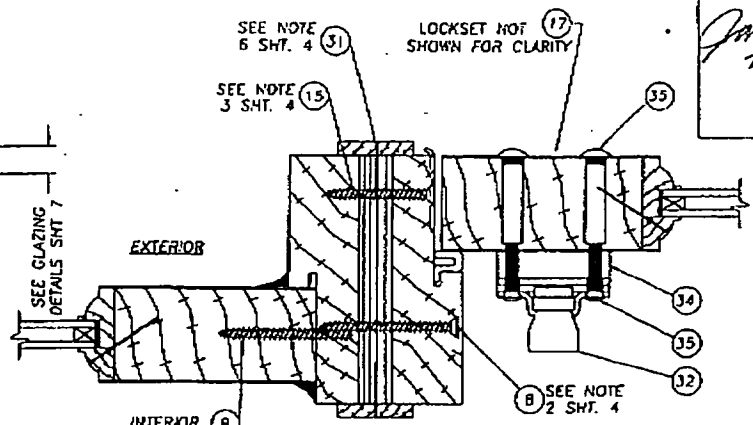
ANCHOR & MULLION ATTACHMENT SPACING FOR 6-8 DOORS, SEE SHEET 5 OF 9



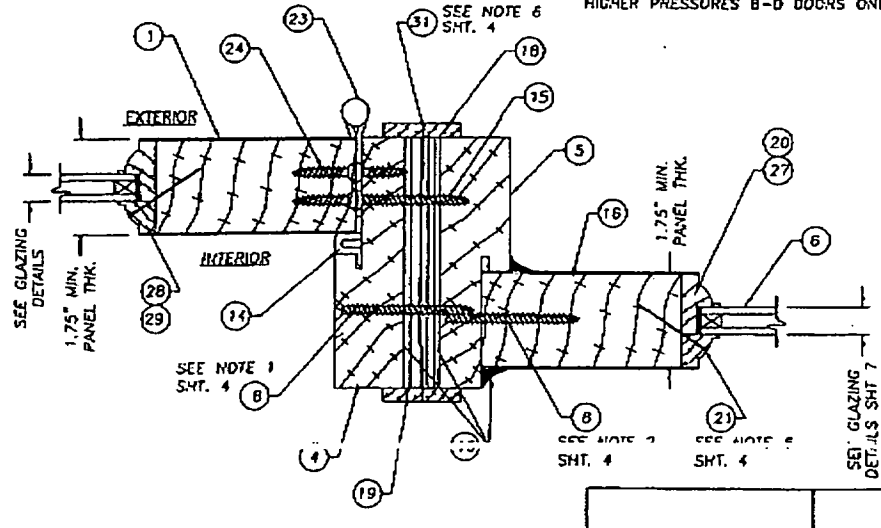
<p>PRODUCT: WOOD STILE & RAIL DOOR 6-8 & 8-0 GLAZED OUTSWING SINGLE W/ & W/O SIDELITES</p> <p>PART OR ASSEMBLY: ELEVATIONS & GENERAL NOTES</p>	<p>JELD-WEN, INC. 31725 HIGHWAY 97 N. CHILOQUIN, OR 97624 PH. 541.783.2057</p> <p><i>David DeFuria</i> 2-10-05</p>																				
<p>REVISIONS</p> <table border="1"> <thead> <tr> <th>NO.</th> <th>DATE</th> <th>REVISIONS</th> <th>BY</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01-05</td> <td>GENERAL REVISIONS</td> <td>WAR</td> </tr> <tr> <td>2</td> <td>1/27/02</td> <td>GENERAL REVISION</td> <td>KMN</td> </tr> <tr> <td>3</td> <td>3/23/01</td> <td>GENERAL REVISION</td> <td>TJH</td> </tr> <tr> <td>4</td> <td>1/06/01</td> <td>GENERAL REVISION</td> <td>TJH</td> </tr> </tbody> </table>	NO.	DATE	REVISIONS	BY	1	01-05	GENERAL REVISIONS	WAR	2	1/27/02	GENERAL REVISION	KMN	3	3/23/01	GENERAL REVISION	TJH	4	1/06/01	GENERAL REVISION	TJH	<p>DATE: 7-21-00</p> <p>SCALE: 1" = 32"</p> <p>DWG. BY: TJH</p> <p>CHEK. BY: RHP</p> <p>DESIGN NO.: 5-2034</p> <p>SHEET 1 OF 9</p>
NO.	DATE	REVISIONS	BY																		
1	01-05	GENERAL REVISIONS	WAR																		
2	1/27/02	GENERAL REVISION	KMN																		
3	3/23/01	GENERAL REVISION	TJH																		
4	1/06/01	GENERAL REVISION	TJH																		



1 HORIZONTAL CROSS SECTION
4 LATCH JAMB TO SIDELITE
(SECTION W/O SURFACE BOLTS)



3 HORIZONTAL CROSS SECTION (SURFACE BOLT VIEW)
4 SEE SECTION 1/4 FOR ALL OTHER PART CALLOUTS
THE SURFACE BOLTS ARE AN OPTION TO ACHIEVE HIGHER PRESSURES B-0 DOORS ONLY

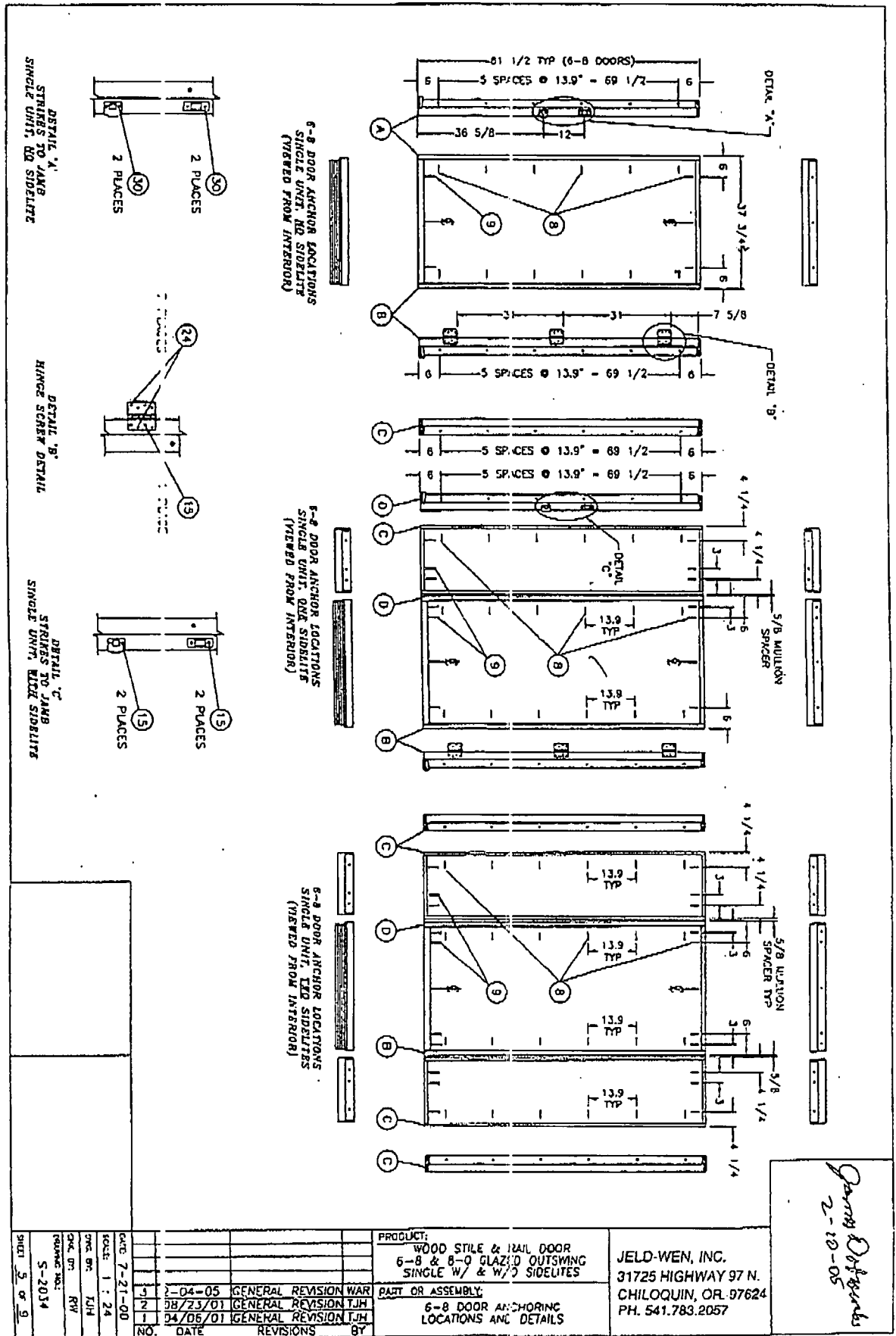


2 HORIZONTAL CROSS SECTION
4 HINGE JAMB TO SIDELITE

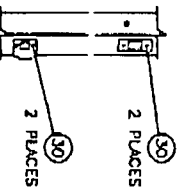
- NOTES: (TYP. TO ALL FRAME CONFIGURATIONS)
- SPACING FOR ITEM #8 AT THE MULLION AS FOLLOWS:
B-0 UNITS: 6" DOWN FROM TOP & (6) MORE AT @ 14.375" O.C.
B-8 UNITS: SAME AS THE PERIMETER SPACING FOR THE B-8 UNITS.
 - SIDELITE TO FRAME ATTACHMENT SPACING FOR ITEM #8: 6" FROM TOP AND BOTTOM CORNERS AND (2) MORE EVENLY SPACED FOR (4) TOTAL PER OCCURRENCE.
 - WHEN ATTACHING STRIKE & DEADBOLT PLATES TO JAMB: ON SINGLE UNITS USE ITEM 30 (#10 x 2 1/2"). ON SINGLE UNITS W/SIDELITES ITEM 15 (#10 x 2").
 - THE THRESHOLD IS NOT ATTACHED TO THE FRAME, IT IS NOTCHED AND ATTACHED TO THE FLOOR WITH ITEMS #9 (1/4" x 2 3/4") TAPCON AND #10 (CR LAWRENCE 3000 SERIES) SCREW. THE THRESHOLD IS .125" THK. x .375" W. AROUND ALL (4) OUTER EDGES WITH A MINIMUM OF (2) ROWS IN A ZIG ZAG PATTERN IN THE MIDDLE THE ENTIRE LENGTH OF THE THRESHOLD. .125" THK. x .375" W.
 - THE TOP CORNERS OF THE DOOR FRAME, AND ALL FOUR CORNERS OF THE SIDELITE FRAME ARE STAPLED TOGETHER USING (3) 16GA. x 2" LG. x 1/2" CROWN STAPLES.
 - SPACING FOR ITEM #21 & #31 IS A MAX. OF 8" O.C.

James Brown
2-10-05

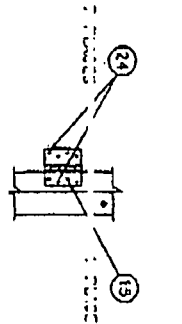
PRODUCT: WOOD STILE & 1-1/2" DOOR 6-B & 8-0 GLAZED OUTSWING SINGLE V/ & V/E SIDELITES PART OR ASSEMBLY: HORIZONTAL CROSS SECTIONS 1/4, 2/4, & 3/4	
JELD-WEN, INC. 31725 HIGHWAY 97 N. CHILOQUIN, OR, 97624 PH. 541.783.2057	DATE: 7-21-03 SCALE: 1:0 DWG. BY: T.J.H. D-CR. BY: R.V. DRAWING NO.: S-2034 SHEET: 4 OF 9



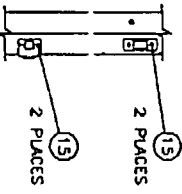
DETAIL 'A'
STRIPES TO JAMB
SINGLE UNIT, NO SIDELITE



DETAIL 'B'
HINGE SCREW DETAIL



DETAIL 'C'
STRIPES TO JAMB
SINGLE UNIT, WITH SIDELITE



6-8 DOOR ANCHOR LOCATIONS
SINGLE UNIT, NO SIDELITE
(VIEWED FROM INTERIOR)

6-8 DOOR ANCHOR LOCATIONS
SINGLE UNIT, ONE SIDELITE
(VIEWED FROM INTERIOR)

6-8 DOOR ANCHOR LOCATIONS
SINGLE UNIT, TWO SIDELITES
(VIEWED FROM INTERIOR)

DATE	7-21-00
SCALE	1 : 24
CHK. BY	JWH
REV.	RW
ISSUE NO.	5-2014
SHEET	5 OF 9

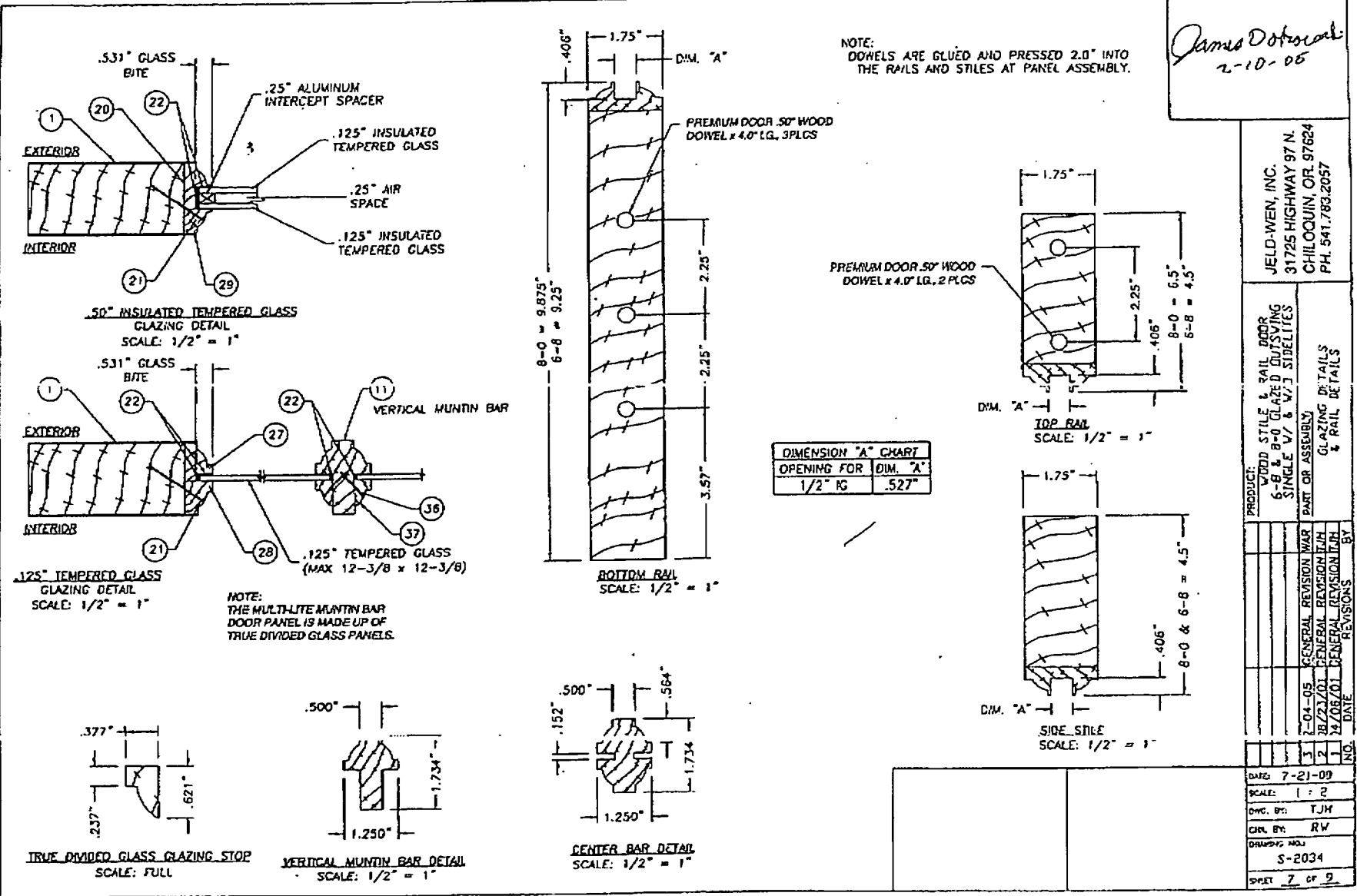
NO.	DATE	REVISIONS	BY
1	04/06/01	GENERAL REVISION	TJH
2	08/23/01	GENERAL REVISION	TJH
3	04-05	GENERAL REVISION	WAR

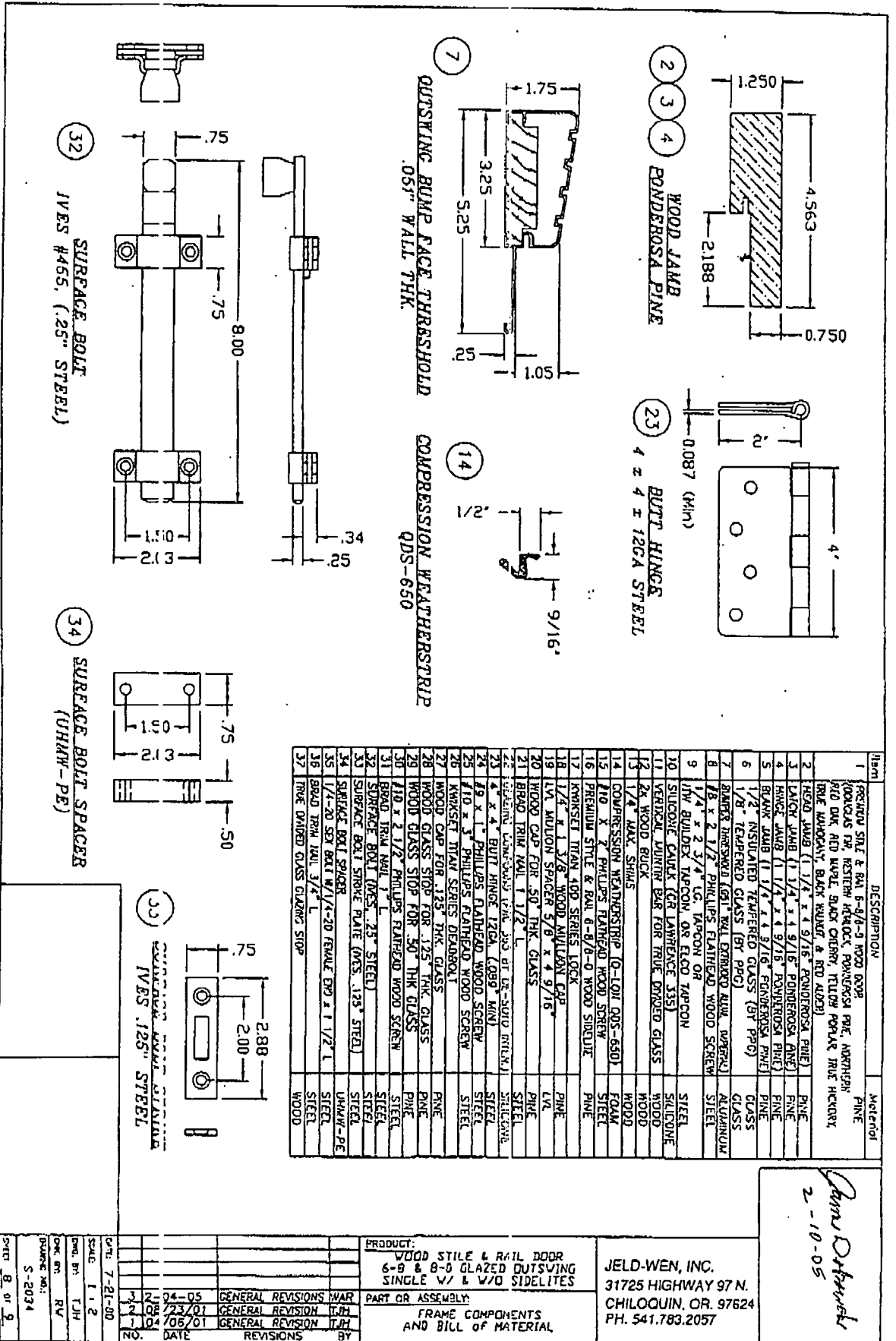
PRODUCT:
WOOD STILE & RAIL DOOR
6-8 & 8-0 GLAZED OUTSWING
SINGLE W/ & W/O SIDELITES

PART OR ASSEMBLY:
6-8 DOOR ANCHORING
LOCATIONS AND DETAILS

JELD-WEN, INC.
31725 HIGHWAY 97 N.
CHILOQUIN, OR. 97624
PH. 541.783.2057

James DeBanks
2-10-05





Item	DESCRIPTION	Material
1	PREMIUM SILE & RAIL 6-9/8-9 WOOD DOOR	PINE
2	WOOD JAMB (1 1/4" x 4 9/16" PONDROSA PINE)	PINE
3	WOOD JAMB (1 1/4" x 4 9/16" PONDROSA PINE)	PINE
4	WOOD JAMB (1 1/4" x 4 9/16" PONDROSA PINE)	PINE
5	WOOD JAMB (1 1/4" x 4 9/16" PONDROSA PINE)	PINE
6	1/2" INSTALLED TEMPERED GLASS (BY PPG)	GLASS
7	1/8" TEMPERED GLASS (BY PPG)	GLASS
8	1/4" x 2 1/2" PHILLIPS FLATHEAD WOOD SCREW	STEEL
9	1/4" x 2 1/2" PHILLIPS FLATHEAD WOOD SCREW	STEEL
10	1/4" x 2 1/2" PHILLIPS FLATHEAD WOOD SCREW	STEEL
11	1/4" x 2 1/2" PHILLIPS FLATHEAD WOOD SCREW	STEEL
12	24 WOOD RUCK	WOOD
13	1/4" MAX SHIMS	WOOD
14	COMPRESSION WEATHERSTRIP (Q-1011 QDS-650)	SILICONE
15	1/4" x 2 PHILLIPS FLATHEAD WOOD SCREW	STEEL
16	PREMIUM STILE & RAIL 6-9/8-9 WOOD SIDE/LITE	PINE
17	MINISET TRAY AND SERIES LOCK	PINE
18	1/4" x 1 3/8" WOOD MILL/BLIND CAP	PINE
19	WOOD CAP FOR 5/8" x 4 9/16"	PINE
20	WOOD CAP FOR 5/8" x 4 9/16"	PINE
21	BRAD TRAIL NAIL 1 1/2" L	STEEL
22	BRAD TRAIL NAIL 1 1/2" L	STEEL
23	BRAD TRAIL NAIL 1 1/2" L	STEEL
24	BRAD TRAIL NAIL 1 1/2" L	STEEL
25	BRAD TRAIL NAIL 1 1/2" L	STEEL
26	MINISET TRAY AND SERIES LOCK	STEEL
27	WOOD CAP FOR 1/25" THK GLASS	PINE
28	WOOD GLASS STOP FOR 1/25" THK GLASS	PINE
29	WOOD GLASS STOP FOR 5/8" THK GLASS	PINE
30	1/4" x 2 1/2" PHILLIPS FLATHEAD WOOD SCREW	STEEL
31	BRAD TRAIL NAIL 1 1/2" L	STEEL
32	SURFACE BOLT (MSS .25" STEEL)	STEEL
33	SURFACE BOLT (MSS .25" STEEL)	STEEL
34	SURFACE BOLT SPACER	UHMW-PE
35	1/4-20 SDX BOLT W/1/4-20 FEMALE END x 1 1/2" L	STEEL
36	BRAD TRAIL NAIL 3/4" L	STEEL
37	TRUE OUNDED GLASS GLAZING STOP	WOOD

Ann O'Connell
2-10-05

PRODUCT: WOOD STILE & RAIL DOOR 6-9 & 8-0 GLAZED OUTSWING SINGLE W/ & W/O SIDELITES

PART OR ASSEMBLY: FRAME COMPONENTS AND BILL OF MATERIAL

JELD-WEN, INC.
31725 HIGHWAY 97 N.
CHILQUIN, OR. 97624
PH. 541.763.2057

NO.	DATE	REVISIONS	BY
04-05		GENERAL REVISIONS	WAR
02-01		GENERAL REVISION	TJH
06-01		GENERAL REVISION	TJH

DATE: 7-21-00
SCALE: 1:2
DWN. BY: TJH
CHK. BY: RV
PURCH. NO.: S-2034
SHEET: 8 OF 9

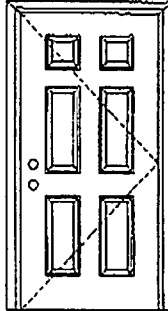
X

Opaque Outswing Unit

COP-WL-MA0121-02

FIBERGLASS DOORS

APPROVED ARRANGEMENT:



Note:
Units of other sizes are covered by this report as long as the panel used does not exceed 3'0" x 6'8".



Test Data Review Certificate #3028447A;
#3028447B; #3028447C and GDP/Test
Report Validation Matrix #3028447A-
001, 002, 003; #3028447B-001, 002,
003; #3028447C-001, 002, 003
provides additional information -
available from the ITS/WH website
(www.ctbsemko.com), the Masonite
website (www.masonite.com) or the
Masonite technical center.

Single Door
Maximum unit size = 3'0" x 6'8"

Design Pressure
+76.0/-76.0
limited water unless epackal threshold design is used.

Large Missile Impact Resistance
Hurricane protective system (shutters) is NOT REQUIRED.

Actual design pressure and impact resistant requirements for a specific building design and geographic location is determined by ASCE 7-national, state or local building codes specify the edition required.

MINIMUM ASSEMBLY DETAIL:

Compliance requires that minimum assembly details have been followed - see MAD-WL-MA0011-02.

MINIMUM INSTALLATION DETAIL:

Compliance requires that minimum installation details have been followed - see MID-WL-MA0001-02.

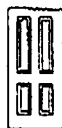
APPROVED DOOR STYLES:



Flush



6-panel



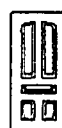
New England 4-panel



Eyebrow 4-panel



9-panel



Eyebrow 5-panel with scroll

Oakcraft
Wood Grain and Textured
FIBERGLASS ENTRY DOORS

March 10, 2003
Our continuing program of product improvement makes specifications, design and product detail subject to change without notice.

ARTEK
Non-Textured Fiberglass Entry Doors

Masonite

X

Opaque Outswing Unit

COP-WL-MAD121-02

FIBERGLASS DOORS

CERTIFIED TEST REPORTS:

NCTL 210-1979-1, 2, 3

Certifying Engineer and License Number: Barry Portney, P.E. 16258

CTLA-1051W

Certifying Engineer and License Number: Ramesh Patel, P.E./20224

Unit Tested in Accordance with Miami-Dade BCCO PA202, ASTM E1886 and ASTM E1996

Door panels constructed from 0.075" minimum thick fiberglass skins. Both stiles constructed of 1-5/8" laminated lumber. Top end rails constructed of 31/32" wood. Bottom end rails constructed of 31/32" wood composite. Interior cavity of slab filled with rigid polyurethane foam core.

Frame constructed of wood with an extruded aluminum threshold.

PRODUCT COMPLIANCE LABELING:

TESTED IN ACCORDANCE WITH
 MIAMI-DADE BCCO PA201, PA202 & PA203
 OR ASTM E1996, MIAMI-DADE PA202,
 AND ASTM E1886

COMPANY NAME
 CITY, STATE

To the best of my knowledge and ability the above side-hinged exterior door unit conforms to the requirements of the 2001 Florida Building Code, Chapter 17 (Structural Tests and Inspections).

Kurt L Balth

State of Florida, Professional Engineer
 Kurt Balthazor, P.E. - License Number 56533



Test Data Review Certificate #3028447A;
 #3028447B; #3028447C and COP/TC#1
 Report Validation Matrix #3028447A-
 001, 002, 003; #3028447B-001, 002,
 003; #3028447C-001, 002, 003
 provides additional information -
 available from the ITB/WH website
 (www.edsemko.com), the Masonite
 website (www.masonite.com) or the
 Masonite technical center.

Oakcraft
 Woodcraft, Inc. Top Quality
 FIBERGLASS ENTRY DOORS

March 10, 2003
 Our continuing program of product improvement makes specifications, design and product
 detail subject to change without notice.

ARTEK
 Manufactured Through Entry Doors



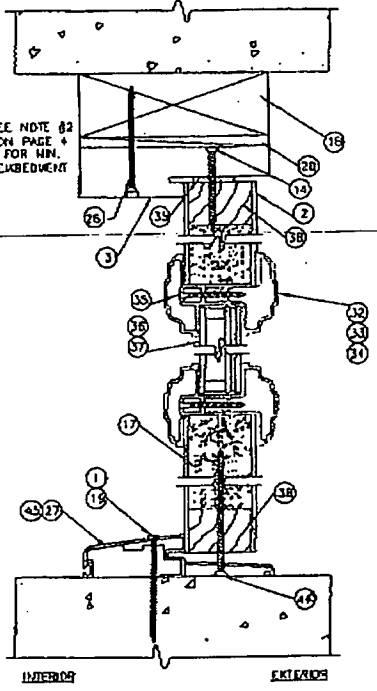
MASONITE INTERNATIONAL CORP.
 7300 REAMES RD.
 CHARLOTTE, NC 28216

PRODUCT: INSWING DOOR PRODUCT
 6'-0" FIBREGLASS GRENITE DOOR
 PART OR ASSEMBLY:

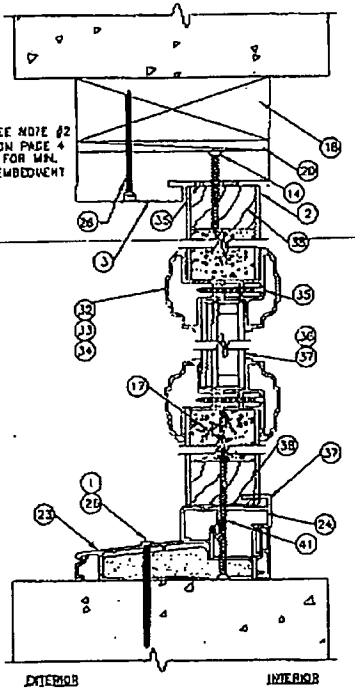
AST	DETAIL	5/07/05	ON
SWS	DESIGN	5/07/05	ON
SWS	CHANGES	5/07/05	A
SWS	FLORIDA CHANGES	5/07/05	B
SWS	ANCHORS, PIVOTS & SPOOLS	5/07/05	C

DATE: 2/11/05
 SCALE: N.T.S.
 DWG. BY: SWS
 CHK. BY:
 DRAWING NO.:
 DRG-MI-720120-01
 SHEET 2 of 5

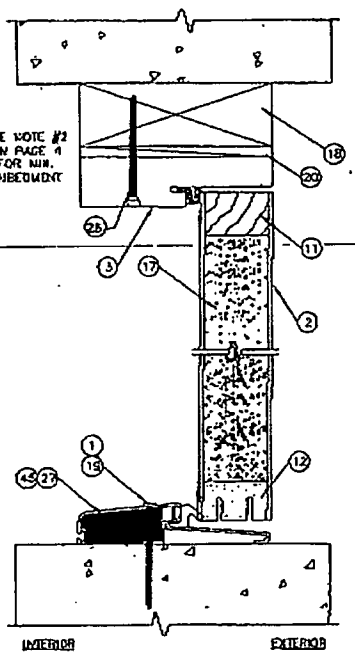
FAX No. 3058848462



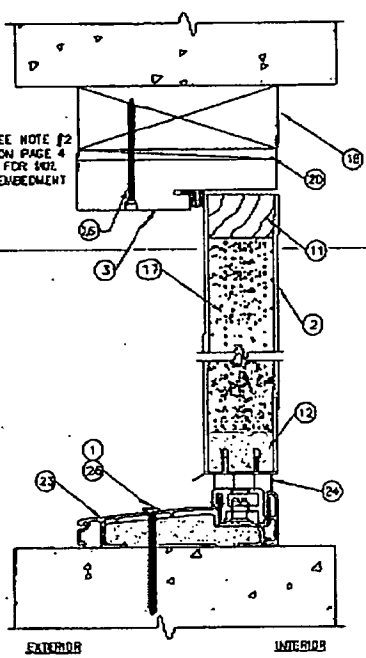
A VERTICAL CROSS SECTION
 INSWING DOOR UNIT



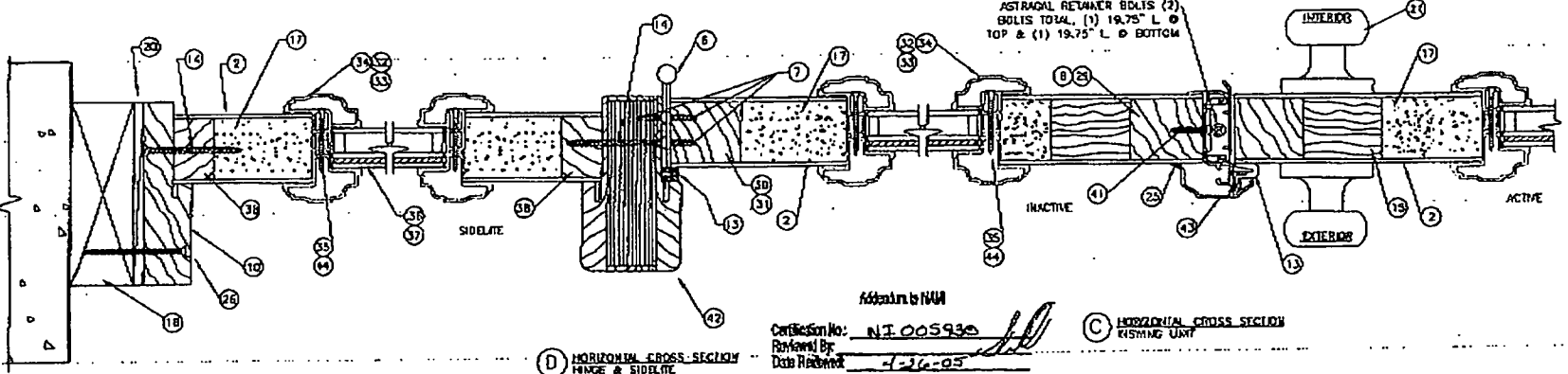
A VERTICAL CROSS SECTION
 INSWING SIDEITE



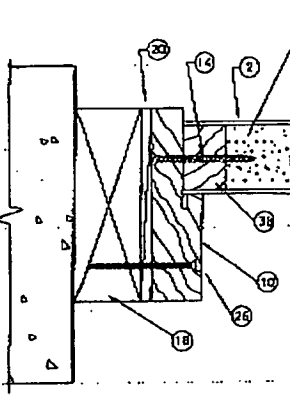
A VERTICAL CROSS SECTION
 OUTSWING DOOR UNIT



A VERTICAL CROSS SECTION
 OUTSWING SIDEITE



D HORIZONTAL CROSS SECTION
 HINGE & SIDEITE



E HORIZONTAL CROSS SECTION
 SIDEITE HINGE TO BACK

SEE NOTE #2
 ON PAGE 4
 FOR MIN.
 EMBEDMENT

SEE NOTE #2
 ON PAGE 4
 FOR MIN.
 EMBEDMENT

SEE NOTE #2
 ON PAGE 4
 FOR MIN.
 EMBEDMENT

SEE NOTE #2
 ON PAGE 4
 FOR MIN.
 EMBEDMENT

SEE NOTE #2
 ON PAGE 4
 FOR MIN.
 EMBEDMENT

Approval
 Certification No: NI 005930
 Reviewed By: [Signature]
 Date Received: 1-26-05

C HORIZONTAL CROSS SECTION
 KISWING UNIT

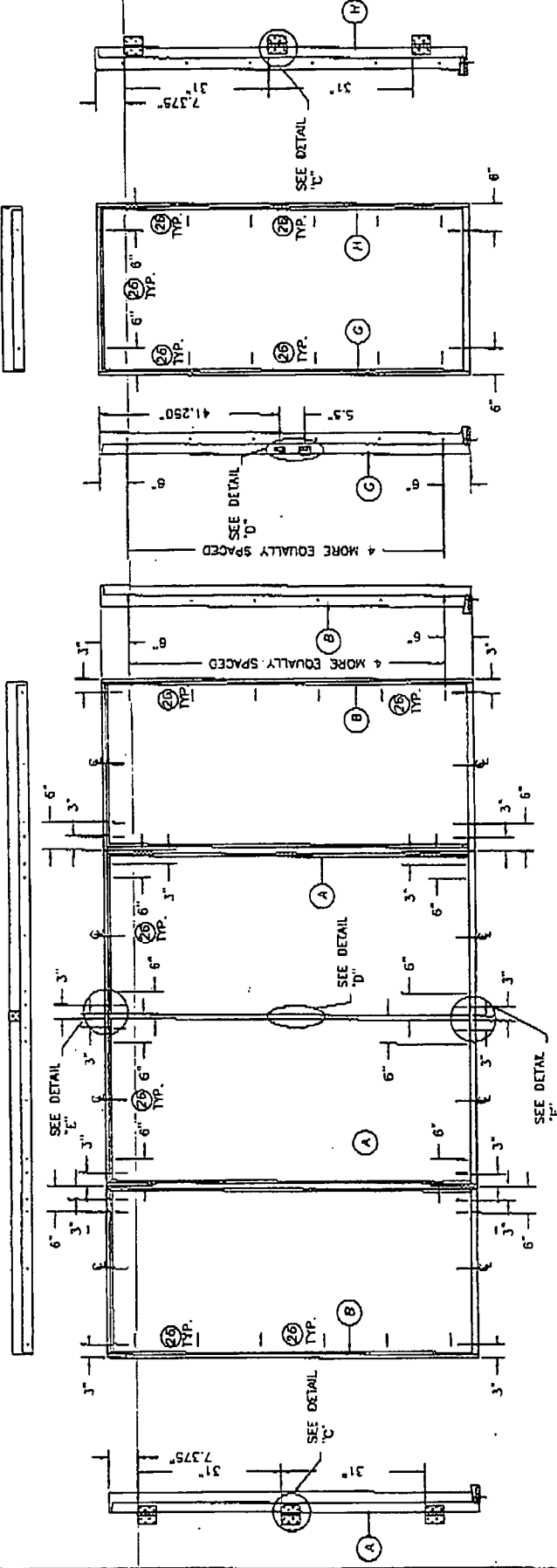
MASONITE INTERNATIONAL CORP.
7300 REAMES RD.
CHARLOTTE, NC 28216

PRODUCT:
EXTERIOR DOOR PRODUCT
8'-0" FIBERGLASS GRADE
MOORE DOOR UNIT

PART OR ASSEMBLY:
ANCHORING LOCATIONS
& DETAILS

NO.	DATE	BY
1	4/25/05	ANCHORS & PLASTICS SWS
2	5/1/05	FLORIDA CHANGES SWS
3	7/22/05	ADDED GLASS DETAIL SWS

DATE: 2/11/05
 DRAWN: N.T.S.
 CHK. BY: SWS
 CHECKED: N.T.S.
 DRAWING NO.:
 DWG-14-11070-05
 SHEET 1 of 5



Approved by: [Signature]
 Confirmed by: N.T.S. 9.30
 Rechecked by:
 Distribution: 4-26-05

DETAIL "D"

DETAIL "E" ASTRAGAL
 ATTACH ASTRAGAL RETAINER BOLT
 STRIKE PLATE TO FRAME
 AS SHOWN.

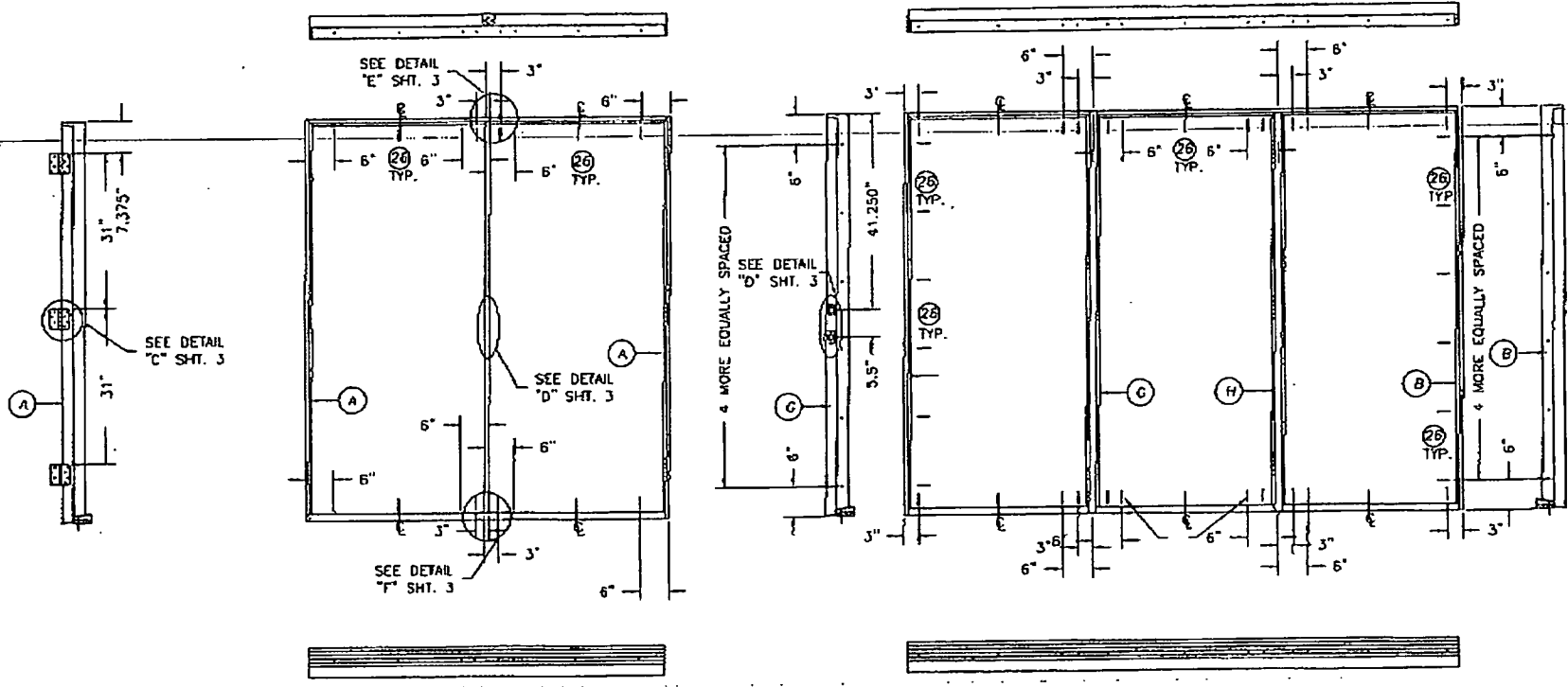
DETAIL "C"

DETAIL "F" ASTRAGAL

ASTRAGAL RETAINER BOLT HOLE
 MUST BE DRILLED THROUGH
 THE THRESHOLD & INTO THE
 STRUCTURE DEEP ENOUGH
 FOR A 1.375" THROW

MASONITE INTERNATIONAL CORP.
7300 REAMES RD.
CHARLOTTE, NC 28216

FAX No. 3058848462



ATTACHMENT DETAIL

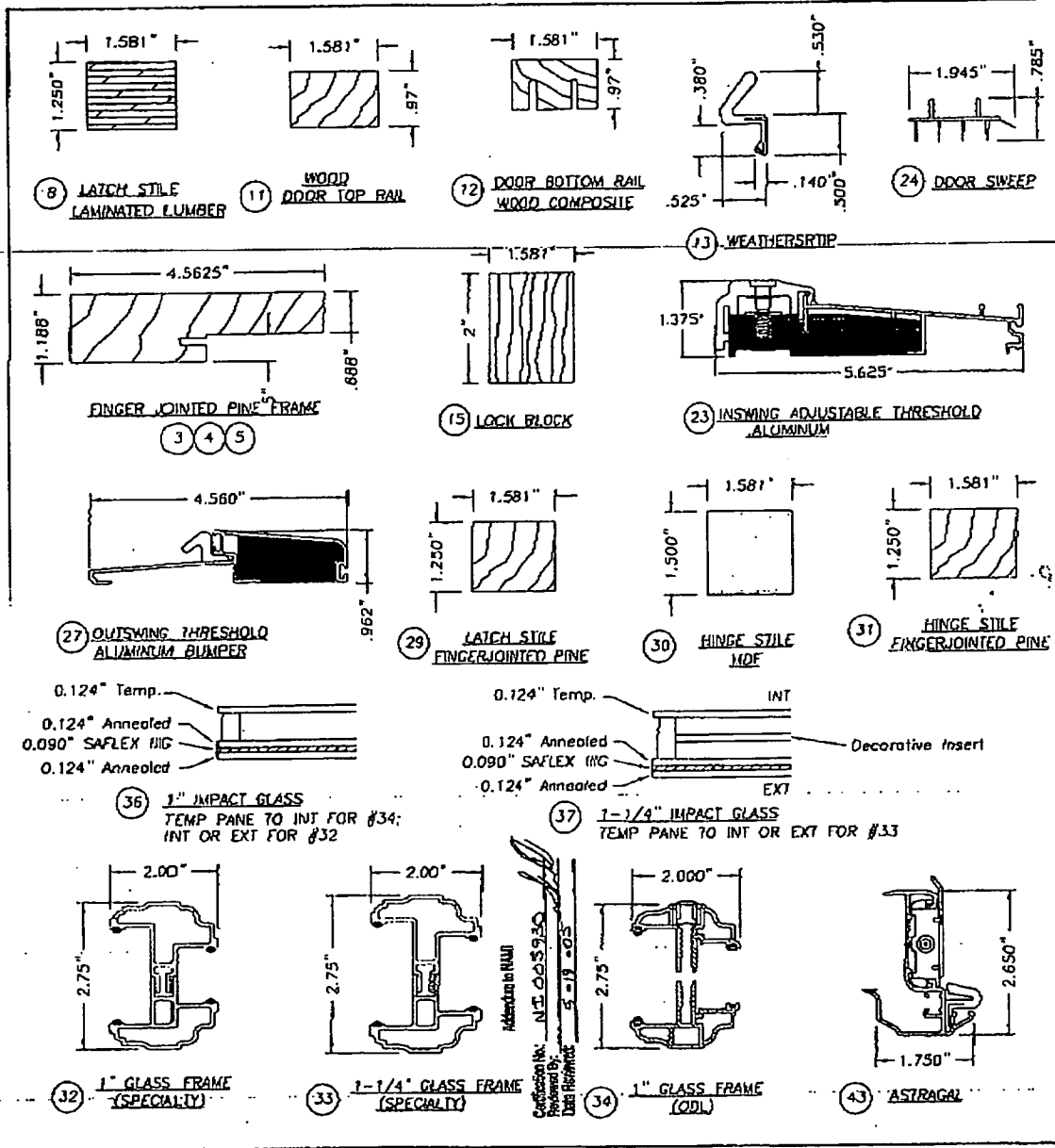
1. ANCHOR CALCULATIONS HAVE BEEN CARRIED OUT WITH THE LOWEST (LEAST) FASTENER RATING FROM THE DIFFERENT FASTENERS BEING CONSIDERED FOR USE. JAMB, HEAD, AND THRESHOLD FASTENERS ANALYZED FOR THIS UNIT INCLUDE #10 WOOD SCREWS OR 3/16" TAPCONS. A PHYSICAL SHIM MUST BE PLACED IN SHIM SPACE AT EACH ANCHOR LOCATION.
2. THE WOOD SCREW SINGLE SHEAR DESIGN VALUES COME FROM ANSI/AF&PA NDA FOR SOUTHERN PINE LUMBER AND ACHIEVEMENT OF 1-1/4" MINIMUM EMBEDMENT.
3. WOOD BUCKS BY OTHERS MUST BE ANCHORED PROPERLY TO TRANSFER LOADS TO STRUCTURE.
4. MINIMUM DESIGN VALUE STRENGTH OF ANCHORS 171 LBS.

Adhesion to Glass
 Certification No: NI 005930
 Prepared By: *[Signature]*
 Date Performed: 4-26-05

PRODUCT:
 "EXTERIOR DOOR PRODUCT"
 6"-8" THERMOGLASS DOOR
 DOUBLE DOOR UNIT
 PART OR ASSEMBLY:
 SHIM/DOOR
 AND/OR
 STAY/DOOR

BY	DATE	NO.
SW/S	5/27/05	A
SW/S	5/27/05	B
SW/S	5/27/05	C
SW/S	5/27/05	D
SW/S	5/27/05	E
SW/S	5/27/05	F
SW/S	5/27/05	G
SW/S	5/27/05	H

DATE: 2/11/05
 SCALE: N.T.S.
 DRAWN BY: SW/S
 CHK. BY: *[Signature]*
 DRAWING NO.: DWG-MA-FLD120-02
 SHEET 4 OF 5



ITEM	DESCRIPTION	MATERIAL
1	3/16" W/FIBR	
2	REINFORCED FIBERGLASS DOOR RADING 0.025" DM.	FIBERGLASS
3	HEAD JAMB (1 3/16" x 4 9/16")	WOOD
4	HINGE JAMB (1 3/16" x 4 9/16")	WOOD
5	STRIKE JAMB (1 3/16" x 4 9/16")	WOOD
6	4" x 4" BUTT HINGE	STEEL
7	#10 x 3/4" PFH WOOD SCREW (HINGE TO DOOR)	STEEL
8	DOOR LATCH SIDE STILE (1.581" W x 1.250" H)	LAM. LUMBER
9	#10 x 1 1/4" PFH WOOD SCREW	STEEL
10	BLANK JAMB (1-3/16" x 4-9/16")	WOOD
11	DOOR TOP RAIL (1.581" W x 1.97")	WOOD
12	DOOR BOTTOM RAIL (1.581" W x .97")	COMPOSITE
13	COMPRESSION WEATHERSTRIP	FOAM
14	#10 x 2" PFH WOOD SCREW	STEEL
15	LOCK BLOCK (1.581" W x 2.5" H)	WOOD
16	#8 x 1 3/4" PFH WOOD SCREW	STEEL
17	POLYURETHANE FOAM CORE	FOAM
18	2X BUCK BY OTHERS (SOUTHERN PINE OR EQUAL)	WOOD
19	#10 x 3" PFH WOOD SCREW	STEEL
20	SHIM MATERIAL (.25" MAX. THK.)	-
21	KWIKSET 40D SERIES KNOB OR EQUAL	-
22	KWIKSET 97D SERIES DEADBOLT OR EQUAL	-
23	INSWING ADJUSTABLE THRESHOLD (.050" WALL)	ALUMINUM
24	INSWING DOOR BOTTOM SWEEP	PVC
25	#8 x 2-1/2" PFH WOOD SCREW	STEEL
26	#10 x 2 3/4" PFH WOOD SCREW	STEEL
27	OUTSWING THRESHOLD (BUMPER)	ALUMINUM
28	DOW B32 SEALANT OR EQUAL (@ GLASS FRAME)	SILICONE
29	DOOR LATCH SIDE STILE	WOOD
30	DOOR HINGE SIDE STILE	MDF
31	DOOR HINGE SIDE STILE	WOOD
32	GLASS FRAME SURROUND (SPECIALTY 1" I.G.)	ALUMINUM
33	GLASS FRAME SURROUND (SPECIALTY 1-1/4" I.G.)	ALUMINUM
34	GLASS FRAME SURROUND (ODL 1" I.G.)	ALUMINUM
35	#10 x 1-3/4" PFH SCREW	STEEL
36	1" LAMINATED IMPACT GLASS	GLASS
37	1-1/4" LAMINATED IMPACT GLASS	GLASS
38	SIDELITE STILE/RAIL	MDF
39	SIDELITE SPACER	VINYL
40	PAK WIK SPACER	-
41	#10 x 3" PFH WOOD SCREW	STEEL
42	MULLION (2-1/2" x 4-3/8" LAMINATED LUMBER)	LAM. LUMBER
43	ASTRAGAL EXTRUDED ALUM. (ULTIMATE BY ENDURA)	ALUMINUM
44	#6 x 1-1/2" PAN HEAD SCREW	STEEL
45	OUTSWING THRESHOLD (HIGH DAM)	ALUMINUM

MASONITE INTERNATIONAL CORP.
7300 REAMES RD.
CHARLOTTE, NC 28216

PRODUCT: EXTERIOR DOOR PRODUCT 5-8 OPAQUE FIBERGLASS DOUBLE DOOR
PART OR ASSEMBLY: PARLOR ASSEMBLY
UNIT COMPONENTS & BILL OF MATERIALS

NO.	DATE	BY	REVISION
C	4/25/05	SW/S	ANCHORS & PLASTICS
B	3/17/05	SW/S	FLORIDA CHANGES
A	2/22/05	SW/S	ADDED GLASS DETAIL

DATE: 2/11/05
SCALE: N.T.S.
DWG. BY: SW/S
CHK. BY:
DRAWING NO.:
DWG-100-10010-05
SHEET 5 OF 5

Product Approval Method:

Method 1 Option A

Application Status:

Approved

Date Validated:

03/04/2005

Date Approved:

03/16/2005

Date Certified to the 2004 Code:

Page: 

Page 1 / 1

App/Seq #	Product Model # or Name	Model Description	Limits of Use
4085.1	Fiberglass Side-hinged Door Units - Impact Rated	6'-8" Opaque Units (X, XX, OX, XO, OXO, OXXO)	Evaluated for use in locations adhering to the Florida Building Code, excluding the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, Minimum Design Loads for Buildings and Other Structures, does not exceed the design pressures listed. 12'-0" x 6'-8" max nominal size Max DP = +/- 70.0 When large missile impact resistance is required, hurricane protective system is NOT required. See installation drawing DWG:MA-FL0120-05 for additional information.
4085.2	Fiberglass Side-hinged Door Units - Impact Rated	6'-8" Glazed Units (X, XX, OX, XO, OXO, OXXO)	Evaluated for use in locations adhering to the Florida Building Code, excluding the High Velocity Hurricane Zone, and where pressure requirements as determined by ASCE 7, Minimum Design Loads for Buildings and Other Structures, does not exceed the design pressures listed. 12'-0" x 6'-8" max nominal size Max DP = +/- 60.0 When large missile impact resistance is required, hurricane protective system is NOT required. See installation drawing DWG:MA-FL0122-05 for additional information.
			Evaluated for use in locations adhering to the Florida Building Code, excluding the High Velocity Hurricane Zone, and where pressure



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 160 S. RIVER

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

DOOR / WINDOW

ADD HEAD & JAMBS FASTENERS
PER PRODUCT APPROVAL

ADD 2 STEEL CLIPS AT
DOOR JAMBS ON 2ND
FLOOR DOORS

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

DATE: 6/3

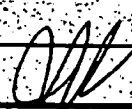
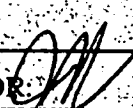

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/3, 20015 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree 5	GESSEL 53 S. Sewall St	TREE	PASS	
				INSPECTOR: 
7596	MADDEN 160 S. RIVER RD	BATH WINDOW	FAIL	
1	O/B			INSPECTOR: 
7597	MADDEN 160 S. RIVER RD	DOOR	FAIL	
1	O/B			INSPECTOR: 
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:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
744	TOMPECK	FINAL ROOF	FAIL	
4	20 EMERALTA WY O/B			INSPECTOR:
7596	MADDEN	BATH WINDOW	PASS	
2	160 S. RIVER RD O/B			INSPECTOR:
7597	MADDEN	DOOR	PASS	(CLOSE)
2	160 S. RIVER RD O/B			INSPECTOR:
7391	CONRAD	FINAL ROOF		CCL
	9 S. VIA LUCINDA STUART ROOFING			INSPECTOR:
7521	ZELNER	RAT PUMB	PASS	
3	1 RIVERVIEW DR HOMESAFE	RAT ELECTRIC FRAMING	PASS	INSPECTOR:
7581	WILKINSON	A/C CHANGEOUT	FAIL	
1	8 OAKWOOD CLASSIC COOLING			INSPECTOR:
7455	WILSON	UG PUMB.	PASS	
5	11 LOFTING WAY BUFORD			INSPECTOR:

OTHER: _____

8210

GENERATOR PAD

&

ELECTRIC

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4-25-06

BUILDING PERMIT NO. 8210

Building to be erected for Madden

Type of Permit Generator, Pad & Electric

Applied for by O/B

(Contractor) Building Fee 155.49

Subdivision Marguerita Lot 13 Block _____

Radon Fee _____

Address 160 S. Piner Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

133841-001-000-001307

Electrical Fee 35.00

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$238.11 Check # 287 Cash _____

Other Fees O/B 47.62

Total Construction Cost \$ 1697

TOTAL Fees 238.11

Signed Jim J. Madden
Applicant

Signed Gene Simmons
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 <u>GENERATOR</u> |
| | | <input checked="" type="checkbox"/> <u>GENERATOR/PAD</u> |

INSPECTIONS

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

RECEIVED
4/29/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 4/12/06 Permit Number: _____

OWNER/TITLEHOLDER NAME: KEVIN T. AND MARGUERITE S. MADDEN Phone (Day) 772-215-8864 (Fax) _____

Job Site Address: 160 SOUTH RIVER RD City: SEWALLS PT. State: FL Zip: 34996

Legal Desc. Property (Subd./Lot/Bl) MARGUERITA S/D LOT 13 Parcel Number: 13-38-41-01-000-00130-7

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

Description of Work To Be Done: INSTALLATION OF STANDBY GENERATOR, PAD + ELECTRIC

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 16,197.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Is improvement cost 50% or more of Fair Market Value? YES NO
Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: LOYD JOHNSON ELECTRICAL, INC. State: FL License Number: 0003162

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)
Kevin T. Madden

State of Florida, County of: Martin

This the 12th day of April, 2006

by Kevin Madden who is personally

known to me or produced Drivers License

as identification. Rebecca Donaldson
Notary Public

My Commission Expires: _____ Seal

CONTRACTOR SIGNATURE (required)
Lloyd Johnson

On State of Florida, County of: Martin

This the 12th day of April, 2006

by Lloyd Johnson who is personally

known to me or produced _____

As identification. Rebecca Donaldson
Notary Public

My Commission Expires: _____ Seal

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

NOTARY PUBLIC
REBECCA DONALDSON
MY COMMISSION # DD 524830
EXPIRES: March 2, 2010
Bonded Thru Budget Notary Services

NOTARY PUBLIC
REBECCA DONALDSON
MY COMMISSION # DD 524830
EXPIRES: March 2, 2010
Bonded Thru Budget Notary Services

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

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

DISCLOSURE STATEMENT

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

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

Name: KEVIN T. MADDEN Date: 4-25-06

Signature: Kevin T. Madde

Address: 160 S. RIVER RD

City & State: STUART, FL. 34996

Permit No. _____

Return to: (enclose self-addressed stamped envelope)

Name: Lloyd Johnson Electric, Inc

Address: PO Drawer "D"
Port Salerno, FL 34992

Name:

Address:

Property Appraisers Parcel Identification 13-38-41-011-000-00130-7

Folio Number(s):

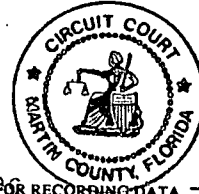
Grantee(s) S.S. # (s)



INSTR # 1924840
OR BK 02131 PG 2500
Pg 2500? (1pg)
RECORDED 04/12/2006 11:15:11 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Wood

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 [Signature]
DATE 4/12/06

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

NOTICE OF COMMENCEMENT

Permit No. _____

Tax Folio No. 13-38-41-011-000-00130-7

State of Florida _____
County of MARTIN }

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

Legal description of property (include Street Address, if available) 160 SOUTH RIVER RD. SEWALLS PT. MARGUERITA S/D LOT 13

General description of improvements INSTALLATION OF STANDBY GENERATOR

Owner KEVIN T & MARGUERITE S. MADDEN

Address 160 SOUTH RIVER RD. SEWALLS PT.

Owner's Interest in site of the improvement _____

Fee Simple Title holder (if other than owner) _____

Name _____

Address _____ Phone: _____ Fax: _____

Contractor LLOYD JOHNSON ELECTRIC INC.

Address P.O. DRAWER "D" PT. SALERNO Phone: 772-223-7397 Fax: 223-7145

Surety _____ Phone: _____ Fax: _____

Address _____ Amount of bond \$ _____

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

Name _____

Address _____ Phone: _____ Fax: _____

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

Name _____

Address _____ Phone: _____ Fax: _____

In addition to himself, owner designates _____

Of _____ Phone: _____ Fax: _____

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

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

[Signature]
Signature of Owner

Kevin Madden
Printed Name of Owner

NOTARY RUBBER STAMP SEAL

I have relied upon the following identification of the Affiant _____



REBECCA DONALDSON
MY COMMISSION # DD 524830
EXPIRES: March 2, 2010
Bonded Thru Budget Notary Services

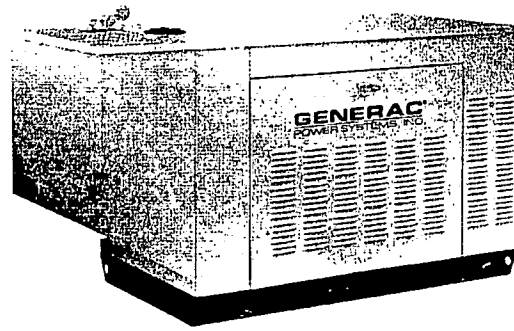
Sworn to and subscribed before me this 12th day of April, 2006

[Signature]
Notary Signature
Rebecca Donaldson
Printed Name


Of Firm Design. Seminole Paper & Printing Co., Inc., 1994

15 kW / 20 kW / 25 kW

Generac offers five liquid-cooled, low displacement models with outputs ranging from 15 to 25 kW. These are popular and proven designs that run on natural gas or liquid propane vapor (LPV), and like all Q Series models, feature integrated circuit breakers. They're ideal for homes and small businesses.



Specifications

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 8/21/06

BUILDING OFFICIAL
 Gene Simmons

Generator Specifications

Model	QT015	QT020	QT020	QT025	QT025
Rated Power* (kW - 60 Hz)	15	20	20	25	25
Rated Amps @ 60 Hz 120/240, 1ø, 1.0 pf	62.5	83.3	83.3	104.2	104.2
Engine	1.5L, 4 Cylinder	1.5L, 4 Cylinder	2.5L, 4 Cylinder	1.5L, 4 Cylinder	2.5L, 4 Cylinder
Engine RPM	1800	3600	1800	3600	1800
Compatible Automatic Transfer Switches (Amps)	RTS 100 - 200	RTS 100 - 200	RTS 100 - 200	RTS 100 - 200	RTS 100 - 200
Fuel Consumption (ft ³ /hr @ rated power)	<u>NG</u> 240 <u>LPV</u> 88	<u>NG</u> 330 <u>LPV</u> 120	<u>NG</u> 315 <u>LPV</u> 115	<u>NG</u> 395 <u>LPV</u> 144	<u>NG</u> 380 <u>LPV</u> 139
Sound Emissions Performance (dBA @ 7 meters)					
Average sound level @ full load	76.0	79.0	74.0	79.0	74.0
Average sound level @ exercise	62.5	62.5	61.0	62.5	61.0
Dimensions (L" x W" x H") including frame	68 x 30 x 40	68 x 30 x 40	72 x 30 x 38	68 x 30 x 40	72 x 30 x 38
Unit Weight (lbs.)	960	970	990	1010	1025

Indicates QT Premium models.

* kW rating is based on LPG fuel and may derate with natural gas.



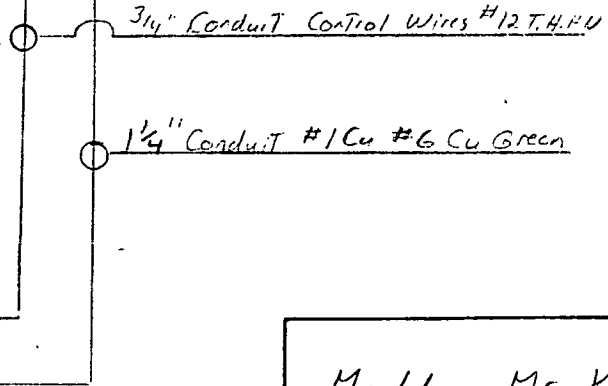
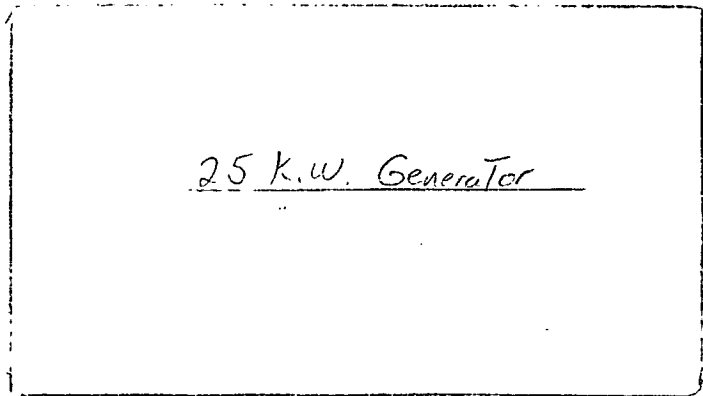
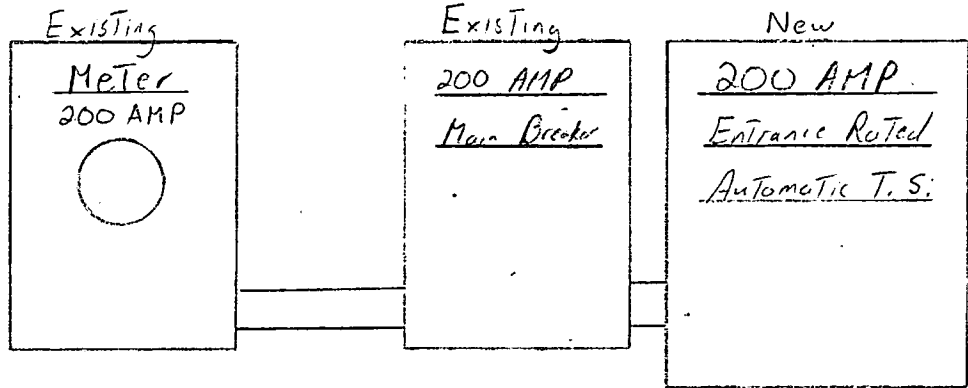
All units
are UL 2200
Listed

UL 2200 Listing is your only assurance of local building code approval, safety and certified kW power ratings.

Corrosion-resistant aluminum enclosure available for all liquid-cooled units.

R-100 Digital Controller

6 LED Indicator Lights	Standard
High Temperature Shutdown	Standard
Low Coolant Level Shutdown	Standard
Low Oil Pressure Shutdown	Standard
Overspeed Shutdown	Standard
Automatic Voltage Regulator with Over-voltage Protection	Standard
• Voltage Regulation (at steady state from no load to 100% load)	± 1.0%
• Frequency Regulation (for constant load from no load to 100% load)	± 0.5%
Engine Start Sequence	Cyclic Cranking: Initially 15 sec. on, then 7 sec. rest, 7 sec. on, 90sec. maximum duration.
Safety Fuse	Standard



Madden, Mr. Kevin		
SCALE N.T.S.	APPROVED BY	DRAWN BY A.R.
DATE 4-5-06		REVISED
25 k.w Standby Generator		
Lloyd Johnson Electric		DRAWING NUMBER

SURVEYOR NOTES:

ALLEN E. BECK, INC. SETS A STANDARD MARKER OF A 1/2" IRON ROD AND A CAP MARKED LB 6790 AT ALL CORNERS, UNLESS OTHERWISE NOTED HEREON. SAID CORNER IS SHOWN AS - @ AND FIELD SURVEYED ON

9-16-98
 BEARS OF BEARINGS/ANGLES BEING THE SOUTH R/W
 LINE OF MARGUERITA ROAD PER RECORD PLAT.

- ABBREVIATIONS:**
- FD. = FOUND
 - (R) = RADIAL
 - (C) = CALCULATED
 - (M) = MEASURED
 - (D) = DEED OR DESCRIPTION
 - (UN-R) = UNREADABLE
 - L.R.C. = IRON ROD & CAP
 - L.P.C. = IRON PIPE & CAP
 - P.C. = POINT OF CURVATURE
 - P.T. = POINT OF TANGENCY
 - P.R.C. = POINT OF REVERSE CURVATURE
 - P.C.C. = POINT OF COMPOUND CURVATURE
 - P.C.P. = PERMANENT CONTROL POINT
 - D./U.E. = DRAINAGE &/OR UTILITY EASEMENT
 - E.P. = EDGE OF PAVEMENT
 - //--- = OVERHEAD UTILITY
 - W.M. □ = WATER METER
 - ⊕ = POWER POLE
 - U.P. ⊕ = UTILITY POSTAL
 - ⊙ = WELL
 - ⊘ = SATELLITE DISH
 - C = CENTERLINE
 - Δ = DELTA
 - L = LENGTH
 - R = RADII
 - MAD/T = MAIL AND DISC/TAB
 - R/W = RIGHT-OF-WAY
 - ⊚ = ELECTRIC TRANSFORMER

ALLEN E. BECK, INC. DOES NOT GUARANTEE OR ASSUME ANY LIABILITY FOR ANY EASEMENT, RIGHT-OF-WAY, SETBACKS, RESERVATION, RESTRICTION, OR SIMILAR MATTERS NOT SHOWN OR REFERRED TO ON THE PLAT, OR PHYSICALLY VISIBLE ON SITE. THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF ABSTRACT TITLE AND ALL MATTERS OF TITLE SHOULD BE REFERRED TO AN ATTORNEY.

THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

JURISDICTIONAL AREAS, WETLANDS, AND UNDERGROUND UTILITIES, IF ANY HAVE NOT BEEN LOCATED, OTHER THAN SHOWN.

THIS SURVEY IS FOR THE USE OF THE PARTIES SPECIFICALLY CERTIFIED TO HEREON, AND NO OTHERS.

ACCORDING TO THE FEDERAL EMERGENCY MANAGEMENT ASSOCIATION (FEMA) FLOOD INSURANCE RATE MAPS, THIS PROPERTY LIES IN FLOOD ZONE - B.
 COMMUNITY PANEL # 120164 0002 DATED 1-11-93
 BASE ELEVATION N/A

LEGAL DESCRIPTION

LOT 13, BLOCK —, OF
MARGUERITA SUBDIVISION
 ACCORDING TO THE PLAT THEREOF,
 AS RECORDED IN PLAT BOOK 10 AT
 PAGE 3, OF THE PUBLIC
 RECORDS OF MARTIN COUNTY, FLA.

BOUNDARY SURVEY

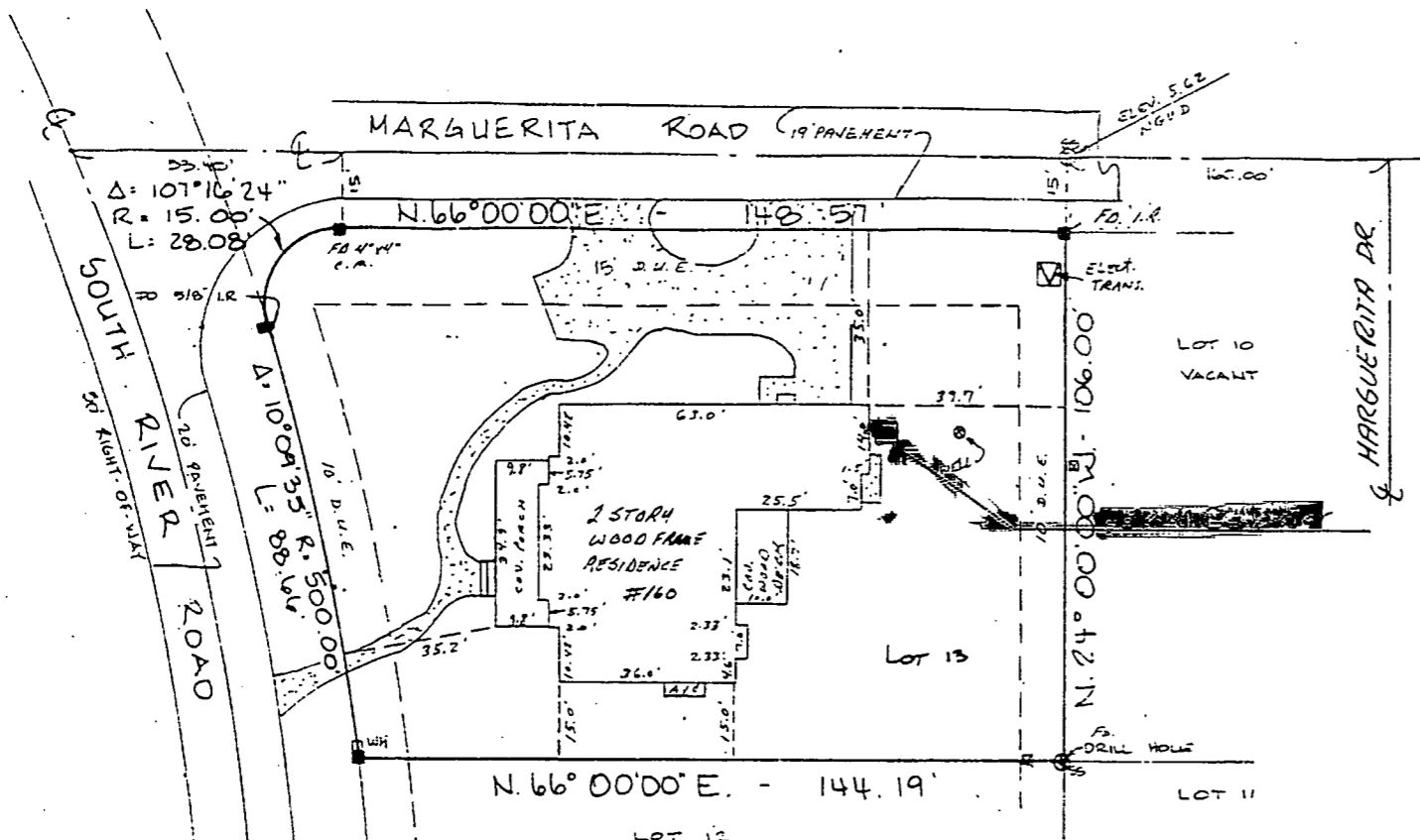
CERTIFIED TO:
KEVIN T. MADDEN
 SUNTRUST BANK, NATIONAL ASSOCIATION,
 ITS SUCCESSORS AND/OR ITS ASSIGNS
AS CARTRIDGE SOMMERS, BOOKS, MIKEY, WOOD ISAWHARA
 COMMONWEALTH LAND TITLE INSURANCE CO.

REVISIONS

SURVEYOR'S CERTIFICATE
 I HEREBY CERTIFY TO THE BEST OF MY BELIEF THAT THIS SURVEY IS TRUE AND ACCURATE, AND THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR SURVEYING AS PER CHAPTER 61G17-6 OF THE F.A.C. SUBJECT TO ALL NOTES AND NOTATIONS SHOWN HEREON.

Allen E. Beck 9-21-98
 ALLEN E. BECK P.S.M. # 3690 DATE

ALLEN E. BECK, INC.
 PROFESSIONAL LAND SURVEYORS
 608 SW. BAYSHORE BLVD.
 PORT ST. LUCIE, FLORIDA 34983
 (561) 370-1432 LB 6790
 SCALE 1" = 30' JOB NO. 98-4490
 F.B. SL-33 PAGE 41 FILE





8210

TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 160 S. RIVER

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

GEN. PAD / ELEC.

SECURE GEN TO PAD

INSTALL GROUNDING FOR GEN.

NEED ACCESS TO GARAGE TO
INSPECT TRANSFER SWITCH

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

DATE: 5/20

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-19, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Weber	Tree	PASS	
7	12 Ridgeland Dr O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6 8100 Sub 8235	Daly 5 Worth Ct Conway	Framing Tie down	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8100	Maddox	Elec for gen	PASS	
3	160 S River Rd O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8100 6	Daly 5 Worth Ct All Am Roof.	In progress sheath on flat deck	PASS	INSPECTOR: <i>[Signature]</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: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-24, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8210	Madden	Generator Final	PASS	STILL NEEDS GAS
2	160 Skewald O/B			INSPECTIONS - INSPECTOR: <i>OM</i>
8154	RIMER	GAS FINAL	PASS	CLOSE
8	29 S. RIVER	1-561-309-0521		INSPECTOR: <i>OM</i>
8171	UITALE	ELEC. ROUGH	PASS	
13	13 KNOWLES DR		11:00 A.M.	INSPECTOR: <i>OM</i>
TREE	COMBS	TREE	PASS	
3	1 MANDALY IS.			INSPECTOR: <i>OM</i>
#8224	Tschannen	ROOF IN PROGRESS	FAIL	#40 FEE
7	15 EMERITA ? ASSAULTS (Denemark)		PASS	INSPECTOR: <i>OM</i>
7605	Crane	Final walk thru	FAIL	
6	2 Timor St Blue Diamond	^{Steve} 260-1773	Call 1/2	INSPECTOR: <i>OM</i>
TREE	Govel	Tree	PASS	
12	24 Castle Hill Way			INSPECTOR: <i>OM</i>
OTHER:	Kiplinger	Boat-house roof	PASS	
8186	43 S R Rd Duffwood Homes	Sheathing		<i>OM</i>

2A

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed. Thur Fri 4-1 2009 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9062	Siegel	Final AC		
after 1PM	116 Island Rd		PASS	Close
	Krauss & Crane			INSPECTOR <i>JP</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9111	CD2	Final	PASS	CLOSE
	33N Sewalls	DEMO		
	SDH			INSPECTOR <i>JP</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8210	MADDEN	CAS HEAVY	PASS	CLOSE
	100 S. RIVER	TO GENERATOR		
	O.B.	FINAL		INSPECTOR <i>JP</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9078	Masterpiece Sys,	ROOF SHEATHING	PASS	
	1 MARQUETTA			
	MASTERPIECE			INSPECTOR <i>JP</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8999	Raskin	FINAL	PASS	CLOSE
	144 N.S.P.R.	MAILBOX		
	COR Bldg.			INSPECTOR <i>JP</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8865	HOBLE	FINAL	FAIL	
	22. N.S.P.R.			
	COR.			INSPECTOR <i>JP</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8763	HOBLE	PASS	PASS	CLOSE
	22 N.S.P.R.	FINAL		Pending renewal
	COR			INSPECTOR <i>JP</i>

9397

DECK



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:	9397	DATE ISSUED:	MARCH 25, 2010
SCOPE OF WORK:	REPLACE 2 ND FL DECK		
CONDITIONS :			
CONTRACTOR:	STRATICON		
PARCEL CONTROL NUMBER:	133841011-000-001307	SUBDIVISION	MARGUERITA – LOT 13
CONSTRUCTION ADDRESS:	160 S RIVER RD		
OWNER NAME:	MADDEN		
QUALIFIER:	JEFF HARDIN	CONTACT PHONE NUMBER:	954-243-7290

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

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

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

REQUIRED INSPECTIONS

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

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



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:	9397		
ADDRESS	160 S RIVER RD		
DATE:	3/25/10	SCOPE:	REPLACE 2 ND FL DECK

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
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 space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each	2	\$	150
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	155

paid cash
@ 3/25/10

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

Date: 3/17/10 Permit Number: 9397
 OWNER/TITLEHOLDER NAME: KEVIN MADDEN Phone (Day) (772) 215-8988 (Fax) _____
 Job Site Address: 160 SOUTH RIVER ROAD City: SEEWALLS POINT State: FL Zip: _____
 Legal Description _____ Parcel Control Number: _____
 Owner Address (if different): N/A City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): REPLACE SECOND FLOOR DECK

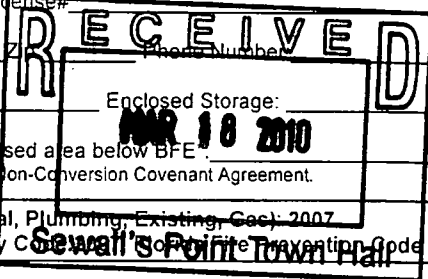
WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO X
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO X
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 1950.00
 (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: STRATICON CONSTRUCTION Phone: (954) 243-7290 Fax: _____
 Qualifiers name: JEFF HARDIN Street: 27 S. RIVER RD. City: SEEWALLS POINT State: FL Zip: _____
 State License Number: C4C 062578 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BRENT STOLTENBERG Phone Number: (772) 882-5644
 DESIGN PROFESSIONAL: N/A Fla. License# _____

Street: _____ City: _____ State: _____
 AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____
 Carport: _____ Total under Roof _____ Elevated Deck: 240 SF 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, Code): 2007
 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2008

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
X Kevin Madden
 State of Florida, County of: PORT SAINT LUCIE
 On This the 17 day of MARCH, 2010
 by MARGUERITE MADDEN who is personally
 known to me or produced
 As identification: BRENT STOLTENBERG
 Notary Public COMMISSION # DD804466
 My Commission Expires: EXPIRES July 08, 2012
 (407) 398-0153 FloridaNotaryService.com

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
X Jeff Hardin
 State of Florida, County of: PORT SAINT LUCIE
 On This the 17 day of MARCH, 2010
 by JEFF HARDIN who is personally
 known to me or produced
 As identification: BRENT STOLTENBERG
 Notary Public
 MY COMMISSION # DD804466
 My Commission Expires: EXPIRES July 08, 2012

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



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

Site Provided by...
governmax.com T1.11

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
13-38-41-011-000-00130-7	160 S RIVER RD	27874	Owner	0	1

Summary

Property Location 160 S RIVER RD
Tax District 2200 Sewall's Point
Account # 27874
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.374

Legal Description
Property Information
 MARGUERITA S/D LOT 13

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 MADDEN, KEVIN T
 MADDEN, MARGUERITE S

Mail Information
 160 S RIVER RD
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$157,700
Market Impr Value \$362,190
Market Total Value \$519,890

Site Functions

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

Recent Sale
Sale Amount \$395,000

Sale Date 10/6/1998
Book/Page 1341 0692

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 3/3/2010

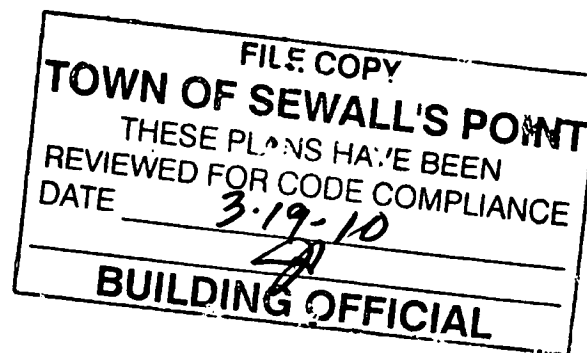


Project: Madden
160 S. River Road
Seewalls Point, FL

RE: REPLACE SECOND FLOOR ROOF DECK.

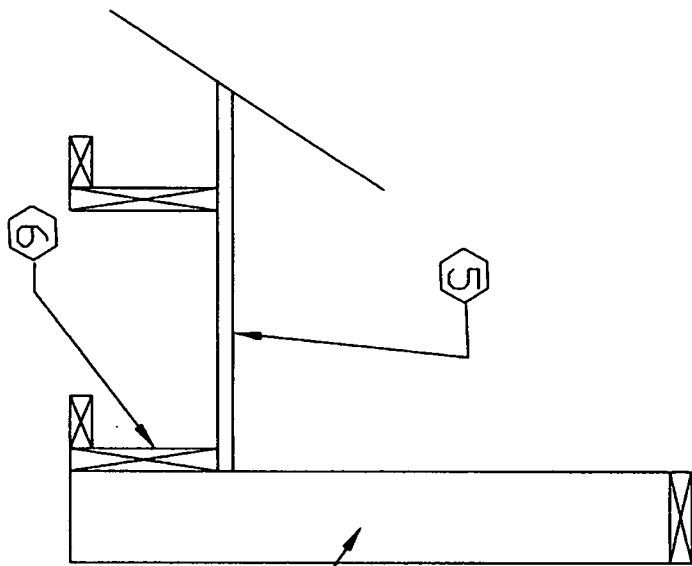
SCOPE OF WORK

1. Demo existing deck inclusive of deck boards and railings.
2. Existing rubber roof to remain.
3. Existing wood perlins on deck to remain and new 2" x 10" joist to be attached with #8 screws 16" O.C.
4. Deck will no be attached to the house it will be attached to the roof as originally constructed.
5. Railings will be attached to existing 4" x 4" post.
6. Drawings were done by contractor.
7. Roof structure to remain "as is", no work to the existing roof structure will take place.



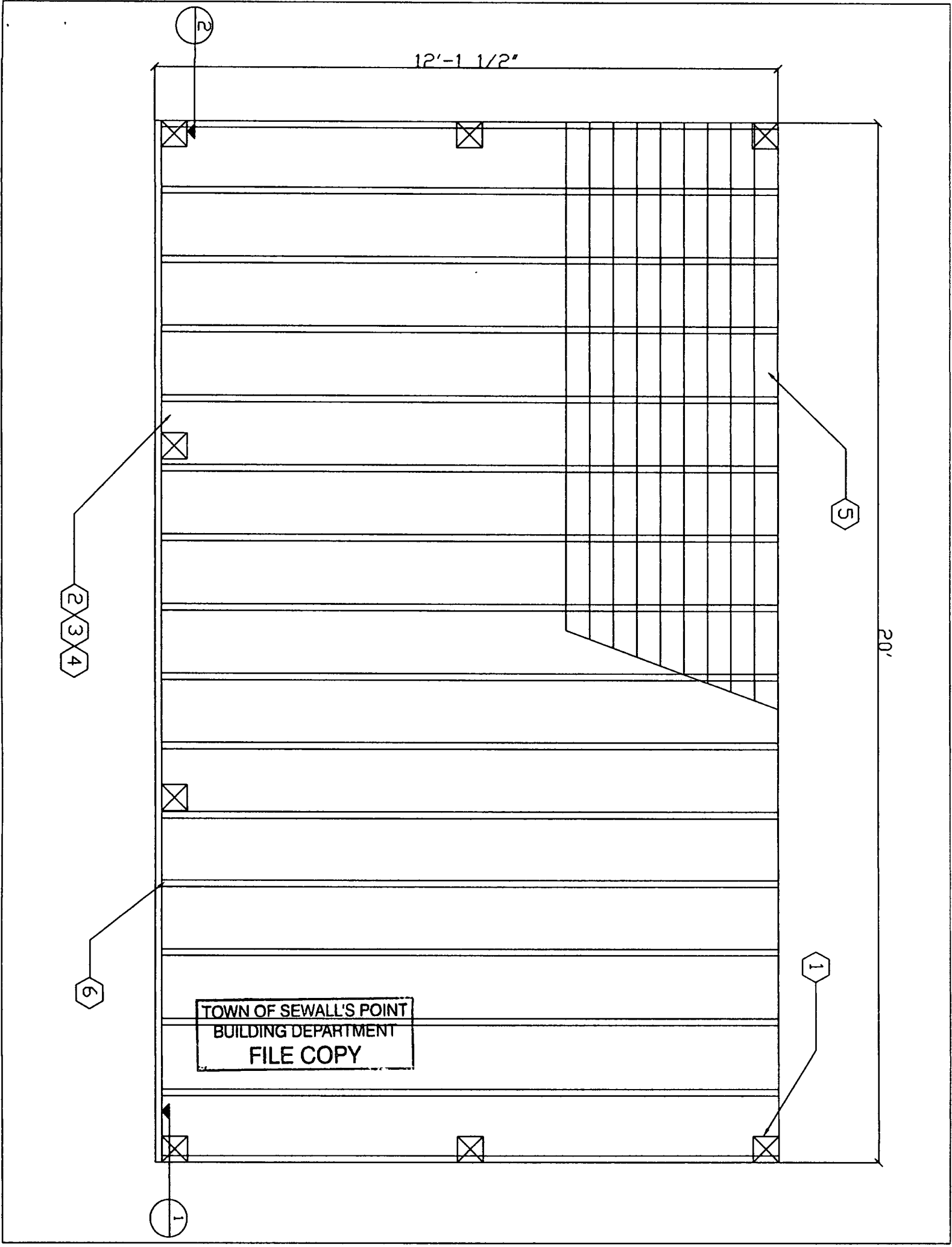
Wednesday, March 17, 2010

1 DECK EDGE SECTION



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

1



12'-1 1/2"

20'

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

2

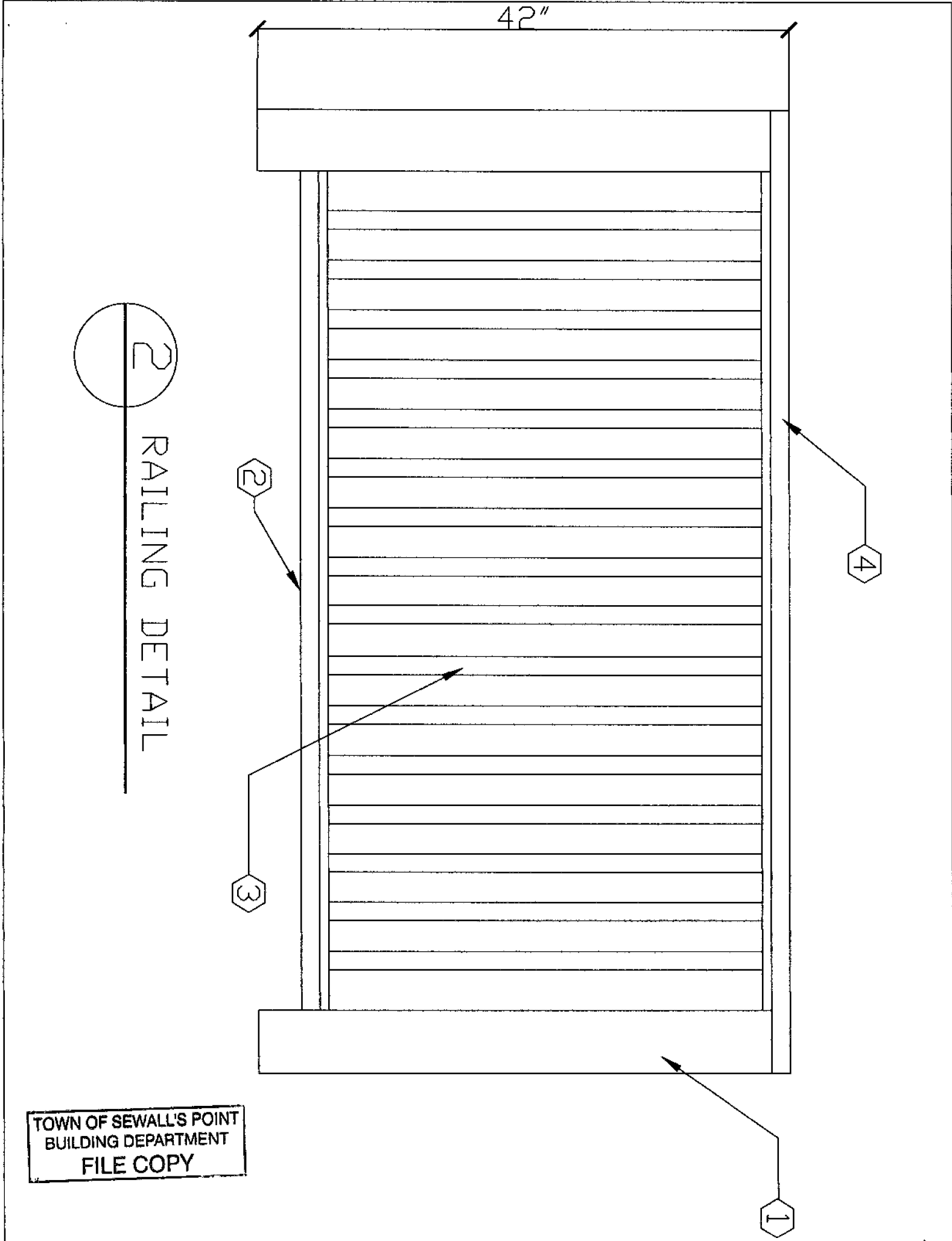
1

5

2
3
4

6

1



2

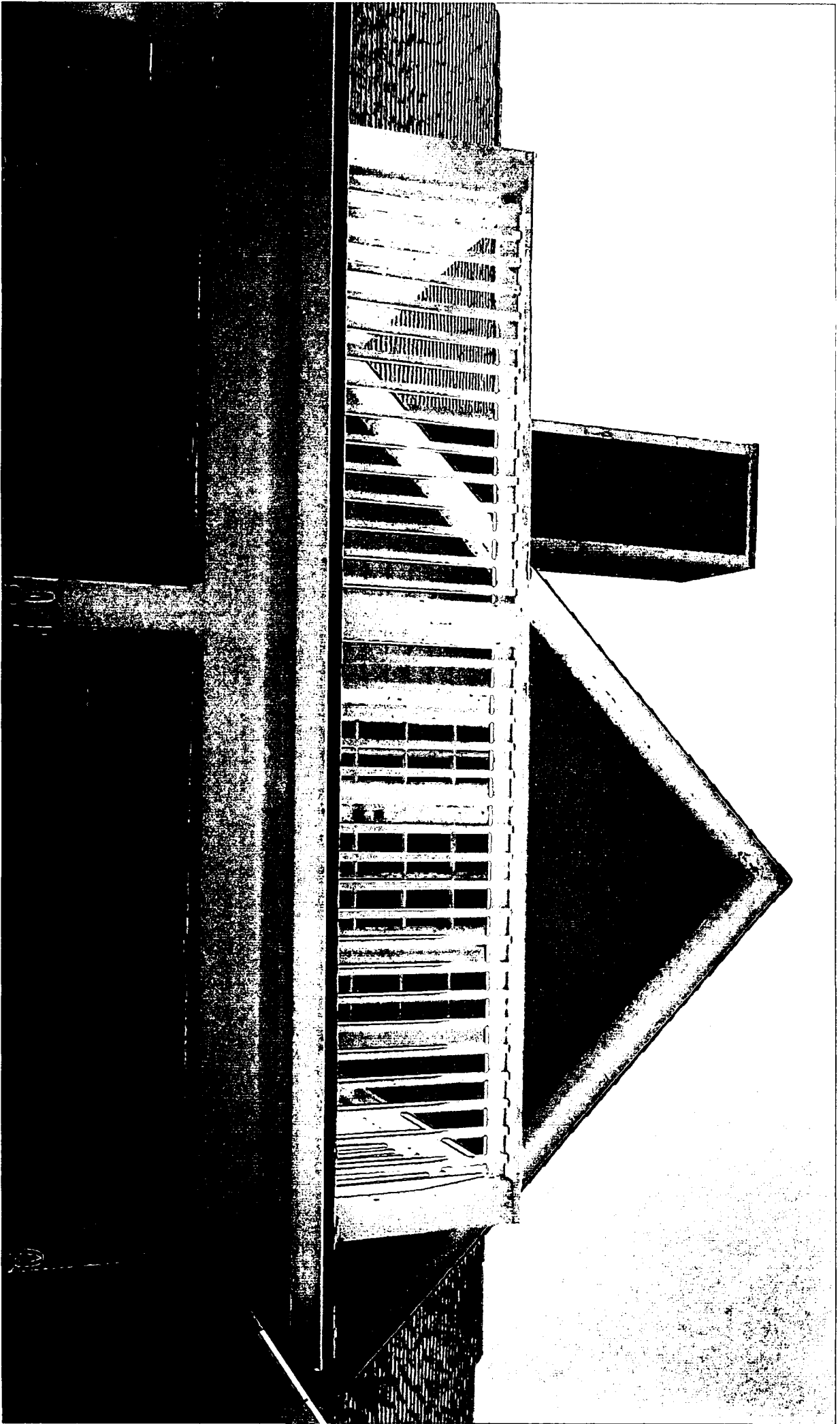
RAILING DETAIL

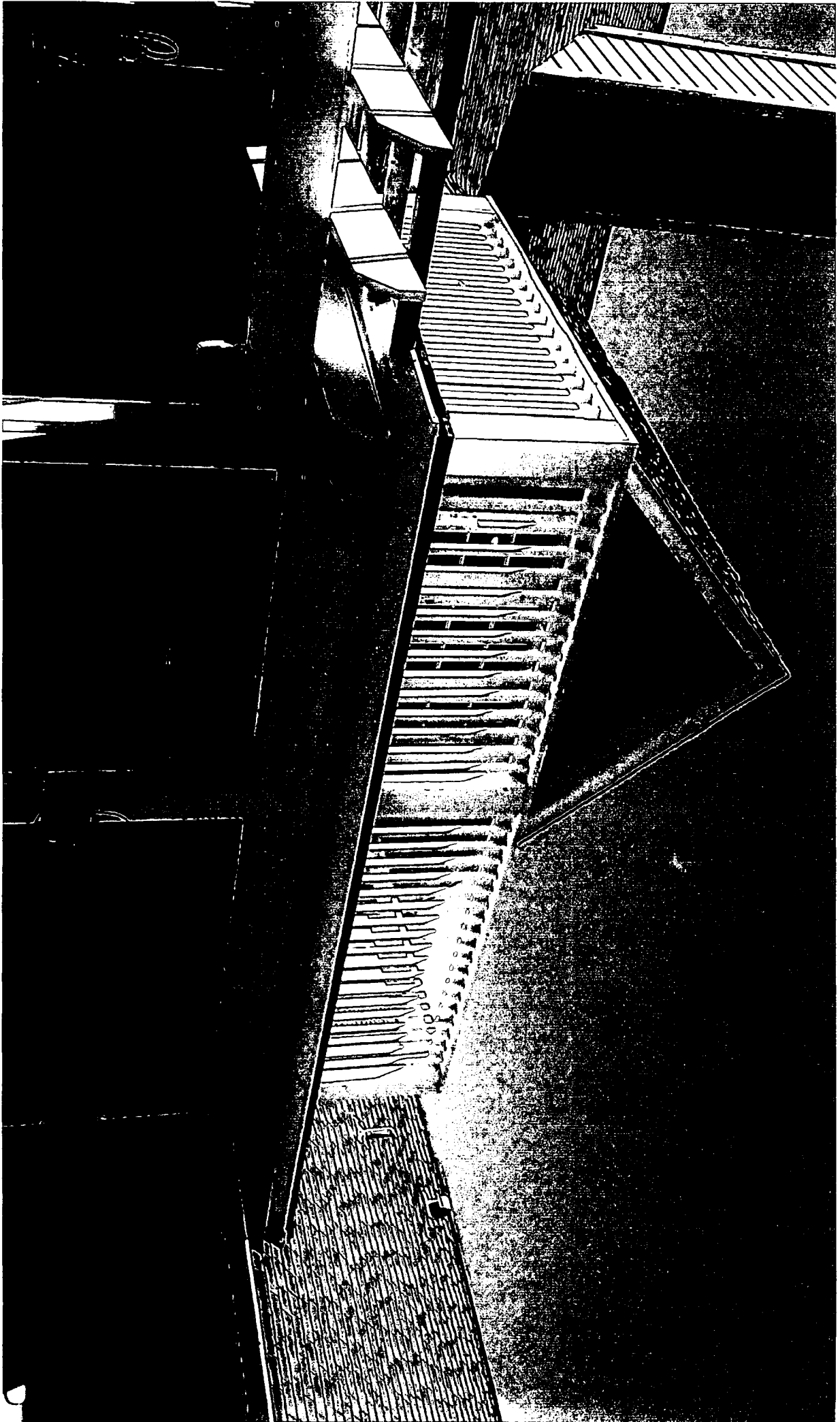
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

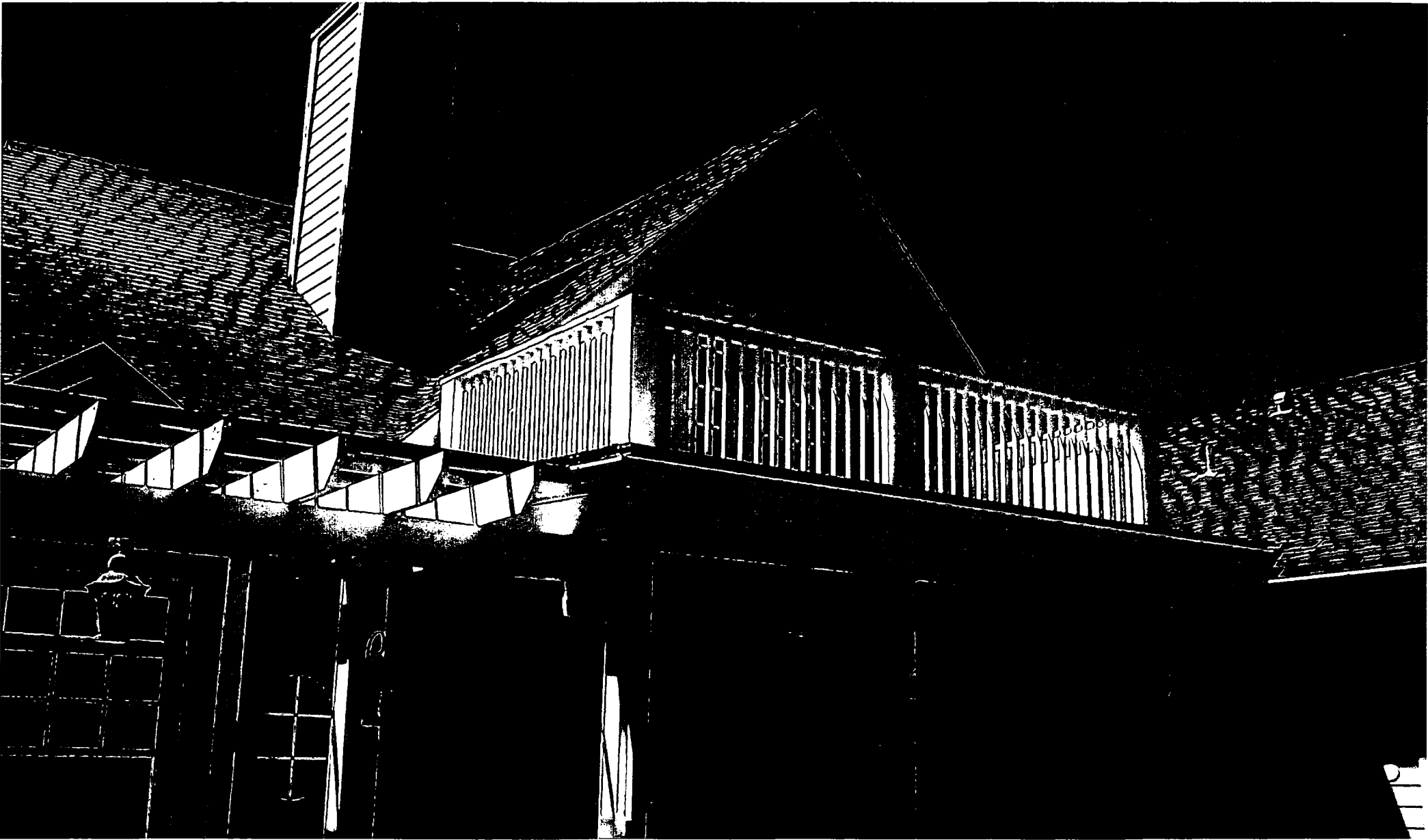
DECK & RAILING NOTES

- ① 4" X 4" EX. POST TO BE WRAPPED WITH 1" X 6" P.T.
- ② 2" X 4" P.T. RAILING BOTTOM
- ③ 2" X 2" WOOD PICKETS @ 4" O.C. TYPICAL ATTACHED TO TOP 1" X 2" CLEAT.
- ④ 2" X 6" P.T. TOP RAIL TYPICAL
- ⑤ 5/4" X 6" P.T. DECK BOARD SCREWED ON JOIST W/ 2 #8 GALV. SCREWS AT EACH JOIST.
- ⑥ 2" X 10" P.T. JOIST CUT TO MATCH THE SLOPE OF THE ROOF ATTACHED TO EXISTING PERLINS ON ROOF
- ⑥ EXISTING ROOF WILL REMAIN.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY







TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-2-10 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9447	Kruitt	AC Final		
1st	7 Island Rd Krauss & Crane		Pass	Close INSPECTOR <i>JA</i>
9426	Boniface	in-progress		
	63 Skiver Rd Code Red Roof		Pass	INSPECTOR <i>JA</i>
9424	160 Skiver	Final	Pass	Close
2nd	160 Skiver Station			INSPECTOR <i>JA</i>
9425	Selvan	Final patio		
3rd	162 Skiver Station		Pass	Close INSPECTOR <i>JA</i>
9459	Seemann	Final AC		
	22 S. Sewalls Mr Coop		Pass	Close INSPECTOR <i>JA</i>
9429	Belletts	AC		
	10 W. Halstead Case			INSPECTOR
9387	Jaley Holding	gas final		
	113 Hillcrest Sengate	(w/rep. then)	Pass	INSPECTOR <i>JA</i>

11010

A/C CHANGEOUT

EXPIRED

JAMES W. CAMPO, CFP
Mayor

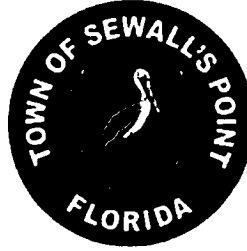
PAUL LUGER
Vice Mayor

VINCENT N. BARILE
Commissioner

FRANK FENDER
Commissioner

DAN MORRIS
Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
Town Manager

LAKISHA Q. BURCH, CMC
Town Clerk

TINA CIECHANOWSKI
Chief of Police

JOHN ADAMS
Building & Facilities Director

February 2, 2017

NOTICE OF EXPIRED PERMIT

This correspondence is intended as a follow-up to a building permit and specific improvements associated with 160 S. River Road, more specifically permit #11010 issued on September 11, 2014 for A/C Changeout.

Town records indicate that at least 180 days have passed without a successful recorded inspection. Your permit is now expired without benefit of a required final inspection.

Town of Sewall's Point Code of Ordinances section 50-94 states: (1) Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (2) If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and the work required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

In order to avoid further administrative action please arrange to schedule a final inspection of this permit by the Town of Sewall's Point Building Department no later than ten days from date of this letter. Your permit will need to be renewed and is subject to any applicable renewal or inspection fees.

Failure to renew your permit and receive a final inspection will result in your permit becoming null and void, and the Town will report this to the property owner and the appropriate agencies as required. This will also constitute justification for denying any future permits requested by you, or your company.

Please contact me with any questions.

With Best Regards,

John R. Adams, C.B.O.
Building Official

One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: pwalker@sewallspoint.org
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: sppd@sewallspoint.org



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:	11010	DATE ISSUED:	September 11, 2014
SCOPE OF WORK:	A/C Change Out		
CONTRACTOR:	Sharkey A/C		
PARCEL CONTROL NUMBER:	13-38-41-011-000-00130-7	SUBDIVISION:	Marguerita S/D Lot 13
CONSTRUCTION ADDRESS:	160 S River Road		
OWNER NAME:	Madden		
QUALIFIER:	Kevin Sharkey	CONTACT PHONE NUMBER:	260-0179

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:	11010		
ADDRESS:	160 S River Road		
DATE ISSUED:	9/11/2014	SCOPE OF WORK:	A/C Change Out

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	----------------	----	--

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:		\$	\$ 4,770.00
Total number of inspections:	@ \$ 100.00 per insp.	# insp	\$ 1.00	\$ 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: 9/5/14

Permit Number: 11010

OWNER/LESSEE NAME: MADDEN KEVIN T MADDEN MARGUERITE Phone (Day) 772-215-8988 (Fax) _____

Job Site Address: 160 S RIVER RD City: STUART State: FL Zip: 34996

Legal Description MARGUERITA S/D LOT 13 Parcel Control Number: 13-38-41-011-000-00130-727874

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** AC Change Out

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 4770.00
(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: SHARKEY AIR, LLC Phone: 772-220-2487 Fax: 772-220-3787

Qualifiers name: KEVIN M. SHARKEY Street: 7862 SW ELLIPSE WAY City: STUART State: FL Zip: 34996

State License Number: CAC1816853 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: KEVIN M. SHARKEY Phone Number: 772-260-0179

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 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:

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 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.
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.

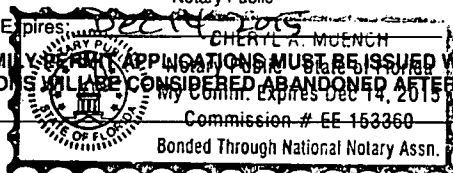
OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:

X Kevin T. Madden
State of Florida, County of: Martin
On This the 9th day of September, 2014
by _____ who is personally
known to me or produced _____

As identification: Cheryl A. Muench

My Commission Expires: December 2015
CHERYL A. MUENCH
Notary Public
My Comm. Expires Dec 14, 2015

SINGLE FAMILY RESIDENTIAL APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION (FBC 105.3) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2). PLEASE PICK UP YOUR PERMIT PROMPTLY!

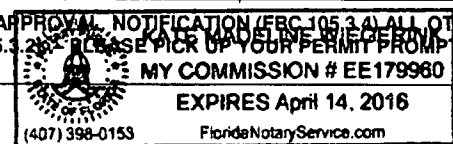


CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:

X Kevin M. Sharkey
State of Florida, County of: MARTIN
On This the 5TH day of SEPTEMBER, 2014
by KEVIN M. SHARKEY who is personally
known to me or produced KNOWN TO ME

As identification: _____

My Commission Expires: APRIL 14, 2016



2014-2015

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

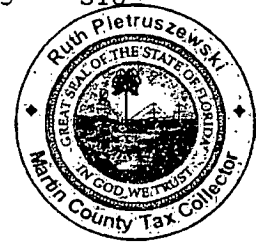
**HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604**

ACCOUNT 2012-518-0018 CERT CAC18156853
PHONE (772) 220-2487 SIC NO 238220

LOCATION: 7862 SW ELLIPSE WAY 5 STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$	<u>.00</u>	LIC. FEE	\$	<u>26.25</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>26.25</u>		



**SHARKEY, KEVIN M. (OWNER-QUALIFIER)
SHARKEY AIR, LLC.
7862 SW ELLIPSE WAY #5
STUART, FL 34997**

HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **A/C CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF AUGUST 2015 ²⁰ 14
AND ENDING SEPTEMBER 30.

11.2013 43907.0002 26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30TH, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

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

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER	
CAC1816853	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



SHARKEY, KEVIN MICHAEL
SHARKEY AIR LLC
7862 SW ELLIPSE WAY
STUART FL 34997

ISSUED: 08/13/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408130001242



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/18/2014

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 Deakins-Carroll Insurance Agency PO Box 1597 Port Salerno FL 34992		CONTACT NAME: Barbara Walenius PHONE: (772) 287-2030 FAX: (772) 288-2481 EMAIL: barbaraw@deakinscarroll.com ADDRESS:	
INSURED Sharkey Air LLC and The Cool Guys LLC dba Paragon Indoor Air Quality 7862 SW Ellipse Way Stuart FL 34997		INSURER(S) AFFORDING COVERAGE INSURER A: Old Dominion Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 14/15 GL BA DM** **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.

INSURANCE TYPE	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		0009576E	3/4/2014	3/4/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ADD \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIED PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC					
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		0109576E	3/4/2014	3/4/2015	COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per occidnt) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		0009576E	3/4/2014	3/4/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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 <input type="checkbox"/>	N/A			WC STAT. / JOB LIMITS / OTH. / CP E.L. EACH ACCIDENT \$ 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 220-4765 Sewall's Point, Town of 1 South Sewall's Point Road Stuart, 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 Lee Carroll / RENEVA <i>Lee Carroll</i>
---	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/24/2014

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 TriGen Insurance Solutions, Inc. 315 SE Mizner Blvd Suite 313 Boca Raton FL 33432	CONTACT NAME: Tamika Lynch PHONE: (877) 987-4436 FAX: (954) 252-4426 EMAIL: cert@trigenagroupinc.com ADDRESS:
INSURED Florida Resource Management Attn: Empl: Sharkey Air, LLC 363 Interstate Blvd Sarasota FL 34240	(941) 343-8168 INSURER(S) AFFORDING COVERAGE INSURER A: Guarante Insurance Company NAIC # 11398 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: Cert ID 5162** **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.

LINE	TYPE OF INSURANCE	ADDL BDR (INSR WVD)	POLICY NUMBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Co-occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTR - COMP/DP AGG \$ OTHER \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIREN AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Co-occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ OTHER \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEF <input type="checkbox"/> INTENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
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 <input type="checkbox"/> N/A	MCPS000315030ZC	7/30/2014	7/30/2018	<input checked="" type="checkbox"/> POL STATUTE <input type="checkbox"/> OTH-ER P.L. EACH ACCIDENT \$ 1,000,000 P.L. DISEASE - EA EMPLOYEE \$ 1,000,000 P.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 Sharkey Air, LLC Location coverage effective 7/30/14

CERTIFICATE HOLDER Sewall's Point, Town of 1 South Sewall's Point Road Stuart FL 34998	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 <i>Tamika Lynch</i>
--	---

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

generated on 9/11/2014 10:48:25 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-011-000-00130-7	27874	160 S RIVER RD, SEWALL'S POINT	\$501,270	9/6/2014

Owner Information

Owner(Current)	MADDEN KEVIN T MADDEN MARGUERITE S
Owner/Mail Address	160 S RIVER RD STUART FL 34996
Sale Date	10/6/1998
Document Book/Page	<u>1341 0692</u>
Document No.	
Sale Price	395000

Location/Description

Account #	27874	Map Page No.	SP-05
Tax District	2200	Legal Description	MARGUERITA S/D LOT 13
Parcel Address	160 S RIVER RD, SEWALL'S POINT		
Acres	.3740		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120200 Heritage P, Palmtto Pk,Rdglnd,

Assessment Information

Market Land Value	\$176,000
Market Improvement Value	\$325,270
Market Total Value	\$501,270



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: <u>RHEEM</u> Model# <u>RBHP21J07SH</u>	Condenser: Mfg <u>RHEEM</u> Model# <u>14AJM30A01</u>
Volts <u>208/230</u> CFM's <u>1000</u> Heat Strip <u>10</u> Kw	Volts <u>208-230</u> SEER/EER <u>16</u> BTU's <u>28600</u>
Min. Circuit Amps <u>36</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>18</u> Wire gauge <u>10</u>
Max. Breaker size <u>45</u> Min. Breaker size <u>40</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>410A</u>	Refrigerant type <u>410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>SOUTH SIDE</u>
Access: <u>UPSTAIRS HALL CLOSET</u>	Condensate Location <u>SOUTH SIDE</u>

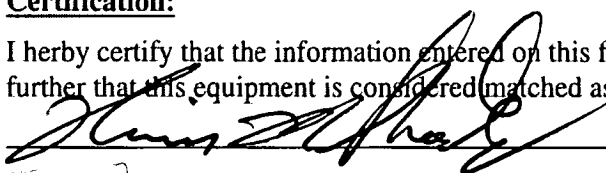
NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>GOODMAN</u> Model# <u>ARUF30</u>	Condenser: Mfg <u>GOODMAN</u> Model# <u>ILLEGIBLE</u>
Volts <u>208/230</u> CFM's <u>1100</u> Heat Strip <u>10</u> Kw	Volts <u>208/230</u> SEER/EER <u>UNKNOWN</u> BTU's <u>37000</u>
Min. Circuit Amps <u>38</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>19</u> Wire gauge <u>10</u>
Max. Breaker size <u>45</u> Min. Breaker size <u>40</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>SOUTH SIDE</u>
Access: <u>UPSTAIRS HALL CLOSET</u>	Condensate Location <u>SOUTH SIDE</u>

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

9/5/14
 Date



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: MADDEN KEVIN T MADDEN MARGUERITE Contractor name: Sharkey Air, LLC

Street address: 160 S. SEWALLS POINT RD Jurisdiction: Town of Sewalls Point

City: SEWALLS POINT Permit No.: _____

Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

_____ Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.

_____ Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)

The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)

_____ System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: *Kevin M. Sharkey* Date: 9/5/14

Printed Name: Kevin M. Sharkey

Contractor License #: CAC1816853

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____



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: 3412342 Date: 9/5/2014

CEE Tier: CEE Tier 2

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

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RBHP-21+RCHL-36A1

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM; RUUD; WEATHERKING

Series name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, 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):	28600
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

* 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.

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.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 at bottom right.



we make life better™

©2014 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130544144008941398

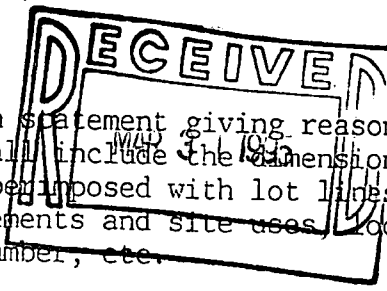
TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

313

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 William Read Address South River Rd. Phone 335-3226

Contractor Treasure Coast Dev., Inc. Address 514 SW P.S.L. Blvd. Phone 871-0333

Number of trees to be removed(list kinds of trees) 6 - 5 Oaks and 1 Palm

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

0

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

Replace 5 Trees with Hardwood on job final

Permit Fee \$ 75.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant Rich Hill Date submitted 3-30-95

Approved by Building Inspector Dale Brown Date 4/5/95

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

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 K. MADDEN Address 160 S. RIVER RD Phone 215-8864

Contractor Oly. Pools Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 3 : OAK SAPPLINGS, 2' D. AM, 12-14' TALL
Per Pool Permit #5837

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

0

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

0

Permit Fee \$ 15.00

\$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 _____ Date submitted: _____

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

