

1 Riverview Drive

TELE CONTROL NO
23841 00001 0000

TOWN OF
SEWALL'S POINT
FLORIDA

Permit No. 878
Date 10-4-78

RECEIVED
SEP 27 1978

APPLICATION FOR BUILDING PERMIT

878

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

-Owner MR & MRS T. SKIBA Present address JENSEN BEACH, FLA,
Phone _____

-General contractor ALBERT C. SANOWSKIS address 3048 INDUSTRIAL 33RD ST,
Phone 465-7400 FT. PIERCE

Where licensed STATE OF FLORIDA License No. GC 10169

-Plumbing contractor MILLER License No. 19

-Electrical contractor LAWS License No. 20

-Name the street on which the building, its front building line and its front yard will face #1 RIVERVIEW

Subdivision RIVERVIEW Lot No. 23 Area SEWALL'S PT.

-Building area, inside walls (excluding garage, carport, porches, etc.)..square feet 2500

-Other construction (pools, additions, etc.) _____

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ 45,000

-Total cost of permit \$ 24500

-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 building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12 month period.

Albert C. Sanowskis
General Contractor

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

Louetta T. Skiba
Owner

Note: speculation builders will be required to sign both of the above statements.

TOWN RECORD Date submitted _____

Approved: Charles Purje Building Inspector Date 9/28/78

Approved: John A. Guendler Commissioner Date 29 September 1978

Certificate of Occupancy issued John A. Guendler Date 29 Mar '79 878

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND DEMOGRAPHIC SERVICES

Post Office Box 970 Jacksonville, Florida 32201

Application and Permit
of

Individual Sewage Disposal Facilities

THIS PERMIT EXPIRES ONE (1)

Application/Permit
No. HD 78-415

YEAR FROM DATE OF ISSUANCE

Martin

County Health Department

Section I - Instructions:

1. Percolation test data, soil profile and water table 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 plat of subdivision. If not platted, 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 287-2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) Riverview Dr.
Lot 23 Block _____ Subdivision Riverview SID
Date Platted 1974 Directions to Job E. on AIA to Sewalls Pt. Rd.
S. on Sewalls Pt. Rd. to Riverview Dr. and property
2. Owner or Builder Jack Rice
P.O. Address _____ City Truist County Realty, Stuart, Fl.
Septic tank system to be installed by:

Scale 1" = 50'

(Rear)

3. Specifications:

900 gallon tank with
255 square feet of
drainfield with at least
4" inside diameter pipe.

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: Jack Rice
Please Print

Signature: [Signature]

Date: May 11, 1978

(Name of Street or State Road)
(Side)

See sheet 2 of 2
for sketch of Residence
3 Bedrooms Hse

REMOVE ALL IMPERVIOUS MATERIALS TO A DEPTH OF 6" AND BACKFILL WITH A GOOD GRADE OF SAND IN ENTIRE AREA OF DRAINFIELD.

No final issued until well installed. Maintain 75' from irrigation well & all septic systems.

(Name of Street or State Road)
(Side)

(Front)

(Name of Street or State Road)

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions:

10' separation required between septic systems & public water supply

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

By: John S. Cole, Jr. County Health Dept. Martin Date 5/16/78

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: _____ By: _____

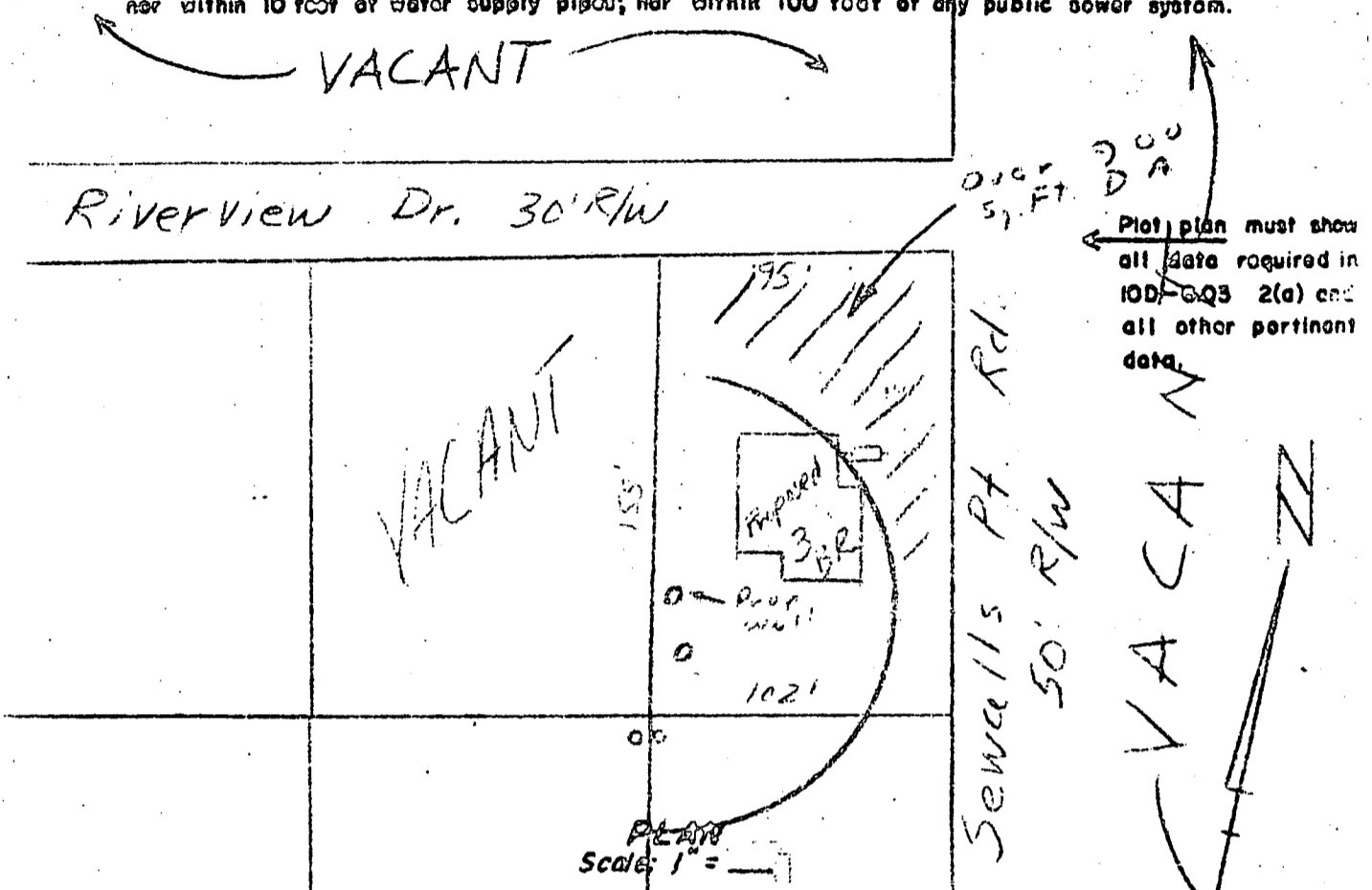
FHA No. _____ VA No. _____

878

**INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET**

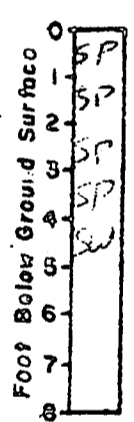
Location: Lot 23, Riverview Applicant: Jack Rice
Sewall's Point County: Martin

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 10D-003 2(a) and all other pertinent data.

SOIL DATA



LEGEND

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

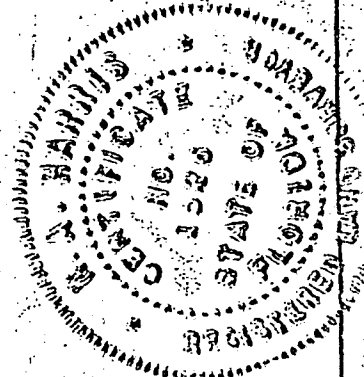
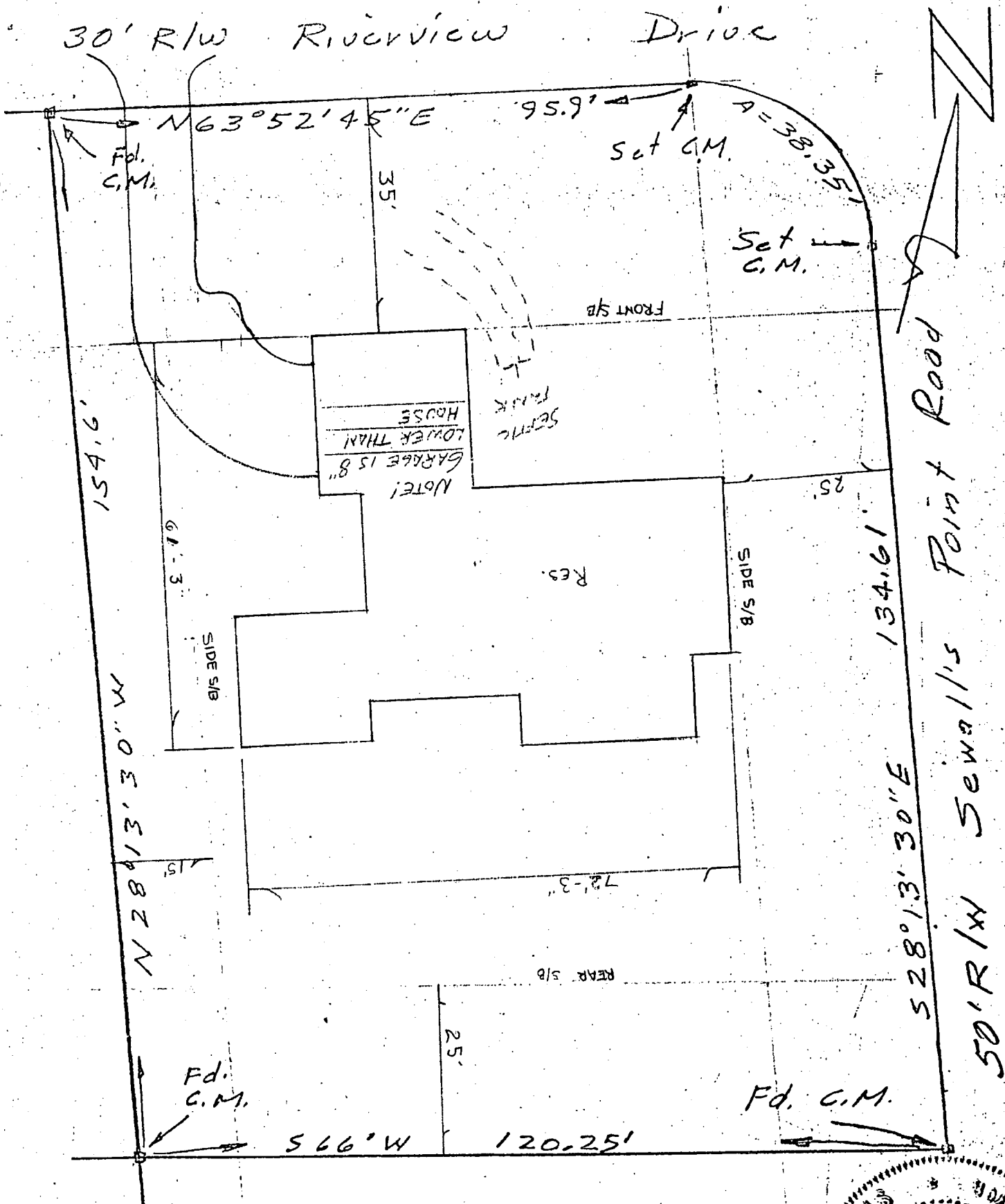
Note: on city water.
(Wells for irrigation)

SOIL BORING LOG

Soil Identification: CLASS I GROUP SP & SW
 Soil Characteristics Brown & Grey Sand
to 5 feet

Percolation Rate 0.1 min/inch
 Water Table Depth Below 5 feet
 Water Table Depth During Wet Season 3 1/2 feet
 Compacted Fill Of None Road
 Compacted Fill Checked By: _____
 Date _____

CERTIFIED BY: [Signature]
 FLORIDA PROFESSIONAL No. PE 6274
 Date 3/11/78 Job No. _____
 Sheet 2 of 2

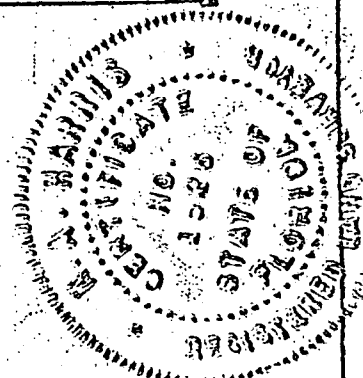
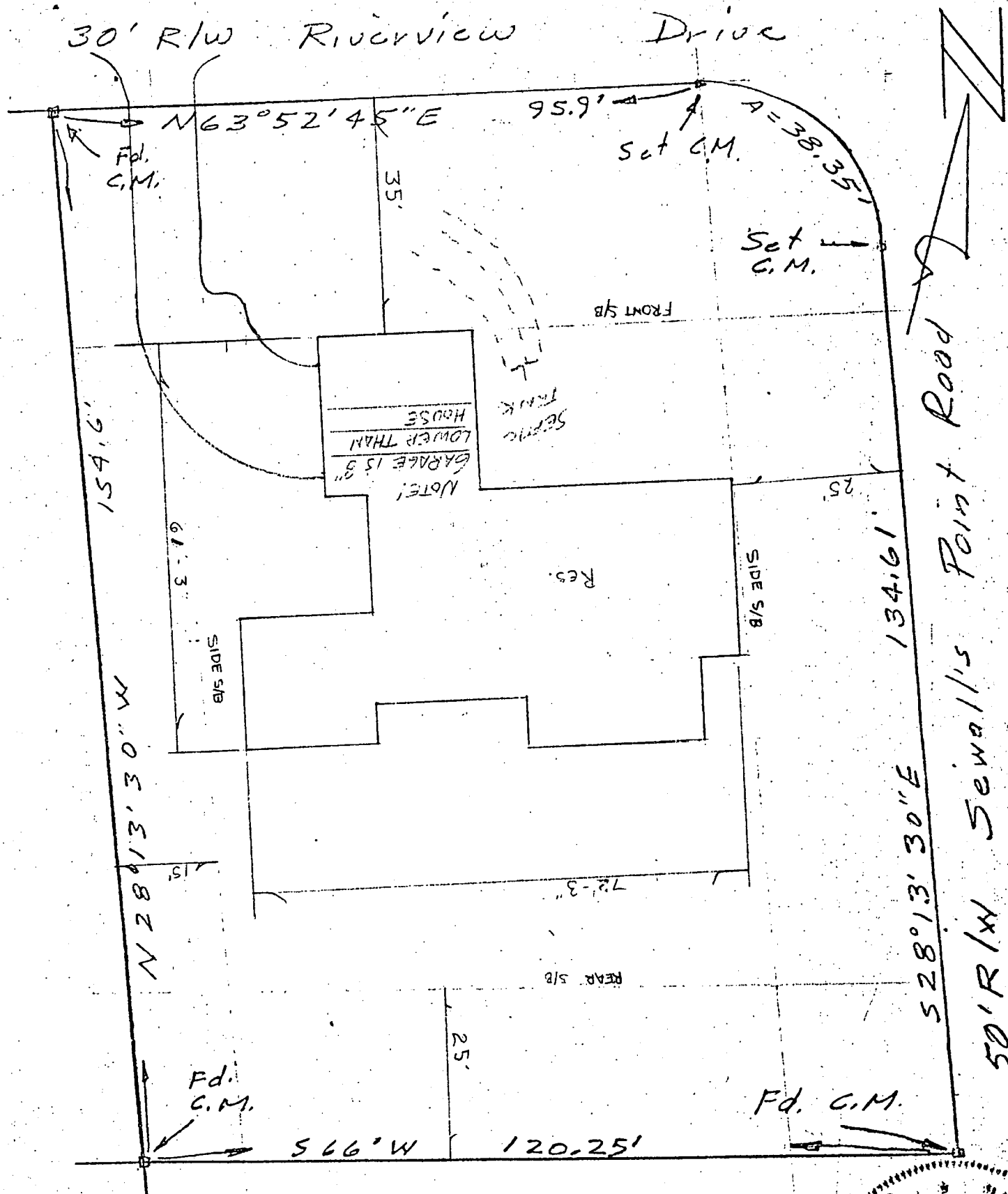


CERTIFICATION OF SURVEY

I hereby certify that the Plat shown hereon is a true and correct representation of a survey made under my direction and said survey is accurate to the best of my knowledge & belief.

Kenneth A. Harris
 KENNETH A. HARRIS
 Reg. Land Surveyor
 Fla. Cert. #1523

| | | | | |
|---|--------|----------|--------------------------|--------|
| KENNETH A. HARRIS, P. E. Agricultural Engineer 515 SO. CAROLINA DRIVE STUART, FLORIDA 34994 | | | | |
| Survey of Lot 23, Riverview S/D as in P.B. 6, Pg. 86, Martin County, Florida Public Records | | | | |
| DESIGNED | KAH | APPROVED | <i>Kenneth A. Harris</i> | |
| DATE | SCALE | DATE | REG. ENGR. NO. | SHEET |
| | 1"=20' | 5/78 | 6274 | 1 of 1 |
| | | | | PLATE |
| | | | | I |



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BESSEMER PROPERTIES

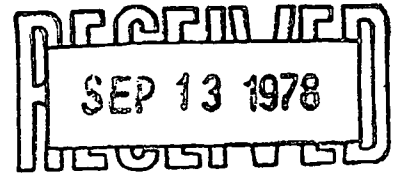
A DIVISION OF

BESSEMER SECURITIES CORPORATION

249 ROYAL PALM WAY

PALM BEACH, FLORIDA 33480

September 11, 1978



Mr. Theodore F. Skiba
1-201 Dolphins Bay
Jensen Beach, Florida 33457

Re: Lot 23, Riverview Subdivision

Dear Mr. Skiba:

I return herewith approved plans for a proposed residence to be constructed on Lot 23, Riverview Subdivision.

The plans do not show the type of roof but after receiving your letter dated September 7, 1978 I have approved the house subject to the installation of Bird shingles designated as Architect 70. No other substitution of roof material is approved by this letter unless the same shall be submitted to me prior to installation.

In approving these plans it is understood that the floor area of the residence shall not be less than 2,500 square feet, not including the area of porches unless roofed and closed in on three sides, carports or outbuildings, and shall cost not less than \$35,000.

It is also understood that you will comply with the Zoning Code and Ordinances of the Town of Sewall's Point.

With your original letter you only forwarded one copy of the plans for your house and, since we keep a set of plans in our files, I would appreciate your forwarding to me at P. O. Box 511, Palm Beach, another copy.

Sincerely yours,

W. Julian Field

WJF:ms
Enclosures

cc: Town of Sewall's Point

Roofscape® by Bird.

It makes the outside of your house
just as impressive as the inside.

Take a good look and you'll see that your roof is probably the most important part of your home's design. That's why we design our Bird shingles to do a lot more than keep the rain out.

We use colors and textures that show off your roof, adding to the beauty and individuality of your home. We call our look Roofscape, because it blends in with everything from rugged wilderness to formal shrubbery.

This house is wearing our heavy-weight Architect® 70 shingles. Their thick texture and deep shadow lines give a house rugged good looks. And Architect 70's will look beautiful down the road. We make them with two laminated layers of premium asphalt that can't rot, curl or bum like wood. So they give superior protection against wind, weather and fire. Your Bird Roofscaper would be glad to give you a free estimate. And you'll find his number right in your Yellow Pages.

Bird & Son, inc.,
E. Walpole, MA 02032

Please send me your revised, 36-page color booklet, "What you should know about roofing and siding before you build or remodel." I'm sending 50¢ in payment, and I'm planning to build remodel.

Name _____

Company _____

Address _____

City _____ Country _____

State _____ Zip _____

Phone _____

Better Homes & Gardens, Sept. 1978

The best dressed homes
wear
Bird.



Deed

This Deed, Dated this 12th day of May A. D. 1978,
between BESSEMER SECURITIES CORPORATION, a Delaware corporation
authorized to transact business in the State of Florida,

hereinafter called the Grantor, which term shall include when used herein, wherever the
context so requires or admits, its successors and assigns,

and THEODORE F. SKIBA and LAURETTA F. SKIBA, his wife,

hereinafter called the Grantees, which term shall include when used herein, wherever the
context so requires or admits, their heirs and assigns,

Grantees' address: APT. 1-201, DOLPHIN BAY, 333 CANALWAY BLVD.
JENSEN BEACH, FLORIDA 33457

WITNESSETH: That for the sum of Ten Dollars (\$10.00) and other good and
valuable considerations, said Grantor do es hereby grant, bargain, sell, alien, remise,
release, convey and confirm unto the said Grantee all that certain piece of property and
tract of land situate in the County of Martin and State of Florida,
described as follows:

Lot 23, of RIVERVIEW SUBDIVISION, a subdivision in the Town of Sewall's
Point, Florida, according to the plat thereof on file and of record in
the office of the Clerk of the Circuit Court in and for Martin County,
Florida, in Plat Book 6, page 86.

SUBJECT, however, to the following:

1. Taxes for the year 1978.
2. The zoning laws of the Town of Sewall's Point, Florida.
3. The matters shown on the aforesaid plat.
4. The Declaration of Protective Covenants recorded in Official
Record Book 383, page 1211, which Declaration is deemed to include as
a part thereof the Articles of Incorporation of Riverview Property
Owners Association, Inc. recorded in Official Record Book 383, page 1219
and the By-Laws of Riverview Property Owners Association, Inc. recorded
in Official Record Book 383, page 1223 (all recording references being
to the public records of Martin County, Florida).

5. The further protective covenants, which shall run with the land
reading as follows:

(a) No dwelling house shall be constructed, placed or per-
mitted to be on the premises unless it shall have a floor area of not
less than two thousand five hundred (2500) square feet (not including
the area of porches, unless roofed and closed in on three sides, car-
ports or outbuildings) and shall cost not less than Thirty-Five Thousand
and No/100 Dollars (\$35,000.00); no such dwelling house shall be con-
structed, placed or permitted to be on the premises until the plans and
specifications therefor, including the plan for the location thereof on
the ground, have been submitted to and approved by the Grantor.

This instrument was prepared by
HAROLD G. MAASS

G. H. BOOK 444 PAGE 2723

Alley, Maass, Rogers, Lindsay & Chauncey
321 Royal Poinciana Plaza
P. O. Box 431
Palm Beach, Florida 33480

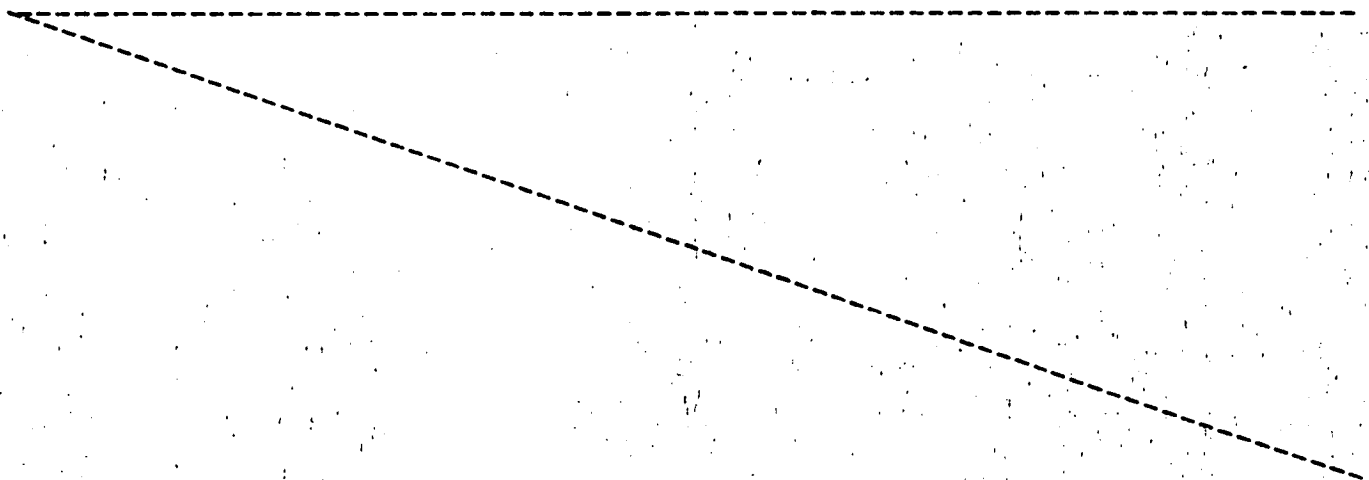
878

(b) No modular or prefabricated dwelling house shall be constructed, placed or permitted to be on the premises.

(c) No wall, fence, hedge or structure more than six (6) feet in height shall be constructed, erected, grown or permitted to be on any portion of the premises except within the area in which a dwelling house may be constructed under the ordinances of the Town of Sewall's Point, Florida.

(d) To comply with the zoning laws and building ordinances of the Town of Sewall's Point, Florida.

TO HAVE AND TO HOLD the same in fee simple forever, together with all of the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, subject only to the matters aforesaid.



STATE OF FLORIDA
DOCUMENTARY STAMP TAX
DEPT. OF REVENUE
MAY 22 '78
P.R. 11097
54.00

FLORIDA
DOCUMENTARY SUR TAX
DEPT. OF REVENUE
MAY 22 '78
P.R. 11098
19.80

878

And the said Grantor does hereby warrant and defend the title to said land against the lawful claims of all persons claiming under, by or through it.

IN WITNESS WHEREOF, the said Grantor has caused these presents to be executed by its Vice President, and its corporate seal to be affixed, attested by its Assistant Secretary, the day and year aforesaid.

BESSEMER SECURITIES CORPORATION

(CORPORATE SEAL)



By [Signature]
Its Vice President.

Attest:

[Signature]
Its Assistant Secretary.

Signed, sealed and delivered in the presence of:

[Signature]
[Signature]

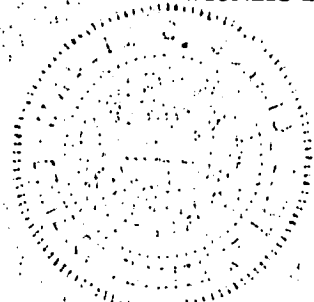
STATE OF Florida }
COUNTY OF Palm Beach } ss.

RECORDED
MAY 22 1978
P 4: 20

Before me personally appeared W. J. Field and Harold G. Maass

respectively, Vice President and ASS't. Secretary of Bessemer Securities Corporation to me well known, and they acknowledged before me that they executed the foregoing instrument as such officers of said corporation, and that they affixed thereto the official seal of said corporation; and I FURTHER CERTIFY that I know the said persons making said acknowledgment to be the individuals described in and who executed the said instrument.

WITNESS my hand and official seal this 12th day of May 1978



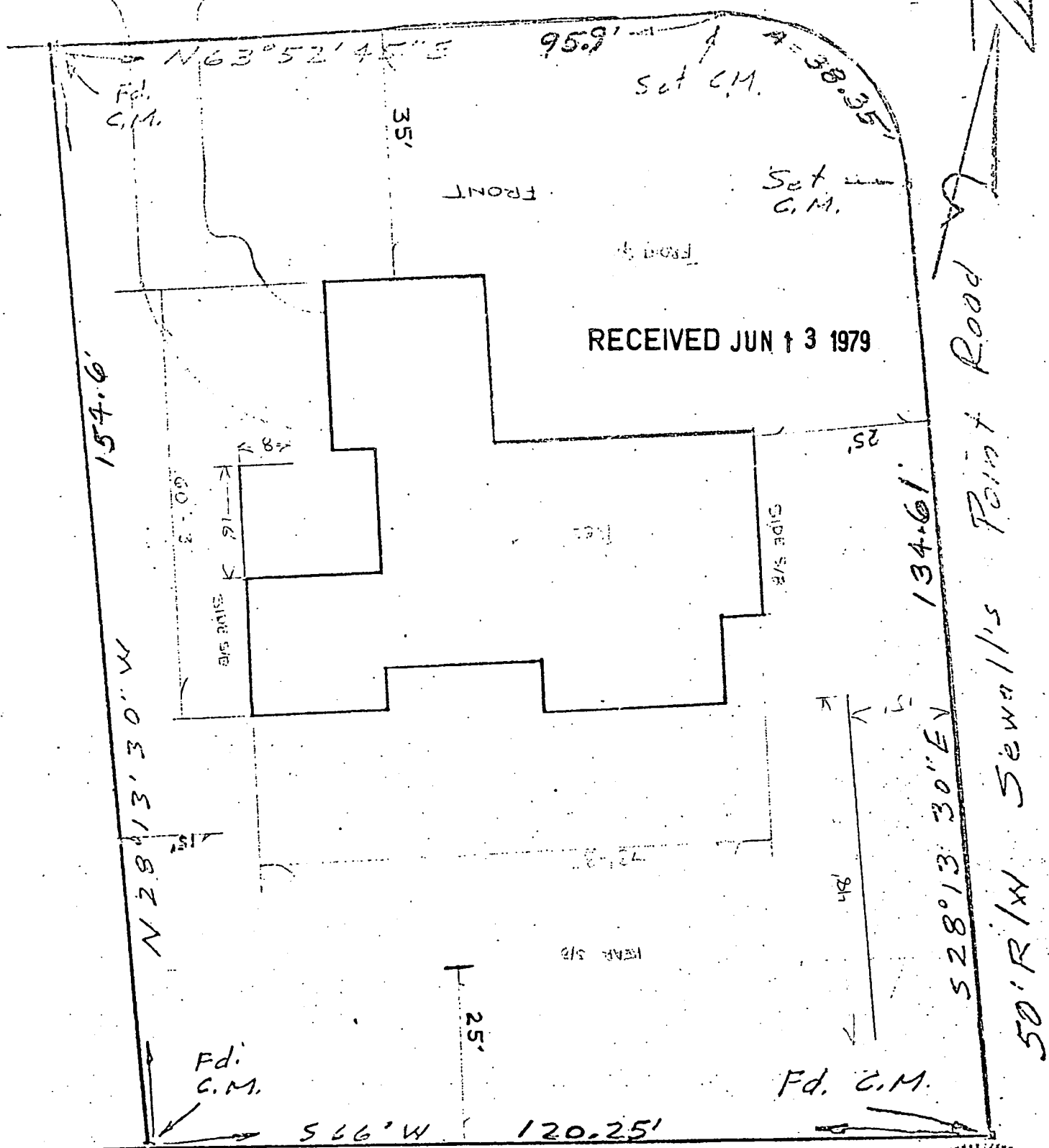
OR BOOK 444 PAGE 2725

[Signature]
Notary Public in and for the County and State Aforesaid.

My Commission expires: 8/9/80

878

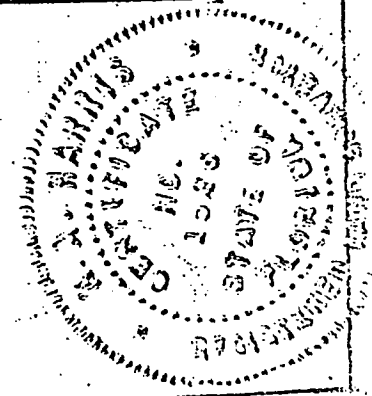
30' R/W Riverview Drive



RECEIVED JUN 13 1979

June 6/13/79

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



CERTIFICATION OF SURVEY

I hereby certify that the Plat shown hereon is a true and correct representation of a survey made under my direction and said survey is accurate to the best of my knowledge & belief.

Kenneth A. Harris
KENNETH A. HARRIS
Reg. Land Surveyor
Fla. Cert. #1523

J. J. Guenther 13 June 1979

| | | | |
|--|--------|------|----------------|
| KENNETH A. HARRIS, P. E. Agricultural Engineer 515 SO. CAROLINA DRIVE STUART, FLORIDA 34994 | | | |
| Survey of Lot 23, Riverview S/D as in P.B. 6, Pg. 86, Martin County, Florida Public Records | | | |
| DESIGNER | SCALE | DATE | REG. ENGR. NO. |
| KAH | 1"=20' | 5/28 | 6274 |
| | | | SHEET |
| | | | 1 of 1 |
| | | | PLATE |
| | | | I |

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

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

For property built under Permit No. _____ Dated _____ when completed in conformance with the Approved Plans.

Lauretta F. Fliva
Signed

RECORD OF INSPECTIONS

| Item | Date | Approved by |
|---|----------|-------------|
| Set-backs and footings | 10/17/78 | |
| Rough plumbing | 10/18/78 | |
| Slab | 11/9/78 | Jan |
| Perimeter beam | | |
| Close-in, roof and rough electric | 2/2/79 | Jan |
| Final Plumbing | 3/29 | J. S. |
| Final Electric | 3/29 | J. S. |
| DRIVEWAY STAKE | 3/13/79 | |
| Final Inspection for Issuance of Certificate for Occupancy. | | |

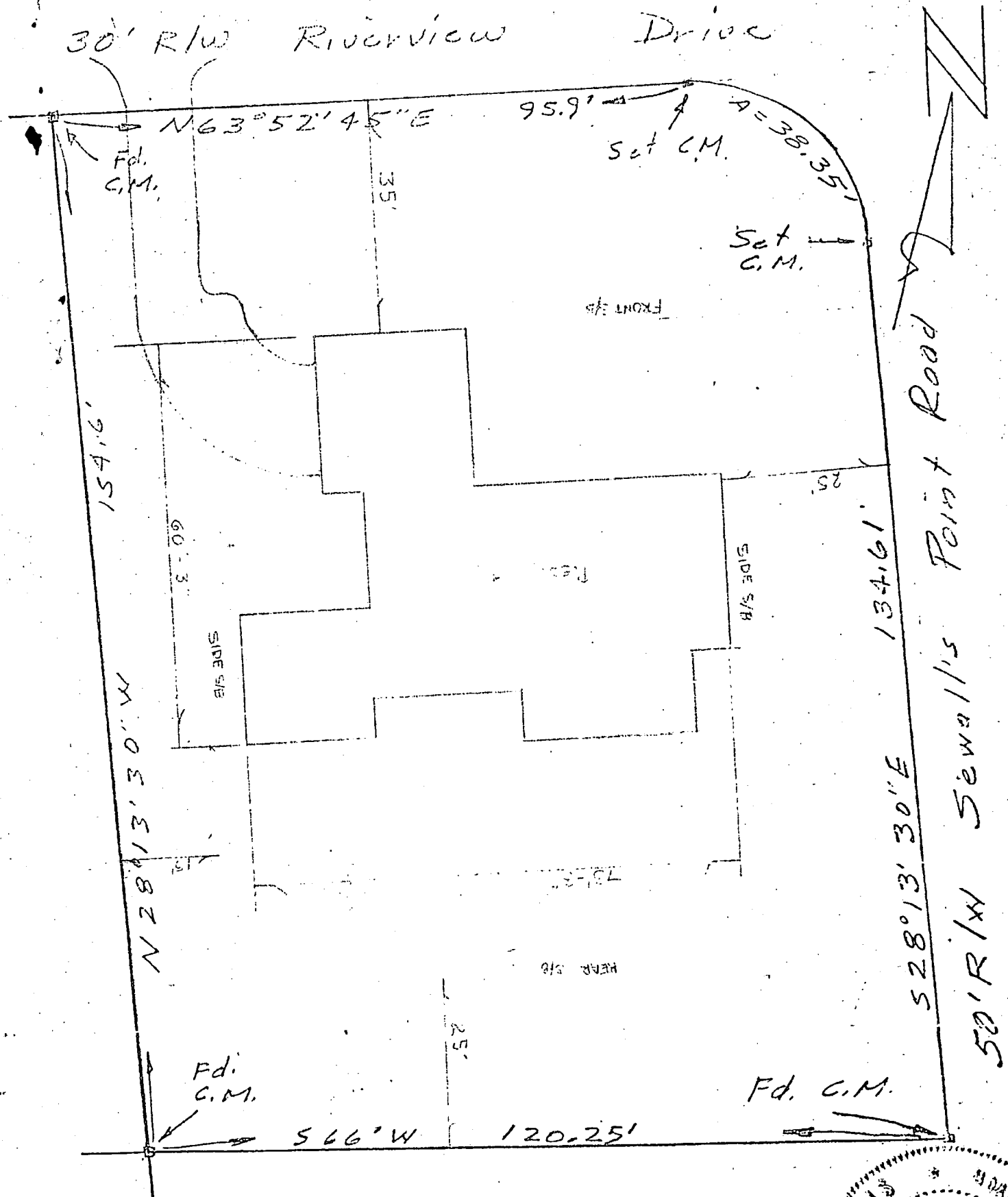
Approved by Building Inspector _____ date

Approved by Building Commissioner *J. S.* 29 Mar '79 date

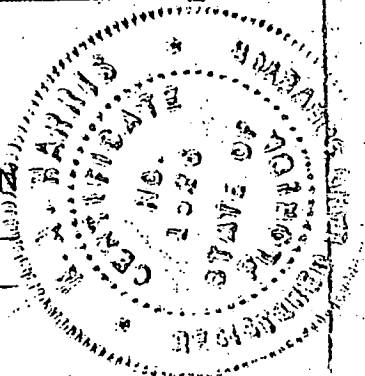
Utilities notified 29 Mar '79 date

Original Copy sent to _____

(Keep carbon copy for Town files)



APPROVED
 BESSEMER SECURITIES CORPORATION
 BY *[Signature]*
 DATE 9/11/28



CERTIFICATION OF SURVEY

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[Signature]
 KENNETH A. HARRIS
 Reg. Land Surveyor
 Fla. Cert. #1523

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| DESIGNER | SCALE | DATE | SHEET |
| KAH | 1"=20' | 5/28 | 1 of 1 |
| DATE | REG. ENGR. NO. | PLATE | |
| | 6274 | I | |

OWNER SKIBA

LOCATION LOT 23 RIVERVIEW

BUILDING PERMIT REQUIREMENTS

Permit No. _____

Date Issued _____

REQUEST FOR PERMIT TO BUILD: Residence

COPY OF DEED: O.R. Book 444 Page 2723

THREE COPIES PLANS Received OK 9/27/78

CERTIFIED BY ~~No Plans~~ Bessemer Date _____
(If necessary re deed restrictions)

COUNTY SEWAGE DISPOSAL PERMIT # HD 78-415'

REQUEST FOR CERTIFICATE OF OCCUPANCY OK

BUILDER ALBERT C. SANOWSKIS CERTIFIED yes to 6/30/79 File No. CGC010169

INSURANCE will obtain in full PAID UP TO Oct. 1979

COPY OF ADDENDUM GIVEN yes

1010

FENCE

Permit No: _____

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

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

Owner THEODORE SKIBA Present address 1 RIVERVIEW DR

Phone 287-8819

Contractor SAME Address SAME

Phone SAME

Where licensed N/A License number _____

Electrical contractor N/A License number _____

Plumbing contractor N/A License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 6 FT WOOD FENCE

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

1 RIVERVIEW DR

Subdivision RIVERVIEW Lot No. 23

Contract price \$ 350 Cost of Permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor A.P. Skiba

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 A.P. Skiba

TOWN RECORD

Date submitted 6/13/79

Approved: J. Maguire Building Inspector Date 6/13/79

Approved: J. B. ... Commissioner Date 13 June '79

Final Approval given: _____ Date _____

Certificate of Occupancy issued _____ Date _____

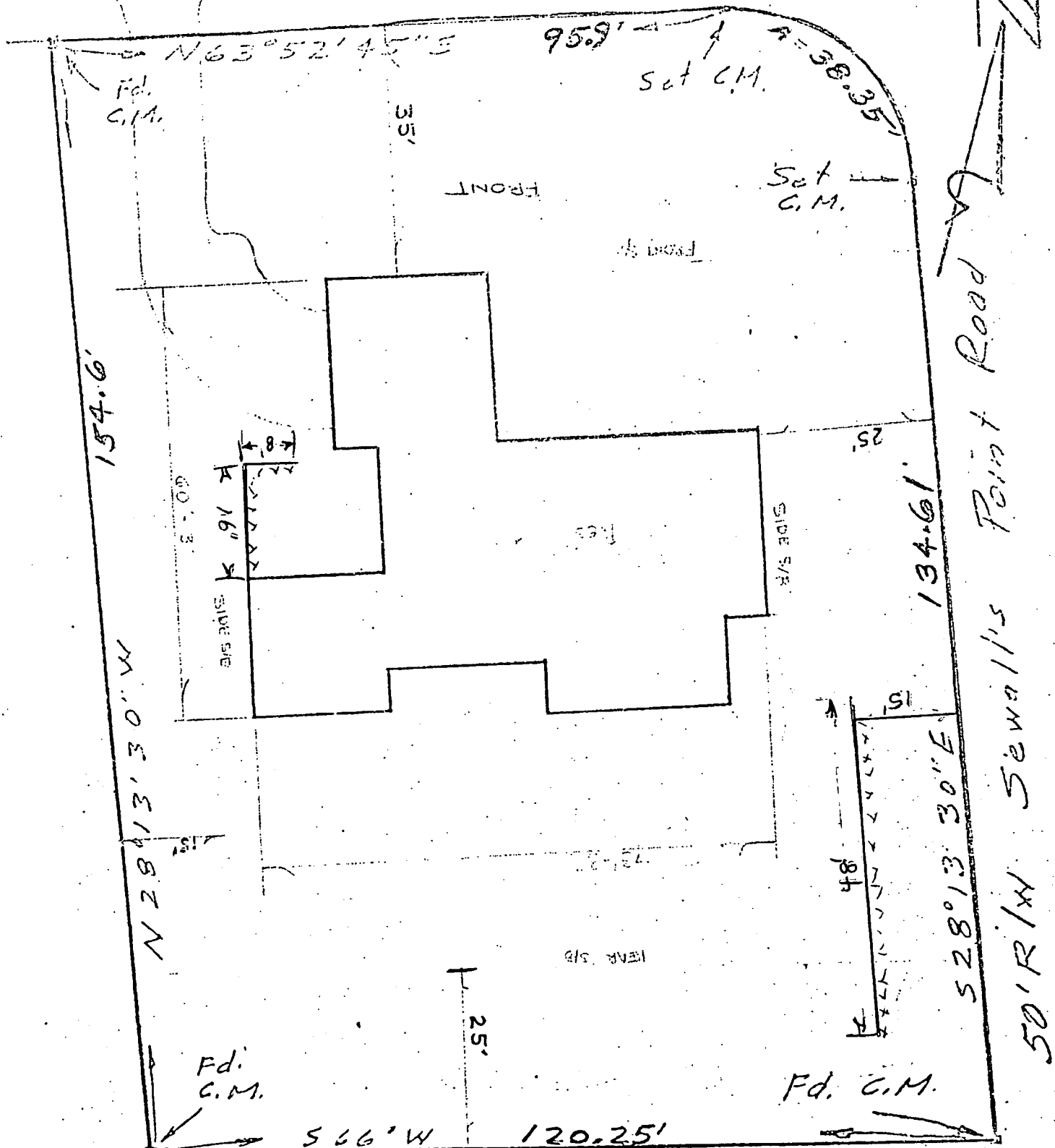
SP/1-79 Constructed checked 7/1/79

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

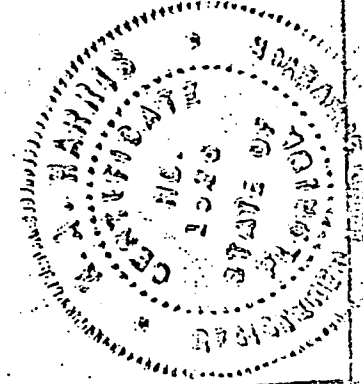
1010

RECEIVED JUN 13 1979

30' R/W Riverview Drive



John 6/13/79
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 Point's Ordinances, the South Florida
 Building Code and the State of Florida
 Model Energy Efficiency Building Code.



DeGuenther
 13 June 79

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| KAH | 1"=20' | 5/79 | 1 of 1 |
| DATE | SCALE | REG. ENGR. NO. | PLATE |
| | | 6274 | I |

2792

TRELLIS

&

DOOR

Permit No. _____

Date _____

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

2792

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

Owner MURRAY + JUDITH ROTHENBERG Present Address 1 River View Dr.

Phone 407-283-7088 SQUARE PL. 34950

~~CARPENTER~~ Contractor WOODY MARTIN Address 421 CURTIS ST. P.S.L.

Phone 340-5168 34983

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 1 TRELLIS OVER OUTDOOR WOOD DECK

2 REPLACE WINDOW IN MASTER B.R. WITH SLIDING DOOR

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

1 RIVERVIEW DR.

Subdivision RIVERVIEW S/D Lot number 23 Block number _____

Contract price \$ 2500.00 ± Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor _____

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

Owner [Signature]

TOWN RECORD

Date submitted _____ Approved: [Signature] Building Inspector Date _____

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

Certificate of Occupancy issued (if applicable) _____ Date _____

250 300
5
15

SP1282

Permit No. _____

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

3228

RE-ROOF

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

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

Owner Mr. & Mrs. Rothenberg Present Address One Riverview

Phone 283-7088

Contractor R.L. Macey Address P.O. Box 94-7012 Stuart, Fl. 34996

Phone 287-7573

Where licensed State License number CGC--044315

Electrical contractor N/A License number _____

Plumbing contractor N/A License number _____

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

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

Re-Roof

Subdivision Arbella Riverview Lot number 23 Block number _____

Contract price \$ 2900.- 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 that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tapping" the construction project.

Contractor R.L. Macey

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 Judith S. Rothenberg

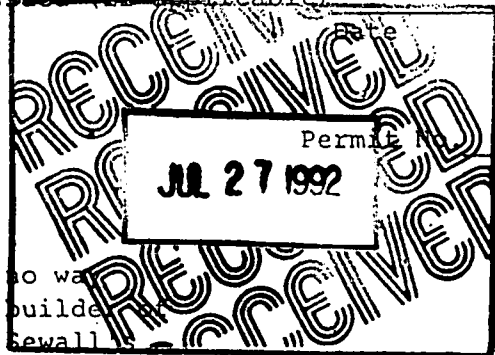
TOWN RECORD

Date submitted 7/27/92 Approved: Dale Brown 7/27/92
Building Inspector _____ Date _____

Approved: [Signature] 7/30/92 Final Approval given: 7/27/92
Commissioner _____ Date _____ Date _____

Certificate of Occupancy issued (if applicable) _____

SP1282



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

3265

FENCE

Permit No. 3265

Date 9/25/92

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

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 Murray Rothenberg Present Address 1 Riverview Drive

Phone 283-7088 So. Sewalls Pt. FLA.

Contractor All American Fence Address 1622 SE Fallon Drive

Phone 878-1650 PSL FL 34983

Where licensed Martin County License number SP00872

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: 7' High horizontal Louvre Fence

State the street address at which the proposed structure will be built: 1 Riverview Drive - So. Sewalls Pt.

Subdivision Riverview Lot number 23 Range 41

Contract price \$ 926.00 Cost of permit \$ _____ Township 38 Sec. 12

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Michael J. Dempsey

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 Judith S. Rothenberg

TOWN RECORD

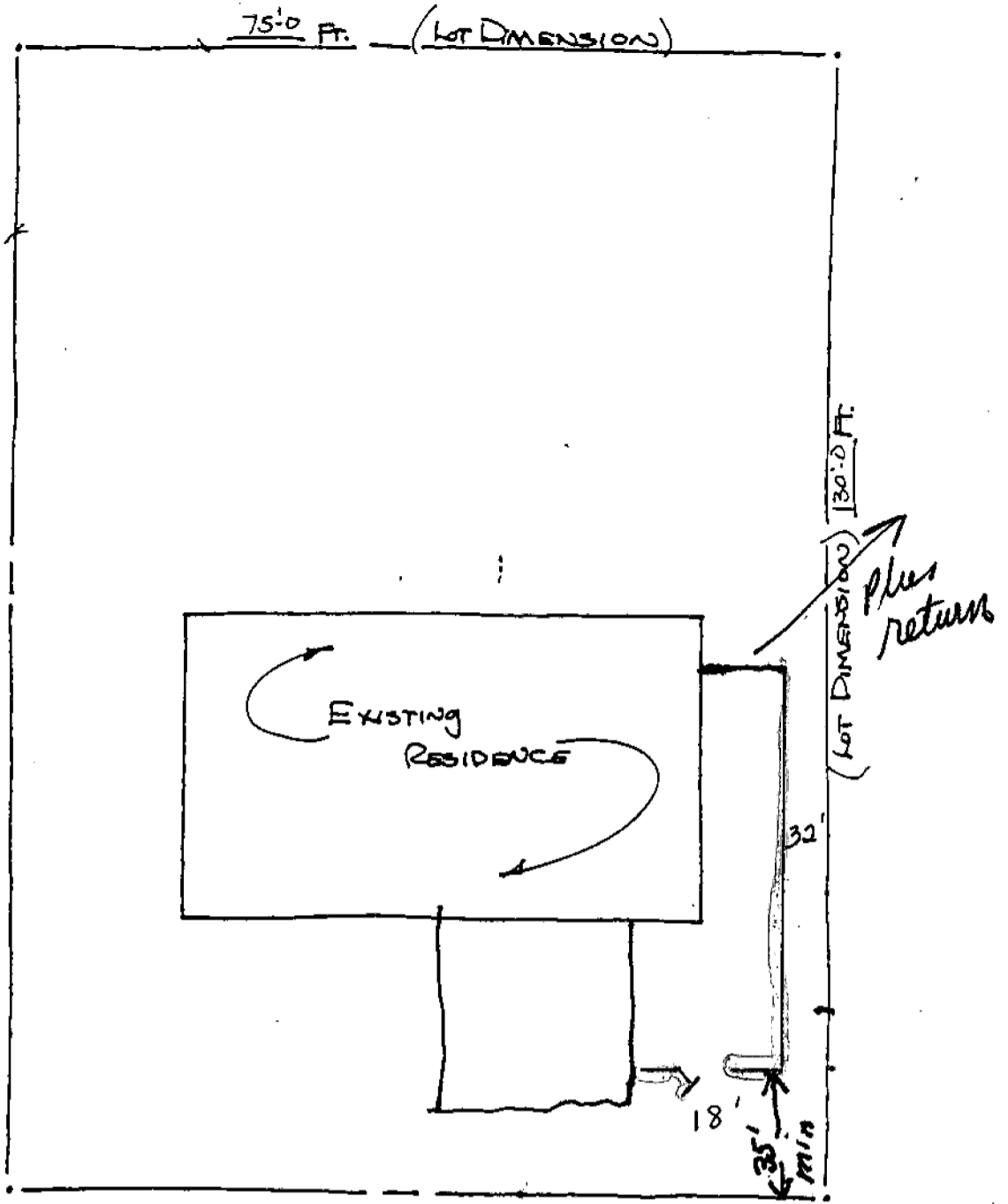
Date submitted 9/25/92 Approved: Wale Brown 10/2/92
Building Inspector Date

Approved: [Signature] 10/2/92
Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282 Permit No. _____

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



Rothenberg
1 Riverview Dr.
4.50 Sewalls Pt (STREET NAME)

Fence:
~~SHED~~ PERMIT

5100

POOL/DECK

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 10/6/00

BUILDING PERMIT NO. 5100

Building to be erected for JOHN & LYNDY MACKENZIE

Type of Permit POOL

Applied for by LOUDED POOLS

(Contractor) Building Fee \$240.00

Subdivision RIVERVIEW Lot 23 Block _____

Address 1 RIVERVIEW DR.

Type of structure S.F.R.

Radon Fee _____

Impact Fee _____

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Other Fees (_____)

TOTAL Fees \$240.00

Parcel Control Number:
12-38-41-00100-00023-00000

Amount Paid \$240.00 Check # 034074 Cash _____

Total Construction Cost \$ 17,800.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

POOL / SPA PERMIT

INSPECTIONS

SETBACKS DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 STEEL & BOND DATE _____
 LIGHT NITCHE DATE _____

DECK DATE _____
 ENCLOSURE & LATCH DATE _____
 DOOR ALARM(S) DATE _____
 FINAL DATE _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



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

Bldg. Permit Number: _____

REC'D
AUG 17 2000

Owner or Titleholder's Name: JOHN + LYAN MACKENZIE
 Street: 1 RIVERSIDE DR. City: SEWALL'S PT State: FL Zip: 34996
 Legal Description of Property: LOT 23 - RIVERVIEW SUBDIVISION, PB-6 - P.86-
 Parcel Number: 123841 001 0000023 000000

Location of Job Site: S/A
 TYPE OF WORK TO BE DONE: Swimming Pool / Deck

CONTRACTOR/Company Name: LOWERY POOLS Phone No. (Std) 465-2700
 Street: 4306 S. US 1 City: FT PIERCE State: FL Zip: 34983
 State Registration: _____ State License: RP00066790

ARCHITECT: N/A Phone No. () _____
 Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: N/A Phone No. () _____
 Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: 2100# Garage Area: 550# Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: 350# Wood Deck: 525#
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
 Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ 17,800.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO X
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: PAUL ELECTRIC State: FL License # EL0012840
 Mechanical: - State: _____ License # _____
 Plumbing: - State: _____ License # _____
 Roofing: - State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required) _____ CONTRACTOR SIGNATURE (Required) _____
 State of Florida, County of: MARION On this the 17 day of AUG, 2000, by JOHN MACKENZIE who is personally known to me or produced _____ as identification.
 State of Florida, County of: MARION On this the 14 day of AUG, 2000, by Robert S. Frank who is personally known to me or produced _____ as identification.

Notary Public _____ My Commission Expires: _____
 THOMAS E. WEISS
 MY COMMISSION # CC 769952
 EXPIRES: September 23, 2002
 Bonded Thru Notary Public Underwriters
 (Seal)

TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

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

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

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

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)

NO CONSTRUCTION MAY BEGIN UNTIL
NOTICE OF COMMENCEMENT
POSTED ON JOB SITE.

Permit No. _____

Tax ID No. _____

NOTICE OF COMMENCEMENT

State Of Florida

County Of MARTIN

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

Legal Description of property and street address, if available

LOT 23, RIVERVIEW SUBDIVISION, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 6, PAGE 86, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA
PER 1 RIVERVIEW DR SEAWALK POINT, FL.

General description of improvements Install swimming pool.

DECK AND SCREENED ENCLOSURE

Owner John Robert Mackenzie

Address 1 RIVERVIEW DR SEAWALK PT FL 34996

Owner's interest in site of improvement Residence

Fee Simple Title holder (if other than owner) Same

Address _____

Contractor Louden Bonded Pools Inc.

Address 4306 South U.S. # 1, Fort Pierce, Fl. , 34982

Surety N/A

Address _____

Amount of bond \$ _____

Lender N/A

Address _____

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 N/A

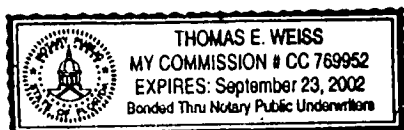
Address _____

In addition to himself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.12 (1) (b), Florida Statutes.

Expiration date of notice of commencement (the expiration date is one year from the date of recording unless a different date is specified). N/A

THIS SPACE FOR RECORDING USE ONLY

[Signature]
Owner
Sworn to and subscribed before me this 23 day of SEP 2002
[Signature]
Notary Public
My commission expires: _____



PRODUCER

Riedman Insurance
125 S. 2nd Street
Ft. Pierce FL 34950-
561-461-7670

COPY

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 Scottsdale Ins. Co.

INSURED

FILE FILE
LIC/INS

COMPANY B Bankers Insurance Company

Louden Bonded Pools Inc
4306 South US Hwy 1
Ft Pierce FL 34982

COMPANY C

RECEIVED

COMPANY D

MAR 31 2000

> COVERAGES <-----

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

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFF DATE (MM/DD/YY) | POLICY EXP DATE (MM/DD/YY) | LIMITS |
|-------------|--|---------------|----------------------------|----------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/> | NEW ISSUE | 04/01/00 | 04/01/01 | GENERAL AGGREGATE 1,000,000 PROD-COMP/OP AGG. 1,000,000 PERS. & ADV. INJURY 500,000 EACH OCCURRENCE 500,000 FIRE DAMAGE (ANY ONE FIRE) 50,000 MED. EXPENSE (ANY ONE PERSON) 5,000 |
| B B B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/> | BA 09S300271 | 04/01/00 | 04/01/01 | COMB. SINGLE LIMIT 500,000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/> | | | | AUTO ONLY (EA ACC) OTHER / AUTO ONLY: EACH ACCIDENT AGGREGATE |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE AGGREGATE |
| | WORKERS COMP. AND EMP. LIAB. THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL. | | | |]STAT LIM []OTH EL EA ACCIDENT EL DISEASE-POL. LIM EL DISEASE-EA EMP. |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
POOL CONTRACTOR

> CERTIFICATE HOLDER <-----

TOWN018
Town of Sewalls Point
Building Dept
1 South Sewalls Point Road
Stuart FL 34996

CANCELLATION <-----

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

AUTHORIZED REPRESENTATIVE

John Knapp

John M. Knapp

This certificate is issued as a matter of information only and covers no right upon you and your employees under the coverage by the policies listed below.

Named Insured(s):

Staff Leasing, LP, by Staff Acquisition, Inc., The General Partner, and
 The Affiliated Limited Partnerships of Which Staff Acquisition, Inc. is
 The General Partner and their Successor Corporations
 600 301 Boulevard West, Suite 202
 Bradenton, Florida 34205

**CNA
 RISK MANAGEMENT**

Coverages:

Insurer Affording Coverage
 Continental Casualty Company

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

| Type of Insurance | Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term | Policy Number | Limits |
|-----------------------|--|------------------------------|---|
| Workers' Compensation | 1-1-2001 | WC 189165165 WC 189165182 | Employer's Liability |
| | | | Bodily Injury By Accident \$1,000,000 Each Accident |
| | | | Bodily Injury By Disease \$1,000,000 Policy Limit |
| | | | Bodily Injury By Disease \$1,000,000 Each Person |

Other:

Employees Leased To:

Effective Date: 1/1/00

8046
 Loudon Bonded Pools Inc

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

TOWN OF SEWALL'S POINT
 1 S SEWALLS POINT RD
 STUART, FL 34996-6736



Martin Oosterbaan

Martin Oosterbaan
 Authorized Representative

Office: St. Louis, MO 12/15/99
 Phone: (877) 427-5567 Date Issued



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02616
Expires September 30, 2001

BRUHN, ROBERT S
LOUDEN BONDED POOLS INC
4306 SO US 1
FT PIERCE, FL 34982
COMMERCIAL POOL/SPA

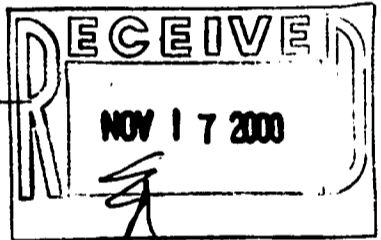
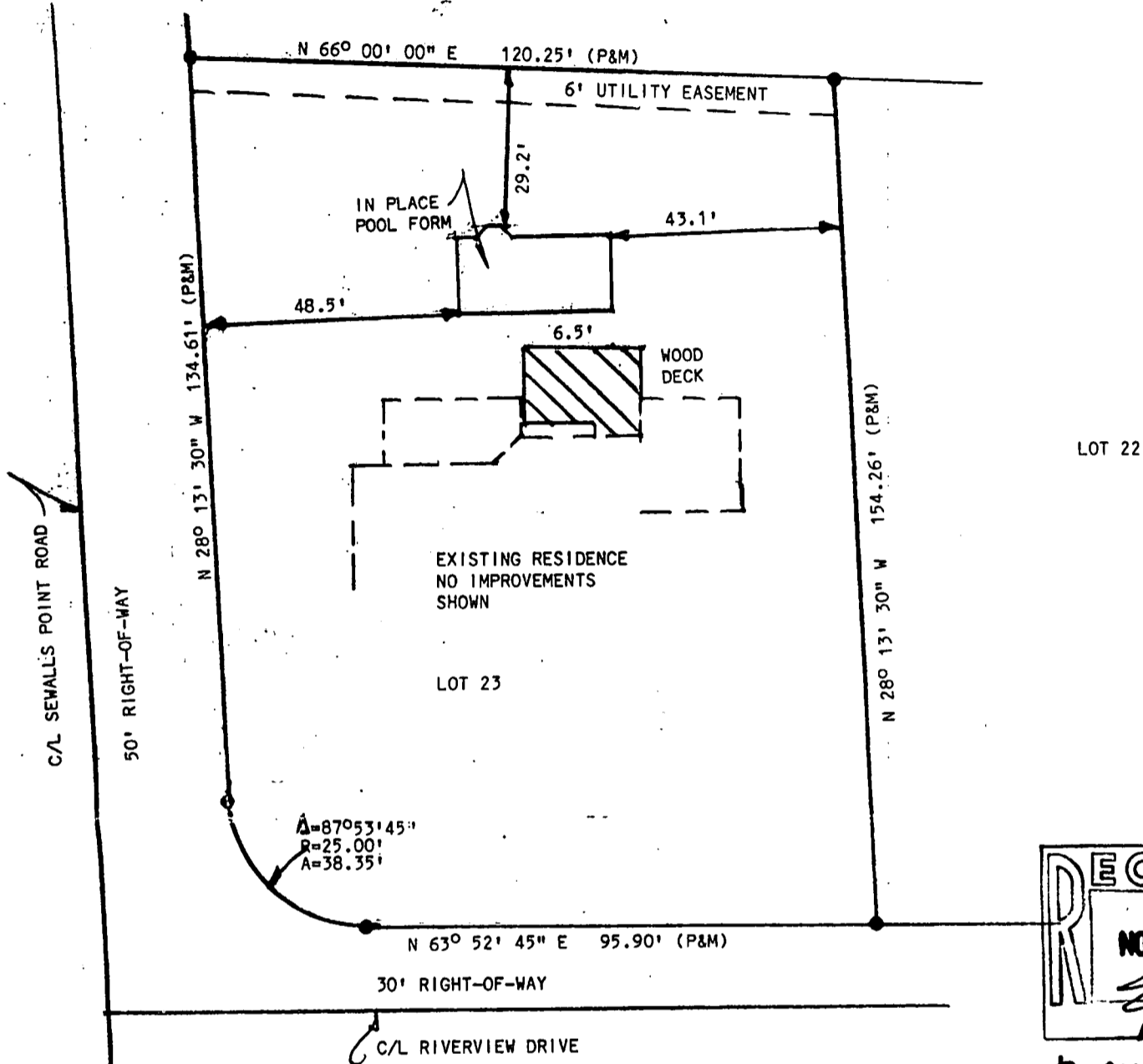
BP # 5100



LEGAL DESCRIPTION
LOT 23
RIVERVIEW SUBDIVISION
PLAT BOOK 6, PAGE 86
MARTIN COUNTY, FLORIDA

1 RIVERVIEW ROAD
SEWALLS POINT, FLORIDA

PALM ROW REVISED PLAT



FORM BOARD SURVEY

FILE DOWN COPY
RIVERVIEW DRIVE

PN 5100

SETBACKS, LOCATIONS & CITY SEWER & WATER AVAILABILITIES TO BE VERIFIED BY CONTRACTOR

- PLOT PLAN & TOPO SURVEY
 - BOUNDARY SURVEY
 - FORM BOARD SURVEY
 - AS-BUILT SURVEY
 - ELEV. ARE ASSUMED
 - ELEV. ARE N.G.V.D., 1929 DATA
LEGEND: D = DEED C = CALCULATED X = EXISTING GRADE PRO. = PRORATION DISTANCE M = MEASURED DISTANCE P = PLAT DISTANCE
P.C.P. = PERMANENT CONTROL POINT P.R.M. = PERMANENT REFERENCE MONUMENT ELEV. = ELEVATIONS CONC. = CONCRETE
MON. = MONUMENT C/L = CENTERLINE FD. = FOUND N.G.V.D. = NATIONAL GEODETIC VERTICAL DATUM F.F. = FINISHED FLOOR
RW = RIGHT OF WAY P.C. = POINT OF CURVE P.R.C. = POINT OF REVERSE CURVE P.T. = POINT OF TANGENT C.M.P. = CORRUGATED METAL PIPE
C = CHORD CB = CHORD BEARING

BEARINGS HEREON ARE REFERRED TO AN ASSUMED VALUE OF N 63° 52' 45" E FOR THE SOUTH RW LINE OF RIVERVIEW DRIVE SAID BEARING IS IDENTICAL WITH THE PLAT OF RECORD.

NOTES: LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHT-OF-WAY OF RECORD.

NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER. ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.

THIS SURVEY SUBJECT TO EASEMENTS & ALL OTHER MATTERS OF RECORD AS RECORDED, WHETHER SHOWN ON SURVEY OR NOT.

THIS SURVEY NOT TO BE USED FOR FENCE INSTALLATION, SPRINKLER SYSTEMS, SHRUBS OR ANY OTHER UTILITIES WITHOUT REVERIFICATION OF PROPERTY CORNERS.

GEORGE M. AYLOR, JR.
REGISTERED LAND SURVEYOR, FLORIDA CERTIFICATE #4015
SIGNATURE DATE: 11-15-00

| | | |
|--------------------------------|--|-----------------------|
| SCALE <u>1" = 30'</u> | AYLOR LAND SURVEYING 4833 S.E. PINE KNOLL WAY, STUART, FLORIDA 34997 -- MAILING ADDRESS 3368 S.E. TRESSLER DRIVE, STUART, FLORIDA 34994 -- OFFICE TELEPHONE (561) 287-0664 | CHECKED BY <u>GMA</u> |
| JOB NO. <u>12959-00</u> | | DRAWN BY <u>GMA</u> |
| FIELD BK. NO. _____ | | REFERENCES _____ |
| FIELD WORK DATE <u>11-2-00</u> | | FLOOD ZONE _____ |
| DATE <u>11-15-00</u> | | |

FILE

1 RIVERVIEW DRIVE
LOUDED POOLS
(JOHN & LYNN MACKENZIE)

PN 5100

POOL
(DATE: 10/6/00)

3/13/01
- REVIEWED w/ JOSE
- HE HAS INSPECTED
- SWIMMING POOL
- SOURCE SOLVED

OK TO RE-INSPECT

2/8/01

COMPLAINT
WATER EROSION
(BASIN FILLED w/ SLT)
- POOL DRAINAGE?

REVIEW w/ COMR
IF CORRECT PRIOR
TO FINAL INSP.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Monday Tuesday Friday, 11/13, 2000; Page 3 of 3.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|-----------|--|-------------------------|-------------------|--|
| ✓ 5116 | OLNEY | STEEL / BOND | PASSED | SUBJECT TO REV/APPR. |
| 5 (10) | 91 S. SEWALL'S PT. RD LOUDEN POOLS | | ⊘ | OR FORMBOARD SURVEY PRIOR TO POUR |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5 (11) | McKENZIE LOUDEN POOLS - "B02" 971-3038 | STEEL / BOND | PASSED | SUBJECT TO REV./APPR. OF FORMBOARDED SURVEY PRIOR TO POUR. |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu 11/17, 2000; Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|---------------------|---|-----------------|-------------------|--|
| ✓ S ⑦ 4990 | Elder 4 Emanta owner | framing | NOT READY E | REINSPECT (NO FEE) 11/20 TRUSS TIE DOWN (ACC) |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S ③ 5119 | KOKOMANNIS 80 S. RIVER RD. PACIFIC 10/25/00 | ROOF FINAL | PASSED E | 9:30 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S ④ 5131 | WOOD 15 LANTANA LN. PACIFIC 11/2/00 | ROOF FINAL | PASSED E | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ N ⑤ 4963 | JOHNSON 9 QUAIL RUN PACIFIC 6/21/00 | ROOF FINAL | FAILED E | OWNER/CONTR. DISPUTE POSSIBLE INST. DEFECTS - REINSP. FEE (NO FEE) |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S ⑧ 5116 | OLNEY 91 S. Sewalls Pt Rd. LOUDEN | POOL STEEL | PASSED E | - FORMBOARD SURVEY - R.O.M. |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S ⑨ 5100 | Mckenzie 1 RIVERVIEW LOUDEN | POOL STEEL | PASSED E | - FORMBOARD SURVEY - R.O.M. |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ N ⑥ 5087 | BROWN 7 FIELDWAY DR LOUDEN | POOL STEEL | PASSED E | 10:30 NO PERMIT DOCUMENTS - FORMBOARD SURVEY R.O.M. 2:15 REINSPECT |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~XXXXXX~~ Wed ~~XXXXXX~~, 2000; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|-----------------|---------------------------------------|--|-------------------|---|
| 5100 | McKENZIE | POOL DECK / DECK | PASSED | ROLL OVER FROM 12/1 |
| S (1) | XXXXXXXXXX DR. LOUDEN | | ↗ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5118 | OSBORNE/LOYOLA | DOCK - FINAL | FAILED | ROLL OVER FROM 12/1 |
| N (10) | 20 CASTLE HILL WAY PLAZA MARINE | | ↗ | INTERMEDIATE STRINGERS @ PLATFORM EXCEED 50" R (BASED ON 9) ROOF STRINGERS TO LAND CAN PU |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 5116 | OLNEY | POOL DECK | PASSED | "ROLL OVER" FROM 12/1 |
| S (2) | 91 S. SEWALL'S POINT RD. LOUDEN | | ↗ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| T/R | AYRES | FIELD VERIF. | FAIL | "ROLL OVER" FROM 12/1 |
| S (7) | 15 S. RIVER RD. MONTE'S TREE SERV. | | ↗ | UNABLE TO IDENTIFY TREE LOCATIONS |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4717 | 124 N. SEWALL'S PT. RD. | DRIVEWAY | PASSED | |
| N (9) | ZARRO BURFORD | (FINAL PORTION - LAST 43 TO STREET) | ↗ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| 4775 | CAMPO | FINAL | PASSED | - ADD'L DOCUMENTATION REQUIRED FOR C.O. (MTC. 12/5/00) |
| (11) | 5 PALOMA WAY SERGENTE BCURS. | | ↗ | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| | | | | |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ _____, 2001; Page 2 of 12.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--|-----------------------|----------------------------|---------------------|
| ✓ 5209 | TRANTER | 1st Floor Framing | → | rollover 2/12 |
| S (12) | 9 MIDDLE RD. EMMICK | + ALL TRADES | | INSPECTOR: |
| ✓ 5087 | BROWN | POOL-FINAL | → | EdA. |
| N (8) | 7 FIELDWAY DR. LOUDED POOLS (286-5760) | | | INSPECTOR: |
| ✓ T/R | WIENKE | FIELD VERIF. | OK to remove tree (dead) | |
| S (6) | 10 HERITAGE WAY O/B | | | INSPECTOR: 3/9 |
| ✓ 5116 | OLNEY | POOL-FINAL | Passed | |
| S (9) | 91 S. SEWALL'S POINT RD. LOUDED POOLS | | Final inspection on 2/9/01 | INSPECTOR: 3/9/01 |
| ✓ 5100 | MacKENZIE | POOL-FINAL | Pass | rollover |
| S (5) | 1 RIVERVIEW DR. LOUDED POOLS | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |

OTHER: 33 N. River Rd (Fence ??)
8a

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed Fri ~~Thu~~ , 2001; Page 1 of .

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--------------------------------------|------------------------|-----------|--------------------------------|
| V 5284 | ST LUCIE BLDG CONDO | SHEATHING | Not ready | |
| N ③ | 3601 E. OCEAN A+W | | | INSPECTOR: J 3/12 |
| V 4895 | SEELY | FTG. - | Passed | 48x48x12 6" GC |
| N ② | 37 N.E. LOFTING WAY GRIBBEN | ENTRY WALL/GATE | | 20x12 2x5 INSPECTOR: J 3/12 |
| V 5261 | RAPPAPORT | ROOF - FINAL | | |
| S ④ | 9 RIVERCREST CT. GARY MARZO, INC. | (871-2489) | | INSPECTOR: |
| V 5192 | Rao | Shoathing | Passed | 718 9191 |
| N ⑦ | 30 Castle Hill Way AR Martin | (Del. Drgs) | | INSPECTOR: J 3/12 |
| V 5209 | Tranter | 1ST FLOOR | Passed | |
| S ⑥ | 9 Middle Rd. Emmick | Framing/all trades | | INSPECTOR: J 3/12 |
| V 5271 | Geisinger | Dry In/Metal | Failed | → reinspect 11 ³⁰ |
| N ① | S Castle Hill Way A+W | | | INSPECTOR: |
| V 5100 | McKenzie | Final Final | Passed | (Safety fence all ar.) |
| S ⑤ | 1 Pionniers Dr. Louden | | | INSPECTOR: J 3/12 |

OTHER: _____

**COASTAL TESTING LABORATORY
P.O. BOX 2023
PALM CITY, FLORIDA 34991-2023
(561) 336-7161**

COMPACTION TEST REPORT

ASTM D 2937-83-MOD.

| |
|---|
| <p>RECEIVED NOV 28 2000 BY: <i>[Signature]</i></p> |
|---|

DATE : *November 27, 2000*

JOB NUMBER : *00-1130*

PERMIT NUMBER : *[REDACTED]*

CLIENT : *Louden Pools*

CONTRACTOR : *Louden Pools*

JOB LEGAL : *N/A*

JOB ADDRESS : *[REDACTED]*

FILE

SOIL CLASSIFICATION & REMARKS : *A4 Fine brown sandy soil*

TEST SAMPLE LOCATION : *10' IS LR Corner - Center of Pad - 10' IS RF Corner*

| | <u>IN PLACE DRY DENSITY</u> | <u>MAXIMUM DRY DENSITY</u> | <u>% COMPACTION</u> |
|----|-----------------------------|----------------------------|---------------------|
| 1) | 109.8 | 110.8 | 99.1 |
| 2) | 108.0 | 110.8 | 97.5 |
| 3) | 108.6 | 110.8 | 98.0 |

RESPECTFULLY SUBMITTED:

Ernesto Velasco
ERNESTO VELASCO, P.E.

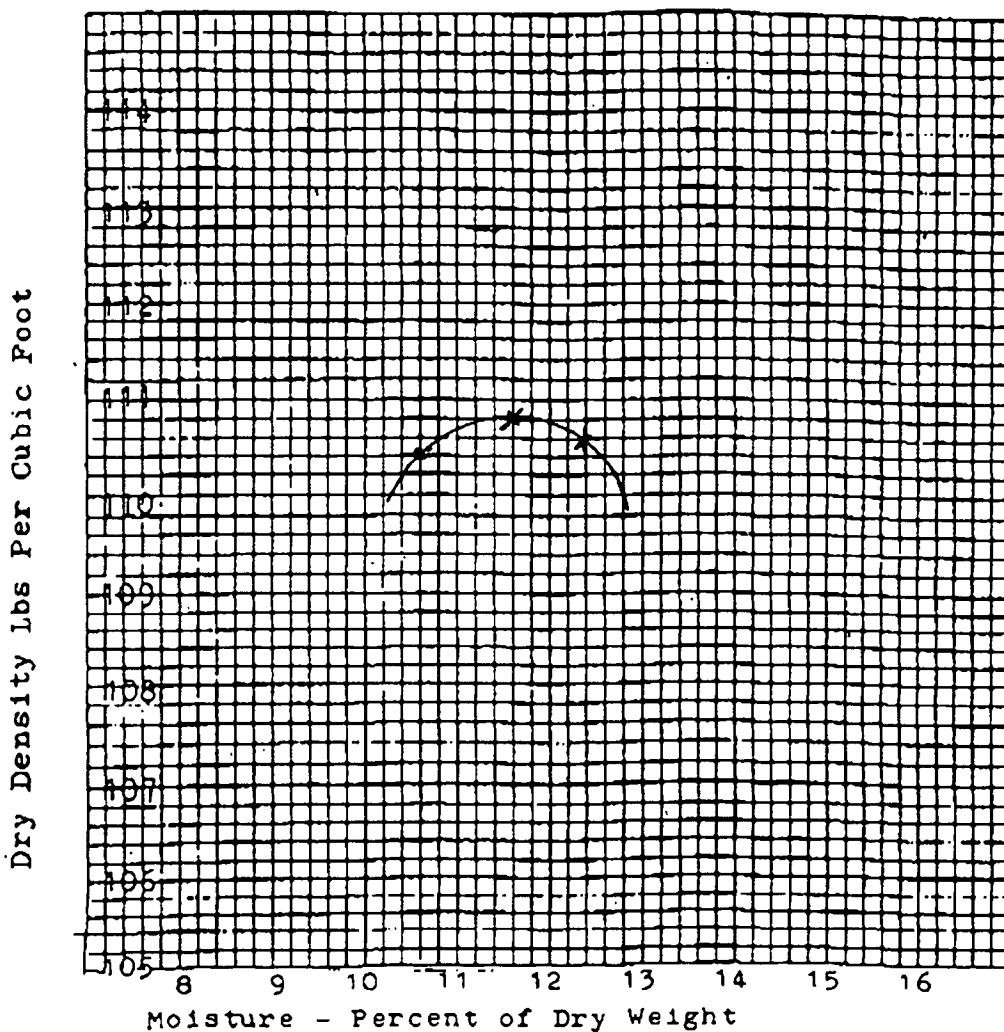
COASTAL TESTING LABORATORY
P.O. BOX 2023
PALM CITY, FLORIDA 34991-2023
(561) 336-7161

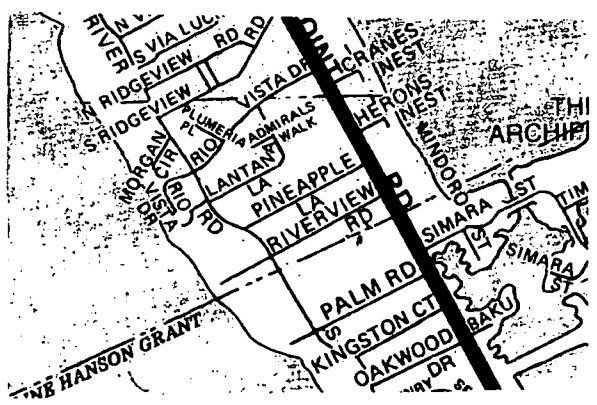
RECEIVED
NOV 28 2000
BY: _____

MOISTURE DENSITY RELATIONSHIP

ASTM 698-91

DATE : November 27, 2000
CONTRACTOR : Louden Pools
JOB NUMBER : 00-1130
PERMIT NUMBER : 5100





Legal Description

Lot 23, RIVERVIEW SUBDIVISION, according to the plat thereof, as recorded in Plat Book 6, Page 86, of the Public Records of MARTIN County, Florida.

Community Number: 120164 Panel: 0002
 Suffix: D F.I.R.M. Date: 4/3/84 Flood Zone: V13
 Field Work: 7/24/2000 Completed: 07/26/2000

Certified To:
 JOHN ROBERT MAC KENZIE AND LYNN MARIE MURRAY; FAST TITLE, INC.; AMERICAN PIONEER TITLE INSURANCE COMPANY; WASHINGTON MUTUAL BANK, F.A., its successors and/or assigns.

Property Address:
 1 RIVERVIEW DRIVE
 SEWALLS POINT, FL 34996

Survey Number: W-52372

| LEGEND | |
|--------|------------------------------|
| — — — | WOOD FENCE |
| -x-x- | WIRE FENCE |
| F.N. | NAIL |
| ● | PROPERTY CORNER |
| R. | RECORD |
| M | FIELD MEASURED |
| C | CALCULATED |
| CL | CLEAR |
| ENCR | ENCROACHMENT |
| ⊕ | CENTERLINE |
| ▭ | CONCRETE |
| — | PROPERTY LINE |
| ⊕ | CONCRETE MONUMENT |
| F.I.R. | FOUND IRON ROD |
| F.I.P. | FOUND IRON PIPE |
| R/W | RIGHT OF WAY |
| N&D | NAIL & DISK |
| D.E. | DRAINAGE EASEMENT |
| U.E. | UTILITY EASEMENT |
| FD. | FOUND |
| P | PLAT |
| ▨ | ASPHALT |
| O.H.L. | OVERHEAD UTILITIES |
| P.P. | POWER POLE |
| TX | TRANSFORMER |
| CATV | CABLE RISER |
| W.M. | WATER METER |
| TEL. | TELEPHONE FACILITIES |
| ▨ | COVERED AREA |
| B.R. | BEARING REFERENCE |
| CH | CHORD |
| RAD | RADIAL |
| N.R. | NON RADIAL |
| A/C | AIR CONDITIONER |
| B.M. | BENCH MARK |
| C.B. | CATCH BASIN |
| C. | CALCULATED |
| △ | CENTRAL ANGLE/DELTA |
| D.B. | DEED BOOK |
| D. | DESCRIPTION OR DEED |
| D.H. | DRILL HOLE |
| D/W | DRIVEWAY |
| ESMT | EASEMENT |
| E.L. | ELEVATION |
| FF. | FINISHED FLOOR |
| F.C.M. | FOUND CONCRETE MONUMENT |
| F.P.K. | FOUND PARKER-KALON NAIL |
| L | LENGTH |
| L.A.E. | LIMITED ACCESS EASEMENT |
| M.H. | MANHOLE |
| N.T.S. | NOT TO SCALE |
| O.R. | OFFICIAL RECORDS |
| O.R.B. | OFFICIAL RECORDS BOOK |
| P.C.P. | PERMANENT CONTROL POINT |
| P.R.M. | PERMANENT REFERENCE MONUMENT |
| PG. | PAGE |
| PVMT. | PAVEMENT |
| P.B. | PLAT BOOK |
| P.O.B. | POINT OF BEGINNING |
| P.O.C. | POINT OF COMMENCEMENT |
| P.O.L. | POINT ON LINE |
| P.C. | POINT OF CURVATURE |
| P.R.C. | POINT OF REVERSE CURVE |
| P.T. | POINT OF TANGENCY |
| R. | RADIUS (RADIAL) |
| R.O.E. | ROOF OVERHANG EASEMENT |
| S.I.R. | SET IRON ROD & CAP |
| SW | SIDEWALK |
| T.B.M. | TEMPORARY BENCH MARK |
| T.O.B. | TOP OF BANK |
| TYP. | TYPICAL |
| W.C. | WITNESS CORNER |
| 10.50 | EXISTING ELEVATION |
| E.O.W. | EDGE OF WATER |

- GENERAL NOTES:
- LEGAL DESCRIPTION PROVIDED BY OTHERS
 - THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS OR OTHER RECORDED ENCUMBRANCES NOT SHOWN ON THE PLAT.
 - UNDERGROUND PORTIONS OF FOOTINGS, FOUNDATIONS OR OTHER IMPROVEMENTS WERE NOT LOCATED.
 - WALL TIES ARE TO THE FACE OF THE WALL.
 - ONLY VISIBLE ENCROACHMENTS LOCATED.
 - NO IDENTIFICATION FOUND ON PROPERTY CORNERS UNLESS NOTED.
 - DIMENSIONS SHOWN ARE PLAT AND MEASURED UNLESS OTHERWISE SHOWN.
 - ELEVATIONS IF SHOWN ARE BASED UPON N.G.V.D. 1929 UNLESS OTHERWISE NOTED.
 - BEARINGS REFERENCED TO LINE NOTED AS B.R.
 - THIS IS A BOUNDARY SURVEY UNLESS OTHERWISE NOTED.
 - NOT VALID UNLESS SEALED WITH THE SIGNING SURVEYORS EMBOSSED SEAL.

I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION.

SIGNED _____ STATE OF FLORIDA
 RALPH SWERDLOFF REGISTERED LAND SURVEYOR NO. 3411

SIGNED _____ STATE OF FLORIDA
 CARL MICHAEL SMITH REGISTERED LAND SURVEYOR NO. 3762

SIGNED _____ STATE OF FLORIDA
 NOE AGUILAR REGISTERED LAND SURVEYOR NO. 5571

SIGNED _____ STATE OF FLORIDA
 CLYDE D. McNEAL REGISTERED LAND SURVEYOR NO. 2883

SIGNED _____ STATE OF FLORIDA
 CECILIO E. PADRON REGISTERED LAND SURVEYOR NO. 8121

THIS SURVEY IS INTENDED FOR MORTGAGE OR REFINANCE PURPOSES ONLY. EXCLUSIVELY FOR THIS USE BY THOSE TO WHOM IT IS CERTIFIED. THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION, PERMITTING, DESIGN OR ANY OTHER USE WITHOUT THE WRITTEN CONSENT OF FIRST FINANCIAL SURVEYORS, INC.

First Financial Surveyors, Inc.
 AND AFFILIATED COMPANIES

L.B. 6387 (FLORIDA)

8500 SW 92nd Street, Suite B-204
 Miami, Florida 33156
 (305) 271-3655 Fax (305) 271-8499

2000 N. Florida Mango Road, Suite 202
 West Palm Beach, Florida 33409
 (561) 640-4800 Fax (561) 540-0576

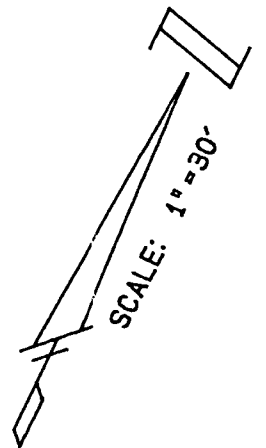
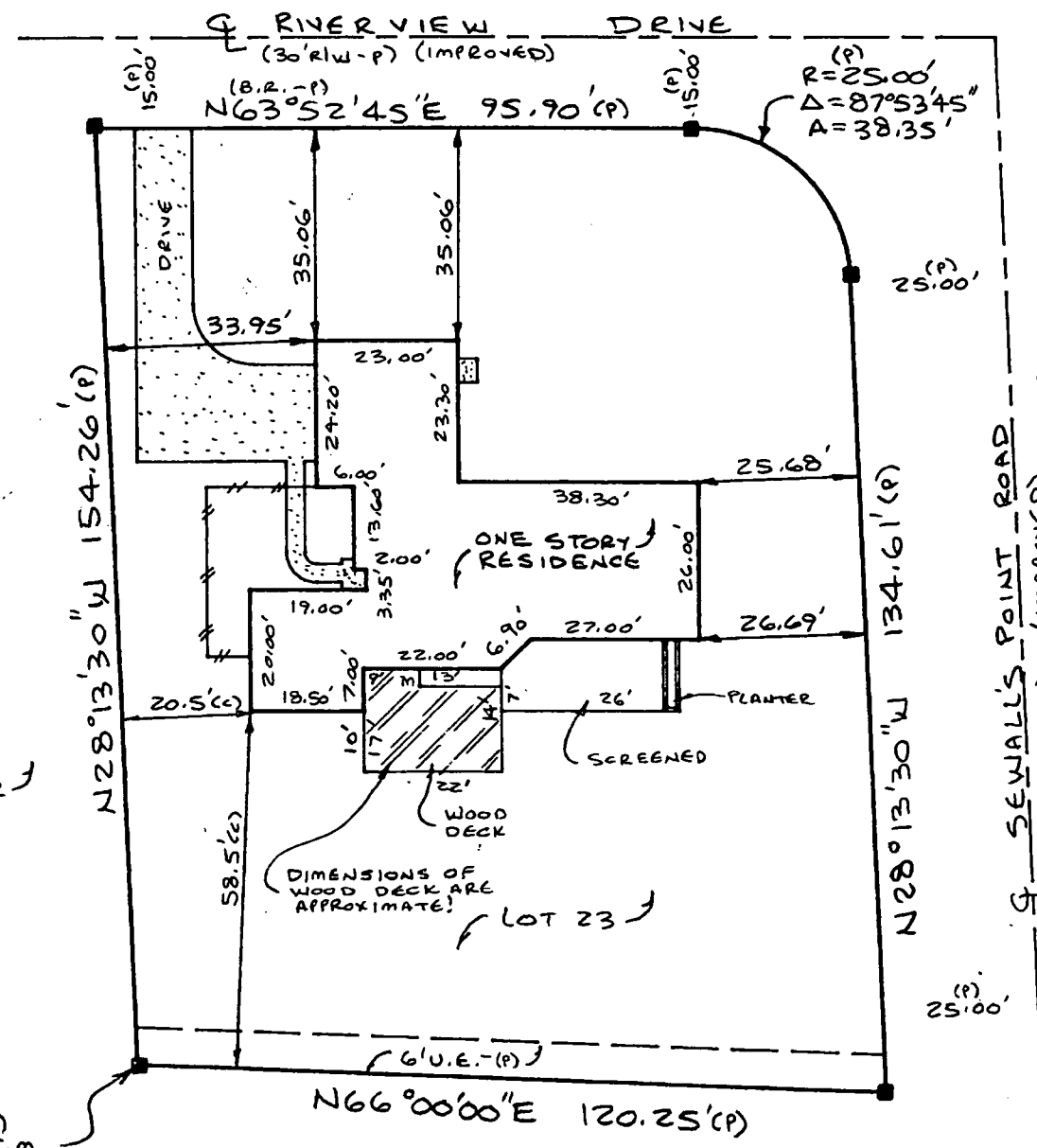
828 Anchor Rode Drive
 Naples, Florida 34103
 (941) 513-6932 Fax (941) 513-6931

1187 Vultee Boulevard
 Nashville Tennessee 37217
 (615) 366-8432 Fax (615) 366-8477

P.O. Box 34088
 Memphis, Tennessee 38184-0088
 (901) 377-5959 Fax (901) 377-5955

365 Aulin Avenue
 Oviedo, Florida 32765
 (407) 977-7010 Fax (407) 977-7020
 (800) 787-8266 Fax (800) 787-8260

550 Post Oak Blvd., Suite 445
 Houston, Texas 77027
 (713) 621-6770 Fax (713) 621-6527



RECEIVED
 SEP 28 2000
 BY: [Signature]
 REQUIRED SEARCH "AS BUILT" SURVEY (EXISTING).

FILE

(TYP) FOUND C.M.

PALM ROW REVISED PLAT (P.B.4, PG.68)

DIMENSIONS OF WOOD DECK ARE APPROXIMATE!

LOT 23

LOT 22

ROBERT M. WIENKE
Mayor

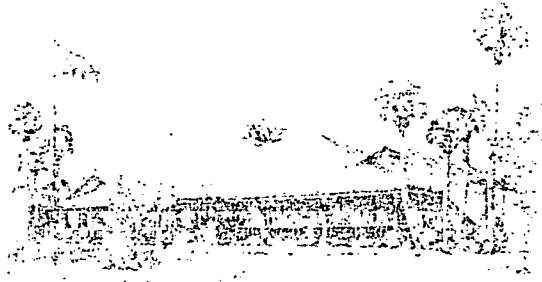
MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

March 13, 2001

COPY

COPY

Mr. and Mrs. John MacKenzie
1 Riverview Drive
Sewall's Point, FL 34996

FILE

Re: Pool/Deck
1 Riverview Drive
Permit No. 5100

Dear Mr. and Mrs. MacKenzie:

The final inspection on the referenced permit was performed on March 12, 2001. Enclosed please find Certificate of Completion dated March 12, 2001. The building department copy of all permit documents will be retained in the permanent lot file for your property.

Please contact me at your convenience if you have any questions or require further assistance.

Sincerely,



Edwin B. Arnold, Building Official

EBA/lom

encl:

cc: Louden Bonded Pools, Inc. (w/encl)



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

March 15, 2001

COPY

Mr. and Mrs. John MacKenzie
1 Riverview Drive
Sewall's Point, FL 34996

Re: Pool/Deck
1 Riverview Drive
Permit No. 5100

Dear Mr. and Mrs. MacKenzie:

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Sincerely,

Edwin B. Arnold, Building Official

EBA/lom

encl:

cc: Louden Bonded Pools, Inc. (w/encl)



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Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance



FILE COPY

CERTIFICATE OF COMPLETION

POOL/DECK
 Single Family Residence Other _____

OWNER: JOHN/LYNN MACKENZIE ; PROPERTY ADDRESS: 1 RIVERVIEW DRIVE

LEGAL DESCRIPTION: LOT 23 BLOCK _____ SUBDIVISION RIVERVIEW

GENERAL CONTRACTOR: LOVDEN BONDED POOLS, INC. ; LIC/CERT No. M.C. 5P02616

ADDRESS: 4306 S. US1, FORT PIERCE, FL 34982 ; TEL: (561) 465-2700 ; FAX: (561) 465-1063

ARCHITECT OR ENGINEER: WALTER KARPINIA, P.E. ; LIC/REG. No. 46535

ADDRESS: 11406 172 PL. NORTH, JUPITER, FL 33478 ; TEL: (561) 287-2378 ; FAX: (561) 220-6096

PERMIT No: 5100 ; DATE OF ISSUE: 10/6/00 ; RENEWAL PERMIT No: — ; DATE OF ISSUE: N/A

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

Entered at Sewall's Point, Florida, this 12th day of MARCH, 2001.

Edwin B. Arnold, AIA, CBO
Building Official, Town of Sewall's Point

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

7521

REMODEL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/29/05

BUILDING PERMIT NO. 7521

Building to be erected for ZECHEL

Type of Permit BATH REMODEL

Applied for by HOMESAFE LLC

(Contractor) Building Fee 138.67
~~\$1445 x \$9.60/1000~~

Subdivision RIVERVIEW Lot 23 Block _____

Radon Fee _____

Address 1 RIVERVIEW

Impact Fee _____

Type of structure SFR

A/C Fee _____

PRINT QUAL. NAME: Ed Serrailles

Electrical Fee 35.00

Parcel Control Number: St. Lic #: CGC057678

Plumbing Fee 35.00

12384100100000230000

Roofing Fee _____

Amount Paid 229.54 Check # 5155 Cash .74

Other Fees 10% PLAN REVIEW 20.87

Total Construction Cost \$ 14445

TOTAL Fees 229.54

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

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 _____ |

BY: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 4/15/05 Permit Number: _____

OWNER/TITLEHOLDER NAME: Zechiel, Scott & Terri Phone (Day) 772-485-8853 (Fax) N/A

Job Site Address: 1 Riverview DR City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) River view s/d Lot 23 Parcel Number: 12-38-41-001-000-00230-0

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

Description of Work To Be Done: Bathroom modification & entry - make Handicap accessible

WILL OWNER BE THE CONTRACTOR?:

YES NO

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 14445
(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: _____

CONTRACTOR/Company: Home Safe LLC Phone: 813-890 8809 Fax: 813-890 8819

Street: 5914 Jet Port Industrial Blvd City: Stuart State: FL Zip: 34996

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

SUBCONTRACTOR INFORMATION:

Electrical: Melton Electric Inc State: FL License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: Century Plumbing, Inc State: FL License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT: N/A Lic #: _____ Phone Number: _____

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

ENGINEER: N/A Lic #: _____ Phone Number: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Terri Zechiel

State of Florida, County of: Martin

This the 19 day of April, 2005

by Terri Zechiel who is personally known to me or produced as identification. _____

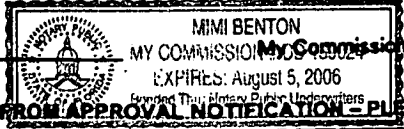
CONTRACTOR SIGNATURE (required)
Denise Mers

On State of Florida, County of: HILLSBOROUGH

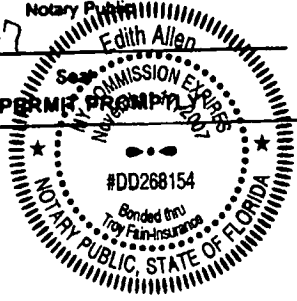
This the 20th day of APRIL, 2005

by Denise Mers who is personally known to me or produced as identification. Cathy Allen

Notary Public
My Commission Expires: 8/5/2006



Notary Public
Edith Allen
My Commission Expires: 11/17/07



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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/29/05

BUILDING PERMIT NO. 7522

Building to be erected for ZECHIEL

Type of Permit SUB-ELECTRIC

Applied for by MELTON ELECTRIC (Contractor)

Building Fee _____

Subdivision RIVERVIEW Lot 23 Block _____

Radon Fee _____

Address 1 RIVERVIEW DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL. NAME: Jerry Melton

Electrical Fee PN# 7521

Parcel Control Number: ST. LIC. #: EC13001330

Plumbing Fee _____

12384100100000230000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Donnie Metz
Applicant

Signed Gene Simmons (P.O.)
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/29/05

BUILDING PERMIT NO. 7523

Building to be erected for ZACHIEL

Type of Permit SUB-Permanent

Applied for by CENTURY PLUMBING (Contractor)

Building Fee _____

Subdivision RIVERVIEW Lot 23 Block _____

Radon Fee _____

Address 1 RIVERVIEW

Impact Fee _____

Type of structure SFR

A/C Fee _____

PRINT QUAL. NAME: Paul Gryniewicz

St. Lic #: CFC019158

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee _____

12384100100000230000

Roofing Fee _____

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

Total Construction Cost \$ ~~_____~~ TOTAL Fees _____

Signed Dennis Mens

Signed Gene Simmons

Applicant

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CM
HOMS010 DATE (MM/DD/YYYY)
03/03/05

PRODUCER
Freedom Insurors, Inc.
74 W LINEBAUGH AVE
Tampa FL 33626
Phone: 813-960-5555 Fax: 813-968-6325

HOME SAFE, LLC
5914 JET PORT INDUSTRIAL BLVD
TAMPA FL 33634

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

| INSURERS AFFORDING COVERAGE | NAIC # |
|--|--------|
| INSURER A: BusinessFirst Insurance Co. | |
| INSURER B: Colony Insurance Group | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

VERAGES
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.

| ADD'L INSRG | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------|---|-----------------|----------------------------------|-----------------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | 0521-00044-0000 | 09/03/04 | 09/03/05 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 GENERAL CONTRACTOR: EDWARD JOSEPH SERRALLES, CGC 057678
 HOME SAFE, LLC.

CERTIFICATE HOLDER
 TOWN001
 Town of Sewall's Point
 1 South Sewall's Point Rd
 Sewalls Point FL 34996

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2005

| PRODUCER Schmalz Insurance Agency 3894 Tampa Road, Suite B Oldsmar, FL 34677 813-855-6639 | 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 Home Safe LLC Ed Serralles/Lic#: CGC057628 5914 Jetport Blvd. Tampa, FL 33634 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">INSURERS AFFORDING COVERAGE</th> <th style="width:30%;">NAIC#</th> </tr> <tr> <td>INSURER A: Mount Hawley Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC# | INSURER A: Mount Hawley Insurance Company | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | |
| INSURERS AFFORDING COVERAGE | NAIC# | | | | | | | | | | | | |
| INSURER A: Mount Hawley Insurance Company | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | |

COVERAGES

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

| INSR | ADD'L | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | |
|-----------------------------|--------|--|---------------|----------------------------------|-----------------------------------|---|----------------------|--------|--------------------|----|----------------------------|----|-----------------------------|----|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 022305CGL01 | 02-23-05 | 02-23-06 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATU-TORY LIMITS</td> <td style="width:50%;">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 | \$ | | | | | | | | | | | | | |
| | | OTHER | | | | | | | | | | | | |

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

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



AC# 0936655

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 1.03061001232

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 06/10/2003 | 200466561 | QB20996 |

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2005
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

HOME SAFE, LLC
5914 JET PORT IND BLVD
TAMPA FL 33634

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY



STATE OF FLORIDA

AC# 1490732

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04071501420

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 07/15/2004 | 040049188 | CGC057678 |

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

SERRALLES, EDWARD JOSEPH
HOME SAFE LLC
14502 N DALE MABRY HWY #200
TAMPA FL 33618

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

2004-2005 HILLSBOROUGH COUNTY OCCUPATIONAL LICENSE EXPIRES 9-30-2005 FOLIO NO.

| | | | | | |
|-----------------------------|------------|------------|----------------|---------|------------|
| FACILITIES OR MACHINES 0 | ROOMS 0 | SEATS 0 | EMPLOYEES 2 | RENEWAL | 42417.0000 |
|-----------------------------|------------|------------|----------------|---------|------------|

OCC. CODE 280.000 BUSINESS TYPE PUBLIC SERVICE/MGMNT/ACCOUNTING/MARKETING SERVICE H. WASTE TAX SURCHARGE 22.00

2004-2005

BUSINESS LOCATION

5914 JET PORT INDUSTRIAL BLVD
TAMPA, 33634

GULF ROYALLE INC
5914 JET PORT INDUSTRIAL BLVD
TAMPA FL 33634

LICENSE

DOUG BELDEN, TAX COLLECTOR
813-635-5200

PAID -9835 - 15
08/18/2004 *** 22.00

IS HEREBY LICENSED TO ENGAGE IN BUSINESS,
PROFESSION, OR OCCUPATION SPECIFIED HEREON.

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.
(SEE REVERSE SIDE)

090.010

GENERAL CONTRACTOR

40.00

18.00

BUSINESS LOCATION
NAME
MAILING ADDRESS

5914 JET PORT IND BLVD
TAMPA, 33634
HOME SAFETY LLC
5914 JET PORT IND BLVD
TAMPA FL 33634

2004 - 2005

LICENSE

DOUG BELDEN, TAX COLLECTOR
813-635-5200

DUPLICATE

IS HEREBY LICENSED TO ENGAGE IN BUSINESS,
PROFESSION, OR OCCUPATION SPECIFIED HEREON.

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

Doug Belden, Hillsborough Co Tax Coll.
PAID-CK \$80.00 09/17/2004
ML HOPK TRAN:0006K 042418.0000 11:11AM
REC00004578-00004578-023 R25 4206

4206 04241800004 000040006 000040006

CH. CHANGE

\$80.00
\$0.00

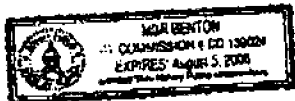
Permit No. _____
Tax Folio No. 12-38-41-001 000 00230-0

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF Martin County

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

1. Description of property (legal description and street address, if available):
1 Riverview DR, Stuart, FL 34996
2. General description of improvement: Bathroom modification and others
3. Other information:
a) Name and address: Zechiel, Scott K & Terri L
1 Riverview DR, Stuart, FL 34996
b) Interest in property: Joint Tenants
c) Name and address of fee simple title holder (if other than Owner): _____
4. Contractor (name and address): Home Safe, LLC
5914 Jet Port Industrial Blvd, Tampa, FL 33634
a) Surety:
b) Name and address: Capitol Indemnity Corp.
100 Pearl St, 16th Floor, Hartford, CT 06103-4508
b) Amount of bond: \$ 50,000
c) Lender (name and address): _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13(1)(a) 7., Florida Statutes (name and address): _____
8. In addition to himself, Owner designates _____ of _____ (address) to receive a copy of the Lender's Notice as provided in section 713.13(1)(b), Florida Statutes.
9. Expiration date of notice of commencement (the expiration date is one year from the date of recording unless a different date is specified): _____



Zechiel, Scott & Terri
(Owner)
By: [Signature]
Print Name: TERRI ZECHIEL
Print Title: _____
Address: _____

STATE OF Florida
COUNTY OF Martin

SWORN TO and subscribed before me this 19 day of April 2005 by Terri Zechiel
(who is personally known to me, or has produced
an identification.

[Signature]
(Signature)
MGR Benton
(Printed Name)
NOTARY PUBLIC, STATE OF Florida
8/5/2008
(Commission Expiration Date)

**HOME SAFE, LLC
5914 JET PORT INDUSTRIAL BLVD
TAMPA, FLORIDA 33634
813 890-8809**

February 2, 2005

To Whom It May Concern:

This letter is to verify that Denise Anne Mers FL. Drivers license M620-161-67-640-1 is authorized to pull permits and register under License # CGC057678.

Sincerely,

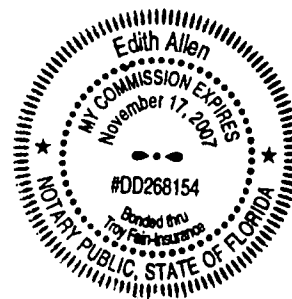

Edward J. Serralles

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me this 2nd day of February , 2005, by Edward J. Serralles
Signature Of Notary public-State of Florida....



Personally Known..... Or Produced Identification.....
Type of Identification Produced.....



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2005

PRODUCER (727) 527-5700
Commercial & Home Insurance, Inc.
6709 49th St., N.

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.

Pinellas Park FL 33781-

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Melton Electric, Inc./Jerry Melton
14000 Starboard Dr.

INSURER A: ADDISON INS./UNITED FIRE

INSURER B:

INSURER C:

INSURER D:

INSURER E:

Seminole FL 33776-1201

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 INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|-------------|---|---------------|----------------------------------|-----------------------------------|--|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC | 60320725 | 03/11/2005 | 03/11/2006 | 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 |
| A | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 60320725 | 03/11/2005 | 03/11/2006 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WK STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
ELECTRICAL CONTRACTOR

DAVE PRATER, AGENT

CERTIFICATE HOLDER

() - (772) 220-4765

TOWN OF SEWALL'S POINT

1 SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT FL 34996-

CANCELLATION

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

| | | | |
|--|--|---|-----------------|
| ACORD™ CERTIFICATE OF LIABILITY INSURANCE | | Date 4/15/05 | |
| Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-938-5562 Fax: 727-937-2138 | | This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below. | |
| Insured: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562 | | Insurers Affording Coverage | |
| | | Insurer A: Lion Insurance Company | NAIC # 11075 |
| | | Insurer B: | |
| | | Insurer C: | |
| | | Insurer D: | |

Coverages
 The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

| INSR LTR | ADOL INSRD | Type of Insurance | Policy Number | Policy Effective Date (MM/DD/YY) | Policy Expiration Date (MM/DD/YY) | Limits | |
|----------|--|---|---------------|----------------------------------|-----------------------------------|---|-----------|
| | | GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC | | | | Each Occurrence | \$ |
| | | | | | | Damage to rented premises (EA occurrence) | \$ |
| | | | | | | Med Exp | \$ |
| | | | | | | Personal Adv Injury | \$ |
| | | | | | | General Aggregate | \$ |
| | | | | | | Products - Comp/Op Agg | \$ |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos | | | | Combined Single Limit (EA Accident) | \$ |
| | | | | | | Bodily Injury (Per Person) | \$ |
| | | | | | | Bodily Injury (Per Accident) | \$ |
| | | | | | | Property Damage (Per Accident) | \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> Any Auto | | | | Auto Only - Ea Accident | \$ |
| | | | | | | Other Than EA Acc. | \$ |
| | | | | | | Autos Only. AGG. | \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention | | | | Each Occurrence | |
| | | | | | | Aggregate | |
| A | | Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below. | WC 71949 | 01/01/2005 | 01/01/2006 | <input checked="" type="checkbox"/> WC Statutory Limits | OT+ER |
| | | | | | | E.L. Each Accident | \$1000000 |
| | | | | | | E.L. Disease - Ea Employee | \$1000000 |
| | | | | | | E.L. Disease - Policy Limits | \$1000000 |
| | Other 3745004 Melton Electric, Inc. | COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS. | | | | | |

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 1/13/05
 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Melton Electric, Inc. * FAX: 813-890-8819 / ISSUE 4/15/05 (JJG)

| | |
|--|--|
| CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 S SEWALLS POINT RD SEWALLS POINT FL 34996 | CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. |
|--|--|

Occupational License Tax

CITY OF LARGO, FL

2004 - 2005

FILE # 200503006

DBA: MELTON ELECTRIC, INC.

Physical Address, Owner, Phone:

WORKSHOP:
13657 65TH ST N
CLEARWATER, FL 33760-

JERRY ROBERT MELTON

727-595-9625

Business Name and Mailing Address:

MELTON ELECTRIC, INC.
MELTON ELECTRIC, INC.
14000 STARBOARD DR
SEMINOLE, FL 33776-1201

Business Description: ELECTRICAL CONTRACTOR

| <u>CLASSIFICATION</u> | <u>NAICS No.</u> | <u>QTY</u> | <u>AMOUNT</u> |
|-----------------------------|------------------|------------|---------------|
| Electrical Work Contractors | 1731 | 100 | \$100.00 |

Other Information:

CCLB: REG 9/30/2005 STATE: EC13001330 8/31/2006

Certificate Number: 26230

Engaging in any business occupation is subject to zoning restrictions. The issuance of this Occupational License Tax/Administrative Service Charge does not authorize the holder to operate in violation of any City ordinance, law or regulation. Each licensee is solely responsible for notifying the Community Development Department, in writing, of any change in status, location or ownership. Renewal notices will be sent to the last known address and owner of record. Issuance is in no way intended as an approval or disapproval of the holder's competence or skill.

This license expires 30 September 2005. Penalties are provided by F.S. 205 if licenses are not renewed before 1 October 2005. Additional penalties of up to \$250 may apply if not renewed by 31 December 2005.

THIS IS NOT A BILL NO REFUNDS

PLEASE POST IN CONSPICUOUS PLACE

AC# 1430469

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L04060101133

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 06/01/2004 | 030693893 | EC13001330 |

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

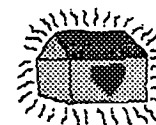
MELTON, JERRY ROBERT
MELTON ELECTRIC INC
14000 STARBOARD DRIVE
SEMINOLE FL 33776

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

Home Safe
 5914 Jet Port Industrial Blvd.
 Tampa, FL 33634
 813 890-8809




Hannah Zechiel
 1 Riverview Drive
 Stuart, Florida 34996

Phone: 772 220-8005

Proposal
 December 2004

General description:

Job #: 04-525
 Mom Terri Zechiel 772-485-8852

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 4/25/05

BUILDING OFFICIAL
 Gene Simmons

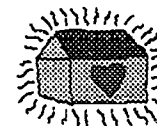
Ref.
No.

Scope of Work

1 **Front Entrance**
 - provide and install single folding aluminum ramp for front door
 - Prairie View Industries, Inc
 - model # SFW430

2 **Bathroom**
 - demolition of current bathroom removing vanity and section of wall
 - see new diagram for layout
 - Durock complete shower surround
 - remove stacked wash/dryer and store on site property
 - remove existing swing door into bath area
 - replace with a pocket door (see diagrams)
 - finish door to match existing area
 - demo and open up area between baths finish with 36" opening
 - prepare washer/dryer room for rough plumbing for roll in shower
 - install rough plumbing in floor including water supply lines
 - install new shower pan at new location
 - tile complete shower surround (tile allowance = \$2.00 per sq.ft.)
 - tile shower floor with non-skid tile (tile allowance = \$2.00 per sq.ft.)
 - install new 6" x 6" soap holder (recessed)
 - M/W does not pay for shower curtain or rod
 - remove existing bathroom sink mirror and re-use at new location
 - re-use existing sink fixtures at new location, with pedestal sink
 - install new wall pedestal sink
 - match flooring in existing bath under vanity as close as possible
 - relocate electrical switches from laundry room (pocket door location)
 - relocate light fixture and install duplex switch in new bath
 - install vapor fan in new shower area
 - relocate AC GFI and eliminate the AC - 240 v receptacle
 - texture and match with paint all affected areas

Home Safe
5914 Jet Port Industrial Blvd.
Tampa, FL 33634
813 890-8809



Hannah Zechiel
1 Riverview Drive
Stuart, Florida 34996

Phone: 772 220-8005

Job #: 04-525
Mom Terri Zechiel 772 485-8853

Proposal
December 2004

General description:

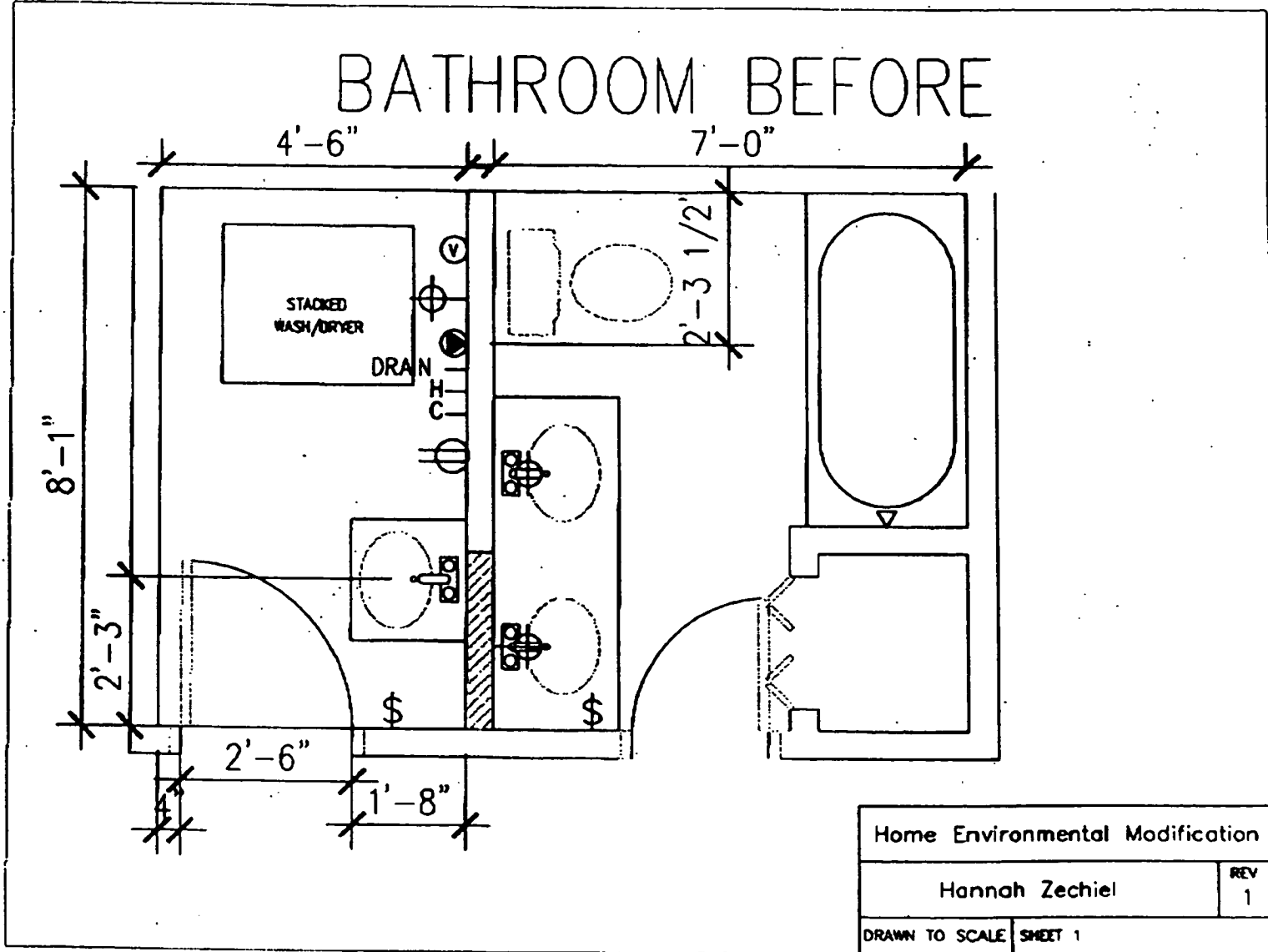
Ref.
No.

Scope of Work

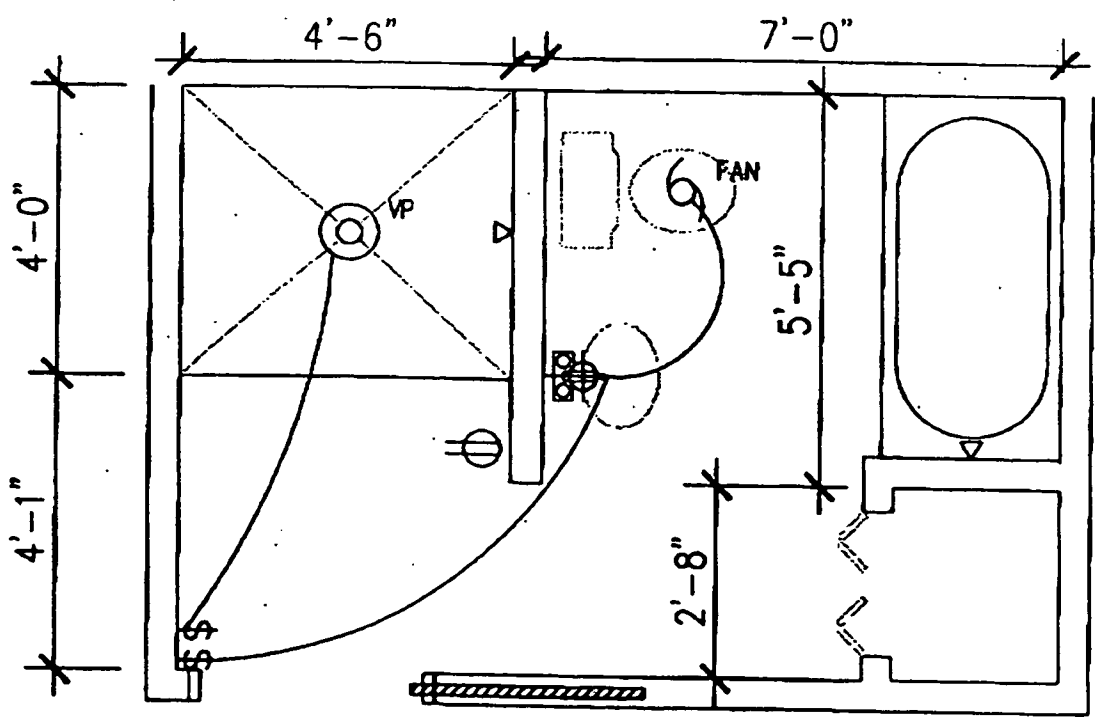
3 Clean-up and dispose of debris

4 Permits, if required

Thank you for calling Home Safe.



MODIFIED BATHROOM



| | |
|---------------------------------|----------|
| Home Environmental Modification | |
| Hannah Zechiel | REV 1 |
| DRAWN TO SCALE | SHEET 2 |

| | | | |
|--|--|---|-------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | OP ID A8 CENTFLU | DATE (MM/DD/YYYY) 04/15/05 |
| PRODUCER Brown & Brown Insurance 17757 US Highway 19 N, Ste 660 P.O. Box 2456 Clearwater FL 33757-2456 Phone: 727-461-6044 Fax: 727-442-7695 | | 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 Century Plumbing, Inc. 18834 Titus Road Hudson FL 34667 | | INSURERS AFFORDING COVERAGE | |
| | | INSURER A Transportation Insurance Co | NAIC # 20494 |
| | | INSURER B American Casualty | 20427 |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

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

| INSR LTR | ADDL INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|------------|--|---------------|----------------------------------|-----------------------------------|---|
| 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 | B1031051441 | 08/17/04 | 08/17/05 | EACH OCCURRENCE \$ 500,000 |
| | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 | | | | |
| B | | AUTOMOBILE LIABILITY <input checked="" 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 | B1031051455 | 08/17/04 | 08/17/05 | COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 |
| | | BODY INJURY (Per person) \$ BODY 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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | |

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

| | |
|---|--|
| CERTIFICATE HOLDER <div style="text-align: right;">TOWNS-6</div> <p>Town of Sewall's Point 1 S. Sewall's Point Road Sewall's Point FL 34996</p> | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Maurice C. Lane</i> |
|---|--|

| | | |
|--|---|-----------------|
| ACORD™ CERTIFICATE OF LIABILITY INSURANCE | | Date 4/15/05 |
| Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-838-5562 Fax: 727-937-2138 | This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below. | |
| Insured: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562 | Insurers Affording Coverage | |
| | Insurer A: Lion Insurance Company | NAIC # 11075 |
| | Insurer B: | |
| | Insurer C: | |
| | Insurer D: | |
| Insurer E: | | |

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

| INSR LTR | ADDL INSRD | Type of Insurance | Policy Number | Policy Effective Date (MM/DD/YY) | Policy Expiration Date (MM/DD/YY) | Limits | | | | | | | | | | | | | | | | |
|-------------------------------------|---|---|---------------|----------------------------------|-----------------------------------|---|-------------------------------------|---------------------|--------------------------|-------|--------------------|--|-----------|--|----------------------------|--|-----------|--|------------------------------|--|-----------|--|
| | | GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC | | | | Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$ | | | | | | | | | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos | | | | Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$ | | | | | | | | | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> Any Auto | | | | Auto Only - Ea Accident \$ Other Than EA Acc. \$ Autos Only AGG \$ | | | | | | | | | | | | | | | | |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention | | | | Each Occurrence Aggregate | | | | | | | | | | | | | | | | |
| A | | Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below. | WC 71949 | 01/01/2005 | 01/01/2006 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">WC Statutory Limits</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td colspan="2">E.L. Each Accident</td> <td colspan="2" style="text-align: right;">\$1000000</td> </tr> <tr> <td colspan="2">E.L. Disease - Ea Employee</td> <td colspan="2" style="text-align: right;">\$1000000</td> </tr> <tr> <td colspan="2">E.L. Disease - Policy Limits</td> <td colspan="2" style="text-align: right;">\$1000000</td> </tr> </table> | <input checked="" type="checkbox"/> | WC Statutory Limits | <input type="checkbox"/> | OTHER | E.L. Each Accident | | \$1000000 | | E.L. Disease - Ea Employee | | \$1000000 | | E.L. Disease - Policy Limits | | \$1000000 | |
| <input checked="" type="checkbox"/> | WC Statutory Limits | <input type="checkbox"/> | OTHER | | | | | | | | | | | | | | | | | | | |
| E.L. Each Accident | | \$1000000 | | | | | | | | | | | | | | | | | | | | |
| E.L. Disease - Ea Employee | | \$1000000 | | | | | | | | | | | | | | | | | | | | |
| E.L. Disease - Policy Limits | | \$1000000 | | | | | | | | | | | | | | | | | | | | |
| | Other 3001815 Century Plumbing, Inc. | COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS. | | | | | | | | | | | | | | | | | | | | |

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 3/25/03

COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Century Plumbing, Inc. * FAX: 813-890-8819 / ISSUE 4/15/05 (JJG)

| | |
|---|---|
| CERTIFICATE HOLDER | CANCELLATION |
| TOWN OF SEWALLS POINT 1 S SEWALLS POINT RD SEWALLS POINT FL 34996 | Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. |
| | <i>John A. Brown</i> |

PASCO COUNTY OCCUPATIONAL LICENSE 2004-05

Issued pursuant and subject to Florida Statutes and Pasco County Ordinances. Issuance does not certify compliance with zoning or other laws. This license must be posted conspicuously in place of business. Expires September 30.

ACCOUNT NO: 877
SIC CODE: 1711.03

Mike Olson
TAX COLLECTOR
PASCO COUNTY FLORIDA

TYPE OF BUSINESS:
PLUMBING CONTRACTOR

CENTURY PLUMBING INC
18834 TITUS RD
HUDSON FL 34667-6377



LOCATION ADDRESS:
18834 TITUS RD
HUDSON

| DATE | RECEIPT | AMOUNT |
|----------|---------|--------|
| 08/12/04 | 456859 | 31.25 |

AC# 1435891

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04060400977

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 06/04/2004 | 030701772 | CFC019158 |

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

GRYNEWICZ, PAUL
CENTURY PLUMBING, INC
18834 TITUS RD
HUDSON FL 34667

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

PINELLAS COUNTY CONSTRUCTION LICENSING BOARD

THIS CERTIFIES THAT Paul Grynewicz
DBA Century Plumbing Inc

STATE CERT #1-CFC019158
HAS REGISTERED HIS LICENSE AND
FILED PROOF OF REQUIRED LIABILITY
AND WORKERS' COMPENSATION INSURANCE
WITH THIS BOARD.
IN GOOD STANDING UNTIL SEPTEMBER 30, 2005
DATE OF ISSUANCE 10/1/04

SIANE CARR
SECRETARY

Permit No. _____
Tax Folio No. 12-38-41-001 000 00230-0

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF Martin County

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

1. Description of property (legal description and street address, if available):
1 Riverview DR STUART, FL 34996
Riverview S/D Lot 23
2. General description of improvement: Bathroom modification and other
3. Owner information:
 - a) Name and address: Zechiel, Scott K & Terri L
1 Riverview DR, Stuart, FL 34996
 - b) Interest in property: fee simple
 - c) Name and address of fee simple title holder (if other than Owner): _____
4. Contractor (name and address): Home Safe, LLC
5914 Jet Port Industrial Blvd. Tampa, FL 33634
5. Surety:
 - a) Name and address: Capitol Indemnity Corp.
100 Pearl St. 16th Floor, Hartford, CT 06103-4508
 - b) Amount of bond: \$ 50,000
6. Lender (name and address): _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13(1)(a) 7., Florida Statutes (name and address) _____
8. In addition to himself, Owner designates _____ of _____ (address) to receive a copy of the Lienor's Notice as provided in section 713.13(1)(b), Florida Statutes.
9. Expiration date of notice of commencement (the expiration date is one year from the date of recording unless a different date is specified): _____



Zechiel, Scott & Terri
(Owner)
By: [Signature]
Print Name: TERRI ZECHIEL
Print Title: _____
Address: _____

STATE OF Florida
COUNTY OF Martin

SWORN TO and subscribed before me this 19 day of April, 2005 by Terri Zechiel
(who is personally known to me, or has produced _____
as identification.

[Signature]
(Signature)
Mimi Benton
(Printed Name)
NOTARY PUBLIC, STATE OF Florida
8/5/2006
(Commission Expiration Date)

FILE #: 2005068287 OR BK 04016 PG 0948

RECORDING FEES 10.00

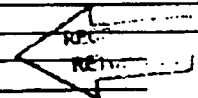
Permit No. _____
Tax Folio No. 12-38-41-001 000 00030-C

NOTICE OF COMMENCEMENT

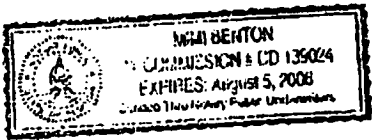
STATE OF FLORIDA
COUNTY OF Martin County

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

1. Description of property (legal description and street address, if available):
1 Riverview DR STUART, FL 34996
RIVERVIEW S/D LOT 23
2. General description of improvement: Bathroom modification and others
3. Owner information:
 - a) Name and address: Zechiel, Scott K + Terri L
1 Riverview DR STUART, FL 34996
 - b) Interest in property: Joint Tenants
 - c) Name and address of fee simple title holder (if other than Owner): _____
4. Contractor (name and address): Home Safe, LLC
5814 Jet Port Industrial Blvd. Tampa, FL 33634
5. Surety:
 - a) Name and address: Capitol Indemnity Corp.
100 Pearl St., 16th Floor, Hartford, CT 06103-4506
 - b) Amount of bond: \$ 50,000
 6. Lender (name and address): _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13(1)(a) 7., Florida Statutes (name and address) _____
8. In addition to himself, Owner designates _____ of _____ (address) to receive a copy of the Lienor's Notice as provided in section 713.13(1)(b), Florida Statutes.
9. Expiration date of notice of commencement (the expiration date is one year from the date of recording unless a different date is specified): _____



Zechiel, Scott & Terri
(Owner)
By: Terri Zechiel
Print Name: TERRI ZECHIEL
Print Title: _____
Address: _____



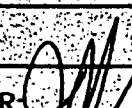


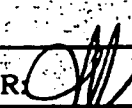
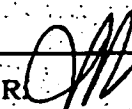

STATE OF Florida
COUNTY OF Martin

INSTR # 1844012 OF BK 02020 PG 0326 RECD 06/02/2005 1
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T COPUS (0555)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

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

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/18, 20015 Page 2 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|----------------------------------|------------------------------------|---------|--------------------------------------|
| 7439 | DIMITRIOU | IN PROG. FLAY | FAIL | NO FEE MUST RESCHEDULE |
| 11 | 6 BANYAN ROAD FEAZEL ROOFING | | | NO PERSONEL ON SITE INSPECTOR: |
| 7328 | SCHNAUER | STEEL PREP OUR | PASS | |
| 3 | 102 HENRY SEWALL CONWAY | SECOND ST TIE BEAM NO AM PLEASE | | INSPECTOR: |
| 7521 | Zechiel | Plumbing - | PASS | |
| 5 | 1 Rivernew Drive Serrillas | pan inspection | | INSPECTOR: |
| 8509 | RADER | Pool Deck | | CXL |
| 10 | 5 HERITAGE WAY FLAMINGO POOLS | | | INSPECTOR: |
| 6965 | FENSTERER | RGT. PUMBINQ | PASS | |
| 9 | 71 S. SEWALL ST O/B | ELECTRIC | PASS | INSPECTOR: |
| 6772 | ELDER | STRAPPING | CANCEL | - WILL RESCHEDULE |
| 2 | 4 MARGUERITA O/B | WINDOW BUYS | | INSPECTOR: |
| | | | | INSPECTOR: |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/17, 2005

Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|-----------------------------------|------------------|---------|-----------------|
| Tree | TEVITT | TREE | PASS | |
| 5 | 39 S. RIVER RD | | | INSPECTOR: |
| 7439 | DIMITRIOU | IN PROG FLAT | FAIL | |
| 6 | 6 BANYAN RD FEAZEL ROOFING | | | INSPECTOR: |
| 7623 | SANDS | DRY-IN | FAIL | \$10 FEE |
| 2 | 82 S. RIVER RD PACIFIC ROOFING | | | INSPECTOR: |
| 7522 | ZECHIEL | FINAL ELEC | PASS | CLOSE |
| 1 | 1 RIVERVIEW | POUMB | PASS | " |
| | HOME SAFE | BATH REMODEL | PASS | INSPECTOR: |
| 7112 | PACKER | FINAL EXTER ENCL | PASS | CLOSE |
| 9 | 12 KNOWLES R TROPICAL SCREEN | | | INSPECTOR: |
| 7524 | LYONS | FINAL DRIVEWAY | PASS | CLOSE |
| 7 | 34 FIELDWAY DR CHITWOOD + CO | | | INSPECTOR: |
| 7520 | MAREK | IN PROG ROOFING | PASS | NAILING ONLY |
| 8 | 1 FIELDWAY FEAZEL ROOFING | | | INSPECTOR: |

OTHER: _____

8005

GARAGE DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/16/06 BUILDING PERMIT NO. 8005
 Building to be erected for ZACHIEL Type of Permit GARAGE DOOR
 Applied for by O/B (Contractor) Building Fee 35.00
 Subdivision RIVERVIEW Lot 23 Block _____ Radon Fee _____
 Address 1 RIVERVIEW DRIVE Impact Fee _____
 Type of structure SFR A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____
 Parcel Control Number: _____
1238410010000023000000
 Amount Paid 35.00 Check # 9921 Cash _____ Other Fees (_____)
 Total Construction Cost \$ 2700.00 TOTAL Fees 35.00

Signed [Signature] Applicant
 Signed [Signature] Town Building Official

PERMIT

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 1/6/06 Permit Number:
OWNER/TITLEHOLDER NAME: Scott Lechiel Phone (Day) 285-4809 (Fax) 264-3333

Job Site Address: 1 RIVERVIEW DR. City: SEWALL'S Pt State: FL Zip: 34996

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

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

Description of Work To Be Done: NEW GARAGE DOOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 27000

Estimated Fair Market Value prior to improvement: \$

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

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

Method of Determining Fair Market Value:

CONTRACTOR/Company: American Palm Beach Carpets Phone: 283-0419 Fax:

Street: City: State: Zip:

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

SUBCONTRACTOR INFORMATION:

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

ARCHITECT Lic.#: Phone Number:
Street: City: State: Zip:

ENGINEER Lic.#: Phone Number:
Street: City: State: Zip:

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: Martin

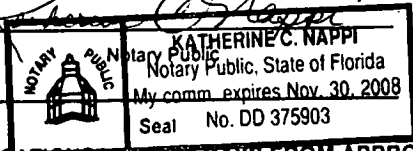
This the 6 day of Jan, 2006

by who is personally

known to me or produced

as identification.

My Commission Expires:



CONTRACTOR SIGNATURE (required)

On State of Florida, County of:

This the day of 200

by who is personally

known to me or produced

As identification.

My Commission Expires: Notary Public Seal

3rd Edition - Revised

TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: SSO Date: 1-6-06

Signature: SSO

Address: #1 Riverview Drive

City & State: SWAN - FL 34996

Permit No. _____

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 123841001000023000000

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): Riverview Lot 23
~~#1 Riverview Drive - Stuart Florida 34996~~

GENERAL DESCRIPTION OF IMPROVEMENT: GARAGE DOOR

OWNER: Scott Zechiel

ADDRESS: #1 Riverview Drive Stuart - FL 34996

PHONE #: 285-4809 FAX #: _____

CONTRACTOR: American - Palm Beach Garage Door

ADDRESS: 2201 S.E. Indian St Unit A-2 Stuart - FL 34997

PHONE #: 772-283-0415 FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT _____

LENDER: _____

DATE _____

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]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6th DAY OF JANUARY 2006 BY SCOTT ZECHEL

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE





BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

DATE: 1/9/06

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

BUILDING OFFICIAL
Simmons
NOTICE OF ACCEPTANCE (NOA)

Clopay Building Products Co.
8585 Duke Boulevard
Mason, OH 45040

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

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

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

DESCRIPTION: Sectional Garage Door 16' Wide.

APPROVAL DOCUMENT: Drawing No. 101488, titled "M/N 2400, HDGL, 66, 67, 68, 2401, 4300, 4301, 4310, 4400, 4401, HDG", dated 06/07/95 with last revision on 06/2001, sheets 1 through 4 of 4, prepared by Clopay Building Products Company, signed and sealed by M. W. Westerfield, P.E., bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

LIMITATION: This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County approved laboratory selected and paid by the manufacturer. Every 3 months, four times a year, the manufacturer shall mail to this office: a copy of the tested reports with confirmation that the specimen were selected from coils at the manufacturer production facilities. And a notarized statement from the manufacturer that only coils with yield strength of 27,000 psi or more shall be used to make door panels for Dade County under this Notice of Acceptance

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

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

This NOA renews NOA # 01-0430.06, consists of this page 1 as well as approval document mentioned above.
The submitted documentation was reviewed by Camillo F. Font PE.



NOA No 02-0618.82
Expiration Date: September 26, 2007
Approval Date: August 29, 2002
Page 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/18, 2006 Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---------------------------------------|--------------------------|---------|-------------------------------|
| 7850 | DE SANTIS | GAS TANK + LINES | FAIL | |
| 4 | 82 S. SEWALL'S SPECIALTY APPLIANCE | | | INSPECTOR: <i>[Signature]</i> |
| 7862 | DE SANTIS | WINDOWS + DOORS BUCKS | PASS | 221-7210 |
| 4 | 82 S. SEWALL'S Pt O/B | | | INSPECTOR: <i>[Signature]</i> |
| TREE | GUNZEL | TREE | PASS | |
| 8 | 19 N. SEWALL'S Pt | | | INSPECTOR: <i>[Signature]</i> |
| TREE | MADON | TREE | PASS | |
| 2 | 106 ABBIE COURT | | | INSPECTOR: <i>[Signature]</i> |
| 8005 | ZECHER | FINAL GARAGE DOOR | PASS | CLOSE |
| 3 | 1 RIVERVIEW DR O/B | | | INSPECTOR: <i>[Signature]</i> |
| 7971 | BUSSEY | POOL SET & DRAIN | PASS | |
| 7 | 1 PALMETTO OLYMPIC POOLS | | | INSPECTOR: <i>[Signature]</i> |
| 7483 | SCHMADER | POOL PUMING | FAIL | \$40 FEE |
| 1 | 102 HENRY SEWALL OLYMPIC POOLS | | | INSPECTOR: <i>[Signature]</i> |

OTHER: _____

10234

STORM SHUTTERS



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: | 10234 | DATE ISSUED: | OCTOBER 1, 2012 |
| SCOPE OF WORK: | HURRICANE SHUTTERS | | |
| CONTRACTOR: | VH EXTERIORS | | |
| PARCEL CONTROL NUMBER: | 123841001-000-002300 | SUBDIVISION | RIVERVIEW - LOT 23 |
| CONSTRUCTION ADDRESS: | 1 RIVERVIEW DR | | |
| OWNER NAME: | SMIERTKA | | |
| QUALIFIER: | VAUGHN HOSKINS | CONTACT PHONE NUMBER: | 871-6484 |

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 PERMIT APPLICATION**

Permit Number: 10234

Date: _____
 OWNER/LESSEE NAME: Anthony SmierTKA Phone (Day) 302-420-2593 (Fax) _____
 Job Site Address: 1 River View Drive Lot 23 City: STUART State: FL Zip: _____
 Legal Description: 1 River View Dr. Sewall's Point Parcel Control Number: 12-38-41-001-000-00230-0
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Install storm shutters on 17-opening

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)

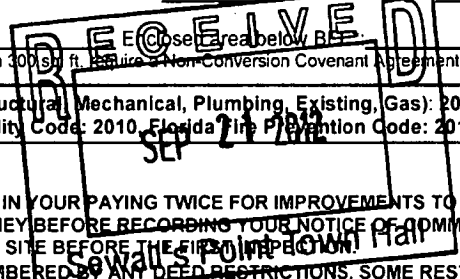
COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 5290.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF 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

gjh

Construction Company: VH Exteriors Inc. Phone: 772-871-6484 Fax: 772-871-2567
 Qualifiers name: Vaughn Hoskins Street: 543 NW Waverly Cir City: Port St Lucie State: FL Zip: 34983
 State License Number: _____ OR: Municipality: Martin County License Number: MCAL03032
LOCAL CONTACT: Vaughn Hoskins Phone Number: 772-871-6484
DESIGN PROFESSIONAL: Engineering Express Fla. License# # 9885
 Street: 160 SW 12th Ave City: Deerfield Beach State: FL Zip: 33442 Phone Number: 954-354-0660

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed Area below Base Flood Elevation: _____
 * 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:

 State of Florida, County of: Martin
 On This the 28 day of Sept
 by Anthony A. SmierTKA
 known to me or produced MDOLAS
 As identification: Valerie Carney
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

 State of Florida, County of: Martin
 On This the 20 day of SEPT 2012
 by Vaughn Hoskins who is personally
 known to me or produced PERSONALLY KNOWN
 As identification: Jean Ralph Gilbert Gachette
 My Commission Expires: Feb. 28 2014

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!

JEAN RALPH GILBERT GACHETTE
 MY COMMISSION # DB965940
 EXPIRES February 28, 2014
 FloridaNotaryService.com
 (407) 398-0753

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

generated on 9/18/2012 10:38:26 AM EDT

Summary

| Parcel ID | Account # | Unit Address | Market Total Value | Website Updated |
|--------------------------|-----------|--------------------------------|--------------------|-----------------|
| 12-38-41-001-000-00230-0 | 27513 | 1 RIVERVIEW DR, SEWALL'S POINT | \$251,150 | 9/15/2012 |

Owner Information

| | |
|---------------------------|--|
| Owner(Current) | SMIERTKA ANTHONY & BARBARA |
| Owner/Mail Address | 13016 RIGGIN RIDGE RD OCEAN CITY MD 21842 |
| Sale Date | 7/30/2012 |
| Document Book/Page | 2591 1963 |
| Document No. | 2343517 |
| Sale Price | 324000 |

Location/Description

| | | | |
|-----------------------|--------------------------------|--------------------------|----------------------|
| Account # | 27513 | Map Page No. | SP-05 |
| Tax District | 2200 | Legal Description | RIVERVIEW S/D LOT 23 |
| Parcel Address | 1 RIVERVIEW DR, SEWALL'S POINT | | |
| Acres | .4280 | | |

Parcel Type

| | |
|---------------------|--|
| Use Code | 0100 Single Family |
| Neighborhood | 120400 Hmwd, Palm Ro, Kngstn, Okwd, Pine |

Assessment Information

| | |
|---------------------------------|-----------|
| Market Land Value | \$157,500 |
| Market Improvement Value | \$93,650 |
| Market Total Value | \$251,150 |

INSTR # 2353995
OR BK 2603 PG 2919

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00
(1 Pgs)
RECORDED 10/02/2012 03:56:47 PM
MARTIN COUNTY CLERK

PERMIT #: 10234 TAX FOLD #: 12-38-41-001-000-00230
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):
1 Riverview Dr. Swalls Point Lot 23

GENERAL DESCRIPTION OF IMPROVEMENT: Install storm shutters on 17-Openings

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Anthony Smerka
ADDRESS: 1 Riverview Drive Swalls Pt.
PHONE NUMBER: 302-420-2593 FAX NUMBER: _____
INTEREST IN PROPERTY: owner

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

CONTRACTOR: VH Exteriors Inc.
ADDRESS: 549 NW Waverly Circle Port St Lucie FL 34983
PHONE NUMBER: 772-871-6484 FAX NUMBER: 772-871-2567

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

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____ FAX NUMBER: _____
PHONE 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: _____ DATE: 10/02/12

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: Nov. 30 2012

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

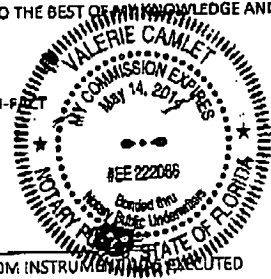
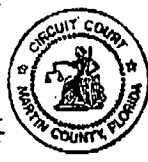
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED 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 92.323, FLORIDA STATUTES)

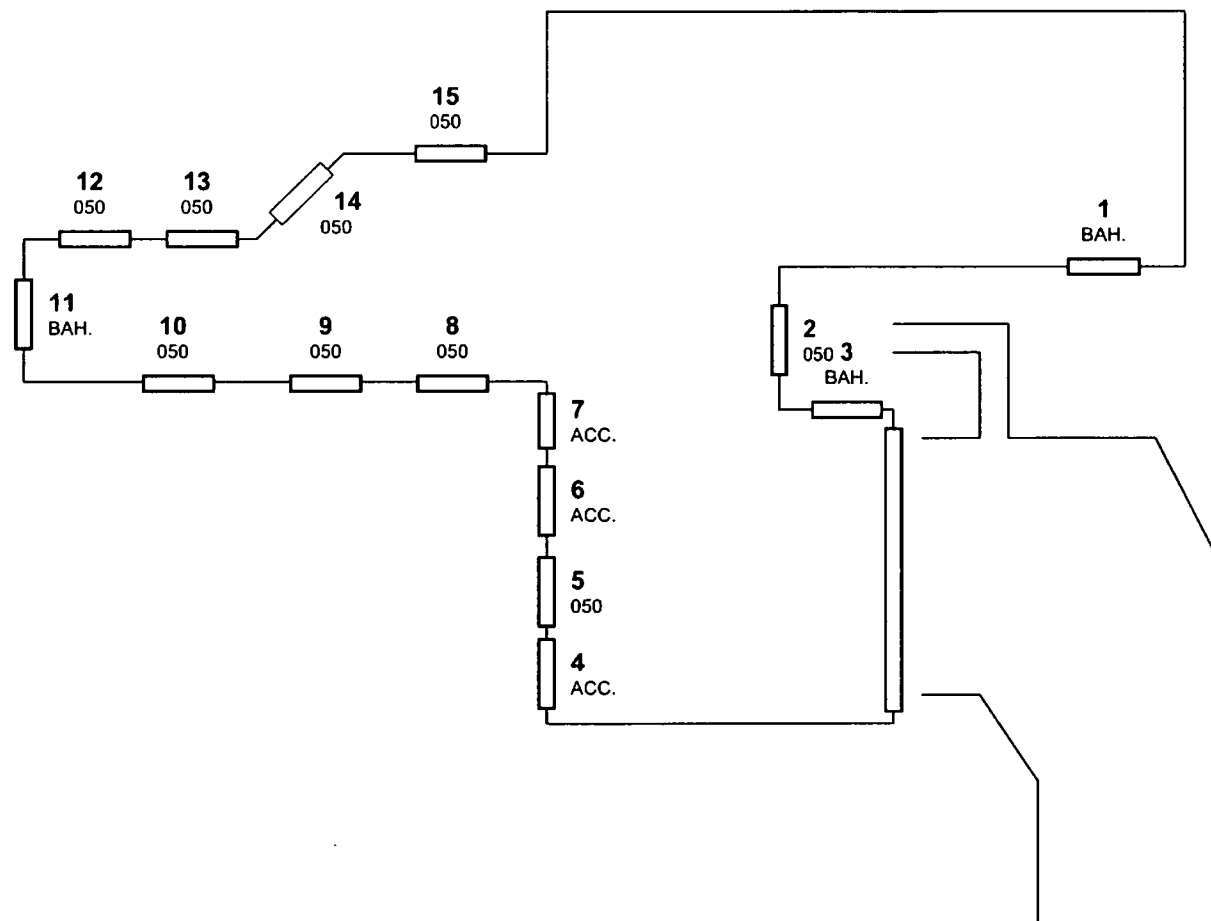
SIGNATURE OF OWNER OR LESSEE OR OWNER AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT
Anthony A Smerka
SIGNATORY'S TITLE/OFFICE: owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 28 DAY OF Sept 2012
BY: Anthony A Smerka AS owner FOR _____ PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED
NAME OF PERSON TYPE OF AUTHORITY

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED: MD OL #S-563-067-044-113
Valerie Camlet
NOTARY SIGNATURE/ SEAL



| Opening | Size (W x H) |
|---------------------------------|-----------------|
| 1. BAHAMA | 54 1/2 x 57 1/2 |
| 2. 050 ALUMINUM PANELS | 3 x 88 |
| 3. BAHAMA | 79 x 57 1/2 |
| 4. ACCORDION (DOOR / EGRESS) | 42 x 88 |
| 5. 050 ALUMINUM PANELS | 3 x 57 |
| 6. ACCORDION | 160 x 26 |
| 7. ACCORDION | 160 x 26 |
| 8. 050 ALUMINUM PANELS | 5 1/2 x 43 |
| 9. 050 ALUMINUM PANELS | 8 1/2 x 43 |
| 10. 050 ALUMINUM PANELS | 5 1/2 x 43 |
| 11. BAHAMA | 54 1/2 x 45 |
| 12. 050 ALUMINUM PANELS | 6 1/2 x 86 |
| 13. 050 ALUMINUM PANELS | 6 1/2 x 80 |
| 14. 050 ALUMINUM PANELS | 9 x 86 |
| 15. 050 ALUMINUM PANELS | 3 x 31 |



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

ANTHONY SMERTKA
 1 RIVERVIEW DRIVE
 SEWALL'S POINT
 STUART, FL.

COPYRIGHT E-TEMPST.COM
 SCALE:
 NOT TO SCALE
 DATE:
 Sep 20, 2012
 PAGE DESCRIPTION:
 Site Plan
 PAGE: 1 OF 1

2010 FLORIDA BUILDING CODE & ASCE 7-10 "ASD" DESIGN LOADS FOR COMPONENTS AND CLADDING

WIND VELOCITY = 150 MPH
EXPOSURE 'C'
 ENCLOSED STRUCTURE, FLAT TERRAIN

MRH ≤ 60'
 BASED ON Kd = 0.85

INTERIOR ZONE 4 PRESSURES

EXTERIOR ZONE 5 PRESSURES

| Mean Roof Height | DESIGN PRESSURES (PSF) - ZONE 4 | | | | | | | | | |
|------------------|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Tributary Area (Sq Ft) | | | | | | | | | |
| | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 60 |
| 0 - 15 ft | +28.6 | +28.6 | +28.1 | +27.7 | +27.3 | +27.0 | +26.8 | +26.8 | +26.8 | +26.8 |
| 16 ft | +29.8 | +29.0 | +28.5 | +28.1 | +27.7 | +27.4 | +27.1 | +26.9 | +26.7 | +26.7 |
| 17 ft | +30.2 | +29.4 | +28.9 | +28.4 | +28.1 | +27.8 | +27.5 | +27.3 | +27.1 | +27.1 |
| 18 ft | +30.6 | +29.8 | +29.2 | +28.8 | +28.4 | +28.1 | +27.8 | +27.6 | +27.4 | +27.4 |
| 19 ft | +30.9 | +30.1 | +29.5 | +29.1 | +28.7 | +28.4 | +28.1 | +27.9 | +27.7 | +27.7 |
| 20 ft | +31.3 | +30.4 | +29.9 | +29.4 | +29.0 | +28.7 | +28.4 | +28.2 | +28.0 | +28.0 |
| 21 ft | +31.6 | +30.8 | +30.2 | +29.7 | +29.3 | +29.0 | +28.7 | +28.5 | +28.3 | +28.3 |
| 22 ft | +31.9 | +31.1 | +30.5 | +30.0 | +29.6 | +29.3 | +29.0 | +28.8 | +28.6 | +28.6 |
| 23 ft | +32.2 | +31.3 | +30.7 | +30.3 | +29.9 | +29.6 | +29.3 | +29.0 | +28.8 | +28.8 |
| 24 ft | +32.5 | +31.6 | +31.0 | +30.6 | +30.2 | +29.9 | +29.6 | +29.3 | +29.1 | +29.1 |
| 25 ft | +32.8 | +31.9 | +31.3 | +30.8 | +30.4 | +30.1 | +29.8 | +29.6 | +29.3 | +29.3 |
| 26 ft | +33.0 | +32.2 | +31.5 | +31.1 | +30.7 | +30.3 | +30.1 | +29.8 | +29.6 | +29.6 |
| 27 ft | +33.3 | +32.4 | +31.8 | +31.3 | +30.9 | +30.5 | +30.3 | +30.0 | +29.8 | +29.8 |
| 28 ft | +33.6 | +32.7 | +32.0 | +31.6 | +31.2 | +30.8 | +30.5 | +30.3 | +30.0 | +30.0 |
| 29 ft | +33.8 | +32.9 | +32.3 | +31.7 | +31.4 | +31.0 | +30.8 | +30.5 | +30.3 | +30.3 |
| 30 ft | +34.0 | +33.2 | +32.5 | +32.0 | +31.6 | +31.2 | +30.9 | +30.7 | +30.5 | +30.5 |
| 32 ft | +34.5 | +33.6 | +33.0 | +32.5 | +32.0 | +31.7 | +31.4 | +31.1 | +30.9 | +30.9 |
| 35 ft | +35.2 | +34.2 | +33.6 | +33.1 | +32.7 | +32.3 | +32.0 | +31.7 | +31.5 | +31.5 |
| 40 ft | +36.2 | +35.2 | +34.5 | +34.0 | +33.6 | +33.2 | +32.9 | +32.6 | +32.4 | +32.4 |
| 45 ft | +37.1 | +36.1 | +35.4 | +34.9 | +34.4 | +34.1 | +33.7 | +33.5 | +33.2 | +33.2 |
| 50 ft | +37.9 | +36.9 | +36.2 | +35.7 | +35.2 | +34.8 | +34.5 | +34.2 | +33.9 | +33.9 |
| 55 ft | +38.7 | +37.7 | +37.0 | +36.5 | +35.9 | +35.5 | +35.2 | +34.9 | +34.6 | +34.6 |
| 60 ft | +39.4 | +38.4 | +37.6 | +37.1 | +36.6 | +36.2 | +35.8 | +35.5 | +35.3 | +35.3 |

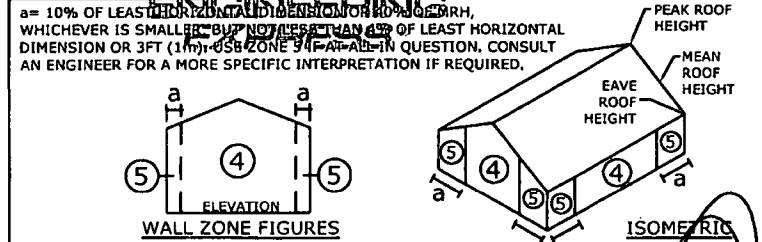
| Mean Roof Height | DESIGN PRESSURES (PSF) - ZONE 5 | | | | | | | | | |
|------------------|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Tributary Area (Sq Ft) | | | | | | | | | |
| | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 60 |
| 0 - 15 ft | +28.6 | +28.1 | +27.7 | +27.3 | +27.0 | +26.8 | +26.8 | +26.8 | +26.8 | +26.8 |
| 16 ft | +29.8 | +29.0 | +28.5 | +28.1 | +27.7 | +27.4 | +27.1 | +26.9 | +26.7 | +26.7 |
| 17 ft | +30.2 | +29.4 | +28.9 | +28.4 | +28.1 | +27.8 | +27.5 | +27.3 | +27.1 | +27.1 |
| 18 ft | +30.6 | +29.8 | +29.2 | +28.8 | +28.4 | +28.1 | +27.8 | +27.6 | +27.4 | +27.4 |
| 19 ft | +30.9 | +30.1 | +29.5 | +29.1 | +28.7 | +28.4 | +28.1 | +27.9 | +27.7 | +27.7 |
| 20 ft | +31.3 | +30.4 | +29.9 | +29.4 | +29.0 | +28.7 | +28.4 | +28.2 | +28.0 | +28.0 |
| 21 ft | +31.6 | +30.8 | +30.2 | +29.7 | +29.3 | +29.0 | +28.7 | +28.5 | +28.3 | +28.3 |
| 22 ft | +31.9 | +31.1 | +30.5 | +30.0 | +29.6 | +29.3 | +29.0 | +28.8 | +28.6 | +28.6 |
| 23 ft | +32.2 | +31.3 | +30.7 | +30.3 | +29.9 | +29.6 | +29.3 | +29.0 | +28.8 | +28.8 |
| 24 ft | +32.5 | +31.6 | +31.0 | +30.6 | +30.2 | +29.9 | +29.6 | +29.3 | +29.1 | +29.1 |
| 25 ft | +32.8 | +31.9 | +31.3 | +30.8 | +30.4 | +30.1 | +29.8 | +29.6 | +29.3 | +29.3 |
| 26 ft | +33.0 | +32.2 | +31.5 | +31.1 | +30.7 | +30.3 | +30.1 | +29.8 | +29.6 | +29.6 |
| 27 ft | +33.3 | +32.4 | +31.8 | +31.3 | +30.9 | +30.5 | +30.3 | +30.0 | +29.8 | +29.8 |
| 28 ft | +33.6 | +32.7 | +32.0 | +31.6 | +31.2 | +30.8 | +30.5 | +30.3 | +30.0 | +30.0 |
| 29 ft | +33.8 | +32.9 | +32.3 | +31.7 | +31.4 | +31.0 | +30.8 | +30.5 | +30.3 | +30.3 |
| 30 ft | +34.0 | +33.2 | +32.5 | +32.0 | +31.6 | +31.2 | +30.9 | +30.7 | +30.5 | +30.5 |
| 32 ft | +34.5 | +33.6 | +33.0 | +32.5 | +32.0 | +31.7 | +31.4 | +31.1 | +30.9 | +30.9 |
| 35 ft | +35.2 | +34.2 | +33.6 | +33.1 | +32.7 | +32.3 | +32.0 | +31.7 | +31.5 | +31.5 |
| 40 ft | +36.2 | +35.2 | +34.5 | +34.0 | +33.6 | +33.2 | +32.9 | +32.6 | +32.4 | +32.4 |
| 45 ft | +37.1 | +36.1 | +35.4 | +34.9 | +34.4 | +34.1 | +33.7 | +33.5 | +33.2 | +33.2 |
| 50 ft | +37.9 | +36.9 | +36.2 | +35.7 | +35.2 | +34.8 | +34.5 | +34.2 | +33.9 | +33.9 |
| 55 ft | +38.7 | +37.7 | +37.0 | +36.5 | +35.9 | +35.5 | +35.2 | +34.9 | +34.6 | +34.6 |
| 60 ft | +39.4 | +38.4 | +37.6 | +37.1 | +36.6 | +36.2 | +35.8 | +35.5 | +35.3 | +35.3 |

INSTRUCTIONS FOR TABLE USE:

1. TABLES ARE INTENDED TO PICTURE THE "WORST CASE" PRESSURES. "WORST CASE" IS DEFINED AS THE CRITICAL CONDITION FOR ANY UNKNOWN VARIABLE AS DESCRIBED BELOW. USE OF CRITICAL CONDITIONS IS REQUIRED FOR USE WITH THESE TABLES.
2. TABLES VALID ONLY FOR BUILDINGS OF MEAN ROOF HEIGHT AS LISTED ABOVE.
3. TABLES VALID FOR ALL ROOF SLOPES AND SLOPES. APPLICABLE REDUCTIONS FOR ROOF SLOPES LESS THAN 10° SHALL BE REFERRED TO AN ENGINEER AS A SITE SPECIFIC CONDITION.
4. IDENTIFY THE BUILDING MEAN (AVERAGE) ROOF HEIGHT. IF THE MEAN ROOF HEIGHT CANNOT BE IDENTIFIED, USE THE LARGER OF HEIGHT.
5. ALWAYS ROUND UP ROOF HEIGHTS TO THE TABLE VALUE OR CONSERVATIVE ASSUMPTION.
6. CALCULATE THE TRIBUTARY AREA OF THE OPENING IN QUESTION (HEIGHT * WIDTH) OR THE SPAN LENGTH (HEIGHT) MULTIPLIED BY AN EFFECTIVE WIDTH THAT NEED NOT BE LESS THAN ONE-THIRD THE SPAN LENGTH (HEIGHT / 3). USE THE AREA BETWEEN STRUCTURAL OPENINGS ONLY. THIS INCLUDES AREAS BETWEEN STRUCTURAL MULLS. IF THE TRIBUTARY AREA OF AN OPENING CANNOT BE IDENTIFIED, THE MOST CRITICAL (10 SQUARE FEET) SHALL BE USED. ALWAYS ROUND TRIBUTARY AREA DOWN TO THE LESSER TABLE VALUE. FOR LARGER TRIBUTARY AREAS THAN PUBLISHED, USE THE LARGEST PUBLISHED VALUE.
7. IDENTIFY THE ZONE OF THE OPENING AS INTERIOR (ZONE 4) OR EXTERIOR (ZONE 5) PER THE FIGURE OR INFORMATION BY OTHERS. ANY QUESTIONABLE OPENING IS TO BE CONSIDERED THE MORE CRITICAL (EXTERIOR) ZONE.
8. READ OFF POSITIVE AND NEGATIVE PRESSURES FOR USE AS REQUIRED BY THE LOCAL MUNICIPALITY IN ACCORDANCE WITH CODE.
9. FOR SITUATIONS THAT REQUIRE Kd=1.0, TABLE VALUES ARE UNDER-DESIGNED BY A FACTOR OF 1.18. VERIFY Kd REQUIREMENTS WITH LOCAL MUNICIPALITY PRIOR TO TABLE USE.

GENERAL NOTES:

1. TABLES ARE TO BE USED IN CONFORMANCE WITH "ALLOWABLE STRESS DESIGN METHODOLOGY" PER ASCE 7-10 SECTION 2.4.1 AND CHAPTER 30 PART 1 OR 3, USING THE CRITERIA AS OUTLINED HEREIN.
2. DESIGN IS BASED ON THE 3 SECOND GUST (WIND VELOCITY) FOR THE WIND SPEED AND EXPOSURE SPECIFIED. THESE TABLES NOT FOR USE WITH ESSENTIAL FACILITIES OR ASSEMBLY OCCUPANCIES. TOPOGRAPHIC FACTOR Kzt=1.0 FOR FLAT TERRAIN USE ONLY. THESE TABLES NOT VALID FOR HILLY TERRAIN. INTERNAL PRESSURE COEFFICIENT (GCp= +/-0.18) FOR USE WITH AN ENCLOSED STRUCTURE ONLY. VERIFY USE OF Kd (DIRECTIONALITY FACTOR) WITH LOCAL BUILDING DEPARTMENT. HVHZ = HIGH VELOCITY HURRICANE ZONE. TABLES ARE FOR WALLS AND VERTICAL SURFACES ONLY.
3. THESE CHARTS ARE NOT VALID AS A SITE-SPECIFIC DRAWING. THESE TABLES ARE ONLY VALID WHEN SIGNED & RAISED SEALED BY FRANK L. BENNARDO, P.E.
4. THIS SPECIFICATION IS INTENDED TO ILLUSTRATE DESIGN WIND PRESSURES AS LISTED. USE OF THESE TABLES AND CORRESPONDING WIND VELOCITY, EXPOSURE, AND OTHER COEFFICIENTS LISTED HEREIN SHOULD BE DICTATED AND VERIFIED BY THE GOVERNING BUILDING DEPARTMENT AND PERMITTED WITHOUT ANY WARRANTY FOR APPLICABILITY OF TABLE VALUE USE IS OFFERED HEREIN.
5. THIS SPECIFICATION IS NOT INTENDED TO OFFER ANY PRODUCT APPROVED CERTIFICATION. REPORT TO ANY SEPARATELY SUBMITTED TEST CRITERIA AND OTHER APPROVALS FOR DESIGN AND INSTALLATION INFORMATION AND APPLICABILITY OF THESE TABLE VALUES WHICH IS TO BE VERIFIED BY OTHERS IN ACCORDANCE WITH GOVERNING CODES.
6. ADHERE TO ALL LOCAL IMPACTS AND CITY ORDINANCES.
7. NO CERTIFICATION IS GUARANTEED TO THE INTEGRITY OF THE HOST STRUCTURE.
8. EXCEPT AS EXPRESSLY PROVIDED HEREIN, NO ADDITIONAL CERTIFICATIONS OR AFFIRMATIONS ARE INTENDED.



REMARKS

| | | | |
|------------------------|-----|------|----------|
| INIT ISSUE | GSS | CHKO | DATE |
| REV - ADJUSTED HEIGHTS | GSS | TSB | 03/05/12 |
| | | | 04/09/12 |
| | | | |
| | | | |

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SCALE: N.T.S. 01

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2010 FLORIDA BUILDING CODE
 ASCE 7-10, CHAPTER 30
 DESIGN LOADS FOR COMPONENTS & CLADDING
 MASTER PLAN SHEET

ASCE 7-10

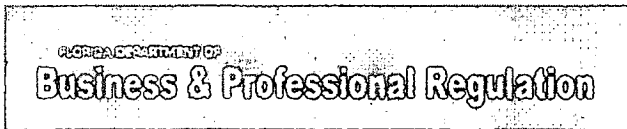
ENGINEERING EXPRESS®

160 SW 12th AVENUE, #106
 DEERFIELD BEACH, FL 33442
 PH: (954) 354-0660 Fax: (954) 354-0443
 WWW.ENGEXP.COM
 CERT OF AUTH #9885

VALID FOR ONE PROJECT ONLY
 MADE ONLY WITH PASSES ENGINEER SEAL

04/09/2012

FRANK L. BENNARDO, P.E.
 1570034549



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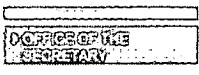
Florida Department of
Business & Professional Regulation

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| FL # | FL13434-R2 | | | | | | | | | | | | | | |
|--|--|-----------------|-------------|------------|------|------------|------|-----------|------|---------|------|---------|------|---------|------|
| Application Type | Revision | | | | | | | | | | | | | | |
| Code Version | 2010 | | | | | | | | | | | | | | |
| Application Status | Approved | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | |
| Archived | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Product Manufacturer | Town and Country Industries, | | | | | | | | | | | | | | |
| Address/Phone/Email | 400 West McNab Road Ft. Lauderdale, FL 33309 (954) 493-8551 tomj@tc-alum.com | | | | | | | | | | | | | | |
| Authorized Signature | Frank Bennardo frank@engexp.com | | | | | | | | | | | | | | |
| Technical Representative | Thomas B. Johnston | | | | | | | | | | | | | | |
| Address/Phone/Email | 400 west McNab Rd. Ft. Lauderdale, FL 33309 (954) 970-9999 tomj@tc-alum.com | | | | | | | | | | | | | | |
| Quality Assurance Representative | | | | | | | | | | | | | | | |
| Address/Phone/Email | | | | | | | | | | | | | | | |
| Category | Shutters | | | | | | | | | | | | | | |
| Subcategory | Bahama | | | | | | | | | | | | | | |
| Compliance Method | Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received | | | | | | | | | | | | | | |
| Florida Engineer or Architect Name who developed the Evaluation Report | Frank L. Bennardo, P.E. | | | | | | | | | | | | | | |
| Florida License | PE-0046549 | | | | | | | | | | | | | | |
| Quality Assurance Entity | National Accreditation and Management Institute | | | | | | | | | | | | | | |
| Quality Assurance Contract Expiration Date | 12/31/2013 | | | | | | | | | | | | | | |
| Validated By | ORLANDO L. BLANCO, P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received | | | | | | | | | | | | | | |
| Certificate of Independence | FL13434_R2_COI_Cert_Indep.pdf | | | | | | | | | | | | | | |
| Referenced Standard and Year (of Standard) | <table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM E1886</td> <td>2005</td> </tr> <tr> <td>ASTM E1996</td> <td>2006</td> </tr> <tr> <td>ASTM E330</td> <td>2002</td> </tr> <tr> <td>TAS 201</td> <td>1994</td> </tr> <tr> <td>TAS 202</td> <td>1994</td> </tr> <tr> <td>TAS 203</td> <td>1994</td> </tr> </tbody> </table> | <u>Standard</u> | <u>Year</u> | ASTM E1886 | 2005 | ASTM E1996 | 2006 | ASTM E330 | 2002 | TAS 201 | 1994 | TAS 202 | 1994 | TAS 203 | 1994 |
| <u>Standard</u> | <u>Year</u> | | | | | | | | | | | | | | |
| ASTM E1886 | 2005 | | | | | | | | | | | | | | |
| ASTM E1996 | 2006 | | | | | | | | | | | | | | |
| ASTM E330 | 2002 | | | | | | | | | | | | | | |
| TAS 201 | 1994 | | | | | | | | | | | | | | |
| TAS 202 | 1994 | | | | | | | | | | | | | | |
| TAS 203 | 1994 | | | | | | | | | | | | | | |

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 12/16/2011

Date Validated 12/19/2011

Date Pending FBC Approval 12/26/2011

Date Approved 01/31/2012

| Summary of Products | | |
|---|-------------------------|--|
| FL # | Model, Number or Name | Description |
| 13434.1 | Fullview Bahama Shutter | Impact Bahama Shutter Approved for Use Within & Outside the HVHZ |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +78/-95 Other: Refer to product approval drawing for limitations. | | Installation Instructions FL13434 R2 II Dwg.pdf Verified By: Frank L. Bennardo, P.E. 0046549 Created by Independent Third Party: Yes Evaluation Reports FL13434 R2 AE Eval Rpt.pdf Created by Independent Third Party: Yes |

Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) Phone: 850-487-1824

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 *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:





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Florida Department of
Business & Professional Regulation

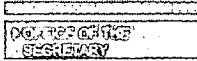
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Product Approval
USER: Public User

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



| FL # | FL13757-R2 | | | | | | | | | | | | | | |
|--|--|-----------------|-------------|------------|------|------------|------|-----------|------|---------|------|---------|------|---------|------|
| Application Type | Revision | | | | | | | | | | | | | | |
| Code Version | 2010 | | | | | | | | | | | | | | |
| Application Status | Approved | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | |
| Archived | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Product Manufacturer | Town and Country Industries, | | | | | | | | | | | | | | |
| Address/Phone/Email | 400 West McNab Road Ft. Lauderdale, FL 33309 (954) 493-8551 tomj@tc-alum.com | | | | | | | | | | | | | | |
| Authorized Signature | Frank Bennardo frank@engexp.com | | | | | | | | | | | | | | |
| Technical Representative | Thomas B. Johnston | | | | | | | | | | | | | | |
| Address/Phone/Email | 400 west McNab Rd. Ft. Lauderdale, FL 33309 (954) 970-9999 tomj@tc-alum.com | | | | | | | | | | | | | | |
| Quality Assurance Representative | | | | | | | | | | | | | | | |
| Address/Phone/Email | | | | | | | | | | | | | | | |
| Category | Shutters | | | | | | | | | | | | | | |
| Subcategory | Accordion | | | | | | | | | | | | | | |
| Compliance Method | Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received | | | | | | | | | | | | | | |
| Florida Engineer or Architect Name who developed the Evaluation Report | Frank L. Bennardo, P.E. | | | | | | | | | | | | | | |
| Florida License | PE-0046549 | | | | | | | | | | | | | | |
| Quality Assurance Entity | National Accreditation & Management Institute, | | | | | | | | | | | | | | |
| Quality Assurance Contract Expiration Date | 12/31/2013 | | | | | | | | | | | | | | |
| Validated By | ORLANDO L. BLANCO, P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received | | | | | | | | | | | | | | |
| Certificate of Independence | FL13757 R2 COI Cert Indep.pdf FL13757 R2 COI Cert Indep2.pdf | | | | | | | | | | | | | | |
| Referenced Standard and Year (of Standard) | <table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM E1886</td> <td>2005</td> </tr> <tr> <td>ASTM E1996</td> <td>2005</td> </tr> <tr> <td>ASTM E330</td> <td>2002</td> </tr> <tr> <td>TAS 201</td> <td>1994</td> </tr> <tr> <td>TAS 202</td> <td>1994</td> </tr> <tr> <td>TAS 203</td> <td>1994</td> </tr> </tbody> </table> | <u>Standard</u> | <u>Year</u> | ASTM E1886 | 2005 | ASTM E1996 | 2005 | ASTM E330 | 2002 | TAS 201 | 1994 | TAS 202 | 1994 | TAS 203 | 1994 |
| <u>Standard</u> | <u>Year</u> | | | | | | | | | | | | | | |
| ASTM E1886 | 2005 | | | | | | | | | | | | | | |
| ASTM E1996 | 2005 | | | | | | | | | | | | | | |
| ASTM E330 | 2002 | | | | | | | | | | | | | | |
| TAS 201 | 1994 | | | | | | | | | | | | | | |
| TAS 202 | 1994 | | | | | | | | | | | | | | |
| TAS 203 | 1994 | | | | | | | | | | | | | | |

Equivalence of Product Standards Certified By

Florida Licensed Professional Engineer or Architect
[FL13757 R2 Equiv Equiv Std.pdf](#)
[FL13757 R2 Equiv Equiv Std2.pdf](#)

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 02/24/2012
 Date Validated 02/24/2012
 Date Pending FBC Approval 03/04/2012
 Date Approved 04/03/2012

| Summary of Products | | |
|--|------------------------|--|
| FL # | Model, Number or Name | Description |
| 13757.1 | 6.8 Accordion Shutter | Large Missile Impact Resistant Accordion Shutter System |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See installation drawings for allowable span/pressure combinations and additional limitations of use. | | Installation Instructions FL13757 R2 II Dwg2.pdf Verified By: Frank L. Bennardo, P.E. PE0046549 Created by Independent Third Party: Yes Evaluation Reports FL13757 R2 AE Eval Rpt2.pdf Created by Independent Third Party: Yes |
| 13757.2 | 6.8 Streamline Shutter | Large Missile Impact Resistant Accordion Shutter System |
| Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See installation drawings for allowable span/pressure combinations and additional limitations of use. | | Installation Instructions FL13757 R2 II Dwg.pdf Verified By: Frank L. Bennardo, P.E. PE0046549 Created by Independent Third Party: Yes Evaluation Reports FL13757 R2 AE Eval Rpt.pdf Created by Independent Third Party: Yes |

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Product Approval
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| FL # | FL12856-R3 | | | | | | | | | | | | |
|--|--|-----------------|-------------|------------|------|------------|------|-----------|------|---------|------|---------|------|
| Application Type | Revision | | | | | | | | | | | | |
| Code Version | 2010 | | | | | | | | | | | | |
| Application Status | Approved | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | |
| Archived | <input type="checkbox"/> | | | | | | | | | | | | |
| Product Manufacturer Address/Phone/Email | Town and Country Industries, 400 West McNab Road Ft. Lauderdale, FL 33309 (954) 493-8551 tomj@tc-alum.com | | | | | | | | | | | | |
| Authorized Signature | Frank Bennardo frank@engexp.com | | | | | | | | | | | | |
| Technical Representative Address/Phone/Email | Thomas B. Johnston 400 west McNab Rd. Ft. Lauderdale, FL 33309 (954) 970-9999 tomj@tc-alum.com | | | | | | | | | | | | |
| Quality Assurance Representative Address/Phone/Email | | | | | | | | | | | | | |
| Category | Shutters | | | | | | | | | | | | |
| Subcategory | Storm Panels | | | | | | | | | | | | |
| Compliance Method | Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received | | | | | | | | | | | | |
| Florida Engineer or Architect Name who developed the Evaluation Report | Frank I. Bennardo | | | | | | | | | | | | |
| Florida License | PE-0046549 | | | | | | | | | | | | |
| Quality Assurance Entity | National Accreditation and Management Institute | | | | | | | | | | | | |
| Quality Assurance Contract Expiration Date | 12/31/2013 | | | | | | | | | | | | |
| Validated By | ORLANDO L. BLANCO, P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received | | | | | | | | | | | | |
| Certificate of Independence | FL12856_R3_COI_Cert_Indep.pdf FL12856_R3_COI_Cert_Indep2.pdf FL12856_R3_COI_Cert_Indep3.pdf | | | | | | | | | | | | |
| Referenced Standard and Year (of Standard) | <table border="0"> <thead> <tr> <th>Standard</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>ASTM E1886</td> <td>2002</td> </tr> <tr> <td>ASTM E1996</td> <td>2002</td> </tr> <tr> <td>ASTM E330</td> <td>2002</td> </tr> <tr> <td>TAS 201</td> <td>1994</td> </tr> <tr> <td>TAS 202</td> <td>1994</td> </tr> </tbody> </table> | Standard | Year | ASTM E1886 | 2002 | ASTM E1996 | 2002 | ASTM E330 | 2002 | TAS 201 | 1994 | TAS 202 | 1994 |
| Standard | Year | | | | | | | | | | | | |
| ASTM E1886 | 2002 | | | | | | | | | | | | |
| ASTM E1996 | 2002 | | | | | | | | | | | | |
| ASTM E330 | 2002 | | | | | | | | | | | | |
| TAS 201 | 1994 | | | | | | | | | | | | |
| TAS 202 | 1994 | | | | | | | | | | | | |

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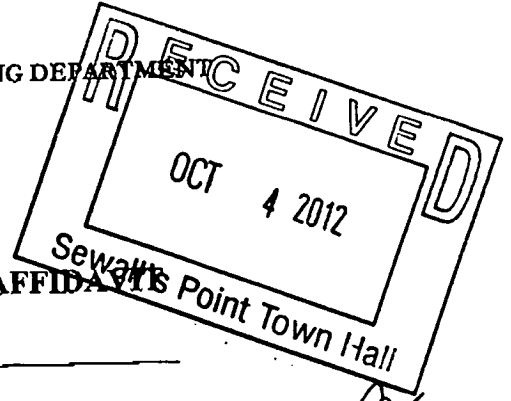
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Product Approval Accepts:





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



*Over A
FWP*

IMPACT PROTECTION INSTALLATION AFFIDAVIT

BLDG. PERMIT NUMBER: 10234
 JOB SITE ADDRESS: 1 RIVERVIEW DR, Stuart FL.
 CONTRACTOR/OWNER: Anthony Smiertka
 PHONE NUMBER: 302-420-2593
 QUALIFIER NAME: VH exteriors Inc
 LICENSE NUMBER: MCAL03032

I VAUGHN HOSKINS, do hereby affirm:
Owner or Contractor - Please print name

The following impact protection was used as per the 2010 FBC 1609.1.4 for all exterior glazed openings at the above referenced job site.

- Impact Resistant Glass
- Approved Shutters

That I personally observed the complete installation of all hurricane panel/shutters on the above referenced project and further affirm that they are fitted properly for the openings they are intended to protect.

Vaughn Hoskins Date: 10-4-2012
 Signature of Owner or Contractor

Sworn to and subscribed before me this
4 Day of October 2012
 By Vaughn Hoskins
Jean Ralph Gilbert Gachette
 Notary Public, State of Florida Notary Seal/Stamp



Personally known to me
 Produced ID _____
 Type _____

Sewall' Point Building Department will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals, ASCE 7 and the 2010 Florida Building code at final inspection.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

10-5-12

Page 1 of 1

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|--------------|--------------------------|----------------------------------|------------------------|-----------------------|
| 10234 | Smarterk... | Final | | |
| | F Riverview Dr | Shutters | Pass | |
| | VH Exteriors | | | INSPECTOR [Signature] |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| 10218 | Birdsall | Rough AC | | |
| 1030 1100 | 49 N River Rd | Rough Plumbing Rough Electric | Pass | |
| | Just Solutions | | | INSPECTOR [Signature] |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | Dr Roy | CHECK FOR | BILL ROY @ PSPTEAM.COM | |
| | Prism & Lot | MOWING | | |
| | 305 793 5050 | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
| | | | | INSPECTOR |

11056

POOL FENCE



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

| | | | |
|------------------------|--------------------------|-----------------------|------------------|
| PERMIT NUMBER: | 11056 | DATE ISSUED: | October 13, 2014 |
| SCOPE OF WORK: | Pool Barrier Fence | | |
| CONTRACTOR: | Daniels Fence Co | | |
| PARCEL CONTROL NUMBER: | 12-38-41-001-000-00230-0 | SUBDIVISION: | Riverview Lot 23 |
| CONSTRUCTION ADDRESS: | 1 Riverview Drive | | |
| OWNER NAME: | Smiertka | | |
| QUALIFIER: | Daniel Lawrence | CONTACT PHONE NUMBER: | 283-2383 |

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

| | | | |
|-----------------------|-------------------|-----------------------|--------------------|
| PERMIT NUMBER: | 11056 | | |
| ADDRESS: | 1 Riverview Drive | | |
| DATE ISSUED: | 10/13/2014 | SCOPE OF WORK: | Pool Barrier Fence |

| | | | | |
|---|--|-----------------------|----|--|
| SINGLE FAMILY OR ADDITION /REMODEL | | Declared Value | \$ | |
|---|--|-----------------------|----|--|

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

| | | | |
|---|------------------------|----|-------------|
| ACCESSORY PERMIT | Declared Value: | \$ | \$ 3,200.00 |
| Total number of inspections: @ \$ 100.00 per insp. # insp | | \$ | 100.00 |
| Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min) | | \$ | \$ 2.00 |
| DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.) | | \$ | \$ 2.00 |
| Road impact assessment: (.04% of construction value - \$5 min.) | | \$ | 5.00 |
| TOTAL ACCESSORY PERMIT FEE: | | \$ | 109.00 |

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: Oct. 2, 2014

OWNER/LESSEE NAME: Anthony Smiercka Phone (Day) 302-420-2593 (Fax) _____

Job Site Address: 1 Riverview Drive City: Sewall's Pt. State: FL Zip: 34996

Legal Description Riverview Lot 23 Parcel Control Number: 12-38-41-001-000-00230-0

Fee Simple Holder Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC): Pool Barrier
1/2 25' x 4' / AC: 102' of 6'

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: \$ 3,000.00
(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: Daniels Fence Corp. Phone: 283 2383 Fax: 283 2565

Qualifiers name: D. Lawrence Street: 2875 Jefferson City: Stuart State: FL Zip: 34997

State License Number: _____ OR: Municipality MCFE 10070 License Number: Martin Co.

LOCAL CONTACT: Shannon - permit desk Phone Number: 202 283 2383

DESIGN PROFESSIONAL: _____ Fla. License# _____
Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

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


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

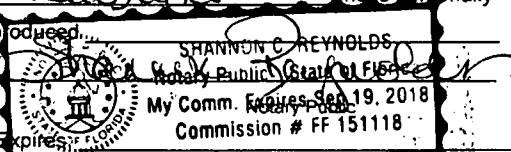
WARNINGS TO OWNERS AND CONTRACTORS:

- 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 WHERE 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 Anthony Smiercka
State of Florida, County of: Martin
On This the 30 day of Sept, 2014
by Anthony Smiercka who is personally known to me or produced _____
As identification: 
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
x Daniel Lawrence
State of Florida, County of: Martin
On This the 2 day of October, 2014
by Daniel Lawrence who is personally known to me or produced _____
As identification: 
My Commission Expires: _____

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

Sewall's Point Town Hall



CERTIFICATE OF LIABILITY INSURANCE

Fax: (772)220-4765

DATE (MM/DD/YYYY)

08/28/2014

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 Legacy Insurance of South Florida, Inc. 12300 Alternate A1A, Suite 203 Palm Beach Gardens, FL 33410 License #: P118556 | CONTACT NAME: Megan Lopp | |
| | PHONE (A/C, No, Ext): (561)784-4464 | FAX (A/C, No): (561)290-1543 |
| | E-MAIL ADDRESS: megan@legacyinsurancefl.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Daniels Fence Corp 2885 SE Jefferson St Stuart, FL 34997 | INSURER A: | Appalachian Underwriters |
| | INSURER B: | Travelers |
| | INSURER C: | Star Insurance Company |
| | INSURER D: | Travelers |
| | INSURER E: | Penn America Insurance Company |
| | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: 00000309-898387 REVISION NUMBER: 242

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> Contractual GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Y | Y | LB20338 | 09/01/2014 | 09/01/2015 | 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 \$ 1,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | Y | Y | BA2B464087 | 01/15/2014 | 01/15/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5000 | Y | Y | XOVA632614 | 09/01/2014 | 09/01/2015 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N | WC 0717312 | 02/15/2014 | 02/15/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Inland Marine | Y | Y | QT-660-2B660431-TIL-14 | 01/15/2014 | 01/15/2015 | Contractors Equip 100,000 |
| E | Property | Y | Y | PAC7053568 | 01/15/2014 | 01/15/2015 | BPP 60,000 |

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

| | |
|--|--|
| CERTIFICATE HOLDER Town of Sewalls Point 1 S. Sewalls Point Rd Sewalls Point, FL 34996 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE (MRL) |

MC



INSTR # 2480002
OR BK 2745 PG 833

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500,000 (OR \$500,000 MECHANICAL)

RECORDED 10/09/2014 08:27:19 AM
CAROLYN THIMANN
MARTIN COUNTY CLERK

PERMIT #: _____ TAX FOLIO #: 12-38-41-001-000-00230-0
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):
1 Riverview Dr. Riverview Lot # 23

GENERAL DESCRIPTION OF IMPROVEMENT: Arc + 4/4 Fence Installation: Pool Barrier

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Anthony Smiertka
ADDRESS: 13016 Riggins Ridge Rd. Ocean City, MD 21842
PHONE NUMBER: 302-420-2593 FAX NUMBER: _____
INTEREST IN PROPERTY: owner

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

CONTRACTOR: Daniels Fence Corp
ADDRESS: 2885 se Jefferson St
PHONE NUMBER: _____ FAX NUMBER: 772-283-2383
Stuart, FL 34997

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: _____

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
BY: CAROLYN THIMANN, CLERK
DATE: _____
CIRCUIT COURT
FLORIDA

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).

Anthony Smiertka
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 30 DAY OF Sept, 2014

BY: Anthony Smiertka AS owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION PRODUCED: D, L, C
NOTARY SIGNATURE/ SEAL
MARK ROMKO
Commission # EE 140704
Expires October 23, 2015
Bonded Thru Troy Fain Insurance 800-385-7019



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

mcu 10/2
FPL
Comcast
AT T

FENCE/ WALL EASEMENT AGREEMENT

Date: Oct. 2

Gentlemen: Ladies too,

I propose to apply for a Town of Sewall's Point permit to erect a misc. Fence

In the (utility) drainage) easement on my property located at 1 Riverview Drive

LEGAL DESCRIPTION: LOT 23, BLOCK _____, SUBDIVISION Riverview

(Give a brief description of dimensions and location from property lines)

encroaching w/ UE @ rear(s) property lines

In the event you have no objection to this project, please complete this form and return to me at:

Address: 2885 se Jefferson St
Daniels Fence Corp fax - (772) 283-2605
City: Stuart, FL 34997 State: _____ Zip: _____

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

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

Signed: [Signature] Phone: 772. 283. 2605

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

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

Company: MCU

By: Tim Christ

Title: Associate Planner

Company records indicate that a potential conflict **DOES** ~~(DOES NOT)~~ exist.

The conflict consists of: _____



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

FENCE/ WALL EASEMENT AGREEMENT

Date: 9/17

Gentlemen/ Ladies too!

I propose to apply for a Town of Sewall's Point permit to erect a Aluminum Fence

In the Both (utility) (drainage) easement on my property located at _____

121 Hillcrest Dr.

LEGAL DESCRIPTION: LOT 12, BLOCK _____, SUBDIVISION Hillcrest

(Give a brief description of dimensions and location from property lines)

25' of installation through entire East property line

In the event you have no objection to this project, please complete this form and return to me at:

Address: 2885 se Jefferson St
Daniels Fence Corp Fax: 772-283-2565
City: Stuart, FL 34997 State: _____ Zip: _____

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

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

Signed: [Signature] Phone: 772-2495693

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

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

Company: AT&T
By: JAMES P VIRGA
Title: MGR OSP

Company records indicate that a potential conflict **DOES** DOES NOT exist.

The conflict consists of: _____

AT&T has buried facilities in this easement and facilities must be located prior to digging by calling 1-800-432-4770. Hand digging must be done within 2 feet of facilities. Should AT&T need access to our facilities in the future, it will be at the customer's expense



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

mcu 10/2
FPL
Comcast
AT-T

FENCE/ WALL EASEMENT AGREEMENT

Date: Oct. 2

Gentlemen: Ladies - too,

I propose to apply for a Town of Sewall's Point permit to erect a misc. Fence

In the (utility) (utility/drainage) easement on my property located at 1 Riverview Drive

LEGAL DESCRIPTION: LOT 23, BLOCK , SUBDIVISION Riverview

(Give a brief description of dimensions and location from property lines)

encroaching w/ use @ rear (S) property lines

In the event you have no objection to this project, please complete this form and return to me at:

Address: 2885 se Jefferson St
Daniels Fence Corp fax - 772-283-2565
City: Stuart, FL 34997 State: Zip:

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

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

Signed: [Signature] Phone: 772-283-2565

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

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

Company: Florida Power & Light Co
By: [Signature]
Title: Project Manager

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of:



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

mcu 10/2
FPL
Comcast
AT-T

FENCE/ WALL EASEMENT AGREEMENT

Date: Oct. 2

Gentlemen: Ladies too,

I propose to apply for a Town of Sewall's Point permit to erect a misc. Fence

In the (utility) drainage) easement on my property located at 1 Riverview Drive

LEGAL DESCRIPTION: LOT 23, BLOCK _____, SUBDIVISION Riverview

(Give a brief description of dimensions and location from property lines)

encroaching w/ ue @ road (S) property lines

In the event you have no objection to this project, please complete this form and return to me at:

Address: 2887 ee Jefferson St
Daniels Fence Corp
City: Stuart, FL 34997 State: _____ Zip: _____
Fax: 772) 283-2565

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

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

Signed: [Signature] Phone: 772-283-2565

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

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

Company: Comcast
By: Tom Koenderker
Title: S. Field Coordinator

CALL
SUNSHINE
48 HOURS BEFORE
DIGGING

Company records indicate that a potential conflict DOES DOES NOT exist.

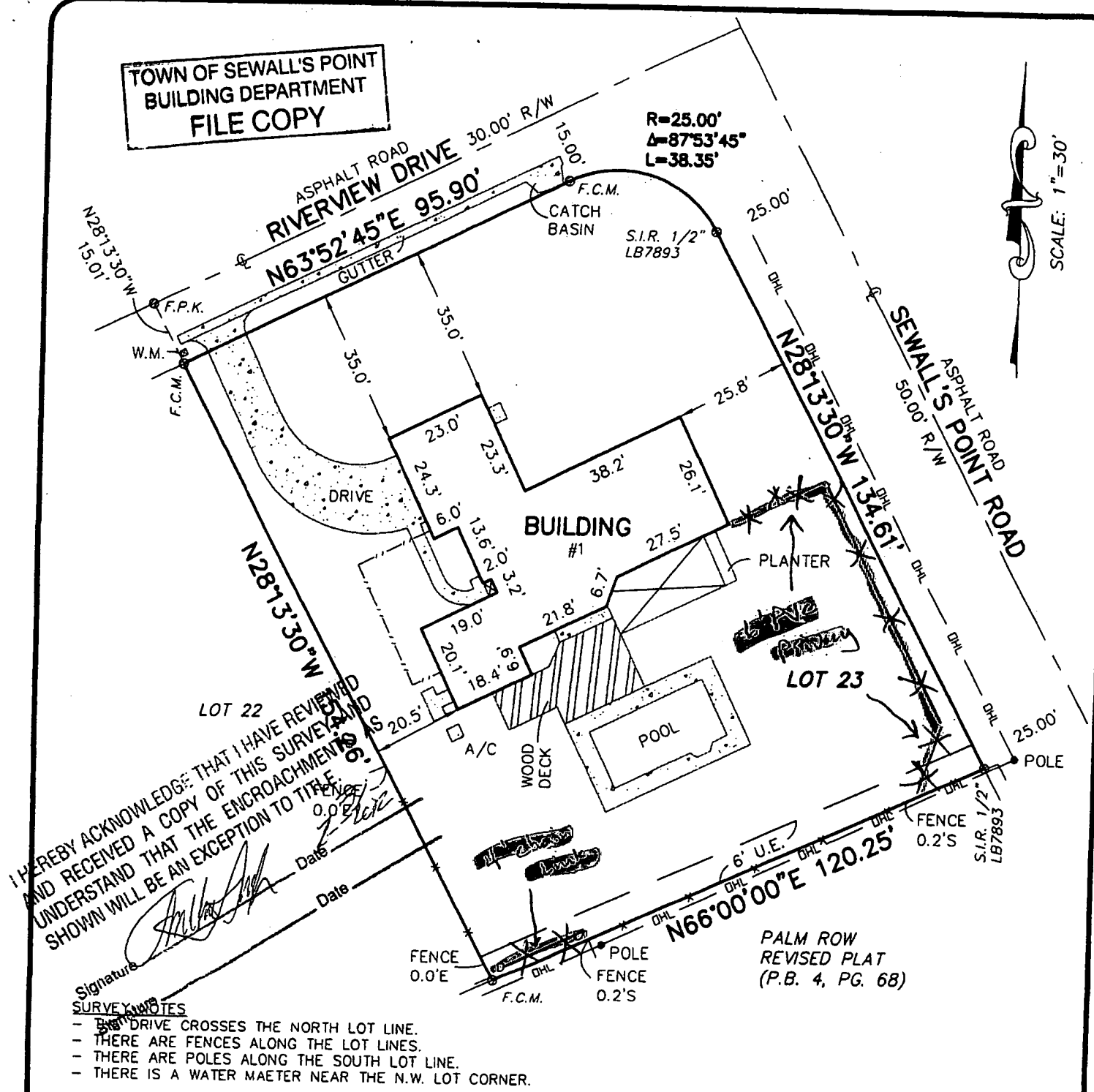
The conflict consists of: _____

1-800-432-4770

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

R=25.00'
Δ=87°53'45"
L=38.35'

SCALE: 1"=30'



I HEREBY ACKNOWLEDGE THAT I HAVE REVIEWED
AND RECEIVED A COPY OF THIS SURVEY AND
UNDERSTAND THAT THE ENCROACHMENTS
SHOWN WILL BE AN EXCEPTION TO TITLE

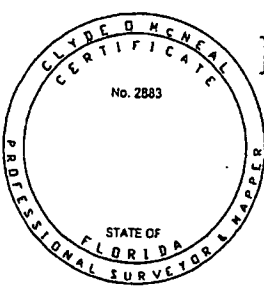
Signature: *[Signature]*
Date: _____

SURVEY NOTES

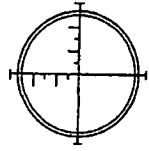
- DRIVE CROSSES THE NORTH LOT LINE.
- THERE ARE FENCES ALONG THE LOT LINES.
- THERE ARE POLES ALONG THE SOUTH LOT LINE.
- THERE IS A WATER MAETER NEAR THE N.W. LOT CORNER.

PAGE 2 OF 2
BOUNDARY SURVEY

LB7893



SURVEYORS CERTIFICATE:
I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY
IS A TRUE AND CORRECT REPRESENTATION OF A
SURVEY PREPARED UNDER MY DIRECTION.
NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC
SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL,
OR A RAISED EMBOSSED SEAL AND SIGNATURE.



**TARGET
SURVEYING, LLC**

SERVING ALL FLORIDA COUNTIES

(SIGNED) *[Signature]* Clyde McNeal

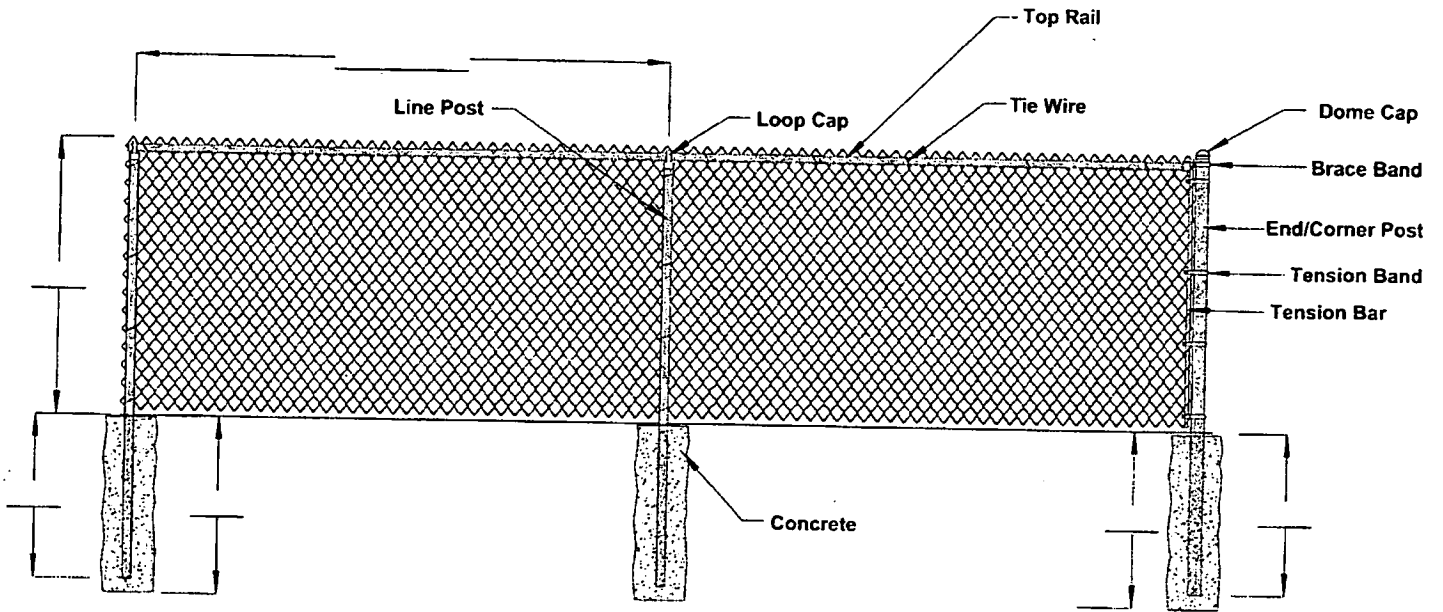
Digitally signed by Clyde McNeal
DN: CN = Clyde McNeal, C =
US, O = Target Surveying, Inc.
Date: 2012.07.30 15:44:55
-04'00'

6250 N. MILITARY TRAIL - SUITE 102
WEST PALM BEACH, FL 33407
PHONE (561) 640-4800
FACSIMILE (561) 640-0576
STATEWIDE PHONE (800) 226-4807
STATEWIDE FACSIMILE (800) 741-0576

CLYDE O. McNEAL, PROFESSIONAL SURVEYOR AND MAPPER 2883

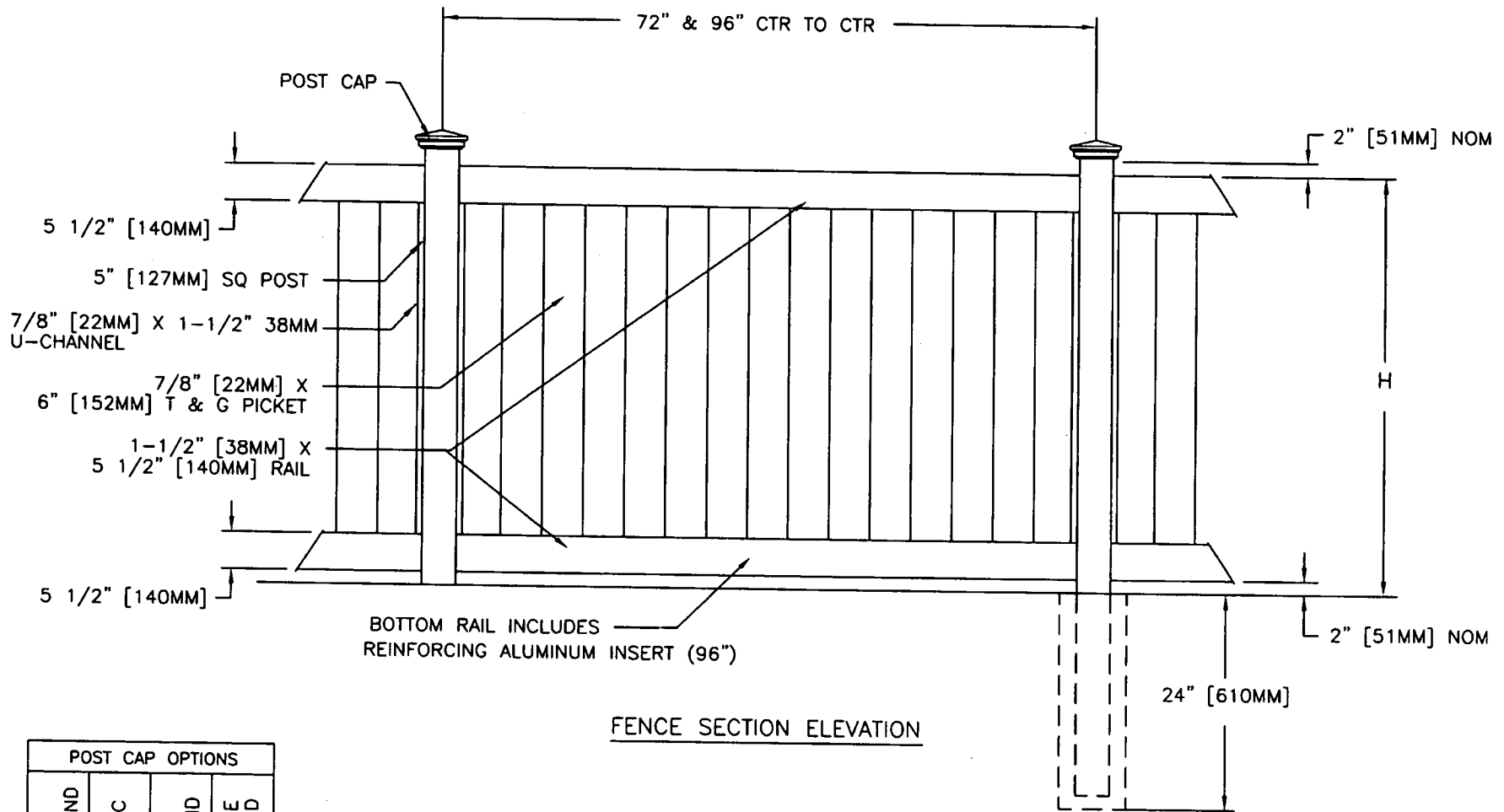
Chainlink Fence Detail





4' - 6' Chain Link with top rail



| | | |
|---------------------------------------|--|------------------------|
| Project: <i>Smierka</i> | | Date: |
| Site Location: <i>1 Riverview Dr.</i> | | Drawing # CL-01 |

Smierka 1 Riverview Dr.



| POST CAP OPTIONS | | | |
|---|---|---|---|
| NEW ENGLAND | GOTHIC | INSIDE PYRAMID | OUTSIDE PYRAMID |
|  |  |  |  |

NOTES:

- SPECIFICATIONS SHOW CAN BE CHANGED BY MANUFACTURER ONLY
- FOOTING WIDTH TO BE (2)X POST WIDTH. MINIMUM DEPTH 24".

| NOM HEIGHT (H) |
|----------------|
| 36" [914MM] |
| 48" [1219MM] |
| 60" [1524MM] |
| 72" [1829MM] |



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ALL RIGHTS RESERVED

Merchants Metals®

the first name in fence solutions

EverGuard®

ESTATE PRIVACY STYLE
NOM 8' & 6' SECTIONS LENGTH

BY: ART

DATE: 08/14/12

REV: A

DWG. NO.

RPM-542

SCALE:

1/2" = 1'-0"

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/2/14 Page 1 of 1

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
|------------------|------------------------------|-------------------------|-----------------|--|
| 11023 | Serls | Fence | | |
| | 4 River Oak Place | Final | Pass | CLOSE |
| | Daniel's Fence | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 11060 | Fabrizy | Ground + | | DOES NOT MEET |
| | 4 Oak Hill Way | Steel | Fail | SET BACKS |
| | Pools by Greg | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 10694 | Wescott | Partial Wire Lath | | |
| | 53 N River Rd | Window, Truss | Pass | |
| | San George Const | Strapping + Engineering | | |
| | | Electrical | | |
| | | Plumbing + Gas | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 11056 | Smierka | Fence | | |
| | 1 Riverview Drive | Final | Pass | Comments |
| | Daniels Fence | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 11071 | Resnick | Silt | | |
| | 14 Middle Rd | Fence | Pass | |
| | Celenzano | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 11069 | Graydos | Roof Sheathing | Pass | |
| | 15 W High Pt. Rd. | Roof Dryin + | NOT READY | |
| | Code Red Roofers | Metals | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 10935 | Heramis | Insulation | Pass | ELECT MUST BE |
| | 172 S River Rd | Water line. | Fail | 10" Below GRADE |
| | J. Conroy | | | 1' SEPARATION TO WATER INSPECTOR <i>[Signature]</i> |

11107

RE-ROOF



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: | 11107 | DATE ISSUED: | December 5, 2014 |
| SCOPE OF WORK: | Re-Roof | | |
| CONTRACTOR: | J.A. Taylor Roofing | | |
| PARCEL CONTROL NUMBER: | 12-38-41-001-000-00230-0 | SUBDIVISION: | Riverview S/D Lot 23 |
| CONSTRUCTION ADDRESS: | 1 Riverview Drive | | |
| OWNER NAME: | Smierka | | |
| QUALIFIER: | Kyle White | CONTACT PHONE NUMBER: | 466-4040 |

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 PERMIT APPLICATION

Permit Number: 11107

Date:
OWNER/LESSEE NAME: Anthony SMIERKA
Job Site Address: 1 Riverview Drive
Legal Description: RIVERVIEW S/D LOT 23
Fee Simple Holder Name: SAME

*SCOPE OF WORK (PLEASE BE SPECIFIC): TEAR-OFF - RE-ROOF

WILL OWNER BE THE CONTRACTOR?
Has a Zoning Variance ever been granted on this property?

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 17,590.00
Is subject property located in flood hazard area? VE10 AE9 AE8 X

Construction Company: J.A. Taylor Roofing INC
Qualifiers name: Kyle White
LOCAL CONTACT: KAREN
DESIGN PROFESSIONAL: N/A

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof 3600

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.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS.

*****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.

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
State of Florida, County of:
On This the day of 2014
by Kyle White who is personally known to me or produced
As identification.
Notary Public

CONTRACTOR LICENSEE NOTARIZED SIGNATURE:
State of Florida, County of: St. Lucie
On This the 10 day of November 2014
by Kyle White who is personally known to me or produced
As identification.
KAREN S. NIELSEN
Notary Public
Commission # FF 115637
My Commission Expires

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PRIOR TO EXPIRATION



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

BUILDING PERMIT RECEIPT

| | | | |
|-----------------------|-------------------|-----------------------|---------|
| PERMIT NUMBER: | 11107 | | |
| ADDRESS: | 1 Riverview Drive | | |
| DATE ISSUED: | 12/5/2014 | SCOPE OF WORK: | Re-Roof |

| | | | | |
|---|--|-----------------------|----|--|
| SINGLE FAMILY OR ADDITION /REMODEL | | Declared Value | \$ | |
|---|--|-----------------------|----|--|

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

| | | | |
|---|------------------------|----|--------------|
| ACCESSORY PERMIT | Declared Value: | \$ | \$ 17,590.00 |
| Total number of inspections: @ \$ 100.00 per insp. # insp | | \$ | 400.00 |
| Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min) | | \$ | 6.00 |
| DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.) | | \$ | 6.00 |
| Road impact assessment: (.04% of construction value - \$5 min.) | | | |
| | | \$ | 7.04 |
| TOTAL ACCESSORY PERMIT FEE: | | | |
| | | \$ | 419.04 |



JATAY-1

OP ID: SP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/22/2014

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 HARBOR INSURANCE 6645 S US Highway 1 Port St Lucie, FL 34962-1426 Eric D. Austin, AAI | | CONTACT NAME: Susan Port PHONE (A/C No. Ext): 772-461-6040 FAX (A/C No.): 772-460-2315 E-MAIL ADDRESS: sue.port@harboria.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Western World Insurance Co | NAIC # |
| INSURED | | INSURER B: American States Insurance Co | 19704 |
| J A Taylor Roofing Inc & TLR Enterprises Inc. 302 Melton Drive Fort Pierce, FL 34982 | | INSURER C: Bridgefield Employers Ins Co | 10701 |
| | | INSURER D: Alterra America Insurance Co | |
| | | 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 | ADOL | SUBR | 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 <input checked="" type="checkbox"/> Blanket Additions GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | PGP0789422 | 01/31/2014 | 01/31/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 01CI73833610 | 01/01/2014 | 01/01/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 083036318 | 05/19/2014 | 05/19/2015 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Equipment Floater | | | MAXA31M0048324 | 01/31/2014 | 01/31/2015 | Scheduled Equipment \$ 55,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

SEWAL-1

Town of Sewalls Point
 Fax: 772-220-4765
 1 South Sewalls Point Road
 Stuart, 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

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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

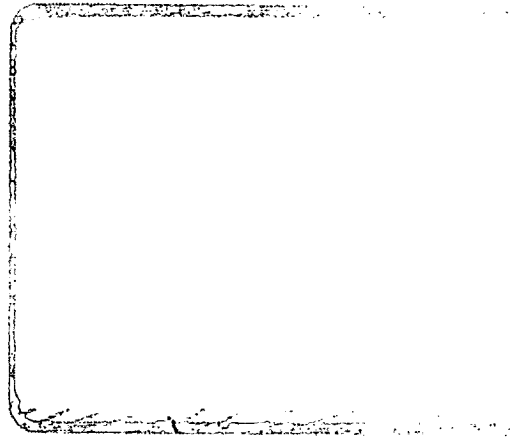
(850) 487-1395

WHITE, KYLE L
J.A. TAYLOR ROOFING, INC.
302 MELTON DRIVE
FORT PIERCE FL 34982

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. 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!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

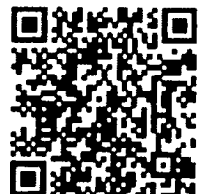
| | |
|-----------------------|--|
| LICENSE NUMBER | |
| CCC1325895 | |

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



COPIES

WHITE, KYLE L
J.A. TAYLOR ROOFING, INC.
302 MELTON DRIVE
FORT PIERCE FL 34982



2014 / 2015

ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT

RECEIPT # 1002268

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

FACILITIES OR
MACHINES

/ ROOMS

SEATS

EMPLOYEES 20

EXPIRES SEPTEMBER 30, 2015

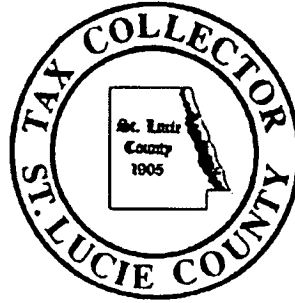
TYPE OF BUSINESS 1761 ROOFING/SHEET METAL CONTRACTOR
(ROOFING CONTRACTOR)



BUSINESS/ Chad Gerome Taylor

DBA NAME J A Taylor Roofing Inc
MAILING J A Taylor Roofing, Inc
ADDRESS 302 Melton Dr
Fort Pierce, FL 34982

BUSINESS LOCATION 302 Melton Dr
Fort Pierce, FL 34982
St Lucie County



| | |
|----------------------|---------|
| RENEWAL ORIGINAL TAX | \$24.75 |
| PENALTY | |
| COLLECTION COST | |
| TOTAL | \$24.75 |

CCC1325720
V74057

Paid 07/14/2014 24.75

0099-20140714-034945

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

J A Taylor Roofing, Inc
302 Melton Dr
Fort Pierce, FL 34982

J.A. TAYLOR

ROOFING CONTRACTOR

"Estimate/Contract/Proposal"

| | |
|---|---|
| Customer/Owner/Smlerka, Tony Project Address: 1 Riverview Dr. Stuart FL 34996 Billing Address: same Date/Type/Code: 9-30-2014, 31, sh, met, 2/12, 3/12, 4/12, 5, flat, metal sales-5-v | Mobile: Phone: 302-428-2593 Fax: Email: tony@jalwastesvc.com |
|---|---|

J.A. Taylor Roofing will provide necessary permits, schedule all inspections with related Municipality, and maintain Current License and Insurance. This proposal includes labor, materials, and all taxes. Please note that "Oil Canning" is a characteristic of all metal roof systems and is not a cause for rejection. Our highly trained "Professional" installers will hereby complete the following:

1. Remove existing roofing materials down to sheathing / decking and prepare as needed to ensure a clean, solid surface in which to apply a new roof.
2. Inspect all roof sheathing and replace any rotten wood. (Estimate includes up to 3 sheets plywood sheathing replacement at no charge. For additional lumber replacement costs; see attached sheet.
3. Install 8-D "ring-shank" fasteners to existing sheathing / deck to meet current Building Code Requirements.
4. Install (1) ply #30 lb. roofing felt over sheathing, and mechanically fasten using approved fasteners per code requirements.
5. Install new roofing accessories including: drip edge, flashings, counter-flashings, plumbing stack flashings, vent flashings, and valley metal. (Accessories to be shop fabricated using 26 gauge Galvanized materials, standard colors. (with metal roof options, accessories will be made to match metal roofing panels).
6. Seal all penetrations using approved roofing cement and/or sealants.
7. All new roofing materials / accessories will be installed using approved fasteners per code requirements.
8. Satellite dish, solar panels, etc. to be removed by others prior to commencement of work, unless disposing of items.
9. Thoroughly clean project of all "roofing related debris" and haul away. (Landfill fees are included).

Install Architectural Shingles (Lifetime Warranty/130mph) _____ \$ 7,750.00
 Flat porch Section-5-v Mill Finish To go with shingle price _____ \$ 1,800.00

5-V Crimp Metal Roof System (26 Gauge/Mill Finish) (exposed fasteners) _____ \$ 11,520.00
 1" Standing Seam Roof System (24 Gauge/Mill Finish) (hidden fasteners) _____ \$ 12,600.00
 *Upgrade to (24 Gauge/Standard Colors) _____ \$ 7,888.00
 *Upgrade to Peel & Stick (direct to deck) Underlayment, Additional _____ \$ 1,750.00

All Fascia + Soft / Soft / 3,240

J.A. Taylor Roofing will provide a (5) Year "Leak Free" workmanship warranty from date of completion.

Any alteration or deviation from the above specifications involving additional costs will be executed only upon written orders, and will become an extra charge over and above the estimate. Replacement of rotten/damaged lumber is not included in estimate unless specified. Customer must provide access to building unless arrangements are made prior to estimate, therefore J.A. Taylor Roofing is not responsible for damage to driveway/sidewalks and/or any other access areas needed to approach projects. Any client that is in default in the payment of money due under terms of this account will be charged at the rate of 1 1/4 % per month on the unpaid balance, (Maximum allowable by law). If any client is referred to an attorney for collection, client agrees to pay all fees incurred in the collection of the amount due, plus all court costs and attorney fees. Work will be scheduled upon written acceptance of this proposal. This proposal may be withdrawn from us if not accepted within 60 days. *All major credit cards accepted, however an additional processing fee of up to 5% will be assessed to contract total depending on current monthly rate and card used. **Payment Terms: 1/3 Deposit @ Commencement, 1/3 Payment @ completion of dry-in, Balance upon Completion of Project.**

ACCEPTANCE OF PROPOSAL
 Owner: *Anthony G. Smlerka* Date: 10-21-2014
 Contractor: *[Signature]* Date: 10-28-14

RECEIVED

OCT 20 2014

Thank you for the opportunity to bid your project!
 *****Serving the Treasure Coast for over 48 Years*****

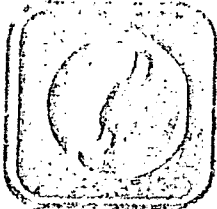
Respectfully Submitted By: **Tim Parmiter**
 Phone: 772-521-7877

BY: *[Signature]*

PERMIT APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:

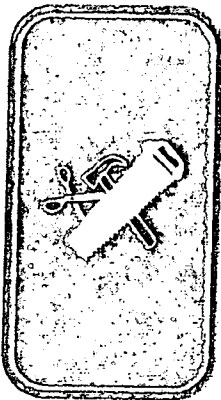
INCOMPLETE APPLICATIONS WILL BE REJECTED AND MUST BE RESUBMITTED

Fx: 220-4765



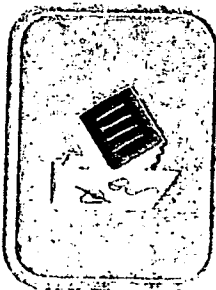
CONTACT INFORMATION

| | |
|------------------|------------------------|
| EMAIL ADDRESS | Karenfortaylor@aol.com |
| TELEPHONE NUMBER | 772-466-4040 |



LICENSES AND INSURANCE

| | | |
|--|------------|-------------------------------------|
| COPY OF CONTRACTOR LICENSE | Kyle White | <input checked="" type="checkbox"/> |
| PROOF OF LIABILITY INSURANCE | | <input checked="" type="checkbox"/> |
| PROOF OF WORKER'S COMPENSATION INSURANCE | | <input checked="" type="checkbox"/> |
| BUSINESS TAX RECEIPT | | <input checked="" type="checkbox"/> |



OTHER DOCUMENTS

| | |
|---|-------------------------------------|
| NOTICE OF COMMENCEMENT (AS REQUIRED BY LAW) | <input checked="" type="checkbox"/> |
| OWNER'S NOTARIZED SIGNATURE OR EXECUTED AGREEMENT WITH CONTRACTOR | <input checked="" type="checkbox"/> |
| PARCEL CONTROL NUMBER SHEET FROM PROPERTY APPRAISER'S WEBSITE | <input checked="" type="checkbox"/> |

IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR APPLICATION IS COMPLETE. INCOMPLETE APPLICATIONS WILL BE REJECTED. COMPLETE MINOR PERMIT APPLICATIONS CAN BE PICKED UP IN 48 HOURS FROM SUBMITTAL. MAJOR PERMITS WILL BE PROCESSED IN 10 DAYS.

SEW.Pt.

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00
OR WHEN HEATING OR AIR CONDITIONING REPAIR OR REPLACEMENT EXCEEDS \$7,500.00

INSTR # 2488076 OR BK 2754 PG 1161 RECD 12/02/2014 10:44:02 AM
(1 Page)
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00, MTG DOC \$0.00, INTANGIBLE \$0.00

PERMIT #: _____ TAX FOLIO #: 12-38-41-001-000-00230.0

State of Florida, County of MARTIN, the undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with chapter 713, Florida statutes, the following information is provided in this notice of Commencement:

- 1. LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 1 Riverview Drive RIVERVIEW S/D Lot 23
2. GENERAL DESCRIPTION OF IMPROVEMENT: REPOOF
3. OWNER INFORMATION or LESSEE INFORMATION (if Lessee contracted for the improvement)
a. Name: ANTHONY SMIERTKA
Address: 1 Riverview Dr., SEWALL'S Point, FL 34996
b. Interest in property: owner
c. Name and address of fee simple title holder (if other than owner): N/A
4. CONTRACTOR:
a. Name: J. A. TAYLOR ROOFING, INC.
Address: 302 MELTON DRIVE, FORT PIERCE, FL 34982
b. Phone number: 772-466-4040
5. SURETY COMPANY (IF Applicable, a copy of the payment bond is attached):
a. Name & Address: N/A
b. Phone number: _____ Bond amount: _____
6. LENDER/MORTGAGE COMPANY:
a. Name & Address: N/A
b. Phone number: _____
7. PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES:
a. Name & Address: N/A
b. Phone number: _____ fax number: _____
8. IN ADDITION TO HIMSELF OR HERSELF,
a. Owner designates N/A of _____ to receive a copy of the lienor's notice as provided in section 713.13(1)(b), Florida statutes.
b. Phone number: _____
9. EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
(THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

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

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 - SIGNATORY'S TITLE / OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 30 DAY OF Oct., 2014 BY: Anthony A. Smiertka

AS _____ FOR _____

NAME OF PERSON TYPE OF AUTHORITY OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

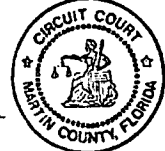
Notary Signature: Karen S. Nielsen

NOTARY SIGNATURE / NOTARY PRINTED NAME / NOTARY SEAL



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.



CAROLYN TIMMANN, CLERK
BY: K. Olmeyer D.C.
DATE: 12.2.2014



DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/economy

NOTICE OF ACCEPTANCE (NOA)

JA Taylor Roofing
302 Melton Drive
Ft. Pierce, FL 34982

SCOPE:

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

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

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

DESCRIPTION: Edge-Loc 1.0 x 16" wide x 24 ga. Steel Panel over Wood Deck

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

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

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

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

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

This revises NOA No. 13-1015.05 and consists of pages 1 through 5.
The submitted documentation was reviewed by Juan E. Collao, R.A.



Juan E. Collao
07/18/2014

NOA No.: 14-0416.01
Expiration Date: 01/09/19
Approval Date: 06/05/14
Page 1 of 5



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: J.A. Taylor Roofing PHONE #: 406-4040 FAX: 408-8397

OWNER'S NAME: Anthony SMIERKA

CONSTRUCTION ADDRESS: 1 Riverview Dr. CITY Stuart STATE FL.

RE-ROOF: RESIDENTIAL(SINGLE FAMILY)

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

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

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

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE: \$ 114,200.-

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: /12 SLOPE 1:12, 2:12, 3:12, 4:12

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

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

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

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

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

PROPOSED NEW ROOF COVERING: Metal Panels

MANUFACTURER J.A. Taylor METAL SALES PRODUCT NAME: EDGE-LOC 5V Crimp PRODUCT APPR # 14-04116-01 146452

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

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

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: Remove existing Shingle Roofing materials down to Deck, Re-Nail Deck. Install new metal Panel Roof systems over Self-Adhered Underlay

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

[Signature] DATE: 11.10.14
 SIGNATURE OF CONTRACTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/11/14 Page 1 of 1

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
|-----------------|-------------------------------|------------------|--------------------|------------------------------|
| 1107 | Smier tka | Roof Dryin | | |
| Am Requested | 1 River View Drive | Metal | Pass | |
| | JA Taylor | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 11108 | Beecher | Skylight | | |
| | 12 Rideland Drive | Replacement | <i>[Signature]</i> | CLOSE |
| | Mager Construction | Final | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 11077 | Mac Dougal | Roof | | LETTER FROM |
| | 23 N River Road | Final | <i>[Signature]</i> | ENGINEER |
| | Professional Roofing | | | INSPECTOR <i>[Signature]</i> |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| | | Code | | PICTURE |
| | 109 S River Rd | Enforcement | <i>[Signature]</i> | |
| | | | | 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 12/16/14 Page 1 of 2

| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS |
|------------------|---|--|----------------------------------|-----------------------|
| 10710 | Darrow 7 Oak Hill Way Homes by JmC | Final CO. | Fail | NO PERM |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | INSPECTOR COMMENTS |
| 11012 | Schmidt 8 Oak Hill Way DS Air Conditioning | Final Mechanical | Pass | Close |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | INSPECTOR COMMENTS |
| 10694 | Wescott 53 N River Rd San George | Frame, All Trades, Lath and Insulation | Pass | |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | INSPECTOR COMMENTS |
| 11078 | Guisenberry 54 S Sewall's Pt Rd John O'Connell | Lumber for Salvage | OK | |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | INSPECTOR COMMENTS |
| 11101 | Smierka 12 River View Drive JA Taylor | Final Roof | Pass | Close |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | INSPECTOR COMMENTS |
| 11115 | Hurd 35 N Sewall's Pt Rd Coastal Sea wall | Filter Fabric | Check SEWALL PERMIT? (NEW) | |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | INSPECTOR COMMENTS |
| 10945 | Carter 51 N River Rd Masterpiece | All Trades | Pass | Pass |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | INSPECTOR COMMENTS |

ADMIN VARIANCE

RESOLUTION NO. 607

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, GRANTING THE ADMINISTRATIVE VARIANCE OF SCOTT ZECHIEL AND TERRI ZECHIEL, HIS WIFE, FOR FIVE (5) ENCROACHMENTS ON LOT 23, RIVERVIEW SUBDIVISION, RECORDED IN PLAT BOOK 6, PAGE 86 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

WHEREAS, Scott Zechiel and Terri Zechiel, his wife, ("Applicants"), the owners of the above-described property, have applied for an administrative variance under the Code (see survey attached as Exhibit "A"); and

WHEREAS, the Town Building Department received, reviewed and recommended approval of the Applicants' application for a variance of the following:

1. An encroachment of 9.27 feet on the NE corner of the residence;
2. An encroachment of 8.22 feet on the SE corner of the residence;
3. An encroachment of 0.6 feet on the SW corner of the pool deck;
4. An encroachment of 0.36 feet on the NW corner of the air conditioning and pool equipment pad; and
5. An encroachment of 0.49 feet of the SW corner of the air conditioning and pool equipment pad.

WHEREAS, the Town Commission held a public hearing on the variance on October 21, 2003; and

INSTR # 1723602
OR BK 01859 PG 2955
RECORDED 01/22/2004 01:50:43 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Burkey



607

WHEREAS, notice of the public hearing was posted at the Town Hall bulletin board and notice of the public hearing was sent by certified mail, return receipt requested, by the Applicants, to all record owners of property located adjacent to the property involved in the variance and the date of the mailing was at least fifteen (15) days before the date of the hearing (or notice was waived by the adjacent owners); and

WHEREAS, the Applicants at the public hearing presented proof of the identity and address of the persons entitled to receive notice by mail and of the mailing of the notice to those persons (or their waiver); and

WHEREAS, the Town Commission at the public hearing made the finding that: The Applicants demonstrated an extreme hardship, which justified a variance of the Town Code.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

1. The Applicants' variance is hereby conditionally granted by the Town Commission of the Town of Sewall's Point, Florida;
2. This variance is expressly conditioned upon the Applicants reimbursing the Town for all professional expenses of the Town incurred in connection with the application, pursuant to Section 46-31, Town of Sewall's Point Code of Ordinances;
3. This Resolution shall be recorded by the Applicants in the Martin County, Florida Public Records at the Applicants' expense.

The vote was as follows:

MARC S. TEPLITZ, Mayor
 JAMES D. BERCAW, Vice Mayor

| AYE | NAY |
|------------|-------|
| ✓ _____ | _____ |
| ✓ _____ | _____ |

RICHARD L. BARON, Commissioner
THOMAS P. BAUSCH, Commissioner
E. DANIEL MORRIS, Commissioner

✓

✓

✓

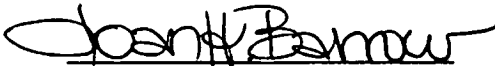
The Mayor thereupon declared this Resolution approved and adopted by the Town Commission of the Town of Sewall's Point on this 21st day of October, 2003.

TOWN OF SEWALL'S POINT, FLORIDA

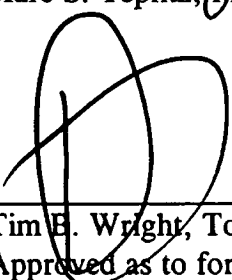


Marc S. Tepitz, Mayor

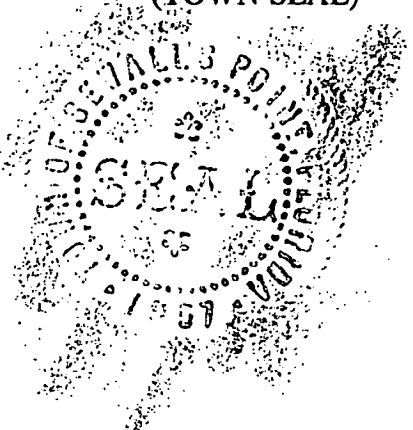
ATTEST:



Joan H. Barrow, Town Clerk
(TOWN SEAL)



Tim E. Wright, Town Attorney
Approved as to form and
legal sufficiency

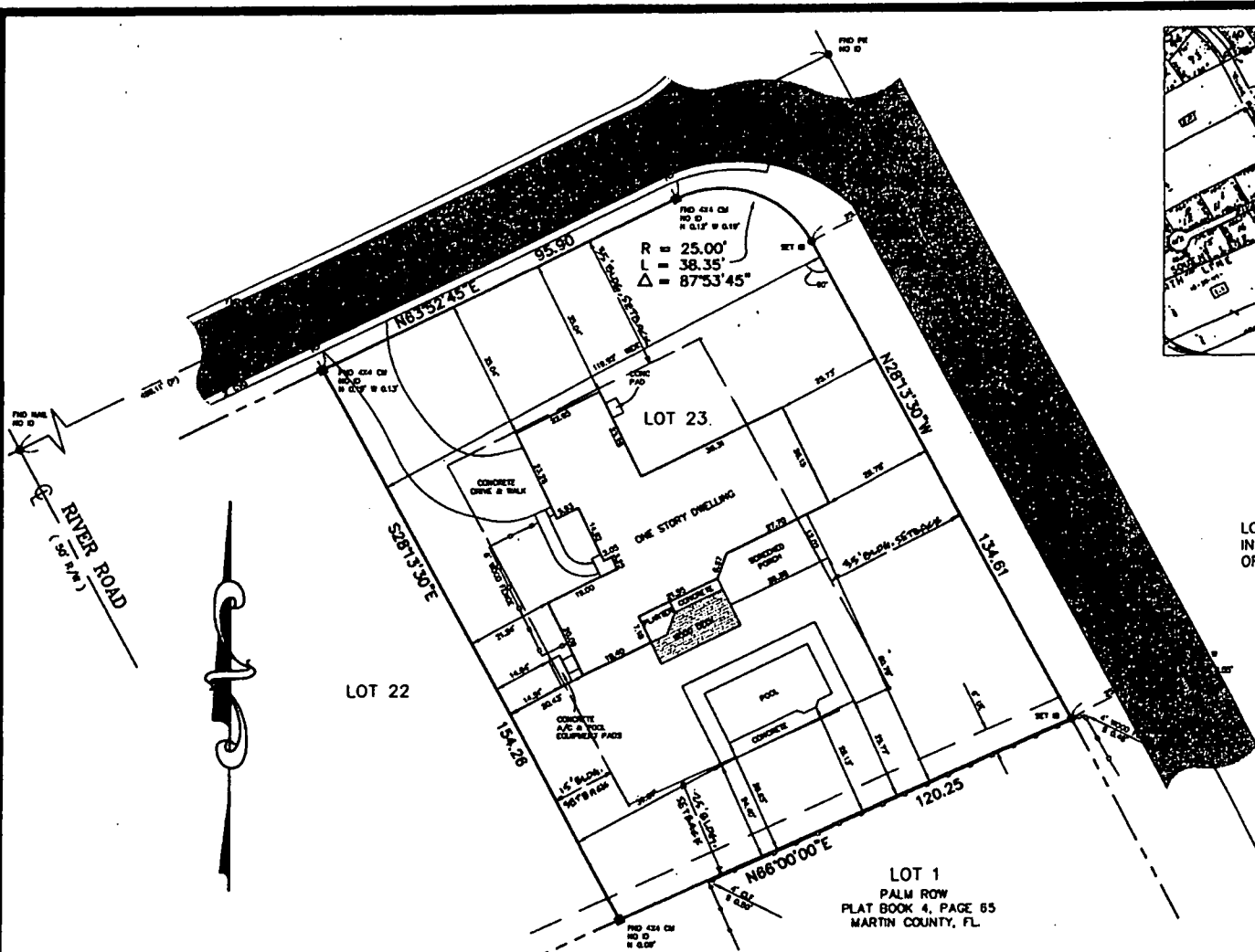




LOCATION MAP

LEGAL DESCRIPTION

LOT 23, RIVERVIEW SUBDIVISION, AS RECORDED IN PLAT BOOK 6, PAGE 86, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.



LOT 1
PALM ROW
PLAT BOOK 4, PAGE 65
MARTIN COUNTY, FL.

Legend table with columns for symbols and their corresponding descriptions, including items like AC, APC, ALIM, and various surveying terms.

- 1. PROPERTY ADDRESS: 1 RIVERVIEW DRIVE
2. CERTIFIED TO: SCOTT K. & TERRI L. ZECHIEL, CHASE MANHATTAN MORTGAGE CORPORATION, ITS SUCCESSORS AND/OR ASSIGNS, JOSEPH D. GROSSO, JR., P.A., ATTORNEYS' TITLE INSURANCE FUND, INC.

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER

STEPHEN J. BROWN INC.

STEPHEN J. BROWN, PROFESSIONAL SURVEYOR AND MAPPER, REGISTRATION NO. 4048, STATE OF FLORIDA

NOTES:

- 1. Survey of description as furnished by Client.
2. Lands shown hereon were not abstracted for easements and/or rights-of-way of record.
3. All bearings are referenced to the centerline of Riverview Drive, platted as N63°52'45" E, all others relative thereto.
4. Elevations shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on bench mark.
5. There are no above ground encroachments, unless otherwise shown.
6. The National Flood Insurance Program designation as indicated on the F.E.M.A. Map No. 22085-0154, dated 10/04/2002, locates the parcel in Zone VE, base flood elevation 10 feet; subject to any scaling and interpolation factors associated with mapping of this accuracy.
7. Underground foundations & utilities not located unless shown.

Date of field survey: 09/04/2003

REVISIONS table with columns for revision number and description.

BOUNDARY SURVEY PREPARED FOR: ZECHIEL, STEPHEN J. BROWN, INC., LICENSED BUSINESS NUMBER: 6484, SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS, 619 EAST 5TH STREET, STUART, FLORIDA 34994

Table with fields for DRAWN (S.J.B.), CHECKED (S.J.B.), DATE (09/08/2003), SCALE (1" = 20'), JOB NO. (2932-59-01), SHEET (ONE), and TOTAL SHEETS (OF ONE).

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

MARC S. TEPLITZ
Mayor

JAMES D. BERCAW
Vice Mayor

E. DANIEL MORRIS
Commissioner

THOMAS P. BAUSCH
Commissioner

RICHARD L. BARON
Commissioner



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

To: Mayor and Commissioners

Fm: 
Gene Simmons
Building Official

Ref: Request for Administrative Variance by Scott & Terri Zechiel

Date: October 14, 2003

Attached for your review and approval is an application for an administrative variance requested by Scott & Terri Zechiel residing at 1 Riverview Drive.

The encroachments, which need to be addressed, are as follows:

1. NE Corner Residence – existing front setback of 25.73 feet - required 35 feet front setback - encroachment of 9.27 feet exists.
2. SE Corner Residence – existing front setback of 26.78 feet – required 35 feet front setback – encroachment of 8.22 feet exists.
3. SW Corner Pool Deck – existing rear setback of 24.40 feet – required 25 feet rear setback – encroachment of 0.6 feet exists.
4. NW Corner A/C & Pool Equipment Pad – existing side setback of 14.64 feet – required 15 feet side setback – encroachment of 0.36 feet.
5. SW Corner of A/C & Pool Equipment Pad – existing side setback of 14.51 feet – required 15 feet side setback – encroachment of 0.49 feet.

Per Administrative Ordinance No. 292 dated November 19, 2002 the applicant has met the following requirements as outline in the ordinance:

1. The setback violation(s) for the encroachment(s) shown on the survey was/were a good faith error(s) and was/were not intentional.
2. I have inspected the files for 1 Riverview Drive and have determined that the residence for which this variance is requested was permitted under one permit number 878 dated September 29, 1978. The pool was permitted under one permit number 5100 dated October 6, 2000.
3. I have received surveys (24" X 36" and one 8 ½" X 11" for recording) containing all pertinent information.
4. Letters of No Objection or proof of service filed at least 15 days prior to the town meeting.
5. The encroachments are less than 30% of the setback requirements.

If any other information is requested please do not hesitate to contact me at 287-2455.



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

TOWN OF SEWALL'S POINT ADMINISTRATIVE VARIANCE APPLICATION

1. Owner of Property: Scott K. Zechiel and Terri L. Zechiel
2. Address of Property: 1 Riverview Drive, Stuart, Florida 34996
3. Address of Applicant: 1 Riverview Drive, Stuart, Florida 34996
4. Phone Number of Applicant: 285-4809
5. Length and location (front, rear, & side) of encroachment (if more than one, please list separately):

SEE ATTACHED EXHIBIT "A"

6. The following items must accompany this application:
 - A. \$400.00 Filing Fee (non-refundable).
 - B. Certificate of Ownership (copy of warranty deed or tax receipt).
 - C. A list certifying the name and address of all adjacent property owners as shown in the Official Records of the Martin County Tax Collector's Office.
 - D. A building permit or building permit application with the building permit number indicated on it.
 - E. Original permit drawings, plans or surveys.
 - F. Current surveys (six each) 24" X 36" and one (1) 8 1/2" X 11".

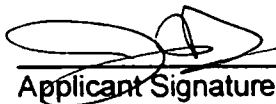
Surveys must be:

 - (1). Prepared by a licensed surveyor registered in Florida in accordance with the minimum technical standards established by the Florida Board of Professional Surveyors and Mappers.
 - (2). Contain the address of the property, including street name and number, and show the proximity of all boundary streets.
 - (3). Show the location of all buildings, structures, and above-ground encroachments and improvements.
 - (4). Show all setback requirements under the Town of Sewall's Point Code of Ordinances.
 - (5). Show location and identification of all encroachments into setbacks under this code, including the type of improvement comprising the encroachments and specifically identifying any encroachment that is the subject of the application.
 - (6). Contain a certification to the Town of Sewall's Point.
 - (7). Contain any other information the Town Commission may require to show whether the setback encroachment is entitled to an administrative variance.
 - G. Letters of No Objection from all adjacent property owners or proof that a copy of the administrative variance application has been sent to all adjacent property owners by certified mail with a written notice informing

them that any objections to the requested administrative variance must be filed with the Town Clerk within fifteen days of the date that the notice was mailed.

7. The Town Commission may grant the variance if the Town Commission finds that:
- A. The encroachment is less than or equal to thirty (30) percent of the setback requirement in effect on the date that the encroachment was created.
 - B. Either letters of no objection have been filed by the applicant for all adjacent property owners, or 15 days have [passed since the mailing to adjacent neighbors informing them of their right to file an objection with the town clerk, and no letter of objections to the administrative variance application have been filed.
 - C. The structure(s) for which a variance is sought was constructed under a valid permit. This requirement does not apply to variances with encroachments of less than twenty (20) inches.
 - D. The setback violation was a good faith error and was not intentional.

I hereby certify that all of the information above and the application materials I have provided are true and correct.

 FOR SCOTT & TERRI ZECHIE /
Applicant Signature

Dated this 25 of Sept 2003

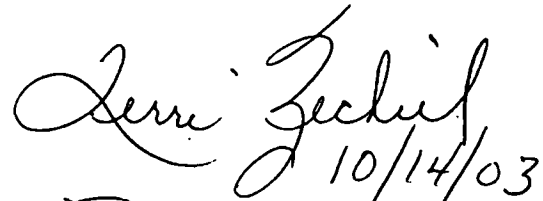
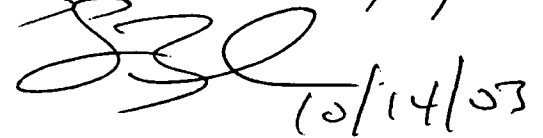
 10/14/03
 10/14/03

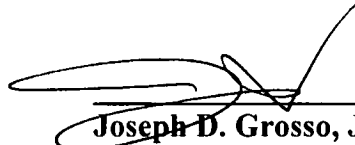
EXHIBIT "A"

1. Dwelling 25.73' from east property boundary (Sewall's Point Road);
2. Pool deck 24.40' from rear property boundary;
3. Concrete a/c and pool equipment pads 14.51' from west property boundary.

CERTIFICATION

The undersigned hereby certifies that a search of the Public Records of Martin County, Florida indicates the following parties as owners of the property adjacent to Lot 23, Riverview Subdivision, 1 Riverview Drive, Stuart, Florida 34996:

1. Mr. William Stoddard
715 SE Mac Arthur Blvd.
Stuart, Florida 34996
Vacant Lot, Lot 22, Riverview Subdivision
2. Mr. William J. Thiel
4 Palm Road
Stuart, Florida 34996
3. Mr. and Mrs. Gregory Moran
2 Palm Road
Stuart, Florida 34996



Joseph D. Grosso, Jr.
Attorney for Scott and Terri Zechiel

Dated: September 25, 2003

LETTER OF NO OBJECTION

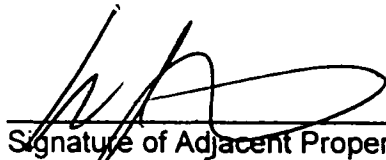
The Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, FL 34996

Ref: Application for Administrative Variance Pursuant to Appendix B – Zoning Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Scott & Terri Zechiel

Dear Town of Sewall's Point:

I have received the Administrative Variance Application filed by Scott & Terri Zechiel with the Town of Sewall's Point. I am an adjacent property owner to the property, which is the subject of the Administrative Variance, and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,



Signature of Adjacent Property Owner

10-2003

Date

WILLIAM J. STANDARD

Printed Name of Adjacent Property Owner

VACANT LOT WEST OF SUBJECT PROPERTY

Address of Adjacent Property Owner

LETTER OF NO OBJECTION

The Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Fl 34996

Ref: Application for Administrative Variance Pursuant to Appendix B – Zoning Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Scott & Terri Zechiel

Dear Town of Sewall's Point:

I have received the Administrative Variance Application filed by Scott & Terri Zechiel with the Town of Sewall's Point. I am an adjacent property owner to the property, which is the subject of the Administrative Variance, and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,



Signature of Adjacent Property Owner

GREGORY D. MORAN
Printed Name of Adjacent Property Owner

2 PALM ROAD
Address of Adjacent Property Owner

9-28-03
Date

LETTER OF NO OBJECTION

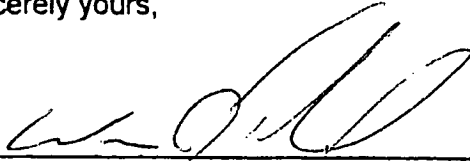
The Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Fl 34996

Ref: Application for Administrative Variance Pursuant to Appendix B – Zoning Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Scott & Terri Zechiel

Dear Town of Sewall's Point:

I have received the Administrative Variance Application filed by Scott & Terri Zechiel with the Town of Sewall's Point. I am an adjacent property owner to the property, which is the subject of the Administrative Variance, and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,



Signature of Adjacent Property Owner

9-27-03

Date

WILLIAM J. THIEL

Printed Name of Adjacent Property Owner

4 Palm Rd Sewalls Pt.

Address of Adjacent Property Owner

**The Law Office of
JOSEPH D. GROSSO, JR., P.A.
Attorney at Law**

Tel: (772) 220-3496

789 South Federal Highway
Suite 310
Stuart, Florida 34994

Fax: (772) 220-2744

September 26, 2003

Via Certified/US Mail

Mr. William Stoddard
713 SE Mac Arthur Blvd.
Stuart, Florida 34996

Re: Lot 23, Riverview Subdivision, 1 Riverview Drive

Dear Mr. Stoddard:

In our letter of September 24, 2003, we inadvertently omitted to advise you that any objections to the requested administrative variance must be filed with the Town Clerk of Sewall's Point within fifteen (15) days of the date that the notice was mailed.

Sincerely,



Joseph D. Grosso, Jr.

JDG/dla

Enclosure

cc: Scott and Terri Zechiel

Larry Crary, Esq.

The Law Office of
JOSEPH D. GROSSO, JR., P.A.
Attorney at Law

Tel: (772) 220-3496

789 South Federal Highway
Suite 310
Stuart, Florida 34994

Fax: (772) 220-2744

September 26, 2003

Via Certified/US Mail

Mr. and Mrs. Gregory Moran
2 Palm Road
Stuart, Florida 34996

Re: Lot 23, Riverview Subdivision, 1 Riverview Drive

Dear Mr. and Mrs. Moran:

In our letter of September 24, 2003, we inadvertently omitted to advise you that any objections to the requested administrative variance must be filed with the Town Clerk of Sewall's Point within fifteen (15) days of the date that the notice was mailed.

Sincerely,



Joseph D. Grosso, Jr.

JDG/dla

Enclosure

cc: Scott and Terri Zechiel

**The Law Office of
JOSEPH D. GROSSO, JR., P.A.
Attorney at Law**

Tel: (772) 220-3496

789 South Federal Highway
Suite 310
Stuart, Florida 34994

Fax: (772) 220-2744

September 24, 2003

Via Certified/US Mail

Mr. William J. Thiel
4 Palm Road
Stuart, Florida 34996

Re: Lot 23, Riverview Subdivision, 1 Riverview Drive

Dear Mr. Thiel:

In our letter of September 24, 2003, we inadvertently omitted to advise you that any objections to the requested administrative variance must be filed with the Town Clerk of Sewall's Point within fifteen (15) days of .

Sincerely,

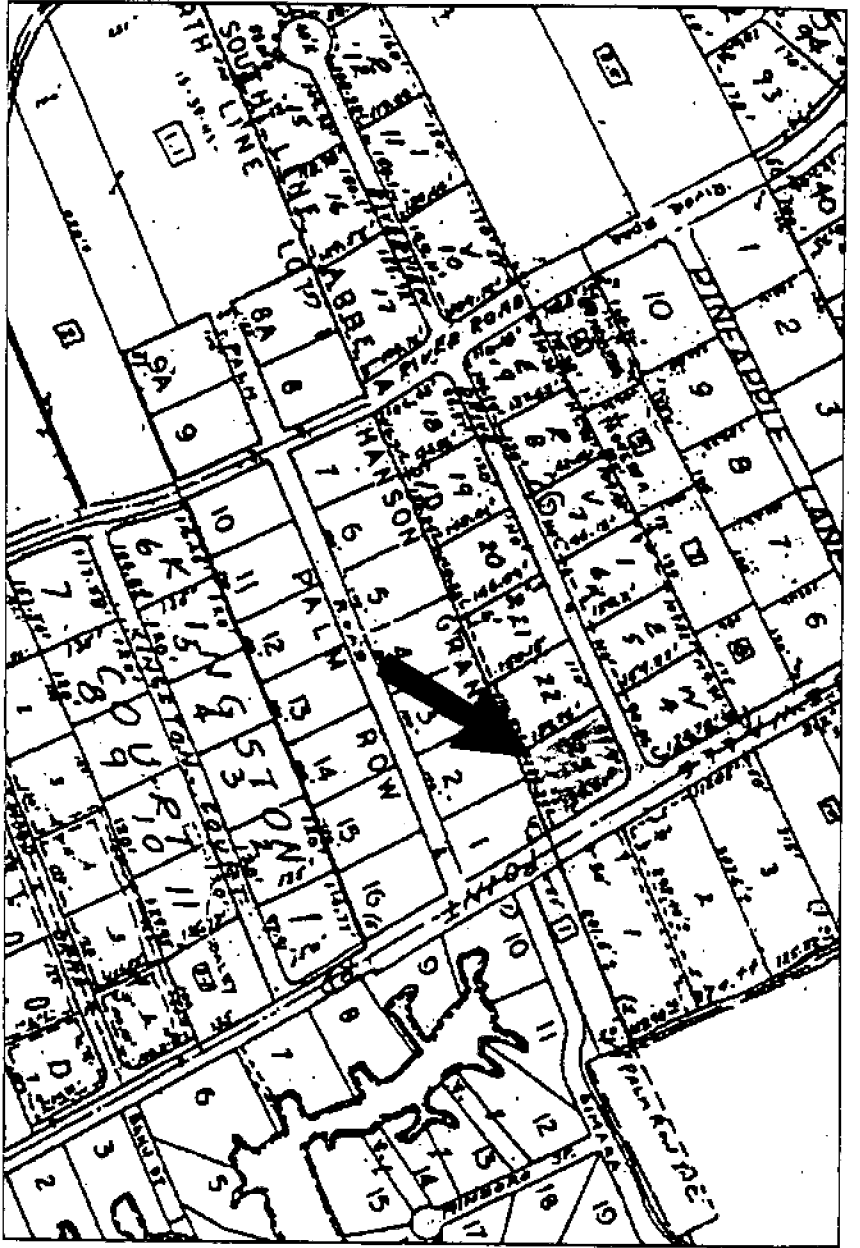


Joseph D. Grosso, Jr.

JDG/dla
Enclosure
cc: Scott and Terri Zechiel

WALL'S POINT ROAD
(50: R/W)

74.61



LOCATION MAP

LEGAL DESCRIPTION

LOT 23, RIVERVIEW SUBDIVISION, AS RECORDED
IN PLAT BOOK 6, PAGE 86, PUBLIC RECORDS
OF MARTIN COUNTY, FLORIDA.

REVISIONS

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**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Scott Zechiel Address # 1 Riverview Phone 285-4809

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 2 Type: Scrub Pine / Please confirm

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE 1 WITHIN 30 DAYS Type: (If Necessary)

Written statement giving reasons: 1 Tree is in DRAINED in front of house (1 Tree is in Back of house)

Signature of Applicant [Signature] Date 1-30-04

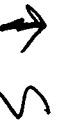
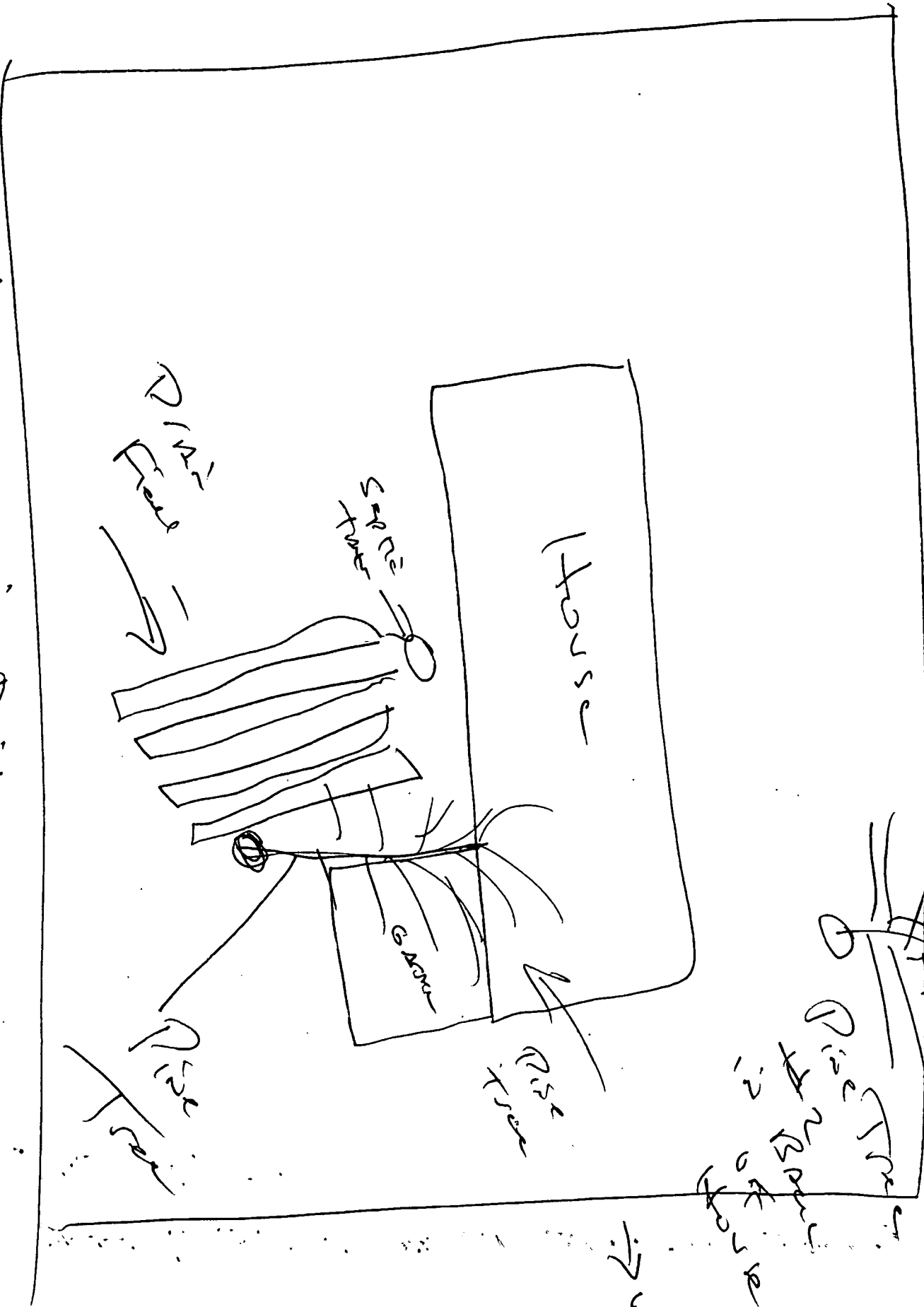
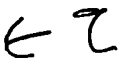
Approved by Building Inspector: [Signature] Date 1/30/04 Fee: \$15

Plans approved as submitted _____ Plans approved as revised/marked: REPLACE SLASH PINE IN REAR OF HOUSE w/ PALM

S. Sewer Point



Provision Drive



Disc Tree
2000
in 50 ft
to



TOWN OF SEWALL'S POINT, FLORIDA

Date JANUARY 30 ~~14~~ 2004 TREE REMOVAL PERMIT No 2193

APPLIED FOR BY ZECHIEL (Contractor or Owner)

Owner 1 RIVERVIEW

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 SLASH PINE

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

No. Of Trees: REPLACE 1 WITHIN 30 DAYS — REAR ONLY W/ PALM

REMARKS _____

_____ FEE \$ 15.00

Signed, [Signature]
Applicant

Signed, [Signature]
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. — NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION _____

[Lined area for project description]

REMARKS _____

[Lined area for remarks]

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/30, 2004 Page 2 of 2

13
-
8
4
-
5

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
|--------|--------------------------------------|------------------|---------|-------------------------------|
| 6077 | FOSTER | RET. WALLCAP | FAIL | |
| | 128 S. SEWALLS Pt. RALPH PARKS | | | INSPECTOR: <i>[Signature]</i> |
| 6355 | PARADISE | INSULATION | PASS | |
| | 11 MCDELAND DR. | | | INSPECTOR: <i>[Signature]</i> |
| 6576 | GREEN. | LG TANIL | FAIL | |
| | 26 ISLAND RD. PROPANE DISCOUNTERS | WRES. | | INSPECTOR: <i>[Signature]</i> |
| | DECATIL | WRES. | PASS | |
| | 1 RIVERVIEW | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
| | | | | INSPECTOR: |

OTHER:

GLAMOUR

| |
|-------------|
| RECEIVED |
| OCT 23 2000 |
| BY: |

Sewalls Point Town Hall
Building Department

October 20, 2000

Mr. Ed Arnold,

TREE # 1 PERM. ONLY

This letter is to confirm
the replacement of one 17"
pine tree with the following:

AMEND PERMIT

- | | |
|----------------------|------------------------------------|
| 1 - 14.5" Royal Palm | } Total 24 Caliper inches |
| 1 - 5" Royal Palm | |
| 1 - 4.5" Royal Palm | |

measured at 4'. See Attached for positions.

These trees have been purchased from Green Please nursery. Thank you.

Gynn Mackenzie
One Riverview Dr.

ADON'DIA PACUM

ALSKAUDEL

ROYAL PACUM

SEA ALMONCO / SEA PLUM

SIA SIA PUS

MAN GO

JALANANOT

PROHIS TONUM

WASOTUM

TONAUS

WADON

WADON

WADON

~~Handwritten scribbled text~~

MATHEWSON

MATHEWSON

2''

MATHEWSON

PARABENT

10/13/00
\$45.00 CE
PFD TO OWNER

TOWN OF SEWALL'S POINT

RECEIVED
OCT 12 2000
BY: [Signature]
Permit # [Blank]

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

10/13/00 RECD INSP
ADMIN SUBMITAL 10/23/00 OK

HOLD

0574
10/24/00

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

Owner: John Mackenzie Address: [Redacted] Phone: 26(220-2905

Contractor: John Owens Address: 841 E 14th Phone: 286-406

Number of trees to be removed (list kinds of trees): 3 Long Needle Pine
3 Big Pine Trees 9 TREES Palms & Magnolias

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

Number of trees to be replaced (list kinds of trees): ONE TREE

Palms & Magnolias

Permit Fee \$ [Redacted] (\$25.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00) \$15.00

APPL. DENIED PENDING SUBMITAL OF REPLACEMENT PLAN.
(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.) 10/17/00

Plans approved as submitted Plans approved, as marked

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

Signature of applicant: John Mackenzie Date submitted: 10/12/2000

Approved by Building Inspector: [Signature] Date: 10/23/00

Approved by Building Commissioner: [Signature] Date: [Blank]

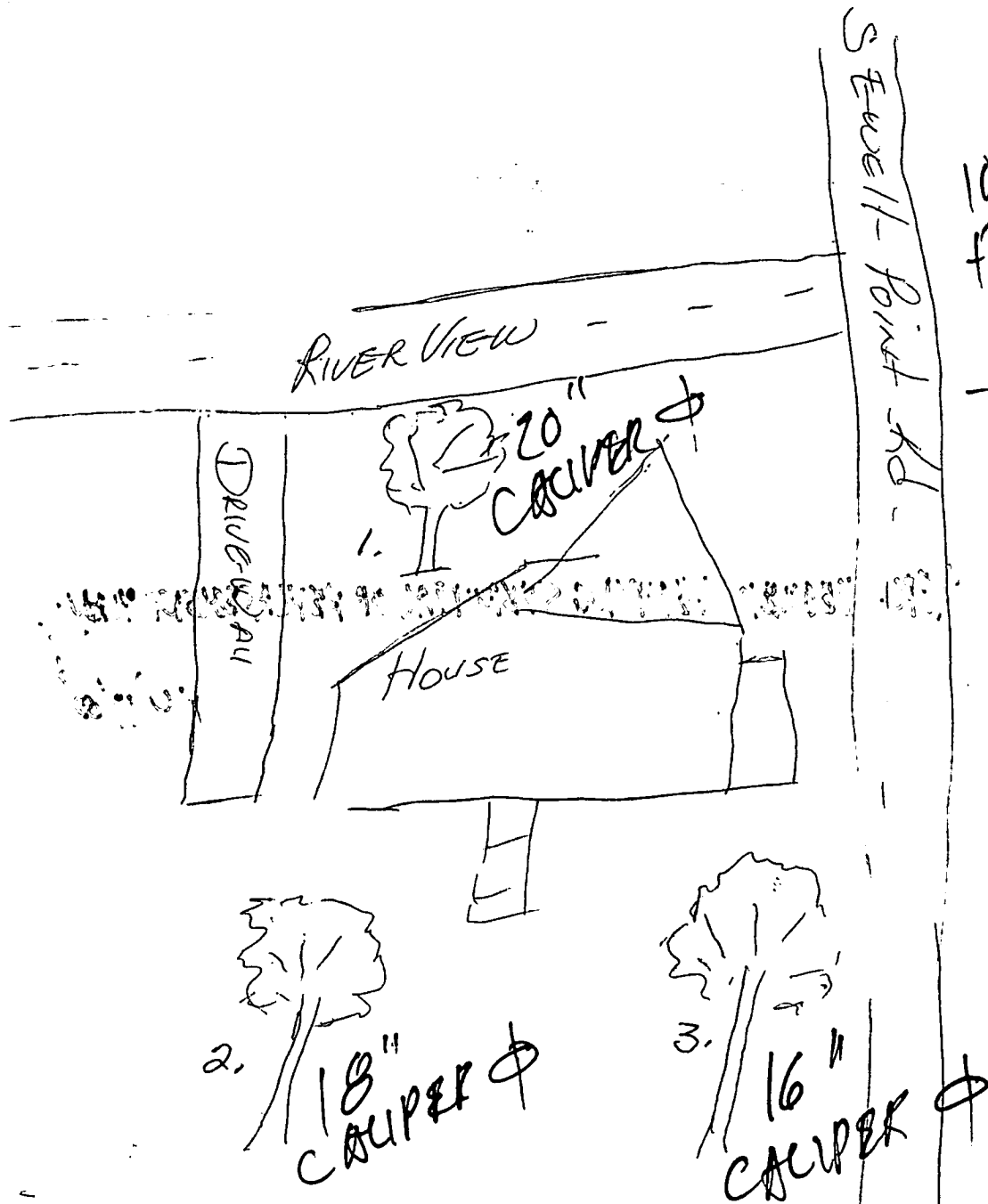
Completed: 10/30/2000 Date Checked by: [Signature]

FEE \$15.00

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

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

I HAS SPRAY PAINT ON EACH PINE TREE
1 IN THE FRONT 2 IN THE BACK



10/13/08
FIELD INST.
APPL. DENIED
- RE&LIVE
REPLACEMENT
PLANTING PROTECTION
PRIOR TO ISSUANCE
S
A

Put in a pool
Thank You

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ 10/13, 2000; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
|-------------|-----------------------------|-----------------------|-------------------|---|
| ✓ S 4843 | Tidikis | final | PASSED | 10:00 AM |
| ④ | 6 Kingston DS Gen. Cont. | (REINSPECTION) | ✗ | # SURVEY/DOCS. REQ FOR C.O. - G.C. ADVISED |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| ✓ S | MAC KENZIE | SITE VISIT | PASSED | TREES IN SITE AREA |
| | | (REINSPECTION) | ✗ | POOL PERMIT # 5100 |
| ⑥ | JOHN OWENS | (REINSPECTION) | ✗ | (LOODED - 10/6/00) NO |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | REMARKS |
| | | | | |
| | | | | |

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 10/24/00 19__ TREE REMOVAL PERMIT No 0374

APPLIED FOR BY JOHN MACKENZIE (Contractor or Owner)

Owner 1 RIVERVIEW DR (CONTR: JOHN OWENS; 891 E. HAZEL STON)

Sub-division _____, Lot _____, Block _____

Kind of Trees LONG NEEDLE PINE (TREE #1 PER ATTACHED PLAN)

No. Of Trees: REMOVE 1 * ROYAL PALMS
TOTAL 24" CALIPER DIA.

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE 3* WITHIN 30 DAYS

REMARKS SUPPLEMENTAL REMOVAL/REPLACEMENT (PER APPL) TO BE
AUTHORIZED UPON SUBMITTAL OF REPLACEMENT PROGRAM FEE \$ 15.00

Signed, (SIGNATURE ON FILE)
Applicant

Signed, [Signature]
Town Clerk ALICE COVIELL

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty lined box for notes or additional information]

PROJECT DESCRIPTION _____

[Empty lines for project description]

REMARKS _____

[Empty lines for remarks]

TOWN OF SEWALL'S POINT, FLORIDA

Date 10-17-06 TREE REMOVAL PERMIT No 389

APPLIED FOR BY Zachiel (Contractor or Owner)

Owner Riverview Dr

Sub-division _____, Lot _____, Block _____

Kind of Trees Queen Palm

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Dead tree

FEE \$ 0

Signed, _____ Applicant Signed Phil Waterman
Blady Inspector

Call 287-2455 - 8:00 A.M.-12:00 Noon for inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box with horizontal lines, likely for a site plan or drawing.

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Scott & Terri Zeckiel Address 1 Riverview Dr Phone 485-8853

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE Type: Queen Palm

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

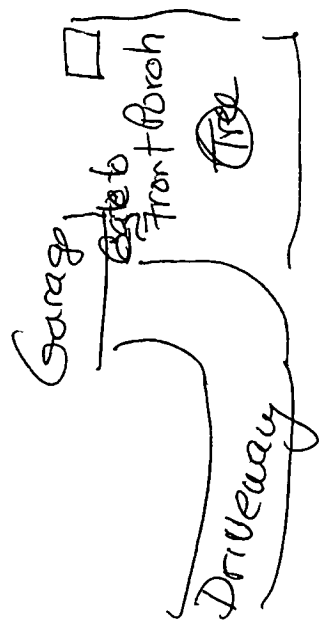
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Queen Palm Tree Dead

Signature of Property Owner Terri Zeckiel Date 10/13/06

Approved by Building Inspector: [Signature] Date 10/16 Fee: ✓-0-

Plans approved as submitted _____ Plans approved as revised/marked: _____



TOWN OF SEWALL'S POINT, FLORIDA

Date 1-12-07 TREE REMOVAL PERMIT No 0565

APPLIED FOR BY Zeckiel (Contractor or Owner)

Owner Interview Dr

Sub-division _____, Lot _____, Block _____

Kind of Trees Queen Palm

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS cleaning FEE \$ 0

Signed, _____ Applicant Signed, Phil Wintercorn Town Clerk
Bldg Inspector

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

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Application procedures:

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 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
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3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner TERRI ZECHNER Address 1 RIVERVIEW DR Phone 220-8005

Contractor TROPICAL PALMS Address PO BOX 2104 Phone [REDACTED]

No. of Trees: REMOVE 1 Type: QUEEKY PALM

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

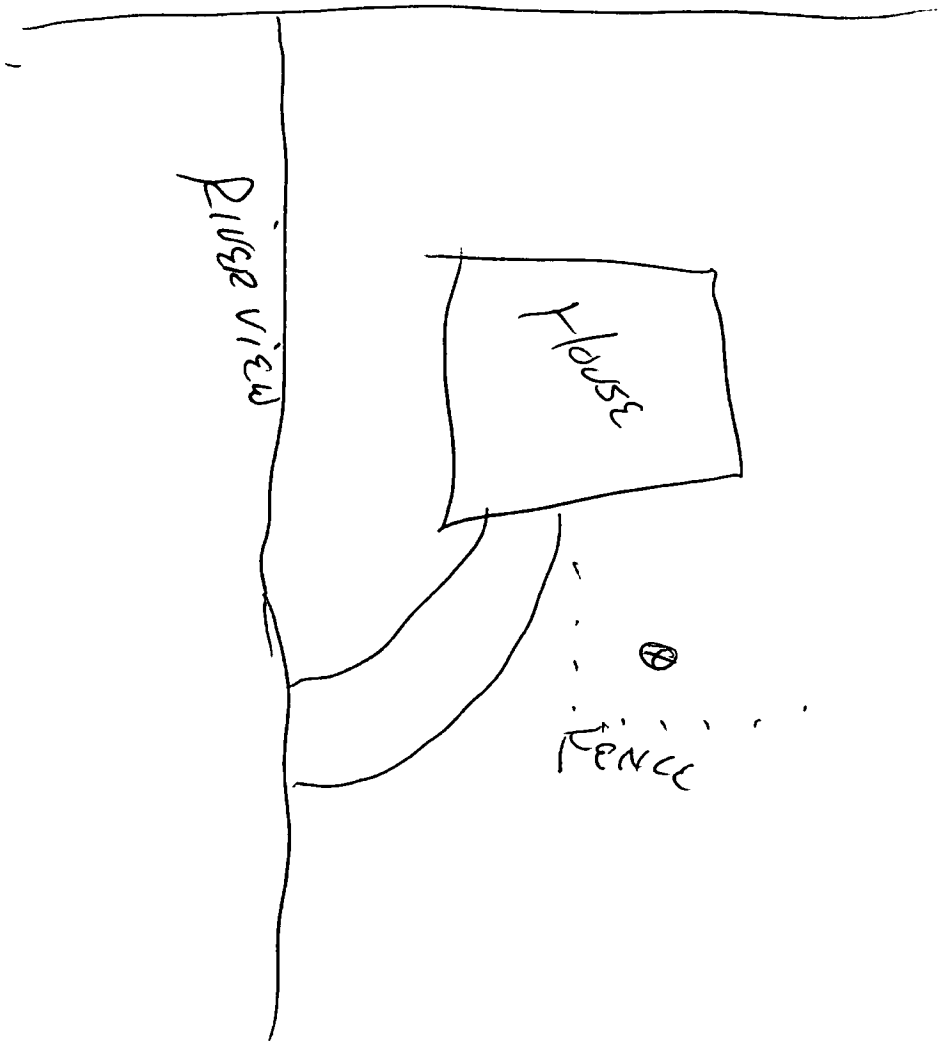
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: LEANING TOWARDS HOUSE - HAS BEEN STAKED TWICE

Signature of Property Owner [Signature] Date 1-11-07

Approved by Building Inspector: [Signature] Date 1/12 Fee: 0

Plans approved as submitted [check] Plans approved as revised/marked: _____



TOWN OF SEWALL'S POINT, FLORIDA

Date 1-24-07 19 07 TREE REMOVAL PERMIT N^o 0570

APPLIED FOR BY Zechiel (Contractor or Owner)

Owner ~~Seawall Dr~~

Sub-division Tropical Palms, Block _____

Kind of Trees Queen

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

FEE \$ 0
Signed, Phil Wintercorn
Bldg Inspector ~~Town Clerk~~

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

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Application procedures:

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2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Scott Zechiel Address #1 Riverview Dr Phone 285-4309
 Contractor Tropical Palms Address PO Box 2104 Phone 281-2979

No. of Trees: REMOVE Type: Queen Palm

No. of Trees: RELOCATE WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE WITHIN 30 DAYS Type: _____

Written statement giving reasons: WIND-WHIPPED BY HURRICANE - Tree is Dam

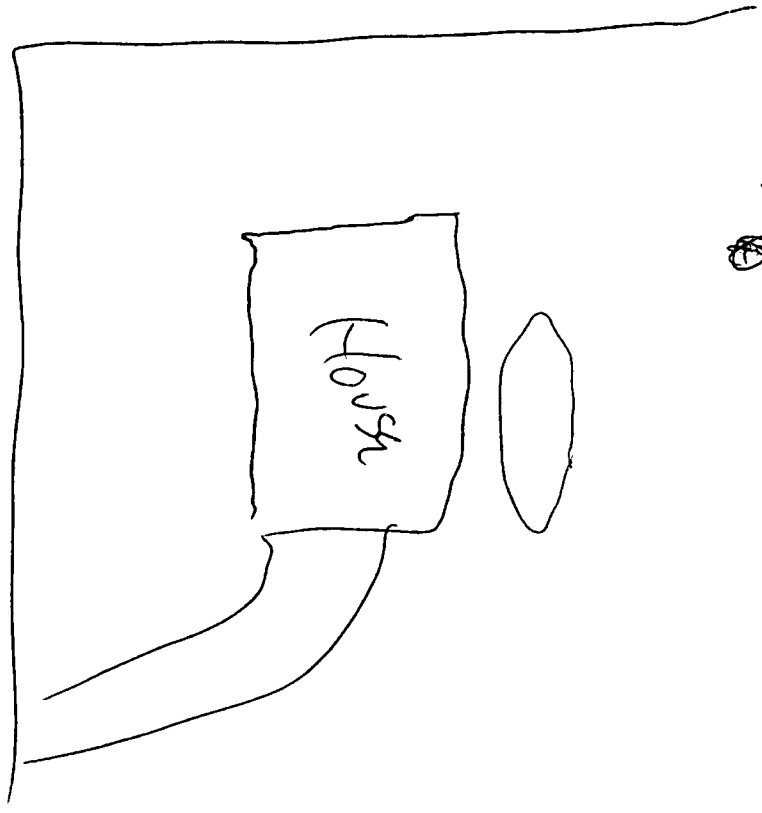
Signature of Property Owner [Signature] Date 1-20-07

Approved by Building Inspector: [Signature] Date 1/24 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

Please Call Contractor when Ready

RIVER VIEW



DEAD PALM



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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Scott Zechiel Address [REDACTED] Phone 285-4809

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1(2) Type: Areca Palm

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Reason for tree removal/relocation DAMAGING ROOF AREA

Signature of Property Owner [Signature] Date 10/19/07

Approved by Building Inspector: [Signature] Date 10/18 Fee: 0

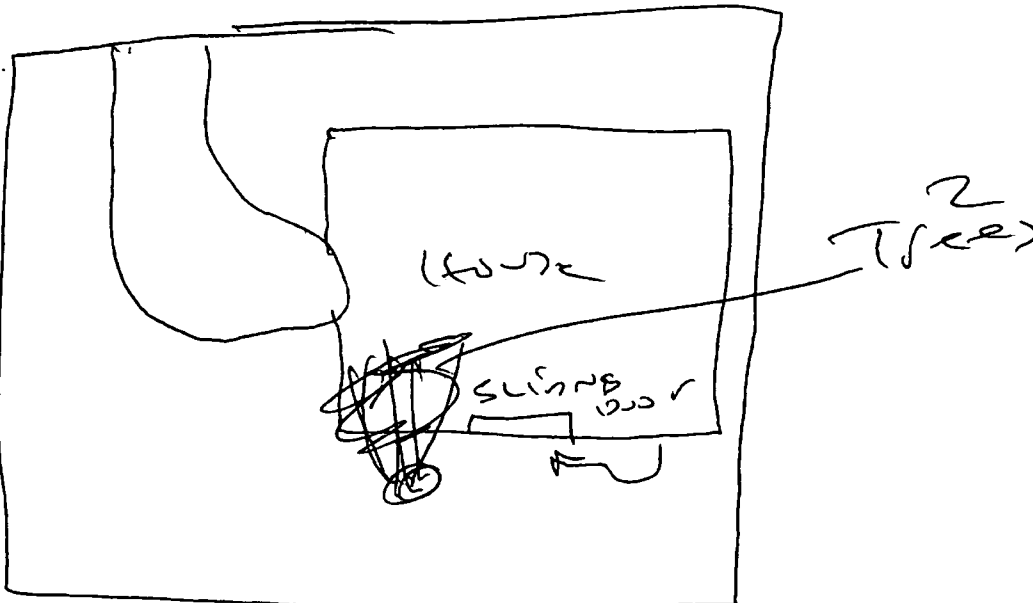
NOTES: _____

SKETCH:

~~Back~~ BACKYARD

Next to SLIDING GLASS DOOR SURROUND

By (KGLC)





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

Picked up

file

TREE MOVING, RELOCATION, REPLACEMENT PERMIT

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

Owner Scott Zechiel Address [REDACTED] Phone 285-4809

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 2 Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

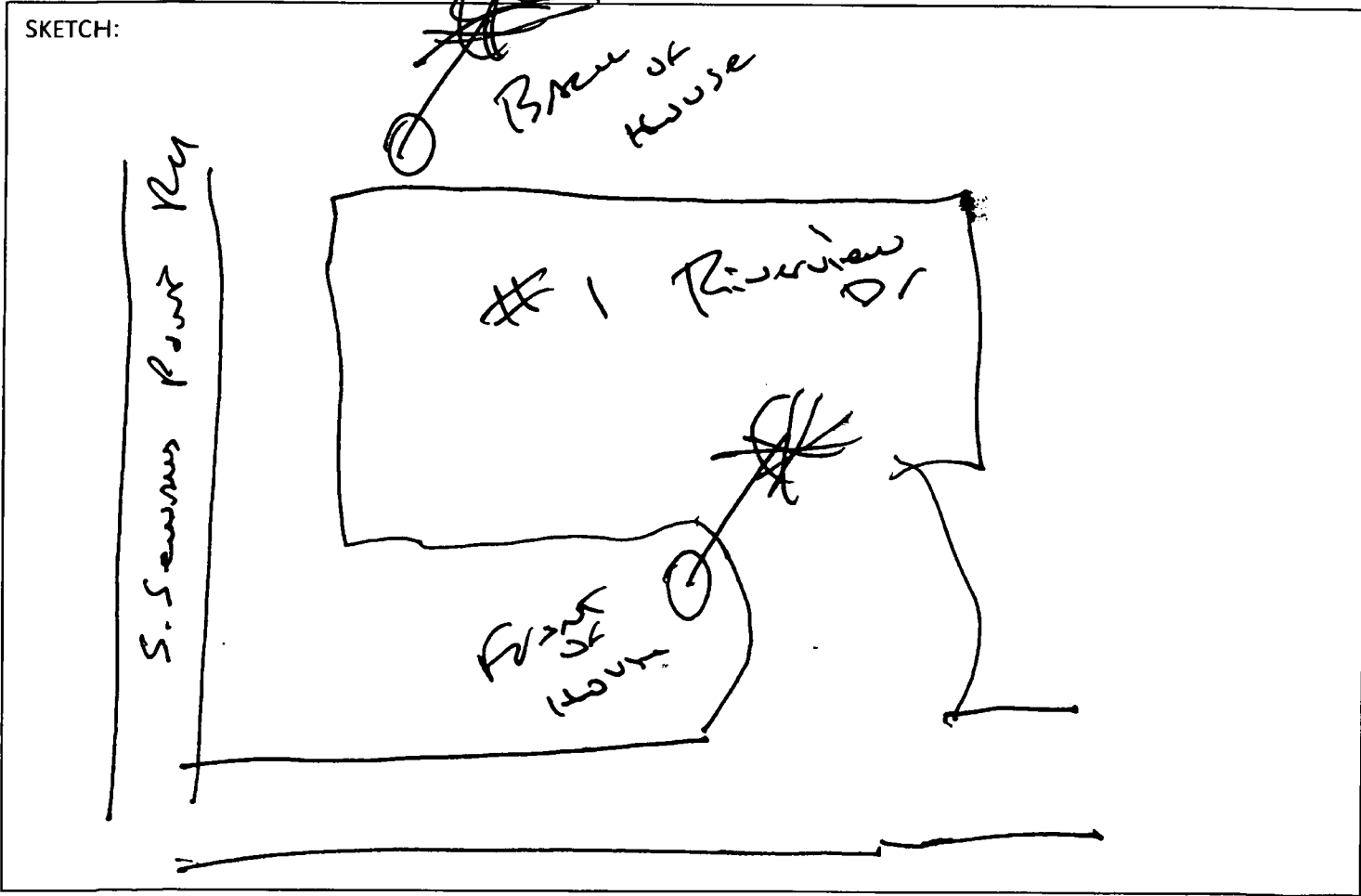
Reason for tree removal/relocation (See notice above) Frozen

Signature of Property Owner [Signature] Date 4-9-10

Approved by Building Inspector: [Signature] Date 4-9-10 Fee: N/C

NOTES: _____

SKETCH:





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

*Spoke
 10/26/11
 OK*

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Scott Zechiel Address [REDACTED] Phone 235-4809

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Queen Palm

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

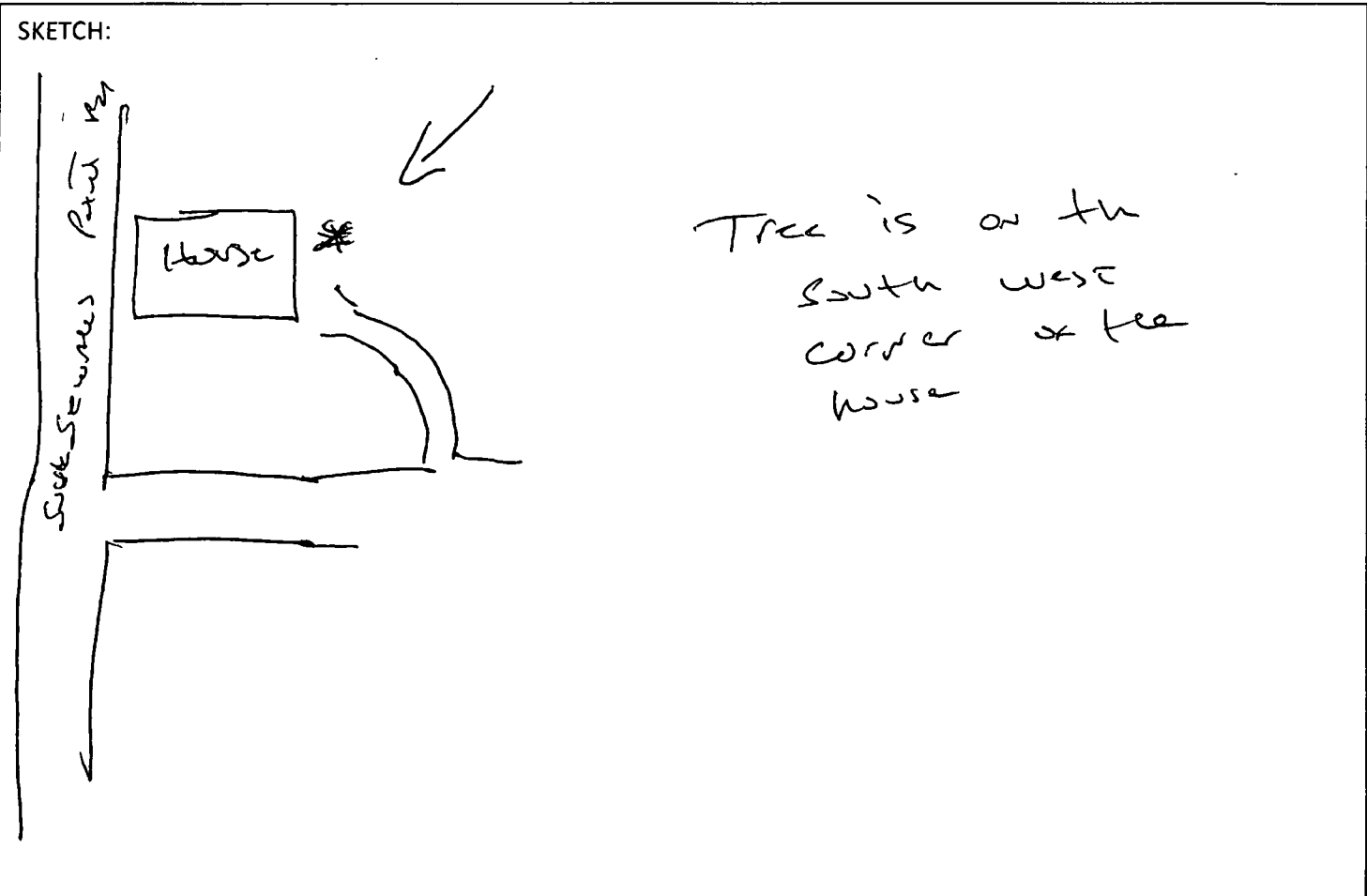
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) Died

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector: [Signature] Date 10-21-11 Fee: N/A

NOTES: _____





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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Scott Zechiel Address # River View Drive Phone 285-4809

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1(2) Type: Areca Palm

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Reason for tree removal/relocation DAMAGING ROOF AREA

Signature of Property Owner [Signature] Date 10/18/07

Approved by Building Inspector: [Signature] Date 10/18 Fee: 0

NOTES: _____

