

**181 South River Road**

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 384

Date 1-29-73

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner FRANK J. FAZIO Present Address 7 W. HIGH PT. RD. JESSEN Bch Ph 283 4973

General Contractor SYLVESTER CONST. INC Address Box C STUART Ph 283-2200

Where licensed MARTIN Co. License No. 55

Plumbing Contractor HOWARD BROS. License No. 25

Electrical Contractor ALPINE ELECT. License No. 62

Street building will front on SO. RIVER DR.

Subdivision WHITE FENCE ACRES Lot No. 4A Area 108 x 140

Building area, inside walls (excluding garage, carport, porches) Sq ft 1300

Other Construction (Pools, additions, etc.) 1200 #

Contract Price (excluding land, rugs, appliances, landscaping) \$ 5,000.00

Total cost of permit \$ 245.00

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

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

[Signature]  
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

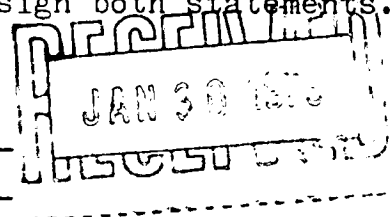
[Signature]  
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted 1/29/73

Date approved 2/2/73



Certificate of Occupancy issued \_\_\_\_\_ Date

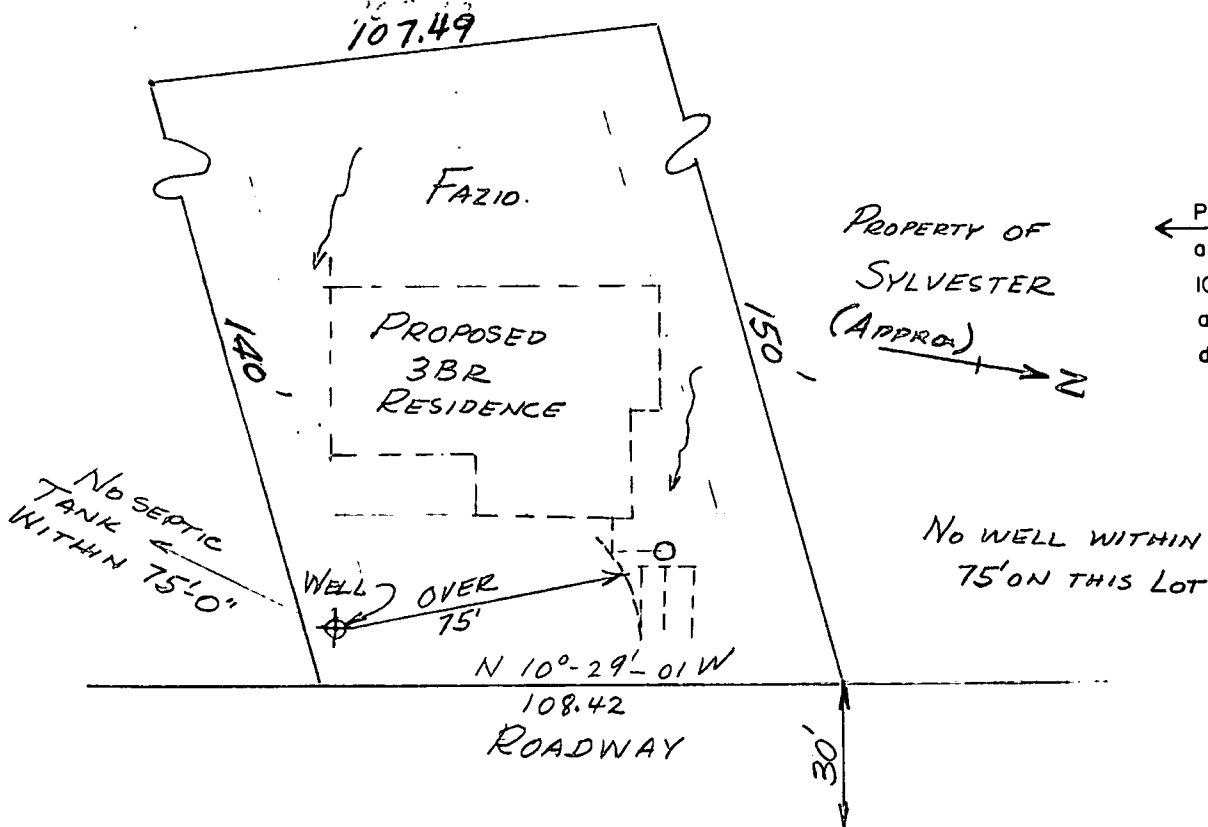
FLORIDA DEPARTMENT OF POLLUTION CONTROL

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

INDIVIDUAL SEWAGE DISPOSAL FACILITIES  
 DATA SHEET

Location: WHITE FENCE ACRES Applicant: FRANK J. FAZIO  
ADJOINING HIGH POINT, County: MARTIN  
TOWN OF SEWALLS

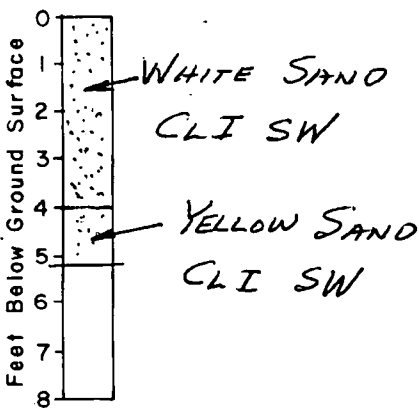
**NOTE:** This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



Plot plan must show all data required in IOD-6.03 2(a) and all other pertinent data.

PLAN  
 Scale: 1" = 40'

SOIL DATA



SOIL BORING LOG

Soil Identification: CLASS I GROUP SW  
 Soil Characteristics SAND

Percolation Rate 1 min/inch

Water Table Depth OVER 5'-6"

Water Table Depth During Wet Season OVER 5'-6"

Compacted Fill Of - Req'd

Compacted Fill Checked By: \_\_\_\_\_

Date \_\_\_\_\_

LEGEND

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



CERTIFIED BY: K. G. Larson

FLORIDA PROFESSIONAL No. 16552

Date 9-5-72 Job No. 72-074-03

Sheet 2 of 2

Application/Permit  
No. MC-216

DEPARTMENT OF POLLUTION CONTROL  
Application and Permit  
Of  
Individual Sewage Disposal Facilities

Section I - Instructions:

1. Percolation test data, soil profile and watertable elevation information must be attached. (Note: Test must be made at proposed location of System).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call (305) 464-8525 and give this office an 8-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.)  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision REVISED WHITE FENCE ACRES  
Date Recorded AUG 10, 1970 Directions to Job SEWALLS POINT TO HIGH POINT - WHITE FENCE ACRES ADJOINS.
2. Owner or Builder FRANK J. FAZIO  
P. O. Address 214 MADISON AVE City STUART, FLA., 33494
3. Specifications

3BR

900 Tank Gals 70 Drainfield ft of 6" clay tile or 5" perforated plastic drain in a 3' trench or  
900 Gals 140 ft of 4" clay drain or 4" perforated plastic drain in an 18" trench

Scale 1" - 50'

(Rear)

4. House to be constructed:  
Check one: \_\_\_\_\_ FHA  
VA  Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: FRANK J. FAZIO  
Please Print

Signature: [Signature]

Date: 9-5-72  
(Name of Street or State Road)

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: \_\_\_\_\_

The above signed application has been found to be in compliance with Chapter 10D-6, DPC rules and construction is hereby approved, subject to the above specifications and conditions.

BY: [Signature] Date: 9/8/72

Section IV - Final Construction Approval

Construction of installation approved:  Yes  No.  
Date: \_\_\_\_\_ By: \_\_\_\_\_  
FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

\*\*\*\*\*

(Name of Street or State Rd.)

SEE ATTACHED SHEET

(Name of Street or State Rd.)

(Front)

**3927**

**RE-ROOF**

SENT BY: S. BULBIN, CUSTOMER BLDG ; 2-14-98 ; 9:58AM ;

3055985767-

305 2512742

# 1

3927

TAX FOLIO NO. 13-38-41-007-000-0041-10000 DATE 2/14/98

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 Trish + Al Randall Present address 181 South River Rd

Phone 407-223-9256 Sewalls Point, FL 34986

Contractor Packard Roofing Address 2162 Reserve Park

Phone (407) 468-3723 Port St Lucie, FL 34986

Where licensed STATE OF FLORIDA License number CC017517

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: \_\_\_\_\_

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

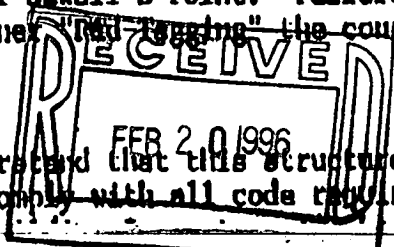
Re Roof at 181 South River Rd

Subdivision White Fence Acres Addn. Lot Number 4-A Block Number \_\_\_\_\_

Contract price \$ 15,000.00 Cost of permit \$ 100.00

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

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



Contractor [Signature]

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

by a Building Inspector will be given.

Owner Patricia Randall

TOWN RECORD

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

Approved: [Signature] 2/23/98  
Building Inspector Date

Approved: [Signature]  
Commissioner Date

Final approval given: \_\_\_\_\_ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_ Date

07/13/94

AUDIT CONTROL NO. 2772697

LICENSE NO.

BATCH NO.

AMOUNT PAID

CC C017517

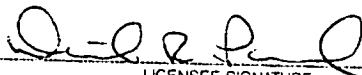
94900044

\$209.00

CONST INDUSTRY LICENSING BOARD  
7960 ARLINGTON EXPRESSWAY  
SUITE 300

JACKSONVILLE

FL 32211-7467



LICENSEE SIGNATURE

WALLET CARD FOLD HERE

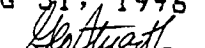
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST INDUSTRY LICENSING BOARD

CERTIFIED ROOFING CONTRACTOR

PACKARD, DAVID R  
PACKARD ROOFING CO INC

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.  
FOR THE YEAR EXPIRING AUG 31, 1996

  
LAWTON CHILES  
GOVERNOR  
GEORGE STUART, JR.  
SECRETARY, D.B.P.R.

PRODUCER

Smith Watson Parker Inc.  
2590 Hollywood Blvd.  
Hollywood Fl  
33020-0000  
305 925-2590  
CODE SUBCODE

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 below.

COMPANIES AFFORDING COVERAGE  
LETTER A MT. HAWLEY INSURANCE COMPANY  
LETTER B BANKERS INSURANCE COMPANY

INSURED

PACKARD ROOFING CO., INC  
12143 SW 114th Place  
Miami, FL 33176

LETTER C  
LETTER D  
LETTER E

COVERAGES: This is to certify that policies of insurance listed below have been issued to the named insured 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.

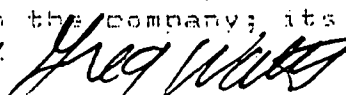
CLTYPE OF INSURANCE	POLICY NUMBER	EFF DATE	EXP DATE	LIMITS
GENERAL LIABILITY				GEN'L AGE \$300,000
A[X] Commercial GL	MG1117337	08/01/95	08/01/96	PD-CMP/OP AG \$300,000
E [ ] Claim EX [X] Occur				IPR & ADV INJ \$300,000
E [ ] Dwns/Cntr Prot				EACH OCC. \$300,000
E [ ]				FIRE DAMAGE \$ 50,000
E [ ]				IMED EXPENSES \$
AUTOMOBILE LIABILITY				
A[X] Any Auto	BA09-S300038	08/01/95	08/01/96	COM. SIN. LT \$100,000
E [ ] All Owned Autos				
E [X] Scheduled Autos				BOD INJ/PPER \$
E [X] Hired Autos				
E [X] Non-Owned Autos				BOD INJ/PACC \$
E [ ] Garage Liability				
E [ ]				PROP DAMAGE \$
EXCESS LIABILITY				
E [ ] Umbrella Form				EACH OCCURR. \$
E [ ] Other than Umb				AGGREGATE \$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				Statutory
				EACH ACCID. \$
				DISEASE LIMIT \$
				DISEASE EMPL \$
OTHER				

Description of operations/locations/vehicles/special items

CERTIFICATE HOLDER  
MARTIN COUNTY CONTRACTOR LICENSING  
2401 S.E. MONTEREY ROAD  
STUART, FL  
34996

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof; the issuing company will endeavor to mail 10 days written notice to the certificate holder named to the left; but failure to mail such notice shall impose no obligation or liability upon the company; its agents or reps.

Authorized Representative GREG WALTZ





**CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

11/17/95

**PRODUCER**

Keyes City Insurance Agency Inc.  
4483 Northwest 36th Street  
Miami Springs, FL 33166-7297

(305) 880-8585

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

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER A	Florida MC Joint Underwriting Association
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

**INSURED**

Packard Roofing Company Inc.  
12354 Southwest 117 Court  
Miami, Florida 33186

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (any one person)
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				EACH OCCURENCE AGGREGATE
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	77W2PC0061	05/05/95	05/05/96	STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
Operations In the State of Florida

**CERTIFICATE HOLDER**

City of Palm Beach Gardens  
Building & Zoning Department  
10500 North Military Trail  
Palm Beach Gardens, FL 33410

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

**8516**

**PAVER DRIVEWAY**

EXPIRED

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

### TOWN OF SEWALL'S POINT

Date 2-9-07

BUILDING PERMIT NO. 8516

Building to be erected for Pavss

Type of Permit Paver driveway

Applied for by National Brick Pavers (Contractor)

Building Fee 81-

Subdivision White Fence Lot 4A Block \_\_\_\_\_

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

Address 181 S. River Rd

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

Type of structure SFR

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

Parcel Control Number:

133841-007-000-000-411-0000

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

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

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

Amount Paid \$81- Check # 3606 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 8400-

TOTAL Fees 81-

Signed Jason Jaudin  
Applicant

Signed John Adams  
Town Building Official

## PERMIT

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

## INSPECTIONS

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

RECEIVED  
2-2-07

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Doug Bass Phone (Day) (772) 288-6460 (Fax) 288-6492

Job Site Address: 181 S River Road City: Sewall's Point State: FL Zip: 34986

Legal Desc. Property (Subd/Lot/Block) White Fence Acres Addition/Lot 4A Parcel Number: 133841-007-000-000411-0000

Owner Address (if different): Same as Above. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: Brick Paver Driveway.

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 8,400.00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$ \_\_\_\_\_

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: National Bricks Pavers Phone: (772) 288-3232 Fax 288-2832

Street: 3450 N Federal Hwy City: Light House Pt. State: FL Zip: 33064

State Registration Number: UGC1509410 State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required): \_\_\_\_\_

State of Florida, County of: Martin

This the 7th day of February, 2007

by DOUGLAS ANDREW BASS who is personally

known to me or produced FLDL#B200-161-60-1430

as identification. Valerie Meyer

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

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

CONTRACTOR SIGNATURE (required) \_\_\_\_\_

On State of Florida, County of: Broward

This the 30th day of January, 2007

by DAVID TRISPER who is personally

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

As identification. Patricia A. Coltrane

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

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

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

VALERIE MEYER  
Notary Public  
My Commission # DD552119  
Florida Notary Service.com  
(407) 398-0153

Notary Public Seal  
Patricia A. Coltrane  
Notary Public  
My Commission Expires: July 20th 2007

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/25/2007

PRODUCER (954)724-7000 FAX (954)724-7024  
 Keyes Coverage, Inc.  
 5900 Hiatus Road  
 Tamarac, FL 33321  
 Kimberly Knapp

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 National Brick Pavers, Corp.  
 3450 N. Federal Highway  
 Lighthouse Point, FL 33064  
 Fax: 954-946-7384

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Wilshire Ins Co	13234w
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	ADD'L INSR	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	CP00080158	01/26/2007	01/26/2008	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 AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
	WC STATU-TORY LIMITS	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

## CERTIFICATE HOLDER

TOWN OF SEWELL'S POINT  
 1 S. SEWELL'S POINT RD  
 SEWELL'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 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  
 Carey Keyes/BRENDA *Carey Keyes*

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

01-29-07

**PRODUCER**

STANDARD LINES BROKERAGE  
KEYES COVERAGE INSURANCE  
5900 HIATUS RD  
TAMARAC  
27F9Y

FL 33321

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

**COMPANIES AFFORDING COVERAGE**

- COMPANY  
**A** FLORIDA W.C. JUA
- COMPANY  
**B**
- COMPANY  
**C**
- COMPANY  
**D**

**INSURED**

NATIONAL BRICK PAVERS CORP  
3450 N. FEDERAL HWY  
LIGHTHOUSE POINT FL 33064

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	(UB-2820C20-5-07)	01-26-07	01-26-08	STATUTORY LIMITS N/A EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 500,000
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

THIS REPLACES ANY PRIOR CERTIFICATE ISSUED TO THE CERTIFICATE HOLDER AFFECTING WORKERS COMP COVERAGE.

**CERTIFICATE HOLDER**

TOWN OF SEWELL'S POINT  
1 S SEWELL'S POINT RD  
SEWELL'S POINT FL 34996

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*Charles J. Clarke*  
ACORD CORPORATION 1993



**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

**(850) 487-1395**

**TRISTRAM, DAVID  
NATIONAL BRICK PAVERS CORP  
3450 NORTH FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064**

AC# 2926202

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CGC1509410 10/30/06 000000000**

**CERTIFIED GENERAL CONTRACTOR  
TRISTRAM, DAVID  
NATIONAL BRICK PAVERS CORP**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2008 L06103000393

DETACH HERE

AC# 2926202

**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

SEQ# L06103000393

DATE	BATCH NUMBER	LICENSE NBR
10/30/2006	000000000	CGC1509410

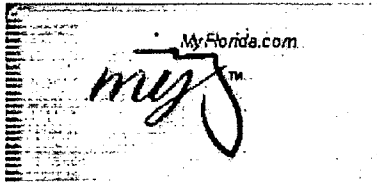
The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2008

**TRISTRAM, DAVID  
NATIONAL BRICK PAVERS CORP  
3450 NORTH FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064**

**JEB BUSH  
GOVERNOR**

**SIMONE MARSTILLER  
SECRETARY**

DISPLAY AS REQUIRED BY LAW



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3:26:55 PM 9/22/2006

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License Details

Licensee Information

Name: **TRISTRAM, DAVID (Primary Name)**  
**NATIONAL BRICK PAVERS CORP (DBA Name)**

Main Address: **3450 NORTH FEDERAL HWY.  
 LIGHTHOUSE POINT Florida 33064**

License Mailing:

LicenseLocation:

License Information

License Type: **Certified General Contractor**  
 Rank: **Cert General**  
 License Number: **CGC1509410**  
 Status: **Current,Active**  
 Licensure Date: **07/20/2005**  
 Expires: **08/31/2008**

**Special Qualifications** **Qualification Effective**  
**Qualified Business License Required** **07/20/2005**

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2006-2007 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

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

LICENSE ~~2004-650-0359~~ CERT ~~20-0770984~~

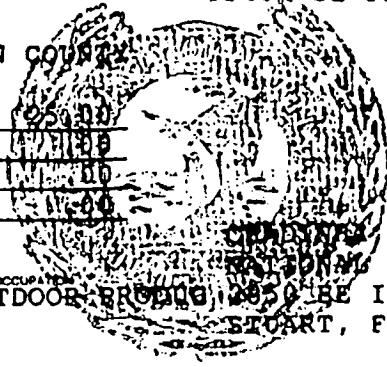
PHONE (772) 288-3232 SIC NO ~~421320~~

LOCATION:

4340 SE FEDERAL HWY STU

CHARACTER COUNTS IN MARTIN COUNTY

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



RECEIPT of PAYMENT  
LARRY C. O'STEEN  
89 08/14/2006 NORMA  
20040006500035  
002 2006 0010943.  
NATIONAL BRICK PAVE

MANUEL G (PSTD)  
BRICK PAVERS STUART, INC.  
IRIS STREET  
STUART, FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF RETAIL SALES /PAVERS OUTDOOR PRODUCTS

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF AUGUST 06  
AND EXPIRING SEPTEMBER 30 2007

**BASS**

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

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

TAX FOLIO # 13-38-41-007-000-00041-1

**NOTICE OF COMMENCEMENT**

STATE OF Florida

COUNTY OF Martin / Sewall's Point

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):

Lot 4-A, White Fence Acres Addition 181 S River Road, Sewall's Pt, FL. 34996.

GENERAL DESCRIPTION OF IMPROVEMENT: Brick Paver Driveway.

OWNER: Doug Bass

ADDRESS: 181 S River Rd, Sewall's Pt, FL. 34996.

PHONE #: (772) 288-6460

FAX #: (772) 288-6492

CONTRACTOR: National Brick Pavers

ADDRESS: 3450 N Federal Hwy, Lighthouse Pt, FL. 33064

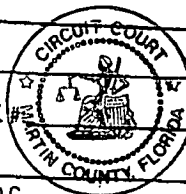
PHONE #: (772) 288-8232

FAX #: (772) 288-2832

SURETY COMPANY (IF ANY) STATE OF FLORIDA  
MARTIN COUNTY

ADDRESS: \_\_\_\_\_

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



PHONE # \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER: \_\_\_\_\_

DATE 1-27-07

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

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

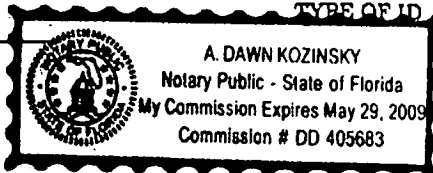
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30<sup>th</sup> DAY OF January 2007 BY Douglas A. Bass

PERSONALLY KNOWN X  
OR  
PRODUCED ID  
TYPE OF ID

NOTARY SIGNATURE

/data/gmd/bzd/bldg\_forms/Noc.aw



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  ~~Tues~~  Wed  Fri 2-20, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1	Giachino	site plan	—	REVIEWED w/
	11 Wendy Ln Severle 2634448	drainage review		L. POLANSKI INSPECTOR: <i>[Signature]</i>
Tree 4	Ostern	Tree	PASS	
	1 S. Ridgeland Rd OB			INSPECTOR: <i>[Signature]</i>
Tree 2	Panton	Tree	PASS	
	17 Island Rd OB			INSPECTOR: <i>[Signature]</i>
8516 3	Bass	Final-driveway	PASS	CLOSE
	1815 River Rd North Brick			INSPECTOR: <i>[Signature]</i>
8497 6949 5	Brush	Final-gas	FAIL	
	2 Munday St Prop Disc	LOCK REPAIR	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8507	Town Hall	Final-gen	PASS	close
	15 Sewalls Dutts			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

**10944**

**REMODEL**



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:	10944	DATE ISSUED:	7/17/2014
SCOPE OF WORK:	INTERIOR REMODEL		
CONTRACTOR:	FREEDOM HOMEBUILDERS		
PARCEL CONTROL NUMBER:	13384100700000411	SUBDIVISION	WHITE FENCE ACRES LOT 4A
CONSTRUCTION ADDRESS:	181 S RIVER RD		
OWNER NAME:	GVM REALTY		
QUALIFIER:	WILLIAM JONES	CONTACT PHONE NUMBER:	600-7641

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	10944
<b>ADDRESS:</b>	131 S RIVER RD
<b>DATE ISSUED:</b>	7/17/2014
<b>SCOPE OF WORK:</b>	INTERIOR REMODEL.

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>	Declared Value	\$	
---	----------------	----	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)	\$	\$ 175.00
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$ -
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.	2,223	\$ 132,957.63
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$ -
<b>Total Construction Value:</b>	\$	\$ 133,132.63
Building fee: (2% of construction value SFR or >\$200K)	\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$ 1,331.33
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp	\$ 10.00	\$ 1,000.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	\$ 34.97
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	\$ 34.97
Road impact assessment: (.04% of construction value - \$5 min.)		\$ 53.18
Martin County Impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	\$ 2,629.45

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	
Total number of inspections: @ \$ 100.00 per insp. # insp		\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$		n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$		n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	-

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

OWNER/LESSEE NAME: GUM REALTY LLC Phone (Day) 561-870-3652 (Fax) \_\_\_\_\_

Job Site Address: 1815 RIVER ROAD City: SEWALL'S Pt State: FL Zip: 34996

Legal Description: WHITE FENCE ACRES LOT 4A Parcel Control Number: 13-38-41-007-000-00041-1

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):**

INTERIOR REMODEL TO INCLUDE MOVING PLUMBING, ELEC

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

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

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 8,000.00/32,957.63  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10 \_\_\_\_\_ AE9 \_\_\_\_\_ AE8   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: FREEDOM HOMEBUILDERS Phone: 600-7641 Fax: 600-7653

Qualifiers name: William B Jones Street: 1084 NE INDUSTRIAL City: JENSEN State: FL Zip: 34957

State License Number: CBC1255957 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: BRAD JONES Phone Number: 600-7641

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

Street: P.O. Box 5616 City: FT PIERCE State: FL Zip: 34954 Phone Number: 215-5623

AREAS SQUARE FOOTAGE: Living: 2223 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 Code: 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: \_\_\_\_\_

Date of Florida, County of: St Lucie

This the 30<sup>th</sup> day of June, 2014

MARK STERN who is personally known to me or produced as identification. \_\_\_\_\_  
 Notary Public

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: \_\_\_\_\_

State of Florida, County of: St Lucie

On This the 30<sup>th</sup> day of June, 2014

by William B Jones who is personally known to me or produced as identification. \_\_\_\_\_  
 Notary Public

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

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

KELLY M PHILLIPS  
 MY COMMISSION #FF043972  
 EXPIRES September 29, 2017  
 Florida Notary Public Service, Inc.  
 (407) 398-0153

KELLY M PHILLIPS  
 MY COMMISSION #FF043972  
 EXPIRES September 29, 2017  
 Florida Notary Public Service, Inc.  
 (407) 398-0153

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD



<b>LICENSE NUMBER</b>	
CBC1255957	

The BUILDING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

JONES, WILLIAM BRADDOCK  
FREEDOM HOMEBUILDERS INC  
1084 NE INDUSTRIAL BOULEVARD  
JENSEN BEACH FL 34957



ISSUED: 06/15/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406150001095





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Collinsworth, Alter, Lambert, LLC 23 Eganfuskee Street Suite 102 Jupiter, FL 33477	CONTACT NAME: <b>Lori B. Gleason</b>	
	PHONE (A/C, No, Ext): <b>(561) 776-9001</b> FAX (A/C, No): <b>(561) 427-6730</b> E-MAIL ADDRESS: <b>lgleason@callic.com</b>	
INSURED  <b>Freedom Homebuilders, Inc. 1084 Northeast Industrial Boulevard Jensen Beach, FL 34957</b>	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Vinings Insurance Company</b>	
	INSURER B: <b>Hanover American Ins Co</b>	<b>36064</b>
	INSURER C: <b>Evanston Ins Co</b>	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			GLP001563108	8/6/2013	8/6/2014	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
	<input checked="" type="checkbox"/> XCU & Contractual						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> Broad Frm Prop. Dam.						GENERAL AGGREGATE \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			AZJ956117102	5/24/2014	5/24/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							PIP Coverage \$ <b>10,000</b>
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		XOVA768013	12/12/2013	8/6/2014	EACH OCCURRENCE \$ <b>2,000,000</b>
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ <b>2,000,000</b>
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV006631407	5/21/2014	5/21/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ <b>500,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Town of Sewells Point  
1 South Sewells Point Road  
Sewells Point, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Collinsworth, Alter, Lambert, LLC 23 Eganfuskee Street Suite 102 Jupiter, FL 33477	<b>CONTACT NAME:</b> Lori B. Gleason
	<b>PHONE (A/C, No, Ext):</b> (561) 776-9001 <b>FAX (A/C, No):</b> (561) 427-6730 <b>E-MAIL ADDRESS:</b> lgleason@callc.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A :</b> Association Insurance Co	<b>NAIC #</b> 11240
<b>INSURER B :</b> Hanover American Ins Co	<b>36064</b>
<b>INSURER C :</b> Vinings Insurance Company	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**COVERAGES**    **CERTIFICATE NUMBER:**    **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GLP014912801	5/24/2014	5/24/2015	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 \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AZJ956117102	5/24/2014	5/24/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <b>PIP Coverage</b> \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV006631407	5/21/2014	5/21/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The Certificate Holder is listed as an Additional Insured with respect to General Liability including both ongoing and completed operations coverage when required by written contract.						

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 The Certificate Holder is listed as an Additional Insured with respect to General Liability including both ongoing and completed operations coverage when required by written contract.

<b>CERTIFICATE HOLDER</b>  Town of Sewall's Point One S. Sewall's Point Road Sewalls Point, FL 34996	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

**GVM REALTY**  
**Grace & Mark Stern**  
**9 Lantana Lane**  
**Sewalls Point, FL 34996**  
**(561) 870-3652 (917) 929-2132**

May 27, 2015

Mr. John Adams  
Sewalls Point Building Dept  
One S. Sewalls Point Road  
Sewalls Point, FL 34996

RE: Renovation of 181 South River Road  
Sewalls Point, Florida

Dear Mr. Adams and Building Dept of Sewalls Point:

Due to matters which have delayed the renovations to the above referenced property and no means of rectifying these matters, we respectfully request a Change of Contractor to complete these renovations. We are therefore releasing the prior contractor being Freedom Home Builders from any further connection to this project and close all prior work or issues with this company as well.

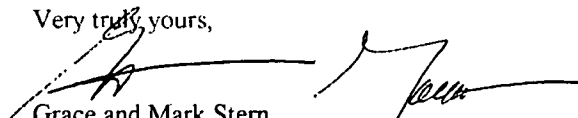
Please be advised that the new contractor we have chosen to complete this renovation at 181 South River Road will be:

Mr. Jason T. Caroglanian  
JTC BUILDERS INC  
552 SE Evergreen Terrace  
Port St. Lucie, FL 34983  
FL Building License No. CBC1258178 Exp. 8/31/16

We feel that JTC Builders are competent, trustworthy, reliable builders and are very mindful and knowledgeable of all Florida Codes to complete this project to your standards.

Thank you for your assistance and looking forward to your approval of this change.

Very truly yours,

  
Grace and Mark Stern  
GVM Realty



One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2455 Fax 772-2204765

Permit  
10944

### CHANGE OF CONTRACTOR APPLICATION PACKAGE

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

You will need the following to change contractors or to change from contractor to owner/builder:

- 1 Copy Letter from the owner releasing the old contractor and hiring the new Contractor or assuming owner/builder status.
- 1 Copy New permit application - Contractor To Bring in / owner Completed.
- \$25 Transfer Fee

\* If changing from a contractor to an owner/builder, the owner must supply the following:

- 1 Copy recorded warranty deed
- 1 Copy owner/builder application

Please read Florida Statue, section 489.103

\*\* If new plans are needed, the new contractor (or owner) must supply the following:

- 1 Copy Plans to be re-stamped at the time of the application. This process will take a minimum of 24 hours.

JTC -  
 Business Tax Receipt (Occupational Lico)  
 Workers Comp.  
 State License.

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

Date: 5/27/15 Permit Number: \_\_\_\_\_  
 OWNER/LESSEE NAME: GVM Realty Grace Stern Phone (Day) 561 870-3652 (Fax) \_\_\_\_\_  
 Job Site Address: 181 S. River Rd. City: Sewalls Point State: FL Zip: 34996  
 Legal Description Single Family Home Parcel Control Number: \_\_\_\_\_  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):**

**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)  
Not Known

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ ~~300,000~~ 167,042.37  
 (Notice of Commencement: required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10  AE9  AE8   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ 400,000  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: JTC Builders Inc Phone: 773-288-0374 Fax: \_\_\_\_\_  
 Qualifiers name: Jason T. Caroglanian Street: 552 SE Evergreen Terr City: St. Lucie State: FL Zip: 34983  
 State License Number: CBC 1258178 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: 2300 Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
 Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010  
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:  
 X \_\_\_\_\_  
 State of Florida, County of: Martin  
 On This the 27 day of May, 2015  
 by Grace Stern who is personally  
 known to me or produced by FLDA  
 As identification: Shawn Canada  
 My Commission Expires: NOV 05 2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
 X \_\_\_\_\_  
 State of Florida, County of: Martin  
 On This the 29 day of May, 2015  
 by Jason Caroglanian who is personally  
 known to me or produced by FLDA  
 As identification: Shawn Canada  
 My Commission Expires: 3/14/2016

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.1) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!  
 Since: Expires 3/14/2016



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**05/29/2015**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  <b>Dan Woron Insurance Agency LLC 1981 SE Port St. Lucie Blvd., Ste A Port Saint Lucie, FL 34952</b>	CONTACT NAME: <b>Susan Kane</b>
	PHONE (A/C, No, Ext): <b>(772)878-7276</b> FAX (A/C, No): <b>(772)878-9510</b> E-MAIL ADDRESS: <b>kane8@danworon.com</b>
INSURED  <b>JTC Builders, Inc. Jason Caroglanian 552 SE Evergreen Ter Port Saint Lucie, FL 34983</b>	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>International Insurance Company</b>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES                      CERTIFICATE NUMBER: 00000000-108117                      REVISION NUMBER: 2

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			<b>IG06A007882-00</b>	<b>02/11/2015</b>	<b>02/11/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPIOP AGG \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER  <b>Town of Sewalls Point scanada@sewallspoint.org</b>	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Daniel A. Woron</i> (SMK)

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER

CBC1258178

The BUILDING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

CAROGLANIAN, JASON T.  
JTC BUILDERS INC.  
552 SE EVERGREEN TERRACE  
PORT ST LUCIE FL 34983



ISSUED: 09/01/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1409010000226



JEFF ATWATER  
CHIEF FINANCIAL OFFICER

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

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

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

**EFFECTIVE DATE:** 12/5/2014

**EXPIRATION DATE:** 12/4/2016

**PERSON:** CAROGLANIAN

JASON

**FEIN:** 272517887

**BUSINESS NAME AND ADDRESS:**

JTC BUILDERS INC

552 S.E. EVERGREEN TERR

PORT ST LUCIE FL 34983

**SCOPES OF BUSINESS OR TRADE:**

LICENSED BUILDING  
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt, apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609





**City of Port St Lucie Business Tax Division**  
**Receipt for payment**

User: zloperena  
 Business #: 141002

Receipt #: 47598  
 Transaction Made: 05/29/2015 01:24:19 PM

Business Name: JTC BUILDERS INC  
 Business Address: 552 SE EVERGREEN TER  
 PORT ST LUCIE, FL  
 34983

Payments	Check/C.C. #	Check Date	Amount Paid
MasterCard	4632	05/29/2015	\$86.00

**Itemization of account**

*One time fees are checked*

Description	Fee	Discount	Total
<input type="checkbox"/> BUILDING CONTRACTOR	134.00	67.00	67.00
<input checked="" type="checkbox"/> APPLICATION FEE	19.00	0.00	19.00

Total Paid: **\$86.00**

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-007-000-00041-1	27830	181 S RIVER RD, SEWALL'S POINT	\$277,870	6/21/2014

---

Owner Information

Owner(Current)	GVM REALTY LLC
Owner/Mail Address	6400 CONGRESS AVE STE 1650 BOCA RATON FL 33487
Sale Date	5/28/2014
Document Book/Page	2720 2233
Document No.	2458157
Sale Price	347000

---

Location/Description

Account #	27830	Map Page No.	SP-06
Tax District	2200	Legal Description	WHITE FENCE ACRES ADDN LOT 4-A
Parcel Address	181 S RIVER RD, SEWALL'S POINT		
Acres	.3480		

---

Parcel Type

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

---

Assessment Information

Market Land Value	\$176,000
Market Improvement Value	\$101,870
Market Total Value	\$277,870



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

**CONTRACTOR OR OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT**

Date: 6-30-14 Building Permit # \_\_\_\_\_  
 Site Address: 181 South River Road

**FBC 104.1.10 Asbestos.** The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

**FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)**

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

Contractor or  Owner/Builder Signature William B Jones

Subscribed and sworn to before me this 30th day of June, 2014, personally appeared

William B Jones who is personally known to me or produced \_\_\_\_\_ as

identification, and who did/did not take an oath.

Notary Public Signature Kelly M Phillips





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

**SUBCONTRACTORS LIST**  
**RESIDENTIAL, ADDITIONS, COMMERCIAL**

APPLICANT'S NAME FREEDOM HOMEBUILDERS BLDG. PERMIT # \_\_\_\_\_

MAILING ADDRESS 1084 NE INDUSTRIAL BLVD  
JENSEN BEACH FL 34957

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. **WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION.** USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. *(NOT OCCUPATIONAL LICENSE NUMBERS)*

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH	N/A	
BM	BLOCK MASON	N/A	
CB	COLUMNS & BEAMS	N/A	
CA	CARPENTRY ROUGH	FREEDOM	CBC 1255957
GD	GARAGE DOOR	HOSKINS	MCBD6452
DH	DRYWALL - HANG		
DF	- FINISH	FREEDOM	CBC 1255957
IN	INSULATION	N/A	
LA	LATHING	N/A	
FI	FIREPLACE	N/A	
PAV	PAVERS	FREEDOM	CBC 1255957
AL	ALUMINUM	N/A	
LP	LP GAS	N/A	
PAV	PAINTING	FREEDOM	CBS 1255957
PL	PLASTER & STUCCO	N/A	
ST	STAIRS & RAILS	N/A	
RO	ROOFING	N/A	
TM	TILE & MARBLE	FREEDOM	CBC 1255957
WD	WINDOWS & DOORS	FREEDOM	CBC 1255957
PLU	* PLUMBING	AQUA DIMENSIONS	CFC 057526
AC	* HARV	SNYDER'S COOLING	CAC 1816579
EL	* ELECTRICAL	BRADDOCK ELEC	EC13002706

TOWN OF SEWALL'S POINT  
VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

\*\*\*IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: GUM REALTY LLC

CONSTRUCTION ADDRESS: 181 South River

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: \_\_\_\_\_

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

_____ LOW VOLTAGE	
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER	
SCOPE OF WORK: _____	VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature] SIGNATURE OF LICENSED CONTRACTOR      1651 SW macedo Blvd PSL, FL 34984 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: ROBERT LUDLUM  
PLEASE PRINT

TELEPHONE NO: 7723448433 FAX NO: 7723437418

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC 057524

\*\*\* WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. \*\*\*\*\*

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ DLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

Send or Fax to:  
Town of Sewall's Building Department  
1 B. Sewall's Point Road  
Sewall's Point, FL 34986  
FAX # (772) 220-4266

4765



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

\*\*\*IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Gvm Realty LLC

CONSTRUCTION ADDRESS: 181 S. River Rd.

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- \_\_\_\_\_ ELECTRIC
- \_\_\_\_\_ PLUMBING
- HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ FUEL GAS

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: HVAC PER PLAN

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

_____ LOW VOLTAGE
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature] 905 Osceola dr Ft. Pierre Fl. 34982  
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Snyders Cooling & Heating

TELEPHONE NO: 772-528-3377 FAX NO: 772-801-5552  
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CAC1816579

\*\* WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. \*\*\*\*\*

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: Gvm Realty LLC

PARCEL CONTROL #: 0100 Single Family

SUBDIVISION: White Face Acres LOT: 4-A BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: 181 S. River Rd.

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

\*\*\*IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: GVM REALTY LLC

CONSTRUCTION ADDRESS: 181 South River Road

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- \_\_\_\_\_ PLUMBING
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ FUEL GAS

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE  EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: Wiring per plan.

VALUE OF CONSTRUCTION \$ 2,000 -

_____ LOW VOLTAGE	
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER	
SCOPE OF WORK: _____	VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature] SIGNATURE OF LICENSED CONTRACTOR      1084 NE INDUSTRIAL BLVD 34957 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: BRADDOCK ELECTRIC & AIR INC

TELEPHONE NO: 600-5886 PLEASE PRINT      FAX NO: 600-7653

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_

\*\* WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. \*\*\*\*\*

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: 13-38-41-007-000-00041-1

SUBDIVISION: White Fence      LOT: 4-A      BLK: \_\_\_\_\_      PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Limited Liability Company**

GVM REALTY LLC

**Filing Information**

<b>Document Number</b>	L14000075529
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	05/09/2014
<b>State</b>	FL
<b>Status</b>	ACTIVE

**Principal Address**6400 CONGRESS AVENUE- SUITE 1650  
BOCA RATON, FL 33487**Mailing Address**6400 CONGRESS AVENUE- SUITE 1650  
BOCA RATON, FL 33487**Registered Agent Name & Address**STERN, MARK  
6400 CONGRESS AVE. - SUITE 1650  
BOCA RATON, FL 33487**Authorized Person(s) Detail****Name & Address**

Title AMBR

STERN, MARK  
6400 CONGRESS AVENUE- SUITE 1650  
BOCA RATON, FL 33487

Title AMBR

STERN, GRACE  
6400 CONGRESS AVENUE- SUITE 1650  
BOCA RATON, FL 33487**Annual Reports****No Annual Reports Filed**



NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 13-38-41-007-000-00041-1

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): 181 SOUTH RIVER ROAD - WHITE FENCE ACRES ADDN LOT 4A

GENERAL DESCRIPTION OF IMPROVEMENT: INTERIOR REMODEL

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: GVM Realty LLC
ADDRESS: 6700 CONGRESS AVE STE 1650 BOCA RATON 33487
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: FREEDOM HOMEBUILDERS INC.
ADDRESS: 1084 NE INDUSTRIAL BLVD JENSEN BCH 3495
PHONE NUMBER: 600-7641 FAX NUMBER: 600-7653

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)
ADDRESS: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_
BOND AMOUNT: \_\_\_\_\_

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

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE 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 YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE: owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 30th DAY OF June, 2014

BY: Mark Stern AS owner FOR \_\_\_\_\_
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

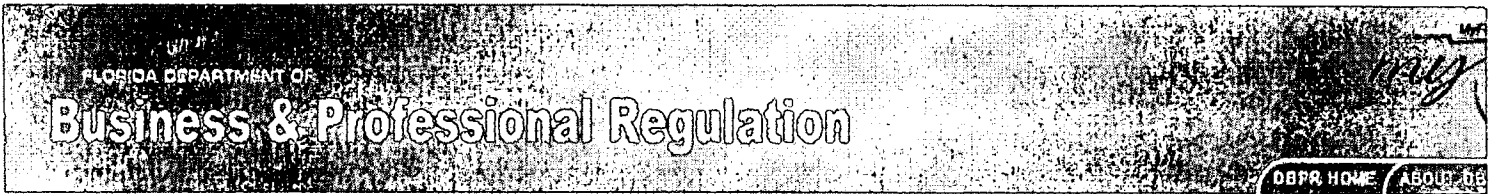
Notary Signature/Seal



STATE OF FLORIDA MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN TIMMANN, CLERK
BY: [Signature]
DATE: 7-10-2014



INSTR # 2465301 OR BK 2728 PG 1644 RECD 07/10/2014 11:43:05 AM
(1 Pgs)
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00, HTG DOC \$0.00, INTANGIBLE \$0.00



Florida Department of Business & Professional Regulation

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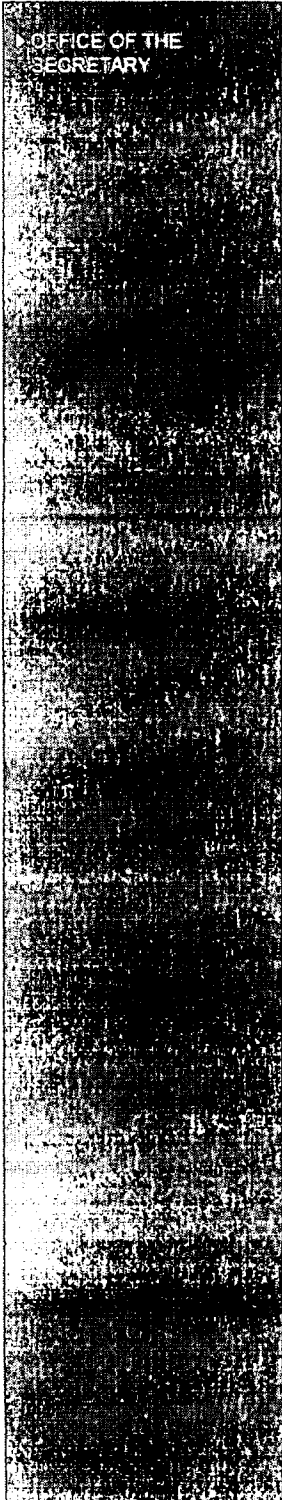


Product Approval  
USER: Public User

*5/28/13*

License efficiently. Regulate fairly.

Product Approval Menu > Product or Application Search > Application List > Application Detail



FL #

FL5684-R5

Application Type

Revision

Code Version

2010

Application Status

Approved

Comments

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

Archived

Product Manufacturer

Clopay Building Products Company

Address/Phone/Email

8585 Duke Blvd.  
Mason, OH 45040  
(513) 770-6062  
mwesterfield@clopay.com

Authorized Signature

Scott Hamilton  
shamilton@clopay.com

Technical Representative

Address/Phone/Email

Quality Assurance Representative

Address/Phone/Email

Category

Exterior Doors

Subcategory

Sectional Exterior Door Assemblies

Compliance Method

Evaluation Report from a Florida Registered Architect Professional Engineer

Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report

Scott Hamilton

Florida License

PE-63286

Quality Assurance Entity

Intertek Testing Services NA Inc. - ETL/Warnock Hers

Quality Assurance Contract Expiration Date

12/31/2038

Validated By

Gary Pfuehler

Validation Checklist - Hardcopy Received

Certificate of Independence

[FL5684 R5 COI Certification of Independence of E Gary Pfuehler.pdf](#)  
[FL5684 R5 COI Statement on Independence of E](#)

[ScottHamilton.pdf](#)

Referenced Standard and Year (of Standard)

**Standard**

- ANSI/DASMA 108
- ANSI/DASMA 115
- ASTM E330
- TAS 201
- TAS 202
- TAS 203

Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method

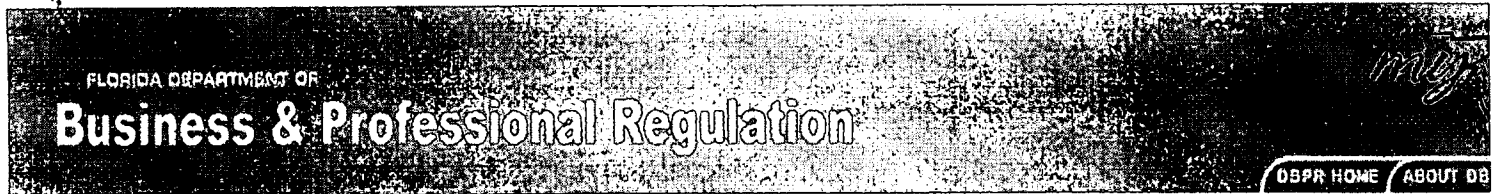
Method 1 Option D

Date Submitted 12/19/2011  
 Date Validated 12/20/2011  
 Date Pending FBC Approval 12/27/2011  
 Date Approved 01/31/2012

Summary of Products		
Go to Page <input type="text"/> <input type="button" value="GO"/>		
FL #	Model, Number or Name	Description
5684.1	01 W8-09 DSIE-1F471: GD2SP, GR2SP, GD2LP, GR2LP, AR2SP, AR2LP, ED2SP, ED2LP	Gallery/Artistry/Expressions: Double-skin min.; interior skin 27 ga. min.) Single-Ca WINDCODE@ W8 Garage Door
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +54 PSF/-60 PSF Other: Max. Wind Speed (V <sub>ult</sub> ): 170 MPH.		<b>Installation Instructions</b> <a href="#">FL5684 R5 II 104119-IBC-Rev01.pdf</a> Verified By: Mark Westerfield FL PE 4845 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a> Created by Independent Third Party: No
5684.2	02 W7-09 PAN-2F153: 73, 75, 84A, 94, 98, 42, 42B, 48, 48B, 4F, 4RST, 6RST	Steel Pan (min. 25 ga.) Single-Car (up to Garage Door
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +42 PSF/-48 PSF Other: Max. Wind Speed (V <sub>ult</sub> ): 170 MPH. Optional Impact Resistant Glazing available.		<b>Installation Instructions</b> <a href="#">FL5684 R5 II 101702-FPA-Rev11.pdf</a> Verified By: Mark Westerfield FL PE 4845 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a> Created by Independent Third Party: No
5684.3	03 W7-16 PAN-2F153: 73, 75, 84A, 94, 98, 42, 42B, 48, 48B, 4F, 4RST, 6RST	Steel Pan (min. 25 ga.) Double Car (9'2" Garage Door
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +42 PSF/-48 PSF Other: Max. Wind Speed (V <sub>ult</sub> ): 170 MPH. Optional Impact Resistant Glazing available.		<b>Installation Instructions</b> <a href="#">FL5684 R5 II 101309-FPA-Rev15.pdf</a> Verified By: Mark Westerfield FL PE 4845 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a> Created by Independent Third Party: No
5684.4	04 W7-18 PAN-2F143: 84A, 94, 98, 48, 48B, 4F, 4RST	Steel Pan (min. 24 ga.) 16'4" to 18'2" w/ Door
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes		<b>Installation Instructions</b> <a href="#">FL5684 R5 II 102621-Rev07.pdf</a> Verified By: Mark Westerfield FL PE 4845

	<p><b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +42 PSF/-46 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH.</p>	<p>Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.5	05 W8-09 DSIE-1F171: 4400, 4401, HDG, HDGL, HDGF, 4300, 4310, 4301, 66, 66G, 67, 67G, 68, 68G, 6200, 6201, 6203, SP200, SF200, SE200	Double-skin Insulated (exterior skin 27 g min.) Single-Car (up to 9'0" wide) WINDC
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +48 PSF/-60 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH. Optional Impact Resistant Glazing available.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684 R5 II 101703-FPA-Rev11.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.6	06 W8-09 PAN-2F153: 73, 75, 42, 42B, 6RST	Steel Pan (min. 25 ga.) Single-Car (up to Garage Door
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +46 PSF/-50 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH. Optional Impact Resistant Glazing available.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684 R5 II 101296-FPA-Rev14.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.7	07 W8-09 PAN-2F143: 84A, 94, 98, 48, 4B, 4F, 4RST (solid doors)	Steel Pan (min. 24 ga.) Single-Car (up to Garage Door with no glazing
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +54 PSF/-62 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH. Solid doors.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684 R5 II 103287-Rev04.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.8	08 W8-09 PAN-2F143: 84A, 94, 98, 48, 48B 4F, 4RST (impact-resistant glazing)	Steel Pan (min. 24 ga.) Single-Car (up to Garage Door with Impact Resistant Glazir
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +48 PSF/-54 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH. Doors with Impact Resistant Glazing.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684 R5 II 103547-FPA-Rev05.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.9	09 W8-09 DSIEO-1M479: Coachman/Settlers/Affinity	Double-skin Insulated (exterior skin 27 g min.) with Overlay Single-Car (up to 9'0" Door
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +54 PSF/-60 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684 R5 II 103436-FPA-Rev02.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.10	10 W8-12 C-DSIE-1F447: 3200, 3205, 3220, 240, 240G	Double-skin Insulated EPS (exterior skin min.) WINDCODE® W8 Sectional Door, u Impact Resistant Glazing
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +52 PSF/-58 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH. Optional Impact Resistant Glazing available.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684 R5 II 101705-IBC-Rev08.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.11	11 W8-12 C-PAN-1E448: 524, 520, 224, C4ST, C0ST	Ribbed Steel (min. 24 ga.) WINDCODE®
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +50 PSF/-56 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684 R5 II 102645-FPA-Rev07.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684 R5 AE CBPC 111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.12	12 W8-14 C-PAN-1E448: 524, 520, 224, C4ST, C0ST	Ribbed Steel (min. 24 ga.) WINDCODE® 14'2"

	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +50 PSF/-56 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684_R5_II_103288-FPA-Rev03.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684_R5_AE_CBPC_111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.13	13 W8-16 PAN-2F443: G4S, GS4, GD4S, GR4S, E4S, ED4S, SS4, AR4S	Gallery/Artistry/Expressions: Steel Pan (r 16'2" wide) WINDCODE@ W8 Garage Door
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +46.6 PSF/-52 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684_R5_II_104067-FPA-Rev02.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684_R5_AE_CBPC_111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.14	14 W8-16 DSIE-1F471: GD2SP, GR2SP, GD2LP, GR2LP, AR2SP, AR2LP, ED2SP, ED2LP	Gallery/Artistry/Expressions: Double-skin min.; interior skin 27 ga. min.) Double-C: WINDCODE@ W8 Garage Door
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +46.6 PSF/-52 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684_R5_II_104038-FPA-Rev02.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684_R5_AE_CBPC_111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.15	15 W8-16 DSIEO-1M479: Coachman/Settlers/Affinity	Double-skin Insulated (exterior skin 27 ga. min.) with Overlay Double-Car (9'2" up to Garage Door
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +46.6 PSF/-52 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684_R5_II_103560-FPA-Rev04.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684_R5_AE_CBPC_111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.16	16 W8-16 DSIE-1F171: 4400, 4401, HDG, HDGL, 4300, 4310, 4301, 66, 66G, 67, 67G, 68, 68G, 6200, 6201, 6203, SP200, SF200, SE200	Double-skin Insulated (exterior skin 27 ga. min.) Double Car (9'2" to 16'2" wide) WII
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +46.6 PSF/-52 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH. Optional Impact Resistant Glazing available.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684_R5_II_101488-FPA-Rev13.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684_R5_AE_CBPC_111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.17	17 W8-16: PAN-2F143: 84A, 94, 98, 48, 48B, 4F, 4RST	Steel Pan (min. 24 ga.) Double Car (9'2" Garage Door
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +46.6 PSF/-52 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH. Optional Impact Resistant Glazing available.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684_R5_II_101300-FPA-Rev16.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684_R5_AE_CBPC_111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.18	18 W8-18 DSIE-1F171: 4400, 4401, HDG, HDGL, HDGF, 4300, 4310, 4301, 66, 66G, 67, 67G, 68, 68G, 6200, 6201, 6203, SP200, SF200, SE200	Double-skin Insulated (exterior skin 27 ga. min.) Double Car (16'4" to 18'2" wide) W
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +46 PSF/-50 PSF  <b>Other:</b> Max. Wind Speed (V<sub>ult</sub>): 170 MPH.</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684_R5_II_103028-FPA-Rev08.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b>  <a href="#">FL5684_R5_AE_CBPC_111215-A.pdf</a>                  Created by Independent Third Party: No</p>
5684.19	19 W9-09 PAN-2F143: 93, 84A, 94, 98, 4F, 4RST, 48, 48B	Steel Pan (min. 24 ga.) Single-Car (up to Garage Door
	<p><b>Limits of Use</b>  <b>Approved for use in HVHZ:</b> Yes  <b>Approved for use outside HVHZ:</b> Yes  <b>Impact Resistant:</b> Yes  <b>Design Pressure:</b> +62 PSF/-72 PSF</p>	<p><b>Installation Instructions</b>  <a href="#">FL5684_R5_II_101706-FPA-Rev13.pdf</a>                  Verified By: Mark Westerfield FL PE 4849                  Created by Independent Third Party: No  <b>Evaluation Reports</b></p>



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FL #	FL7067-R4
Application Type	Revision
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Custom Window Systems Inc.
Address/Phone/Email	1900 SW 44th Avenue Ocala, FL 34474 (352) 368-6922 Ext 207 mlafevre@cws.cc
Authorized Signature	Michael LaFevre mlafevre@cws.cc
Technical Representative	Brian Tenace
Address/Phone/Email	1900 SW 44th Ave. Ocala, FL 34474 (352) 368-6922 Ext 291 btenace@cws.cc
Quality Assurance Representative	Jeff Thompson
Address/Phone/Email	1900 SW 44th Ave. Ocala, FL 34474 (352) 368-6922 Ext 221 jthompson@cws.cc
Category	Windows
Subcategory	Horizontal Slider
Compliance Method	Evaluation Report from a Florida Registered Architect Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Lucas A. Turner
Florida License	PE-58201
Quality Assurance Entity	Keystone Certifications, Inc.
Quality Assurance Contract Expiration Date	07/21/2020
Validated By	Steven M. Urich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received

Certificate of Independence

FL7067 R4 COI EvalRep CWS-157B (HS-8200 IMPA

Referenced Standard and Year (of Standard)

**Standard**

- AAMA/WDMA/CSA/101/I.S.2/A440-05
- ASTM E 1300-04
- ASTM E1886-02
- ASTM E1996-02
- PA/TAS 201/202/203

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

12/12/2011

Date Validated

12/16/2011

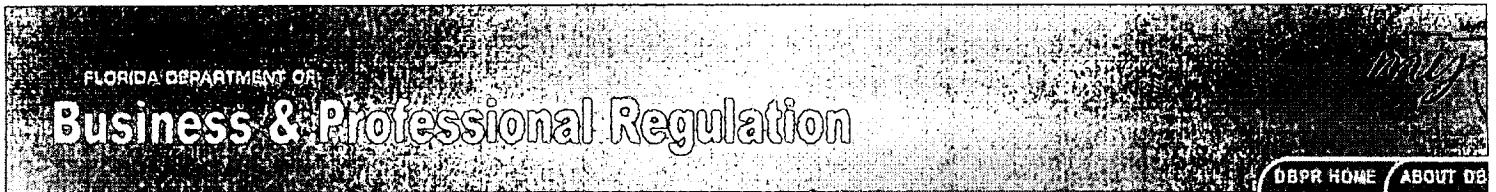
Date Pending FBC Approval

12/22/2011

Date Approved

01/31/2012

Summary of Products		
FL #	Model, Number or Name	Description
7067.1	HS-8200 Vinyl Horizontal Slider	HS-8200 Vinyl Flg/Fin Horizontal Slider (I
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60/-60 Other: Large Missile, 74x54, DP = +/- 60 psf, (Impact).		<b>Installation Instructions</b> FL7067 R4 II CWS-157B (HS-8200 IMP Verified By: Lucas A. Turner 58201 Created by Independent Third Party: Yes <b>Evaluation Reports</b> FL7067 R4 AE DuPont PVB NOA 11-062 FL7067 R4 AE EvalRep CWS-157B (HS- FL7067 R4 AE Mikron NOA 11-0830 09 Created by Independent Third Party: Yes
7067.2	HS-8200 Vinyl Horizontal Slider	HS-8200 Vinyl Flg/Fin Horizontal Slider, I
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60/-60 Other: Large Missile, 111" x 63", XOX, +/- 60 psf.		<b>Installation Instructions</b> FL7067 R4 II CWS-232B (HS-8200, XO Verified By: Lucas A. Turner 58201 Created by Independent Third Party: Yes <b>Evaluation Reports</b> FL7067 R4 AE DuPont PVB NOA 11-062 FL7067 R4 AE DuPont SGP NOA 11-062 FL7067 R4 AE EvalRep CWS-232B (HS- FL7067 R4 AE Mikron NOA 11-0830 09 Created by Independent Third Party: Yes
7067.3	HS-8200 Vinyl Horizontal Slider	HS-8200 Vinyl Flg Horizontal Slider, 73" >
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60/-75 Other: Large Missile, 73" x 62", DP = + 60, - 75 psf, Impact.		<b>Installation Instructions</b> FL7067 R4 II CWS-399A (HS-8200, 73: Verified By: Lucas A. Turner 58201 Created by Independent Third Party: Yes <b>Evaluation Reports</b> FL7067 R4 AE DuPont SGP NOA 11-062 FL7067 R4 AE EvalRep CWS-399A (HS- IMPACT).pdf FL7067 R4 AE Mikron NOA 11-0830 09 Created by Independent Third Party: Yes
7067.4	HS-8200 Vinyl Horizontal Slider Impact	HS-8200 Vinyl Horizontal Slider Impact w



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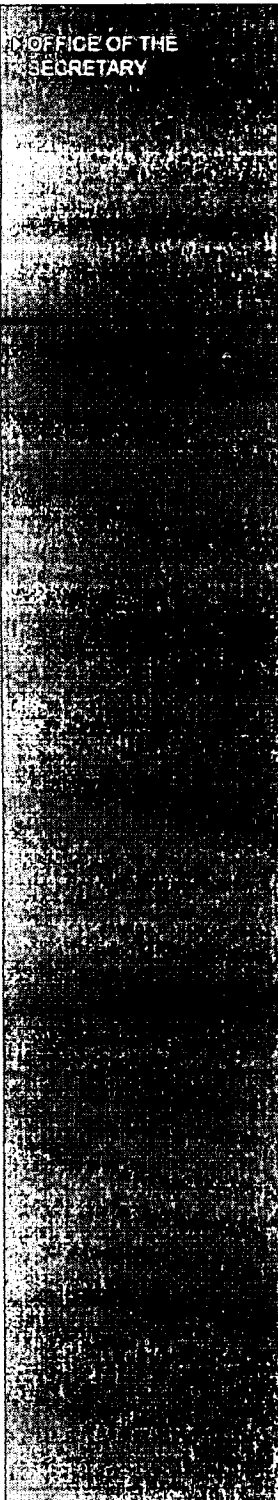
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FL #	FL5823-R5
Application Type	Revision
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Custom Window Systems Inc.
Address/Phone/Email	1900 SW 44th Avenue Ocala, FL 34474 (352) 368-6922 Ext 207 mlafevre@cws.cc
Authorized Signature	Michael LaFevre mlafevre@cws.cc
Technical Representative	Brian Tenace
Address/Phone/Email	1900 SW 44th Ave. Ocala, FL 34474 (352) 368-6922 Ext 291 btenace@cws.cc
Quality Assurance Representative	Jeff Thompson
Address/Phone/Email	1900 SW 44th Ave. Ocala, FL 34474 (352) 368-6922 Ext 221 jthompson@cws.cc
Category	Windows
Subcategory	Single Hung
Compliance Method	Evaluation Report from a Florida Registered Architect Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Lucas A. Turner
Florida License	PE-58201
Quality Assurance Entity	Keystone Certifications, Inc.
Quality Assurance Contract Expiration Date	07/21/2020
Validated By	Steven M. Urich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received



Certificate of Independence

[FL5823 R5 COI EvalRep CWS-155B \(SH-8100, Imp\)](#)

Referenced Standard and Year (of Standard)

**Standard**

- AAMA/WDMA/CSA/101/I.S.2/A440-05
- ASTM E 1300-04
- ASTM E1886-05
- ASTM E1996-06
- PA/TAS 201/202/203

Equivalence of Product Standards Certified By

Florida Licensed Professional Engineer or Architect  
[FL5823 R5 Equiv SH-8100 Equivalency.pdf](#)

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

12/01/2011

Date Validated

12/13/2011

Date Pending FBC Approval

12/20/2011

Date Approved

01/31/2012

Summary of Products		
FL #	Model, Number or Name	Description
5823.1	8100 Vinyl Single Hung	8100 Vinyl Single Hung (Impact)
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Large Missile, see installation dwgs. for Max. size and DP.		<b>Installation Instructions</b> <a href="#">FL5823 R5 II CWS-155B (SH-8100, Im</a> Verified By: Lucas A. Turner 58201 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL5823 R5 AE DuPont PVB NOA 11-062</a> <a href="#">FL5823 R5 AE EvalRep CWS-155B (SH-</a> <a href="#">FL5823 R5 AE Mikron NOA 11-0830 09</a> Created by Independent Third Party: Yes
5823.2	SH-8100 Cont. Hd. & Sill	SH-8100 Cont. Hd. & Sill (double Single I
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Large Missile, DP +67.5/-70.0 psf w/ Std. sill, DP +/- 70.0 psf w/ high rise, Max. size 74 1/8" x 63". Outer lite in I.G. must be safety glazed when used above 30 ft. in HVHZ.		<b>Installation Instructions</b> <a href="#">FL5823 R5 II CWS-440A (SH-8100, Im</a> Verified By: Lucas A. Turner 58201 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL5823 R5 AE DuPont PVB NOA 11-062</a> <a href="#">FL5823 R5 AE EvalRep CWS-440A (SH-</a> <a href="#">ContHdSl).pdf</a> <a href="#">FL5823 R5 AE Mikron NOA 11-0830 09</a> Created by Independent Third Party: Yes
5823.3	SH-8100 Cont. Hd. & Sill	SH-8100 Cont. Hd. & Sill (double Single I
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +67.5/-67.5 Other: Large Missile, DP = +/- 67.5 psf, Max. size 74 1/8" x 72". Outer lite in I.G. must be safety glazed when used above 30 ft. in HVHZ.		<b>Installation Instructions</b> <a href="#">FL5823 R5 II CWS-491A (SH-8100, Im</a> Verified By: Lucas A. Turner 58201 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL5823 R5 AE DuPont PVB NOA 11-062</a> <a href="#">FL5823 R5 AE EvalRep CWS-491A (SH-</a> <a href="#">ContHdSl).pdf</a> <a href="#">FL5823 R5 AE Mikron NOA 11-0830 09</a> Created by Independent Third Party: Yes
5823.4	SH-8100 Vinyl Single Hung Heavy Duty	SH-8100 Vinyl Impact Single Hung w/ He



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FL #	FL11103-R1
Application Type	Revision
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Custom Window Systems Inc.
Address/Phone/Email	1900 SW 44th Avenue Ocala, FL 34474 (352) 368-6922 Ext 207 mlafevre@cws.cc
Authorized Signature	Michael LaFevre mlafevre@cws.cc
Technical Representative	Brian Tenace
Address/Phone/Email	1900 SW 44th Ave. Ocala, FL 34474 (352) 368-6922 Ext 291 btenace@cws.cc
Quality Assurance Representative	Jeff Thompson
Address/Phone/Email	1900 SW 44th Ave. Ocala, FL 34474 (352) 368-6922 Ext 221 jthompson@cws.cc
Category	Exterior Doors
Subcategory	Sliding Exterior Door Assemblies
Compliance Method	Evaluation Report from a Florida Registered Architect Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Lucas A. Turner
Florida License	PE-58201
Quality Assurance Entity	Keystone Certifications, Inc.
Quality Assurance Contract Expiration Date	07/21/2020
Validated By	Steven M. Urlich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received

Certificate of Independence

[FL11103 R1 COI EvalRep CWS-292A \(SGD-8900, X\)](#)

Referenced Standard and Year (of Standard)

**Standard**

- AAMA/WDMA/CSA/101/I.S.2/A440-05
- ASTM E 1300-04
- ASTM E1886-02
- ASTM E1996-02
- TAS 201/202/203

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

12/12/2011

Date Validated

12/16/2011

Date Pending FBC Approval

12/21/2011

Date Approved

01/31/2012

Summary of Products		
FL #	Model, Number or Name	Description
11103.1	SGD-8900	SGD-8900 PVC, 2 Panel, 2 Track Sliding (
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60/-60 Other: Large Missile Impact, Max. size 6068, DP = +/- 60 psf.		<b>Installation Instructions</b> <a href="#">FL11103 R1 II CWS-292A (SGD-8900, X)</a> Verified By: Lucas A. Turner 58201 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL11103 R1 AE DuPont PVB NOA 11-06</a> <a href="#">FL11103 R1 AE EvalRep CWS-292A (SGD-8900, X) (IMP).pdf</a> <a href="#">FL11103 R1 AE Mikron NOA 11-0830 C</a> Created by Independent Third Party: Yes
11103.2	SGD-8900 PVC Sliding Glass Door.	SGD-8900 PVC Sliding Glass Door, 16080
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60/-60 Other: Large Missile, DP = +/- 60 psf, Max. panel size 4' x 8'. Config. include OXXO, OXO, OX, XO.		<b>Installation Instructions</b> <a href="#">FL11103 R1 II CWS-298A (SGD-8900, X)</a> Verified By: Lucas A. Turner 58201 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL11103 R1 AE DuPont SGP NOA 11-06</a> <a href="#">FL11103 R1 AE EvalRep CWS-298A (SGD-8900, X) (IMPACT).pdf</a> <a href="#">FL11103 R1 AE Mikron NOA 11-0830 C</a> Created by Independent Third Party: Yes

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Florida Department of  
**Business & Professional Regulation**

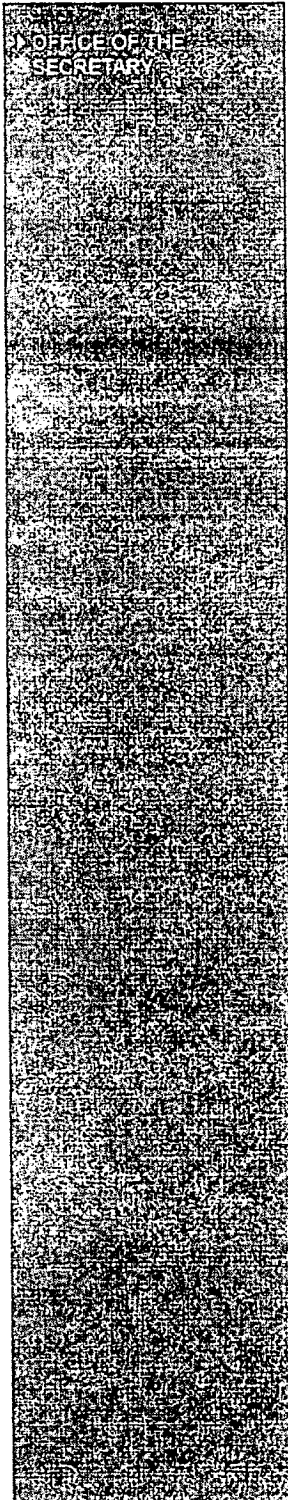
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**Product Approval**  
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[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



FL #	FL15125
Application Type	New
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	ETO Doors
Address/Phone/Email	1340 East Sixth Street Los Angeles, CA 90021 (213) 622-2003 fbc@buildingdrops.com
Authorized Signature	Tal Hassid fbc@buildingdrops.com
Technical Representative	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	
Category	Exterior Doors
Subcategory	Swinging Exterior Door Assemblies
Compliance Method	Evaluation Report from a Florida Registered Architect Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Alexis Spyrou, P.E.
Florida License	PE-68101
Quality Assurance Entity	National Accreditation & Management Institute
Quality Assurance Contract Expiration Date	12/31/2014
Validated By	Locke Bowden <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	<a href="#">FL15125_R0_COI_COI_ETO_signed_and_cert.pdf</a>

Referenced Standard and Year (of Standard) **Standard**  
 TAS 201  
 TAS 202  
 TAS 203

Equivalence of Product Standards  
 Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 01/20/2012  
 Date Validated 04/23/2012  
 Date Pending FBC Approval 02/22/2012  
 Date Approved 05/02/2012

Summary of Products		
FL #	Model, Number or Name	Description
15125.1	Wood Impact Rated	Glazed Outswing Doors
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +70/-70 Other: MAX. FRAME: 98.50" X 97.25" MAX. PANEL: 49" X 95.50" RATED FOR WATER INFILTRATION REQUIREMENTS AT THE DESIGN PRESSURE NOTED, SEE DRAWING ETO002 FOR FURTHER DETAILS & LIMITS OF USE		<b>Installation Instructions</b> <a href="#">FL15125_R0_II_ET0002_R1_cert.pdf</a> Verified By: Alexis Spyrou, P.E. Florida P Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL15125_R0_AE_PER_877.pdf</a> Created by Independent Third Party: Yes
15125.2	Wood Impact Rated	Opaque Outswing Doors
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60/-60 Other: MAX. FRAME: 98.50" X 97.25" MAX. PANEL: 49" X 95.50" RATED FOR WATER INFILTRATION REQUIREMENTS AT THE DESIGN PRESSURE NOTED, SEE DRAWING ETO003 FOR FURTHER DETAILS & LIMITS OF USE		<b>Installation Instructions</b> <a href="#">FL15125_R0_II_ET0003_sealed_cert.pdf</a> Verified By: Alexis Spyrou, P.E. Florida P Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL15125_R0_AE_PER_878.pdf</a> Created by Independent Third Party: Yes
15125.3	Wood Impact Rated	Glazed Inswing Doors
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +70/-70 Other: MAX. FRAME: 98.50" X 97.25" MAX. PANEL: 49" X 94.50" NOT RATED FOR WATER INFILTRATION REQUIREMENTS AT THE DESIGN PRESSURE NOTED ON ETO004, SINGLE DOOR UNIT DESIGN PRESSURE: +70/-70 PSF, DOUBLE DOOR UNIT DESIGN PRESSURE: +60/-60 PSF, SEE DRAWING ETO004 FOR FURTHER DETAILS & LIMITS OF USE		<b>Installation Instructions</b> <a href="#">FL15125_R0_II_ET0004_R1_cert.pdf</a> Verified By: Alexis Spyrou, P.E. Florida P Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL15125_R0_AE_PER_879.pdf</a> Created by Independent Third Party: Yes
15125.4	Wood Impact Rated	Opaque Inswing Doors
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +70/-70 Other: MAX. FRAME: 98.50" X 97.25" MAX. PANEL: 49" X 94.50" NOT RATED FOR WATER INFILTRATION REQUIREMENTS AT THE DESIGN PRESSURE NOTED, SEE DRAWING ETO005 FOR FURTHER DETAILS & LIMITS OF USE		<b>Installation Instructions</b> <a href="#">FL15125_R0_II_ET0005_sealed_cert.pdf</a> Verified By: Alexis Spyrou, P.E. Florida P Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL15125_R0_AE_PER_880.pdf</a> Created by Independent Third Party: Yes
15125.5	Wood Non-Impact Rated	Glazed Outswing Doors
<b>Limits of Use</b> Approved for use in HVHZ: Yes		<b>Installation Instructions</b> <a href="#">FL15125_R0_II_ET0006_R1_cert.pdf</a>

# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

<b>Project Name:</b> Stem Residence <b>Street:</b> River Rd <b>City, State, Zip:</b> Sewalls Point, FL <b>Owner:</b> <b>Design Location:</b> FL, West Palm Beach	<b>Builder Name:</b> <b>Permit Office:</b> Sewalls Point <b>Permit Number:</b> <b>Jurisdiction:</b>
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Glass/Floor Area: 0.158	Total Proposed Modified Loads: 48.46 Total Standard Reference Loads: 61.44	PASS
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I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: *[Signature]*  
 DATE: 6/7/2014

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

OWNER/AGENT: *[Signature]*  
 DATE: 6/7/14

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



BUILDING OFFICIAL: \_\_\_\_\_  
 DATE: \_\_\_\_\_

- Compliance requires certification by the air handler unit manufacturer that the air handler enclosure qualifies as certified factory-sealed in accordance with 403.2.2.1.1.
- Compliance requires completion of a Florida Air Barrier and Insulation Inspection Checklist

PROJECT												
Title:	Stem Residence		Bedrooms:	4		Address Type:	Street Address					
Building Type:	User		Conditioned Area:	2223		Lot #						
Owner:			Total Stories:	1		Block/SubDivision:						
# of Units:	1		Worst Case:	No		PlatBook:						
Builder Name:			Rotate Angle:	0		Street:	River Rd					
Permit Office:	Sewalls Point		Cross Ventilation:			County:	Martin					
Jurisdiction:			Whole House Fan:			City, State, Zip:	Sewalls Point , FL ,					
Family Type:	Single-family											
New/Existing:	Existing (Projected)											
Comment:												
CLIMATE												
<input checked="" type="checkbox"/>	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	2.5 %	Int Design Temp Winter	Summer	Heating Degree Days	Design Moisture	Daily Temp Range		
___	FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	70	75	316	60	Medium		
BLOCKS												
	Number	Name	Area	Volume								
	1	Block1	2223	17784								
SPACES												
	Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated	
	1	Main	2223	17784	Yes	4	4	1	Yes	Yes	Yes	
FLOORS												
<input checked="" type="checkbox"/>	#	Floor Type	Space	Perimeter	R-Value	Area		Tile	Wood	Carpet		
___	1	Slab-On-Grade Edge Insulatio	Main	276 ft	0	2223 ft²	___	0	0	1		
ROOF												
<input checked="" type="checkbox"/>	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt Tested	Emitt Tested	Deck Insul.	Pitch (deg)
___	1	Hip	Flat tile/slate	2343 ft²	0 ft²	Medium	0.96	No	0.9	No	0	18.4
ATTIC												
<input checked="" type="checkbox"/>	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC					
___	1	Full attic	Vented	300	2223 ft²	N	N					
CEILING												
<input checked="" type="checkbox"/>	#	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type					
___	1	Under Attic (Vented)	Main	30	2223 ft²	0.11	Wood					

**WALLS**

✓ #	Omt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft In	Height Ft In	Area	Sheathing R-Value	Framing Fraction	Solar Absor	Below Grade%
1	N	Exterior	Concrete Block - Int Insul	Main	2	63	8	504.0 ft²		0	0.75	0
2	S	Exterior	Concrete Block - Int Insul	Main	2	54	8	432.0 ft²		0	0.75	0
3	E	Exterior	Concrete Block - Int Insul	Main	2	39	8	312.0 ft²		0	0.75	0
4	W	Exterior	Concrete Block - Int Insul	Main	2	70	8	560.0 ft²		0	0.75	0
5	E	Garage	Frame - Wood	Main	11	24	8	192.0 ft²		0.23	0.75	0
6	N	Garage	Frame - Wood	Main	11	18	8	128.0 ft²		0.23	0.75	0
7	S	Garage	Frame - Wood	Main	11	13	8	104.0 ft²		0.23	0.75	0

**DOORS**

✓ #	Omt	Door Type	Space	Storms	U-Value	Width Ft In	Height Ft In	Area
1	E	Insulated	Main	None	.4	3	6	20 ft²
2	E	Insulated	Main	None	.4	3	6	20 ft²

**WINDOWS**

Orientation shown is the entered, Proposed orientation.

✓ #	Omt	Wall		Panes	NFRC	U-Factor	SHGC	Area	Overhang		Int Shade	Screening
		ID	Frame						Depth	Separation		
1	E	3	Vinyl	Low-E Single	Yes	0.35	0.32	50.0 ft²	2 ft 0 in	1 ft 0 in	Drapes/blinds	None
2	E	3	Vinyl	Low-E Single	Yes	0.35	0.32	20.0 ft²	4 ft 0 in	1 ft 0 in	Drapes/blinds	None
3	S	2	Vinyl	Low-E Single	Yes	0.35	0.32	68.3 ft²	2 ft 0 in	1 ft 0 in	Drapes/blinds	None
4	S	2	Vinyl	Low-E Single	Yes	0.35	0.32	6.0 ft²	2 ft 0 in	1 ft 0 in	Drapes/blinds	None
5	S	2	Vinyl	Low-E Single	Yes	0.35	0.32	40.0 ft²	20 ft 0 in	1 ft 0 in	Drapes/blinds	None
6	N	1	Vinyl	Low-E Single	Yes	0.35	0.32	20.0 ft²	20 ft 0 in	1 ft 0 in	Drapes/blinds	None
7	N	1	Vinyl	Low-E Single	Yes	0.35	0.32	31.5 ft²	2 ft 0 in	1 ft 0 in	Drapes/blinds	None
8	N	1	Vinyl	Low-E Single	Yes	0.35	0.32	22.8 ft²	0 ft 0 in	0 ft 0 in	Drapes/blinds	None
9	N	1	Vinyl	Low-E Single	Yes	0.35	0.32	6.0 ft²	2 ft 0 in	1 ft 0 in	Drapes/blinds	None
10	W	4	Vinyl	Low-E Single	Yes	0.35	0.32	31.5 ft²	10 ft 0 in	1 ft 0 in	Drapes/blinds	None
11	W	4	Vinyl	Low-E Single	Yes	0.35	0.32	40.0 ft²	12 ft 0 in	1 ft 0 in	Drapes/blinds	None
12	W	4	Vinyl	Low-E Single	Yes	0.35	0.32	16.0 ft²	8 ft 0 in	1 ft 0 in	Drapes/blinds	None

**GARAGE**

✓ #	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation
1	552 ft²	552 ft²	64 ft	8 ft	11

**INFILTRATION**

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Best Guess	.0005	2915.5	160.06	301.01	.345	9.8383



HEATING SYSTEM							
✓	#	System Type	Subtype	Efficiency	Capacity	Block	Ducts
✓	1	Electric Strip Heat	None	COP: 1	34 kBtu/hr	1	sys#1

COOLING SYSTEM									
✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
✓	1	Central Unit	Split	SEER: 16	47 kBtu/hr	1410 cfm	0.75	1	sys#1

HOT WATER SYSTEM									
✓	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
✓	1	Electric	None	Garage	0.95	40 gal	70 gal	120 deg	None

SOLAR HOT WATER SYSTEM							
✓	FSEC	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
✓	None	None			ft²		

DUCTS												
✓	#	— Supply —		— Return —		Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC # Heat Cool
✓	1	Attic	6	300 ft²	Attic	111.15 f	Default Leakage	Main	(Default)	(Default)		1 1

TEMPERATURES																								
Programable Thermostat: Y																								
Ceiling Fans:																								
Cooling	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input checked="" type="checkbox"/>	Jun	<input checked="" type="checkbox"/>	Jul	<input checked="" type="checkbox"/>	Aug	<input checked="" type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input checked="" type="checkbox"/>	Dec
Heating	<input checked="" type="checkbox"/>	Jan	<input checked="" type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Jul	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec
Venting	<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Jul	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec
Thermostat Schedule: HERS 2006 Reference																								
Hours																								
Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12											
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80											
	PM	80	80	78	78	78	78	78	78	78	78	78	78											
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78											
	PM	78	78	78	78	78	78	78	78	78	78	78	78											
Heating (WD)	AM	68	68	68	68	68	68	68	68	68	68	68	68											
	PM	68	68	68	68	68	68	68	68	68	68	68	68											
Heating (WEH)	AM	68	68	68	68	68	68	68	68	68	68	68	68											
	PM	68	68	68	68	68	68	68	68	68	68	68	68											

## Florida Code Compliance Checklist

Florida Department of Business and Professional Regulations  
Residential Whole Building Performance Method

ADDRESS: River Rd Sewalls Point, FL,	PERMIT #:
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**MANDATORY REQUIREMENTS SUMMARY - See individual code sections for full details.**

COMPONENT	SECTION	SUMMARY OF REQUIREMENT(S)	CHECK
Air leakage	402.4	To be caulked, gasketed, weatherstripped or otherwise sealed. Recessed lighting IC-rated as meeting ASTM E 283. Windows and doors = 0.30 cfm/sq.ft. Testing or visual inspection required. Fireplaces: gasketed doors & outdoor combustion air. Must complete envelope leakage report or visually verify Table 402.4.2.	
Thermostat & controls	403.1	At least one thermostat shall be provided for each separate heating and cooling system. Where forced-air furnace is primary system, programmable thermostat is required. Heat pumps with supplemental electric heat must prevent supplemental heat when compressor can meet the load.	
Ducts	403.2.2	All ducts, air handlers, filter boxes and building cavities which form the primary air containment passageways for air distribution systems shall be considered ducts or plenum chambers, shall be constructed and sealed in accordance with Section 503.2.7.2 of this code.	
	403.3.3	Building framing cavities shall not be used as supply ducts.	
Water heaters	403.4	Heat trap required for vertical pipe risers. Comply with efficiencies in Table 403.4.3.2. Provide switch or clearly marked circuit breaker (electric) or shutoff (gas). Circulating system pipes insulated to = R-2 + accessible manual OFF switch.	
Mechanical ventilation	403.5	Homes designed to operate at positive pressure or with mechanical ventilation systems shall not exceed the minimum ASHRAE 62 level. No make-up air from attics, crawlspaces, garages or outdoors adjacent to pools or spas.	
Swimming Pools & Spas	403.9	Pool pumps and pool pump motors with a total horsepower (HP) of = 1 HP shall have the capability of operating at two or more speeds. Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency=78% (82% after 4/16/13). Heat pump pool heaters minimum COP= 4.0.	
Cooling/heating equipment	403.6	Sizing calculation performed & attached. Minimum efficiencies per Tables 503.2.3. Equipment efficiency verification required. Special occasion cooling or heating capacity requires separate system or variable capacity system. Electric heat >10kW must be divided into two or more stages.	
Ceilings/knee walls	405.2.1	R-19 space permitting.	

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

**ESTIMATED ENERGY PERFORMANCE INDEX\* = 79**

The lower the Energy Performance Index, the more efficient the home.

River Rd, Sewalls Point, FL.

<p>1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area (ft<sup>2</sup>) 7. Windows**</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">Description</td> <td style="width: 10%;"></td> <td style="width: 10%;">Area</td> </tr> <tr> <td>a. U-Factor:</td> <td>Sgl, U=0.35</td> <td></td> <td>352.00 ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td>SHGC=0.32</td> <td></td> <td></td> </tr> <tr> <td>b. U-Factor:</td> <td>N/A</td> <td></td> <td>ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. U-Factor:</td> <td>N/A</td> <td></td> <td>ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. U-Factor:</td> <td>N/A</td> <td></td> <td>ft<sup>2</sup></td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Area Weighted Average Overhang Depth:</td> <td>7.178 ft.</td> <td></td> </tr> <tr> <td colspan="2">Area Weighted Average SHGC:</td> <td>0.320</td> <td></td> </tr> </table> <p>8. Floor Types</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">Insulation</td> <td style="width: 10%;"></td> <td style="width: 10%;">Area</td> </tr> <tr> <td>a. Slab-On-Grade Edge Insulation</td> <td>R=0.0</td> <td></td> <td>2223.00 ft<sup>2</sup></td> </tr> <tr> <td>b. N/A</td> <td>R=</td> <td></td> <td>ft<sup>2</sup></td> </tr> <tr> <td>c. N/A</td> <td>R=</td> <td></td> <td>ft<sup>2</sup></td> </tr> </table>		Description		Area	a. U-Factor:	Sgl, U=0.35		352.00 ft <sup>2</sup>	SHGC:	SHGC=0.32			b. U-Factor:	N/A		ft <sup>2</sup>	SHGC:				c. U-Factor:	N/A		ft <sup>2</sup>	SHGC:				d. U-Factor:	N/A		ft <sup>2</sup>	SHGC:				Area Weighted Average Overhang Depth:		7.178 ft.		Area Weighted Average SHGC:		0.320			Insulation		Area	a. Slab-On-Grade Edge Insulation	R=0.0		2223.00 ft <sup>2</sup>	b. N/A	R=		ft <sup>2</sup>	c. N/A	R=		ft <sup>2</sup>	<p>9. Wall Types</p> <p>a. Concrete Block - Int Insul, Exterior b. Frame - Wood, Adjacent c. N/A d. N/A</p> <p>10. Ceiling Types</p> <p>a. Under Attic (Vented) b. N/A c. N/A</p> <p>11. Ducts</p> <p>a. Sup: Attic, Ret: Attic, AH: Main</p> <p>12. Cooling systems</p> <p>a. Central Unit</p> <p>13. Heating systems</p> <p>a. Electric Strip Heat</p> <p>14. Hot water systems</p> <p>a. Electric b. Conservation features None</p> <p>15. Credits</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Insulation</td> <td style="width: 10%;">Area</td> </tr> <tr> <td>R=2.0</td> <td>1808.00 ft<sup>2</sup></td> </tr> <tr> <td>R=11.0</td> <td>424.00 ft<sup>2</sup></td> </tr> <tr> <td>R=</td> <td>ft<sup>2</sup></td> </tr> <tr> <td>R=</td> <td>ft<sup>2</sup></td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Insulation</td> <td style="width: 10%;">Area</td> </tr> <tr> <td>R=30.0</td> <td>2223.00 ft<sup>2</sup></td> </tr> <tr> <td>R=</td> <td>ft<sup>2</sup></td> </tr> <tr> <td>R=</td> <td>ft<sup>2</sup></td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">R</td> <td style="width: 10%;">ft<sup>2</sup></td> </tr> <tr> <td>6</td> <td>300</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">kBtu/hr</td> <td style="width: 10%;">Efficiency</td> </tr> <tr> <td>47.0</td> <td>SEER:16.00</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">kBtu/hr</td> <td style="width: 10%;">Efficiency</td> </tr> <tr> <td>34.0</td> <td>COP:1.00</td> </tr> </table> <p>Cap: 40 gallons EF: 0.95</p> <p>CF, Pstst</p>	Insulation	Area	R=2.0	1808.00 ft <sup>2</sup>	R=11.0	424.00 ft <sup>2</sup>	R=	ft <sup>2</sup>	R=	ft <sup>2</sup>	Insulation	Area	R=30.0	2223.00 ft <sup>2</sup>	R=	ft <sup>2</sup>	R=	ft <sup>2</sup>	R	ft <sup>2</sup>	6	300	kBtu/hr	Efficiency	47.0	SEER:16.00	kBtu/hr	Efficiency	34.0	COP:1.00
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I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: *William D. [Signature]* Date: 6/7/14  
 Address of New Home: 181 South River Rd City/FL Zip: 34996



\*Note: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida EnergyGauge Rating. Contact the EnergyGauge Hotline at (321) 638-1492 or see the EnergyGauge web site at energygauge.com for information and a list of certified Raters. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff.

\*\*Label required by Section 303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.



**Project Summary**  
**Entire House**

Job:  
Date: Jul 06, 2014  
By:

**Project Information**

For: Stern Residence  
181 S River Rd, Sewells Point, FL

Notes:

**Design Information**

Weather: West Palm Beach, FL, US

**Winter Design Conditions**

Outside db 47 °F  
Inside db 70 °F  
Design TD 23 °F

**Summer Design Conditions**

Outside db 90 °F  
Inside db 75 °F  
Design TD 15 °F  
Daily range L  
Relative humidity 50 %  
Moisture difference 59 gr/lb

**Heating Summary**

Structure 0 Btuh  
Ducts 0 Btuh  
Central vent (0 cfm) 0 Btuh  
Humidification 0 Btuh  
Piping 0 Btuh  
Equipment load 0 Btuh

**Sensible Cooling Equipment Load Sizing**

Structure 27103 Btuh  
Ducts 13019 Btuh  
Central vent (0 cfm) 0 Btuh  
Blower 0 Btuh  
Use manufacturer's data n  
Rate/swing multiplier 0.95  
Equipment sensible load 38116 Btuh

**Infiltration**

Method Simplified  
Construction quality Average  
Fireplaces 0

	Heating	Cooling
Area (ft²)	0	2225
Volume (ft³)	0	17800
Air changes/hour	0.61	0.16
Equiv. AVF (cfm)	0	47

**Latent Cooling Equipment Load Sizing**

Structure 3098 Btuh  
Ducts 3473 Btuh  
Central vent (0 cfm) 0 Btuh  
Equipment latent load 6570 Btuh  
Equipment total load 44686 Btuh  
Req. total capacity at 0.70 SHR 4.5 ton

**Heating Equipment Summary**

Make  
Trade  
Model  
AHRI ref  
Efficiency 100 EFF  
Heating input 0 kW  
Heating output 0 Btuh  
Temperature rise 0 °F  
Actual air flow 1583 cfm  
Air flow factor 0 cfm/Btuh  
Static pressure 0.10 in H2O  
Space thermostat

**Cooling Equipment Summary**

Make Rheem  
Trade RHEEM RAPM SERIES  
Cond RAPM-048JEZ  
Coil RHLL-HM4821++RCSL-H\*4821  
AHRI ref 3410807  
Efficiency 13.0 EER, 16 SEER  
Sensible cooling 33250 Btuh  
Latent cooling 14250 Btuh  
Total cooling 47500 Btuh  
Actual air flow 1583 cfm  
Air flow factor 0.039 cfm/Btuh  
Static pressure 0.10 in H2O  
Load sensible heat ratio 0.86

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

1		Room name		Entire House				BATH 1							
2		Exposed wall		8.0 ft				8.0 ft							
3		Room height		276.0 ft				19.0 ft							
4		Room dimensions		2225.0 ft²				78.0 ft²							
5		Room area						cool only							
6	Ty	Construction number	U-value (Btuh/ft²-F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	12B-0sw	0.097	n	0.00	2.67	128	128	0	342	0	0	0	0	
	W	13A-2ocs	0.201	n	0.00	4.19	408	335	0	1402	0	0	0	0	
	G	10A-b	0.970	n	0.00	17.96	20	0	0	366	0	0	0	0	
	G	4A4-2ov	0.470	n	0.00	16.48	53	0	0	874	0	0	0	0	
	11	W	12B-0sw	0.097	e	0.00	2.67	252	252	0	673	0	0	0	0
		W	13A-2ocs	0.201	e	0.00	4.19	320	206	0	864	0	0	0	0
		G	1A-c1ov	0.900	e	0.00	70.33	22	2	0	1514	0	0	0	0
		G	4A4-2ov	0.470	e	0.00	44.88	50	8	0	2267	0	0	0	0
		D	11P0	0.290	e	0.00	8.69	42	42	0	365	0	0	0	0
		W	12B-0sw	0.097	s	0.00	2.67	88	88	0	235	0	0	0	0
		W	13A-2ocs	0.201	s	0.00	4.19	448	338	0	1415	48	42	0	176
G		4A4-2ov	0.470	s	0.00	16.48	6	6	0	99	6	6	0	99	
G		4A4-2ov	0.470	s	0.00	16.48	64	64	0	1048	0	0	0	0	
G		4A4-2ov	0.470	s	0.00	16.48	41	41	0	673	0	0	0	0	
W		13A-2ocs	0.201	w	0.00	4.19	568	448	0	1876	104	104	0	436	
G	4A4-2ov	0.470	w	0.00	44.71	16	3	0	715	0	0	0	0		
G	4A4-2ov	0.470	w	0.00	46.08	21	3	0	977	0	0	0	0		
G	4A4-2ov	0.470	w	0.00	16.48	42	42	0	699	0	0	0	0		
G	4A4-2ov	0.470	w	0.00	16.48	41	41	0	673	0	0	0	0		
C	16B-30ad	0.032		0.00	1.71	2225	2225	0	3806	78	78	0	133		
F	22A-1pl	0.989		0.00	0.00	2225	276	0	0	78	19	0	0		
6	c) AED excursion									1158				-85	
	Envelope loss/gain								0	22041			0	759	
12	a) Infiltration								0	783			0	54	
	b) Room ventilation								0	0			0	0	
13	Internal gains:		Occupants @	230		6				1380	0			0	
			Appliances/other							2900				0	
	Subtotal (lines 6 to 13)								0	27103			0	813	
14	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								0	0			0	0	
	Subtotal								0	27103			0	813	
15	Duct loads					0%	48%		0	13019	0%	48%	0	391	
	Total room load								0	40122			0	1204	
	Air required (cfm)								0	1583			0	47	

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



		Room name		BATH 2		WC2								
		Exposed wall		8.0 ft		0 ft								
		Room height		16.0 ft		cool only								
		Room dimensions		5.0 x 11.0 ft		8.0 ft								
		Room area		55.0 ft²		20.0 ft²								
6	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
11	W	12B-0sw	0.097	n	0.00	2.67	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	n	0.00	4.19	88	68	0	0	283	0	0	0
	G	10A-b	0.970	n	0.00	17.96	20	0	0	0	366	0	0	0
	G	4A4-2ov	0.470	n	0.00	16.48	0	0	0	0	0	0	0	0
	W	12B-0sw	0.097	s	0.00	2.67	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	e	0.00	4.19	0	0	0	0	0	0	0	0
	G	1A-c1ov	0.900	e	0.00	70.33	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	e	0.00	44.98	0	0	0	0	0	0	0	0
	D	11P0	0.290	e	0.00	8.69	0	0	0	0	0	0	0	0
	W	12B-0sw	0.097	s	0.00	2.67	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	s	0.00	4.19	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	w	0.00	4.19	40	40	0	0	168	0	0	0
G	4A4-2ov	0.470	w	0.00	44.71	0	0	0	0	0	0	0	0	
G	4A4-2ov	0.470	w	0.00	46.08	0	0	0	0	0	0	0	0	
G	4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0	
G	4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0	
C	16B-30ad	0.032		0.00	1.71	55	55	0	0	94	20	20	34	
F	22A-1pl	0.989		0.00	0.00	55	16	0	0	0	20	0	0	
6	c) AED excursion										-90		-3	
	Envelope loss/gain										0	821	0	31
12	a) Infiltration										0	45	0	0
	b) Room ventilation										0	0	0	0
13	Internal gains:		Occupants @	230		0					0	0	0	0
			Appliances/other								0	0	0	0
	Subtotal (lines 6 to 13)										0	866	0	31
14	Less external load										0	0	0	0
	Less transfer										0	0	0	0
	Redistribution										0	11	0	0
	Subtotal										0	878	0	31
15	Duct loads					0%	48%				0	422	0%	48%
	Total room load										0	1299	0	46
	Air required (cfm)										0	51	0	2

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

1 Room name		WC1						MSTR BED								
2 Exposed wall		5.0 ft						17.0 ft								
3 Room height		8.0 ft						8.0 ft								
4 Room dimensions		4.0 x 5.0 ft						1.0 x 263.0 ft								
5 Room area		20.0 ft²						263.0 ft²								
6	Ty	Construction number	U-value (Btu/h·F)	Or	HTM (Btu/h·F)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)			
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool		
6	W	12B-0sw	0.097	n	0.00	2.67	0	0	0	0	0	0	0	0	0	
		13A-2ocs	0.201	n	0.00	4.19	0	0	0	0	0	0	0	0	0	
		10A-b	0.970	n	0.00	17.96	0	0	0	0	0	0	0	0	0	
		4A4-2ov	0.470	n	0.00	16.48	0	0	0	0	0	0	0	0	0	
		11	W	12B-0sw	0.097	e	0.00	2.67	0	0	0	0	0	0	0	0
				13A-2ocs	0.201	e	0.00	4.19	0	0	0	0	0	0	0	0
				1A-c1ov	0.900	e	0.00	70.33	0	0	0	0	0	0	0	0
				4A4-2ov	0.470	e	0.00	44.98	0	0	0	0	0	0	0	0
				11P0	0.290	e	0.00	8.69	0	0	0	0	0	0	0	0
				12B-0sw	0.097	s	0.00	2.67	0	0	0	0	0	0	0	0
				13A-2ocs	0.201	s	0.00	4.19	40	40	0	168	136	94	0	392
4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0				
4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	42	42	0	699				
4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0				
W	G	13A-2ocs	0.201	w	0.00	4.19	0	0	0	0	0	0	0	0		
		4A4-2ov	0.470	w	0.00	44.71	0	0	0	0	0	0	0	0		
		4A4-2ov	0.470	w	0.00	46.08	0	0	0	0	0	0	0	0		
		4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0		
		4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0		
C	F	16B-30ad	0.032		0.00	1.71	20	20	0	34	263	263	0	450		
		22A-tp1	0.989		0.00	0.00	20	5	0	0	263	17	0	0		
6	c) AED excursion									-20				-193		
	Envelope loss/gain								0	181			0	1348		
12	a) Infiltration								0	14			0	48		
	b) Room ventilation								0	0			0	0		
13	Internal gains:		Occupants @	230		0			0	0	2			460		
			Appliances/other						0	0				0		
	Subtotal (lines 6 to 13)								0	196			0	1856		
14	Less external load								0	0			0	0		
	Less transfer								0	0			0	0		
	Redistribution								0	0			0	48		
	Subtotal								0	196			0	1904		
15	Duct loads					0%	48%		0	94	0%	48%	0	914		
	Total room load								0	290			0	2818		
	Air required (cfm)								0	11			0	111		

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

		BEDRM 2				BEDRM 3									
		8.0 ft 31.0 ft cool only				8.0 ft 20.0 ft cool only									
		1.0 x 228.0 ft				1.0 x 228.0 ft									
		228.0 ft²				228.0 ft²									
1	Room name	Exposed wall	Room height	Room dimensions	Room area	HTM (Btu/h·ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
						Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12B-0sw	0.097	n	0.00	2.67	0	0	0	0	0	0	0	0	0
	W	13A-2ocsc	0.201	n	0.00	4.19	0	0	0	0	0	32	32	0	134
	G	10A-b	0.970	n	0.00	17.96	0	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	n	0.00	16.48	0	0	0	0	0	0	0	0	0
11	W	12B-0sw	0.097	e	0.00	2.67	0	0	0	0	0	0	0	0	0
	W	13A-2ocsc	0.201	e	0.00	4.19	128	103	0	431	128	103	0	431	
	G	1A-c1ov	0.900	e	0.00	70.33	0	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	e	0.00	44.98	25	4	0	1133	25	4	0	1133	
	D	11P0	0.290	e	0.00	8.69	0	0	0	0	0	0	0	0	0
	W	12B-0sw	0.097	s	0.00	2.67	0	0	0	0	0	0	0	0	0
	W	13A-2ocsc	0.201	s	0.00	4.19	120	99	0	414	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	21	21	0	349	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0	0
	W	13A-2ocsc	0.201	w	0.00	4.19	0	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	44.71	0	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	46.08	0	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032		0.00	1.71	228	228	0	390	228	228	0	390	
	F	22A-1pl	0.989		0.00	0.00	228	31	0	0	228	20	0	0	
6	c) AED excursion									-287				-124	
	Envelope loss/gain									0	2431			0	1965
12	a) Infiltration									0	88			0	57
	b) Room ventilation									0	0			0	0
13	Internal gains:		Occupants @	230						230	1			230	
			Appliances/other							0				0	
	Subtotal (lines 6 to 13)									0	2749			0	2251
	Less external load									0	0			0	0
	Less transfer									0	0			0	0
	Redistribution									0	18			0	18
	Subtotal									0	2767			0	2269
14	Duct loads					0%	48%			0	1329	0%	48%	0	1090
	Total room load									0	4096			0	3359
	Air required (cfm)									0	162			0	133

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



1 Room name				A/C		H								
2 Exposed wall				0 ft		0 ft								
3 Room height				8.0 ft		8.0 ft								
4 Room dimensions				4.0 x 3.0 ft		4.0 x 20.0 ft								
5 Room area				12.0 ft²		60.0 ft²								
Ty	Construction number	U-value (Btu/h-ft²-F)	Or	HTM (Btu/h-ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	12B-0sw	0.097	n	0.00	2.67	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	n	0.00	4.19	0	0	0	0	0	0	0	0
	G	10A-b	0.970	n	0.00	17.96	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	n	0.00	16.48	0	0	0	0	0	0	0	0
11	W	12B-0sw	0.097	e	0.00	2.67	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	e	0.00	4.19	0	0	0	0	0	0	0	0
	G	1A-c1ov	0.900	e	0.00	70.33	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	e	0.00	44.98	0	0	0	0	0	0	0	0
	D	11P0	0.290	e	0.00	8.69	0	0	0	0	0	0	0	0
	W	12B-0sw	0.097	e	0.00	2.67	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	s	0.00	4.19	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	w	0.00	4.19	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	44.71	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	46.08	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032		0.00	1.71	12	12	0	21	80	80	0	137
	F	22A-1pl	0.989		0.00	0.00	12	0	0	0	80	0	0	0
6	c) AED excursion												-2	-13
	Envelope loss/gain												0	124
12	a) Infiltration												0	0
	b) Room ventilation												0	0
13	Internal gains:		Occupants @	230									0	0
			Appliances/other										0	0
	Subtotal (lines 6 to 13)												0	124
	Less external load												0	0
	Less transfer												0	0
	Redistribution												0	-124
14	Subtotal												0	0
15	Duct loads					0%	48%				0%	48%	0	0
	Total room load												0	0
	Air required (cfm)												0	0

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



1 Room name		FAMILY						FOYER						
2 Exposed wall		22.0 ft						17.0 ft						
3 Room height		8.0 ft						8.0 ft						
4 Room dimensions		22.0 x 17.0 ft						8.0 x 11.0 ft						
5 Room area		374.0 ft²						88.0 ft²						
Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W 12B-0sw	0.097	n	0.00	2.67	0	0	0	0	72	0	0	192	
	W 13A-2ocs	0.201	n	0.00	4.19	0	0	0	0	0	0	0	0	
	G 10A-b	0.970	n	0.00	17.96	0	0	0	0	0	0	0	0	
	G 4A4-2ov	0.470	n	0.00	16.48	0	0	0	0	0	0	0	0	
11	W 12B-0sw	0.097	e	0.00	2.67	0	0	0	0	0	0	0	0	
	W 13A-2ocs	0.201	e	0.00	4.19	0	0	0	0	64	21	0	90	
	G 1A-c1ov	0.900	e	0.00	70.33	0	0	0	0	22	2	0	1514	
	G 4A4-2ov	0.470	e	0.00	44.98	0	0	0	0	0	0	0	0	
	D 11P0	0.280	e	0.00	8.69	0	0	0	0	21	21	0	182	
	W 12B-0sw	0.097	s	0.00	2.67	0	0	0	0	0	0	0	0	
	W 13A-2ocs	0.201	s	0.00	4.19	0	0	0	0	0	0	0	0	
	G 4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0	
	G 4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0	
	G 4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0	
	W 13A-2ocs	0.201	w	0.00	4.19	176	93	0	389	0	0	0	0	
	G 4A4-2ov	0.470	w	0.00	44.71	0	0	0	0	0	0	0	0	
	G 4A4-2ov	0.470	w	0.00	46.08	0	0	0	0	0	0	0	0	
	G 4A4-2ov	0.470	w	0.00	16.48	42	42	0	699	0	0	0	0	
	G 4A4-2ov	0.470	w	0.00	16.48	41	41	0	673	0	0	0	0	
	C 16B-30ad	0.032		0.00	1.71	374	374	0	640	88	88	0	151	
	F 22A-lpi	0.989		0.00	0.00	374	22	0	88	88	17	0	0	
6	c) AED excursion								2459				-66	
	Envelope loss/gain								0	4859			0	2064
12	a) Infiltration								0	62			0	48
	b) Room ventilation								0	0			0	0
13	Internal gains:	Occupants @		230		0			0	0			0	0
		Appliances/other							0	0			0	0
	Subtotal (lines 6 to 13)								0	4921			0	2112
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	48			0	0
14	Subtotal								0	4969			0	2112
15	Duct loads					0%	48%		0	2387	0%	48%	0	1014
	Total room load								0	7356			0	3126
	Air required (cfm)								0	290			0	123

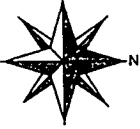
Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

1 Room name		KITCHEN						SITTING RM					
2 Exposed wall		43.0 ft						36.0 ft					
3 Room height		8.0 ft						8.0 ft					
4 Room dimensions		1.0 x 323.0 ft						14.0 x 11.0 ft					
5 Room area		323.0 ft²						154.0 ft²					
Ty	Construction number	U-value (Bluh/F²·°F)	Or	HTM (Bluh/F²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W 12B-0sw	0.097	n	0.00	2.67	56	56	0	150	0	0	0	0
	W 13A-2ocs	0.201	n	0.00	4.19	0	0	0	0	88	67	0	280
	W 10A-b	0.970	n	0.00	17.96	0	0	0	0	0	0	0	0
	W 4A4-2ov	0.470	n	0.00	16.48	0	0	0	0	21	0	0	349
11	W 12B-0sw	0.097	s	0.00	2.67	136	136	0	363	0	0	0	0
	W 13A-2ocs	0.201	e	0.00	4.19	0	-21	0	-88	0	0	0	0
	W 1A-c1ov	0.900	e	0.00	70.33	0	0	0	0	0	0	0	0
	W 4A4-2ov	0.470	e	0.00	44.98	0	0	0	0	0	0	0	0
	W 11P0	0.290	e	0.00	8.69	21	21	0	182	0	0	0	0
	W 12B-0sw	0.097	s	0.00	2.67	0	0	0	0	0	0	0	0
	W 13A-2ocs	0.201	s	0.00	4.19	16	16	0	67	88	47	0	198
	W 4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	W 4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	W 4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	41	41	0	673
	W 13A-2ocs	0.201	w	0.00	4.19	136	120	0	503	112	91	0	381
	W 4A4-2ov	0.470	w	0.00	44.71	16	3	0	715	0	0	0	0
	W 4A4-2ov	0.470	w	0.00	46.08	0	0	0	21	3	0	0	977
	W 4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0
	W 4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0
	W 4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0
	C 16B-30ad	0.032		0.00	1.71	323	323	0	552	154	154	0	263
	F 22A-ipl	0.989		0.00	0.00	323	43	0	0	154	36	0	0
6	c) AED excursion												-34
	Envelope loss/gain							0	2420			0	3087
12	a) Infiltration							0	122			0	102
	b) Room ventilation							0	0			0	0
13	Internal gains:	Occupants @		230		0			0	0			0
		Appliances/other							2000				0
	Subtotal (lines 6 to 13)							0	4542			0	3188
	Less external load							0	0			0	0
	Less transfer							0	0			0	0
	Redistribution							0	0			0	0
14	Subtotal							0	4542			0	3188
15	Duct loads					0%	48%	0	2182	0%	48%	0	1532
	Total room load							0	6723			0	4720
	Air required (cfm)							0	265			0	186

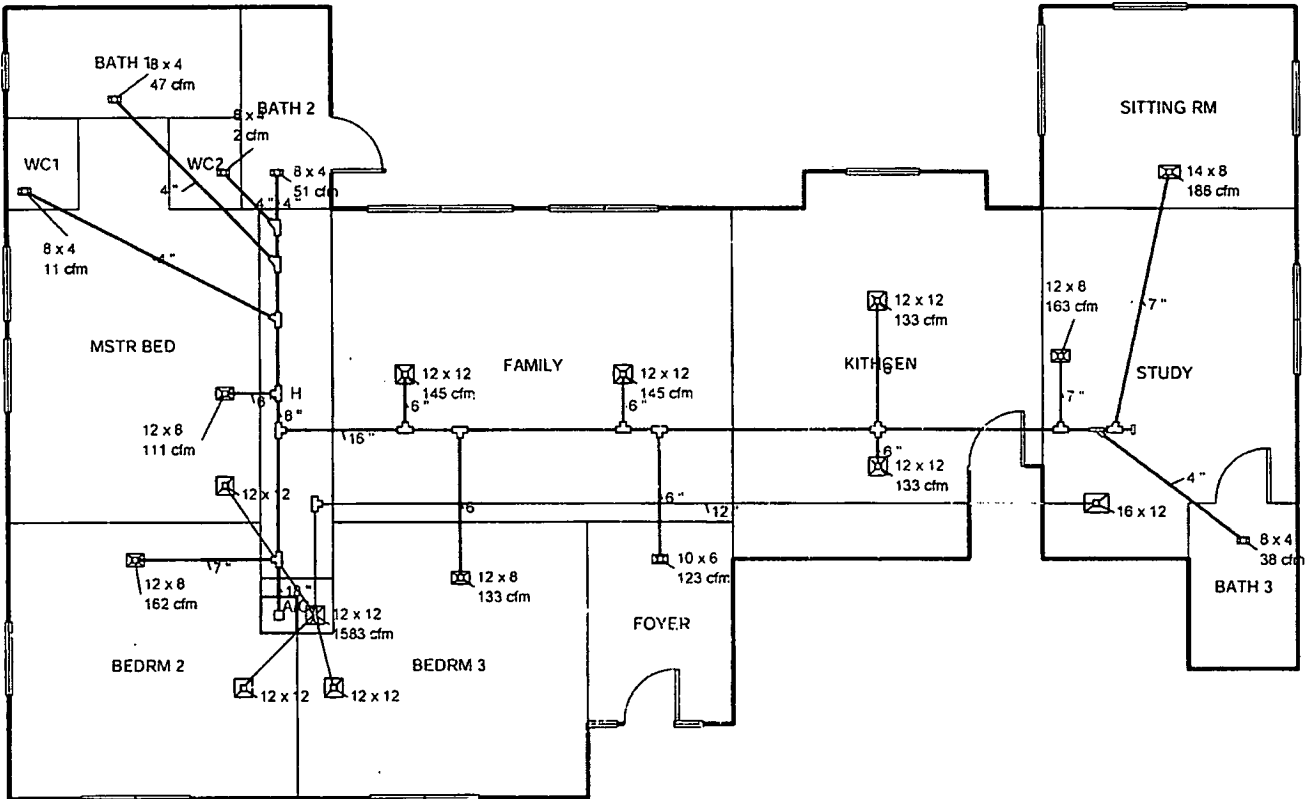
Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

1 Room name		STUDY						BATH 3						
2 Exposed wall		29.0 ft						21.0 ft						
3 Room height		8.0 ft						8.0 ft						
4 Room dimensions		1.0 x 248.0 ft						6.0 x 9.0 ft						
5 Room area		248.0 ft²						54.0 ft²						
	Ty	Construction number	U-value (Btu/h·ft²·°F)	Or	HTM (Btu/h·ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12B-0sw	0.097	n	0.00	2.67	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	n	0.00	4.19	128	96	0	403	72	72	0	302
	G	10A-b	0.970	n	0.00	17.96	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	n	0.00	16.48	32	0	0	524	0	0	0	0
11	W	12B-0sw	0.097	e	0.00	2.67	68	68	0	182	48	48	0	128
	W	13A-2ocs	0.201	e	0.00	4.19	0	0	0	0	0	0	0	0
	G	1A-c1ov	0.900	e	0.00	70.33	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	e	0.00	44.98	0	0	0	0	0	0	0	0
	D	11P0	0.290	e	0.00	8.69	0	0	0	0	0	0	0	0
	W	12B-0sw	0.097	e	0.00	2.67	40	40	0	107	48	48	0	128
	W	13A-2ocs	0.201	s	0.00	4.19	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	s	0.00	16.48	0	0	0	0	0	0	0	0
	W	13A-2ocs	0.201	w	0.00	4.19	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	44.71	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	46.08	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0
	G	4A4-2ov	0.470	w	0.00	16.48	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.00	1.71	248	248	0	424	54	54	0	92
	F	22A-1pl	0.989	-	0.00	0.00	248	29	0	0	54	21	0	0
6	c) AED excursion													-67
	Envelope loss/gain								0	1349			0	584
12	a) Infiltration								0	83			0	59
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			2			460	0			0
			Appliances/other							900				0
	Subtotal (lines 6 to 13)								0	2793			0	643
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								0	2793			0	643
15	Duct loads						0%	48%	0	1341	0%	48%	0	309
	Total room load								0	4134			0	952
	Air required (cfm)								0	163			0	38

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Sheet 1



**Job #:**  
**Performed for:**  
Stern Residence  
181 S River Rd  
Sewells Point, Fl

**Scale:** 1 : 120  
Page 1  
Right-Suite® Universal 2013  
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# TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11/7/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11124	Cameron	Final		
AM Requested	4 Admirals Walk	Garage Door	Pass	Close
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11071	Resnick	Stem Wall		
AM Requested	14 Middle Rd	Footer	REJECTED	FOR 1-8-15
	Celentano Development			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>110574</del>	GUM Realty	Underground plumbing + electric, wall sheathing, window/door Buck		
	<del>181 S. River Rd</del>	plumbing rough, mechanical rough + framing	<del>REJECTED</del>	<del>FOR 1-8-15</del>
	Freedom Home Bldrs			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	River Oak Pl	DRAINAGE	OK	
		SURVE		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	10 N. SP RD	POOR SETBACK	PROJECT UNDER CONST	w/o PERMIT DOUBLE FEE
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	<del>345</del>			
	22 MIDDLE			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 1/8/15 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10944</del>	GVM Realty	U.G. Plumb & Elec	<del>Fail</del>	<del>REWORK OVER WORK</del>
AM Requester	<del>181 S River Rd</del>	R. Elect, FRAM	<del>Fail</del>	<del>REWORK OVER WORK</del>
		R. Plumb R/A/c	<del>Fail</del>	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11122	Kaplan	Final		
	11 Rivercrest Ct	Mechanical	CANCEL	
	Classic Cooling			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10945	Carter	Insulation		
	51 N River Rd		PASS	
	Masterpiece Bldrs			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11128	Pierson	Underground		
	8 Palmetto	tank & line	PASS	
	Martin Co Propane			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11126	Wehme	Underground		
	44 SSPR	tank & line	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11007	Preissman	Tie down		
	30 Simara	window/door	PASS	
	Winchip			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11071	Resnick	Stem Wall		
	14 Middle Rd	Footer	PASS	
	Celentano			INSPECTOR <i>[Signature]</i>

# TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11/13/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11119	Derosa	Final		
	16 N Sewall's Pt Rd	Shutters	PASS	
	Master care Shutters			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10924</del>	GVM Realty	Re-inspect		
	<del>181 S River Rd</del>	A/C	<del>PASS</del>	
	Freedom Home Bldrs			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Permit	Griffith	Tree Removal		
	12 Palm Road	Permit	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		BRILLIANT		
	54 S. Seawall Pt Rd	OPENING		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



# TOWN OF SEWALL'S POINT

## Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11/14/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11122	Kaplan	A/c		
Am Requested	11 River Crest Ct	Final	Pass	Close
	Classic Cooling			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Westcott	Partial		
	53 N River Rd	Wire Lath	Pass	
	San George Const.			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10924</del>	GVM Realty			
	<del>11815 River Rd</del>	Insulation	<del>Pass</del>	
	Freedom Home Builders			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3/4/12 Page 1 of    

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11146	Batson			
AM Requested	3 Palmetto O/B	Slab	PASS	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11027	Lino	Equipotential		NOT VISIBLE
	14 Heron's Nest	Bond	FAIL	
	Schiller Pools			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11187	Buro	window/		
PM Requested	101 Henry Sewall Way	Door	PASS	
	Gm Construction			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11185	Milici	Temp		
	14 E High Point Rd	Electrical	PASS	
	Scott Admes Building	Pole		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>11027</del>	Stern			<del>INSPECTOR</del>
	181 S River Road	Footings	PASS	REVISION
	Freedom Home Builders			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10549	Chontos	Final		WALK THROUGH W/ FDEM
10:30	83 S Sewalls Pt Rd	FEM A		
	Modern Mover	Elevation		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



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



**CERTIFICATE OF COMPLETION**

Single Family Residence                       Other Interior Remodel

OWNER: GVM REALTY LLC                      PROPERTY ADDRESS: 181 S River Road

LEGAL DESCRIPTION: LOT 4-4                      BLOCK \_\_\_\_\_ SUBDIVISION White Fence Acres Addn

GENERAL CONTRACTOR: JTC Builders Inc                      LIC/CERT NO: CBC1258178

ARCHITECT OR ENGINEER: Fredrick D. Shaffer P.E.                      LIC/CERT NO: 26694

PERMIT NO: 10944                      DATE OF ISSUE: 7/17/2014


CODE EDITION: 2010                      CONST. TYPE: CBS                      USE: SFR                      OCCUPANCY: N/A

OCCUPANT LOAD: N/A                      SPRINKLERS REQUIRED: N/A                      SPRINKLERS USED: N/A

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 14th day of September, 2015.

  
 \_\_\_\_\_  
 John R. Adams, CBO  
 Building Official, Town of Sewall's Point

**11150**

**PAVERS**



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

**EXPIRED**

## 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:	11150	DATE ISSUED:	January 26, 2015
SCOPE OF WORK:	Install Pavers over existing concrete		
CONTRACTOR:	Alexander Custom Pools		
PARCEL CONTROL NUMBER:	13-38-41-007-000-00041-1	SUBDIVISION:	White Fence Addn Lot 4-A
CONSTRUCTION ADDRESS:	181 S River Road		
OWNER NAME:	Stern		
QUALIFIER:	Michael Alexander	CONTACT PHONE NUMBER:	475-9740

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	11150		
<b>ADDRESS:</b>	181 S River Road		
<b>DATE ISSUED:</b>	1/26/2015	<b>SCOPE OF WORK:</b>	Install Pavers over existing concrete

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>		Declared Value	\$	
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Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel:			
@ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:			
		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	\$ -

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	\$ 9,000.00
Total number of inspections: @ \$ 100.00 per insp. # insp		1	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	<b>109.00</b>

# Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 1/22/15 Permit Number: 11150  
 OWNER/LESSEE NAME: Grace Stern Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Job Site Address: 181 S. River Rd City: Street State: FL Zip: 34996  
 Legal Description: White fence across adn Lot 4-A Parcel Control Number: 13-38-41-007-000-00041-1  
 Fee Simple Holder Name: N/A Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** Install pavers over existing concrete. Adding sandstone pavers & surrounding existing 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)

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 9,000.00  
 (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   
**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: Alexander Custom Pools LLC Phone: 772 444 3158 Fax: 772 444 3904  
 Qualifiers name: Michael Alexander Street: 50 NE Dixie Hwy (E4) City: Street State: FL Zip: 34994  
 State License Number: CP1 1457939 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_  
**LOCAL CONTACT:** Mike Alexander Phone Number: (772) 475-9740  
**DESIGN PROFESSIONAL:** N/A Fla. License# \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AREAS SQUARE FOOTAGE:** Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
 Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

**CODE EDITIONS IN EFFECT THIS APPLICATION:** Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010  
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

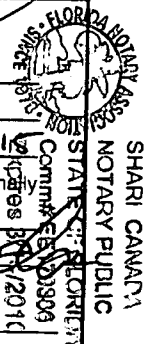
**WARNINGS TO OWNERS AND CONTRACTORS:**  
 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

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

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

**OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:**  
Grace Stern  
 State of Florida, County of: Martin  
 On This the 22nd day of January, 2015  
 by Grace Stern who is personally  
 known to me or produced \_\_\_\_\_  
 As identification, \_\_\_\_\_  
 Notary Public \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**  
Michael Alexander  
 State of Florida, County of: Martin  
 On This the 20 day of January, 2015  
 by Michael Alexander who is personally  
 known to me or produced FL DK  
 As identification, Shari Canan  
 Notary Public \_\_\_\_\_  
 My Commission Expires: 3/14/2016



**SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!**  
 My Comm. Expires Jun 11, 2017  
 Commission # FF 026235



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Tami Karol Insurance Agency, Inc. 2440 SE Federal Hwy Suite W Stuart FL 34994	<b>CONTACT NAME:</b> Tami Karol <b>PHONE (A/C No. Ext):</b> (772) 781-7720 <b>FAX (A/C No.):</b> (772) 781-7820 <b>E-MAIL ADDRESS:</b> Tami@tamikarolinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Co. <b>INSURER B:</b> Associated Industries Insurance Co. <b>INSURER C:</b> Progressive <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Alexander Custom Pools, LLC 1290 NW Lakeside Tr. Stuart FL 34994	<b>NAIC #</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CPS2063141	08/19/2014	08/19/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							\$	
C	AUTOMOBILE LIABILITY			03262556-0	09/03/2014	09/03/2015	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$ 25,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$ 50,000
	<input type="checkbox"/> HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 25,000
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED		RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AWC1024788	07/31/2014	07/31/2015	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**                      **CANCELLATION**

Town of Sewalls Point 1 South Sewalls Point Rd  Sewalls Point, FL 34996  Fax: (772)220-4765	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Tami Karol</i>   <CG>
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STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

ALEXANDER, MICHAEL CHARLES  
ALEXANDER CUSTOM POOLS LLC  
1290 NW LAKESIDE TRAIL  
STUART FL 34994

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CPC1457939 ISSUED: 08/31/2014

CERT COMMERCIAL POOL/SPA CONTR  
ALEXANDER, MICHAEL CHARLES  
ALEXANDER CUSTOM POOLS LLC

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date : AUG 31, 2016 L1408310005869

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CPC1457939	

The COMMERCIAL POOL/SPA CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016



ALEXANDER, MICHAEL CHARLES  
ALEXANDER CUSTOM POOLS LLC  
50 NE DIXIE HWY  
STUART FL 34994



Year	Catg	Account	Business Description	Status	Type
2013	530	1060.000	CERT POOL CONTRACTOR	REGULAR	0000

Mailing Address: ALEXANDER CUSTOM POOLS LLC  
ALEXANDER, MICHAEL  
1290 NW LAKESIDE TRAIL  
STUART FL 34994

Situs Address: 1290 NW LAKESIDE TRAIL STU  
Business Name: ALEXANDER CUSTOM POOLS LLC (772)475-9740  
Owner Name: ALEXANDER, MICHAEL  
Account: License Year: 2015  
E-mail Address: Assessed Units:  
Federal ID#: SSN: Closed Date:  
Driver License: New Bus Date: 05/22/2013

- Clear
- Print Lic.
- Maint.
- Locate
- New License
- Summary
- Return
- Calculate
- Print App
- Relate Accts
- Help

Year	Taxes	Penalty	Collect	Trnsfr	Dup	NSF	Exem	Due	Paid
2015	26.25							26.25	Paid
2014					3.00			3.00	Paid
2014	26.25							26.25	Paid
2013	13.13							13.13	Paid

Total Amount Due: [REDACTED]

View Pairs ...  
 View Debt ...  
 Notes:  
 History:  
 Transfers:  
 Chained:  
 Ref Accts:



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

Site Provided by...  
 governmax.com 1.11

**Summary**

Parcel ID 1 of 1

**Tabs**

**Summary**

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- NEW: Navigator
- Parcel Map →
- Notice of Prop.
- Taxes →

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-007-000-00041-1	27830	181 S RIVER RD, SEWALL'S POINT	\$277,870	1/24/2015

**Owner Information**

<b>Owner(Current)</b>	GVM REALTY LLC
<b>Owner/Mail Address</b>	6400 CONGRESS AVE STE 1650 BOCA RATON FL 33487
<b>Sale Date</b>	5/28/2014
<b>Document Book/Page</b>	<u>2720 2233</u>
<b>Document No.</b>	2458157
<b>Sale Price</b>	347000

**Searches**

**Parcel ID**

- Owner
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Navigator
- Maps →

Location/Description			
<b>Account #</b>	27830	<b>Map Page No.</b>	SP-06
<b>Tax District</b>	2200	<b>Legal Description</b>	WHITE FENCE ACRES ADDN LOT 4-A
<b>Parcel Address</b>	181 S RIVER RD, SEWALL'S POINT		
<b>Acres</b>	.3480		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120200 Heritage P, Palmtto Pk,Rdglnd,

**Functions**

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

**Assessment Information**

<b>Market Land Value</b>	\$176,000
<b>Market Improvement Value</b>	\$101,870
<b>Market Total Value</b>	\$277,870

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NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 13-38-41-007-020-0041-1

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 Addn lot 4-A

GENERAL DESCRIPTION OF IMPROVEMENT: Paver Patio

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT  
NAME: Grace Stern  
ADDRESS: 181 S River Rd Street FL 34906  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
INTEREST IN PROPERTY: owner

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

CONTRACTOR: Michael Alexander (DBA) - Alexander Custom Pools  
ADDRESS: 50 NE Dixie Hwy FL  
PHONE NUMBER: (772) 444 3158 FAX NUMBER: (772) 444 3904

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

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

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

**EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE 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.

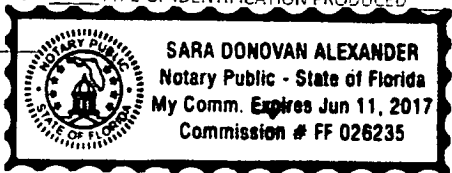
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

X [Signature] GRACE STERN  
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT  
SIGNATORY'S TITLE/OFFICE owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 22<sup>nd</sup> DAY OF January 2015  
BY Grace Stern AS owner FOR N/A  
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

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

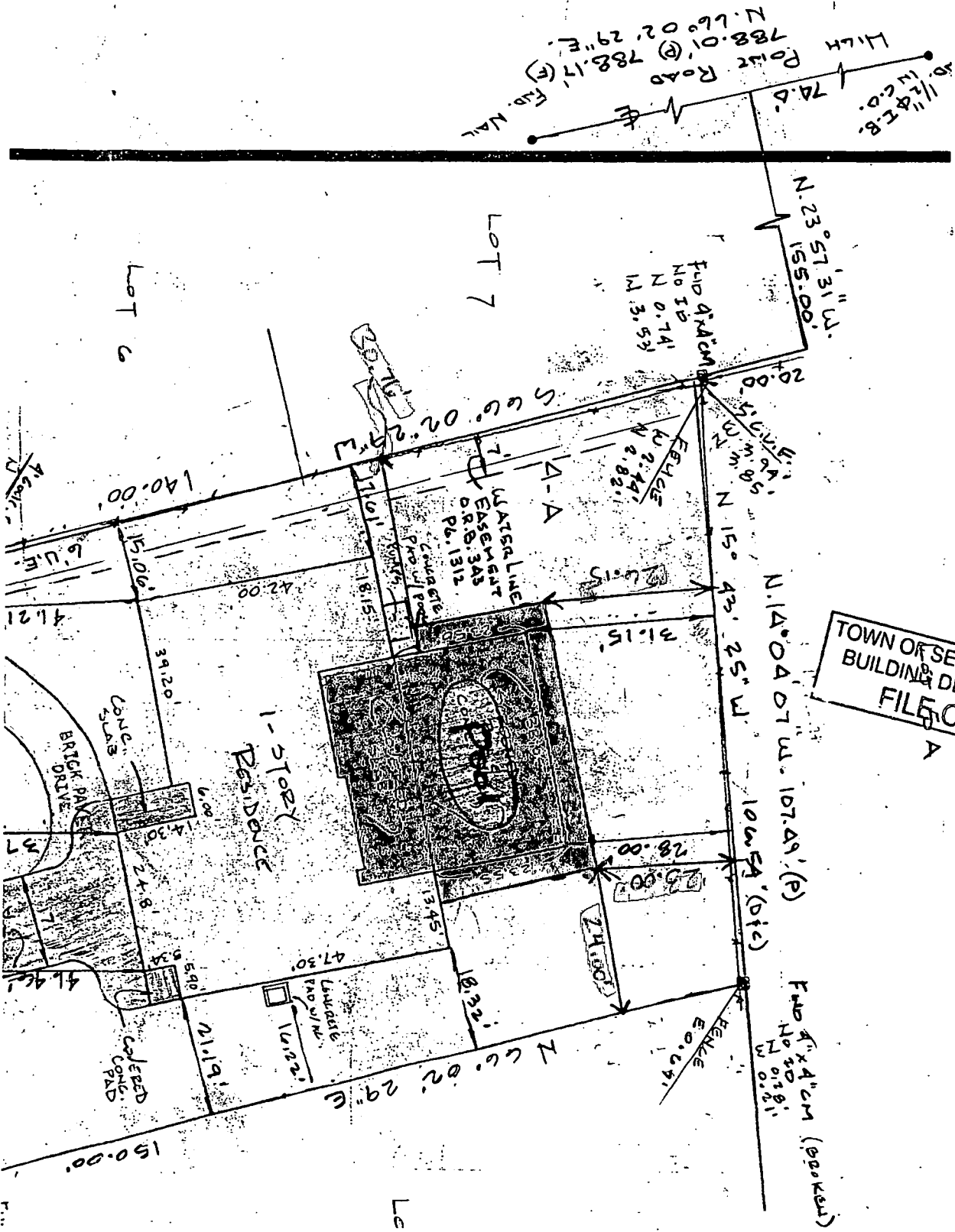
NOTARY SIGNATURE/SEAL [Signature]



STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE  
By [Signature] CAROLYN TIMMANN, CLERK  
DATE 1-20-15 D.C.

INSTR # 2495037  
OR BK 2761 PG 2917  
(1 Pgs)  
RECORDED 01/20/2015 09:10:43 AM  
CAROLYN TIMMANN  
MARTIN COUNTY CLERK





TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

High Point Road  
 N. 16° 02' 29" E  
 788.01' (P) 788.17' (P)  
 74.0' FUD 4" x 4" CM (900KEL)  
 N. 23° 57' 31" W.  
 155.00'

LOT 6  
 140.00'  
 15.00'  
 42.00'  
 4.21'  
 39.20'  
 6.00'  
 14.30'  
 24.8'  
 9.38'  
 5.90'  
 21.19'  
 150.00'

LOT 7

1-STORY  
 Residence

WATER LINE  
 EASEMENT  
 DR. 8.343  
 P. 1312

N. 14° 04' 07" W. 107.49' (P)  
 106.54' (DTC)

FUD 4" x 4" CM (900KEL)  
 N. 01° 58' 11"  
 W. 01° 58' 11"

N. 66° 02' 29" E

Lc