

179 South River Road

$$\begin{array}{r}
 562 \\
 1044 \\
 288 \\
 24 \\
 \hline
 1916 \\
 - 70 \\
 \hline
 1846
 \end{array}$$

$$\begin{array}{r}
 74 \\
 56 \\
 56 \\
 20 \\
 \hline
 3 \overline{) 206} \\
 \underline{70}
 \end{array}$$

$$\begin{array}{r}
 18 \\
 16 \\
 \hline
 188 \\
 18 \\
 \hline
 206 \\
 3
 \end{array}$$

$$\begin{array}{r}
 108 \\
 152 \\
 \hline
 5402 \\
 108 \\
 \hline
 16,200
 \end{array}$$

$$\begin{array}{r}
 69 \\
 39 \\
 \hline
 105
 \end{array}$$

Lot 3A White Fence Acres

5 26

WHITE FENCE ACRES ADDITION

DEC 15 1972

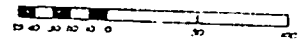
BEING THAT PART SHOWN BUT NOT INCLUDED OF WHITE FENCE ACRES REVISED LYING WEST OF LOTS 3 B 4, PLAT BOOK 4, PAGE 97, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA AND THE WEST 50' OF LOT 7, HIGH POINT SUBDIVISION, PLAT BOOK 3, PAGE 108, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

TOWN OF SEWALLS POINT

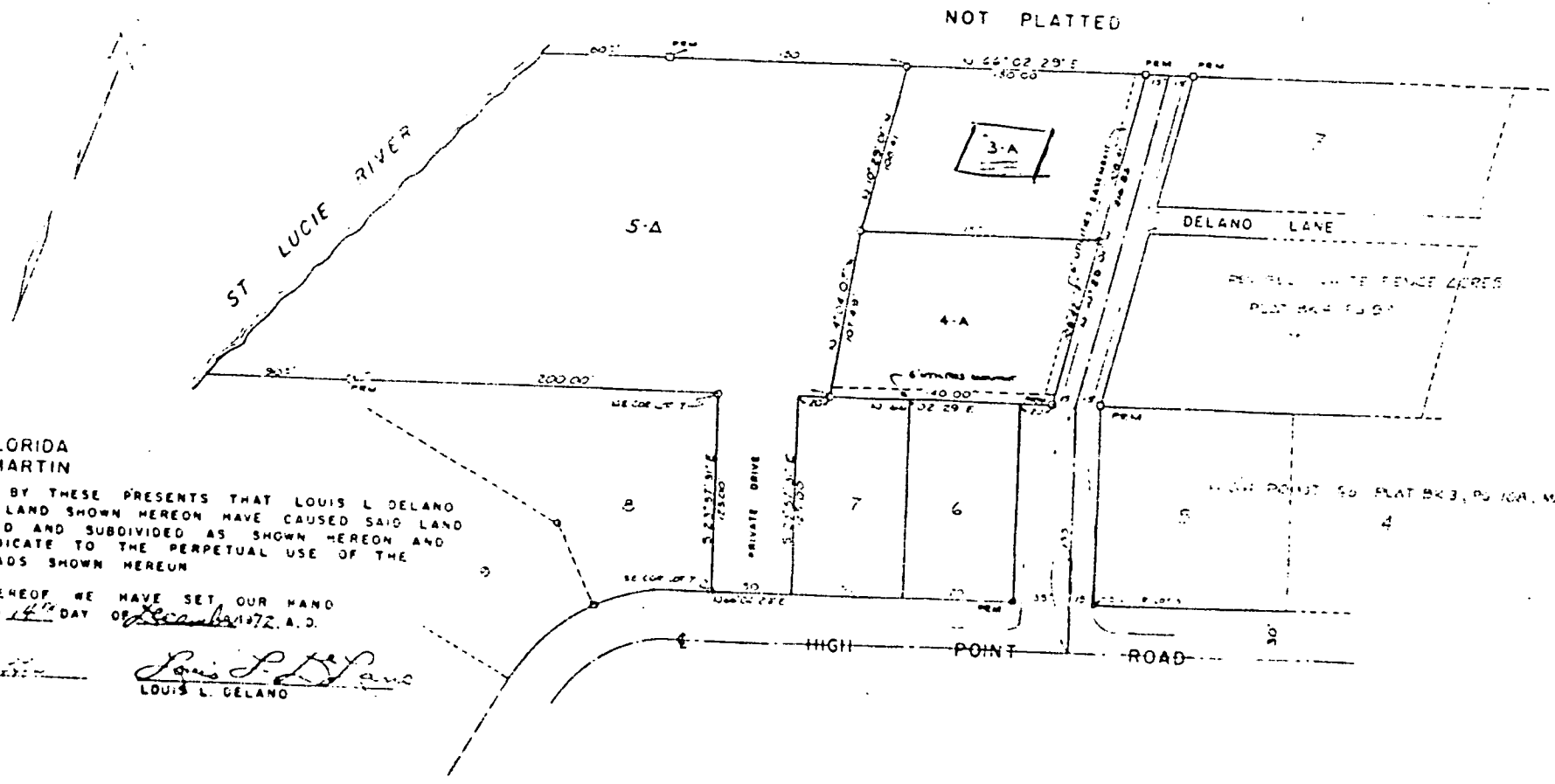
MARTIN COUNTY FLORIDA

OCTOBER 30 1972

SCALE 1" = 50'



I HEREBY CERTIFY THAT THE ATTACHED MAP WAS FILED IN THE OFFICE OF THE COUNTY CLERK MARTIN COUNTY FLORIDA
FILE NO. _____



DEDICATION
STATE OF FLORIDA
COUNTY OF MARTIN

KNOW ALL MEN BY THESE PRESENTS THAT LOUIS L. DELANO OWNER OF THE LAND SHOWN HEREON HAVE CAUSED SAID LAND TO BE SURVEYED AND SUBDIVIDED AS SHOWN HEREON AND DO HEREBY DEDICATE TO THE PERPETUAL USE OF THE PUBLIC THE ROADS SHOWN HEREON

IN WITNESS WHEREOF WE HAVE SET OUR HAND AND SEAL THIS 14th DAY OF December 1972 A.D.

WITNESSES

Louis L. Delano
LOUIS L. DELANO

CERTIFICATE
STATE OF FLORIDA
COUNTY OF MARTIN

I HEREBY CERTIFY THAT THE ATTACHED REPRESENTATION OF A SURVEY MAP IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT PERMANENT REFERENCE MONUMENTS

SUBSCRIBED AND SWORN TO BEFORE ME AT SEWALLS POINT MARTIN COUNTY, FLORIDA

1390

REMODEL

RECEIVED AUG 10 1981

TOWN OF SEWALL'S POINT FLORIDA

1390

Permit No. _____

Date Aug 11, 1981

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

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

Owner MIKE KIPPENBERGER Present address 179 S. RIVER RD. LOT 3A WHITE FENCE ACRES

Phone _____

Contractor Allen Gyplicki Address 119 SW DEGOUVER TERR PT. ST. LUCIE

Phone 878-9405

Where licensed MARTIN COUNTY License number C 6 C007461

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

State the street address at which the proposed structure will be built: 179 ~~DEGOUVER TERR~~ S RIVER RD.

Subdivision WHITE FENCE ACRES Lot No. 3A

Contract price \$ 4800 Cost of Permit \$ 23⁰⁰

Plans approved as submitted Plans approved as marked _____

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

Contractor Allen Gyplicki

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

Owner Mike Kippenberger

Approved: J. Mazzucca Building Inspector Date submitted 8/17/81

Approved: Ge Stabell Commissioner Date 8/26/81

Final Approval given: 9/15/81 Date

Certificate of Occupancy issued Jam Date

SP/1-79

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

2461

SCREEN

ENCLOSURE

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 2461

Date _____

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

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

Owner Jane & Bill Thompson Present Address 179 S. River Rd

Phone 283-1823 Sewalls Point

Contractor Horizon Builders Address 619 Baker Rd

Phone 692-2248 Stuart, Fla 34994

Where licensed Marlin County License number SP00342

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Pool Enclosure - tear-down + rebuild

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

179 S. River Rd

Subdivision White Fence Acres - Sewalls Pt Lot number 3 Block number _____

Contract price \$ 3,250 Cost of permit \$ 25.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor BCD [Signature]

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

Owner Jane Thompson

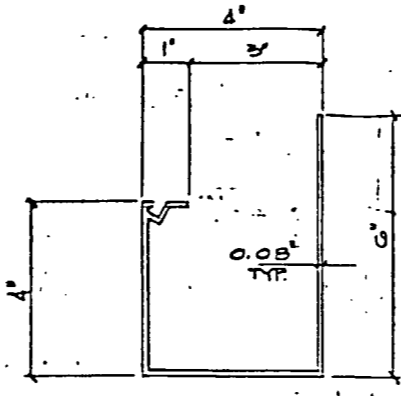
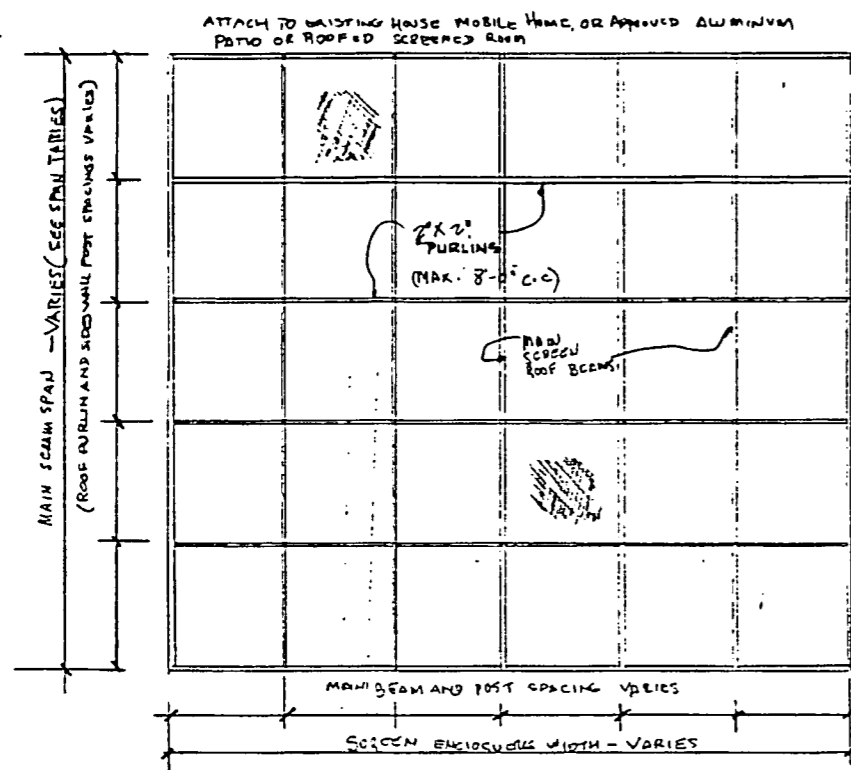
TOWN RECORD

Date submitted _____ Approved _____ Building Inspector _____ Date _____

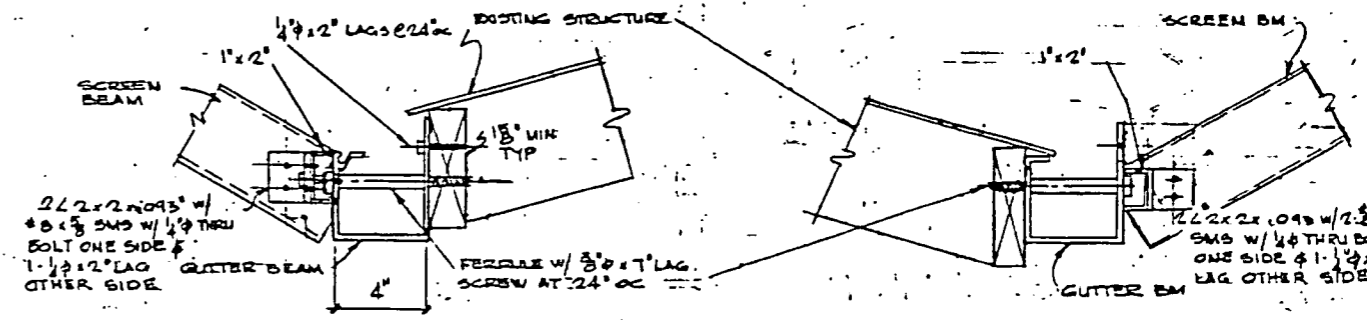
Approved _____ Commissioner _____ Date _____ Final Approval given _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

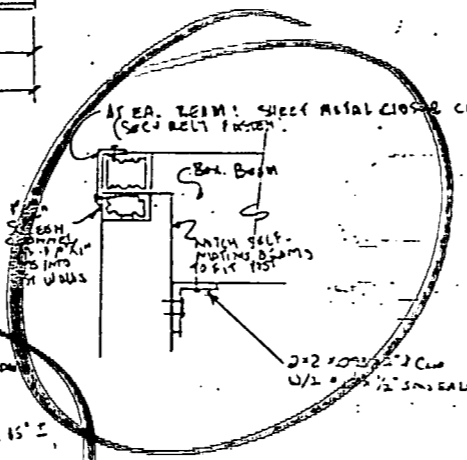
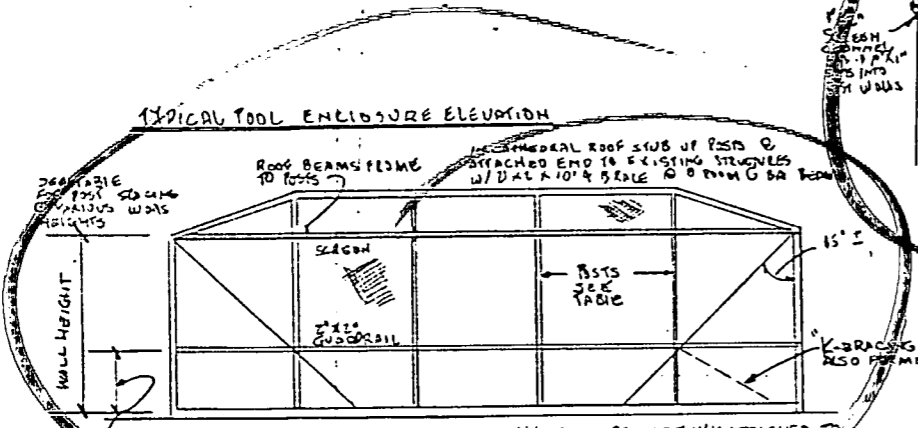
TYPICAL PLAN VIEW



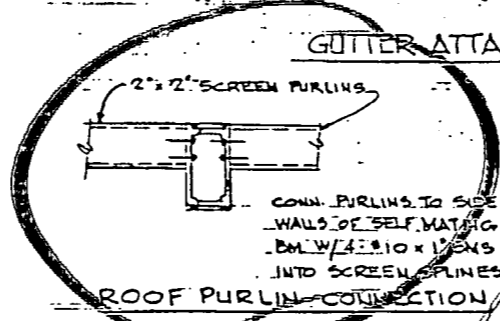
GUTTER SECTION



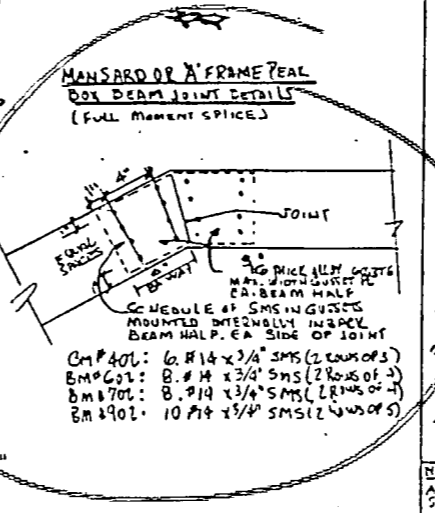
GUTTER ATTACHMENT DETAILS



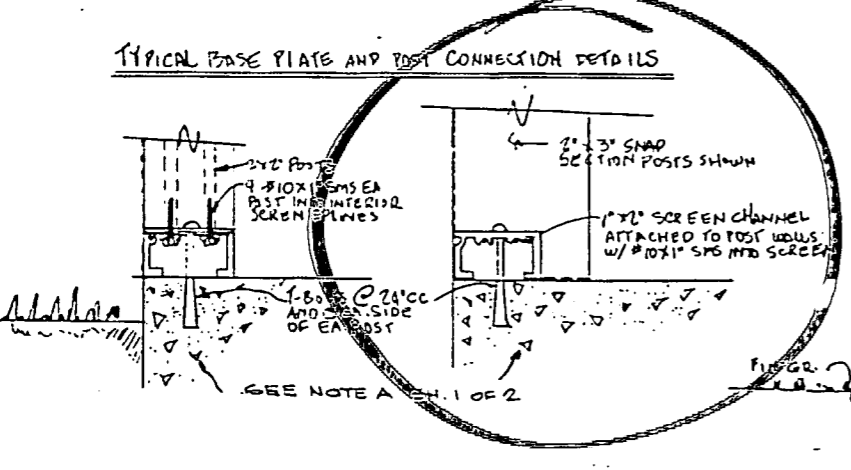
GUTTER ATTACHMENT DETAILS



ROOF PURLIN CONNECTION



MANSEAD OR A-FRAME PEAK BOX BEAM JOINT DETAILS (FULL MOMENT SPLICES)



TYPICAL BASE PLATE AND POST CONNECTION DETAILS

TYPICAL SCREEN ENCLOSURE

BEAM SECTIONS

ALLOY 6063 T6
SELF-MATING BOX BEAMS
SECTION TABLES

d (in)	t (in)	ea (in)	sa (in)
4.00	0.115	0.250	1.09
6.00	0.09	0.25	1.86
7.00	0.085	0.25	3.78
9.00	0.08	0.27	7.83

I-BEAM SECTIONS

BEAM NO. 603
703
804

BEAM NO. 904
1004

SECTION PROPERTIES

Beam No.	d (in)	t (in)	ea (in)	sa (in)	ixx (in ²)	ixx (cm ²)	ixx (in ⁴)	ixx (cm ⁴)
603	4.00	0.11	0.25	1.09	2.97	2.97	2.97	2.97
703	7.00	0.09	0.25	3.78	10.00	10.00	10.00	10.00
804	9.00	0.08	0.27	7.83	17.00	17.00	17.00	17.00
1004	10.00	0.08	0.27	7.83	20.00	20.00	20.00	20.00

TABLE 1 - POST LENGTHS AND SPACING IN SCREENED WALLS

NORMAL WALL HEIGHT	POST SIZES AND SPACING BY SCREEN WALL HEIGHT					
	2x2	2x2	2x2	2x2	2x2	2x2
7'-0"	4x4	4x4	5x5	6x6	6x6	6x6
8'-0"	5x5	5x5	6x6	6x6	6x6	6x6
9'-0"	-	-	-	6x6	6x6	6x6
10'-0"	-	-	-	-	6x6	6x6
11'-0"	-	-	-	-	-	6x6
12'-0"	-	-	-	-	-	6x6

TABLE 2 - SPAN TABLE FOR SCREEN ROOF BEAMS

MAXIMUM SPANS FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACINGS

BEAM SIZE	MAXIMUM SPANS FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACINGS							
	4'-0" C.C.	4'-6" C.C.	5'-0" C.C.	6'-0" C.C.	6'-6" C.C.	7'-0" C.C.	8'-0" C.C.	8'-6" C.C.
2x4x2x0.095 Beam	22'-9"	20'-4"	19'-5"	18'-7"	17'-10"	17'-3"	16'-7"	16'-0"
2x6x2x0.095 Beam	29'-9"	26'-11"	26'-2"	24'-5"	23'-4"	22'-5"	21'-8"	21'-0"
I Beam #603	31'-6"	28'-2"	26'-10"	25'-9"	24'-9"	23'-10"	23'-0"	22'-5"
I Beam #703	37'-9"	33'-9"	32'-2"	30'-10"	29'-3"	28'-0"	27'-7"	26'-8"
I Beam #804	44'-9"	41'-10"	39'-10"	38'-2"	36'-8"	35'-4"	34'-2"	33'-1"
I Beam #904	55'-10"	48'-2"	45'-11"	45'-11"	42'-5"	42'-8"	39'-3"	38'-1"
I Beam #1004	57'-6"	51'-5"	49'-0"	46'-11"	45'-0"	43'-6"	42'-0"	40'-8"
2x8x2x0.095 Beam	57'-10"	51'-8"	49'-3"	47'-2"	45'-4"	43'-8"	42'-2"	40'-10"

ALL SPANS BASED UPON BEAMS BEING LATERALLY SUPPORTED SO L_{SE}/I_y ≤ F₁₄₅
FOR GENERAL NOTES SEE SHEET 1 OF 2

- SPECIFICATIONS**
1. SHEET METAL SCREWS (SMS) ALUMINUM PLATED OR STAINLESS
 2. BOLTS: ALUM ALLOY 2024-T4 (OR) STAINLESS OR GALVANIZED STEEL
 3. MAJOR BEAMS: ALUM ALLOY 6063-T6
 4. POSTS: PURLINS CHANNELS AND ANGLES: ALUM ALLOY 6063-T6
- NOTE: ALL ENTRENCHMENTS MUST ACCOMPANY EITHER FLAT OR ROUND SPLINE INTERIOR TO HOLD SCREEN INTO EXTENSION SPLINE GROOVE

MASTER PLANS - ALUMINUM SCREEN ENCLOSURES
120 MPH WIND DESIGN

PLAN SECTION AND DETAIL 'A' AND 'B' DATA

HORIZON BUILDERS 1/8 RILL WAGEL

2/19/08 REVISED SECT. PROPERTIES GENERAL REVISION

DATE: 11/21/05

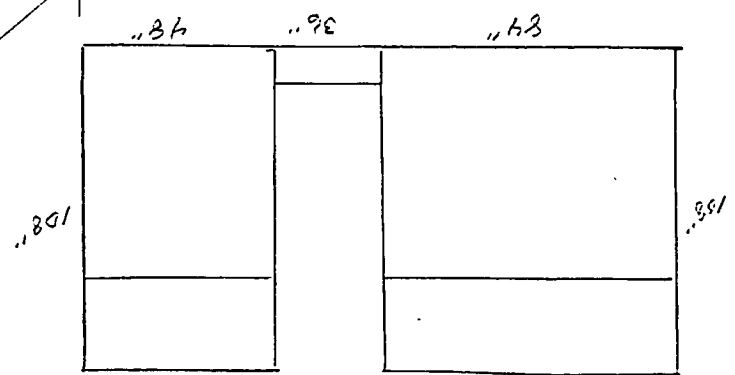
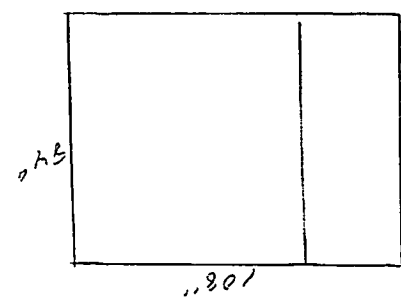
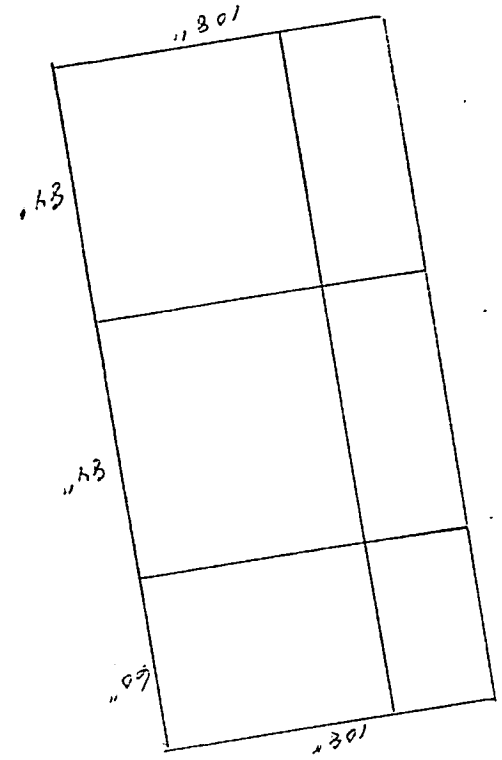
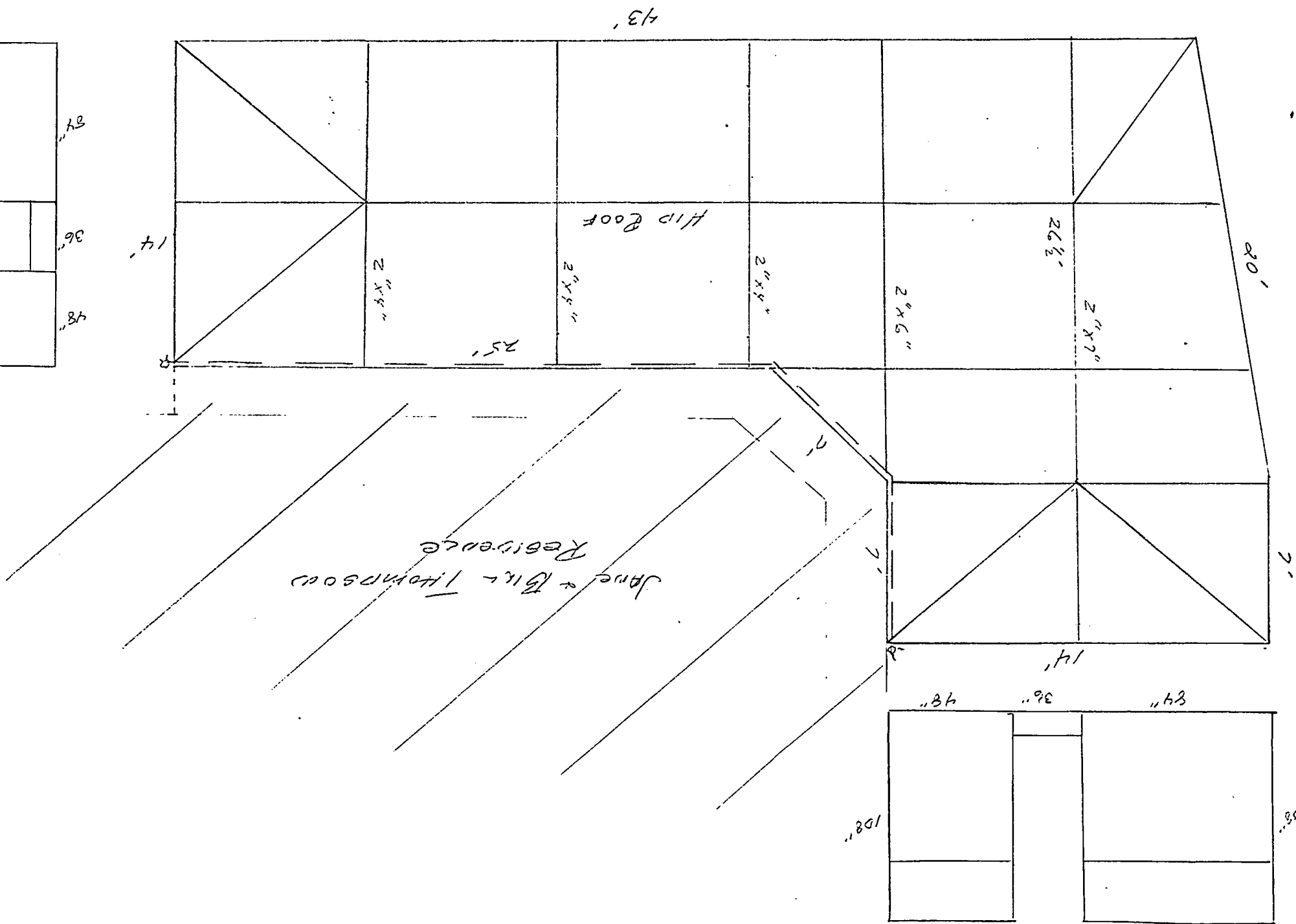
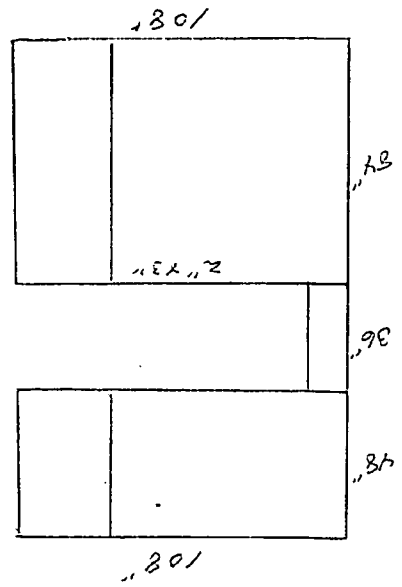
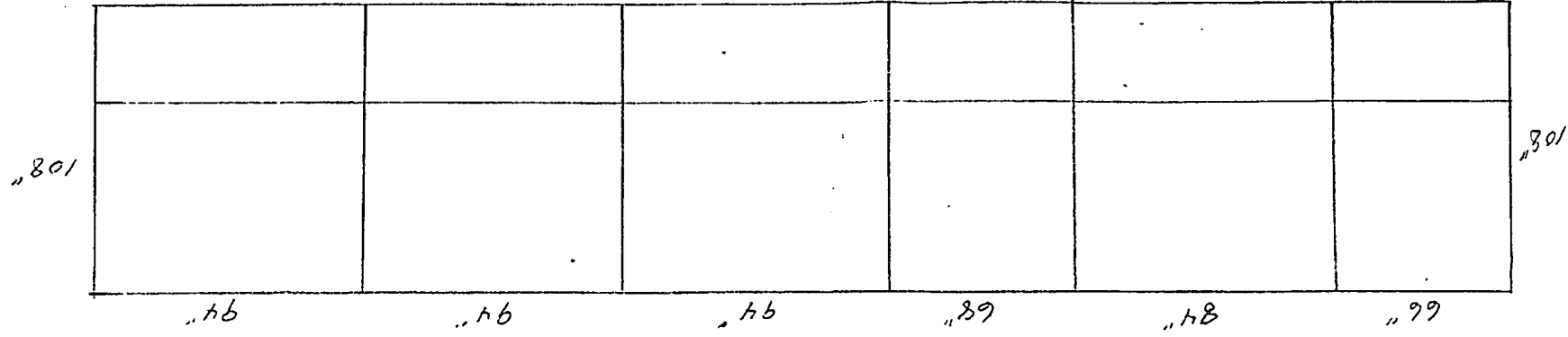
SCALE: 1/8"

DRAMA BY: CA

SHEET NO: 1 OF 1

FL: 1 OF 1

William J. Miller
9-22-88



Jane + Bill Thompson
Residence

3788

REROOF

3789

TAX FOLIO NO. _____

DATE 4-25-1995

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

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

Owner Bill Thompson Present address 179 S River Rd

Phone 283-1823

Contractor Jim's Roofing Address 1004 NW 16th Pl

Phone 692-1870

Where licensed State licensed License number ECC041295

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

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

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

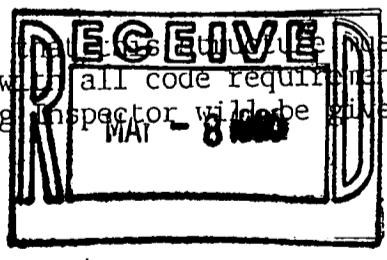
Subdivision White Fence Acres Lot Number Lot-3A Block Number _____

Contract price \$ 6600⁰⁰ Cost of permit \$ 100⁰⁰

Plans approved as submitted _____ Plans approved as marked _____

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

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



Contractor James Corklin

Owner Bill Thompson

TOWN RECORD

Approved: Dale Brown 5/8/95
Building Inspector Date

Date submitted _____

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

NOTICE OF COMMENCEMENT

STATE OF Florida
COUNTY OF Martin

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

DESCRIPTION OF PROPERTY:

General description of improvements: New Roof

Owner: ~~179 S River Dr~~ GW Thompson
Address: 179 S River Dr

Owner's interest in site of the improvement: New Roof

Contractor: Jimi's Roofing
Address: 1004 NW 16th Pl Stuart FL

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

Lender : _____
Address: _____

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

Name: _____
Address: _____

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

Name: _____
Address: _____

GW Thompson

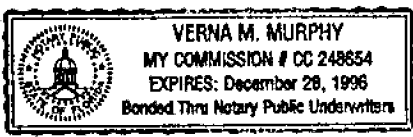
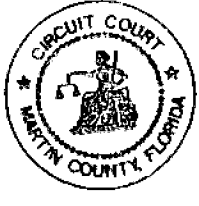
Sworn to and subscribed before me this 25th day of April, 1995.

Verna M. Murphy

I am a Notary Public of the STATE OF Florida AT LARGE, and My Commission Expires: 12-28-96

(NOTARY SEAL)

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA STELLER, CLERK
BY [Signature] D.C.
DATE 5.8.95



4230

DRIVEWAY

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/1/97

BUILDING PERMIT NO. 4230

Building to be erected for MR & MRS G.W. THOMPSON Type of Permit DRIVEWAY

Applied for by (THOMPSONS) (Contractor) Building Fee _____

Subdivision WH. FENCE AC. ADD Lot 3-A Block _____ Radon Fee _____

Address 179 S. RIVER Rd. Impact Fee _____

Type of structure DRIVEWAY (PAVERS) A/C Fee _____

Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____

1338410070000003130000 Roofing Fee _____

Amount Paid 50 Check # 12947 Cash _____ Other Fees (_____) 50

Total Construction Cost \$ 9,000 TOTAL Fees 50

Signed _____ Signed [Signature]
Applicant Town Building Inspector

G.W. THOMPSON
JANE THOMPSON
179 S. RIVER ROAD
STUART, FL 34996
561/283-1823

REMITTANCE ADVICE

12947

CHECK AMOUNT

PAY FIFTY AND 00/100 DOLLARS

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NO.
8-1-97	TOWN OF SEWALLS PT		12947

\$ 50.00

FIRST BANK OF INDIANTOWN
INDIANTOWN, FLORIDA

[Signature]

⑈012947⑈ ⑆067006775⑆ 00874993⑈0⑆

SECURITY FEATURES: MICRO PRINT BORDERS - COLORED BRICK PATTERN - WATERMARK & CARBON STRIP ON REVERSE SIDE - MISSING FEATURE INDICATES A COPY

Town of Sewall's Point *final*

P.I.N. _____ Date 9/3/97

ACCESSORY STRUCTURE PERMIT APPLICATION
to construct: *[Signature]*

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.
- OTHER: REPLACE ASPHALT DRIVEWAY w/ BRICK PAVERS

Owner's Name MR + MRS G.W. THOMPSON

Owner's Address 179 So. RIVER Rd

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

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

City _____ State _____ Zip _____

Contractor's Name JARY NELSON

Contractor's Address 2042 S.E.W DUNBROOKE CR.

City Pt St Lucie State FL Zip 34952

Job Name Land Set Chicago Brick Pavers

Job Address 179 S. River Rd.

City Sewalls Pt County Martin

Legal Description White Fence ¹³ Acres ³⁸ ⁴¹ Adn Lot 3-A

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name 1st Bank of Indiantown

Mortgage Lender's Address 15588 S.W. Warfield
Indiantown, FL 34956

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.



4230

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.

V. Jane Thompson
G.W. Thompson
Owner or Agent

8-1-97
Date

[Signature]
Contractor

8-1-97
Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 1st day of Aug. 1997, by V. Jane & G.W. Thompson who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

(NOTARY SEAL)

[Signature]
Name: _____

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of _____

and my

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

STATE OF FLORIDA
COUNTY OF MARTIN

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

(NOTARY SEAL)

Name: _____

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of _____

and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. SP1726

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY [Signature] Permit Officer

SP 1726 "Pavestone"
103056/57-014741

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

MARCH 4, 1995

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

EFFECTIVE DATE OF EXEMPTION 03/26/95
EXEMPTED INDIVIDUAL NAME NELSON GARY S.S. 311-74-7357
BUSINESS NAME NELSON GARY L FEIN 311747357
BUSINESS ADDRESS 2042 SE 2 DUNBROOKE CIRCLE
PT ST LUCIE, FL 34952

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.

Russell A. Morris

AUTHORIZED SIGNATURE

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE OF EXEMPTION 03/26/95
EXEMPTED INDIVIDUAL NAME NELSON GARY
SOCIAL SECURITY NUMBER 311-74-7357
BUSINESS NAME NELSON GARY L
FEDERAL IDENTIFICATION NUMBER 311747357
BUSINESS ADDRESS 2042 SE 2 DUNBROOKE CIRCLE
PT ST LUCIE, FL 34952

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

Russell A. Morris

AUTHORIZED SIGNATURE

CUT HERE

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

CERTIFICATE OF INSURANCE: NELSGAR

CSR NN 08/01/97

PRODUCER
 John Knapp Insurance Inc.
 John M. Knapp
 1404 S 28th Street
 Ft. Pierce FL 34947-
 561-461-4381

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

 Gary Nelson
 2042 SE W. Dunbrooke Cir.
 Port St Lucie FL 34952

- COMPANIES AFFORDING COVERAGE**
- COMPANY
A Bankers Insurance Company
 - 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 EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	GLA 09-4810569	01/17/97	01/17/98	GENERAL AGGREGATE 100,000 PROD-COMP/OP AGG. 100,000 PERS. & ADV. INJURY 100,000 EACH OCCURRENCE 100,000 FIRE DAMAGE (ANY ONE FIRE) 50,000 MED. EXPENSE (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 <input type="checkbox"/> <input type="checkbox"/>				COMB. SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				AUTO ONLY (EA ACC) OTHER / AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
	WORKERS COMP. AND EMP. LIAB. THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				]STAT LIM []OTB EL EA ACCIDENT EL DISEASE-POL. LIM EL DISEASE-EA EMP.
	OTHER				

-DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS-
 Contractor-Driveway paving

> CERTIFICATE HOLDER <-----
 G W THOMP

G W Thompson
 Sewells Point, FL

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

AUTHORIZED REPRESENTATIVE

John Knapp

John M Knapp

PERMIT # 4230

TAX FOLIO # 133841007 000 000 313 0000

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):

WHITE FENCE ADDN LOT 3A / 179 SOUTH RIVER DRIVE, SUART 34966

GENERAL DESCRIPTION OF IMPROVEMENT: REPLACE ASPHALT DRIVE w/ BRICKS

OWNER: G.W. & V. JANE THOMPSON

ADDRESS: 179 SOUTH RIVER DRIVE, SEWALL'S POINT, FL 34966

PHONE #: (561) 283-1823

FAX #: _____

CONTRACTOR: SELF

ADDRESS: _____

PHONE #: _____

FAX #: _____

SURETY COMPANY (IF ANY) N/A

ADDRESS: _____

PHONE #: _____

FAX #: _____

BOND AMOUNT: _____

LENDER: FIRST BANK OF INDIANTOWN

ADDRESS: INDIANTOWN FL

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 NONE 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: 1 YEAR
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.



M. Joy Davis
MY COMMISSION # CC641939 EXPIRES
May 27, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

X G.W. Thompson
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 1 DAY OF August
19 97 BY G.W. Thompson

M. Joy Davis
NOTARY SIGNATURE

OR PERSONALLY KNOWN
PRODUCED BY XXXX
TYPE OF ID XXXX

T-512-319-30-453-0

6170

DEMO POOL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/27/03

BUILDING PERMIT NO. 6170

Building to be erected for THOMPSON

Type of Permit DEMO POOL

Applied for by JOHN O'CONNELL

(Contractor) Building Fee 6500x9.60/1000=62.40

Subdivision WHITE FENCE ACRES Lot 3A Block _____

Radon Fee _____

Address 179 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number:

13384100700000631

Amount Paid 62.40 Check # _____ Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 6500.00

TOTAL Fees 62.40

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: G. William & Jane Thompson City: Sewall's Point State: FL Zip: 34996

Legal Description of Property: White Fence Acres Lot 3A Parcel Number: 13384100700000631

Location of Job Site: 179 S River Rd Type of Work To Be Done: Demolish + Remove Pool + deck

CONTRACTOR/Company Name: John O'Connell Phone Number: 772-332-3393

Street: 11005 W. Midway Rd City: Fort Pierce State: FL Zip: 34945

State Registration Number: NA State Certification Number: NA Martin County License Number: 5001783

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 Depart. _____ 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: 10500.00 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) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
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)
State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification. _____

CONTRACTOR SIGNATURE (Required) John O'Connell
On State of Florida, County of: Martin
This the 19th day of February, 200____
by J. J. O'Connell who is personally
known to me or produced F.I.D.I.
as identification. Joan H. Barrow

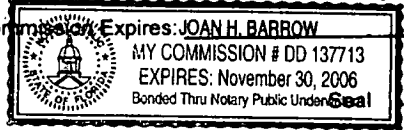
Notary Public

Notary Public

My Commission Expires: _____

My Commission Expires: JOAN H. BARROW

Seal



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CW
JOHNO-1 DATE (MM/DD/YYYY)
02/19/03

PRODUCER HARBOR INSURANCE AGENCY 2222 Colonial Road, Suite 100 Fort Pierce FL 34950-5309 Phone: 772-461-6040 Fax: 772-460-2315	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED John O'Connell 11005 Midway Road Ft. Pierce FL 34981	INSURER A: Old Dominion Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MPG19749	12/10/02	12/10/03	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
	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				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

SEWAL-1

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 James G. Flynn *James G. Flynn / CW*

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 01/11/2002
EXPIRATION DATE 01/11/2004
EXEMPTED INDIVIDUAL NAME OCONNELL JOHN
S.S. 362-82-8179
BUSINESS NAME OCONNELL JOHN
FEIN 362828179
BUSINESS ADDRESS 11005 W MIDWAY RD
FT PIERCE FL 34945

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

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 01/11/2002

EXPIRATION DATE 01/11/2004

EXEMPTED PERSON LAST NAME OCONNELL

FIRST NAME JOHN

SOCIAL SECURITY NUMBER 362-82-8179

BUSINESS NAME OCONNELL JOHN

FEDERAL IDENTIFICATION NUMBER 362828179

BUSINESS ADDRESS 11005 W MIDWAY RD

FT PIERCE



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

CUT HERE

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

2002-2003

ST. LUCIE COUNTY OCCUPATIONAL LICENSE
STATE OF FLORIDA

ACCOUNT 1795-00900001

EXPIRES SEP 30, 2003

FACILITIES
OR
MACHINES
TYPE OF
BUSINESS

ROOMS

SEATS

EMPLOYEES 1-10

1795 DEMOLITION/WRECKING CONTRACTOR

BUSINESS
LOCATION

11005 W MIDWAY RD
C - ST LUCIE COUNTY

X RENEWAL
NEW LICENSE
TRANSFER-
ORIGINAL TAX

11.25

NAME
MAILING
ADDRESS

O'CONNELL JOHN J 4237
11005 W MIDWAY RD
FT PIERCE FL 34945

AMOUNT
PENALTY
COLLECTION COST
TOTAL

11.25

THIS LICENSE BECOMES NULL AND VOID IF BUSINESS NAME,
CLASSIFICATION, OWNERSHIP OR ADDRESS IS CHANGED, UNLESS
LICENSEE APPLIES TO TAX COLLECTOR FOR CORRECTION.

SUBJECT TO SUSPENSION OR REVOCATION IN
ACCORDANCE WITH ORDINANCES OF ST. LUCIE COUNTY.
BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR
P.O. BOX 308 FORT PIERCE, FL 34954-0308

PAID
BOB DAVIS, TAX COLLECTOR
MACH 10 8/13/2002 8:58AM 00002793
2002 1795-00900001
0600 \$11.25
CK \$11.25
CHANGE \$0.00



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP01783
Expires September 30, 2003

O'CONNELL JOHN J

11005 W MIDWAY RD
FT PIERCE, FL 34945
DEMOLITION

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/31 20003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6196	SHARFI	SHEATHING +	Passal	
(1)	73 N. SEWALLS PKRD ALL AMERICAN	METAL TINTAG	Passal	INSPECTOR <i>[Signature]</i>
6197	PARROTT	ELEC - FINAL		
(5)	1 N. ISLAND RD JIMMY ROWELL			INSPECTOR <i>[Signature]</i>
6038	HESS	SHEATHING/	Passal	
(2)	74 N SEWALLS PKRD TAYLOR ROOFING	DRY IN	Passal	INSPECTOR <i>[Signature]</i>
6102	DUNN	REPL BEAM - FINAL	Passal	Close
(8)	21 PALMETTO RD PVD CONST.			INSPECTOR <i>[Signature]</i>
6183	KVAPIL	PAVER DRIVE	Failed	(Remove dipole)
(7)	4 RIO VISTA DR GRAND ENTRY	FINAL		INSPECTOR <i>[Signature]</i>
6170	THOMPSON	DEMO POOL - FINAL	Passal	
(9)	179 S. RIVER RD O'CONNEL			INSPECTOR <i>[Signature]</i>
TRREE	HESS	TREE	Passal	
(3)	74 N. SEWALLS PKRD			INSPECTOR <i>[Signature]</i>
OTHER:	CLARKE	TIE BEAM	Passal	
5879	33 FIELDWAY			
(4)	PAR ONE			<i>[Signature]</i>

6279

DECK EXTENSION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5/29/03

BUILDING PERMIT NO. 6299

Building to be erected for THOMPSON

Type of Permit EXTENSION TO DECK

Applied for by KEN PETROPOULOS (Contractor)

Building Fee 96.00

Subdivision WHITE FENCE APTS Lot 3-A Block _____

Radon Fee _____

Address 179 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1338410070000003130000

Roofing Fee _____

Amount Paid 96.00 Check # 526 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 10,000.

TOTAL Fees 96.00

Signed Ken Petropoulos
Applicant

Signed Gene Summers
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Jane Thompson Phone (Day) 283-1823 (Fax) _____

Job Site Address: 179 S. River Rd. City: _____ State: _____ Zip: _____

Legal Description of Property: _____ Parcel Number: _____

Owner Address (if different): _____ City: Sewall's Pt. State: FL Zip: 34996

Description of Work To Be Done: Extension to existing outside deck

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: Ken Petropoulos Carpentry Phone: 772-398-3421 Fax: _____

Street: 2350 S.E. Mariton Ter. City: PSL State: FL Zip: 34952

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP03324

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 10,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT Stuart Granfield Phone Number: 772-283-6032

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

ENGINEER _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: 400

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)
Virginia Jane Thompson

State of Florida, County of: MARTIN

This the 15TH day of MAY, 2003

by VIRGINIA JANE THOMPSON who is personally known to me or produced FL DL TS12870357540 as identification.

Laura L. O'Brien
Notary Public

CONTRACTOR SIGNATURE (required)
Ken Petropoulos

On State of Florida, County of: MARTIN

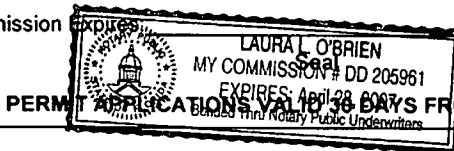
This the 15TH day of MAY, 2003

by KEN DEAN PETROPOULOS who is personally known to me or produced FL DL P36150465321-0 as identification.

Laura L. O'Brien
Notary Public

My Commission Expires _____

My Commission Expires _____



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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FL.

COUNTY OF Martin

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: Extension to existing outside deck

OWNER: Jane Thompson
ADDRESS: 179 S. Kings Rd. Swallow's Pt.
PHONE #: 252-~~1823~~ 1823 FAX #: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: Ken Petropoulos Carpentry
ADDRESS: 2350 SE. Manilla Ter.
PHONE #: 772 395-3421 FAX #: _____

SURETY COMPANY(IF ANY) _____
ADDRESS: _____
PHONE # _____ FAX #: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____
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 OR HERSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.
PHONE #: _____ FAX #: _____

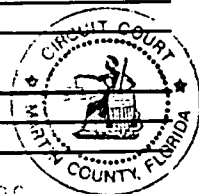
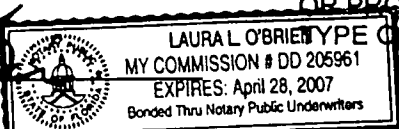
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Virginia Jane Thompson
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 15TH DAY OF MAY 2003
BY VIRGINIA JANE THOMPSON

PERSONALLY KNOWN _____
OR PRODUCED ID FL DL # _____
ID T512870357540

Laura L. O'Brien
NOTARY SIGNATURE



CRITIQUE

Owner: Jane Thompson
Contractor:
Contractor's Phone Number:

Date: May 7, 2003
Contact Person:
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR EXTENSION OF DECK TO 179 SOUTH RIVER ROAD

Submittals (2 copies)

1. Current survey (**within one year**) containing the following information:
 - a. Dimensions from property line to proposed deck from side and rear
 - b. Dimension to concrete pad on south side of house.

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Foundation Plan containing the following information:
 - a. The current foundation plan has all the connector callouts labeled with the same symbol. I cannot tell which belong to post to column at footing, floor joist to post and post to roof rafters. Label with different symbols.
2. Framing Plan
 - a. Stair treads need to be marked for revealed width and dimension of overhang. Framing plan calls for 11 ¼" treads with 7" risers which exceed the rule of 25.
3. Elevations
 - a. Stairs should show handrail with balusters and newel post at bottom and how secured.
4. Sections
 - a. Is there any roofing material on top of rafters or is it to be screened?

CRITIQUE

Owner: Jane Thompson
 Contractor: *KEN PETROPOULOS*
 Contractor's Phone Number:

Date: May 7, 2003
 Contact Person:
 Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR EXTENSION OF DECK TO 179 SOUTH RIVER ROAD

Submittals (2 copies)

1. Current survey (within one year) containing the following information:
 - a. Dimensions from property line to proposed deck from side and rear
 - b. Dimension to concrete pad on south side of house.

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Foundation Plan containing the following information:
 - a. The current foundation plan has all the connector callouts labeled with the same symbol. I cannot tell which belong to post to column at footing, floor joist to post and post to roof rafters. Label with different symbols.
2. Framing Plan
 - a. Stair treads need to be marked for revealed width and dimension of overhang. Framing plan calls for 11 1/4" treads with 7" risers which exceed the rule of 25.
3. Elevations
 - a. Stairs should show handrail with balusters and newel post at bottom and how secured.
4. Sections
 - a. Is there any roofing material on top of rafters or is it to be screened?

1. COLUMN TO FOOTER - SEE SECTION 4/A.1
 FLOOR JOIST TO POST - SEE FLR FRAMING PLAN 2/A.1
 POST TO ROOF RAFTERS - SEE ROOF PLAN 4/A.1
2. SEE SECTION 1/A.1
3. SEE REVISED ELEVATION 5/A.1
4. IT IS SCREENED SEE SECTION 4/A.1



A. M. ENGINEERING AND TESTING, INC.

860 JUPITER PARK DRIVE, UNIT #1

JUPITER, FLORIDA 33458

LOCAL OFFICE: (561) 745-1060 FAX: (561) 745-0981

THOMPSON
6279

REPORT OF FOOTING COMPACTION

Client: Ken Petropoulos Carpentry
2350 Southeast Maniton Terrace
Port St. Lucie, Florida 34952

Report Date: June 5, 2003

Project No: 03-1405

Report No: ----

Site: Thompson Residence, 179 South River Road,
Sewall's Point, Martin County, Florida
Deck Footing for Attached Addition

Permit No: 6279

Density tests and Hand Cone Penetrometer (HCP) readings were made below footing grade to a depth of one foot at a minimum of three locations. At the time of our testing no information was available regarding the foundation setbacks. The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				In Place	Proctor	
1	6/5/03	Southeast Area	0-1	104.9	107.0	98.0
2		East, Center Area	0-1	104.5	107.0	97.7
3		North End	0-1	105.3	107.0	98.4
		West, Center Area	0-1	105.0	107.0	98.1

* All elevations are below footing grade.

In the locations and depths that were tested, the soil beneath the footings has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

Additional compaction tests are required for the stem wall backfill beneath the slab.

Distribution:

Client (3)
Sewall's Point Building Department (1)

RGA/mo

Submitted by:

A. M. ENGINEERING AND TESTING, INC.

Rebecca Grant Ascoli, P.E.

Florida Registration No. 51863

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/9, 2008 Page of




PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6279	THOMPSON 179 S. RIVER RD PETROPOULOS	FOOTERS PRE POUR	PASSED	INSPECTOR: <i>h</i>
5636	FRANCIS 55 RIVER RD WILBERDING	TEMP POWER CANCELED	 	
TREE	LEIGHTON 43 W. HIGH PT RD	TREE		INSPECTOR: <i>h</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:
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 6/30 2003 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1079	Clomson	Framing	Passal	
	179 S RIVER RD			
	PEKOPOLOUS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5803	EASTON	ROOF FINAL	Passed	close
	27 W HIGH POINT			
	JA TAYLOR			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6092	PLITT	LATH	Passal	
	12 HERON'S NEST			
	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: _____				

6345

RE-ROOF

TOWN OF SEWALL'S POINT

Date 7/22/03

BUILDING PERMIT NO. 6345

Building to be erected for THOMPSON

Type of Permit Roof Rework

Applied for by CHALFOUR

(Contractor)

Building Fee 120.00

Subdivision WHITE FENCE ACRES Lot 3A

Block _____

Radon Fee _____

Address 179 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1338410070000003130000

Roofing Fee _____

Amount Paid 120.00 Check # _____

Cash 120.00 Other Fees (_____)

Total Construction Cost \$ 5000.00

TOTAL Fees 120.00

Signed [Signature]

Applicant

Signed Gene Simmons (TOS)

Town Building Official

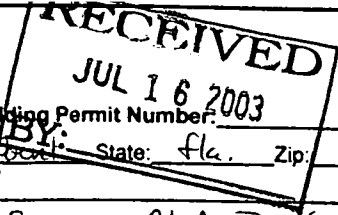
PERMIT

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

INSPECTIONS

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

Town of Sewall's Point



BUILDING PERMIT APPLICATION

Owner or Titleholder Name: MR. MRS. Thompson City: Sewalls, Fla. Zip: Building Permit Number: BY: State: Fla. Zip: Legal Description of Property: Parcel Number: Location of Job Site: 179 S River Dr. Type of Work To Be Done: Roof over flat Deck.

Apply: Modified Bitumen over Existing Roof. Flat only.

CONTRACTOR/Company Name: William J. Chalifoux Phone Number: 772-879-3447 msz Street: 1003 E. Midway Rd. City: St. Pierre State: La Zip: 34982

State Registration Number: RC 0066239 State Certification Number: Martin County License Number: SP 02195 call= 3705733

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: \$5000.00 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: William J. Chalifoux State: La License Number: RC 0066239

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

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 15 day of July 2003 by who is personally

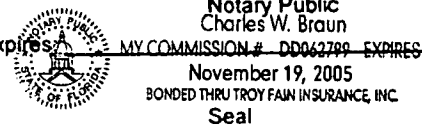
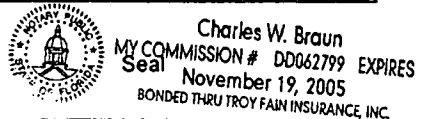
CONTRACTOR SIGNATURE (Required) On State of Florida, County of: Martin This the 15 day of July 2003 by who is personally

Known to me or produced as identification. Notary Public

Known to me or produced as identification. Notary Public

My Commission Expires:

My Commission Expires:



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13 38 41 007 000 000 313

NOTICE OF COMMENCEMENT

STATE OF fla

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):

White fence Acres. addition Lot 3A.

GENERAL DESCRIPTION OF IMPROVEMENT: Roof over Existing Modified Return Flat Roof

OWNER: Mr + Mrs Thompson

ADDRESS: 179 S. River Dr. Seaside Point

PHONE #: 853-1823 **FAX #:** _____

CONTRACTOR: William J. Chalkford

ADDRESS: 1003 E. Midway Rd. Ft. Pierce Fla. 34982

PHONE #: 772-879-3447 **FAX #:** _____

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

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

BOND AMOUNT: \$5000.00 Five thousand Dollars

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: _____ **STATE OF FLORIDA**
MARTIN COUNTY

ADDRESS: _____

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

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ **MARSHAWING CLERK**

OF _____ **TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION**

713.13(1)(B), FLORIDA STATUTES. **DATE** 7.16.03

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

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

SIGNATURE OF OWNER [Signature]

SWORN TO AND SUBSCRIBED BEFORE ME THIS 15 **DAY OF** July

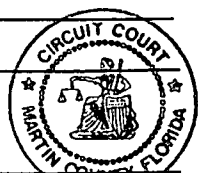
2003 BY _____

PERSONALLY KNOWN Mr. Thompson
PRODUCED ID him
TYPE OF ID fla. Lic.

NOTARY SIGNATURE _____



Charles W. Braun
MY COMMISSION # DD062799 EXPIRES
November 19, 2005
BONDED THRU TROY FAIN INSURANCE, INC



ACORD CERTIFICATE C LIABILITY INSURANCE		DATE (MM/DD/YYYY) 6/26/2003
PRODUCER ATWOOD INSURANCE AGENCY, INC. 5154 OKEECHOBEE BLVD. #105 WEST PALM BEACH, FL 33417 561-682-1212	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 Chalifoux Roofing William Chalifoux DBA 1003 East Midway Road Ft. Pierce, FL 34982 772-595-0944	INSURERS AFFORDING COVERAGE INSURER A: Canal Indemnity Co. INSURER B: INSURER C: INSURER D: INSURER E:	

RECEIVED
 JUN 27 2003
 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.

LINE	ADD'L LINE	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"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR	GLF51632	8/18/02	8/18/03	EACH OCCURRENCE \$ 100,000.
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000. MED EXP (Any one person) \$ 5,000. PERSONAL & ADV INJURY \$ 100,000. GENERAL AGGREGATE \$ 100,000. PRODUCTS - COM/PROP AGG \$ 100,000.
		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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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 Town of Sewell's Point 1 S Sewell's Point Sewells Point, FL 34996 Fax 772-220-4765	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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: <div style="text-align: center; margin-top: 10px;"> </div>
--	---

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 11/22/2001

EXPIRATION DATE 11/22/2003

EXEMPTED PERSON: LAST NAME CHALIFOUX

FIRST NAME WILLIAM

SOCIAL SECURITY NUMBER 028-34-5221

BUSINESS NAME CHALIFOUX WILLIAM J

FEDERAL IDENTIFICATION NUMBER 92753878

BUSINESS ADDRESS 1003 EAST MIDWAY ROAD

FORT PIERCE

FL 34982

STATE OF FLORIDA AC# 0076902

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

RC -0066239 07/25/2001 01900117

REGISTERED ROOFING CONTRACTOR
CHALIEUX, WILLIAM JOSEPH
INDIVIDUAL
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR TO
CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2003 SEQ # 01072500415



MARTIN COUNTY, FLORIDA

Construction Industry Lic Bd

Certificate of Competency

License: SP02195

Expires September 30, 2003

Name: WILLIAM J CHALIFOUX

Company: CHALIFOUX ROOFING

Address: 1003 East Midway Rd

City, St: Ft. Pierce, FL 34982

License Type: ROOFING CONTRACTOR



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

GAF Material Corporation
1361 Alps Road
Wayne, NJ 07470

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: GAF Conventional Built-Up Roof System for Wood Deck.

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

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

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

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

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

This NOA consists of pages 1 through 21.
The submitted documentation was reviewed by Frank Zupogna, BCC



TOWN OF SEWALL'S POINT	
THESE PLANS HAVE BEEN	
REVIEWED FOR CODE COMPLIANCE	
DATE:	7/7/03
ACTING BUILDING OFFICIAL	
Gene Simmons	

NOA No: 02-0408.09
Expiration Date: 11/04/03
Approval Date: 05/23/02
Page 1 of 21

ROOFING SYSTEM APPROVAL

Category: Roofing
Sub-Category: BUR
Deck Type: Wood
Maximum Design Pressure -75 psf
Fire Classification: See General Limitation #1

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

TABLE 1

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
GAF Asphalt Concrete Primer (Matrix™ 307 Primer)	5, 55 gallons	ASTM D 41	Asphalt concrete primer used to promote adhesion of asphalt in built-up roofing.
GAF Mineral Shield® Granules	60 lb. bags	ASTM D 1863	Granules for surfacing of exposed asphalt, cold process cement or emulsion. GAF Mineral Shield® Granules shall be used for flashing applications only.
GAF WeatherCoat® Emulsion (Matrix™ Fibered 305 Emulsion)	5 gallons	ASTM 1227	Surface coating for smooth surfaced roofs.
GAF Premium Fibered Aluminum Roof Coating (Matrix™ System Pro Aluminum Roof Coating Fibered 301)	1, 5 gallons	ASTM D 2824	Fibered aluminum coating.
GAF Jetblack All Weather Plastic Cement (Matrix™ Standard Wet/Dry Roof Cement 204)	1, 5 gallons	ASTM D 3019 ASTM D 3409	Refined asphalt blended with a mineral stabilizer and fibers. Permits adhesion to wet and dry surfaces.
RUBEROID® Modified Bitumen Flashing Cement	5 gallons	ASTM D 4586	Fiber reinforced, polymer modified Flashing cement
Jetblack Premium Flashing Cement	5 gallons	ASTM D 4586	Asphalt flashing Cement
GAFGLAS® #75	39.37" (1 meter) wide	ASTM D 4601	Asphalt impregnated and coated glass mat base sheet.
GAFGLAS #80 Ultima Base Sheet	39.37" (1 meter) wide	ASTM D4601	Asphalt impregnated and coated, fiberglass base sheet
GAFGLAS Flex Ply™ 6	39.37" (1 meter) wide	ASTM D 2178	Type VI asphalt impregnated glass felt with asphalt coating.



NOA No: 02-0408.09
 Expiration Date: 11/04/03
 Approval Date: 05/23/02
 Page 2 of 21

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
GAFGLAS Ply 4®	39.37" (1 meter) wide	ASTM D 2178	Type IV asphalt impregnated glass felt with asphalt coating.
GAFGLAS® Mineral Surfaced Cap Sheet	39.37" (1 meter) wide	ASTM D 3909	Asphalt coated, glass fiber mat cap sheet surfaced with mineral granules.
GAFGLAS® STRATAVENT® Eliminator Perforated	39.37" (1 meter) wide	ASTM D 4897 D 3672	Fiberglass base sheet impregnated and coated on both sides with asphalt. Surfaced on the bottom side with mineral granules embedded in asphaltic coating with factory perforations.
GAFGLAS® Flashing	Various		Asphalt coated glass fiber mat flashing sheet available in three sizes.
GAFGLAS® STRATAVENT Eliminator Perforated Nailable	39.37" (1 meter) wide	ASTM D 4897 D 3672	Fiberglass base sheet impregnated and coated on both sides with asphalt. Surfaced on the bottom side with mineral granules embedded in asphaltic coating.
RUBEROID® SBS Heat-Weld™ Smooth	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with polymer-modified asphalt and smooth surfaced.
RUBEROID® SBS Heat-Weld™ Granule	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with polymer modified asphalt and surfaced with mineral granules.
RUBEROID® SBS Heat-Weld™ 170 FR	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID® SBS Heat-Weld™ PLUS	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with polymer modified asphalt and surfaced with mineral granules.
RUBEROID® SBS Heat-Weld PLUS FR	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID® SBS Heat-Weld™ 25	1 meter (39.37") wide	ASTM D-6164	Non-Woven Polyester mat coated with polymer-modified asphalt and smooth surfaced.
RUBEROID Modified Base Sheet	39.37" (1 meter) wide	ASTM D4601, Type II, UL Type G2 BUR	Premium glass fiber reinforced SBS-modified base sheet
Ruberoid® 20	39.37" (1 meter) wide	ASTM D 6163 ASTM D 5147	SBS modified asphalt base sheet and interply sheet reinforce with a glass fiber mat.
Ruberoid® Mop Granule	39.37" (1 meter) wide	ASTM D 6222 ASTM D 5147	Non-woven polyester mat coated with polymer modified asphalt and surfaced with mineral granules.



<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Ruberoid® Mop Plus (Granule)	39.37" (1 meter) wide	ASTM D 6222 ASTM D 5147	Non-woven polyester mat coated with polymer modified asphalt and surfaced with mineral granules.
RUBEROID MOP Smooth	39.37" (1 meter) wide	ASTM D 6164 ASTM D 5147	Non-woven polyester mat coated with polymer-modified asphalt and smooth surfaced.
RUBEROID® MOP 170FR	39.37" (1 meter) wide	ASTM D 6164 ASTM D 5147	Non-Woven polyester mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID® MOP FR	39.37" (1 meter) wide	ASTM D 6164 ASTM D 5147	Non-Woven polyester mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID® TORCH Smooth	39.37" (1 meter) wide	ASTM D 5147	Heavy duty, polyester reinforced, asphalt modified bitumen membrane, smooth surface.
RUBEROID® TORCH Granule	39.37" (1 meter) wide	ASTM D 5147	Asphalt impregnated, coated felt, surfaced with mineral granule.
RUBEROID® TORCH PLUS (Granule)	39.37" (1 meter) wide	ASTM D 6222 ASTM D 5147	Heavy duty, polyester reinforced, asphalt modified bitumen membrane, granule surface
RUBEROID® TORCH FR	39.37" (1 meter) wide	ASTM D 6222 ASTM D 5147	Heavy duty, polyester reinforced, coated with fire retardant asphalt modified bitumen membrane, granule surface.
RUBEROID 170FR TORCH	39.37" (1 meter) Wide	ASTM D 6222 ASTM D 5147	Heavy duty, polyester reinforced, coated with fire retardant asphalt modified bitumen membrane, granule surface.
RUBEROID® 30	39.37" (1 meter) wide	ASTM D 6163 ASTM D 5147	Non-woven fiberglass mat coated with polymer modified asphalt and surfaced with mineral granules.
RUBEROID® 30 FR	39.37" (1 meter) wide	ASTM D 6163 ASTM D 5147	Non-woven fiberglass mat coated with fire retardant polymer modified asphalt and surfaced with mineral granules.
RUBEROID ULTRACLAD® SBS	39.37" (1 meter) wide	ASTM D 6298 ASTM D 5147	Woven fiberglass mat coated with Polymer modified asphalt and surfaced with aluminum, copper or stainless steel foil.
RUBEROID® Dual FR	39.37" (1 meter) Wide	ASTM D 6164 ASTM D 5147	Non-woven polyester and fiberglass mat coated with fire retardant, polymer modified asphalt and surfaced with mineral granules.



<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Vent Stacks (metal and plastic)		PA 100(A) ASTM D 1929 ASTM D 635	One way valve vent used to relieve built-up pressure within the roof system. GAF Vent Stacks are available in metal or plastic.
GAF Aluminum Emulsion	5 gallons	None	Mineral colloidal bituminous emulsion with reflective aluminum flakes
GAF Aluminum Roof Paint (Matrix® System Pro Aluminum Roof Coating Fibered 302)	5 gallons	ASTM D2824, Type I	Non-fibered aluminum pigmented, asphalt roof coating
GAF Built-Up Roofing Asphalt	100 lb. cartons, bulk	ASTM D312, Types I, II, III and IV	Interply mopping and surfacing asphalt
RUBEROID MOD Asphalt, Asphalt L & Asphalt P	60 lb. kegs		SEBS modified asphalt
Tile-Mate Base Sheet	39.37" (1 meter) wide	ASTM D4601	Asphalt impregnated and coated, fiberglass base sheet
Tile-Mate Cap Sheet	39.37" (1 meter) wide	ASTM D 3909	Asphalt coated, glass fiber mat cap sheet surfaced with mineral granules.
Shingle-Mate™ Underlayment	4 sq. roll 30 lbs.		Fiberglass reinforced shingle underlayment
TopCoat® Surface Seal SB (Matrix 602 SB Coating)	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
GAF WeatherCote® MB+(Matrix 715 MB Coating)	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
TopCoat MB+(Matrix 715 MB Coating)	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
WeatherCote™ (Matrix 531 WeatherCote® Elastomeric Flashing Grade)	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
Matrix Low VOC	5 gallons		Surface coating for smooth surfaced and mineral surfaced roofs.
Matrix 101 System Pro SBS Adhesive	5 gallons	ASTM D3019	Cold Applied Modified SEBS Asphalt Adhesive
(Ruberoid®MB) Matrix 201 System Pro SBS Flashing	5 gallons	ASTM D3019	Cold Applied Modified SEBS Asphalt Adhesive – Flashing Grade.
(Ruberoid®MB) Matrix 102 Select SBS Adhesive	5 gallons	ASTM D3019	Cold Applied Modified SEBS Asphalt Adhesive.



<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
(Ruberoid®/MB) Matrix 202 Select SBS Flashing Matrix 203 Standard Plastic Cement	5 gallons	ASTM D4586	Cold Applied Modified SEBS Asphalt Adhesive – Flashing Grade.
Matrix 213 Gun Grade Plastic Cement	5 gallons	ASTM D4586	Standard Plastic Asphalt Roofing Cement Caulk Grade.
Matrix 103 Cold Adhesive	5 gallons	ASTM D3019	Cold Applied Asphalt Adhesive.
Matrix 303 Select Fibered Aluminum	5 gallons	ASTM D 2824	Fibered aluminum coating.
Matrix 304 Select Non-Fibered	5 gallons	ASTM D2824, Type I	Non-fibered aluminum pigmented, asphalt roof coating.
RUBEROID® Modified Bitumen Adhesive	5 gallons	ASTM D 3019 Type III	Fiber reinforced, rubberized Adhesive

APPROVED INSULATIONS:

TABLE 2

Product Name	Product Description	Manufacturer (With Current NOA)
GAFTEMP Isotherm R, RA, RN & Composite, EnergyGuard RA	Polyisocyanurate foam insulation	GAF Materials Corp.
GAFTEMP® Composite A & N	Polyisocyanurate foam insulation with high density fiberboard or Permalite perlite insulation.	GAF Materials Corp.
(BMCA)GAFTEMP® Fiberboard	Fiberboard insulation.	GAF Materials Corp.
GAFTEMP® Permalite	Perlite insulation board.	GAF Materials Corp.
GAFTEMP GAFcant™	Cut perlite board	GAF Materials Corp.
GAFTEMP Permalite Recover Board	Perlite recover board	GAF Materials Corp.
GAFTEMP GAFEDGE™ Tapered Edge Strip	Tapered perlite board	GAF Materials Corp.
(BMCA) GAFTEMP® High Density Fiberboard	High density wood fiberboard insulation.	GAF Materials Corp.
BMCA EnergyGuard, RA	Polyisocyanurate foam insulation	BMCA
BMCA Composite EnergyGuard, RA	Polyisocyanurate/wood fiberboard composite	BMCA
PYROX	Polyisocyanurate foam insulation	Apache Products Co.
White Line	Polyisocyanurate foam insulation	Apache Products Co.



APPROVED INSULATIONS:

TABLE 2

Product Name	Product Description	Manufacturer (With Current NOA)
ACFoam I, II & Composite	Polyisocyanurate foam insulation	Atlas Energy Products
ISO 95+	Polyisocyanurate foam insulation	Firestone Building Products, Inc.
ISO 95+ Composite	Polyisocyanurate/perlite ridged insulation	Firestone Building Products, Inc.
Wood Fiber	Wood fiber insulation board	generic
High Density Wood Fiberboard	Wood fiber insulation board	generic
Perlite Insulation	Perlite insulation board	generic
Dens Deck	Water resistant gypsum board	G-P Gypsum Corp.
ENRG'Y-2 & ENRG'Y-2 PLUS, UltraGard Gold	Polyisocyanurate foam insulation	Johns Manville
FiberGlass Roof Insulation	Glass fiber/Mineral fiber insulation	Johns Manville
Structodek	Wood fiber insulation board	Masonite.
Multi-Max & FA	Polyisocyanurate roof insulation	RMax, Inc.
Paroc Base Board	Rockwool insulation	Partek, Inc.
Paroc Cap Board		

APPROVED FASTENERS:

TABLE 3

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
1.	GAFTITE® (Drill-Tec®) #12 Standard & #14 Heavy Duty Roofing Fastener	Insulation fastener for steel, wood & concrete decks.		GAF Materials Corp.
2.	GAFTITE® (Drill-Tec®) ASAP	Pre-assembled GAFTITE Fasteners and metal and plastic plates.		GAF Materials Corp.
3.	GAFTITE® (Drill-Tec®) Base Sheet Fastener and Plate	Base sheet fastening assembly.		GAF Materials Corp.
4.	Galvalume Plates (Drill-Tec® Metal)	Round galvalume stress plates.	3" and 3 ½"	GAF Materials Corp.
5.	Polypropylene Plates (Drill-Tec® Plastic)	Round polypropylene stress plates.	3" and 3 ½"	GAF Materials Corp.
6.	Dekfast Fasteners #12, #14 & #15	Insulation fastener for wood, steel and concrete decks		Construction Fasteners Inc.



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APPROVED FASTENERS:

TABLE 3

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
7.	Dekfast Hex Plate	Galvalume hex stress plate.	2 7/8" x 3 1/4"	Construction Fasteners Inc.
8.	Dekfast Lock Plate	Polypropylene locking plate.	3" x 3 1/4"	Construction Fasteners Inc.
9.	#12 Roofgrip Fasteners	Insulation fastener for wood and steel.		ITW Buildex Corp.
10.	Metal Plate	Galvalume stress plate.	3" round 3" square	ITW Buildex Corp.
11.	Gearlok Plastic Plate	Polypropylene round plate	3.2"	ITW Buildex Corp.
12.	Glasfast Fastener	Insulation fastener assembly with recessed plastic plate		Johns Manville
13.	Olympic Fastener #12 & #14	Insulation fastener		Olympic Manufacturing Group, Inc.
14.	Olympic Fastener ASAP	Pre-assembled Insulation fastener and plate		Olympic Manufacturing Group, Inc.
15.	Olympic Polypropylene	Polypropylene plastic plate	3.25" round	Olympic Manufacturing Group, Inc.
16.	Olympic G-2	3.5" round galvalume AZ55 steel plate	3.5" round	Olympic Manufacturing Group, Inc.
17.	Olympic Standard	3" round galvalume AZ50 steel plate	3" round	Olympic Manufacturing Group, Inc.
18.	Insul-Fixx Fastener	Insulation fastener for steel and wood decks		SFS/Stadler
19.	Insul-Fixx S Plate	3" round galvalume AZ50 steel plate	3" round	SFS/Stadler
20.	Insul-Fixx P Plate	3" round polyethylene stress plate	3" round	SFS/Stadler
21.	Tru-Fast	Insulation fastener for steel and wood decks		The Tru-Fast Corp.
22.	Tru-Fast Plates	3" round galvalume AZ55 steel plate	3" round	The Tru-Fast Corp.
23.	Tru-Fast Plates	Polyethylene plastic plate	3" round	The Tru-Fast Corp.



APPROVED ASSEMBLIES

- Deck Type II:** Wood, Insulated, New Construction or Reroof
- Deck Description:** $\frac{19}{32}$ " or greater plywood or wood plank
- System Type A (1):** Anchor sheet mechanically fastened, all layers of insulation adhered with approved asphalt.

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Insulation Layer (Table 2) (When applicable: Steel plate only =S, plastic plate only =P)	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, E'NRG'Y 2, GAFTEMP® Isotherm R, E'NRG'Y 2 Plus, GAFTEMP Isotherm RA, GAFTEMP Isotherm RN, GAFTEMP Composite, GAFTEMP Composite A, GAFTEMP Composite N, BMCA EnergyGuard, BMCA EnergyGuard Composite, EverGuard ISO, ISORoc, EnergyGuard RA, EnergyGuard RA Composite Minimum 1" thick	N/A	N/A
BMCA High Density Wood Fiber, GAFTEMP® High Density Wood Fiber, GAFTEMP RecoverBoard, Wood Fiber, GAFTEMP® Fiberboard Minimum ½" thick	N/A	N/A
Perlite, GAFTEMP® Permalite®, Permalite Tapered, Paroc Minimum ¾" thick	N/A	N/A
Fiberglas (Min. $\frac{15}{16}$ " thick)	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down. GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator Perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

- Anchor sheet:** GAFGLAS #80 Ultima™ Base Sheet, STRATAVENT® Eliminator Perforated Nailable, RUBEROID Modified Base Sheet, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 base sheet mechanically fastened as described below;
- Fastening Options:** GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the lap staggered and in two rows 12" o.c. in the field.
- (Maximum Design Pressure -45 psf, See General Limitation #7)*



GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 3 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet.

(Maximum Design Pressure –45 psf, See General Limitation #7)

GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the 4" lap staggered and in two rows 9" o.c. in the field. *(Maximum Design Pressure –52.5 psf, See General Limitation #7)*

GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure –60 psf, See General Limitation #7)

Any of above Anchor sheets attached to deck approved annular ring shank nails and 3" inverted Drill-Tec (GAFTITE) insulation plates at a fastener spacing of 9" o.c. at the 4" lap staggered in two rows 9" in the field.

(Maximum Design Pressure –60 psf, See General Limitation #7)

GAFGLAS #75 Base Sheet or any of above Anchor sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 8" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure –75 psf, See General Limitation #7)

Base Sheet:

(Optional) Install one ply of GAFGLAS® #75, GAFGLAS #80 Ultima™ Ultra Base Sheet, GAFGLAS STRATAVENT® Eliminator Perforated, RUBEROID Modified Base Sheet, RUBEROID Mop Smooth, RUBEROID® 20 RUBEROID SBS Heat-Weld Smooth or RUBEROID SBS Heat-Weld directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq; (see General Limitation #4).

Ply Sheet:

One or more plies GAFGLAS PLY 4®, GAFGLAS Flex Ply 6 sheet, #80 Ultima, RUBEROID Mop Smooth or RUBEROID 20 adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Cap Sheet:

(Optional) One ply of GAFGLAS® Mineral Surfaced Cap Sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Surfacing:

(Required if no cap sheet is used) Install one of the following:

1. GAF Special Roofing Bitumen with an application rate of 20 lbs./sq with an application rate of 1.5 gal./sq.; or GAF WEATHER COAT® Emulsion (Matrix 305 Fibered Emulsion) with an application rate of 3 gal./sq.; or GAF Premium Fibered Aluminum Roof Coating (Matrix System Pro Aluminum Roof Coating Fibered 301) with an application rate of 1.5 gal./sq.
2. Asphalt flood coat at an application rate of 60 lbs./sq. ± 20%; plus gravel or slag with an application rate of 400 lbs./sq. & 300 lbs./sq., respectively.
3. Top Coat Surface Seal SB (Matrix 602 SB Coating), Top Coat MB Plus (Matrix 715 MB Coating), GAF WeatherCote or WeatherCote LOW-VOC applied at rate of 1-1.5 gal/sq.

Maximum Design Pressure:

See Fastening above.



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Deck Type II: Wood, Insulated, New Construction, or Reroof
 Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank
 System Type B: Optional base sheet laid dry; base layer of insulation mechanically fastened, optional top layer adhered with approved asphalt.

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Insulation for Base Layer (Table 2) (When applicable: Steel plate only =S, plastic plate only =P)	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, GAFTEMP® Isotherm R, BMCA EnergyGuard, EnergyGuard RA Minimum 1.3" thick	1, 2, 6, 9, 13, 14 & 21S	1:3 ft ²
E'NRG'Y 2, GAFTEMP Isotherm RN Minimum 1.4" thick	1, 2, 6S, 9, 13, 14 & 21S	1:3 ft ²
E'NRG'Y 2 Plus, GAFTEMP Composite N, BMCA EnergyGuard Composite, EnergyGuard RA Composite Minimum 1.5 thick	6S, 9, 18 & 21S	1:3 ft ²
Perlite, GAFTEMP® PERMALITE® Minimum $\frac{3}{4}$ " thick	1S(3.5"), 6S, 9, 13, 14 & 21S	1:2 ft ²
Fiberglas Minimum $\frac{15}{16}$ " thick	1, 2, 6, 9, 12, 13, 14 & 21S	1:2.67 ft ²
Wood Fiber, GAFTEMP® Fiberboard, GAFTEMP High Density Fiberboard Minimum 1" thick	1, 2, 6, 13, 14 & 21S	1:4 ft ²

Note: Base layer shall be mechanically attached with fasteners and density described. Insulation panels listed are minimum sizes and dimensions; if larger panels are used the number of fasteners per board shall be increased maintaining the same fastener density (See Roofing Application Standard RAS 117 for fastening details). GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Insulation for Top Layer (Table 2) (When applicable: Steel plate only =S, plastic plate only =P)	Insulation Fasteners (Table 3)	Fastener Density/ft ²
Any of the insulations listed for Base Layer, above.	N/A	N/A
High Density Wood Fiber, GAFTEMP® High Density Wood Fiberboard, PERMALITE® Recover Board Minimum $\frac{1}{2}$ " thick	N/A	N/A
Paroc Minimum $\frac{3}{4}$ " thick	N/A	N/A

Note: Optional top layer of insulation shall be adhered with approved asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down.



- Base Sheet:** (Optional) Install one ply of GAFGLAS® #75, GAFGLAS #80 ULTIMA™ Base Sheet, GAFGLAS® PLY 4®, GAFGLAS® PLY 6®, GAFGLAS Flex Ply 6, GAFGLAS® STRATAVENT® Eliminator Perforated(laid dry), RUBEROID Modified Base Sheet, RUBEROID Mop Smooth or RUBEROID® 20 directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq; (see General Limitation #4).
- Ply Sheet:** Two or more plies of GAFGLAS® PLY 4®, GAFGLAS FlexPly™ 6 ply sheet, #80 Ultima, RUBEROID Mop Smooth or RUBEROID 20 adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. (See specification number for appropriate number of plies).
- Cap Sheet:** (Optional) One ply of GAFGLAS® Mineral Surfaced Cap Sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. (See GAF application instructions for approved method of installation).
- Surfacing:** (Required if no cap sheet is used) Install one of the following:)
1. GAF Special Roofing Bitumen with an application rate of 20 lbs./sq with an application rate of 1.5 gal./sq.; or GAF WEATHER COAT® Emulsion (Matrix 305 Fibered Emulsion) with an application rate of 3 gal./sq.; or GAF Premium Fibered Aluminum Roof Coating (Matrix System Pro Aluminum Roof Coating Fibered 301) with an application rate of 1.5 gal./sq.
 2. Asphalt flood coat at an application rate of 60 lbs./sq. ± 20%; plus gravel or slag with an application rate of 400 lbs./sq. & 300 lbs./sq., respectively.
 3. Top Coat Surface Seal SB (Matrix 602 SB Coating), Top Coat MB Plus (Matrix 715 MB Coating), GAF WeatherCote or WeatherCote LOW-VOC applied at rate of 1-1.5 gal/sq.

Maximum

Design Pressure: -45 psf; (See General Limitation #7)



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Deck Type II: Wood, Insulated, New Construction or Reroof
 Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank
 System Type C: One or more layers of insulation simultaneously attached; Base layer optional.

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Insulation for Base Layer (Table 2) (When applicable: Steel plate only =S, plastic plate only =P)	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, GAFTEMP® Isotherm R, GAFTEMP Isotherm RA, GAFTEMP Isotherm RN, BMCA EnergyGuard, EnergyGuard RA Minimum 1.3" thick	N/A	N/A
E'NRG'Y 2 Min. 1.4" thick	N/A	N/A
ISORoc, E'NRG'Y 2 Plus, GAFTEMP Composite A, GAFTEMP Composite N, BMCA EnergyGuard Composite, EnergyGuard RA Composite Minimum 1.5" thick	N/A	N/A
Perlite, GAFTEMP® PERMALITE Minimum ¾" thick	N/A	N/A
Fiberglas Minimum $\frac{15}{16}$ " thick	N/A	N/A
Wood Fiber, GAFTEMP® Fiberboard, GAFTEMP High Density Fiberboard Minimum 1" thick	N/A	N/A

Note: All layers shall be simultaneously fastened; see top layer below for fasteners and density. Insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Please refer to Roofing Application Standard RAS 117 for insulation attachment. GAF requires either a ply of GAFGLAS STRATAVENT® perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Insulation for Top Layer (Table 2) (When applicable: Steel plate only =S, plastic plate only =P)	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, GAFTEMP® Isotherm R, BMCA EnergyGuard, EnergyGuard RA Minimum 1.3" thick	1, 2, 6, 9, 13, 14 & 21S	1:3 ft ²
E'NRG'Y 2, GAFTEMP Isotherm RN Minimum 1.4" thick	1, 2, 6S, 9, 13, 14 & 21S	1:3 ft ²
E'NRG'Y 2 Plus, GAFTEMP Composite N, BMCA EnergyGuard Composite, EnergyGuard RA Composite Minimum 1.5 thick	6S, 9, 18 & 21S	1:3 ft ²
Perlite, GAFTEMP® PERMALITE® Minimum ¾" thick	1S(3.5"), 6S, 9, 13, 14 & 21S	1:2 ft ²



Fiberglas
Minimum 15/16" thick

1, 2, 6, 9, 12, 13, 14 &
21S 1:2.67 ft²

Wood Fiber, GAFTEMP® Fiberboard, GAFTEMP High Density Fiberboard
Minimum 1" thick

1, 2, 6, 13, 14 & 21S 1:4 ft²

Note: Insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Please refer to Roofing Application Standard RAS 117 for insulation attachment. GAF requires either a ply of GAFGLAS STRATAVENT® Eliminator Perforated laid dry or a layer of GAFTEMP® PERMALITE or wood fiber overlay board on all isocyanurate applications.

Base Sheet: (Optional) Install one ply of GAFGLAS® #75, GAFGLAS #80 Ultima™ Base Sheet, GAFGLAS® PLY 4®, GAFGLAS FlexPly™ 6, GAFGLAS® STRATAVENT® Eliminator Perforated (laid dry), RUBEROID Modified Base Sheet, RUBEROID Mop Smooth or RUBEROID® 20 directly over the top layer of insulation. Adhere with any approved mopping asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.. If base sheet is applied directly to polyisocyanurate insulation only a spot or strip mopped application as detailed in this approval the use of an overlay board is approved; see General Limitation #4.

Ply Sheet: Two or more plies of GAFGLAS® PLY 4®, GAFGLAS® PLY 6®, GAFGLAS FlexPly 6 ply sheet, #80 Ultima, , RUBEROID Mop Smooth or RUBEROID 20 adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Cap Sheet: (Optional) One ply of GAFGLAS® Mineral Surfaced Cap Sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Surfacing: (Required if no cap sheet is used) Install one of the following:
1. GAF Special Roofing Bitumen with an application rate of 20 lbs./sq with an application rate of 1.5 gal./sq.; or GAF WEATHER COAT® Emulsion (Matrix 305 Fibered Emulsion) with an application rate of 3 gal./sq.; or GAF Premium Fibered Aluminum Roof Coating (Matrix System Pro Aluminum Roof Coating Fibered 301) with an application rate of 1.5 gal./sq.
2. Asphalt flood coat at an application rate of 60 lbs./sq. ± 20%; plus gravel or slag with an application rate of 400 lbs./sq. & 300 lbs./sq., respectively.
3. Top Coat Surface Seal SB (Matrix 602 SB Coating), Top Coat MB Plus (Matrix 715 MB Coating), GAF WeatherCote or WeatherCote LOW-VOC applied at rate of 1-1.5 gal/sq.

Maximum Design Pressure: -45 psf; (See General Limitation #7)



NOA No: 02-0408.09
Expiration Date: 11/04/03
Approval Date: 05/23/02
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Deck Type II: Wood, Insulated, New Construction or Reroof

Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank

System Type D (1): Insulation and Base sheet simultaneously

All General and System Limitations shall apply.

One or more layers of any of the following insulations.

Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft ²
ACFoam-I, E'NRG'Y 2, GAFTEMP® Isotherm R, E'NRG'Y 2 Plus, GAFTEMP Isotherm RA, BMCA EnergyGuard, BMCA EnergyGuard RA, GAFTEMP Isotherm RN, GAFTEMP Composite, GAFTEMP Composite A, GAFTEMP Composite N loosely laid with firmly butted joints. Minimum thickness, 1.3". GAFTEMP High Density Fiberboard, GAFTEMP Fiberboard, minimum thickness 1".		

Base Sheet: Install one ply of GAFGLAS® #75, GAFGLAS #80 Ultima™ Base Sheet, GAFGLAS® STRATAVENT® Eliminator Perforated or RUBEROID® 20 base sheet applied over the loose laid insulation with 2" side laps mechanically fastened as described below;

Fastening Options: GAFTITE #12 or #14 Screws and 3" Plates are installed through the base sheet and insulation in 3 rows 12" o.c. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet. *(Maximum Design Pressure -45 psf, See General Limitation #7)*
GAFTITE #12 or #14 Screws and 3" Plates are installed through the base sheet and insulation in 4 rows 8" o.c. One row is in the 2" side lap. The other 3 rows are equally spaced approximately 9" o.c. in the field of the sheet. *(Maximum Design Pressure -75 psf, See General Limitation #7)*
GAFTITE #12 or #14 Screws and 3" Plates in 4 rows 12" o.c. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet. *(Maximum Design Pressure -60 psf, See General Limitation #7)*

Ply Sheet: One or more plies GAFGLAS PLY 4®, GAFGLAS® PLY 6® Ply, GAFGLAS FlexPly 6 sheet, #80 Ultima or RUBEROID 20 adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Cap Sheet: (Optional) One ply of GAFGLAS® Mineral Surfaced Cap Sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Surfacing: (Required if no cap sheet is used) Install one of the following:
GAF Special Roofing Bitumen with an application rate of 20 lbs./sq with an application rate of 1.5 gal./sq.; or GAF WEATHER COAT® Emulsion (Matrix 305 Fibered Emulsion) with an application rate of 3 gal./sq.; or GAF Premium Fibered Aluminum Roof Coating (Matrix System Pro Aluminum Roof Coating Fibered 301) with an application rate of 1.5 gal./sq.



Asphalt flood coat at an application rate of 60-lbs./sq. \pm 20%; plus gravel or slag with an application rate of 400 lbs./sq. & 300 lbs./sq., respectively.

Top Coat Surface Seal SB (Matrix 602 SB Coating), Top Coat MB Plus (Matrix 715 MB Coating), GAF WeatherCote or WeatherCote LOW-VOC applied at rate of 1-1.5 gal/sq.

**Maximum Design
Pressure:**

See Fastening Above



NOA No: 02-0408.09
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Deck Type 1: Wood, Non-insulated New Construction or Reroof

Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank decks

System Type E (1): Base sheet mechanically fastened.

All General and System Limitations shall apply.

Base sheet: GAFGLAS #80 Ultima™ Base Sheet, STRATAVENT® Eliminator Perforated Nailable, RUBEROID Modified Base Sheet, RUBEROID® 20, RUBEROID SBS Heat-Weld™ Smooth or RUBEROID SBS Heat-Weld 25 base sheet mechanically fastened to deck as described below;

Fastening Options: GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the lap staggered and in two rows 12" o.c. in the field.

(Maximum Design Pressure –45 psf, See General Limitation #7)

GAFGLAS® Ply 4®, GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 3 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 12" o.c. in the field of the sheet.

(Maximum Design Pressure –45 psf, See General Limitation #7)

GAFGLAS Flex Ply™ 6, GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with approved annular ring shank nails and tin caps at a fastener spacing of 9" o.c. at the 4" lap staggered and in two rows 9" o.c. in the field. *(Maximum Design Pressure –52.5 psf, See General Limitation #7)*

GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 12" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure –60 psf, See General Limitation #7)

Any of above Base sheets attached to deck approved annular ring shank nails and 3" inverted Drill-Tec (GAFTITE) insulation plates at a fastener spacing of 9" o.c. at the 4" lap staggered in two rows 9" in the field.

(Maximum Design Pressure –60 psf, See General Limitation #7)

GAFGLAS #75 Base Sheet or any of above Base sheets attached to deck with Drill-Tec (GAFTITE) #12 or #14 Screws and 3" Plates, 8" o.c. in 4 rows. One row is in the 2" side lap. The other rows are equally spaced approximately 9" o.c. in the field of the sheet.

(Maximum Design Pressure –75 psf, See General Limitation #7)

Ply Sheet: One or more plies of GAFGLAS® PLY 4®, GAFGLAS® PLY 6® ply sheet, #80 Ultima, RUBEROID MOP Smooth or RUBEROID 20 adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Cap Sheet: (Optional) One ply of GAFGLAS® Mineral Surfaced Cap Sheet adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.



NOA No: 02-0408.09
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Approval Date: 05/23/02

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Surfacing:

(Required if no cap sheet is used) Install one of the following:

1. GAF Special Roofing Bitumen with an application rate of 20 lbs./sq with an application rate of 1.5 gal./sq.; or GAF WEATHER COAT® Emulsion (Matrix 305 Fibered Emulsion) with an application rate of 3 gal./sq.; or GAF Premium Fibered Aluminum Roof Coating (Matrix System Pro Aluminum Roof Coating Fibered 301) with an application rate of 1.5 gal./sq.
2. Asphalt flood coat at an application rate of 60 lbs./sq. ± 20%; plus gravel or slag with an application rate of 400 lbs./sq. & 300 lbs./sq., respectively.
3. Top Coat Surface Seal SB (Matrix 602 SB Coating), Top Coat MB Plus (Matrix 715 MB Coating), GAF WeatherCote or WeatherCote LOW-VOC applied at rate of 1-1.5 gal/sq.

**Maximum Design
Pressure:**

See Fastening Above



Membrane Type: BUR

Deck Type 1: Wood, Non-insulated

Deck Description: $\frac{19}{32}$ " or greater plywood or wood plank

System Type E (2): Tile Underlayment, Base Sheet mechanically attached.

Anchor sheet: GAFGLAS® #80 Ultima™ Base Sheet, RUBEROID® 20 or Tile-Mate Base Sheet applied with a minimum 2" side lap and a minimum 6" end lap. Base sheet may be applied at a right angle (90°) to the slope of the deck with approved annular ring shank nails and tin caps at a fastener spacing of 6" o.c. at the 2" side lap, and two 12" o.c. staggered rows along the center of the sheet.

Ply Sheet: (Optional) One, or more plies GAFGLAS PLY 4® Ply, GAFGLAS FlexPly™ 6 sheet, GAFGLAS #80 Ultima™, RUBEROID MOP Smooth or RUBEROID® 20 adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Cap Sheet: One ply RUBEROID® MOP, RUBEROID® MOP PLUS or Tile-Mate Cap membrane may be applied at a right angle (90°) to the slope of the deck* adhered in a full mopping of Type IV asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. Membrane shall be backnailed to deck with approved annular ring shank nails and tin caps in accordance to applicable Building Code. No nails or tin caps shall be exposed

* Membrane may also be installed parallel to the slope of the roof (i.e. strapping). If membrane is strapped, then anchor sheet and ply sheet must also be strapped.

Maximum Design Pressure: Refer to tile manufacturer's NOA.

Maximum Slope: Must Comply with Roofing Application Standard RAS 118, RAS 119, RAS 120 and applicable Building Code.



WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Flex Ply 6 when used as a mechanically fastened base or anchor sheet.
2. Minimum ¼" Dens Deck or ½ Type X gypsum board is acceptable to be installed directly over the wood deck.

GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each sidelap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq. **Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.**
5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida Registered Engineer, Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. **(When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)**
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform with Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). **(When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)**

END OF THIS ACCEPTANCE



NOA No: 02-0408.09
Expiration Date: 11/04/03
Approval Date: 05/23/02
Page 21 of 21

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/30, 20023 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6346	MOORE	STEEL	Failed Passed	
(1)	5 OAK HILL WAY CRYSTALLACON	UNDERGR PLUMB		INSPECTOR: <i>[Signature]</i>
6326	WEGMAN	ROOF FINAL	Passed	Close
(5)	5 KINGSTON COURT STUART ROOFING			INSPECTOR: <i>[Signature]</i>
6345	THOMPSON	IN PROGRESS	Failed	
(4)	179 S. RIVER RD CHAUFoux			INSPECTOR: <i>[Signature]</i>
6320	LOPILATO	FINAL ROOF	Passed	Close
(2)	4 ST. LUCIE CT ALL AMERICAN	(Hillcroft)		INSPECTOR: <i>[Signature]</i>
5919	BURR	ELECTRICAL Rough		
(3)	21 RIVERVIEW O/B	FRAMING	Passed	(ex. gar doors) INSPECTOR: <i>[Signature]</i>
6325	Winer	Storm Shutters	Passed	Close
(6)	19 Ridgeland			INSPECTOR: <i>[Signature]</i>
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 9/24, 20013 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6429	ROBERTS 12 N. RIDGEVIEW GLEN MARV	SLAB RESET 9/26	FAIL	ARCH. OF RECORD REVISION RESET FOR INSPECTOR: 9/26 PAK
6131	PFEIFFER 104 HENRY SEWALL BUFORD	ROOF IN PROGRESS	PASS	REMOVED W/ TALLER GOSSECK INSPECTOR: PLG
6345	THOMPSON 179 S. RIV CHAUFoux	ROOF OVER FINAL	PASS	CLOSE. FILE INSPECTOR: PAK
TREE	POOLE 94 N. SEWALL'S Pt	TREE	PASS	TREES DISMANTLED INSPECTOR: PLG
6131	PFEIFFER 104 HENRY SEWALL BUFORD	INSULATION RESET 9/26	PASS	PARTIAL INSPECTOR: PLG
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: 9/24
	11 RIVERVIEW	- CONTRACTOR OK FOR FRIDAY		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 11/24, 2003 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6345	TOMPSON	REINSPECT	Pass	no courtsey
closed	179 S. RIVER	ROOF OVER		Inspection
		INSIDE ^{MUST CHECK} IN ATTIC		INSPECTOR:
6391	WHITWELL	SLAB	Failed	
	1 MARQUERITA			
	HEMMINGWAY HOMES	(after 9:30 pm)		INSPECTOR:
6452	RONAN	U-GR GAS	Pass	# 30 -
	14 COPAIRE			(reinspect pd 11/21)
	MC PROPANE			INSPECTOR:
TREE	WILCOX	TREE	Passed	
	95 S. RIVER RD			
		(first please?)		INSPECTOR:
6396	MUFSON		Pass	
	17 S. RIVER	U grad Plumbg.		
	BUFOED	Hydrostat Test		INSPECTOR:
6498	DONOHUE	FINAL DCK	Pass	→ close
	160 S. SEWALL'S Pt	WATER		
	O/B			INSPECTOR:
6499	KOVACEVIC	FINAL -	Failed	call AC co - py
	55 N. SEWALL'S Pt	REPL A/C		re breakers
	FLYNN'S A/C			INSPECTOR:
OTHER:	KING	1 back/wall	not started	
	3 N. ISLAND	REPAIR		
	5 Kingston Ct.	replace tree		

7195

EXTERIOR REPAIRS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/13/05

BUILDING PERMIT NO. 7195
Type of Permit EXTERIOR WALL REPAIR

Building to be erected for THOMPSON

Applied for by FLORIDA'S FINEST (Contractor) Building Fee 144.00

Subdivision WHITE FENCE ACRES Lot 3-A Block _____ Radon Fee _____

Address 179 S. RIVER ROAD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee 35.00

1338410070000003130000 Plumbing Fee _____

Amount Paid 196.90 Check # 13293 Cash _____ Other Fees (10% PLAN REVIEW) 17.90

Total Construction Cost \$ 15,000. TOTAL Fees \$196.90

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

Date: 7/19/04

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: JANE THOMPSON Phone (Day) (772)283-1823 (Fax) _____

Job Site Address: 179 SOUTH RIVER ROAD City: STUART State: FL Zip: 34996

Legal Description of Property: WHITE FENCE ACRES ADDN LOT 3-A Parcel Number: 133841007000000313

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

Description of Work To Be Done: DEMO AND REBUILD AREAS DAMAGED BY TERMITE ACTIVITY

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: FLORIDA'S FINEST CONSTRUCTION, INC. Phone: (772)288-1715 Fax: (772)288-2126

Street: 3163 SE LIONAL TERRACE City: STUART State: FL Zip: 34996

State Registration Number: _____ State Certification Number: CBC047650 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 15,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: ELITE ELECTRIC - Haldane Electric State: FL License Number: ER0041844

Mechanical: N/A State: _____ License Number: _____

Plumbing: N/A State: _____ License Number: _____

Roofing: N/A State: _____ License Number: _____

ARCHITECT GRANFIELD & GRANFIELD ARCHITECTS Phone Number: (772) 283-6032

Street: 3601 SE OCEAN BLVD., SUITE 2 City: STUART State: FL Zip: 34996

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: _____

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.

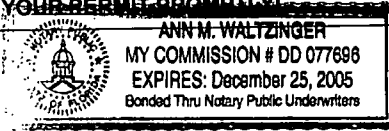
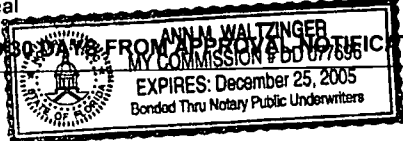
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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)
Jane Thompson
State of Florida, County of: Martin
This the 17th day of November, 2004
by K. Jane Thompson who is personally
known to me or produced
as identification. Ann M. Waltzinger
Notary Public
My Commission Expires: 12/25/05

CONTRACTOR SIGNATURE (required)
Roy Kraemer
On State of Florida, County of: Martin
This the 18th day of November, 2004
by Roy Kraemer who is personally
known to me or produced
As identification. Ann M. Waltzinger
Notary Public
My Commission Expires: 12/25/05

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



MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/6/05

BUILDING PERMIT NO. 7.18.1

Building to be erected for THOMPSON

Type of Permit SUB-ELEC

Applied for by FLORIDA'S FINEST/HALDANE (Contractor)

Building Fee _____

Subdivision WHITE FENCE ACRES Lot LOT 3-A Block _____

Radon Fee _____

Address 179 S. RIVER ROAD

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL NAME: THOMAS W HALDANE

Electrical Fee PN 7180

Parcel Control Number: Lot#: EC 000 134

Plumbing Fee _____

1338410070000003130000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 1/5/05
PRODUCER Kearns Agency of Florida, Inc. P.O. 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 Baldane Electric, Inc. 2133 SE Bryson Ave. Port St. Lucie, FL 34952	INSURER A: Amco-Overseas Insurance	
	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.

LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20506633	01-01-05	01-01-06	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	95-434-642-00	01-01-05	01-01-06	COMBINED SINGLE LIMIT (EA accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per resident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA AGG \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STAT- TORY LIMITS <input type="checkbox"/> CH- RT <input type="checkbox"/> 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

Electrical Contractor - State of Florida

CERTIFICATE HOLDER Town of Sewall's Point 1 South Sewall's Point Rd. Sewall's Point, FL 34996 fax: 220-4765 Re: Job: @ 179 S. River RD. - Jane Thompson	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 OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Lawrence E. Kearns <i>(Signature)</i>
---	---

ACORD 25-B (7/97)

© ACORD CORPORATION 1988

RECEIVED

JAN 05 2005

BY:

ACCOUNT 1731-00008298
EXPIRES SEP 30, 2005

2004-2005

ST. LUCIE COUNTY OCCUPATIONAL LICENSE

BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR
SEATS EMPLOYEES 21+

FACILITIES
JR
MACHINES
TYPE OF
BUSINESS
BUSINESS
LOCATION

ROOMS

1731 ELECTRICAL CONTRACTOR

2130 SW Hayworth Avenue
City of Ft St Lucie

CD 2806

NAME
MAILING
ADDRESS

Thomas W Haldane
Haldane Electric Inc
Haldane, Thomas W
2130 SW Hayworth Avenue
Port St Lucie FL 34953

X RENEWAL
NEW LICENSE
TRANSFER
ORIGINAL TAX 25.01

AMOUNT
PENALTY
COLLECTION COST
TOTAL 25.0

Please see back for additional information
PAID BOB DAVIS, TAX COLLECTOR PAID
MACH 021 8/9/04 1:10PM 00001723
2004 1731-00008298

0600 \$25.00

602004 000000000000 0000173100008298 0000 00000002500 000000000000 00.00 6
CK CHANGE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/08/2004

PRODUCER (772)287-2030 FAX (772)288-2481
Deakins-Carroll Insurance Agency
www.deakinscarroll.com
P.O. Box 1597
Pt. Salerno, FL 34992

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 Florida's Finest Construction, Inc.
2900 SE Waaler Street
Stuart, FL 34997

INSURER A: Mid-Continent Casualty Co.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	04GL000554810	07/11/2004	07/11/2005	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded
					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)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	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

ADDITIONAL INSURED; INSURER LETTER:

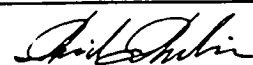
CANCELLATION

Sewall's Point, Town of
1 South Sewall's Point Road
Stuart, FL 23996

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

AUTHORIZED REPRESENTATIVE

David Deakins/BLF



©ACORD CORPORATION 1988

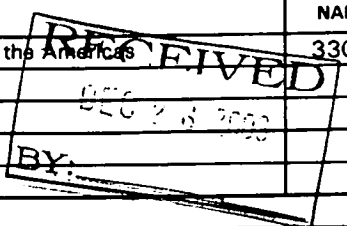
PRODUCER
 Insurance Company of the Americas
 1310 Utica Street
 P.O. Box 855
 Oriskany, New York 13424
 Tel: (315) 768-2726 Fax: (315) 736-8731

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 POLICY BELOW.

INSURED
 Employee Leasing Solutions, Inc.
 Formerly Known As: People Leasing, Inc.
 L/C/F Florida's Finest Construction, Inc.
 1401 Manatee Ave. W. Suite 600
 Bradenton, FL 34205

INSURERS AFFORDING COVERAGE

INSURER A: Insurance Company of the Americas	NAIC 330
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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCC.) \$ MED EXPENSE (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 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 _____ 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	WC03010150	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> WC STATU-TORY 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 #4040009				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:
 Florida's Finest Construction, Inc.

CERTIFICATE HOLDER

TOWN OF SEWELLS POINT
 1 SOUTH SEWELLS PT RD
 STUART, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAME 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

PERMIT # _____

TAX FOLIO # 133841007000000313

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):

179 SOUTH RIVER ROAD, STUART, FL 34996 WHITE FENCE ACRES ADDN LOT 3-A

GENERAL DESCRIPTION OF IMPROVEMENT: REPAIR TERMITE DAMAGE

OWNER: JANE THOMPSON

ADDRESS: 179 SOUTH RIVER ROAD, STUART, FL 34996

PHONE #: (772) 283-1823

FAX #: _____

CONTRACTOR: Florida's Finest Construction Inc.

ADDRESS: 3163 SE Lionel Terrace Stuart, FL 34997

PHONE #: (772) 288-1715

FAX #: (772) 288-2126

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

Jane Thompson
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 17th

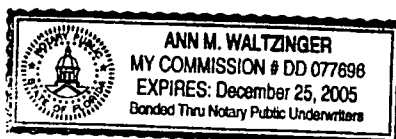
DAY OF November

2004 BY K. Jane Thompson

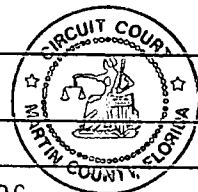
WHO IS PERSONALLY KNOWN TO ME OR

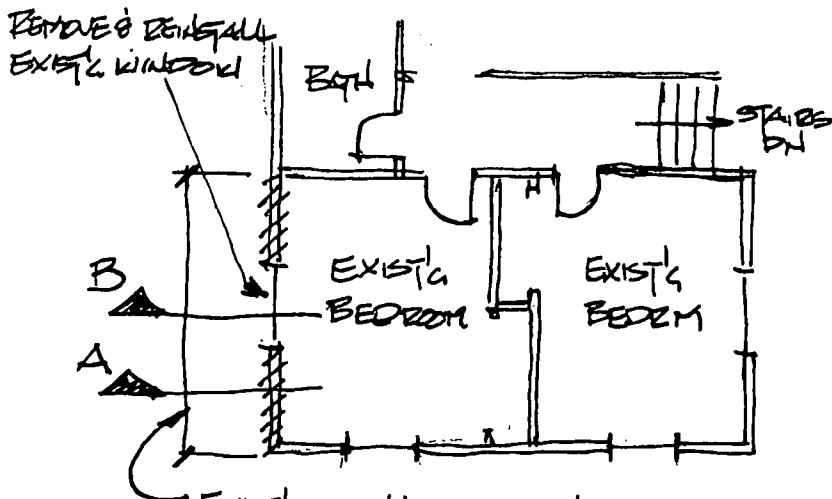
PRODUCED _____ AS IDENTIFICATION.

Ann M. Waltzinger
NOTARY PUBLIC



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 Marsha Ewing D.C.
DATE 11/19/04



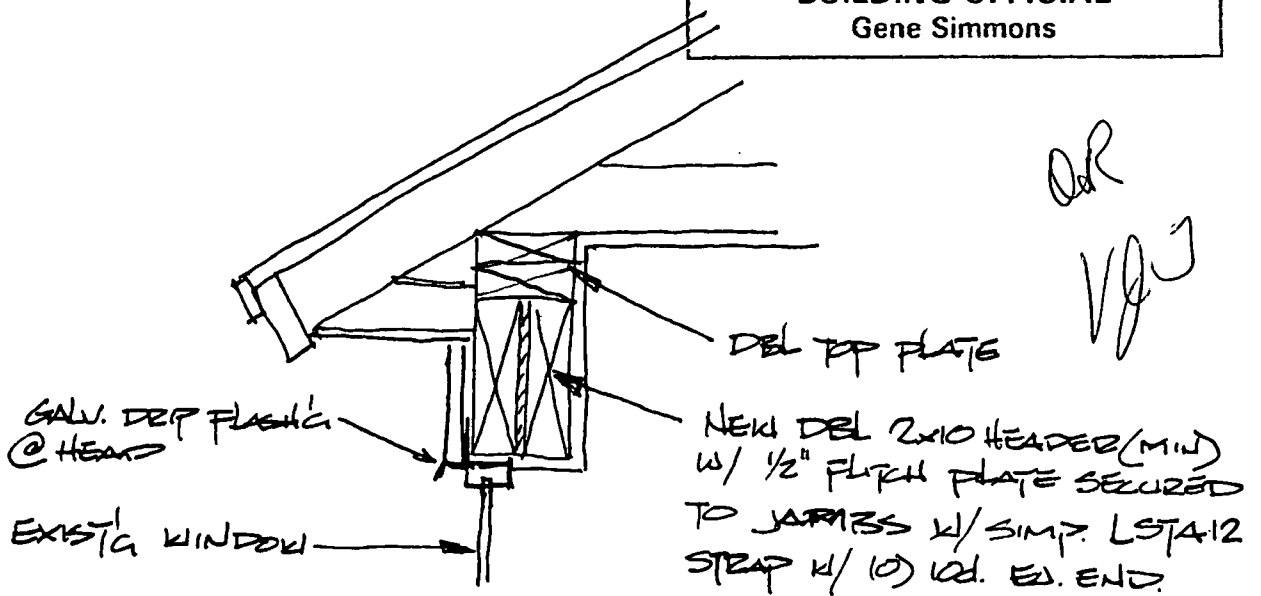


PARTIAL 2ND FLOOR PLAN

NTS

EXIST'G HALL FRAMING & SHEATHING TO BE REPLACED DUE TO TERMITE DAMAGE

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 12/7/04
 BUILDING OFFICIAL
 Gene Simmons



NTS **SECTION "B"** SEE SECTION A FOR TYP. NOTES



GRANFIELD • GRANFIELD ARCHITECTS PA • AIA
 FLA REG NO • AAC 549
 3601 SE OCEAN BLVD #002
 STUART FLORIDA 34996
 PHONE • 772 • 283 • 6032
 F A X • 772 • 283 • 8150

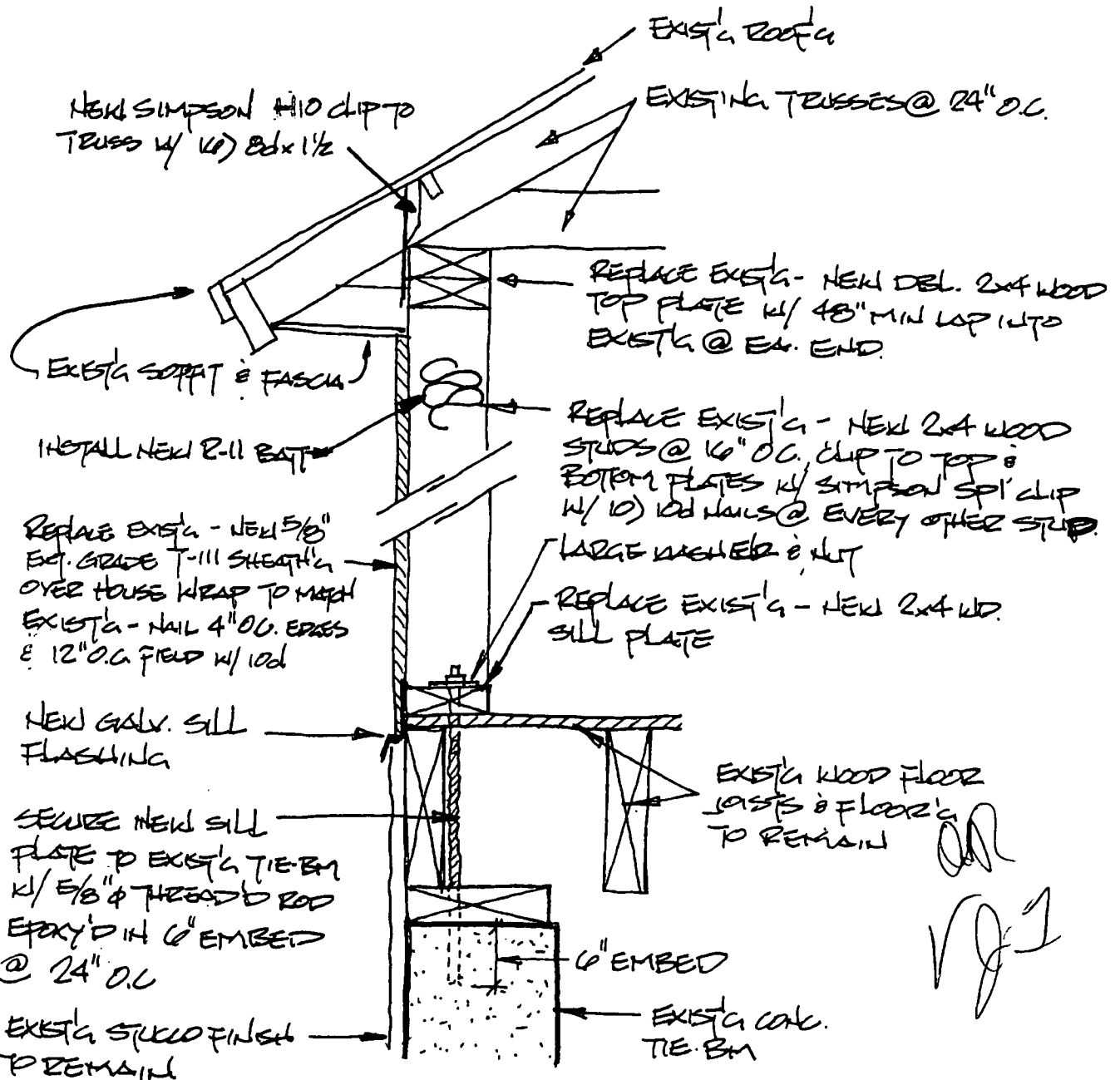
Bearing Wall Replacement

THOMPSON RESIDENCE

S. RIVER ROAD • SEWALL'S POINT

SCALE	ADDITIONAL
NOTED	
DATE	
10/29/04	
PG	OF 2

Nov 12 2004



WALL SECTION "A" HTS



GRANFIELD • GRANFIELD
 ARCHITECTS PA • AIA
 FLA REG NO • AAC 549
 3601 SE OCEAN BLVD #002
 STUART FLORIDA 34996
 PHONE • 772 • 283 • 6032
 F A X • 772 • 283 • 8150

BEARING WALL REPLACEMENT

SCALE

HTS

ADDENDUM #

THOMPSON RESIDENCE

S. RIVER ROAD - SEWALUS FINCH

DATE

10/28/01

B. Graybill
 NOV 1 2001

PG 2 OF 2

7195

January 16, 2005

To: Corey Knoeck
Branch Manager
Orkin Pest Control
3231 S. Federal Hwy.
Fort Pierce, Fl. 34982

Dear Mr. Knoeck,

Regarding your letter of January 3, 2005

Due to the two hurricanes, we have been unable to start work on our termite damage. Florida Finest it supposed to start the work toward the end of January, or first of February. They gave us a "ballpark" figure of the cost being \$11,000 - \$14,000, but this depends on not finding any more damage. They plan to remove the outside sheeting to determine if the termites damaged extend further than we have uncovered so far. Under normal circumstances your letter would have been timely, however as you know it has been frustratingly slow to be able to find a contractor available.

The building department of the town of Sewalls Point requires a licensed contractor. I am sending them a copy of this letter, and also a copy to my attorney, Richard H. Levenstein.

I found the appraisal that you sent from Trinity Claim Service astonishingly low!

Sincerely,



V. Jane Thompson
Your Client
179 S. River Rd.
Sewalls Point, Fl. 34996

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/20, 2008 Page 5 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7195	THOMPSON	EXEC WORK	PASS	
	179 S. RIVER	FRAMING		INSPECTOR:
	FLORIDA'S FINEST			
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 4/22, 2009 05 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7316	ELWOOD	FILL FINAL	PASS	CLOSE
2	15 MIDDLE RD ALPHA ZETA			INSPECTOR:
7485	ENGLE	Dry-IN	FAIL	
4	14 PALM ROAD PHOENIX COMETA			#42 INSPECTOR:
7262	HB ASSOC - SABOURIN	ELEC WALL PART	PASS	
21	3760 SE OCEAN	FRAMING	PASS	
	KIRCHMAN	MECHANICAL	PASS	INSPECTOR:
TREE	CONROY	TREE	PASS	
8	126 S. SEWALL'S			INSPECTOR:
7195	THOMPSON	FRAMING	PASS	
6	179 S. RIVER R FLORIDA'S FINEST			INSPECTOR:
7352	MESSARD	FENCE FINAL	PASS	CLOSE
20	11 OAK HILL WAY			
	STUART FENCE			INSPECTOR:
7446	MACCALLUM	FINAL GARAGE	PASS	CLOSE
19	3 QUAIL RUN LA			
	PROTEN GARAGE			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/25, 2005 Page 1 of

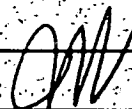

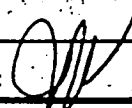
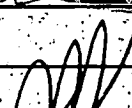
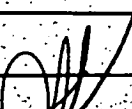
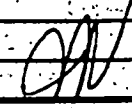
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7195	THOMPSON	INSULATION	PASS	
7	179 S. RIVER RD FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
7335	VAN T BOSCH	INSULATION	PASS	
8	36 S. RIVER ROAD FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
6749	NAUDIN	FOURBOARD	PASS	
7	19 N. RIDGEVIEW O/B			INSPECTOR: <i>[Signature]</i>
7126	HEMMERS	DRY-IN	FAIL	
9	4 PALMETTO DR O/B			INSPECTOR: <i>[Signature]</i>
7453	GAUL	FINAL FENCE	PASS	CLOSE
4	107 S. RIVER RD O/B			INSPECTOR: <i>[Signature]</i>
7348	MCCARTHY	FINAL ROOF	PASS	CLOSE
3	3 KINGSTON CT STUART ROOFING			INSPECTOR: <i>[Signature]</i>
6863	Johnston	Final SFR Bldg	PASS	CLOSE (see attached for other inspections)
1	34 W High Point Masterpiece Bldrs			INSPECTOR: <i>[Signature]</i>

OTHER: 3 RIVERVIEW FENCE TOO TIGHT? 6' MAX. (OK)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log




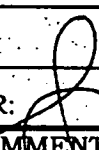
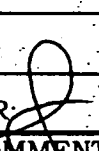
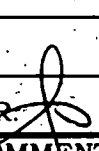
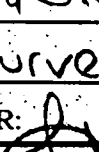
Date of Inspection: Mon Wed Fri 5/11/05, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6753	RADER	PUMBING		CX
	5 HERITAGE WAY	ELEC		
	A+P CONSTRUCT.	AC		INSPECTOR:
11	11	FRAMING		CX
				INSPECTOR:
7256	SCHRAEDER	POOL FINAL	PASS	CLOSE
11	4 EMARITA			
	OLYMPIC POOLS			INSPECTOR: 
Tree	RADER	TREE	PASS	
13	5 HERITAGE WAY			INSPECTOR: 
6965	FENSTERKER	Road ELEC	FAIL	
8	715 SEWALL'S PT	u PUMBING		
	DB			INSPECTOR: 
7195	COMPSON	FINAL ELEC	PASS	CLOSE
5	179 S. RIVER RD	WALL REPAIR		
	FLORIDA'S FINEST			INSPECTOR: 
7387	BEU	DRY IN	PASS	
10	34 S. SEWALL'S PT	TTH METAL		
	STUART ROOFING			INSPECTOR: 
OTHER:	SMITH	NEED SWALE		
9	7 SIMARA	→ PRIOR TO	FAIL	
	SUNRISE	DRIVEWAY		
		(GENE)		

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/9, 2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6279	THOMPSON	FINAL - DECK	Passed	close
①	179 S. RIVER RD PETROPOLOUS			INSPECTOR: 
6283	MCCAFFREY	ROOF - FINAL	Passed	close
⑤	4 MICHAEL ROAD J TAYLOR ROOFING			INSPECTOR: 
6287	MCCAFFREY	REPAIR + STUCCO	Passed	close
⑥	4 MICHAEL ROAD	FINAL		INSPECTOR: 
6127	CLARK	HURRICANE	Passed	close
②	33 FIELDWAY PARONE	Skates, (addition only)		INSPECTOR: 
6127	CLARK	FINAL	Passed	
③	33 FIELDWAY PARONE			INSPECTOR: 
6306	RHINNEY	FINAL	Passed	
④	30 FIELDWAY CHITWOOD	DRIVENWAY		INSPECTOR: 
6232	MOORE	FOOTING -	Failed	260 1959 Rocky
⑦	5 OAK HILLWAY AR MARTIN HOMES	STEM WALL → Retaining Wall		no survey! INSPECTOR: 
OTHER:				
⑧	9 S. River: Site compliance, plywood			
⑨	26 Island Rd.			

8410

HURRICANE

SHUTTERS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10-10-06

BUILDING PERMIT NO. 8410

Building to be erected for Thompson

Type of Permit Hurricane Panels

Applied for by 21st Century Screens (Contractor)

Building Fee 120-

Subdivision White Fenced Area 3A Block _____

Radon Fee _____

Address 179 S Pine Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

133841-007-000-0003130000

Roofing Fee _____

Amount Paid \$120 Check # 13705 Cash _____

Other Fees work w/o permit Double 120-

Total Construction Cost \$ 7212-

TOTAL Fees 240-

Signed [Signature]

Signed John Adams

Applicant

Town Building Official

PERMIT

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

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

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

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
RIVER MAGIC ENTERPRISES

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 9-29-06 Permit Number: _____

OWNER/TITLEHOLDER NAME: Jane Thompson Phone (Day) 772-283-1838 (Fax) _____

Job Site Address: 179 South River Road City: Sewall's Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block): White Fence Acres Parcel Number: 13-38-41-007-000-00031-3

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

Description of Work To Be Done: Install fabric Hurricane Protection Panels

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7,212.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: 21st Century Screens, Inc. Phone: 561-721-1800 Fax: 561-296-7171

Street: 2731 Vista Parkway Suite D-7 City: W.P.B State: FL Zip: 33411

State Registration Number: 2653835 State Certification Number: CC1508815 Martin County License Number: _____

SUBCONTRACTOR INFORMATION: N/A

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

ARCHITECT N/A Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER N/A Lic# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Energy Code: 2004 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 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)
Jane Thompson
State of Florida, County of: Palm Beach
This the 29th day of October, 2006
by Jane Thompson who is personally
known to me or produced
as identification.

CONTRACTOR SIGNATURE (required)
Wes Fraser
On State of Florida, County of: Palm Beach
This the 29th day of Sept., 2006
by Wes Fraser who is personally
known to me or produced
As identification.

Notary Public
Ray Arnett
My Commission Expires: 5-22-09
Seal

Notary Public
Ray Arnett
My Commission Expires: 5-22-09
Seal

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

NOTARY PUBLIC-STATE OF FLORIDA
Ray Arnett
Commission # DD4924587
Expires: MAY 22, 2009
Bounded Thru Atlantic Bonding Co., Inc.

NOTARY PUBLIC-STATE OF FLORIDA
Ray Arnett
Commission # DD4924587
Expires: MAY 22, 2009
Bounded Thru Atlantic Bonding Co., Inc.

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 10/2/2006
PRODUCER TGI Insurance Agencies, Inc. 1544-E Matthews Mint Hill Rd Matthews, NC 28105 Tel (704) 846-1400 Fax (704) 846-0200	THIS CERTIFICATE IS ISSUED FOR 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 TWENTY FIRST CENTURY SCREENS 2731 VISTA PARKWAY SUITE 7-D WEST PALM BEACH FLORIDA 33441	INSURERS AFFORDING COVERAGE	
	INSURER A: SCOTTSDALE INSURANCE	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES


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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE: <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CLS1240615	03/11/2006	03/11/2007	EACH OCCURRENCE \$ 1,000,000.00
	FIRE DAMAGE (Any one Fire) \$ 50,000.00				
	MED EXP (Any one person) \$ 5,000.00				
	PERSONAL ADV INJURY \$ 1,000,000.00				
	GENERAL AGGREGATE \$ 2,000,000.00				
	PRODUCTS - COMP/OP AGG \$ 1,000,000.00				
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 DEDUCTIBLE RETENTION				EACH OCCURRENCE \$	
				AGGREGATE \$	
				\$	
				\$	
				\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS: OTH-ER \$	
				E.L. EACH ACCIDENT \$	
				E.L. DISEASE - EA EMPLY \$	
				E.L. DISEASE - POLICY LIM \$	
OTHER					

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

METAL ERECTION NON STRUCTURAL

SEWALLS POINT TOWN HALL IS LISTED AS ADDITIONAL INSURED

CERTIFICATE HOLDER <input checked="" type="checkbox"/> CERTIFICATE HOLDER IS ALSO ADDITIONAL INSURED; INSURER LETTER: N/A SEWALL'S POINT TOWN HALL 1 SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FL 34996 772-220-4765	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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 
--	---

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID YD 21STCEN	DATE (MM/DD/YYYY) 09/29/06
PRODUCER Newman Insurance Agency, Inc. 5700 Stirling Road Hollywood FL 33021- Phone: 954-963-9626 INSURED 21st Century Screens Inc SUITE #D-7 2731 VISTA PARKWAY WEST PALM BEACH FL 33411	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Rockwood Casualty Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE | OCCUR				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE 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	WC0855769	01/17/06	01/17/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

CERTIFICATE HOLDER Sewall's Point Town Hall One South Sewall's Point Road Sewall's Point FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Jeffrey M Newman</i>
---	---

AC# 2658835

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L06071201046

DATE	BATCH NUMBER	LICENSE NBR
07/12/2006	050846095	CGC1508815

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

FRASER, HERBERT WESLEY
21ST CENTURY SCREENS INC
2731 VISTA PARKWAY D7
WEST PALM BEACH FL 33411

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

2006-26492

STATE OF FLORIDA
PALM BEACH COUNTY
OCCUPATIONAL LICENSE

OC-032

CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2007

21ST CENTURY SCREENS INC
FRASER WES

** LOCATED AT

CNTY \$99.00

2731 VISTA PARKWAY #D7
WEST PALM BEACH FL 33437

TOTAL \$99.00

Is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

GENERAL CONTRACTOR

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$99.00 OCC 049 003389 08-03-2006

Peter H. Carney
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY
TAX COLLECTOR

INSTR # 1964590 DR BK 02185 PG 2995 RECD 10/05/2006 12:33:41 PM
Pg 2995; (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

179 South River Road, Sewalls Point Stuart FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Install Fabric Hurricane Protection 17 panels

OWNER: Ms. Jane Thompson

ADDRESS: 179 South River Road

PHONE #: 772-283-1833

FAX #: _____

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: Wes Fraser of 21st Century Screens Inc. CGC 1508815

ADDRESS: 2731 Vista Parkway Suite D-1 WAB, FL 33411

PHONE #: 561-721-1800

STATE OF FLORIDA
MARTIN COUNTY

SURETY COMPANY (IF ANY) N/A

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

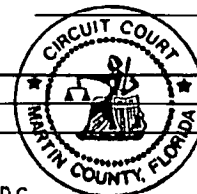
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK

BY [Signature] D.C.

DATE 10/5/06

FAX #: _____



LENDER/MORTGAGE COMPANY N/A

ADDRESS: _____

PHONE #: _____

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 OR HERSELF, 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.

Jane Thompson
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 2nd DAY OF October 2006
BY Jane Thompson

PERSONALLY KNOWN ✓
OR PRODUCED ID _____

TYPE OF ID _____

NOTARY PUBLIC-STATE OF FLORIDA

Ray Arnett

Commission # DD432587

Expires: MAY 22, 2009

Bonded Thru Atlantic Bonding Co., Inc.

NOTARY SIGNATURE

/data/bld/bldg_forms/Current/forms/npc.aw

02/06/03

WINDOW SCHEDULE

I.D. NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37"X63"	25	SH		X	EXAMPLE
1	49 x 69	# 1 panel				Upstairs window
2	49 x 69	2				Upstairs window
3	79 x 138	3				Door w/window above
4	103 x 69	4				Double window 1st fl.
5	76 x 138	5				Slider Door 1st fl.
6	22 x 62	6				Window 1st floor
7	59 x 64	7				Double window 1st FL
8	27 x 64	8				Window 1st Fl
9	87 x 77	9				Door w/side lights
10	54 x 46	10				Window 1st Floor
11	50 x 42	11				Window above SLD
12	103 x 81	12				Slider Door
13	39 x 55	13				Window 1st Floor
14	39 x 55	14				Window 1st Floor
15	21 x 45	15				Window 2nd Floor
16	21 x 45	16				Window 2nd Floor
17	44 x 51	17			X	Window 2nd Floor
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

*** TYPE WINDOWS:**

- SH - SINGLE HUNG
- DH - DOUBLE HUNG
- AWN - AWNING
- CAS - CASIMENT
- SL - SLIDING
- FIX - FIXED



INSTALLER-PLANNER'S HURRICANE SHUTTER PLAN & MEASURE FORM 01/18/06

Ms. Jane Thompson

DIY? Y N

Page 2 of 2

CUSTOMER

PLANNER

DATE

ATTACH TO PAGE 1 DRAWING. SPAN IS THE DISTANCE BETWEEN THE ROWS OF FASTENERS. IF POSSIBLE: PLACE TRACKS ON THE SIDES OF THE OPENING. IF TRACKS ARE TOP AND BOTTOM ADD ONE GROMMET ON UNPROTECTED NON-SPAN SIDES BETWEEN 36" AND 72" LONG AND TWO GROMMETS OVER 72" LONG. CONCRETE & BLOCK: ADD 5" TO EACH SIDE IF POSSIBLE; WOOD FRAME ADD 1" TO EACH SPAN SIDE & 5" TO NON-SPAN SIDES IF POSSIBLE.

STRUCTURE? Concrete Frame

CIRCLE STORM CATCHER COLOR: BLK WHT BRN

MARK BRAND	OPENING DESCRIPTIONS	SIDE TO SIDE? Y or N	SIDE GROMMETS		TOP GROMMETS #	SPAN Max 228" Max 108" whole inches	NON-SPAN No Max Max 144" even #'s	SC FS
			Left #	Right #				
1 FS (SC)	Upstairs window	N	3	3		75	55	
2 FS (SC)	Upstairs window	N	3	3		75	55	
3 FS (SC)	Door with window above. 3Tracks	Y	DIAGRAM			85	145	
4 FS (SC)	Double window	N	3	3		75	109	
5 FS (SC)	SLD=Slider Door 3T	Y				144	82	
6 FS (SC)	window	Y	2	2		28	68	
7 FS (SC)	Double window	Y			2	67	70	
8 FS (SC)	window	Y				33	70	
9 FS (SC)	Door with side lights (panels)	Y			3	93	83	
10 FS (SC)	window	Y			2	60	52	
11 FS (SC)	window	Y				56	48	
12 FS (SC)	SLD 3Tracks	Y				109	87	
13 FS (SC)	window	N	2	2		61	45	
14 FS (SC)	window	N	2	2		61	45	
15 FS (SC)	window	N	2	2		51	27	
16 FS (SC)	window	N	2	2		51	27	
17 FS (SC)	window	N	2	2		57	50	
18 FS SC								
19 FS SC								
20 FS SC								
21 FS SC								
22 FS SC								
23 FS SC								
24 FS SC								
25 FS SC								
26 FS SC								
27 FS SC								
28 FS SC								
29 FS SC								
30 FS SC								
31 FS SC								
32 FS SC								
33 FS SC								
34 FS SC								
35 FS SC								

NOTES:

Office Use:

CIRCLE Track Color: WHITE BROWN

Total Angle F-track: _____

Total Reverse F-track: _____

Panelmates Required ? F ea. M ea.

A) Total non span (inches / 12 = feet) _____ ft	E) Total # Tapcons (A x 2.40) minus (H) = _____
B) Angle F-track (if needed) _____ ft	F) Total # Mason Bits (B+C+D / 75 +1) = _____
C) Reverse Angle F-track (if needed) _____ ft	G) Total # Bol/Wingnut Combo (B+C+D)x1.05) = _____
D) Total F-track (A x 2.30) minus (B+C) = _____ ft	H) Total # Panel Mates (if needed) <u>M</u> ea. <u>F</u> ea.

1 each (all orders) = wingnut driver / 1/4" drill bit / silicone spray / panel layout map PLUS 1 electric screwdriver on orders over 150 S.F. 6/9/2008

INSTALLER-PLANNER'S HURRICANE SHUTTER PLAN & MEASURE FORM 01/18/06

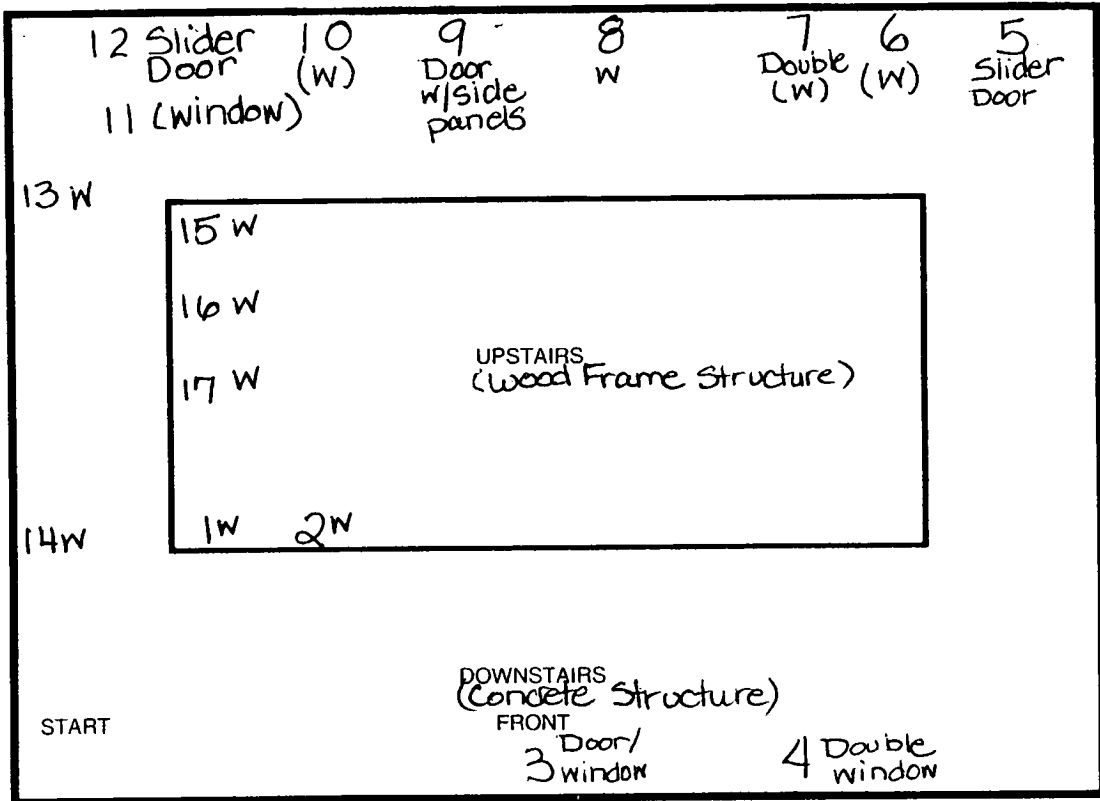
Ms. Jane Thompson
CUSTOMER

DIY? Y (N)

King
PLANNER

5/12/06
DATE

Page 1 of 2



FROM START: NUMBER COUNTER-CLOCKWISE. SPAN IS THE DISTANCE BETWEEN THE ROWS OF FASTENERS.
 IF POSSIBLE: PLACE TRACKS ON THE SIDES OF THE OPENING.
 IF TRACKS ARE TOP AND BOTTOM ADD ONE GROMMET ON UNPROTECTED NON-SPAN SIDES BETWEEN 36" AND 72" LONG AND TWO GROMMETS OVER 72" LONG.
 IF POSSIBLE ON CONCRETE & BLOCK ADD 3" TO EACH SIDE & WOOD FRAME ADD 2" TO SPAN SIDES & 6" TO NON-SPAN SIDES

STRUCTURE? Concrete Downstairs Frame upstairs

NOTES

SLD = Slider W = window

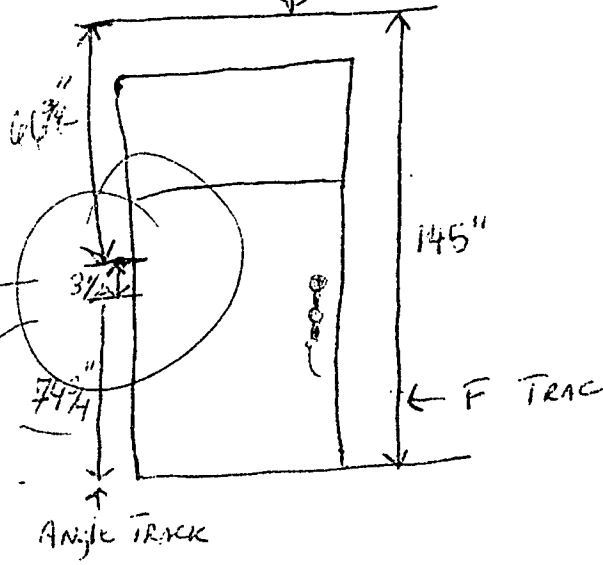
3T = 3 sides track

* Addition was added on after home was built, concrete structure on downstairs and wood frame on upstairs. All tracks mounted upstairs will be mounted on studs.

3

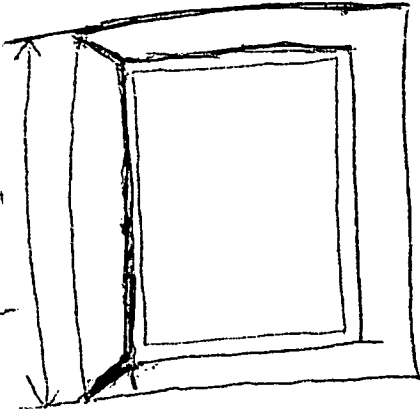
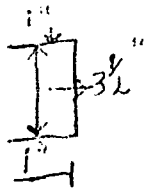
3 of 3

FRONT DR
F TRAC 85"



Notch
In
Field

6



Angle Track
(Reverse / Left)
Adjust TRAC

AREA slated

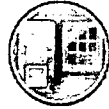
FLORIDA DEPARTMENT OF Community Affairs



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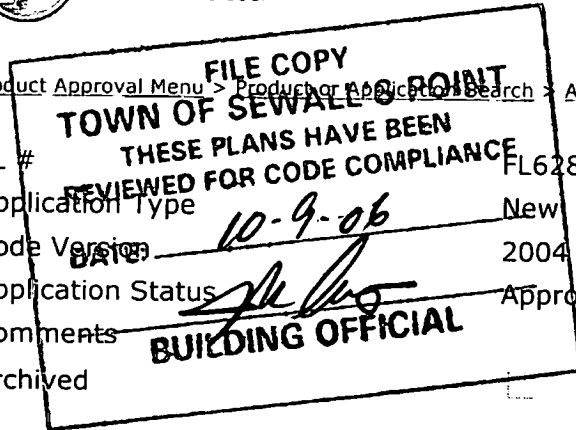
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Product Approval

USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



- COMMUNITY PLANNING
- HOUSING & COMMUNITY DEVELOPMENT
- BUILDING CODES
- FLORIDA COMMUNITIES TRUST
- FRONT PORCH FLORIDA
- EMERGENCY MANAGEMENT
- DOOR PEOPLE'S SECRETARY
- NEWS
- FREQUENTLY ASKED QUESTIONS
- ABOUT OUR SECRETARY
- E-MAIL THE SECRETARY
- INSPECTOR GENERAL
- WEB ASSISTANCE
- CONTACT US
- OUR LOGO
- DCA EMPLOYEE SERVICES

FL # _____ FL6288
 Application Type _____ New
 Code Version _____ 2004
 Application Status _____ Approved
 Comments _____
 Archived _____

Product Manufacturer Storm Catcher
 Address/Phone/Email 6213 Idlewild Street
 ft. myers, FL 33912
 (888) 962-7283
 Brian@Stormcatcher.net

Authorized Signature Brian Rist
 Brian@Stormcatcher.net

Technical Representative Brian Rist
 Address/Phone/Email 11850 Plantation Rd
 Ft. Myers, FL 33912
 brian@stormsmart.com

Quality Assurance Representative Brian Rist
 Address/Phone/Email 6182 Idlewild Street
 Fort Myers, FL 33912
 (239) 278-9092 ext 300
 Brian@stormsmart.com

Category Shutters
 Subcategory Products Introduced as a Result of Ne

Compliance Method Evaluation Report from a Florida Regis
 Licensed Florida Professional Engineer

Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report: Richard W. Arnold
 Florida License: PE-19334
 Quality Assurance Entity Validated By: National Accreditation and Management John Henry Kampmann Jr.

Certificate of Independence: FL6288_R0_COI_CERTIFICATE.pdf

Referenced Standard and Year (of Standard): **Standard**
 ASTM 1886
 ASTM 1996
 ASTM E330

Equivalence of Product Standards Certified By:

Sections from the Code:

Product Approval Method: Method 1 Option D

Date Submitted: 03/24/2006
 Date Validated: 03/27/2006
 Date Pending FBC Approval: 03/13/2006
 Date Approved: 03/28/2006

Summary of Products		
FL #	Model, Number or Name	Description
6288.1	Storm Catcher	Wind Abatement Shutter
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60 /-60 Other:		Installation Instruction FL6288_R0_II_Drawings Verified By: Fenestration Evaluation Reports FL6288_R0_AE_4633 Ad Information.pdf FL6288_R0_AE_4749 Ad Information.pdf FL6288_R0_AE_4750 Ad Information.pdf FL6288_R0_AE_Final_Eva testing.pdf

STOP WORK ORDER

DATE: 9/27

ADDRESS: 179 S. RIVER

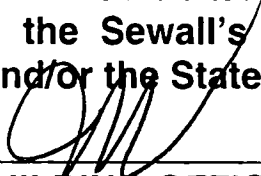
OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

INSTALLATION OF HURRICANE SHUTTERS -

*Permit to
be
obtained*

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-27, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Larsen	Tree	PASS	
4	11 Lantana La O/B			INSPECTOR: <i>[Signature]</i>
8123	Luluh	Roof sheathing	PASS	
1	20 E High Pt Seagate			INSPECTOR: <i>[Signature]</i>
	Stanton	pumps on basement -		
	6 Sabal Ct O/B	unsafe? (see John)		INSPECTOR:
		286-5900		
8162	McCormick	Plumbing +	PASS	
10	59 N. River Rd Mountage	retaining wall	FAIL	INSPECTOR: <i>[Signature]</i>
7819	Tidikis	tie beam +	PASS	
6	12 Cranes Nest Advanced Concepts	concrete stair		INSPECTOR: <i>[Signature]</i>
1993	Guchino	lattice	PASS	
8	11 Wendy La Seagate			INSPECTOR: <i>[Signature]</i>
	179 S. RIVER RD			INSPECTOR: <i>[Signature]</i>

ISSUED 5/10
WORK ORDER
 INSPECTOR: *[Signature]*

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-1, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1794	Wilkinson	kin-tag	PASS	
3	8 Oakwood DR Home Depot			INSPECTOR: <i>[Signature]</i>
 	Delmar	Final	CANCEL	DUPLICATION
4	925 RIVER Schiller			INSPECTOR:
8461	Masterpiece	Temp Power	PASS	NOTIFY FPL FOR METER CHANGE.
2	5 mandalay Howard Elec			INSPECTOR: <i>[Signature]</i>
8410	Thompson	Final-shutter	PASS	CLOSE
1	179 S River 21st Century			INSPECTOR: <i>[Signature]</i>
8447	Hart	Final	PASS	CLOSE
6	61 S River Rd Terrell gas			INSPECTOR: <i>[Signature]</i>
		WORK w/o PERMIT		INSPECTOR:
	3 DELAND			
TREE		TREE	PASS	
	19 RIVERVIEW			INSPECTOR: <i>[Signature]</i>

OTHER: _____

8418

FENCE

TOWN OF SEWALL'S POINT

Date 10-20-06 BUILDING PERMIT NO. 8418
 Building to be erected for Hompson Type of Permit Fence w/gate
 Applied for by Stuart Fence (Contractor) Building Fee _____
 Subdivision White Fences Lot 3 Block _____ Radon Fee _____
 Address 179 S River Rd Impact Fee _____
 Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Plumbing Fee _____
13-38-4-007-000-00031-30000 Roofing Fee _____

Amount Paid \$30 Check # 7219 Cash _____ Other Fees Fence 30
 Total Construction Cost \$ 1570 TOTAL Fees 30

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 L FT | <input type="checkbox"/> DEMOLITION | <input checked="" type="checkbox"/> FENCE/GATE |
| <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 _____ |

SP

RECEIVED

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: Permit Number:

OWNER/TITLEHOLDER NAME: V. JANE THOMPSON Phone (Day) (Fax)

Job Site Address: 179 S. RIVER DR City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) White Fence Acres Addn Parcel Number: 13-38-41-007-000-00031-3

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

Description of Work To Be Done: INSTALL 4' HIGH ALUMINUM FENCE & GATES

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1570.00

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: STUART FENCE CO Phone: 288 1151 Fax: 288 3035

Street: PO BOX 2636 City: STUART State: FL Zip: 34995

State Registration Number: State Certification Number: Martin County License Number: CFE3584

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: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 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) V. J. Thompson

State of Florida, County of:

This the 11 day of 10, 2006

by JANE THOMPSON who is personally

known to me or produced by

as identification

CONTRACTOR SIGNATURE (required)

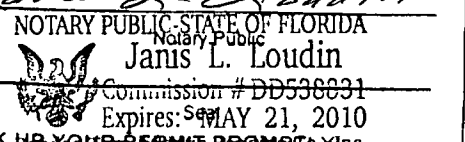
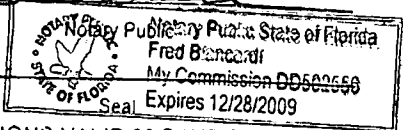
On State of Florida, County of MARTIN

This the 11 day of OCT, 2006

by CHESTER RICHMOND who is personally

known to me or produced

As identification



AC Aug. 12, 2006 E. 3:51AM **CERTIFICATE OF LIABILITY INSURANCE**

No. 0298

P. 1/1 (DDMMYY)
08/09/2006

PRODUCER (772)334-3181 FAX (772)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.

INSURED Stuart Fence Company Inc.
PO Box 2636
Stuart, FL 34995

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

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LHJ8398159-00	08/08/2006	08/08/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY


CERTIFICATE HOLDER


Town of Sewalls Point
1 S. Sewalls Point Road
Sewalls Point, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Keith Carroll/PJR *Keith Carroll*

ACORD™ CERTIFICATE OF LIABILITY INSURANCE							Date 2/24/2006			
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-838-5562 Fax: 727-837-2138				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.						
Insured: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: (727)938-5562				Insurers Affording Coverage			NAIC #			
				Insurer A: Lion Insurance Company					11075	
				Insurer B:						
				Insurer C:						
				Insurer D:						
Insurer E:										
Coverages										
The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.										
INSR LTR	ADDL NSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits				
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$			
						Damage to rented premises (EA occurrence)	\$			
						Med Exp	\$			
						Personal Adv Injury	\$			
						General Aggregate	\$			
						Products - Comp/Op Agg	\$			
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$			
						Bodily Injury (Per Person)	\$			
						Bodily Injury (Per Accident)	\$			
						Property Damage (Per Accident)	\$			
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$			
						Other Than EA Acc.	\$			
						Autos Only. AGG.	\$			
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence				
						Aggregate				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2006	01/01/2007	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER			
						E.L. Each Accident	\$1000000			
						E.L. Disease - Ea Employee	\$1000000			
						E.L. Disease - Policy Limits	\$1000000			
		Othe 3465485 Stuart Fence Company, Inc.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.							
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 5/10/2004 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company, Inc. * FAX: 772-289-3035 & 772-220-4765 / ISSUE: 10-21-04 (PDC) / REISSUE 8-23-05 (JLH) / REISSUE 1-18-06 (JLH) REISSUE 2-24-06 (SH)										
Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616										
CERTIFICATE HOLDER				CANCELLATION						
TOWN OF SEWALLS POINT ATTN: LAURA 1 S. SEWALLS POINT RD. SEWALLS POINT FL 34986				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.						
										



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

FENCE ERECTION

License Number **CFE3584** Expires: **30-SEP-08**

RICHMOND, CHESTER J III
STUART FENCE & WIRE
3307 RAILROAD AVE
STUART, FL 34997

2006-2007 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P. O. Box 9013, Stuart, FL 34995 (772) 288-1604

LICENSE NO. 2004-518-0003 CERT CFE3584
PHONE 772-288-1151 BC NO 235990

LOCATION: 3307 SE RAILROAD AVE STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	L. FEE \$	25.00
\$	.00	P. VALTY \$	10.00
\$	.00	C. L. FEE \$	1.00
\$	.00	T. TRANSFER \$	3.00
TOTAL			39.00

RECEIPT of PAYMENT
LARRY C. O'STEEN
99 08/16/2006 NORMA
20040005180000
002 2006 0011582
STUART FENCE COMPAN

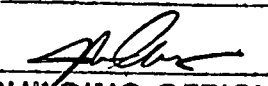
IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS OF PROFESSION OR OCCUPATION OF **FENCE ERECTION CONTRACTOR**

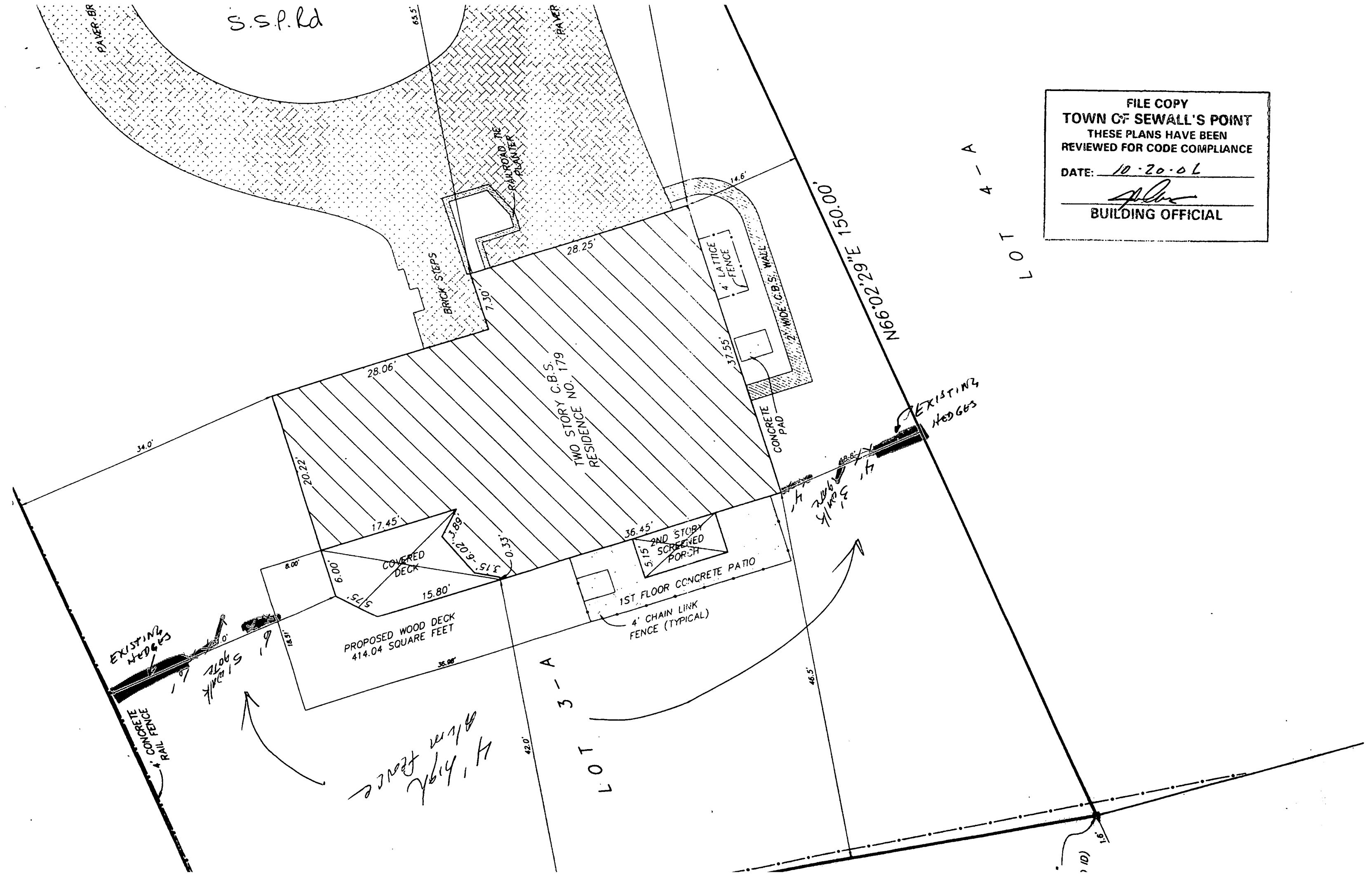
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF AUGUST 06
AND ENDING SEPTEMBER 30 07

CHESTER - QUALIFIER
STUART FENCE COMPANY INC
PO BOX 2636
STUART FL 34995

S.S.P. Rd

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 10-20-06

 BUILDING OFFICIAL



LOT 3 - A

LOT 4 - A

4' high fence

EXISTING HEDGES

EXISTING HEDGES

5' high fence

4' CHAIN LINK FENCE (TYPICAL)

1ST FLOOR CONCRETE PATIO

2ND STORY SCREENED PORCH

PROPOSED WOOD DECK 414.04 SQUARE FEET

COVERED DECK

TWO STORY C.B.S. RESIDENCE NO. 179

CONCRETE PAD

4' LATTICE FENCE

2' WIDE C.B.S. WALL

RAVINE

BRICK STEPS

PAVER BR

34.0'

20.22'

28.06'

28.25'

7.30'

14.6'

17.45'

36.45'

8.00'

9.00'

5.75'

15.80'

3.15'

6.02'

3.88'

0.35'

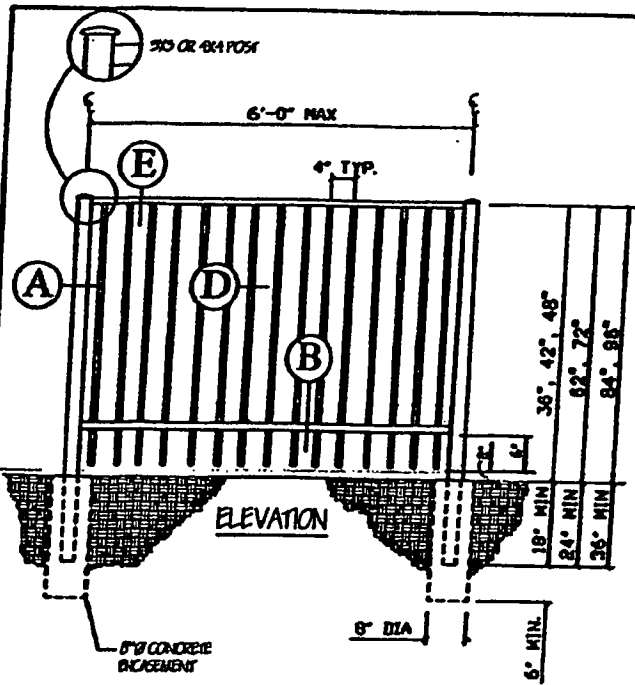
36.98'

42.0'

48.5'

1.91'

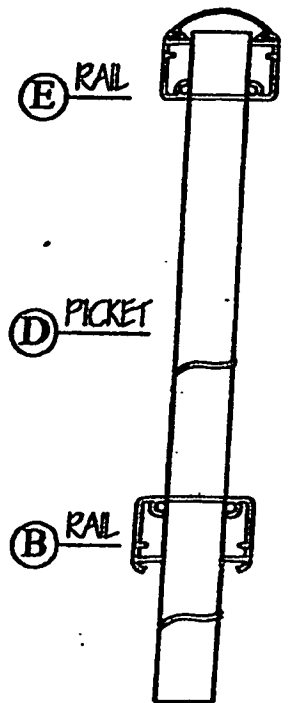
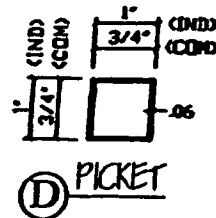
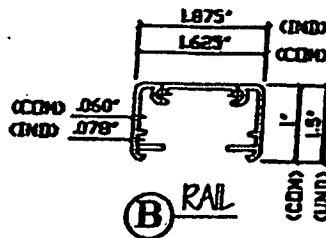
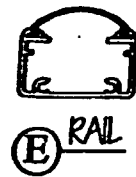
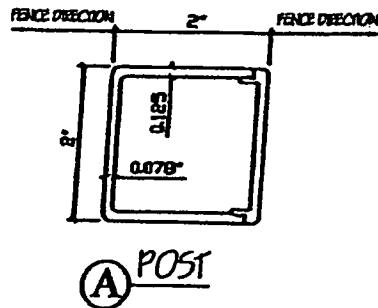
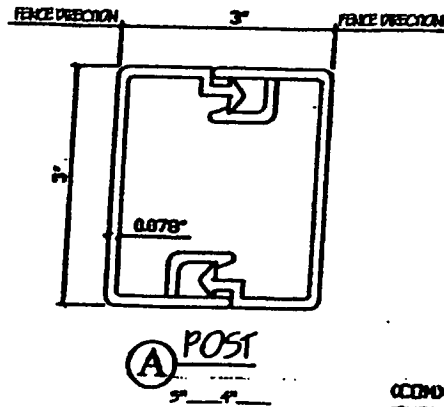
1.10'



FENCE SECTION (MODEL A)
COMM / INDUSTRIAL M.C.S.

GENERAL NOTES

1. ALL FENCE COMPONENTS SHALL BE MANUFACTURED BY APG MERIDIAN INC., FORT MYERS BEACH, FL 33909 OR APPROVED VENDORS. INSTALLATION SHALL BE IN STRICT ACCORDANCE WITH MANUFACTURER'S PLANS AND SPECIFICATIONS.
2. OVERALL DIMENSIONS SHOWN ARE MANUFACTURER'S STANDARD PRODUCTION SIZES.
3. SWEDGE LOCK FENCES MEET OR EXCEED ALL APPLICABLE REQUIREMENTS OF THE 2001 FLORIDA BUILDING CODE, AND THE STANDARD BUILDING CODE LATEST EDITIONS.



APG Meridian Inc
Mfg: Swedge Lock Fence & Railing
Patented Fence & Railing

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THURS~~ ^{THURS} 11-9, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6389	Heidriegel	Final	PASS	CLOSE
1	12 Palm Ct Worrell			INSPECTOR: <i>[Signature]</i>
0121		FINAL	PASS	CLOSE
2	20 N. RIVER			INSPECTOR: <i>[Signature]</i>
0102		ROOF FINAL	FAIL	
4	25 N. RIVER			INSPECTOR: <i>[Signature]</i>
8415		WINDOW/SHUTTERS	FAIL	
3	20 N. RIVER	DOOR.		INSPECTOR: <i>[Signature]</i>
0118		FENCE FINAL	PASS	CLOSE
	179.5 RIVER			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: _____

8974

GARAGE DOOR



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:	8974	DATE ISSUED:	AUGUST 7, 2008
SCOPE OF WORK:	GARAGE DOOR		
CONDITIONS :			
CONTRACTOR:	TREASURE COAST GARAGE DOOR		
PARCEL CONTROL NUMBER:	133841007000000313	SUBDIVISION	WHITE FENCE ACRES-3A
CONSTRUCTION ADDRESS:	179 S RIVER RD		
OWNER NAME:	THOMPSON		
QUALIFIER:	MARK WAGNER	CONTACT PHONE NUMBER:	879-0487

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND 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.

RECEIVED
7-29-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: _____ BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME Gus & V Jane Thompson Phone (Day) 283-1823 (Fax) _____

Job Site Address: 179 S. River Rd City: Sewalls PE. State: FL Zip: 34977

Legal Desc. Property (Subd/Lot/Block) White Fence Acres Addn Parcel Number: 13-38-41-007-000-0001-3

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

Scope of work: Replacement of Overhead Garage Doors - 18x7

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2220.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V _____ A9 _____ A8 _____ 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 ***

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

CONTRACTOR/Company Treasure Coast Garage Doors Phone: 877-0487 Fax: 877-0261

Street: 9166 SW Biltmore St City: Port St Lucie State: FL Zip: 34983

State Registration Number: _____ State Certification Number: _____ Municipality License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

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 TO YOUR ADVANTAGE AND 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, AND 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.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
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.

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

OWNER SIGNATURE (required)
Jane Thompson

CONTRACTOR SIGNATURE (required)
Mark Wagner

State of Florida, County of: Martin
This the 10th day of July, 2008

On State of Florida, County of: St Lucie
This the 7 day of July, 2008

by Jane Thompson who is personally known to me or produced as identification. FLDU# T512-870-35754

by MARK WAGNER who is personally known to me or produced as identification.

My Commission Expires: _____
Notary Public
VALERIE MEYER
MY COMMISSION # DD553272
EXPIRES: May 17, 2010

My Commission Expires: _____
Notary Public
SHANNA DERTENZO
MY COMMISSION # DD553272
EXPIRES: May 17, 2010

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!
APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 480 DAYS



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

Site Provided by...
 governmax.com T1.12

Summary

print Owner
 42 of 137

Parcel Info

- Summary**
- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	SerialIndex ID Order	Commercial	Residential
13-38-41-007- 000-00031-3	179 S RIVER RD	27829Owner	0	1

Summary

Property Location 179 S RIVER RD
Tax District 2200 Sewall's Point
Account # 27829
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.362

Legal Description
Property Information
 WHITE FENCE ACRES ADDN LOT 3-A

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 THOMPSON, G W & V JANE

Mail Information
 179 S RIVER DR
 STUART FL 34996-7014

Assessment Info
 Front Ft. 0.00

Market Land Value \$308,000
Market Impr Value \$178,960
Market Total Value \$486,960

Site Functions

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

Recent Sale
Sale Amount \$193,000

Sale Date 6/1/1983
Book/Page 0573 2292

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Legal disclaimer / Privacy Statement

Data updated on 07/23/2008





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

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 7.30.08
BUILDING OFFICIAL

TABLE 1609.6D

ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE. (a)

MEAN ROOF HEIGHT (feet)	EXPOSURE		
	B	C	D
15	1.00	1.21	1.47
20	1.00	1.29	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.56	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

For SI: 1 foot = 304.8mm.

FORMULA FOR DESIGN PRESSURES

Example: 25 ft mean roof height, exposure C
 16 X 7 Door 140mph.

Pressure	Exposure C multiplier	Req. Design Pressure
29.7	X 1.35	= +40.095
-33.1	X 1.35	= -44.685

Garage Door must be rated at +40.1/-44.68 minimum. **This formula must be completed for exposure C:**

Pressure	Exposure C multiplier	Req. Design Pressure
_____	X _____	= _____ (+)
_____	X _____	= _____ (-)

TABLE 1609.6E

GARAGE DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B (psf)

EFFECTIVE WIND AREA		Basic Wind Speed V (mph - 3 second gust)								
Width (ft)	Height (ft)	85	90	100	110	120	130	140	150	
Roof Angle 0-10 degrees										
8	8	10.5 -11.9	11.7 -13.3	14.5 -16.4	17.5 -19.9	20.9 -23.6	24.5 -27.7	28.4 -32.2	32.6 -36.9	
10	10	10.1 -11.4	11.4 -12.7	14.0 -15.7	17.0 -19.0	20.2 -22.7	23.7 -26.6	27.5 -30.8	31.6 -35.4	
14	14	10.0 -10.7	10.8 -12.0	13.3 -14.8	16.1 -17.9	19.2 -21.4	22.5 -25.1	26.1 -29.1	30.0 -33.4	
Roof Angle > 10										
9	7	11.4 -12.9	12.8 -14.5	15.8 -17.9	19.1 -21.6	22.8 -25.8	26.7 -30.2	31.0 -35.1	35.6 -40.2	
16	7	10.9 -12.2	12.3 -13.7	15.2 -16.9	18.3 -20.4	21.8 -24.3	25.6 -28.5	29.7 -33.1	34.1 -38.0	

For SI: 1 Square foot = 0.929 Sqm, 1mpg = 0.447 m/s, 1psf = 47.88 N/sqm

- For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
- Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1606.2D.
- Plus and minus signs signify pressures acting toward and away from the building surfaces.
- Negative pressures assume door has 2 feet of width in building's end zone.

1609.6.5.1 Garage doors. Pressures from Table 1609.6E, for wind loading actions on garage doors for Buildings designed as enclosed shall be permitted.

Handwritten calculations and corrections:
 29.7
 33.1
 40.1
 44.69

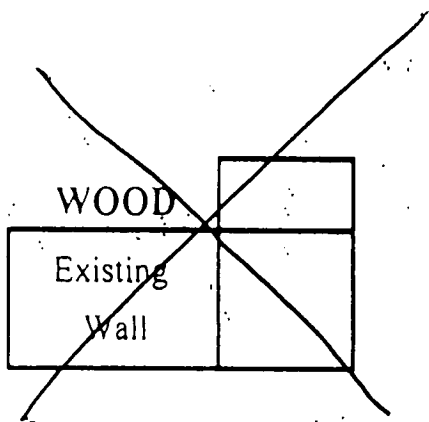
Field Survey

Date: 7-7-08	
Customer:	Phone: 772-283-1823
Owner: VS Thompson	Phone:
Address: 179 S. River Rd	Fax:
Swells Point FL 34996	Cell:

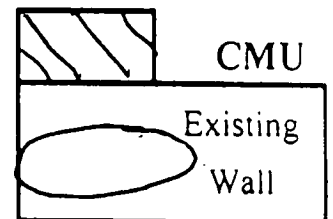
W x H	MFG	Model	Zone	Exp.	Design P.S.F	Test P.S.F
18 x 7	Hermann Gardco	DFP	C	140	+42.5/-59.5	+63.75/-87.25
x						
Wall Construction		Vertical Jamb		Header		Spring Pad
CMU Wood / Other		2 x 6		2 x 6		N/A
Required Anchors		# 1 or 2 Below				

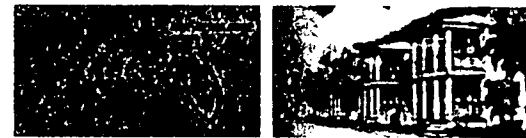
Wood Jamb Attachment To Structure

- (# 1) For attachment of jambs to cast in place concrete, Use 3/8" x 5". Install bolts a maximum of 6" from each end and at 24" on center. Anchors must have a minimum of 2-1/2" embedment into concrete.
- (# 2) For attachment to hollow block, use 1/4" diameter tapcon anchors. Install a pair of anchors a maximum of 6" from each end and a pair at 12" on center. The pair of anchors should be approximately 3" center to center. Anchors must have a minimum of 1-1/4" embedment into hollow block.
- (# 3) Attach tracks to wood frame with _____" x _____" lags & additional track brackets (as required) to secure thru existing _____" x _____" jamb with minimum of 1 1/2" embedment into existing stud wall.



FLOOR PLAN INTERIOR





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Product Approval
USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > **Application List**

- ▶ COMMUNITY PLANNING
- ▶ HOUSING & COMMUNITY DEVELOPMENT
- ▶ EMERGENCY MANAGEMENT
- ▶ OFFICE OF THE SECRETARY

Search Criteria			Refine Search
Code Version	2004	FL#	655621
Application Type	ALL	Product Manufacturer	Hoermann Inc.
Category	ALL	Subcategory	ALL
Application Status	ALL	Compliance Method	ALL
Product Model, Number or Name	ALL	Product Description	ALL
Approved for use in HVHZ	ALL	Approved for use outside HVHZ	ALL
Impact Resistant	ALL	Design Pressure	ALL
Other	ALL		

Search Results - Applications				
FL#	Type	Manufacturer	Validated By	Status
FL6556	New	Hoermann Inc. FL# FL6556-21 Model RZ30249251 Description: Product is intended for residential use and in the prescribed wind zones. Product is not intendend for high velocity hurricane zones (Dade and Broward counties.) Category: Exterior Doors Subcategory: Sectional Exterior Door Assemblies	William P. Adams (850) 385-1179	Approved

DCA Administration

Department of Community Affairs
 Florida Building Code Online
 Codes and Standards
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100

(850) 487-1824, Suncom 277-1824, Fax (850) 414-8436

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Product Approval Accepts:



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-29, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8914	Tommy	Garage	PASS	Close
	179 S River	Final		
	TC Garage			INSPECTOR: <i>[Signature]</i>
8968	Nelson	rough plumbing	PASS	
	3 Marquette			
	Aaron Kline			INSPECTOR: <i>[Signature]</i>
8394	Foster	Final	FAIL	
	7 Turner St			
	Schiller Pool			INSPECTOR: <i>[Signature]</i>
8911	Willis	Final	FAIL	
	3 Worth Ct			
	Eric Johnson			INSPECTOR: <i>[Signature]</i>
8989	Hart	Final	PASS	Close
	14 Riv Vista			
	Stuart Fence			INSPECTOR: <i>[Signature]</i>
8872	Bean	Final	PASS	Close
	112 S Sewalls			
	WB Conert			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

8985

FRONT DOOR

&

GLASS



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:	8985	DATE ISSUED:	AUGUST 22, 2008
SCOPE OF WORK:	REPLACE FRONT DOOR & FIXED GLASS		
CONDITIONS:			
CONTRACTOR:	DAVE BROWNE'S HOME IMPROVEMENTS		
PARCEL CONTROL NUMBER:	133841007000000313	SUBDIVISION	WHITE FENCE ACRES ADDN - LOT 3A
CONSTRUCTION ADDRESS:	179 S RIVER RD		
OWNER NAME:	THOMPSON		
QUALIFIER:	DAVID BROWNE	CONTACT PHONE NUMBER:	343-0616

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL

RECEIVED
DATE: 8-15-08
TOWN OF SEWALL'S POINT

Date: 8-1-08 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: JANE THOMPSON Phone (Day) 283-7888 Fax: _____

Job Site Address: 179 S. RIVER RD City: SEWALLS PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: 133841-007-000-00031-3

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

Scope of work: Replace Front entry

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)

CONSTRUCTION VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 2490.00
Notice of Commencement required when over \$2500 - prior to first inspection

Is subject property located in flood hazard area? V A9 A8 X

FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS 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 ***

CONTRACTOR/Company: David Browne's Home Improv Phone: 347-0666 Fax: same

Street: 234 SW Anas St City: PSL State: FL Zip: 34983

State Registration Number: RR 282811501 State Certification Number: _____ Municipal License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: 342-1322

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER Ralf AM Huls Lic# _____ Phone Number: 561-7468660

Street: 25200 17th Road N City: Jupiter State: FL Zip: 33478

AREA SQ. FOOTAGE: Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carpport: _____ Total Under Roof _____ Wood Decks/walkways: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

NOTICES TO OWNERS AND CONTRACTORS:

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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 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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 AUTHORIZED AGENT SIGNATURE (required)
Jane Thompson

CONTRACTOR SIGNATURE (required)
David Browne

State of Florida, County of: Martin

On State of Florida, County of: Martin

This the 1st day of August 20 08

This the 1st day of Aug 20 08

by Jane Thompson who is personally

by DAVID T. BROWNE who is personally

known to me or produced

known to me or produced FL DA# B650-178-64-3400

as identification. Valerie Meyer

as identification. Valerie Meyer

My Commission Expires: _____

My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 90 DAYS OF APPROVAL NOTIFICATION PER FBC 105.3.4 ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS PER FBC 105.3.2 - PLEASE PICK UP YOUR PERMIT PROMPTLY!

NOTARY PUBLIC
VALERIE MEYER
COMMISSION # DD552119
EXPIRES: May 14, 2010
Florida Notary Service.com

NOTARY PUBLIC
VALERIE MEYER
COMMISSION # DD552119
EXPIRES: May 14, 2010
Florida Notary Service.com



Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.11

Summary

print Address 1 of 3

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
13-38-41-007-000-00031-3	179 S RIVER RD	27829	Address	0	1

Summary

Property Location 179 S RIVER RD
Tax District 2200 Sewall's Point
Account # 27829
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.362

Legal Description
Property Information
 WHITE FENCE ACRES ADDN LOT 3-A

Search By

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 THOMPSON, G W & V JANE

Mail Information
 179 S RIVER DR
 STUART FL 34996-7014

Assessment Info
 Front Ft. 0.00

Market Land Value \$308,000
Market Impr Value \$178,960
Market Total Value \$486,960

Site Functions

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

Recent Sale
 Sale Amount \$193,000

Sale Date 6/1/1983
Book/Page 0573 2292

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 07/23/2008



NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: TAX FOLIO #: 133841-007-000-00031-3

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): White Fence Acres Lot 3A

GENERAL DESCRIPTION OF IMPROVEMENT: Front Entrance

OWNER NAME: V. JANE THOMPSON GW THOMPSON W
ADDRESS: 179 S. RIVER RD
PHONE NUMBER: 233-1323 FAX NUMBER:

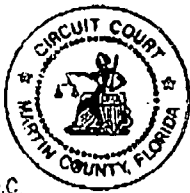
INSTR # 2101297
OR BK 02346 PG 0224
Pg 0224; (1pg)
RECORDED 08/15/2008 02:35:57 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY Y Gorney

INTEREST IN PROPERTY:
NAME AND ADDRESS OF FEB SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: DAVID BROWNE
ADDRESS: 934 SW AVENUE ST
PHONE NUMBER: 772-343-0610 FAX NUMBER: STM

SURETY COMPANY (IF ANY):
ADDRESS:
PHONE NUMBER: FAX NUMBER: STATE OF FLORIDA:
BOND AMOUNT: MARTIN COUNTY

LENDER/MORTGAGE COMPANY:
ADDRESS:
PHONE NUMBER: FAX NUMBER:
THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS TRUE AND CORRECT COPY OF THE ORIGINAL.



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. BY MARSHA EWING, CLERK
NAME: DATE: 081508 D.C.

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

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X Jane Thompson SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE: OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 19 DAY OF Aug 20 08

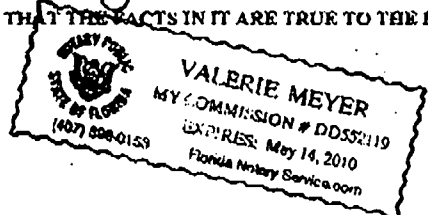
BY: JANE THOMPSON AS owner FOR NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED: Valerie Meyer NOTARY SIGNATURE/ SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

X Jane Thompson (Signature of Natural Person Signing Above)



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

NEIL SUBIN
Mayor

DON OSTEEN
Vice Mayor

MARK KLINGENSMITH
Commissioner

PAUL SCHOPPE
Commissioner

JACQUI THURLOW-
LIPPISCH
Commissioner



ROBERT KELLOGG
Town Manager

JOHN R. ADAMS
Building Official

ERIC CERNIGLIA
Chief of Police

ANN-MARIE
SULLIVAN BASLER
Town Clerk

JOSE TORRES, JR.
Maintenance

CONDITIONS FOR PERMIT APPROVAL

343-0616

DATE OF PERMIT APPLICATION: 08/15/2008

DATE: 08/18/2008

APPLICATION DESCRIPTION: FRONT ENTRY DOOR AND FIXED GLASS PANELS


APPLICATION ADDRESS: 179 S. SEWALL'S POINT RD. SEWALL' POINT, FL

THE FOLLOWING ITEMS ARE NOTED FOR CORRECTION AND ARE CONDITIONS FOR APPROVAL FOR THE ABOVE REFERENCED PERMIT APPLICATION:

1. ~~PRODUCT APPROVAL SUBMITTED DOES NOT MATCH SKETCH.~~
2. ~~PROVIDE FLORIDA PRODUCT APPROVAL FOR FIXED GLASS PANELS OR SITE SPECIFIC APPROVAL WITH ALL REQUIRED INFORMATION TO INDICATE COMPLIANCE WITH FBC R 308.6 AND FBC 2403 & 2404.~~

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION IN REGARD TO THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.

WITH REGARDS,


JOHN R. ADAMS
BUILDING OFFICIAL

STILL NEEDED
ITEM #2



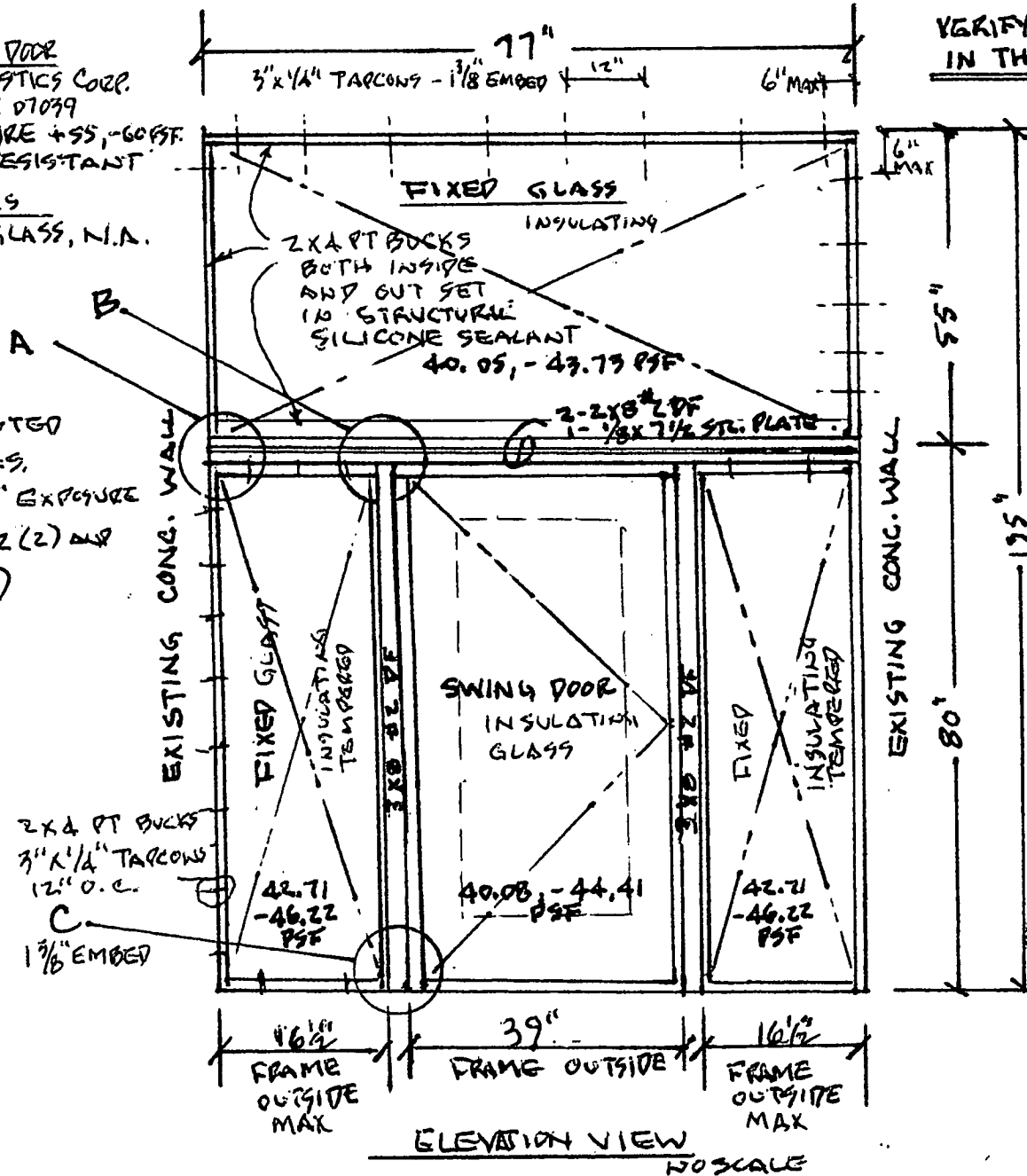
One S. Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: jadams@sewallspoint.martin.fl.us

NEW GLASS DOOR & FIXED GLASS INSTALLATION
FOR THOMPSON RESIDENCE
179 S. RIVER RD, SEWALL'S POINT, FL.

SINGLE SWING DOOR
BY NANYA PLASTICS CORP.
LIVINGSTON, NJ 07039
DESIGN PRESSURE +55, -60 PSF.
NOT IMPACT RESISTANT

GLASS PANELS
BY AGC FLOTGLASS, N.A.

PRESSURES NOTED
FROM FBC RES.
140 MPH "C" EXPOSURE
TABLES R301.2(2) AND
R301.2(3)



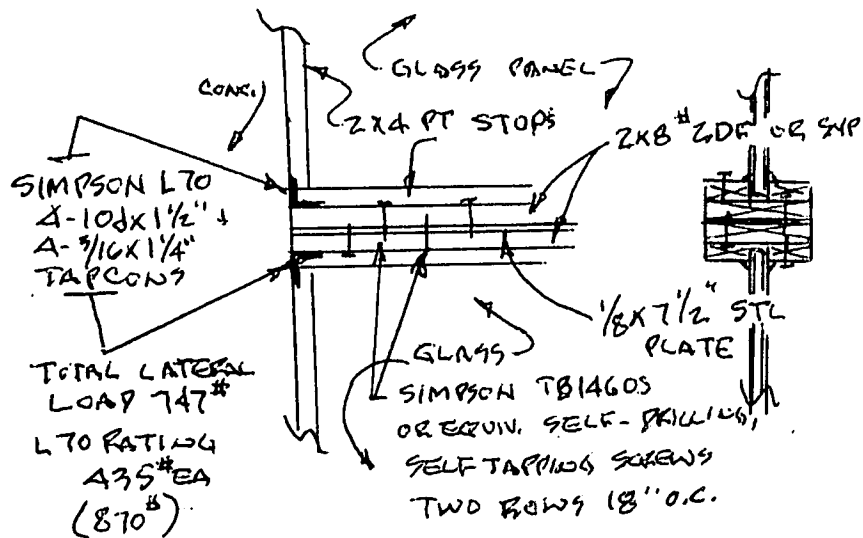
VERIFY ALL DIMENSIONS
IN THE FIELD!

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 8.21.08
 BUILDING OFFICIAL

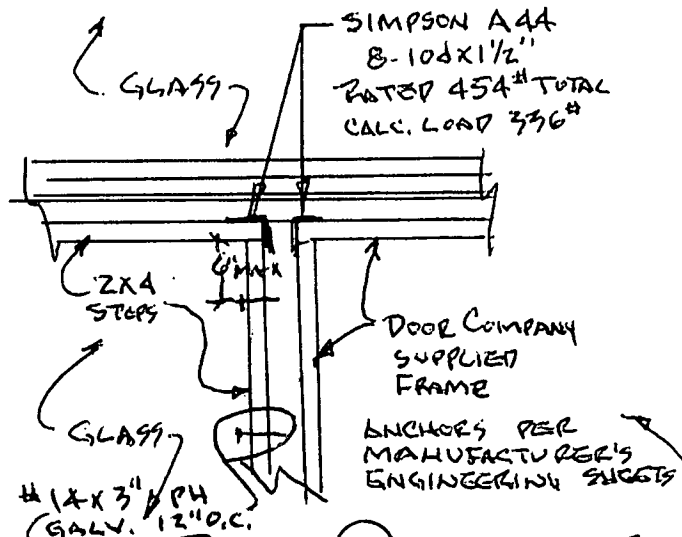
RALPH M. MULLS
 2620 171ST ROAD N.
 JUPITER, FL 33478
 5617468620

Ralph Mulls
 8/31/08

NEW GLASS DOOR & FIXED GLASS INSTALLATION
 FOR THOMPSON RESIDENCE
 179 S. RIVER RD. SEWALL'S POINT, FL



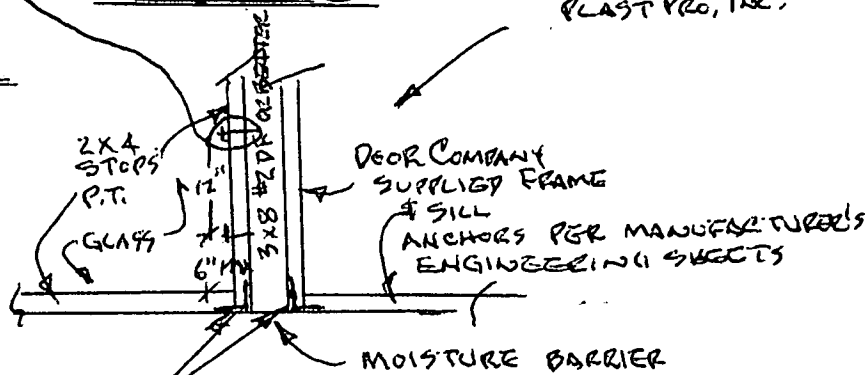
DETAIL A



DETAIL B

DOOR PER NANYA PLASTICS CORP.
 PLAST PRO, INC.

NO SCALE



CALC LOAD 336#
 RATED LOAD 454#

DETAIL C

RALPH M. NULS
 2620 171ST ROAD N.
 JUPITER, FL 33478

Ralph M. Nuls
 7/31/02

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

NOTICE OF PRODUCT CERTIFICATION



CERTIFICATION NO: NI007035-R1
DATE: 03/26/2007
CERTIFICATION PROGRAM: Structural
COMPANY: NanYa/Plastpro
CODE: P-409-1

The "Notice of Product Certification" is valid only when Administrator's Seal is applied to the upper left hand portion of this form and a certification label is applied to the product. This certification seal represents product conformity to the applicable specification and that all certification criteria has been satisfied.

The product described below is approved for listing in the Directory of Certified Products at www.NAMICertification.com. Please review, and advise NAMI immediately if data, as shown, requires corrections.

COMPANY NAME AND ADDRESS	PRODUCT DESCRIPTION
NanYa Plastics Corporation U.S.A 9 Peachtree Hill Road Livingston, NJ 07039	Series "Glazed" Fiberglass Single In-Swing and Out-Swing Door w/Lip Lite Screw Frame Configuration: X Frame: W-3'3" Panel: W-3'0" H-6'10" H-6'9"

SPECIFICATION	PRODUCT RATING
ASTM E330-02 Glass Complies to ASTM E1300-02	Design Pressure: +55/-60 psf

Product Tested By: Certified Testing Laboratories
Report No: CTLA-1594W (Structural)
Expiration Date: March 31, 2011

Administrator's Signature: _____

A handwritten signature in black ink, appearing to be 'M. M.', written over a horizontal line.

**NATIONAL ACCREDITATION AND
MANAGEMENT INSTITUTE, INC.**

11870 Merchants Walk Suite 202
Newport News, VA 23606
TEL: (757) 594-8658
FAX: (757) 594-8659

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-27, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8906	Jones 20 Ridgeland Flynn A/C	Final	Pass	close INSPECTOR: <i>[Signature]</i>
8985	Hompson 1795 River Rd Dave Brown	rough in/out final entrance	Pass	INSPECTOR: <i>[Signature]</i>
8987	Ogler 10 Palmetto Kent Wendell	UG gas	Postponed to	Wed INSPECTOR: <i>[Signature]</i>
18610	Joyce 18 Palmetto OB	Final Kitchen	PASS	close INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thurs 11-13, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8985	Hompson	Final	Close	
3	1795 River Rd Dave Browne's	(door)	Close	INSPECTOR: <i>AM</i>
9047	Willis 3 Worth Ct Esken	Refuse	PASS	INSPECTOR: <i>AM</i>
8920	Skinner 15 Palmetto Tuxany Bay	Final	PASS Close	NEED CERTIFICATE OF COMPLETION INSPECTOR: <i>AM</i>
9028	Hinners 4 Morgan Cir Gubler	Tempower	PASS	CONTACT F.P.C. FOR WATER INSTALL INSPECTOR: <i>AM</i>
9043	Nebb 25 Periwinkle Gateway	floor (PL6 2006H)	PASS	INSPECTOR: <i>AM</i>
BE	45 Rio Vista Per Kit	investigate work	OK	NO PERMIT REQUIRED. INSPECTOR: <i>AM</i>
9054	CLYDE 7 RIDGELAND OB	POOL BUIC	PASS	INSPECTOR: <i>AM</i>

OTHER:

9117

SCREEN

ENCLOSURE



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:	9117	DATE ISSUED:	MARCH 16, 2009
SCOPE OF WORK:	SCREEN ENCLOSURE ON PORCH		
CONDITIONS:			
CONTRACTOR:	T. MASON CONSTRUCTION		
PARCEL CONTROL NUMBER:	133841007000-000313	SUBDIVISION	WHITE FENCE ACRES ADDN - LOT 3A
CONSTRUCTION ADDRESS:	179 S RIVER RD		
OWNER NAME:	THOMPSON		
QUALIFIER:	TIMOTHY MASON	CONTACT PHONE NUMBER:	772-288-6704

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL

RECEIVED
DATE: 5-12-09
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: _____ BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: VIRGINIA J. THOMPSON Phone (Day) 283-1823 (Fax) _____

Job Site Address: 179 S. RIVER RD City: SEWALLS PT. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) WHITE FENCE ACRES 3-A Parcel Number: 13-38-41-007

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

Scope of work: FRAME OUT SCREEN ENCLOSE EXTC. WOOD FRAME PATIO

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)

CONSTRUCTION VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$125,000

Notice of Commencement required when over \$2500 - prior to first inspection

Is subject property located in flood hazard area? V A9 A8 X

FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS 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**

CONTRACTOR/Company: T. Mason Construction Phone: (772) 288-6704 Fax: (772) 286-8428

Street: 2700 SE MARKET PL, STE. 1 City: STUART State: FL Zip: 34997

State Registration Number: CG048838 State Certification Number: _____ Municipal License Number: _____

PROJECT SUPERINTENDANT: KIRK GELSMAN CONTACT NUMBER: 772 260 7449

ARCHITECT _____ Lic.#. _____ Phone Number: _____

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

ENGINEER JOSEPH POTTS Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE: Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Decks/walkways: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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. 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 TO YOUR ADVANTAGE AND 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, AND 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 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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 AUTHORIZED AGENT SIGNATURE: Jane Thompson

CONTRACTOR SIGNATURE (required): Timothy R. Mason

State of Florida, County of: Martin

On State of Florida, County of: MARTIN

This the 12th day of March 2009

This the 5th day of MARCH 2009

by V. JANE THOMPSON who is personally

by Timothy R. Mason who is personally

known to me or produced FUHT 512-870-3111

known to me or produced _____

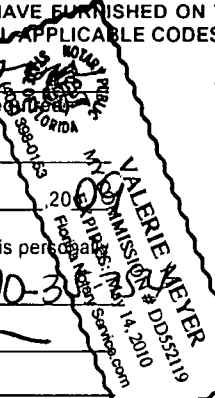
as identification Valerie Meyer
Notary Public

as identification Deema M. Piccarelli
Notary Public

My Commission Expires: _____

My Commission Expires: JULY 19 2010

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





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

Site Provided by...
governmentmax.com T1.11

Summary

print Address
1 of 3

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address
13-38-41-007-000-00031-3	179 S RIVER RD

Serial Index ID	Order	Commercial	Residential
27829	Address	0	1

Summary

Property Location 179 S RIVER RD
Tax District 2200 Sewall's Point
Account # 27829
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.362

Legal Description
Property Information
 WHITE FENCE ACRES ADDN LOT 3-A

Search By

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 THOMPSON, G W & V JANE

Mail Information
 179 S RIVER DR
 STUART FL 34996-7014

Assessment Info
 Front Ft. 0.00

Market Land Value \$218,500
Market Impr Value \$171,480
Market Total Value \$389,980

Site Functions

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

Recent Sale
 Sale Amount \$193,000

Sale Date 6/1/1983
Book/Page 0573 2292

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 2/25/2009



NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: TAX FOLIO #: 13-38-41-007-000-00031-3

STATE OF FLORIDA COUNTY OF MARTIN

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

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

WHITE FENCE ACRES 3-A

GENERAL DESCRIPTION OF IMPROVEMENT:

ENCLOSE PATIO w/ SCREEN

OWNER NAME:

Vid. THOMPSON

ADDRESS: 179 S. RIVER RD

PHONE NUMBER: 772 283-1823 FAX NUMBER:

INTEREST IN PROPERTY:

OWNER

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

CONTRACTOR:

T. MASON CONSTRUCTION

ADDRESS: 2700 SE MARKET PL. STUART, FL

PHONE NUMBER: 772 260 7449 FAX NUMBER: 772 260 8428

SURETY COMPANY (IF ANY):

ADDRESS:

PHONE NUMBER:

BOND AMOUNT:

THIS IS TO CERTIFY THAT THE

FOREGOING PAGES IS A TRUE

AND CORRECT COPY OF THE ORIGINAL.

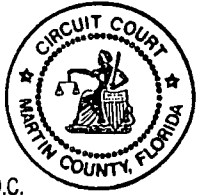
MARSHA EWING, CLERK

LENDER/MORTGAGE COMPANY:

ADDRESS:

PHONE NUMBER:

BY: DATE: 3/26/09 D.C.



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

NAME:

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES

OF

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

FLORIDA STATUES:

PHONE NUMBER:

FAX NUMBER:

EXPIRATION DATE OF NOTICE OF COMMENCEMENT:

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 12th DAY OF Mar, 2009

BY: V. JANE THOMPSON AS Owner FOR

NAME OF PERSON

TYPE OF AUTHORITY

NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

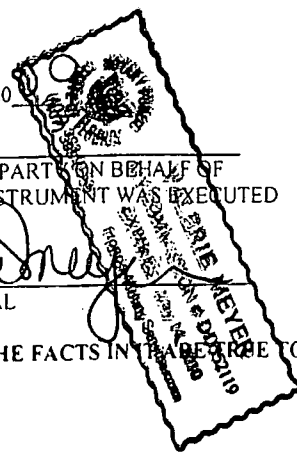
TYPE OF IDENTIFICATION PRODUCED FUD# T512-870-35-754

NOTARY SIGNATURE/ SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN THIS INSTRUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

(Signature of Natural Person Signing Above)

INSTR # 2137445 OR BK 02381 PG 0128 RECD 03/26/2009 12:34:07 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter

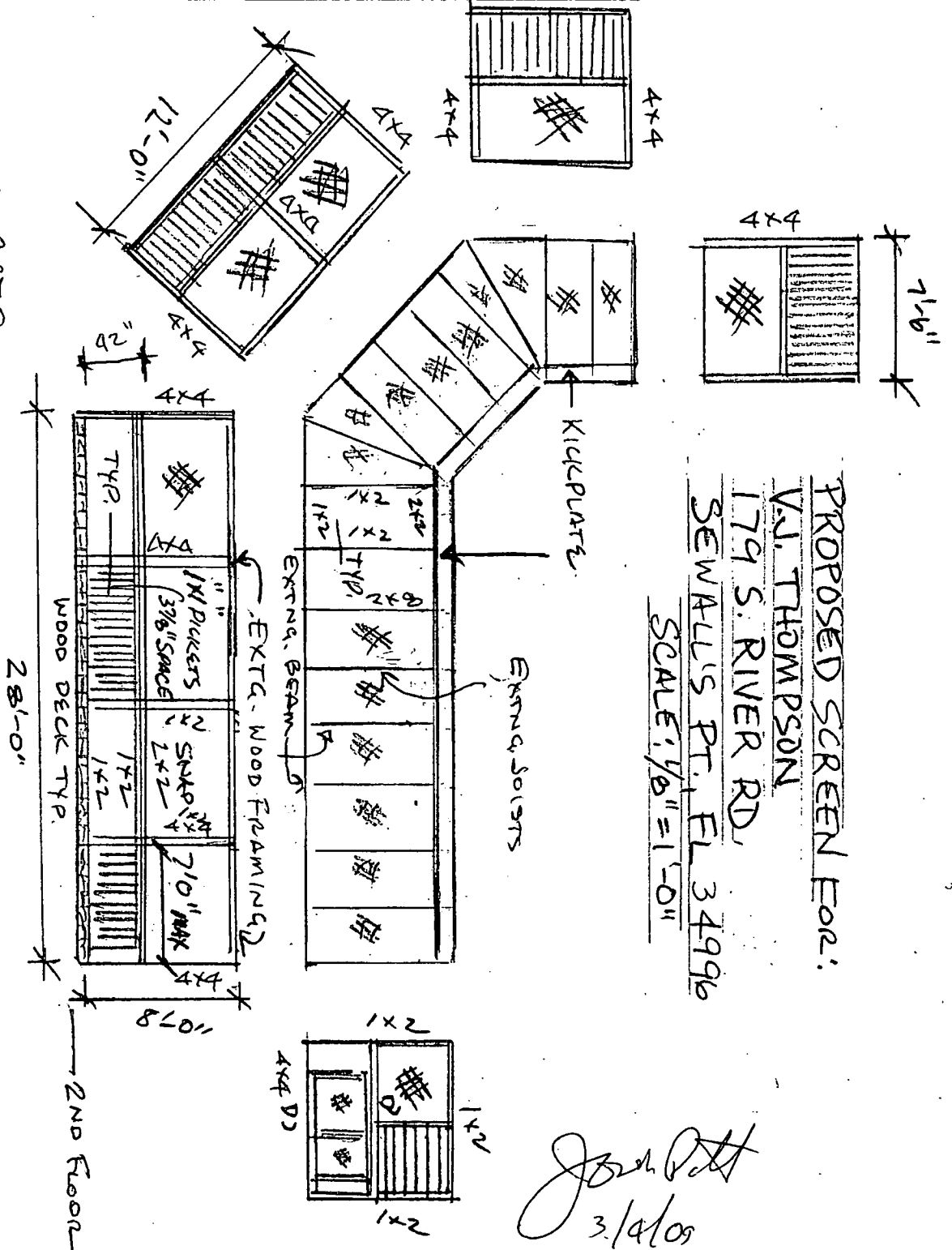


FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 3.13.09
 BUILDING OFFICIAL

- EXISTING AX4 WOOD POST @
- 1X2 TO OLC STRUC BEARERS TO
- SUPPORT SAFETY RAILING WITH
- HORIZONTAL BOARD OF 5D #1/4" #
- ON CONCENTRIC BOARD OF 200 #
- EXISTING AX4 POST INSTALLED BY OTHERS,
- 1X2 TO WOOD FRAMING W/ #10 X 2" SMS 16" O.C.
- PICKETS TO 1X2 W/ #10 X 1 1/2" SMS

CONVNT

ENGR J. PATT RE,
 SFT-1021 3/14/09



PROPOSED SCREEN FOR:
 V.J. THOMPSON
 179 S. RIVER RD,
 SEWALL'S PT., FL 34996
 SCALE: 1/8" = 1'-0"

John Patt
 3/14/09

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-27 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9123	Leleian Group	in progress	PASS	
3	142 S Sewalls Jupiter Roof	561-746-4066 0321		INSPECTOR <i>[Signature]</i>
9053	Slater	Final	PASS	Contractor will CLOSE
2	4 Lagoon Isl Schilling+Paulik			INSPECTOR <i>[Signature]</i>
9021	Clifford	Final	PASS	CLOSE
830 944	20 N River Rd Foward	AC		INSPECTOR <i>[Signature]</i>
911	Thompson	Final	PASS	CLOSE
1030	179 S River Rd T. Mason Const			INSPECTOR <i>[Signature]</i>
8800	Tooman	Final	PASS	CLOSE
4	31 W High Pt Louden	(reinspect)		INSPECTOR <i>[Signature]</i>
9127	HBA Assoc (Patchington)	Final	Pass	
John	3720 Se Ocean Gary Hufnagel			INSPECTOR <i>[Signature]</i>
9087	Antonucci	WINDOW	PASS	
	9 SIMARA IANERO	FINAL		INSPECTOR <i>[Signature]</i>

10461

AC CHANGEOUT



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

Form with fields: PERMIT NUMBER: 10461, DATE ISSUED: MAY 24, 2013, SCOPE OF WORK: AC CHANGEOUT, CONTRACTOR: FLYNN'S AC, PARCEL CONTROL NUMBER: 133841-007-000-000313, SUBDIVISION: WHITE FENCE ACRES-3A, CONSTRUCTION ADDRESS: 179 S RIVER RD, OWNER NAME: THOMPSON, QUALIFIER: JOE FLYNN, CONTACT PHONE NUMBER: 283-4114

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

Table with two columns of inspection items and horizontal lines for marking completion. Items include UNDERGROUND PLUMBING, UNDERGROUND MECHANICAL, STEM-WALL FOOTING, SLAB, ROOF SHEATHING, TIE DOWN / TRUSS ENG, WINDOW/DOOR BUCKS, ROOF DRY-IN/METAL, PLUMBING ROUGH-IN, MECHANICAL ROUGH-IN, FRAMING, FINAL PLUMBING, FINAL MECHANICAL, FINAL ROOF, UNDERGROUND GAS, UNDERGROUND ELECTRICAL, FOOTING, TIE BEAM/COLUMNS, WALL SHEATHING, INSULATION, LATH, ROOF TILE IN-PROGRESS, ELECTRICAL ROUGH-IN, GAS ROUGH-IN, METER FINAL, FINAL ELECTRICAL, FINAL GAS, BUILDING FINAL.

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

323 5289

Town of Sewall's Point

Date: 5-15-13 ^{John} BUILDING PERMIT APPLICATION Permit Number: 10461

OWNER/LESSEE NAME: HOGARTH THOMPSON Phone (Day) 283-1823 (Fax) _____

Job Site Address: 179 S. River Rd City: STUART State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC):

AC Changeout

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

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements: \$ 3790.00
(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: FLYNN'S A/C Phone: 283-4114 Fax: 781-1307

Qualifiers name: JOSEPH FLYNN Street: 1323 THELMA City: PALM State: FL Zip: 34990

State License Number: CAC055482 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: JOE FLYNN Phone Number: 283-4114

DESIGN PROFESSIONAL: Provide Ladder If Needed 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 ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X _____
State of Florida, County of: _____
On This the _____ day of _____, 20____
by John Thompson who is personally
known to me or produced _____
As identification, _____
Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X Joseph B. Flynn
State of Florida, County of: Martin
On This the 16th day of May, 2013
by Joseph B. Flynn who is personally
known to me or produced FL DL #450492675000
As identification, ANN MARIE S. GASELL
Notary Public - State of Florida
My Commission Expires Oct 14, 2015
Commission # EE 117431

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP WITHIN 30 DAYS OF APPROVAL. APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP WITHIN 30 DAYS OF APPROVAL.

Flynn's Air Conditioning Service Inc.

PROPOSAL

1323 SW Thelma Street • Palm City, FL 34990
(772) 283-4114 • Fax: (772) 781-1307

To: <u>HOGARTH</u> <u>119 S. RIVER RD</u>	Phone <u>283-1825</u>	Date <u>5-15-12</u>
	Job Name	
	Job Phone	Source

We hereby submit specifications and estimates for:

1. Install 1 1/2 ton high efficiency air conditioning system.
2. Install 1 1/2 ton matching air handler with 5KW electric heater.
3. Install new emergency drain pan with float switch. (Attics only)
4. Install new digital thermostat.
5. Install liquid line filter drier.
6. Undercoat condenser base pan.
7. Install time delay relay on compressor.
8. Secure Condenser to slab.
9. Supply (6) _____ x _____ R-85 filters.
10. One year labor warranty.

	BEST	BETTER	STANDARD
Brand	<u>CARRIER</u>	<u>BRYANT</u>	_____
Condenser	<u>24AB8818</u>	<u>113AN18</u>	_____
Air Handler	<u>FF12NP15</u>	<u>FF12NP19</u>	_____
Efficiency (SEER)	<u>16.0</u>	<u>14.0</u>	_____
Parts Warranty	<u>10</u>	<u>10</u>	_____
Compressor Warranty	<u>10</u>	<u>10</u>	_____
PRICE	<u>4095</u>	<u>3510</u>	_____
FPL REBATE	<u>- 305</u>	<u>125</u>	_____
YOUR COST	<u>3790</u>	<u>3445</u>	_____

Title on this equipment shall remain with seller until paid in full. This proposal does not reflect any permit fees which may be necessary.

We Propose hereby to furnish material and labor-----complete in accordance with the above specifications, for the sum of:

Three thousand 1895 \$ 5/15/12

Dollars 3790

Payment to be made as follows: 50% at contract acceptance/ 50% at completion.

Payments upon default by customer. Prices include 6% Florida sales tax. Customer agrees to pay all court costs, attorney fees or other expenses incurred in the collection of the above.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workers Compensation Insurance.

CONSTRUCTION INDUSTRIES RECOVERY FUND. Payment may be available from the Construction Industries Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida law by a state-licensed contractor. For information about the recovery fund and filing a claim, contact the Florida Construction Industry Licensing Board at the following telephone number and address: 1940 North Monroe St., Tallahassee, FL 32399-2202. Telephone: (850) 487-1395

Acceptance of Proposal The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Authorized Signature [Signature]

Customer Signature [Signature]

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

generated on 5/23/2013 3:03:31 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-007-000-00031-3	27829	179 S RIVER RD, SEWALL'S POINT	\$271,960	5/18/2013

Owner Information

Owner(Current)	THOMPSON G W
Owner/Mail Address	179 S RIVER DR STUART FL 34996-7014
Sale Date	6/1/1983
Document Book/Page	0573 2292
Document No.	
Sale Price	193000

Location/Description

Account #	27829	Map Page No.	SP-06
Tax District	2200	Legal Description	WHITE FENCE ACRES ADDN LOT 3-A
Parcel Address	179 S RIVER RD, SEWALL'S POINT		
Acres	.3620		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120200 Heritage P, Palmtto Pk,Rdglnd,

Assessment Information

Market Land Value	\$165,000
Market Improvement Value	\$106,960
Market Total Value	\$271,960



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: CARRIER Model# FF44N705
 Volts 220 CFM's _____ Heat Strip 5 Kw _____
 Min. Circuit Amps _____ Wire gauge 8
 Max. Breaker size 30 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type 410
 Location: Existing New _____
 Attic/Garage/Closet (specify) GARAGE
 Access: No ladder needed

Condenser: Mfg: CARRIER Model# 24AZC67B
 Volts 220 SEER/EER 16 BTU's 18,0
 Min. Circuit Amps _____ Wire gauge 8
 Max. Breaker size 20 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type 410
 Location: Existing New _____
 Left/Right/Rear/Front/Roof LEFT REAR
 Condensate Location _____

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____
 Volts 220 CFM's _____ Heat Strip 5 Kw _____
 Min. Circuit Amps _____ Wire gauge 8
 Max. Breaker size 30 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type R-22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) GARAGE
 Access: _____

Condenser: Mfg _____ Model# _____
 Volts 220 SEER/EER _____ BTU's 18,0
 Min. Circuit Amps _____ Wire gauge 8
 Max. Breaker size 20 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type 22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof LEFT REAR
 Condensate Location _____

Certification:

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

[Signature]
 Signature

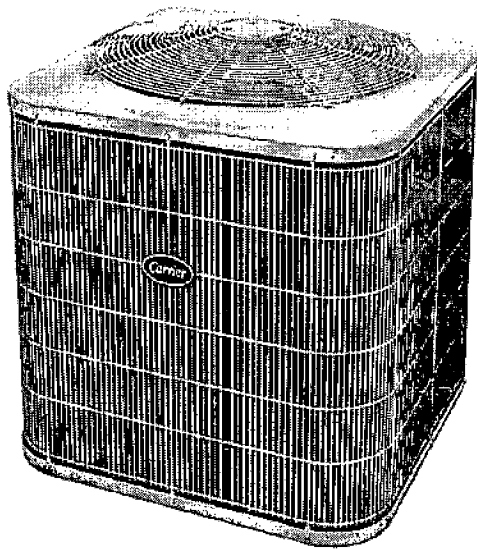
5/15/13
 Date

**24ABC6
Comfort™ 16 Air Conditioner
with Puron® Refrigerant
1-1/2 to 5 Nominal Tons**



turn to the experts 

Product Data



Comfort
SERIES

Carrier's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 24ABC has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

NOTE: Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory (www.ahridirectory.org) for the most up-to-date ratings information.

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 14 - 16.5 SEER/11.0- 13.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 76 dBA
- Sound level as low as 74 dBA with accessory sound blanket

Comfort

- System supports Edge® Thermidistat™ or standard thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime service cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- Balanced refrigeration system for maximum reliability

Durability

WeatherArmor™ protection package:

- Solid, durable sheet metal construction
- Dense wire coil guard standard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.20 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C) with accessory kit

MODEL NUMBER NOMENCLATURE

1	2	3	4	5	6	7	8	9	10	11	12	13
N	N	A	A	A/N	N	N	N	A/N	A/N	A/N	N	N
2	4	A	B	C	6	3	6	A	0	0	3	0
Product Series	Product Family	Tier	Major Series	SEER	Cooling Capacity	Grille Variations	Open	Open	Open	Voltage	Series	
24=AC	A=RES AC	B=Comfort	C=Puron	6=16 SEER		A = Dense W = Standard	0=Not Defined	0=Not Defined	3=208/230-1	0 = Original Series		



Use of the AHRI Certified TM Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.



ISO 9001
OMI-SAI Global



This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. However, proper refrigerant charge and proper air flow are critical to achieve rated capacity and efficiency. Installation of this product should follow all manufacturing refrigerant charging and air flow instructions. Failure to confirm proper charge and air flow may reduce energy efficiency and shorten equipment life.

24ABC6

STANDARD FEATURES

Feature	18	24	30	36	42	48 / 49	60 / 61
Puron Refrigerant	X	X	X	X	X	X	X
Maximum SEER *	16.0	16.0	16.5	16.5	16.0	16.0	16.0
Scroll Compressor	X	X	X	X	X	X	X
Field Installed Filter Drier	X	X	X	X	X	X	X
Front Seating Service Valves	X	X	X	X	X	X	X
Internal Pressure Relief Valve	X	X	X	X	X	X	X
Internal Thermal Overload	X	X	X	X	X	X	X
Long Line capability	X	X	X	X	X	X	X
Low Ambient capability with Kit	X	X	X	X	X	X	X
Dense Grille	X	X	X	X	X	X	X

* With approved combinations
X = Standard

PHYSICAL DATA

UNIT SIZE - VOLTAGE, SERIES	18-31	24-30	30-30	36-30	42-30	48-31	49-30	60-30	61-30
Operating Weight lb (kg)	125 (56.7)	147 (66.5)	153 (69.3)	165 (74.8)	213 (96.4)	264 (119.7)	231 (104.8)	272 (123.4)	272 (123.4)
Shipping Weight lb (kg)	154 (69.9)	183 (82.8)	188 (85.2)	204 (92.5)	254 (115.2)	317 (143.8)	269 (222.0)	310 (140.6)	310 (140.6)
Compressor Type	Scroll								
REFRIGERANT	Puron® (R-410A)								
Control	TXV (Puron® Hard Shutoff)								
Charge lb (kg)	4.60 (2.09)	6.00 (2.72)	6.81 (3.09)	7.00 (3.18)	8.62 (3.91)	13.0 (5.90)	9.00 (4.08)	14.50 (6.58)	14.50 (6.58)
COND FAN	Propeller Type, Direct Drive								
Air Discharge	Vertical								Vertical
Air Qty (CFM)	1881	2614	2614	3223	3810	4046	4046	4046	4046
Motor HP	1/12	1/10	1/10	1/12	1/5	1/4	1/4	1/4	1/4
Motor RPM	1100	1100	1100	800	800	800	800	800	800
COND COIL									
Face Area (Sq ft)	11.50	15.10	17.20	17.60	25.15	25.15	25.15	30.15	30.15
Fins per In.	25	25	25	25	25	20	20	20	20
Rows	1	1	1	1	1	2	1	2	2
Circuits	3	4	4	4	6	7	7	8	8
VALVE CONNECT. (In. ID)									
Vapor	3/4	3/4	3/4	7/8	7/8	7/8	7/8	7/8	7/8
Liquid	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8
REFRIGERANT TUBES (In. OD)									
Rated Vapor*	3/4			7/8			1-1/8		
Max Liquid Line †	3/4			3/8			3/8		

* Units are rated with 25 ft (7.6 m) of lineset length. See Vapor Line Sizing and Cooling Capacity Loss table when using other sizes and lengths of lineset.
Note: See unit Installation Instruction for proper installation.

† See Liquid Line Sizing For Cooling Only Systems with Puron Refrigerant tables.

ELECTRICAL DATA

UNIT SIZE	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE† 60° C	MIN WIRE SIZE† 75° C	MAX LENGTH ft. (m)‡ 60° C	MAX LENGTH ft. (m)‡ 75° C	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA						
18-31	208/230/1-60	253	197	48.0	9.0	0.50	11.8	14	14	67 (20.4)	64 (19.5)	20
24-30				58.3	13.5	0.75	17.7	14	14	46 (14.0)	43 (13.1)	25
30-30				64.0	12.8	0.75	16.8	14	14	44 (13.4)	41 (12.5)	25
36-30				77.0	14.1	0.50	18.1	12	12	57 (17.4)	54 (16.5)	30
42-30				112.0	17.9	1.20	23.6	10	10	85 (25.9)	81 (24.7)	40
48-31				109.0	19.9	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
49-30				117.0	21.8	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
60-30				135.0	21.4	1.20	28.0	8	10	91 (27.7)	56 (17.1)	40
61-30				134.0	25.0	1.20	32.5	8	10	94 (28.7)	58 (17.7)	50

* Permissible limits of the voltage range at which the unit will operate satisfactorily

† If wire is applied at ambient greater than 30°C, consult table 310-16 of the NEC (NFPA 70). The ampacity of non-metallic-sheathed cable (NM), trade name ROMEX, shall be that of 60°C conditions, per the NEC (NFPA 70) Article 334-80. If other than uncoated (no-plated), 60 or 75°C insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (NFPA 70).

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time-Delay fuse.

FLA - Full Load Amps

LRA - Locked Rotor Amps

MCA - Minimum Circuit Amps

RLA - Rated Load Amps

NOTE: Control circuit is 24-V on all units and requires external power source. Copper wire must be used from service disconnect to unit.

All motors/compressors contain internal overload protection.

Complies with 2007 requirements of ASHRAE Standards 90.1

24ABC6

A-WEIGHTED SOUND POWER LEVEL (dBA)

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-31	76	52.5	59.0	65.5	70.5	64.5	59.0	54.5
024-30	76	57.5	64.0	69.0	71.0	69.0	64.5	60.0
030-30	76	55.0	63.5	68.0	69.5	67.0	63.5	58.5
036-30	76	50.5	59.5	64.5	70.5	62.0	59.5	54.5
042-30	78	52.5	62.0	66.0	73.5	68.0	62.0	55.5
048-31	78	57.5	61.5	66.0	70.5	65.5	59.5	53.5
049-30	78	51.5	62.0	67.5	73.5	69.0	64.5	62.0
060-30	78	55.0	62.5	67.5	70.5	65.0	61.0	53.5
061-30	78	56.5	63.0	65.5	69.0	67.0	61.5	56.0

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

A-WEIGHTED SOUND POWER LEVEL (dBA) WITH SOUND SHIELD

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-31	74	55.5	59.0	65.0	68.5	63.5	58.0	52.0
024-30	75	58.0	64.0	69.0	70.5	68.5	64.5	59.5
030-30	75	55.5	63.0	68.0	69.0	67.0	63.0	58.5
036-30	74	51.5	58.5	62.0	65.0	61.0	58.0	52.0
042-30	76	53.0	62.0	65.5	72.0	65.0	61.0	54.0
048-31	76	58.5	61.5	66.0	69.0	64.0	58.5	51.0
049-30	76	53.0	61.5	67.5	72.0	68.0	61.5	59.0
060-30	75	56.5	62.5	66.5	68.0	63.0	59.5	51.5
061-30	75	57.0	63.0	65.5	67.0	65.5	59.0	52.5


NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE - VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
18-31	10 (5.6)
24-30	10 (5.6)
30-30	10 (5.6)
36-30	10 (5.6)
42-30	9 (5.0)
48-31	10 (5.6)
49-30	8 (4.4)
60-30	9 (5.0)
61-30	9 (5.0)

**FF1E
Base Series Fan Coil
Sizes 018 thru 037**



turn to the experts 

Product Data

FEATURES



The FF1E Series Fan Coil unit is primarily designed for apartment applications as upflow indoor air handlers for split-system heat pumps and air conditioners for use with Puron® refrigerant. These units are available with factory-installed electric heaters, which include the disconnect. A field-installed cooling control with disconnect is also available for unit sizes 18, 24, 30 and 36 only. A Time Delay Relay (TDR) is included with either the electric heat or the cooling control packages.

This fan coil may be installed free-standing, wall hung or flush mounted in the wall. The 22-in (559 mm) wide cabinet size in all models allows units to fit between standard stud spacings. No return-air ductwork is required if the application provides for return air in the front of the cabinet through either a louvered closet door or an optional accessory decorative grille panel.

The cabinet exterior is made of pre-painted, galvanized sheet metal. The cabinet is fully insulated to meet applications in conditioned space. Additional insulation is required if the unit is installed in an unconditioned space. The unit is supplied with a replaceable filter.

Multi-speed, direct-drive, PSC blower motors have been selected to provide the proper air handling for both heating and cooling. Electronic commutating motors (ECM) use X13 high-efficiency motors to increase system performance. Motors are suspended at three points on rubber grommets for quieter operation.

All refrigerant lines, electrical power, and thermostat wiring enter from the top of the cabinet. Sweat-type refrigerant connections on both liquid and suction lines make for swift, low-cost installation. All service access to the unit is conveniently located in the front.

All units come with a factory-supplied, hard-shutoff thermostatic expansion valve (TXV) metering device for performance improvement.

The drain pan is constructed of high-impact, sound-deadening, corrosion-proof polyester resin. Primary and secondary drain connections exit from the bottom or either side of the cabinet.



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

Customer Information

Street Address	179 river rd, Stuart, FL 34996
Latitude, Longitude	26.6726°, -80.0706°
House Square Footage:	850 sq. ft.
Name:	HOGARTH
Phone:	
Email:	

House Information

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

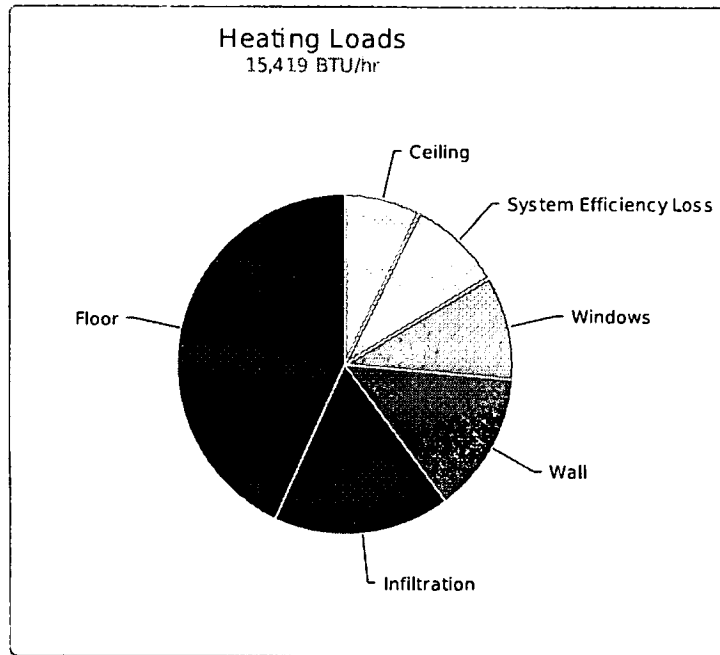
Design Conditions

Outdoor	Heating	Cooling
Dry bulb (°F)	45	91
Daily range		M
Relative humidity		50%
Moisture difference		64

Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	25	16

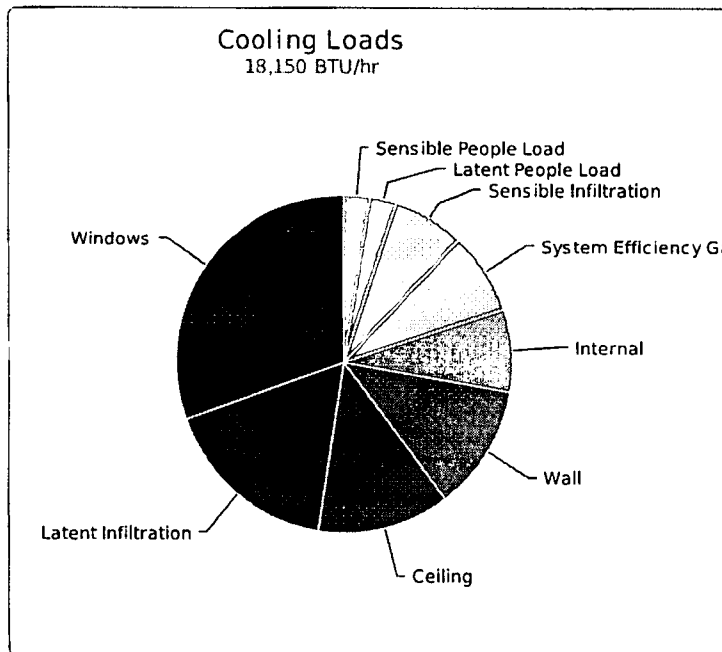
Heating Loads

Area	Btuh	% of load
Wall	2085	13.5
Floor	6660	43.2
Ceiling	1126	7.3
Windows	1538	10
Infiltration	2609	16.9
System Efficiency Loss	1402	9.1
Total:	15419	

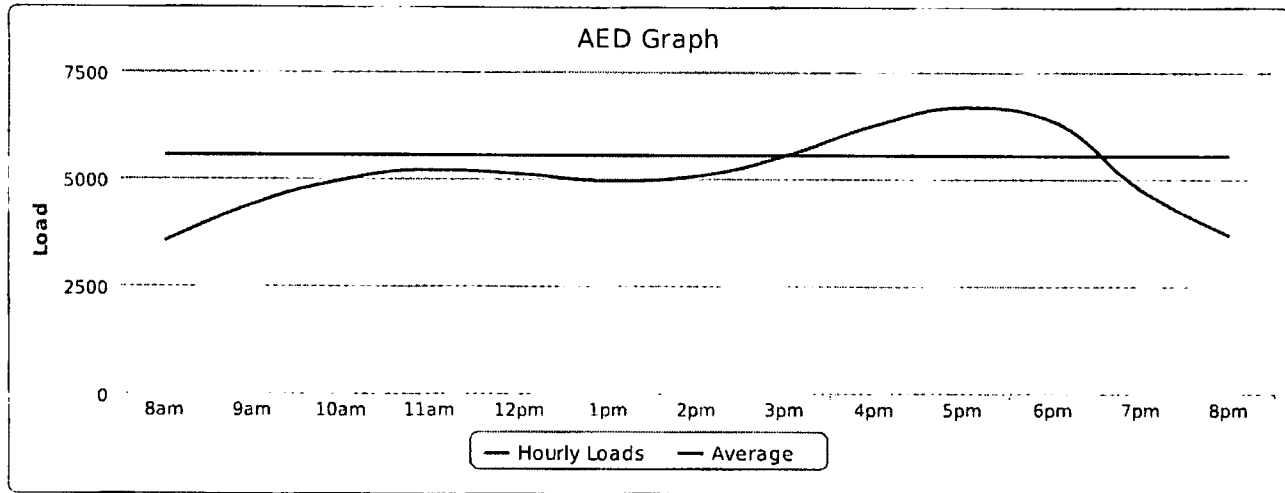


Cooling Loads

Area	Btuh	% of load
Wall	2168	11.9
Ceiling	2298	12.7
Windows	5536	30.5
Sensible Infiltration	1252	6.9
Latent Infiltration	3096	17.1
System Efficiency Gain	1435	7.9
Internal	1445	8
Sensible People Load	460	2.5
Latent People Load	460	2.5
Total:	18150	
Sensible load	14594	
Latent load	3556	
SHR	0.8	
Capacity at .75 SHR	1.62 Tons	



Adequate Exposure Diversity



Equipment selection

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

Glass (NW)	62 sq. ft.
Glass (NE)	9 sq. ft.
Glass (SW)	9 sq. ft.
Glass (SE)	43 sq. ft.
Summer Outdoor	91°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	45°F
Winter Indoor	70°F
Sensible Cooling	14,594 Btuh
Latent Cooling	3,556 Btuh
Required Cooling Airflow	663 CFM
Sensible Heating	15,419 Btuh
Required Heating Airflow	200 CFM

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



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: HOGARTH Contractor name: Flynn's A/C
 Street address: 179 S. RIVER RD Jurisdiction: _____
 City: STUART 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: Joseph Flynn Date: 5-15-13

Printed Name: JOSEPH FLYNN

Contractor License #: CAC055482

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: 3631754

Date: 5/15/2013

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

Outdoor Unit Model Number: 24ABC618A**31

Indoor Unit Model Number: FF1ENP025

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: COMFORT 16 PURON AC

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

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):	18000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

* 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 below.



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130131035966463864

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-5-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10442	Bettel	Final		WET LOCATION
	107 Hillcrest	Bath remodel	FAIL	FIRM OPEN JOB
	Group One			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10354	Bettel/Wehner	Final	PASS	
	107 Hillcrest	AC	AD AD	CLOSE
	Hayden Air			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10404	Brekery	Final		
	6 Riverview	Bath	PASS	CLOSE
	Freedom			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10446	Hogarth	Final		
PM	179 S Kerner Rd	AC	PASS	
	Flynns AC			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10457	Noble	in progress -		Pictures in permit box
	60 S Sewalls	Final - roof	PASS	CLOSE
	Stuart Roof Rep	repairs		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10448	Stern	slab		
1-1:30	9 Lantana Ln		PASS	
	Freedom Home			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10314	Fitch	landscape		
11AM	3 Timor	trees	OK	
	Seagate			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-10-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10410	Lulok	Final		
1:00	20 E High Pt DS Air	AC	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10461	Hogarth	Final	Pass	INSPECTOR <i>[Signature]</i>
156	1795 River Rd Flynn's AC	AC	Pass	INSPECTOR <i>[Signature]</i>
10432	Custow 22 S Sewalls Gulfstream	Final Railing	Pass	CLOSE INSPECTOR <i>[Signature]</i>
		INVESTIGATE		
	18 S. SPT RD	DRAINAGE & BENCH	OK	INSPECTOR
		Investigate		
	14 Cranes Nest	Fence	OK	INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 03/20/00 ~~19~~ TREE REMOVAL PERMIT No 0304

APPLIED FOR BY G. W. THOMPSON (Contractor or Owner)

Owner 179 S. RIVER ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees GRAPEFRUIT - DEAD

No. Of Trees: REMOVE ONE (1)

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS SEE APPL. FOR LOCATION SKETCH

FIELD INSP/VERIF
3/20/00 SA

_____ FEE \$ 0-

Signed, G.W. Thompson
Applicant

Signed, [Signature]
Town Clerk REC OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for project details]

PROJECT DESCRIPTION _____

REMARKS _____

APPROVED
INSP
3/20/00

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

RECEIVED
MAR 20 2000
BY: _____

PN 0304

OWNER NAME: GW THOMPSON

ADDRESS: 179 SO. RIVER RD

NUMBER & TYPE TREES TO BE REMOVED: 1 DEAD GFT TREE (GRAPEHOLT)

CONTRACTOR: _____

ADDRESS: SIGNATURE GW Thompson

LICENSE NUMBER: _____

PHONE: 293 1923 Owner Contractor

CONTRACT PRICE: \$ 0 - DEAD

PERMIT FEE: \$ 15.00 PAID: 3-20-00 Date

~~* \$25.00 FEE, 100% BY APPLICANT, WORK: \$100.00.~~

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:
DEAD

APPLICANT SIGNATURE: GW Thompson DATE: 3-20-00

APPROVED: [Signature] Building [Redacted] OFFICIAL Date: 3/20/00

DENIED: _____ Building _____ OFFICIAL Date: _____

COMMENTS: [Redacted]

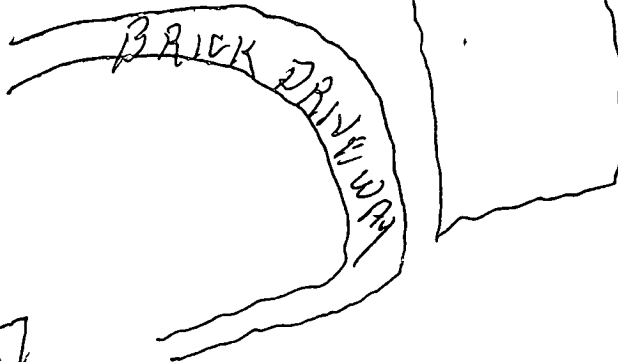
REASON FOR DENIAL, IF APPLICABLE:

So.

OFF TREE

PT DEAD

SEA GRAPES
STONY WALK



E

W

SO. RIVER RD



PILICAN MAILBOX

No

MARSH

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-20, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4628	Hellnead	ground & steel		CANCELLED
6A	11 Castle Hill	POOL PN 4856 - ADVANTAGE		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4854	Kennedy	dry-in &	Passed	late AM ←
7	111 N.S.P.Rd.	in progress	BG	
	A&P BLDG CORP	sheathing		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4764	Fadden	fence	Passed	
3	16 S.S.P.Rd.	final	BG	
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4737	Conway	pool	Passed	VERIFY POOL P.N. 4737
5	129 N.S.P.Rd.	steel		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4810	Durante	roof final	Passed	
2	48 S.S.P.Rd.		BG	
	J.A.TAYLOR RFG.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4628	Hellnead	lath & finish	Passed	BG Wire LATH OK!
6B	11 Castle Hill	framing	Reject - BG	no plan on Permit on job. 2nd fl. tub shown still has no Lett CARD on it
	STRAITHMORE			Reject Fee
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4691	Wattles	framing	Reject	Not Ready.
1	20 N. Riverview	re-inspect	BG	Waiting FOR Revised Plan.
	DRUPTWOOD - ACHD MORRIS			

OTHER: EBA I. T/R PERMIT APPL. - CLIFFORD; 20 N. RIVER RD ✓
2 " " " THOMPSON; 179 S. " " ✓

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 8/13/01 ✓ TREE REMOVAL PERMIT No 0490

APPLIED FOR BY Bill Thompson, 179 S. River Rd. (Contractor or Owner)

Owner _____

Sub-division _____, Lot _____, Block _____

Kind of Trees Crape Myrtle

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

*Per verified
8/13*

REMARKS Tree deceased

Signed, _____ Applicant

Signed, _____

[Signature]
FEE \$ 0.00
-Town Clerk
Bldg. Insp.

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

CAREER
KESCHER
8/13
8/10 Tony
Keshel

RECEIVED
AUG - 9 2001
BY: [Signature]

Permit # 0490
Date Issued 8/13/01

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

Owner BILL THOMPSON 179 S. RIVER ROAD 283-1823
GEN+VJ THOMPSON 179 SA. RIVER RD 2831823

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 GFT. TREE

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):
CITRUS - DEAD/DISEASED NO FEE

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

Permit Fee \$ 0 ~~(\$25.00)~~ first tree plus \$10.00 - each additional tree - not to exceed ~~\$200.00~~ \$15.00

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

Plans approved as submitted Plans approved, as marked _____

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

Signature of applicant _____ Date submitted _____

Approved by Building Inspector [Signature] Date 8/13/01

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

PEE

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**

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner G.W THOMPSON Address 179 S. RIVER Rd Phone 283-1823

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE ✓ Type: large - don't know

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

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

Written statement giving reasons: dead

Signature of Applicant V.J. Thompson Date 9-17-03

Approved by Building Inspector: [Signature] Date 9/20/03 Fee: NO FEE

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

SILK OAK - TREE DEAD - PROPOSEE HAZARDOUS

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/19, 2003 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6418	BURR	TANK INST &	PASS	
	21 RIVERVIEW FERRELL GAS	PRESSURE CHECK LINES		INSPECTOR:
6242	ABESADA-TURK	TANK + LINES	CANCEL	
	8 MORGAN CIRCLE FERRELL GAS	NEW SURVEY TO SHOW LOCATION OF TANK SOFTENING TANK W/ NEW SURVEY		INSPECTOR: PLC
1233	THOMPSON	TREE	PASS	NO FEE
	179 S. RIVER RD			PROPOSED HAZARDOUS INSPECTOR:
6156	FREUDENBERG	C/O ELEC &	PASS	CLOSE
	115 N. SEWALL'S PT LANIERO	PUMPING		FILE INSPECTOR:
6409	HARBOR BAY ASS	BLDG SULLO	FAIL	NEED PAINT FOR
	3700 SE OCEAN BUD KF BUILDERS	FINAL		FINAL INSPECTOR: PLC
TREE	ROSENBERG	TREE	PASS	NO FEE
	368 SEWALL'S PT			DISEASED TREE INSPECTOR:
6131	PFELTER			
	104 HENRY SEWALL BUFORD			INSPECTOR:

OTHER: _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner V. Jane Thompson Address 179 S. River Rd Phone 283-1823

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: citrus

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

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

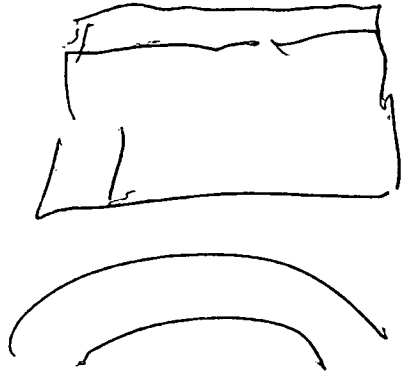
Written statement giving reasons: tree is ~~dead~~ dipping

Signature of Applicant V. Jane Thompson Date 6-23-04

Approved by Building Inspector: [Signature] Date 6/25 Fee: 0

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

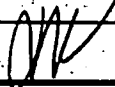
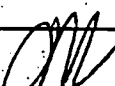
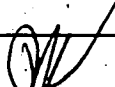
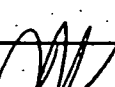
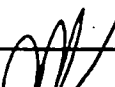
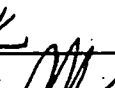
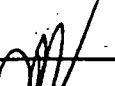
Tree is behind house



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/25, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6653	HB ASSOCIATES	FINAL	FAIL	
4	3760 SE OCEAN ROY JANDREAU			INSPECTOR: 
6512	BUONO	FINAL RIP RAP SAND FILL	PASS	CLOSE
5	106 N. Sewall's Pt Rd CREATIVE LANDSC.			INSPECTOR: 
TREE	KINAED	TREE	PASS	
2	5 TIMOR ST			INSPECTOR: 
6799	GOVEL	STEEL FOOTING	PASS	
3	5 RIVERVIEW O/B			INSPECTOR: 
TREE	J. THOMPSON	TREE	PASS	
1	179 S. RIVER RD			INSPECTOR: 
TREE	HALL	TREE	PASS	REVISED REMOVAL OF OAK
6	6 KNOWLES			INSPECTOR: 
6551	LANGER	SLAB	PASS	
7	3 LOFTING WAY FLORIDA'S FINEST			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date JANUARY 14 16 2005 TREE REMOVAL PERMIT No 2389

APPLIED FOR BY THOMPSON (Contractor or Owner)

Owner 179 S. RIVER ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3 BIRD OF PARADISE

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed Gene Summers (add)
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner V JANE THOMPSON Address 179 S. RIVER RD Phone 283-1823

Contractor RICHARD Address _____ Phone _____

No. of Trees: REMOVE 3 Type: white bird of paradise

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

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

Written statement giving reasons: very ugly ! ! ! will replace with hong cong orchid tree

Signature of Property Owner _____ Date 1-13-05

Approved by Building Inspector: [Signature] Date 1/14 Fee: 0

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