

# 4 Riverview Drive

**3908**

**SFR**

# TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER \_\_\_\_\_

PERMIT NUMBER 3908

DATE ISSUED 12/20/95

OWNER Mr Vincenzo  
 ADDRESS \_\_\_\_\_  
 CITY/ST/ZIP SP  
 TELEPHONE \_\_\_\_\_

CONTRACTOR OR  
 OWNER/BLDR. ARK Homes  
 ADDRESS 1046 NE Jensen Beach  
 CITY/ST/ZIP JB  
 TELEPHONE 334-8379

FLOOD ZONE C"  
 TO BE CONSTRUCTED New house  
 SITE ADDRESS 4 River View  
 SUBDIVISION River View  
 CONSTRUCTION VALUE 222,800

ONE PER BLDG. PERMIT. MAX. THREE  
 SIGNS PER JOB. MAX. SIZE TWO  
 SQUARE FEET. BLACK & WHITE.

BLDG. PERMIT GOOD FOR ONE YEAR.  
 AT EXPIRATION A NEW PERMIT FEE MUST  
 BE PAID.

REMODELING/NEW CONSTRUCTION NOV  
 IMPACT 1508 24  
 RADON 44.00  
 SEPTIC \_\_\_\_\_  
 WELL \_\_\_\_\_  
 FENCE \_\_\_\_\_  
 POOL \_\_\_\_\_  
 DOCK \_\_\_\_\_

**FEES**

PLUMBING 100.00  
 ELECTRICAL 100.00  
 MECH./A.C. 100.00  
 ROOF 700.00  
 WALL \_\_\_\_\_  
 POOL ENCLOSURE \_\_\_\_\_  
 OWNER/BUILDER \_\_\_\_\_  
 TOTAL 3,736.80  
 PAID BY CHECK #8285

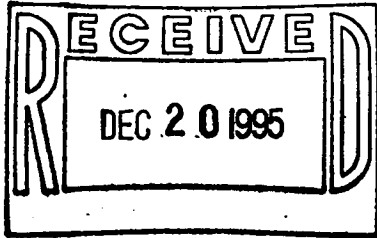
**BUILDING INSPECTION**  
(SIGN OFF)

(FOR OFFICIAL USE ONLY)

FORM BOARD SURVEY _____	DATE _____	NAILING _____	DATE _____
ROUGH PLUMBING <u>OK</u>	DATE <u>1/8/96 DB</u>	ROOF <u>Trail OK</u>	DATE <u>1/6/96 DB</u>
TERMITE PROTECTION <u>OK</u>	DATE <u>1/9/96 DB</u>	INSULATION <u>OK</u>	DATE <u>4/4/96 DB</u>
FOOTING-SLAB <u>OK</u>	DATE <u>1/9/96 DB</u>	FINAL ELECTRIC <u>OK</u>	DATE <u>5/20/96 DB</u>
LINTEL <u>N/A</u>	DATE _____	FINAL PLUMBING _____	DATE _____
ROUGH ELECTRIC <u>OK</u>	DATE <u>3/15/96 DB</u>	SEPTIC FINAL _____	DATE _____
FRAMING <u>OK</u>	DATE <u>3/15/96 DB</u>	DRIVEWAY <u>OK</u>	DATE <u>5-21-96 DB</u>
A/C DUCTS <u>OK</u>	DATE <u>3/15/96 DB</u>	FINAL C.O. _____	DATE _____

PERMIT AUTHORIZED BY Dale Brown

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



3708

Tax Folio No. 12-38-41-001-000-00050-7

TOWN OF SEWALL'S POINT, FLORIDA  
BUILDING PERMIT APPLICATION

Owner's Name Nicholas A. Vincenzo

Owner's Address 3625 SW Quail Meadow Trail

Owner's Telephone \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Name ARK Homes Construction, Inc.

Contractor's Address 1046 N.E. Jensen Beach Blvd.

City Jensen Beach state Florida zip 34957

Contractor's Telephone 334-8379 License Number CGC057270

Job Name Single Family Res w/ Garage for Nick Vincenzo

Job Address Lot 5 Riverview Subdivision // xxx Riverview Drive.

City Town of Sewall's Point State Florida Zip 34996

Legal Description Known as Lot 5, "Riverview Subdivision,"  
As recorded in Plat Book 6, page 86, Public Records of  
Martin County, Florida.

Bonding Company N/A

Bonding Company Address N/A

City N/A State N/A

Architect/Engineer's Name John A. Potrekus Architect

Architect/Engineer's Address 2602 S. Dixie Highway, Suite No. 5  
West Palm Beach, Florida 33401

Mortgage Lender's Name First National Bank and Trust Co. of the Treasure Coast

Mortgage Lender's Address P.O. Box 9012  
Stuart, Florida 34995-9012

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

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

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

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

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

Plumbing Contractor Arrow Plumbing License No. CFC029692

Electrical Contractor Cook Electric License No. ME 00152

Roofing Contractor Panache License No. CGCA7037

A/C Contractor Classic Cooling License No. CALC029403

Description of Building or Alterations Single Family Res w/ Garage

Name of Street Designated as Front Building Line and Front Yard

Riverview Drive

subdivision Riverview Subdivision Lot 5 Block \_\_\_\_\_

Building Area (air conditioned) 2763 sq. ft.

Garage, Porch, Carport Area 1697 sq. ft.

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

\$ \_\_\_\_\_

2763  
1697  

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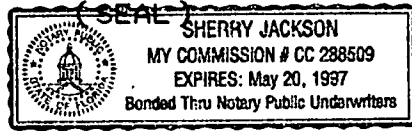
4460

Sheldon O. Murray  
(Owner or Authorized Agent)

DATE 12/20/95

Sworn and Subscribed before me this

20<sup>th</sup> day of December 1995



[Signature]

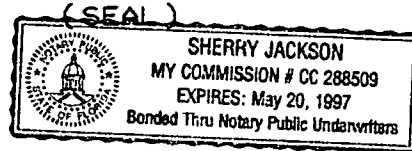
NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires: May 20, 1997

Ronald A. Butler, Inc.  
(Contractor)

DATE 12/20/95

Sworn and Subscribed before me this

20<sup>th</sup> day of December 1995



[Signature]

NOTARY PUBLIC  
State of Florida at Large  
My Commission Expires: May 20, 1997

Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC057270

Contractor's Certificate of Competency No. \_\_\_\_\_

APPLICATION APPROVED BY Dale Brown Permit Officer  
[Signature]

For Official Use Only

Plans approved as submitted ✓ Date 12/20/95

Plans approved as marked \_\_\_\_\_ Date \_\_\_\_\_

A/C Area <u>2763</u> sq. ft. x \$60.	= \$ <u>166,000</u>	
Non A/C Area <u>1759</u> sq. ft. x \$25.	= \$ <u>43,925</u>	
Total	= \$ <u>210,000</u>	

$$\begin{array}{r}
 11 \\
 2763 \\
 1759 \\
 \hline
 4520
 \end{array}$$

Contract Price \$ ~~245,800~~ (fee will be charged on higher amount)  
\$ 222,800

~~222,800~~ M. x \$8.00 = \$ 1,784 Building Fee  
 25% Owner/Builder Fee \$ N/A (if applicable)  
 A/C Fee \$ 700.00  
 Electrical Fee \$ 100.00  
 Plumbing Fee \$ 100.00  
 Roofing Fee \$ 100.00  
 Radon Fee \$ 44.60  
 County Impact Fee \$ 1508.20  
 TOTAL PERMIT FEE \$ 3,736.80

3,736.80

PAYMENT RECEIVED \_\_\_\_\_  
 Signature Date

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

# NOTICE OF COMMENCEMENT

STATE OF FLORIDA  
COUNTY OF Martin

} ss:

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: Lot 5, RIVERVIEW, according to the Plat thereof, recorded in Plat Book 6, page 88, Public Records of Martin County, Florida.

2. General description of improvement: SINGLE FAMILY RESIDENCE

3. Owner information:

a. Name and address: Nicholas A. Vincenzo

3625 SW Quail Meadow Trail  
Palm City FL 34990

b. Interest in property: FEE SIMPLE

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

4. Contractor: Ark Homes Construction, Inc.  
1046 NE Jensen Beach Blvd  
Jensen Beach, FL 34957

5. Surety:

a. Name and Address:

b. Amount of bond: \$

6. Lender: First National Bank and Trust Company of The Treasure Coast  
P.O. Box 9012  
Stuart, Florida 34995-9012  
ATTN: PENNY MARSTON

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:

8. In addition to himself, owner designates:

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

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

*Nicholas A. Vincenzo*  
Nicholas A. Vincenzo

Sworn to and subscribed before me this 19th day of December, 1995

divers license provided as I.D.

NOTARY PUBLIC

My Commission Expires: Glynis Burns Huff

(seal)



GLYNIS BURNS HUFF  
MY COMMISSION # 00425370 EXPIRES  
JULY 23, 1997  
TRULY TRUST FARM INSURANCE, INC.



RECORDED  
INDEXED

This Warranty Deed Made the 27

of APRIL

A. D. 1990 by

GERTRUDE E. KENNEDY

hereinafter called the grantor, to

NICHOLAS VINCENZO, a single man

whose postoffice address is 3625-F S.W. Quail Meadow Trail, Palm City, FL 34990  
hereinafter called the grantee:

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

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

Lot 5, RIVERVIEW, according to the Plat thereof as recorded in Plat Book 6, Page 86, of the Public Records of Martin County, Florida.

Tax I.D. #12-38-41-001-000-00050-7

Nicholas' SS# 348-52-6631

The above described property is vacant, unimproved and is not homestead.

FILED FOR RECORD  
MARTIN CO. FLA.  
90 MAY -1 PM 2:46  
CLERK OF CIRCUIT COURT  
MARTIN CO. FLA.

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise appertaining.

**To Have and to Hold,** the same in fee simple forever.

**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1989.

**SUBJECT TO:**

1. Restrictions, reservations, limitations and easements of record, if any; this reference to said restrictions shall not operate to reimpose the same.
2. Zoning ordinances affecting said property.

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

Signed, sealed and delivered in our presence:

*[Signature]*  
.....  
*[Signature]*  
.....

*[Signature]* G.S.  
GERTRUDE E. KENNEDY G.S.

STATE OF Florida  
COUNTY OF Martin

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

GERTRUDE E. KENNEDY

to me known to be the person described in and who executed the foregoing instrument and who acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this APRIL day of D. 1990

(SEAL) NOTARY PUBLIC  
MY COMMISSION EXPIRES: DEC. 14, 1991

SPACE BELOW FOR RECORDERS USE  
FLA. DOC. PAID  
\$ 118565  
Clerk of Circuit Court  
MARTIN CO. FLA.  
D.C.

This instrument Prepared By: COMMONWEALTH LAND TITLE INSURANCE CO.  
331 E. Ocean Blvd.  
Stuart, FL 34994

Job # 939-151-01

# ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

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

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME	<u>NICHOLAS VINCENTO</u>	POLICY NUMBER
STREET ADDRESS (including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER	<u>4 RIVERVIEW DRIVE</u>	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.)	<u>LOT 5, RIVERVIEW</u>	
CITY	<u>SWARTZ</u>	STATE
		<u>FLA.</u>
		ZIP CODE

## SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
<u>120164</u>	<u>0002</u>	<u>D</u>	<u>6/16/92</u>	<u>A-3</u>	<u>ELEV. 9.00</u>

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

## SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 1.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of 9 feet NGVD (or other FIRM datum—see Section B, item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of  feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is  feet above  or below  (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is  feet above  or below  (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations:  NGVD '29  Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM:  Yes  No (See Instructions on Page 4)
5. The reference level elevation is based on:  actual construction  construction drawings  
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: 8.7 feet NGVD (or other FIRM datum—see Section B, Item 7).

## SECTION D COMMUNITY INFORMATION

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

**SECTION E CERTIFICATION**

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

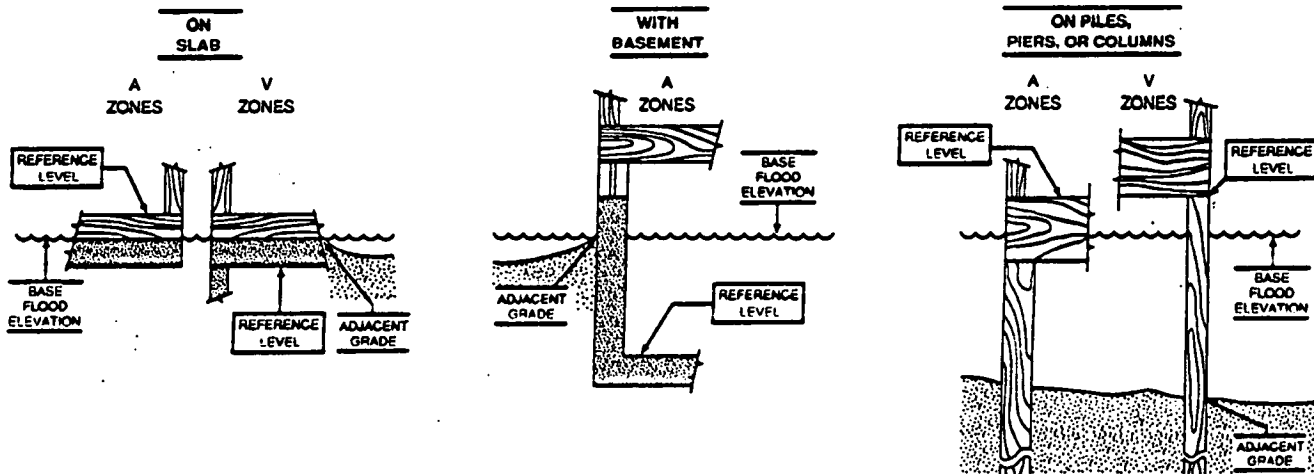
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under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

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

<b>Stephen J. Brown</b>	<b>4049</b>
<b>CERTIFIER'S NAME</b> Land Surveyor	<b>LICENSE NUMBER (or Affix Seal)</b> Stephen J. Brown, Inc.
<b>TITLE</b> 290 Florida Street	<b>COMPANY NAME</b> Stuart Florida 34994
<b>ADDRESS</b>	<b>CITY</b> <b>STATE</b> <b>ZIP</b>
<b>SIGNATURE</b>	<b>DATE</b> <b>PHONE</b>
	1/9/96      (407) 288-7176

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

**COMMENTS:**



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

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA  
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 222,800.00.

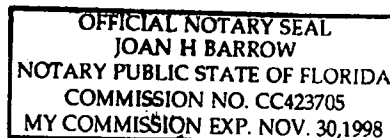
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

Nicholas Vincenzo  
Affiant  
Property street address:  
H RIVERVIEW DRIVE  
SEWALL'S POINT, FL 34996

Sworn to and subscribed  
before me this 14<sup>th</sup> day of  
June, 1996.

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

(NOTARY SEAL)





STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Nicholas Vincenzo

SEPTIC TANK PERMIT NO. AD95-0268

LEGAL DESCRIPTION: Lot 5 Riverview

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

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

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

CERTIFIED BY: \_\_\_\_\_

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

Date: \_\_\_\_\_ Job Number: \_\_\_\_\_

Susan Gray  
(Signature)

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

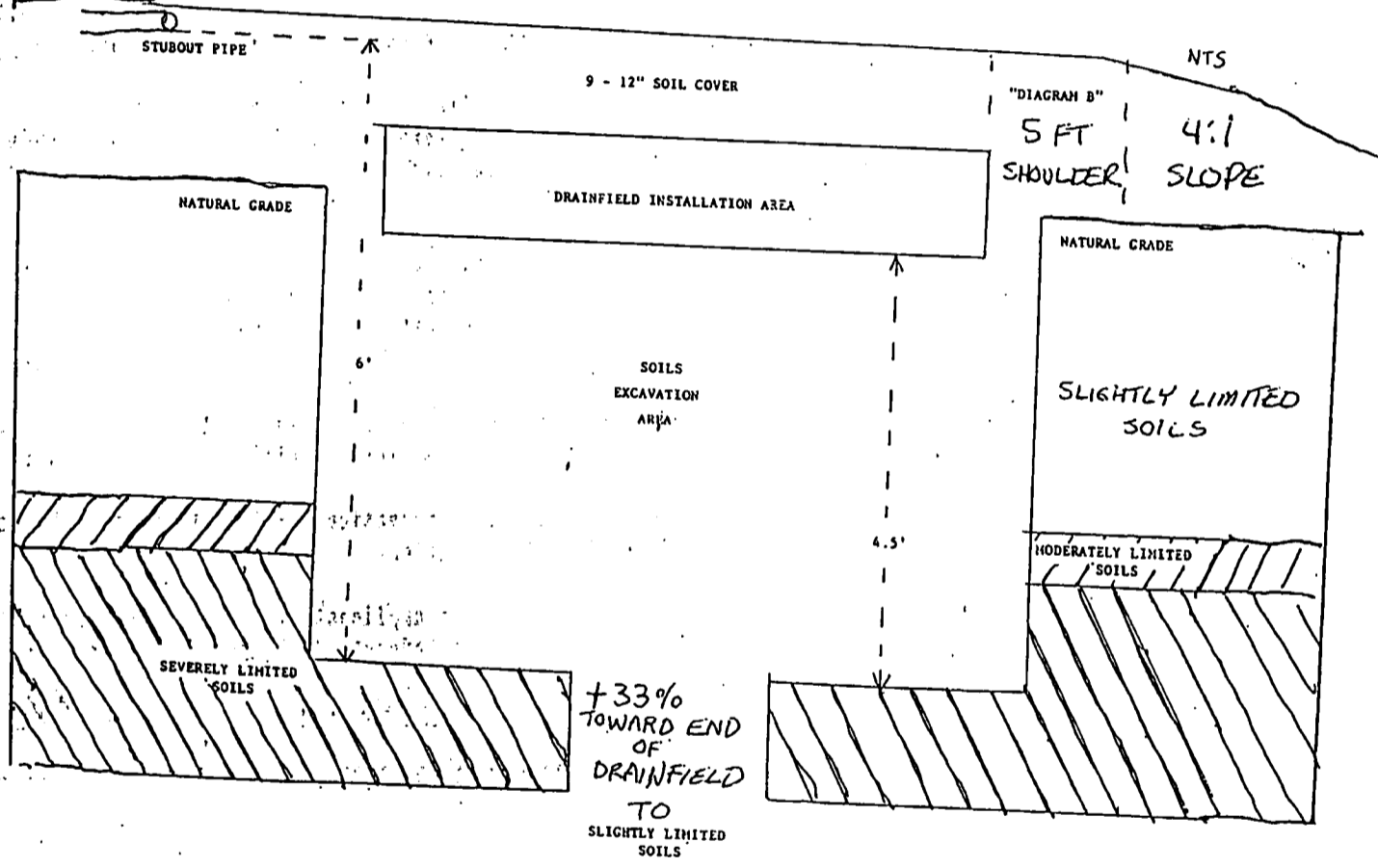
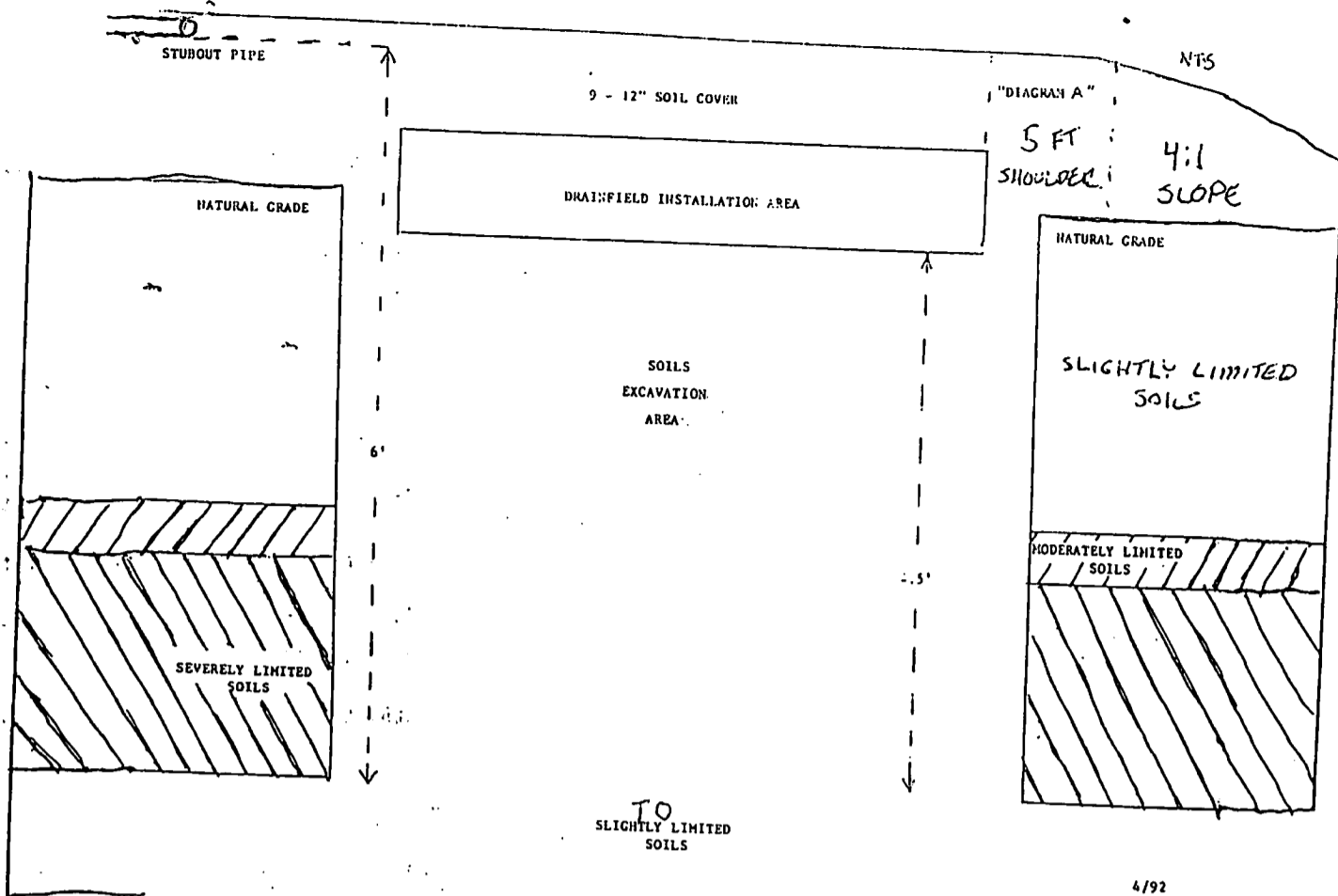
\_\_\_\_\_  
Martin County Health Unit Approval Signature

\_\_\_\_\_  
(Date)

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

Revised 3/28/92

620



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

PERMIT # 95-0268-  
DATE PAID 11/08/95  
FEE PAID \$ 105.00  
RECEIPT # 16031

CONSTRUCTION PERMIT FOR:

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

APPLICANT: NICHOLAS VINCENZO    AGENT: STEPHEN BROWN

PROPERTY STREET ADDRESS: RIVERVIEW DRIVE JUPITER

LOT: 5    BLOCK: \_\_\_\_\_    SUBDIVISION: RIVERVIEW

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

=====

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC  
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS  
EXPIRE 18 MONTHS FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY  
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A  
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH  
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

=====

SYSTEM DESIGN AND SPECIFICATIONS

T [ 1050 ] [ GALLONS ] SEPTIC TANK    MULTI-CHAMBERED/IN SERIES:[Y]  
A [ 0 ] [GALLONS / GPD] \_\_\_\_\_ CAPACITY    MULTI-CHAMBERED/IN SERIES:[Y]  
N [ 0 ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]  
K [ 0 ] GALLONS PER DOSE    DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [ 444 ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM TRENCH  
R [ 571 ] SQUARE FEET BED SYSTEM  
A TYPE SYSTEM:     STANDARD     FILLED     MOUND     3 TRENCHES X 49.33'L  
I CONFIGURATION:     TRENCH     BED     OR A BED 12'W X 47.66'L

N  
F LOCATION OF BENCHMARK: BENCHMARK 2.85'NGVD  
I ELEVATION OF PROPOSED SYSTEM SITE IS [25.8 ] INCHES ABOVE BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE    [30.0 ] INCHES ABOVE BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [28.0 ] INCHES    EXCAVATION REQUIRED: [ 0.0 ] INCHES

O TOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 50" ABOVE BM 2.85' NGVD  
T TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 40" ABOVE BM 2.85' NGVD  
H TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 54" ABOVE BM 2.85' NGVD  
E DRAINFIELD ROCK MUST BE 14 FT. FROM PROPERTY LINES.  
R " SEE SPECIAL CONDITIONS LIST "

SPECIFICATIONS BY: EDGAR MORALES    TITLE: ENV. SPL. II

APPROVED BY: RAY CROSS    TITLE: ENV. SUPV. II    MARTIN    CPHU

DATE ISSUED: 11/27/95    EXPIRATION DATE: 05/27/97



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Nicholas Vincenzo PERMIT NO. (HD) 95-0268  
SUBDIVISION: \_\_\_\_\_

N O T E Special Condition(s) marked "X" are in effect.

1. Drainfield must be maintained under grass; \_\_\_ and protected from vehicular traffic (traffic barriers).
2. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.
3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
4. Septic system must be 75' from surface water / wetlands / mean high water line.
5. Excavate one / three feet beyond drainfield area to a depth of \_\_\_\_\_
6. In addition to item #5, 33% of unsuitable soils at depths greater than \_\_\_\_\_ must be removed to a depth of slightly limited soils.
7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
9. Mound area must be sodded or stabilized with seed and hay prior to final grade inspection (Sod or seed/hay must be applied within seven days of drainfield approval).
10. Any future ponds or surface water created onsite must be 75' from septic system(s).
11. Available area for septic installation must to be evenly filled and leveled.
12. \_\_\_\_\_ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.
- \* SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

MARTIN COUNTY PUBLIC HEALTH UNIT  
ENVIRONMENTAL HEALTH

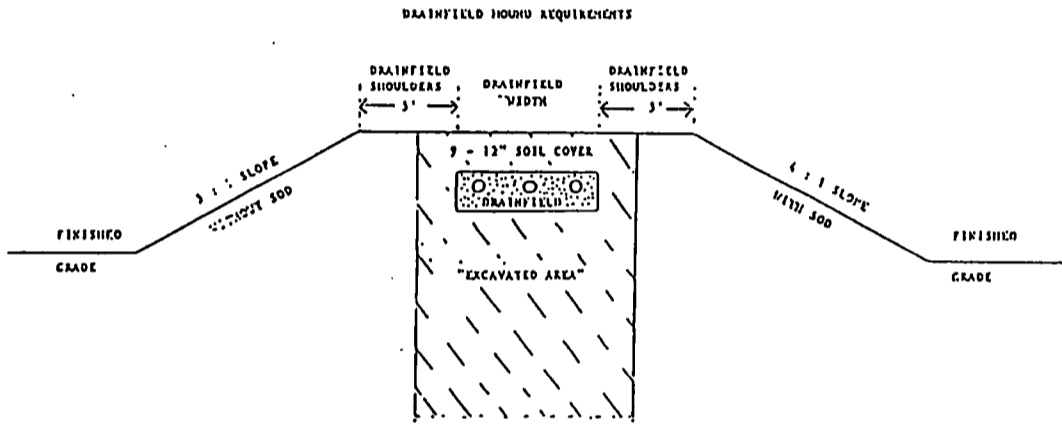


13. Septic system must be a minimum of 15 feet from drainage culverts, storm water drains, dry retention areas, storm water drainage systems.
14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met.
15. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) manhole cover(s) per tank extending to the surface.
16.        gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
- a) handwash sink(s).
  - b) three compartment sink(s).
  - c) floor drains.
  - d) can wash, janitor's sink(s).
  - e) dishwasher if present.

All other greaseless flow should be connected directly to the septic tank.

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

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



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

33. Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Questions concerning special conditions can be answered by calling Eder Morales, L.S. at (407) 221-4090.

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

PERMIT # 95-0268-

APPLICANT: NICHOSAS VINCENZO AGENT: STEPHEN BROWN

LOT: 5 BLOCK: SUBDIVISION: RIVERVIEW

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

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

PROPERTY SIZE CONFORMS TO SITE PLAN:  YES [ ] NO NET USABLE AREA AVAILABLE: .38 ACRES  
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]  
AUTHORIZED SEWAGE FLOW: 950 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: 1200 SQFT UNOBSTRUCTED AREA REQUIRED: 888 Trench SQFT  
1142 Bed

BENCHMARK/REFERENCE POINT LOCATION: 2.05 N 60P  
ELEVATION OF PROPOSED SYSTEM SITE IS 25.8 INCHES (ABOVE) / (BELOW) BENCHMARK/REFERENCE POINT.

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:  
SURFACE WATER: N/A FT DITCHES/SWALES: N/A FT NORMALLY WET? [ ] YES  NO  
WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: N/A FT  
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 39 FT

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES  NO 10 YEAR FLOODING?  YES [ ] NO  
10 YEAR FLOOD ELEVATION FOR SITE: 9.00 FT MSL (NGVD) SITE ELEVATION: 5.0 FT MSL (NGVD)

SOIL PROFILE INFORMATION SITE 1

A-10

Munsell #/Color	Texture	Depth
10yR 4/1	DK Gray Sand	0 to 6
10yR 7/1	Lt Gray Sand	6 to 24
10yR 7/2	Lt Gray Sand	24 to 40
10yR 6/2	Lt Brown Gray Sand	40 to 55
10yR 2/1	Black F. Loamy Sand	55 to 72"
	Sand	to
		to
		to
		to
		to
		to
	38" WATER	to

USDA SOIL SERIES: (41) Jonathan Sand

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
10yR 4/1	DK Gray Sand	0 to 5
10yR 7/1	Lt Gray Sand	5 to 24
10yR 7/2	Lt Gray Sand	24 to 40
10yR 6/2	Lt Brown Gray Sand	40 to 55
10yR 2/1	Black F. Loamy Sand	55 to 72
		to
		to
		to
		to
		to
		to
	40" WATER	to

USDA SOIL SERIES: (41) Jonathan Sand

OBSERVED WATER TABLE: 38 INCHES (ABOVE / (BELOW)) EXISTING GRADE. TYPE: [PERCHED / (APPARENT)]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 20 INCHES (ABOVE / BELOW) EXISTING GRADE.  
HIGH WATER TABLE VEGETATION: [ ] YES  NO MOTTLING: [ ] YES  NO DEPTH: N/A INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.90 or 0.70 DEPTH OF EXCAVATION: N/A INCHES  
DRAINFIELD CONFIGURATION:  TRENCH  BED [ ] OTHER (SPECIFY) \_\_\_\_\_

REMARKS/ADDITIONAL CRITERIA: Fine loamy sand

SITE EVALUATED BY: Mark M. Tompkins DATE: 11/7/95

RECEIVED

NOV - 8 1995



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

HRS-Martin County  
Public Health Unit

PERMIT # HD 95-268  
DATE PAID 11-8-95  
FEE PAID \$ 80.  
RECEIPT # 16031

APPLICATION FOR:

- New System     Existing System     Holding Tank     Temporary/Experimental
- Repair     Abandonment     Other(Specify) \_\_\_\_\_

APPLICANT: NICHOLAS VINCENZO TELEPHONE: 288-7176

AGENT: STEPHEN J BROWN, INC.

MAILING ADDRESS: 290 FLORIDA ST. SUITE "C" STUART, FL. 34994

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

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

LOT: 5 BLOCK: N/A SUBDIVISION: RIVERVIEW DATE OF SUBDIVISION: 1975

PROPERTY ID #: \_\_\_\_\_ [Section/Township/Range/Parcel No.] ZONING: \_\_\_\_\_

PROPERTY SIZE: 38 ACRES [Sqft/43560] PROPERTY WATER SUPPLY:  PRIVATE  PUBLIC

PROPERTY STREET ADDRESS: RIVERVIEW DRIVE

DIRECTIONS TO PROPERTY: "SEE LOCATION MAP"

BUILDING INFORMATION  RESIDENTIAL  COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	<u>SINGLE FAMILY</u>	<u>4</u>	<u>2837</u>		
2					
3					
4					

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

APPLICANT'S SIGNATURE: STEPHEN J BROWN DATE: 11/8/95



APPLICANT NICHOLAS VINCELZO  
LEGAL DESCRIPTION LOT 5, RIVERVIEW

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

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION N/A NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 2.85 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 5.0 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? A-10 IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 9.00 NGVD.

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

PREPARED BY: STEPHEN J. BROWN, INC.  
290 FLORIDA ST., SUITE C  
STUART, FL 34996  
(407) 288-7176

CERTIFIED BY: STEPHEN J. BROWN  
FL. PROFESSIONAL NO. 7049  
DATE: 11/8/95 JOB NO. 939-151-01

RECORD OF INSPECTIONS  
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 6/14/96

This is to request that a Certificate of Approval for Occupancy be issued to Mr Nicholas A Vincenzo.

For property at #4 River View built under Permit  
(street address)  
No. 3908 Dated 12/20/95 when completed in conformance with the  
Approved Plans.

Signed Nicholas Vincenzo

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

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 6/14/96 date

Approved by Building Commissioner \_\_\_\_\_ date

Utilities notified FPL 6/13/96 date

Original Copy sent to OWNER date  
(owner)

(Keep carbon copy for Town files)

**3949**

**POOL**

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

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

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

Owner DR NICK VINCENZO Present Address \_\_\_\_\_

Phone 407-226-0704

Contractor DESTEFANO POOLS INC Address 2882 SE DURANT AVE

Phone 407-288-7447 STUART FL 34997

Where licensed MARTIN CO License number SP00807

Electrical contractor PAYUK Elect License number ME 00454

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

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

#4 RIVERVIEW DR SEW PT

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

Subdivision RIVERVIEW Lot number 4 Block number \_\_\_\_\_

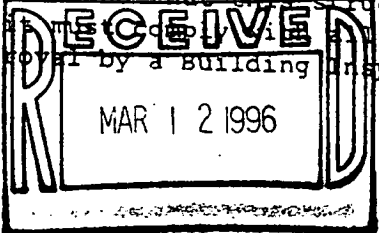
Contract price \$ 12,000.00 Cost of permit \$ 200.00

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

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

Contractor William Destefano

I understand that this structure must be in accordance with the approved plans and that final approval by a Building Inspector will be given.



Owner Nicholas Vincenzo

TOWN RECORD

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

Approved: Dale Brown 3/12/96  
Building Inspector Date

Approved: W Van  
Commissioner Date

Final Approval given: 3/12/96  
Date

Certificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date

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



\*\*\*TO BE COMPLETED IF CONSTRUCTION VALUE EXCEEDS \$2500.00\*\*\*

Permit No. \_\_\_\_\_

Tax Folio 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 (include street address, if available)

#4 RIVERVIEW DR SEW PT FL

Lot-4 RIVERVIEW S/D

General Description of Improvements: SWIMMING POOL

Owner: DR NICK VINCENZO

Address: #4 RIVERVIEW DR SEW PT FL 34996

Owner's interest in property: 100%

Fee Simple Title Holder(if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: DESTEFANO POOLS INC

Address: 2882 SE DURANT AVE STUART 34997

Surety Co. (if any) \_\_\_\_\_

Address: \_\_\_\_\_ Amt. of Bond \$ \_\_\_\_\_

Lender's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

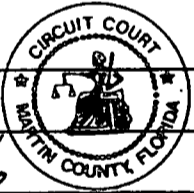
Address: \_\_\_\_\_

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.

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE FOREGOING \_\_\_\_\_ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.  
MARSHA SULLER, CLERK  
BY \_\_\_\_\_ D/C  
DATE: 3/27/96



Nick Vincenzo  
Signature of Owner

STATE OF FLORIDA  
COUNTY OF MARTIN

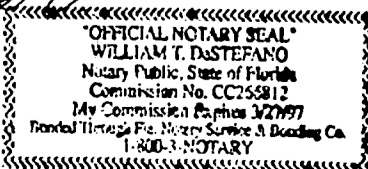
The foregoing instrument was acknowledged before me this 24th day of FEB, 1996, by NICK VINCENZO, who is personally known to me or who has produced \_\_\_\_\_ and who did take an oath.

NOTARY PUBLIC

William Destefano

State of Florida at Large

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



**9463**

**A/C CHANGEOUT**



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK  
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9463	DATE ISSUED:	JUNE 4, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	NIS AIR		
PARCEL CONTROL NUMBER:	123841001-000-000507	SUBDIVISION	RIVERVIEW - LOT 5
CONSTRUCTION ADDRESS:	4 RIVERVIEW DR		
OWNER NAME:	VINCENZO		
QUALIFIER:	PHILIP NISA	CONTACT PHONE NUMBER:	466-8115

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

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

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

### REQUIRED INSPECTIONS

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

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

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

Date: 6/2/2010

Permit Number: 9463

OWNER/TITLEHOLDER NAME: NICHOLAS VINCENTO Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 4 RIVERVIEW DRIVE City: SEWALLS POINT State: FL Zip: 34996

Legal Description RIVERVIEW S/D LOT 5 Parcel Control Number: 12-38-41-001-000-00050-7

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

Scope of work (please be specific): AIR CONDITIONER CHANGE OUT LIKE FOR LIKE

**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: \$ 6800.  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10    AE9    AE8    X     
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: NISAIR AIR CONDITIONING Phone: 772 466-8115 Fax: 772 468-9752

Street: 3700 S. US HWY 1 City: FT PIERCE State: FL Zip: 34982

State License Number: CACO 41199 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: PHILIP NISA JR Phone Number: 772 466-8115

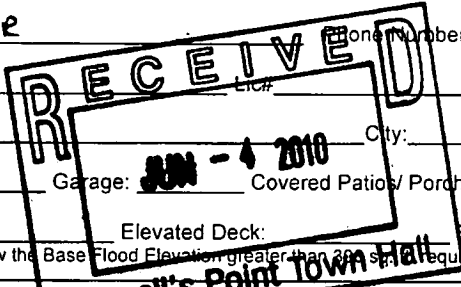
DESIGN PROFESSIONAL: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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 200 sq. ft. require a Non-Conversion Covenant Agreement.



CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 Edition  
National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Prevention Code 2007

**NOTICES TO OWNERS AND CONTRACTORS:**

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS 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 SIGNATURE: (required)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
Nicholas Vincenzo

State of Florida, County of Martin

This the June day of 2010

by Nicholas Vincenzo who is personally

known to me as Nicholas Vincenzo who is personally

as identification Nicholas Vincenzo

My Commission Expires 9/19/2012

CONTRACTOR SIGNATURE: (required)  
Philip Nisa Jr

State of Florida, County of \_\_\_\_\_

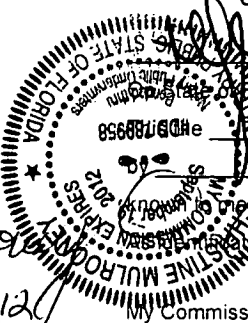
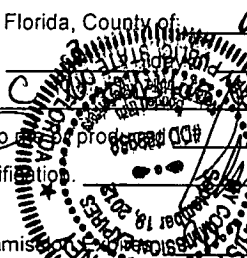
This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

by Philip Nisa Jr who is personally

known to me as Philip Nisa Jr who is personally

as identification Philip Nisa Jr

My Commission Expires 08/28/2012



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!



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

Site Provided  
governmentmax.cc

**Summary**

print Owner  
1 of 1

**Parcel Info**

**Summary**

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

Parcel ID	Unit Address	SerialIndex ID	Order	Commercial	Residential
12-38-41-001-000-00050-7	4 RIVERVIEW DR	27495	Owner	0	1

**Summary**

**Property Location** 4 RIVERVIEW DR  
**Tax District** 2200 Sewall's Point  
**Account #** 27495  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120400  
**Acres** 0.384

**Legal Description**  
**Property Information**  
 RIVERVIEW S/D LOT 5

**Search By**

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

**Owner Information**  
**Owner Information**  
 VINCENZO, NICHOLAS

**Mail Information**  
 4 RIVERVIEW DR  
 STUART FL 34996

**Assessment Info**  
 Front Ft. 0.00

**Market Land Value** \$211,500  
**Market Impr Value** \$357,900  
**Market Total Value** \$569,400

**Site Functions**

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

**Recent Sale**  
**Sale Amount** \$88,300

**Sale Date** 5/1/1990  
**Book/Page** 0857 1465

Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement      Data updated on 4/29/2010





# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 6-25 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
94163	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<u>Bot</u> <u>11+12</u>	<u>4 Rivermen Dr</u> <u>Nislin</u>		<u>Pass</u>	<u>[Signature]</u> INSPECTOR <u>[Signature]</u>
9475	<u>Diag</u>	<u>framing</u>		
<u>1st</u> <u>10.36</u>	<u>47 S Sewall Pt</u> <u>Emil LaViola</u>	<u>electric</u>	<u>Pass</u>	<u>[Signature]</u> INSPECTOR <u>[Signature]</u>
9719	<u>BELITZ</u> <u>10 S. VIA LEONDA</u>	<u>Dry-in &amp;</u> <u>METAL</u>	<u>Pass</u>	<u>[Signature]</u> INSPECTOR <u>[Signature]</u>
<u>TREE</u>	<u>JANSON</u> <u>132 S. RIVER RD</u>		<u>OK</u>	<u>[Signature]</u> INSPECTOR
9472	<u>BURKARTH</u> <u>5 EMARITA</u> <u>ALL AMERICAN</u>	<u>Dry-IN</u> <u>METAL</u>	<u>Pass</u>	<u>[Signature]</u> INSPECTOR <u>[Signature]</u>
9327	<u>WOODS</u> <u>32 E. 17th Pt</u> <u>CAPITAL AUTO</u>	<u>WALL</u> <u>STEEL</u>	<u>Pass</u>	<u>[Signature]</u> INSPECTOR <u>[Signature]</u>
<u>TREE</u>	<u>FREUDENBERG</u> <u>115 N. SPIND</u>		<u>OK</u>	<u>[Signature]</u> INSPECTOR

**9616**

**REMODEL**





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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK  
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9616	DATE ISSUED:	OCTOBER 27, 2010
SCOPE OF WORK:	REMODEL 3 BATHROOMS		
CONDITIONS :			
CONTRACTOR:	ARK HOMES CONSTRUCTION		
PARCEL CONTROL NUMBER:	123841-001-000-000507	SUBDIVISION	RIVERVIEW - LOT 5
CONSTRUCTION ADDRESS:	4 RIVERVIEW DR		
OWNER NAME:	VINCENZO		
QUALIFIER:	RONALD BRITTAN	CONTACT PHONE NUMBER:	334-8379

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

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

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

### REQUIRED INSPECTIONS

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

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

Town of Sewall's Point

Date: 10-27-10

BUILDING PERMIT APPLICATION

Permit Number: 9616

OWNER/TITLEHOLDER NAME: NICHOLAS VINCENZO Phone (Day) 220-3720 (Fax) 221-0574

Job Site Address: 4 RIVERVIEW DRIVE City: SEWALL'S POINT State: FL Zip: 34996

Legal Description RIVERVIEW S/D LOT 5 Parcel Control Number: 12-38-41-001-000-00050-727495

Owner Address (if different): Remodel Existing 3 Bathrooms City: State: Zip:

SCOPE OF WORK (PLEASE BE SPECIFIC): Remodel Existing 3 Bathrooms

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO X Has a Zoning Variance ever been granted on this property? YES (YEAR) NO (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 25000.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: ARK HOMES CONSTRUCTION, INC Phone: 334-8379 Fax: 334-6057

Qualifiers name: Ronald A. Brittan Street: 2323 NE Marlberry Lane City: Jensen Beach State: FL Zip: 34957

State License Number: CGC057270 OR: Municipality: License Number:

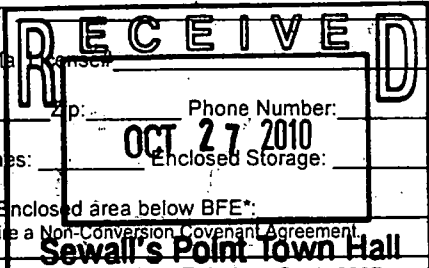
LOCAL CONTACT: Ron Cell 708-9714 Phone Number:

DESIGN PROFESSIONAL: Ron Cell File #:

Street: City: State: Zip: Phone Number: Enclosed Storage:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed area below BFE\*:

Carport: Total under Roof Elevated Deck: \* 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): 2007 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

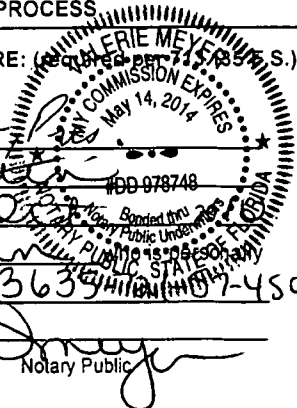
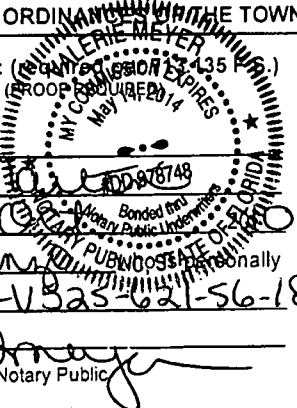
- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM.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

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

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

OWNER NOTORIZED SIGNATURE: (Notarized) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) x Nicholas Vincenzo State of Florida, County of: Manatee On This the 27 day of October by Nicholas Vincenzo known to me or produced FDL# V325-621-56-189-0 As identification: Valuedmeyer Notary Public My Commission Expires:

CONTRACTOR NOTORIZED SIGNATURE: (Notarized) x Ronald A. Brittan State of Florida, County of: Manatee On This the 27 day of October by Ronald A Brittan known to me or produced FDL# B635-411-107-450-0 As identification: Valuedmeyer Notary Public My Commission Expires:



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



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9616

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

OWNERS NAME: Vincenzo

CONSTRUCTION ADDRESS: 4 Riverview Dr. Sewall's Point

PERMIT TYPE: X RESIDENTIAL COMMERCIAL

- ELECTRIC
X PLUMBING
HVAC
IRRIGATION
FUEL GAS
ROOFING

TYPE OF SERVICE: NEW SERVICE X EXISTING SERVICE OTHER

SCOPE OF WORK: Plumbing Re-model

VALUE OF CONSTRUCTION \$ 8800.00

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

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

Signature of Licensed Contractor: [Signature] ADDRESS OF CONTRACTOR: 2551 SE CLAY FOR

COMPANY OR QUALIFIER'S NAME: MASTER PLUMBING INC.

TELEPHONE NO: (772) 287-2316 FAX NO: (772) 287-0194

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC057528

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

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

OWNER'S FULL NAME AS STATED ON DEED:

PARCEL CONTROL #:

SUBDIVISION: LOT: BLK: PHASE:

SITE ADDRESS:

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

*Handwritten initials/signature*



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9616

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

OWNERS NAME: VINCENZO

CONSTRUCTION ADDRESS: 4 RIVERVIEW DRIVE

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS
- ROOFING

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: ELECTRIC FOR BATHROOM REMODEL

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

<input type="checkbox"/> LOW VOLTAGE TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER SCOPE OF WORK: _____ VALUE _____
--

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

[Signature]  
SIGNATURE OF LICENSED CONTRACTOR

1598 SW BELLEVUE AVE  
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: BELWETHER ELECTRIC COMPANY / CHARLES F HUPPANN

TELEPHONE NO: 772-621-9494 PLEASE PRINT FAX NO: 772-621-9164

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13004122

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

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

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

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

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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

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



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

Site Provided by...  
 governmax.com 1.11

**Summary**

print [navigation icons] Owner 3 of 5

**Tabs**

**Summary**

Print View

Land

Improvements

Assessments & Exemptions

Sales

Taxes →

Parcel Map →

Trim Notice →

**Searches**

Parcel ID

Owner

Address

Account #

Use Code

Legal Description

Neighborhood

Sales

Maps →

**Functions**

**Property Search**

Contact Us

On-Line Help

County Home

Site Home

County Login

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-001-000-00050-7	27495	4 RIVERVIEW DR, SEWALL'S POINT	\$518,640	10/23/2010

Owner Information	
<b>Owner(Current)</b>	VINCENZO NICHOLAS
<b>Owner/Mail Address</b>	4 RIVERVIEW DR STUART FL 34996
<b>Sale Date</b>	05/01/1990
<b>Document Number</b>	
<b>Document Reference No.</b>	0857 1465
<b>Sale Price</b>	88300

Location/Description			
<b>Account #</b>	27495	<b>Map Page No.</b>	SP-05
<b>Tax District</b>	2200	<b>Legal Description</b>	RIVERVIEW S/D LOT 5
<b>Parcel Address</b>	4 RIVERVIEW DR, SEWALL'S POINT		
<b>Acres</b>	.3840		

Parcel Type	
<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Assessment Information	
<b>Market Land Value</b>	\$178,000
<b>Market Improvement Value</b>	\$340,640
<b>Market Total Value</b>	\$518,640

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement



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

PERMIT #: 9616 TAX FOLIO #: 12-38-41-001-000-00050-727495

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): Riverview S/P LOT 5 Street Address: 4 RIVERVIEW DR., SEWALL'S POINT

GENERAL DESCRIPTION OF IMPROVEMENT: Remodel Three Existing Bathrooms

OWNER NAME: NICHOLAS VINCENTO ADDRESS: 4 RIVERVIEW DR., SEWALL'S POINT, FL 34996 PHONE NUMBER: 220-3720 FAX NUMBER: 221-0574

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

CONTRACTOR: ARK HOMES CONSTRUCTION, INC ADDRESS: 2323 NE MARLBERRY LANE, JENSEN BEACH, FL 34957 PHONE NUMBER: 772-334-8379 FAX NUMBER: 772-334-6057

SURETY COMPANY (IF ANY): N/A ADDRESS: PHONE NUMBER: FAX NUMBER: BOND AMOUNT:

LENDER/MORTGAGE COMPANY: N/A 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) (a) 7., FLORIDA STATUTES:

NAME: ADDRESS: PHONE NUMBER: FAX NUMBER:

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

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

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

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

SIGNATORY'S TITLE/OFFICE: Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 27 DAY OF Oct, 20 10

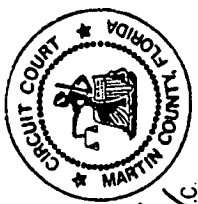
BY: Nicholas Vincenzo AS Owner FOR NAME OF PERSON TYPE OF AUTHORITY

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED: FTDL# V525-621 Valerie NOTARY SIGNATURE/SEAL

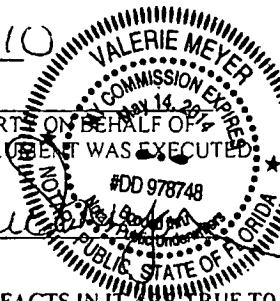
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF NATURAL PERSON SIGNING ABOVE: Nicholas Vincenzo



STATE OF FLORIDA MARTIN COUNTY THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL BY: D. Ewing, CLERK DATE: 10-28-10

INGSTR # 2240524 DR BK 02483 PG 1461 RECD 10/28/2010 03:13:30 PM Pg 1461 (1pg) MARSHA EWING MARTIN COUNTY DEPUTY CLERK L. Ruffineschi



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 12-10-2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9647	Darley	subsiding		
3pm	20 Fernwinkle Ln Medalist Bldg.		Pass	INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9332	Fruitt	Final renovation		
call	7 Island Rd Scott Holmes -	call Anisa 220 4780	CANCEL	Per Cond
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>9106</del>	<del>Winkler</del>	<del>Almberg</del>	<del>Pass</del>	
	<del>Almberg</del>	<del>Almberg</del>	<del>Pass</del>	
	Ark Homes			INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9493	Fernandez	Final A/C		
	10 Knowles Krauss & Crane		Pass	Per Letter
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9462	Kendall	Final A/C		
	8 Kingston Ct Krauss & Crane		Pass	Per Letter
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

12-14 2010 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
914	Boniface	in-progress		
after 10AM	163 S River Ade Red Roof		Canal	see Wed
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
tree	Vennos	283-5530		Permit
	106 S River Rd Cor Lantana		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>116</del>	<del>Vennos</del>	<del>R. Lumbina</del>	<del>Pass</del>	
	<del>River St</del>			
	MRK HOMES			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
	GARY HOFMAGER 260 9618			
	TODD	959 325 0178		
	BALFOUR			INSPECTOR



**TOWN OF SEWALLS POINT**

**BUILDING DEPARTMENT - INSPECTION LOG**

Date of Inspection

Mon

Tue

Wed

Thur

Fri

5-24-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9742	Aune	Final		
9AM	1 Michael Rd TC Solar	Solar heat	Pass	Close INSPECTOR <i>JA</i>
9745	Guetafson 17 Palm Rd Triune Roof	Final Roof	PASS	CLOSE INSPECTOR <i>JA</i>
9793	Koch 71 N River Rd N.isan	Final AC	PASS	CLOSE INSPECTOR <i>JA</i>
9733	GUFSTASON 17 Palm Rd ZANE PAPER	ELC. FINAL	PASS	CLOSE INSPECTOR <i>JA</i>
9:30	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	ARIC HAYES			INSPECTOR <i>JA</i>
	Monroe 10 N. RIDGEVIEW	TREE	OK	INSPECTOR
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

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

Owner Nicholas A. Vincenzo Address 3625 SW Quail Meadow Rd. Phone \_\_\_\_\_

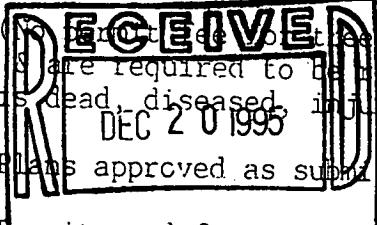
Contractor Ark Homes Const, Inc. Address 1046 NE Jensen Blvd Phone 334-8379  
FL. 34957

Number of trees to be removed (list kinds of trees) 8 Pines

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): NONE

Number of trees to be replaced: NONE (list kinds of trees): \_\_\_\_\_

Permit Fee \$ 100.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)



(This permit is for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

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

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

Signature of applicant Ronald A. Dutter, Pres. Date submitted \_\_\_\_\_

Approved by Building Inspector Dale Brown Date 12/20/95

Approved by Building Commissioner [Signature] Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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

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

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

**No permit required for:**

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

**Permit Fee:**

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

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

**Application procedures:**

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

Owner NICHOLAS VINCENZO Address 4 RIVERVIEW DRIVE Phone 220 2110

Contractor TREE BARBER Address 4626 NE DUDLEY CORLE Phone \_\_\_\_\_  
WILLIAM WALTER J.B. FL 34957

No. of Trees: REMOVE 1 + old stumps Type: SOME SORT OF PALM

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

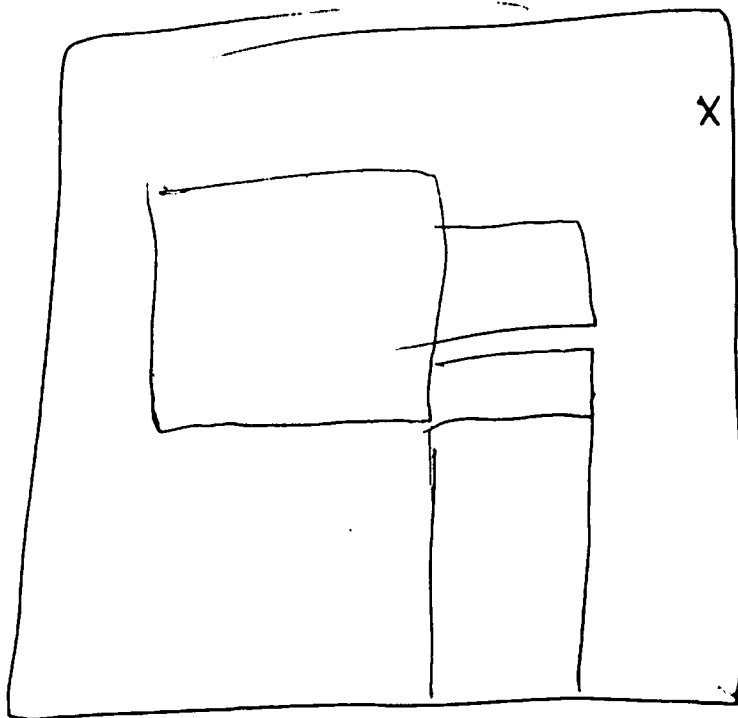
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: TREE APPEARS TO BE DEAD - ALONG EAST  
SIDE OF PROPERTY, BACK YARD JUST SOUTH OF STUMP

Signature of Property Owner Nicholas Vincenzo Date 7/6/05

Approved by Building Inspector: [Signature] Date 7/8 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



Palms?  
tree appears to  
be dead / diseased  
just south of stump  
plan on taking  
out stumps also

TOWN OF SEWALL'S POINT, FLORIDA

Date July 8 ~~12 2005~~ TREE REMOVAL PERMIT No 2531

APPLIED FOR BY VINCENTO (Contractor or Owner)

Owner 4 RIVERVIEW DRIVE

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 1 Palm + Sumps

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant Signed, [Signature] FEE \$ 0 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_