

6 Riverview Drive



1222

SFR

RECEIVED OCT 8 1980
Permit No. 1222

TOWN OF SEWALL'S POINT FLORIDA

Date OCTOBER 7, 1980

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner THOMAS REALTY & INVESTMENTS, INC. Present address 1045 EAST OCEAN BLVD.
Phone 287-4932 STUART, FLA.

General contractor CHARLES S. ANDREWS Address 1045 E. OCEAN BLVD.
Phone 287-4933 STUART, FLA.

Where licensed STATE OF FLORIDA License No. CGC 010622

Plumbing contractor NORTON'S PLUMBING License No. 00069

Electrical contractor ST. LUCIE ELECTRIC License No. MCLC #83

Air-conditioning contractor COMMERCIAL COOLING & HEATING License No. RA 0023529

Describe the building, or alteration to existing building _____

3 BR-2 BATH - FRAME - SINGLE FAMILY RESIDENCE

Name the street on which the building, its front building line and its front yard will face 6- RIVERVIEW DRIVE

Subdivision RIVERVIEW Lot No. 6 Area SOUTH SEWALLS PT.

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2208

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 77,280
~~65,000~~

Cost of permit \$ 355.00 Plans approved as submitted _____ or, as marked SEE ST. 4

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. 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. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be 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 with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor Charles S. Andrews

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 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, as required by the Town's zoning ordinance.

Owner Thomas Aydelotte Pres. Thomas Realty & Investments

Approval builders will be required to sign both of the above statements.

TOWN RECORD Date submitted _____

By Building Inspector (date) Jlem Inspector's initials 10/19/80

By Town Commissioner (date) _____ Commissioner's initials _____

Date of Occupancy issued (date) 3/17/81

→ see plans.

#1222

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.

5143

This Warranty Deed Made the 27th day of August A. D. 1980 by ANTHONY DAMPIER

hereinafter called the grantor, to THOMAS REALTY AND INVESTMENTS, INC. a corporation existing under the laws of the State of Florida with its permanent postoffice address at 1045 East Ocean Boulevard, Stuart, Florida 33494 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, re-mises, releases, conveys and confirms unto the grantee, all that certain land situate in Martin County, Florida, vtz:

Lot 6 of RIVERVIEW SUBDIVISION, a subdivision of 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, Public Records.

SUBJECT TO reservations, restrictions, limitations and easements of record; zoning ordinances, if any.

Grantor further warrants that the above described property does not now and never has constituted the Grantor's homestead; is not now and never has been contiguous to Grantor's homestead; that the permanent domicile of the Grantor is: 3281 NW 18th Avenue, Fort Lauderdale, Florida.

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, 19 79.

In Witness Whereof, the said grantor has hereunto set his hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Signatures of Anthony Dampier and another person, with notary seals.

STATE OF FLORIDA, COUNTY OF BROWARD

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 to me

ANTHONY DAMPIER

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

WITNESS my hand and official seal in the County and State last aforesaid this August 27th, A. D. 19 80.

Notary Public, State of Florida at Large. My Commission Expires October 25, 1981

My Commission Expires

Notary seal and signature of the notary public.

THIS INSTRUMENT PREPARED BY JUDITH B. ROWELL, ASST. V.P. CHELSEA TITLE & GUARANTY CO. P. O. BOX 1152, STUART, FL 33494 AS A NECESSARY INCIDENT TO THE FULFILLMENT OF CONDITIONS CONTAINED IN A TITLE INSURANCE COMMITMENT FILED BY IT.



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR SEPTIC TANK PERMIT
AND FINAL INSPECTION FORM

Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

Authority: Chapter 381, 186, 387, FS Chapter 100-6, FAC

Permit Number HD80-737

Name of Applicant Charles S. Andrews Telephone 286-4933
Mailing Address of Applicant 1045 E Ocean Blvd
To be Installed at: (Give Street Address)
Lot 6 Block - Subdivision Riverview
Plat Book & Page 6-36 Date Recorded 1975
Residential: No. Living Units 1 Number Bedrooms 3
Commercial: Type of Business Number People Number Toilets

*Note: Attach site location map and other supportive documents.

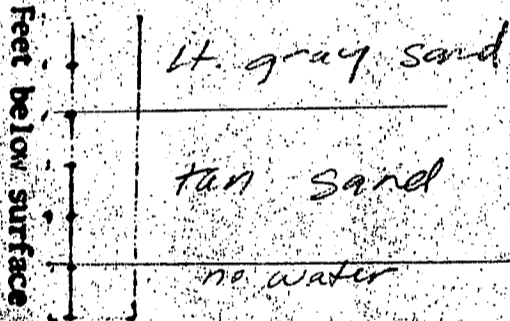
Signature of Applicant Charles Andrews

East on East Ocean Blvd to Sewalls Point Rd. South to Riverview Dr. WEST to site

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? NO
Is there a public well within 100 ft. of the proposed septic system? NO
Is there a public sewer within 100 ft. of the proposed lot? NO
Is there a lake, stream, canal or other body of water within 50 ft. of the proposed septic system? NO
Is there a septic system or other interference within 75 ft. of the proposed private well? NO
Is the proposed or existing public water line within 10 ft. of the proposed septic system? NO
There is 900'± square feet of unobstructed land for future expansion of the drainfield.

SOIL PROFILE AND PERCOLATION DATA



Water table..... 5'±
Wet season water table... 5'
Compacted fill of..... required.
Compacted fill check by..
Date.....

Certified by: W. J. Williams
Florida Professional Number: 1272
Date: 10-3-80 Job Number
Percolation Rate 30 Minutes/Inch
Soil Identification: SEC
Class 1 Group SP

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 900 Gallons Absorption Bed Size 255 Square Ft.
Dosing Tank Capacity Gallons Lateral Drainfield Size Square Ft.
Grease Trap Capacity Gallons Sand Filter Size Square Ft.

Specifications:

10-6-80
Date Processed

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

Robert Washburn RS
Signature of Sanitarian

MARTIN County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection Type of Tank (Concrete, Fiberglass, Etc.)

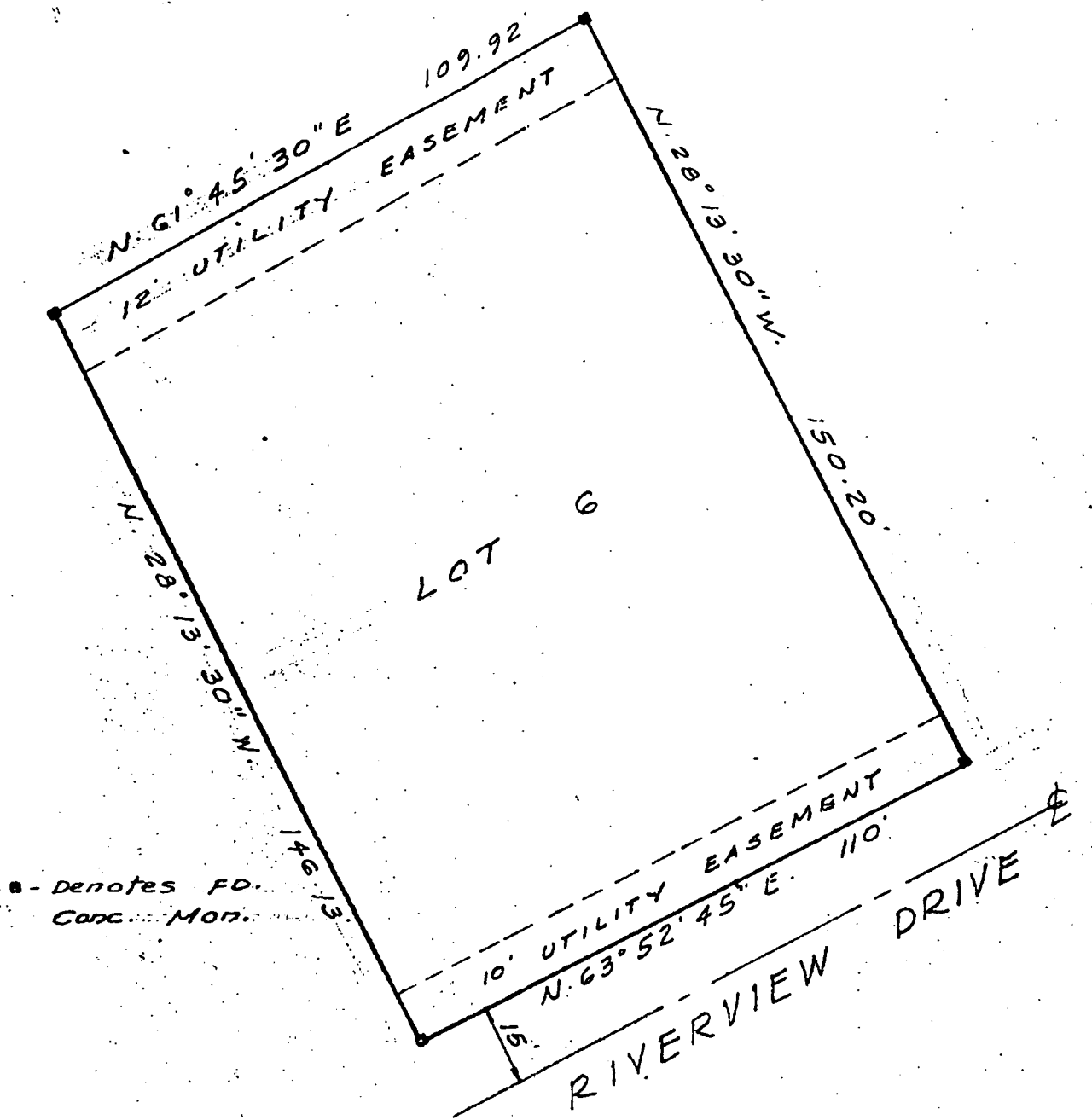
Size Tank Installed Drainfield Size
Dosing Tank Size Grease Trap Size Sand Filter Size

Who Made Installation

RECOMMENDATION: Approval Disapproval

Signature of Sanitarian

1426

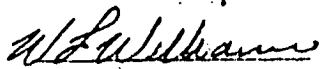


■ - Denotes FD.
 Conc. Mon.

A SURVEY OF
 LOT 6
 RIVERVIEW
 MARTIN COUNTY, FLORIDA
 FOR
 TONY DAMPIER

SCALE: 1" = 30'	DATE: 8-3-78	PLAT BOOK: 6	PAGE: 86
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I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief.


 W.L. WILLIAMS
 R.L.S. FLA. REG. No. 1272

DON WILLIAMS & ASSOCIATES, INC.
 LAND SURVEYORS
 P.O. BOX 2301 STUART, FLORIDA

F.B. 121 Page 74

BESSEMER PROPERTIES

A DIVISION OF

BESSEMER SECURITIES CORPORATION

249 ROYAL PALM WAY

PALM BEACH, FLORIDA 33480

September 26, 1980

RECEIVED OCT 8 1980

Mr. Charles Andrews
East Ocean Construction
1045 East Ocean Boulevard
STuart, FL 33494

Re: Lot 6, Riverview

Dear Mr. Andrews:

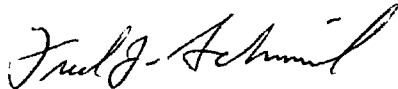
Attached hereto is approved plan of the proposed residence to be constructed on the above lot.

In approving these plans it is understood that the house shall have a floor area of not 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.

The plans show that red cedar shake is to be used for the roof and this is also approved.

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

Sincerely yours,



Fred J. Schwind

FJS:ms
Enclosures

P.S. We would appreciate your forwarding another set of these plans as we keep the approved ones in our files.

FLORIDA DEPARTMENT OF POLLUTION CONTROL

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

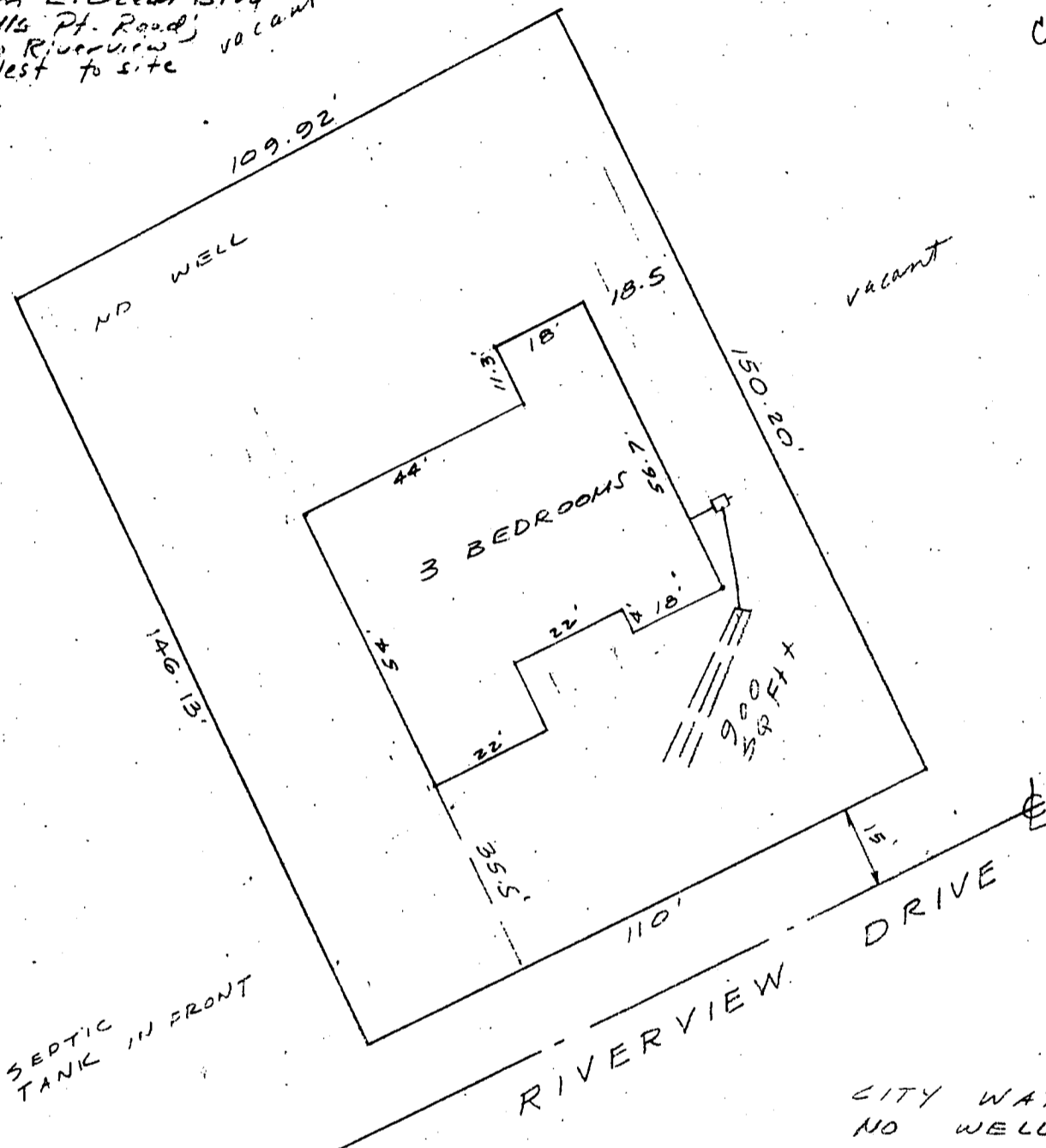
INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

Location: LOT 6, RIVERVIEW Applicant: Charles S. Andrews
 County: Martin

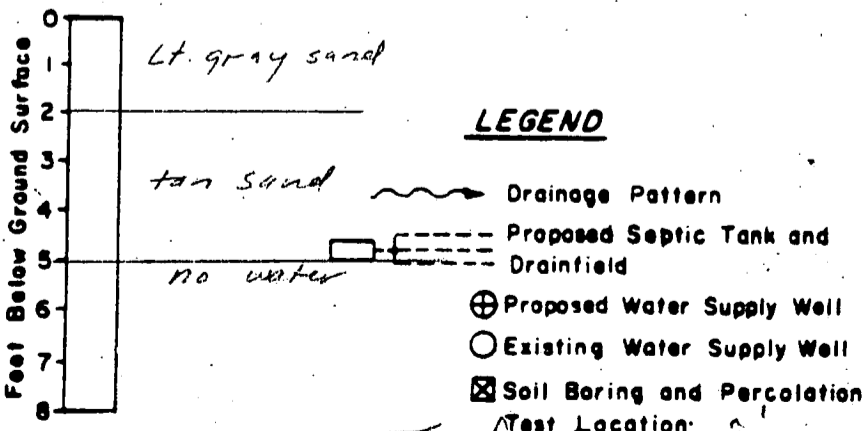
NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

East on E. Ocean Blvd
 to Sewalls Pt. Road;
 South to Riverview
 Drive; West to site



PLAN
 Scale: 1" = 30'

SOIL DATA



SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SP
 Soil Characteristics _____

Percolation Rate 30 sec / inch

Water Table Depth 5'

Water Table Depth During Wet Season 5'

Compacted Fill Of _____ Req'd

Compacted Fill Checked By: _____

Date _____

CERTIFIED BY: [Signature]

FLORIDA PROFESSIONAL No. 1272

Date 10-3-80 Job No. _____

NORTH CAROLINA INSURANCE COMPANY
 CONSOLIDATED AMERICAN INSURANCE COMPANY
 CATAWBA INSURANCE COMPANY

Home Offices: Columbia, S. C.

SEIBELS BRUCE GROUP
 P.O. BOX 1, COLUMBIA, SOUTH CAROLINA 29202



Policy No. **GLA 64 35 68**

DECLARATIONS

POLICY PERIOD:			PREVIOUS COVERAGE:			AGENCY:	
FROM	TO		CO.	POLICY NO.	NO.	P	
5-15-80	5-15-81		05	GLA 62 68 97	2592		
MO. DA. YR.	MO. DA. YR.						

Item 1.
Name :
Insured : Charles S. Andrews
and : 2717 E. Oakland Park Blvd.
Address : Ft. Lauderdale, Florida 33306

RECEIVED OCT 8 1980

GENERAL LIABILITY-AUTOMOBILE POLICY

Agency: Reliable Insurance Agency, Inc.
 Ft. Lauderdale, Florida

Item 2. Policy Period: 12:01 A.M., standard time at the address of the named insured as stated herein on dates shown in policy period above.

The named insured is:
 Individual Partnership Corporation Joint Venture Other: _____
 Business of the named insured is: (ENTER BELOW) **Contractor** Audit Period: (ENTER BELOW) Annual Semi-Annual Quarterly Monthly

Item 3. The insurance afforded is only with respect to the following Coverage Part(s) indicated by specific premium charge(s).

Advance Premiums	Coverage Part No(s).	Coverage Part(s)	Advance Premiums	Coverage Part No(s).	Coverage Part(s)
I \$		I Comprehensive Automobile Liability Insurance	IX \$		IX Owners', Landlords' and Tenants' Liability Insurance
II \$		II Basic Automobile Liability Insurance	X \$ 93.00	L6407	X Manufacturers' and Contractors' Liability Insurance
III \$		III Automobile Medical Payments Insurance	XI \$		XI Premises Medical Payments Insurance
IV \$		IV Uninsured Motorists Insurance	XII \$		XII Owner's and Contractor's Protective Liability Insurance
V \$		V Automobile Physical Damage Insurance	XIII \$		XIII Comprehensive Personal Insurance
VI \$		VI Garage Insurance	XIV \$		XIV Farmer's Comprehensive Personal Insurance
VII \$		VII Comprehensive General Liability Insurance	XV \$		XV Storekeeper's Insurance
VIII \$		VIII Premises Medical Payments Insurance	XVI \$		XVI Physicians', Surgeons' and Dentists' Liability Insurance
\$		Identify other coverage parts and premium endorsements by form number GL0019	\$		Identify other coverage parts and premium endorsements by form number
\$ 93.00		Total Advance Premium for this policy.			

* If the policy period is more than one year, and premium is to be paid annually,

\$ is payable on the effective date of this policy and the first and second anniversaries thereof.

Item 4. During the past three years no insurer has cancelled insurance, issued to the named insured, similar to that afforded hereunder, unless otherwise stated herein:
 3/31/80 MAS:sg

Countersigned:

* Not applicable in Texas

By Thomas R. Harlough
 Authorized Representative

For attachment to Policy No. GLA 64 35 68, to complete said policy.

ADDITIONAL DECLARATIONS

Location of all premises owned by, rented to or controlled by the named insured (ENTER "SAME" IF SAME LOCATION AS ADDRESS SHOWN IN ITEM 1 OF DECLARATIONS)
Same

Interest of named insured in such premises (CHECK BELOW)
 OWNER GENERAL LESSEE TENANT Other

Part occupied by named insured (ENTER BELOW)
Entire

SCHEDULE

The insurance afforded is only with respect to such of the following Coverages as are indicated by specific premium charge or charges. The limit of the company's liability against each such Coverage shall be as stated herein, subject to all the terms of this policy having reference thereto.

Advance Premiums	Limits of Liability		Coverages
	each occurrence	aggregate	
\$ 52.00	\$ 300,000.		A—Bodily Injury Liability
\$ 41.00	\$ 50,000.	\$ 50,000.	B—Property Damage Liability
Total Advance Premium			Form numbers of endorsements attached at issue

General Liability Hazards

Advance Premiums		Rates		Premium Bases	Code No.	Description of Hazards
Bodily Injury	Property Damage	B.I.	P.D.			
52.00	41.00	.871	.446	c) If any c) 6,000 units	(17535)(001)	Premises - Operations Carpentry Charles S. Andrews
	Minimum Premium	.871	.446			
		(a) Per 100 Sq. Ft. of Area (b) Per Linear Foot (c) Per \$100 of Remuneration (d) Per \$100 of Receipts (e) Per Unit		(a) Area (Sq. Ft.) (b) Frontage (c) Remuneration (d) Receipts (e) Units		
		Per Landing		Number Insured		Escalators (Number at Premises) None
\$ 52.00	\$ 41.00	Total Advance B.I. and P.D. Premiums				

When used as a premium basis:

- "receipts" means the gross amount of money charged by the named insured for such operations by the named insured or by others during the policy period as are rated on a receipts basis other than receipts from telecasting, broadcasting or motion pictures, and includes taxes, other than taxes which the named insured collects as a separate item and remits directly to a governmental division;
- "remuneration" means the entire remuneration earned during the policy period by proprietors and by all employees of the named insured, other than chauffeurs (except operators of mobile equipment) and aircraft pilots and co-pilots, subject to any overtime earnings or limitation of remuneration rule applicable in accordance with the manuals in use by the company.

I. COVERAGE A—BODILY INJURY LIABILITY
COVERAGE B—PROPERTY DAMAGE LIABILITY

The company will pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages because of
A. bodily injury or
B. property damage

to which this insurance applies, caused by an occurrence, and the company shall have the right and duty to defend any suit against the insured seeking damages on account of such bodily injury or property damage, even if any of the allegations of the suit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or suit as it deems expedient, but the company shall not be obligated to pay any claim or judgment or to defend any suit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

(over)

9F	WINTER OVERHANG FACTOR (WOF)								
	FEET	N	NE	E	SE	S	SW	W	NW
0-0.99	1.00	0.99	0.85	0.75	0.83	0.96	1.00	1.00	
1-1.99	1.00	0.99	0.85	0.76	0.84	0.96	1.00	1.00	
2-2.99	1.00	0.99	0.86	0.77	0.86	0.99	1.00	1.00	
3-3.99	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00	
4-4.99	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00	
5-5.99	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00	
6-6.99	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00	
7-7.99	1.00	1.00	0.94	0.92	0.96	1.00	1.00	1.00	
8-8.99	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00	
9-9.99	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00	
10-10.99	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00	
11 & UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	

9F	SUMMER OVERHANG FACTOR (SOF)								
	FEET	N	NE	E	SE	S	SW	W	NW
0-0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.99	1.00	1.00	0.99	0.99	0.98	0.99	0.99	1.00	
2-2.99	1.00	0.98	0.95	0.93	0.92	0.93	0.95	0.96	
3-3.99	1.00	0.95	0.89	0.87	0.86	0.87	0.89	0.95	
4-4.99	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91	
5-5.99	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88	
6-6.99	0.99	0.85	0.76	0.72	0.72	0.72	0.76	0.85	
7-7.99	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83	
8-8.99	0.98	0.81	0.69	0.66	0.68	0.66	0.69	0.81	
9-9.99	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79	
10-10.99	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78	
11-11.99	0.97	0.76	0.63	0.61	0.65	0.61	0.63	0.76	
12 & UP	0.97	0.76	0.62	0.59	0.64	0.59	0.62	0.76	

9A	HEATING SYSTEM MULTIPLIER (HSM)									
HEAT PUMP	COP	2.0-2.19	2.2-2.39	2.4-2.59	2.6-2.79	2.8-2.99	3.0-3.19	3.2-3.39	3.4 & UP	
	HSM	0.50	0.45	0.42	0.38	0.36	0.33	0.31	0.29	
SOLAR HEAT	(BACKUP SYSTEM FRACTION) X (BACKUP SYSTEM HSM)									
GAS HEAT	0.50									
OIL HEAT	0.70									
ELECTRIC STRIP HEAT	1.00									

9B	COOLING SYSTEM MULTIPLIER (CSM)											
ELECTRIC	SEER	6.8-6.99	7.0-7.49	7.5-7.99	8.0-8.49	8.5-8.99	9.0-9.49	9.5-9.99	10.0-10.49	10.5-10.99	11.0-11.99	12.0 & UP
	CSM	1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	0.62	0.59	0.54
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP				
	CSM	1.50	1.25	1.20	1.09	1.00	0.92	0.89				

NOTE : SEER = COOLING MODE COP x 3.413 = AIRATED COOLING OUTPUT IN BTUH ÷ TOTAL WATTS CONSUMED

9C	HOT WATER CREDIT POINTS (HWP)	
ELECTRIC	RESISTANCE HEATERS	0.0
GAS		7.0
SOLAR	MINIMUM CERTIFIED DCR OF 6,000 BTU PER BEDROOM AND 15 GALLON STORAGE PER BEDROOM	19.6
	MINIMUM CERTIFIED DCR OF 9,000 BTU PER BEDROOM AND 20 GALLON STORAGE PER BEDROOM	22.6
	MINIMUM CERTIFIED DCR OF 12,000 BTU PER BEDROOM AND 27 GALLON STORAGE PER BEDROOM	24.5
A/C HEAT RECOVERY UNIT	MINIMUM CERTIFIED RATING OF 1500 BTUH/TON MINIMUM HOT WATER STORAGE TANK 40 GALLONS	16.3
	MINIMUM CERTIFIED RATING OF 2500 BTUH/TON MINIMUM HOT WATER STORAGE TANK 40 GALLONS	17.4

NOTE: DAILY COLLECTION RATE (DCR) IS MEASURED AT 122°F USING FBEC STANDARD FLORIDA SOLAR DAY



FLORIDA MODEL ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

BOB GRAHAM **SECTION 9** **GOVERNOR'S ENERGY OFFICE**
GOVERNOR **POINTS METHOD** **LEX HESTER, DIRECTOR**
PREPARED BY: BRABHAM KUHNS DEBAY - CONSULTING ENGINEERS

PROJECT NAME AND ADDRESS	RESIDENCE FOR LOT #6	JURISDICTION
	RIVERVIEW SEWALLS POINT	
	MARTIN COUNTY, FLORIDA	BUILDING PERMIT NO.
BUILDER	CHARLES ANDREWS - CONTRACTOR	
OWNER	THOMAS REALTY & INVESTMENT INC	<small>TO BE FILLED IN BY BLDG OFFICIAL</small> <small>TO BE FILLED IN BY DESIGNER</small>

STATISTICAL DATA													
ZONE	JURISDICTION CODE	FLOOR AREA	GROSS WALL AREA	GLASS AREA	WALL INSUL R-VALUE	ROOF INSUL R-VALUE	EER OR SEER	COP	MAXIMUM ALLOWED EPI	EPI			
8		2208	2016	390	R-11	R-19	9.2						
HEATING SYSTEM TYPE				HOTWATER SYSTEM TYPE				WALL CONSTRUCTION		NUMBER OF UNITS			
STRIP	HEAT PUMP	GAS	OIL	SOLAR	ELEC.	HEAT REC.	GAS	OIL	SOLAR	CBS	FRAME	THIS BUILDING	ENTIRE PROJECT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
<small>THIS DATA TO BE SENT TO THE GOVERNOR'S ENERGY OFFICE BY THE BUILDING OFFICIAL UPON REQUEST</small>													

BASE BUDGET	COMMON WALLS	COMMON ROOF	MAXIMUM ALLOWED
=	X5	X12	=
FROM APPENDIX E	FEWER TOTAL POINTS MEANS GREATER SAVINGS		EPI
CERTIFIED BY:	<i>Burt Butt</i> ^{FL. 4187} ARCHITECT	DATE:	10-6-80
		EPI:	67.89

9D	DESIGN CREDIT POINTS (CP)		
CEILING FANS (IN COND. SPACE)	1 PER FAN		2
MULTI ZONE A/C (SEPARATED BY OPERABLE DOOR)		5	5
OPERABLE WINDOWS (ON 2 OR MORE SIDE OF ROOM)	1 PER ROOM		2
WHOLE HOUSE FAN (1.5 CFM/SF)		5	
TOTAL			9

9E	DESIGN PENALTY POINTS (PP)		
WASHER AND DRYER (IN COND SPACE)		3	3
MAX. OPENING OF GLASS < 40%		5	
TOTAL			3

9G	PERSCRIPTIVE MEASURES		
CHECK FOR COMPLIANCE	SECTION	CHECK	
HEATING SYSTEM EFFICIENCY	503.4	<input checked="" type="checkbox"/>	
AIR CONDITIONING CONTROLS	503.7	<input checked="" type="checkbox"/>	
A/C DUCT CONSTRUCTION	503.9	<input checked="" type="checkbox"/>	
PIPING INSULATION (CIRCULATING SYSTEMS)	503.10	<input type="checkbox"/>	
WATER HEATER (ASHRAE 90-75 LABEL)	504.2	<input type="checkbox"/>	
SWIMMING POOLS	504.2	<input type="checkbox"/>	
SHOWER FLOW RESTRICTORS	504.5	<input type="checkbox"/>	

COMMERCIAL COOLING
& HEATING CO.
940 NE Dixie Highway
JENSEN BEACH, FLORIDA 33457

RECEIVED OCT 8 1980

DATE October 6, 1980

SUBJECT Thomas Realty Investment

TO:

(305) 334-3232

Sewallls Point Town Hall

Commercial Street

Jensen Beach, Florida 33457

> We hereby notify you of our intent to install a Bryant High efficiency
Central heating and cooling system in the Thomas Realy Investment, Inc.
Home. The Owner is Charlie Andrews, 1045 East Ocean Blvd., Stuart, Fla.
The rating on this system is 8.0 fo both Units.

SIGNED

PLEASE REPLY NO REPLY NECESSARY

RECEIVED OCT 8 1980

STATE OF FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE: **08/27/80** FILE NO. **CG C010622** BATCH NO. **1298**

THE CERTIFIED GENERAL CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER **489** FOR
THE YEAR EXPIRING **JUNE 30, 1981**

ANDREWS, CHARLES S JR
INDIVIDUAL
11000 N E OCEAN BLVD
JENSEN BEACH FL 33457

Bob Graham
GOVERNOR

Nancy Kelly Littlejohn
SECRETARY OF PROFESSIONAL
REGULATION

DISPLAY IN A CONSPICUOUS PLACE

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 3/17/81

This is to request that a Certificate of Approval for Occupancy be issued to Thomas Realty
For property built under Permit No. 1222 Dated 10/9/80 when completed in
conformance with the Approved Plans.

Charles S. Crocker
Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	11/3/80	
Rough plumbing	11/3/80	
Slab	11/10/80	
Perimeter beam	—	
Close-in, roof and rough electric	12/19/80	
Final Plumbing	3/17/81	
Final Electric	3/17/81	
A/c	3/17/81	
		Insulation 12/29/80 G.S.

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] date 3/17/81
Approved by Building Commissioner [Signature] date

Utilities notified 3/18/81 date

Original Copy sent to _____

(Keep carbon copy for Town files)

247-5400

1245

POOL

&

PATIO

Permit No. 1245 TOWN OF SEWALL'S POINT, FLORIDA Date 11/11/60

APPLICATION FOR PERMIT TO BUILD A POOL, SWIMMING 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 setbacks, plumbing and electrical layouts, if applicable, and at least two elevations, as applicable.

Owner Walter J. ... Present address 1111 ...

Contractor ... Address ...

Where licensed ... License number ...
Mechanical contractor ... License number ...
Plumbing contractor ... License number ...

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

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

Subdivision ... Loc. No. ...

Contract prices ... cost of materials ...
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, protecting 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 ...

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.

Approved: ... Date 11/10/60
Building Inspector ... Date 11/10/60

Approved: ... Date 11/10/60
Commissioner ... Date 11/10/60

Final Approval given: ... Date 11/10/60
Certificate of Occupancy issued: ... Date 11/10/60

SP/1-79
#1245

1315

GAS TANK

&

POOL HEATER

1315

Permit No. _____

Date 3/20/81

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 ROBERT RIMER Present address _____

Phone _____

Contractor TRI-COUNTY GAS, INC. Address 3222 S.W. 10th Ave. Miami

Phone 287-4330

Where licensed STATE OF FLORIDA License number 0238120178-00

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: Installation of (LP) Gas Pool Heater with 500 Gal.

(LP) storage tank. (tank to be buried)

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

6 IRVINGVIEW DRIVE

Subdivision _____ Lot No. 16

Contract price: 1,940.75 Cost of Permit \$102

Plans approved as submitted _____ Plans approved as marked: NO

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 [Signature]

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

Owner [Signature]

TOWN RECORDS Date submitted 3/20/81

Approved: [Signature] Building Inspector Date _____

Approved: [Signature] Commissioner Date _____

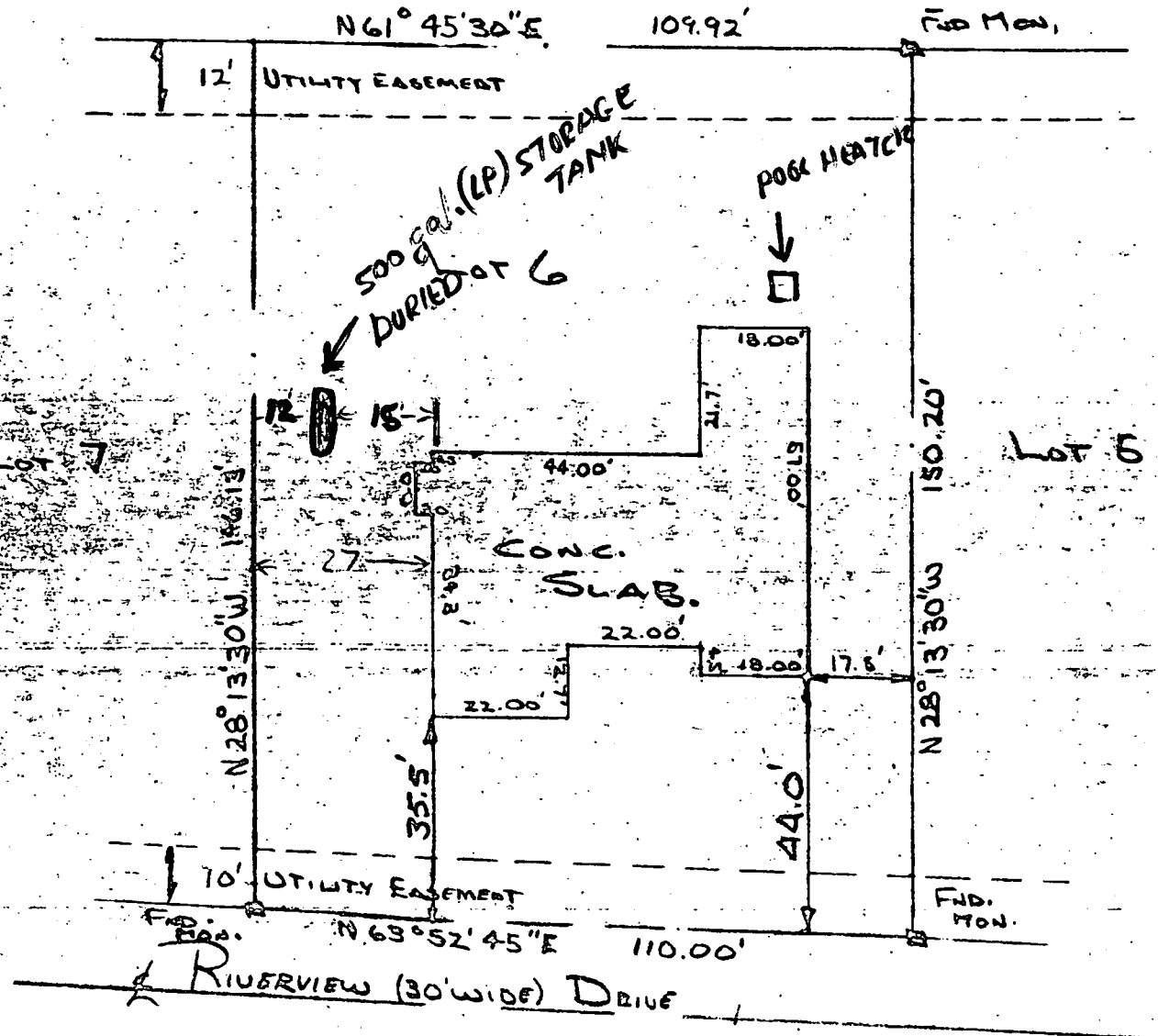
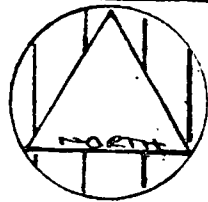
Final Approval given: 4/9/81 Date _____

Certificate of Occupancy issued _____ Date _____

SP/2-79

1315

Approval of these plans in no way relieves the contractor of compliance with the Town of Sewall's Point's Ordinances, the South Florida Building Code and all applicable Model Energy Efficiency Building Code.



BOUNDARY SURVEY
 DESCRIPTION
 KNOWN AS LOT 6 "RIVERVIEW"
 1/2" AS RECORDED IN PLAT BOOK
 6 PAGE 86, PUBLIC RECORDS
 OF MARTIN COUNTY, FLORIDA

RECEIVED MAR 24 1981
 3/25/81

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

PRICE ENGINEERING COMPANY
 Engineers - Planners - Surveyors
 1320 PALM BEACH ROAD
 STUART, FLORIDA 34994

PREPARED FOR

CHARLES ANDREWS

RONALD J. PRICE
 FLORIDA LICENSE NO. 2688

DATE: 11/6/80

ISSUED BY

DATE

1326

FENCE

Permit No. 1326

Date 4/10/81

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 Robert Bremer Present address La Primavera Dr

Phone 283-2460

Contractor CLIMATECL FLORIDA CORP

Address 2201 S.W. Indian St., #1-78

Phone 283-8070, West Palm 442-4655

Where licensed Fla

License number CR6 00778-6

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:

Screen Pool Enclosure

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

La Primavera Dr

Subdivision Governors Tr

Lot No.

Contract prices 1000

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 Robert Bremer / S.W. Bremer

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 Robert Bremer

TOWN RECORD

Date submitted

Approved

[Signature]
Building Inspector

Date

Approved

[Signature]
Commissioner

Date

Final Approval given:

5/25/81
Date

Certificate of Occupancy issued

[Signature]
Date

SP/1-79

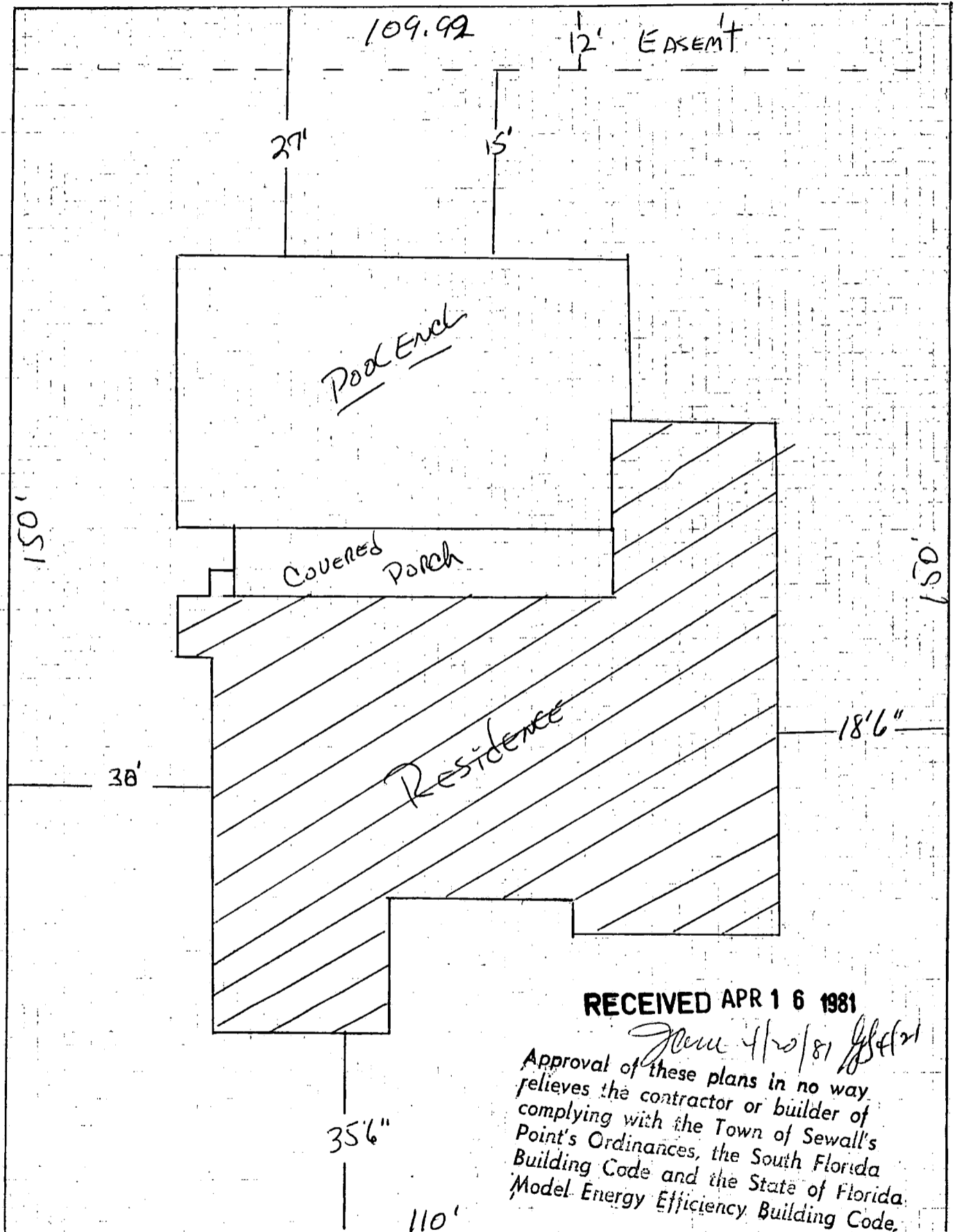
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code, and the Florida Building Code.

1326

Job Name Robert (Bob) RIMER
Job Address _____
Lot #6 Block _____
Subdivision RIVERVIEW
SEWALLS PT.

Date Issued _____
Date Wanted _____
Beams 1 x _____
Color Roof _____
Sides _____
Ch. RI. _____
RATE _____
Installed by _____
Date Completed _____

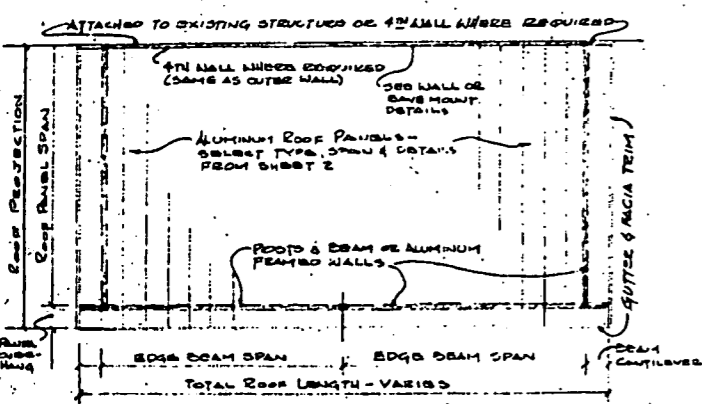
SKETCH



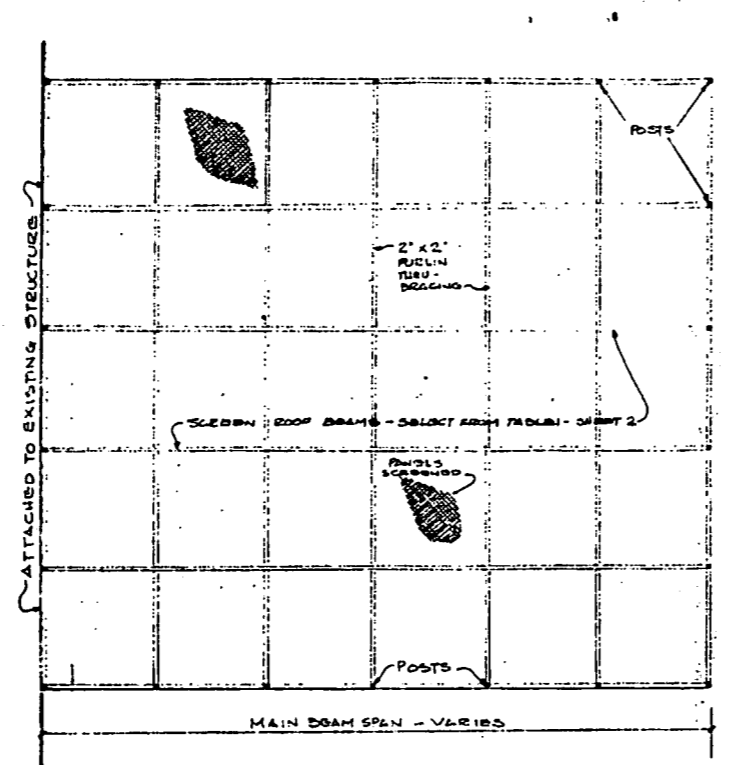
RECEIVED APR 16 1981

Gene 4/20/81 [Signature]
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.

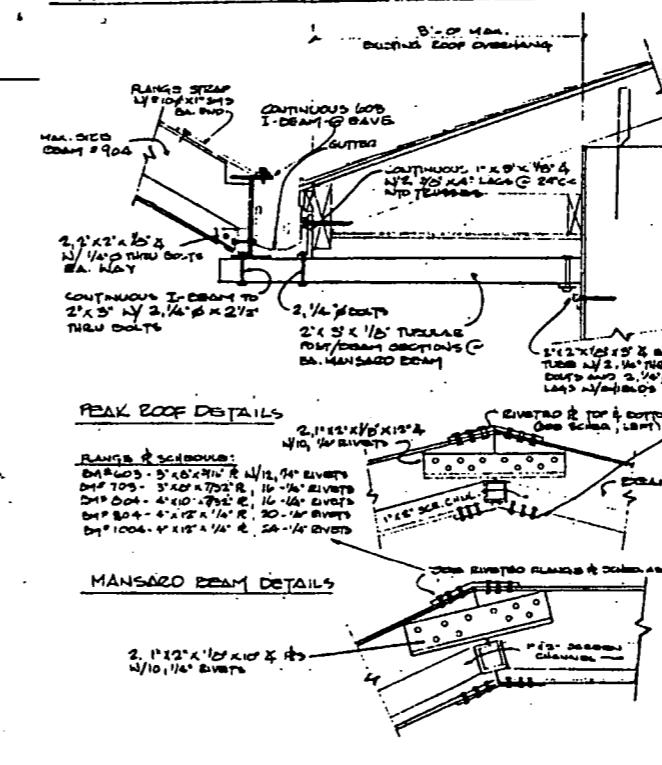
FRAN VIEW: ATTACHED CARPORT, PATIO, OR CABANA ROOM (SCREENED OR UNLINED)



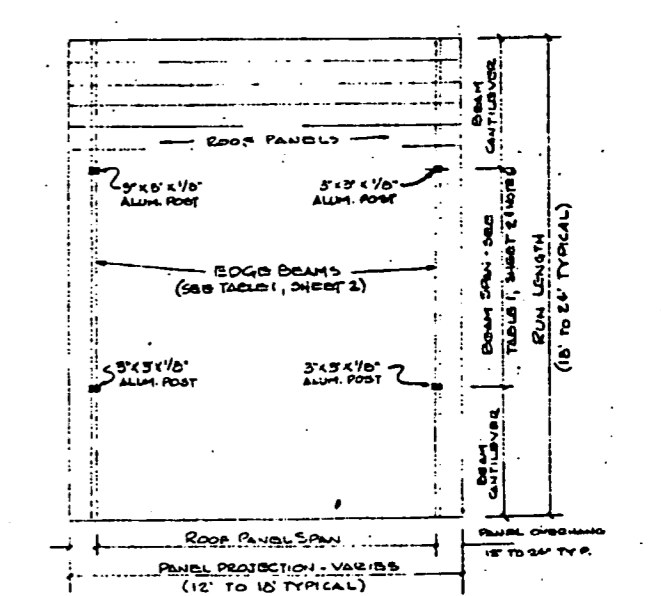
SCREENED POOL ENCLOSURE PLAN VIEW



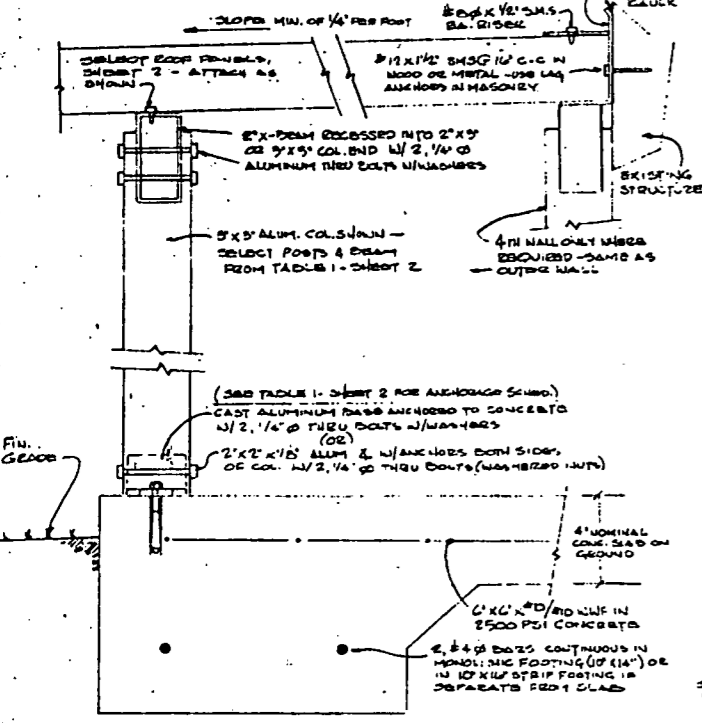
MANSARD SCREEN ROOF ATTACHMENT DETAILS



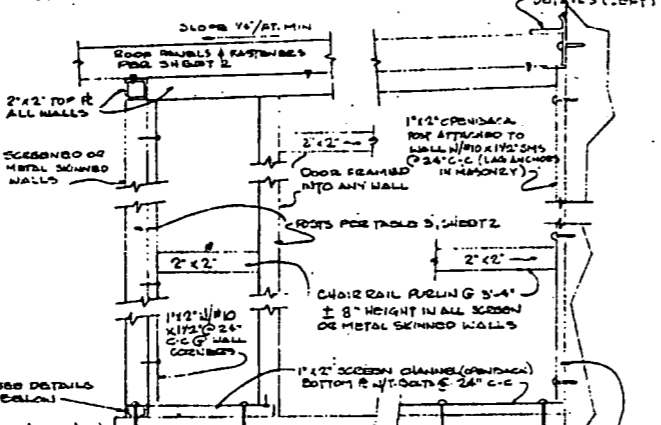
PLAN VIEW - FREE STANDING CARPORT



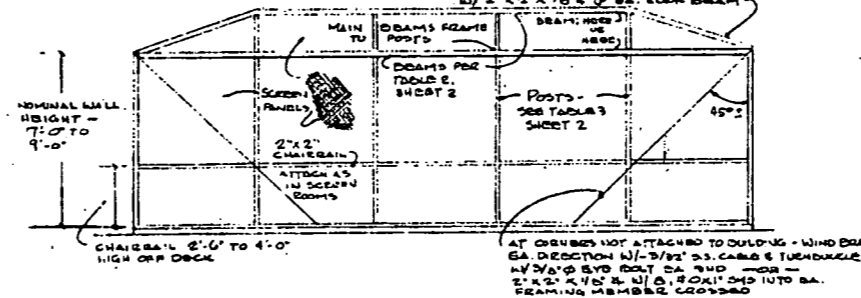
TYPICAL PATIO-CARPORT SECTION DETAILS



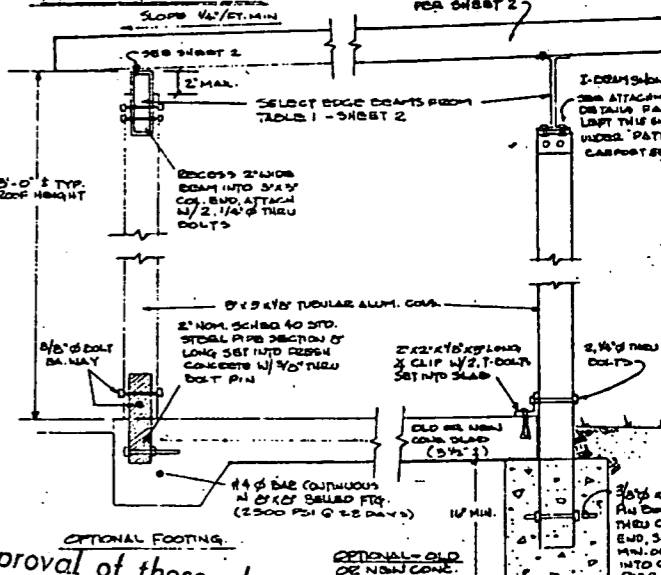
TYPICAL CABANA ROOM SECTION DETAILS



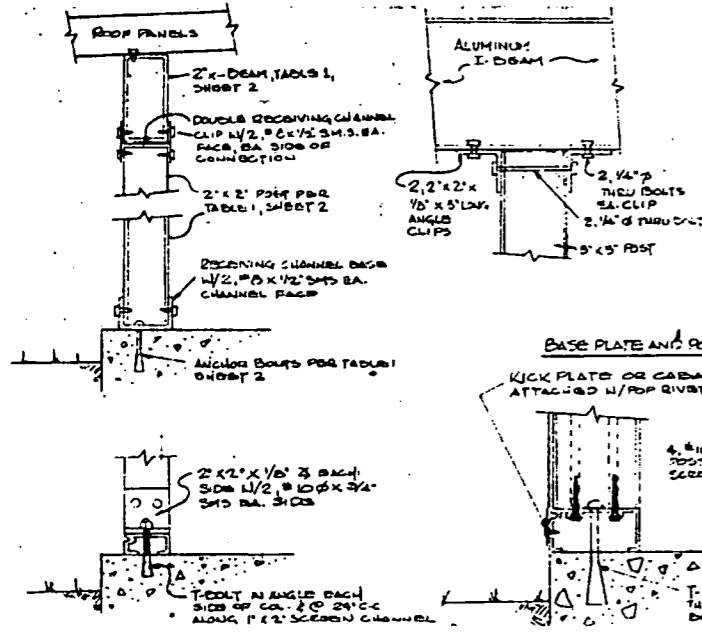
POOL ENCLOSURE ELEVATION VIEW



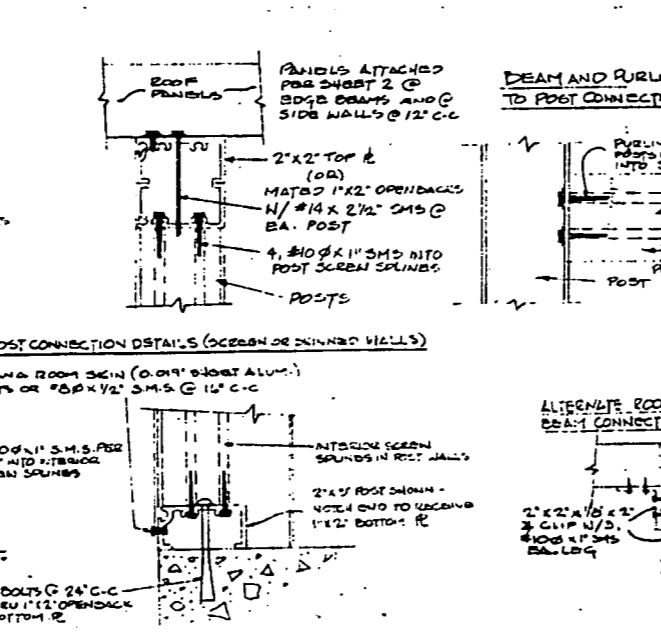
TYPICAL SECTION DETAILS



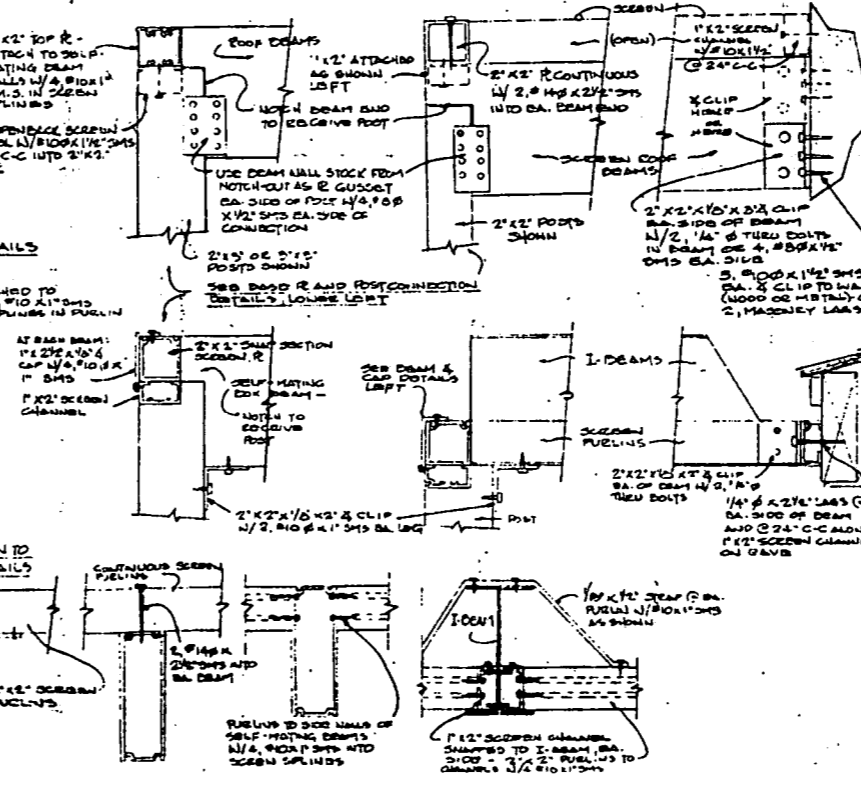
ALTERNATE POST AND BEAM CONNECTION DETAILS



DEAM AND PURLIN TO POST CONNECTION DETAILS

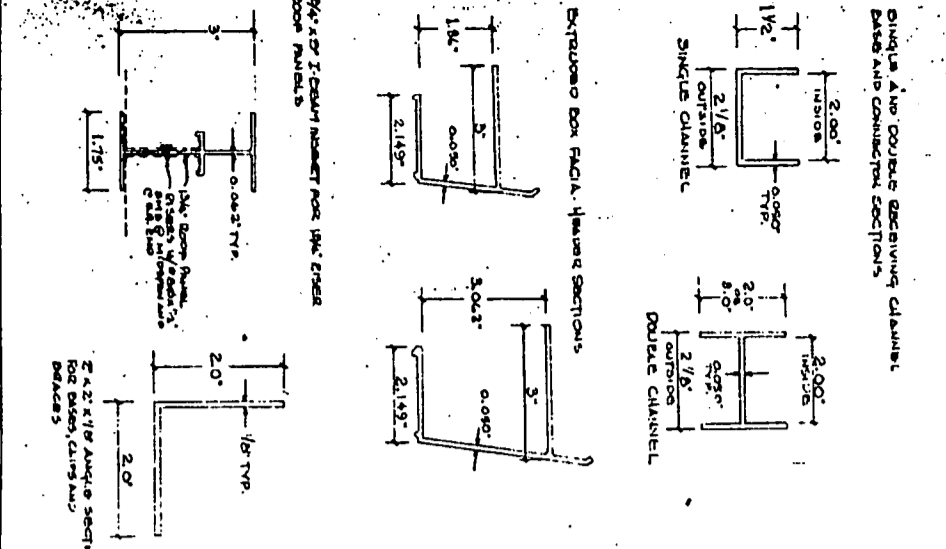
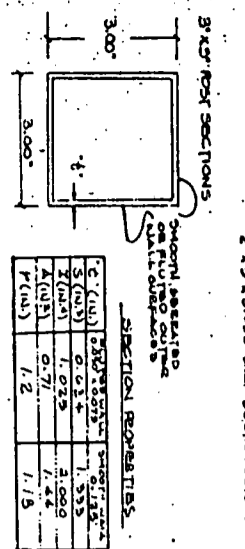
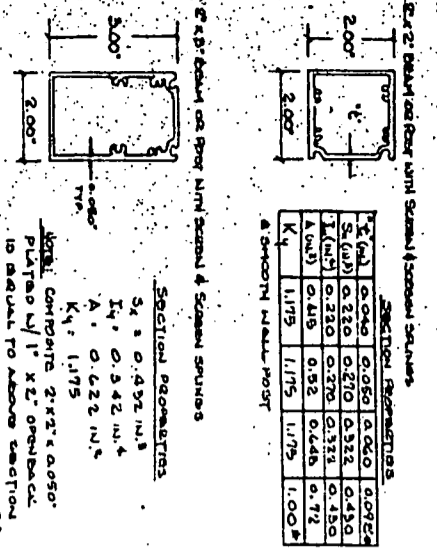
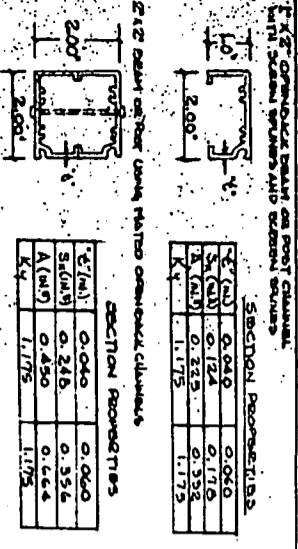


TYPICAL WALL AND BEAM END CONNECTION DETAILS

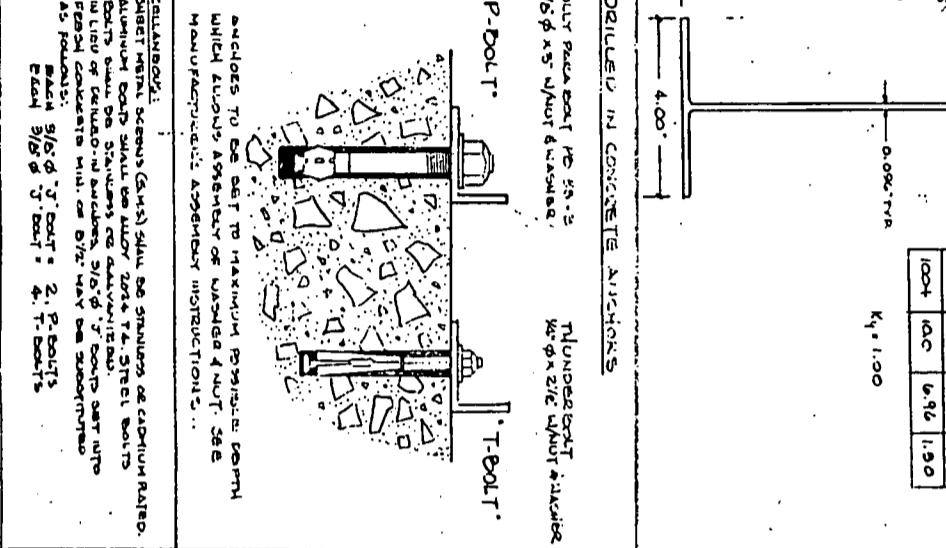
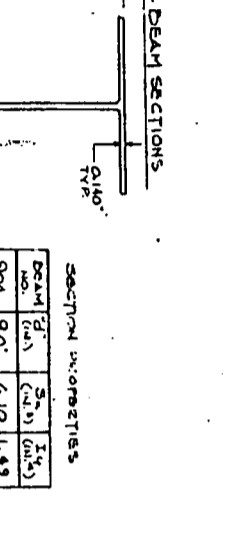
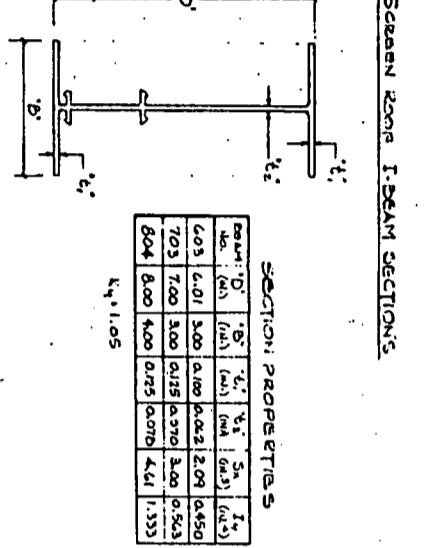
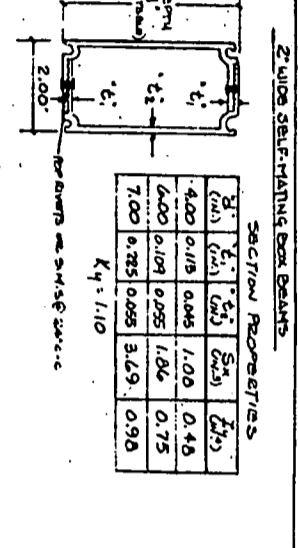


Approval of these plans in no way relieves the contractor or builder of compliance with the Town of Sewall's Ordinance, the South Florida Building Code and the State of Florida Model Energy Efficient Building Code. THESE STRUCTURES AND CONNECTIONS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE (SBC) FOR LOAD CONDITIONS AS FOLLOWS:
 WHERE LIVE LOADS ARE APPLICABLE: 20 PSF LIVE LOADS + DEAD LOADS (A - 1/8\"/>

EXTRUDED ALUMINUM SECTIONS (1/2 SCALE)



EXTRUDED ALUMINUM BEAM SECTIONS (1/2 SCALE)



POST AND BEAM SPAN TABLES

TABLE 1 - SPAN TABLE FOR EDGE BEAMS IN CANOPY ROOF STRUCTURES

Beam Size	Minimum Clear Span (ft) for Continuous Edge Beams					Minimum Post Size and Number or Date Anchor Bolts Required
	10 FT	11 FT	12 FT	13 FT	14 FT	
2" x 2" x 0.060"	5'-7"	5'-4"	5'-2"	5'-0"	4'-10"	2" x 2" Post (Min. of 2 T-Bolts (see foot))
2" x 3" x 0.050"	6'-5"	6'-2"	6'-0"	5'-9"	5'-7"	2" x 3" Post or angle 3" x 3" Post Section (see foot)
2" x 4" S.M. Beam	11'-0"	10'-7"	10'-5"	9'-10"	9'-4"	2" x 4" Post Section (see foot)
2" x 4" S.M. Beam	14'-5"	13'-11"	13'-5"	13'-0"	12'-7"	2" x 4" Post Section (see foot)
2" x 7" S.M. Beam	20'-0"	19'-2"	18'-6"	17'-10"	17'-4"	2" x 7" Post Section (see foot)
I-Beam # 603	15'-3"	14'-5"	14'-2"	13'-8"	13'-2"	2" x 7" Post Section (see foot)
I-Beam # 703	18'-3"	17'-6"	17'-1"	16'-5"	15'-11"	2" x 7" Post Section (see foot)
I-Beam # 804	22'-6"	21'-7"	20'-9"	20'-3"	19'-6"	2" x 7" Post Section (see foot)
I-Beam # 904	24'-8"	23'-0"	22'-0"	21'-1"	20'-5"	2" x 7" Post Section (see foot)
I-Beam # 1004	25'-10"	24'-6"	23'-7"	22'-7"	21'-10"	2" x 7" Post Section (see foot)

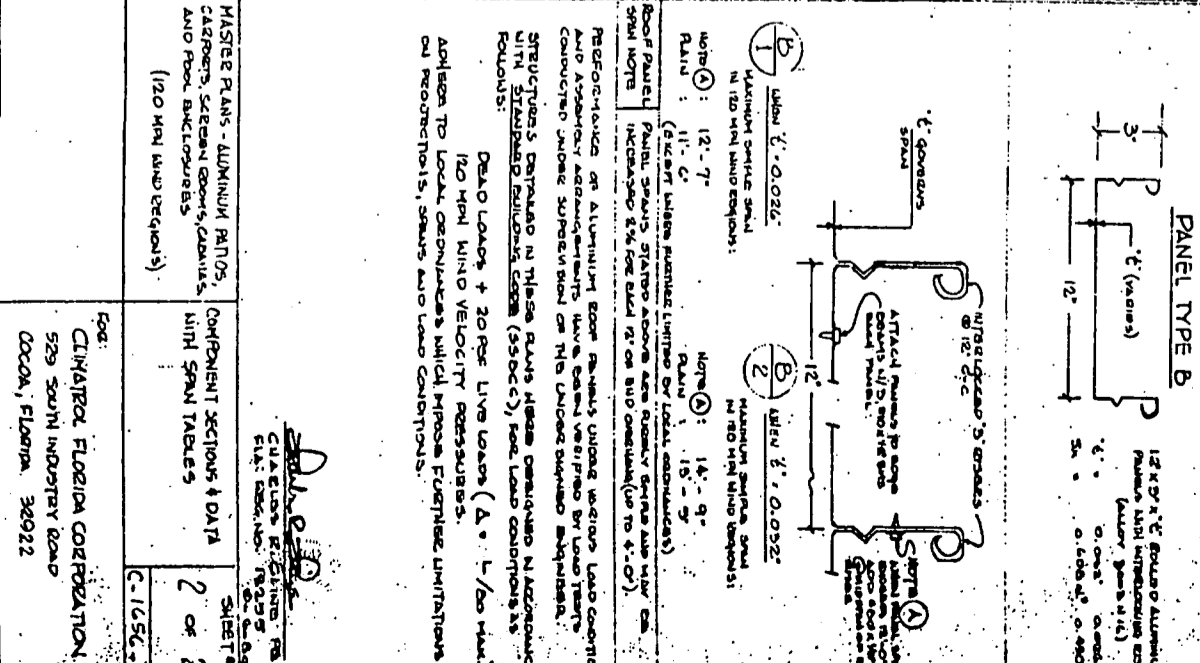
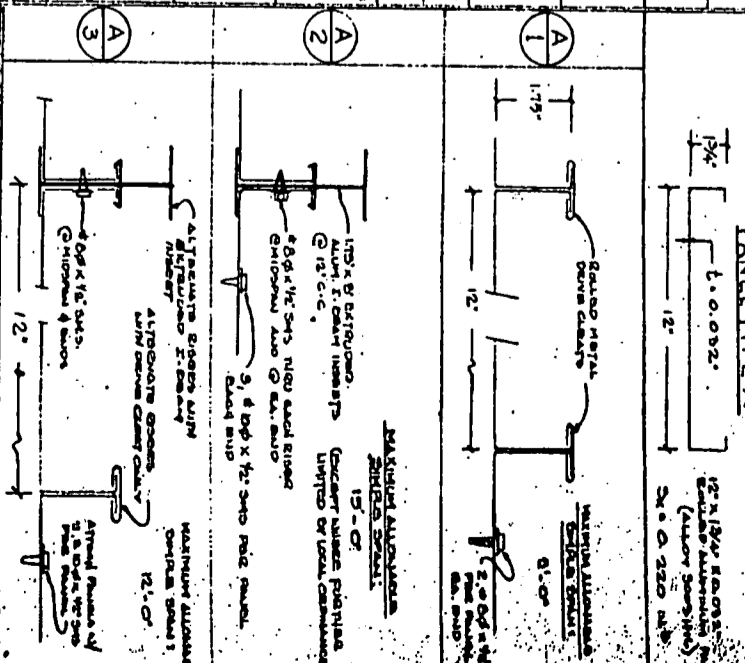
TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS

Beam Size	Maximum Clear Spans for Screened Roof Beams & Various Beam Spacings							
	4'-0" C-C	5'-0" C-C	6'-0" C-C	7'-0" C-C	8'-0" C-C	9'-0" C-C	10'-0" C-C	11'-0" C-C
2" x 4" S.M. Beam	22'-6"	21'-6"	20'-0"	19'-0"	18'-6"	17'-11"	17'-0"	16'-0"
2" x 4" S.M. Beam	29'-6"	28'-3"	26'-0"	24'-4"	23'-0"	22'-0"	21'-10"	21'-0"
2" x 7" S.M. Beam	41'-0"	39'-10"	37'-0"	35'-4"	34'-0"	32'-10"	32'-0"	31'-0"
I-Beam # 603	34'-9"	31'-4"	30'-0"	27'-9"	26'-8"	25'-9"	24'-10"	24'-2"
I-Beam # 703	41'-6"	37'-6"	36'-0"	33'-6"	31'-0"	29'-11"	29'-1"	28'-0"
I-Beam # 804	50'-0"	46'-0"	44'-6"	41'-0"	39'-6"	37'-0"	36'-0"	35'-0"
I-Beam # 904	55'-0"	49'-8"	47'-6"	45'-4"	43'-7"	41'-3"	39'-9"	38'-0"
I-Beam # 1004	59'-0"	53'-0"	50'-6"	48'-6"	46'-5"	44'-2"	43'-7"	42'-4"

TABLE 3 - ROOF LENGTHS AND SPACING IN SCREENED OR METAL SKINNED WALLS

Roof Size	Nominal Wall Height	Screened Wall Spacing	Metal Skinned Wall Spacing
2" x 2" x 0.060"	7"	5'-3"	2'-0"
2" x 3" x 0.050"	7"	6'-0"	2'-0"
2" x 4" S.M. Beam	7"	6'-0"	2'-0"
2" x 7" S.M. Beam	7"	6'-0"	2'-0"
I-Beam # 603	8"	6'-5"	2'-4"
I-Beam # 703	8"	7'-0"	2'-4"
I-Beam # 804	8"	7'-0"	2'-4"
I-Beam # 904	8"	7'-0"	2'-4"
I-Beam # 1004	8"	7'-0"	2'-4"
2" x 4" S.M. Beam	9"	6'-6"	2'-4"
2" x 7" S.M. Beam	9"	6'-6"	2'-4"
I-Beam # 603	9"	7'-0"	2'-4"
I-Beam # 703	9"	7'-0"	2'-4"
I-Beam # 804	9"	7'-0"	2'-4"
I-Beam # 904	9"	7'-0"	2'-4"
I-Beam # 1004	9"	7'-0"	2'-4"
2" x 4" S.M. Beam	10"	6'-6"	2'-4"
2" x 7" S.M. Beam	10"	6'-6"	2'-4"
I-Beam # 603	10"	7'-0"	2'-4"
I-Beam # 703	10"	7'-0"	2'-4"
I-Beam # 804	10"	7'-0"	2'-4"
I-Beam # 904	10"	7'-0"	2'-4"
I-Beam # 1004	10"	7'-0"	2'-4"
2" x 4" S.M. Beam	11"	6'-6"	2'-4"
2" x 7" S.M. Beam	11"	6'-6"	2'-4"
I-Beam # 603	11"	7'-0"	2'-4"
I-Beam # 703	11"	7'-0"	2'-4"
I-Beam # 804	11"	7'-0"	2'-4"
I-Beam # 904	11"	7'-0"	2'-4"
I-Beam # 1004	11"	7'-0"	2'-4"
2" x 4" S.M. Beam	12"	6'-6"	2'-4"
2" x 7" S.M. Beam	12"	6'-6"	2'-4"
I-Beam # 603	12"	7'-0"	2'-4"
I-Beam # 703	12"	7'-0"	2'-4"
I-Beam # 804	12"	7'-0"	2'-4"
I-Beam # 904	12"	7'-0"	2'-4"
I-Beam # 1004	12"	7'-0"	2'-4"

ROOF PANEL SECTIONS AND APPROXIMATE DATA



FOR: CLIMATEFLOR FLORIDA CORPORATION
529 SOUTH INDUSTRY ROAD
DODD, FLORIDA 32022

COMPONENT SECTIONS DATA
2 OF 2

DATE: 12-1-77

BY: [Signature]

1441

ADDITION

1441

TOWN OF SEWALL'S POINT FLORIDA

RECEIVED OCT 31 1981
Date 10/30/1981

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 S. ROBERT & SHEILA A. RIMER Present address 6 RIVERVIEW DR

Phone 283-2460

Contractor SELF Address SAMA

Phone _____

Where licensed FLA License number CGC 019595

Electrical contractor ~~FBA~~ ST LUCIE ELECTRIC License number 83

Plumbing contractor ~~FBA~~ NORTON'S PLUMBING License number 69

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: BEDROOM & BATHROOM ADDITION TO EXISTING HOUSE

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

Subdivision RIVERVIEW Lot No. #6

Contract price \$ 12000 Cost of Permit \$ 60 + 10 + 10 = 80

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 [Signature]

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

Owner [Signature]

Approved: [Signature] Building Inspector Date 11/2/81

Approved: [Signature] Commissioner Date 11/13/81

Final Approval given: _____ Date _____

Certificate of Occupancy issued _____ Date _____

SP/1-79

see revised drawings on file [Signature]

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.

1441

SET TAB STOPS AT ARROWS

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY Pittman Insurance Agency Inc. PO Box 47 Stuart, FL 33494	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER A	Travelers
NAME AND ADDRESS OF INSURED Lear Development Corporation 6 Riverview Drive, Sewell's Point Jensen Beach, FL 33457	COMPANY LETTER B	
	COMPANY LETTER C	RECEIVED OCT 31 1981
	COMPANY LETTER D	
	COMPANY LETTER E	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	650-280F710-2-IND--81	8-31-82	BODILY INJURY	\$ 300	\$ 300
				PROPERTY DAMAGE	\$ 50	\$ 50
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY	\$	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY	\$	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
 General Contractor - State of Florida

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 below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 City of Sewell's Point

DATE ISSUED: October 30, 1981

 AUTHORIZED REPRESENTATIVE

RECEIVED OCT 31 1981

STATE OF FLORIDA Department of Professional Regulation

CONSTRUCTION INDUSTRY
LICENSING BOARD

RIMER, S. ROBERT
LEAR DEVELOPMENT CORP
CERTIFIED GENERAL CONTRACTOR
HAS PAID THE FEE REQUIRED BY CHAPTER 489
FOR THE YEAR EXPIRING JUNE 30, 1983

SIGNATURE

Robert Rimer
GOVERNOR

PLEASE READ IMPORTANT
INFORMATION ON REVERSE

Henry Kelly Littlejohn
SECRETARY OF PROFESSIONAL
REGULATION

MARTIN COUNTY

1981 COUNTY OCCUPATIONAL LICENSE 1982

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING
MACHINE SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID.
PLEASE MAIL OR BRING THIS LICENSE WITH YOUR REMITTANCE.
PENALTY 10% FOR MONTH OF OCTOBER; 5% ADDITIONAL
EACH MONTH THEREAFTER; UP TO 25% PLUS COLLECTION
COSTS.

STATE CERTIFICATE NO. CGC019595

LICENSE FEE \$ _____
DEL. PEN. \$ _____
TOTAL \$ 9.00

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION, OR OCCUPATION

OF Gen. Contr

AT ABOVE ADDRESS FOR THE PERIOD

BEGINNING ON THE

30 DAY OF Sept 1981 SEC 205.301

AND ENDING FIRST DAY OF OCTOBER, A.D. 1982.

CROOK PAID ROSEBICK
59.00 36.50

LOCATION

MAKE CHECKS PAYABLE TO
THOMAS L. CROOK, Tax Collector
P.O. Box 926, Stuart, Fla. 33495

Lear Dev. Corp
S. Robt. Rimer
6 Riverview Dr
Jensen Beach, Fl. 33457

New/am

ORIGINAL

NOTE: A PENALTY IS IMPOSED FOR FAILURE
TO KEEP THIS LICENSE IN A PROTECTED CON-
DITION AT YOUR ESTABLISHMENT OR PLACE
OF BUSINESS.

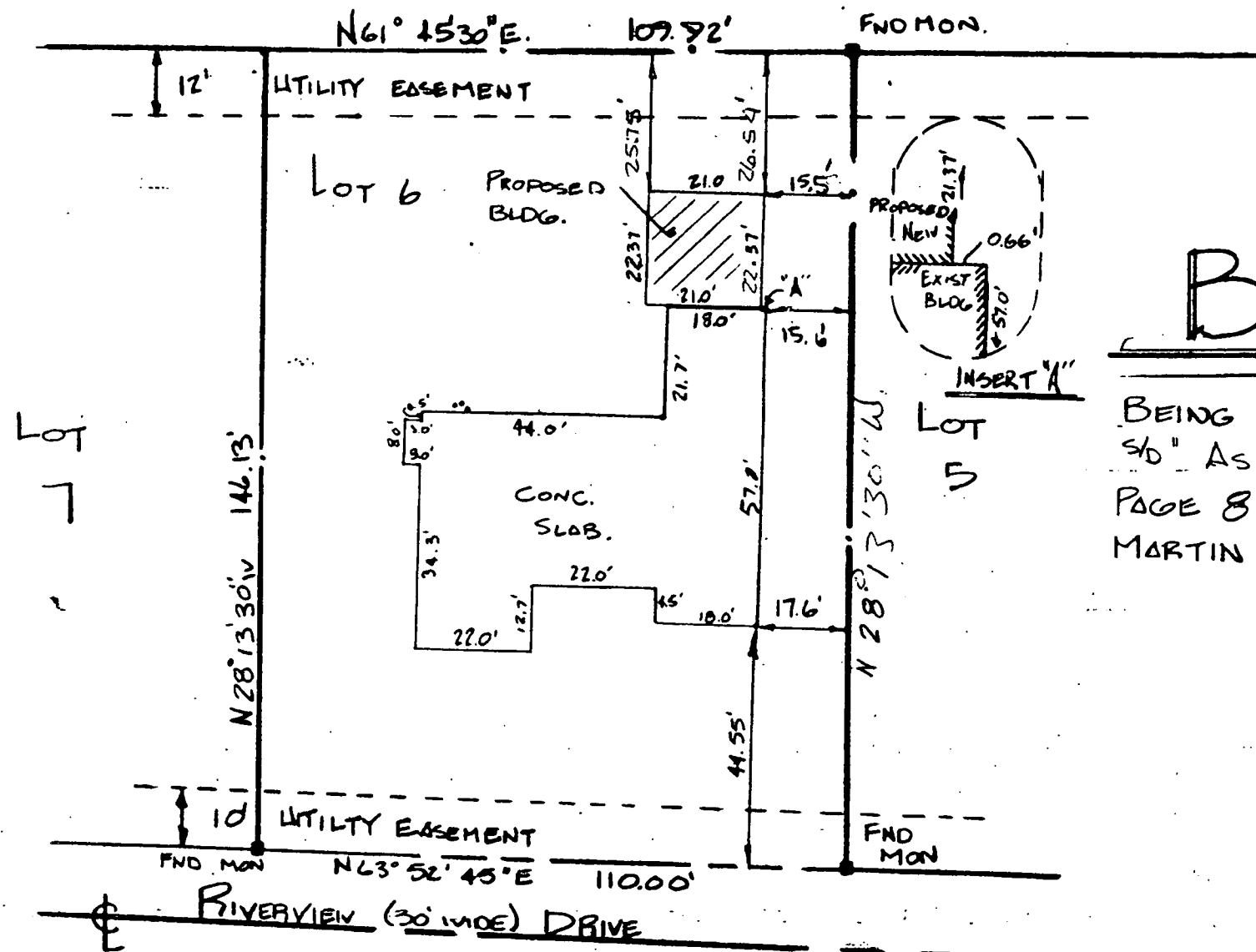
RECEIVED OCT 3 1 1981

WALLET CARD — FOLD HERE

CONSTRUCTION INDUSTRY LICENSING BOARD
POST OFFICE BOX 2
JACKSONVILLE, FL 32201

AUDIT CONTROL NO.	FILE NO.	BATCH NO.	FEE AMOUNT
280816	CGC019595	0956	\$150.00

The Department of Professional Regulation, Records Administration, sends notices, collects fees and issues license renewal documents for professional regulatory boards.



BOUNDARY SURVEY

DESCRIPTION

BEING KNOWN AS LOT 6, RIVERVIEW
 50" AS RECORDED IN PLATBOOK 6
 PAGE 86 PUBLIC RECORDS OF
 MARTIN COUNTY, FLORIDA.

PRICE ENGINEERING COMPANY

Engineers - Planners - Surveyors
 1320 PALM BEACH ROAD
 STUART, FLORIDA 33494

PREPARED FOR

LEAR DEVELOPMENT

Ronald J. Price
 RONALD J. PRICE

DRAWN: JB

SCALE: 1"=30'

DATE: REDRAWN

ISSUED BY

DATE

FLORIDA LICENSE NO. 2683

TIE IN SURVEY 10/19/81, REVISED 1/12/82 FOR SLAB

W.O. NO. 1611 PROJECT NO. 80292

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/7/82

This is to request that a Certificate of Approval for Occupancy be issued to Mr. Reiner
For property built under Permit No. 1441 Dated 1/13/82 when completed in
conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	1/22/82	
Rough plumbing	1/20/82 +	
Slab	1/29/82	
Perimeter beam		
Close-in, roof and rough electric	2/12/82	Jam
Final Plumbing	4/6/82	
Final Electric	4/6/82	
Insulation	2/12/82	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Mazzucca date 4/6/82

Approved by Building Commissioner J.C. Strubell date 4/22/82

Utilities notified Not Required date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

4153

REROOF

4153
Re Roof

TAX FOLIO 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 Bob Riner Present address 6 River View Dr

Phone 287-8866 Sewalls Point, FL 34996

Contractor Wilfram Const Address 9027 SE Pine Cone Ln

Phone 546-0300 Hobe Sound, FL 33455

Where licensed Martin County License number SP00624

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: Remove old Shake roof and Flat Roof. Replace Shakes with S-U Crimp. Replace Flat Roof with Modified Bitumen

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

6 River View Dr

Subdivision _____ Lot Number _____ Block Number _____

^{Selling} Contract price \$ 15,630 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 [Signature]

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

Owner _____

TOWN RECORD

Date submitted _____

Approved: _____
Building Inspector Date

Approved: _____
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

ACORD CERTIFICATE OF INSURANCE

LSS 02231

ISSUE DATE (MM/DD/YY)
 03/07/97

PRODUCER
 DEAKINS-CARROLL INS AGCY
 P. O. BOX 1597
 PT. SALERNO FL 34992

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** TRANSPORTATION INS CO
- COMPANY LETTER **B** FCCI MUTUAL INS. CO.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
 RONALD L. WILSON D/B/A
 WILFRAM CONSTRUCTION
 9027 S E PINECONE LANE
 HOBE SOUND, FL 33455

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS' & CONTRACTORS PROT.	C144632942	05/01/96	05/01/97	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/DP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXP. (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	C144624162	05/05/96	05/01/97	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	09011	05/01/96	05/01/97	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 FAXED TO 220-4765

MAILED: 7/17/96, 3/7/97
 CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
 BUILDING INSPECTION
 1 S. SEWALL'S POINT RD.
 STUART FL 34994

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

TO BE COMPLETE WHEN CONSTRUCTION VALUE IS \$2500.00 OR MORE

PERMIT # 4153
ReRoof

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENTS WILL BE MADE 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 KNOWN)

12384100100000060500 River View S/D Lot 6

GENERAL DISCRETION OF IMPROVEMENTS New Roof

OWNER: Robert Riner

ADDRESS: 6 River View Dr Sewals Point, FL

OWNER'S INTEREST IN PROPERTY: 100%

FEE SIMPLE TITLE HOLD (IF OTHER THAN OWNER): n/a

ADDRESS: _____

CONTRACTOR: Wilfran Const

ADDRESS: 9027 SE Pine Cone Ln. Hobe Sound, FL 33455

SURETY COMPANY (IF ANY) n/a

ADDRESS: _____

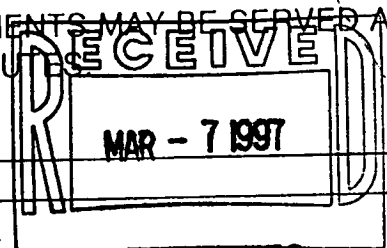
LENDER'S NAME: _____

ADDRESS: _____

PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.3(1) (A)7., FLORIDA STATUTES

NAME: _____

ADDRESS: _____



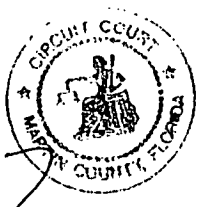
IN ADDITION TO HIMSELF, OWNER DESIGNATES TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13 (1)(B), FLORIDA STATUTES.

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

[Signature]
SIGNATURE OF OWNER

STATE OF Florida
COUNTY OF Martin

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA SULLIVAN, CLERK
BY _____
DATE 3/7/97



THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 2nd DAY OF February, 1997, BY Robert Riner WHO IS KNOWN TO ME OR WHO PRODUCED RS60-796-42-261-0 AND WHO DID NOT TAKE AN OATH.

[Signature]
NOTARY SIGNATURE



Gary Bustin
MY COMMISSION # CC587803 EXPIRES
September 24, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

6312

KITCHEN REMODEL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/30/03

BUILDING PERMIT NO. 6312
Remodel Kitchen/
Type of Permit INSTALL WINDOW SILL LIGHT

Building to be erected for LUTZ

Applied for by SOUTHERN EXPOSURE BROS (Contractor)

Building Fee 187.20

Subdivision RIVERVIEW Lot 6 Block _____

Radon Fee _____

Address 6 RIVERVIEW DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
1238410010000006050000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 187.20 Check # 1114 Cash _____ Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 19,500.00

TOTAL Fees 187.20

Signed [Signature]
Applicant

Signed [Signature] (P.O.B.)
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 _____ |

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Lutz Phone (Home) 221-3106 (Work) _____

Job Site Address: 6 River View City: Stuart State: FL Zip: 34996

Legal Description of Property: Riverview S/D Lot 6 Parcel Number: 12-38-41-001-000-0006.0-5

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

Description of Work To Be Done: Remove kitchen cabinets and install new. Install new window and skylite

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

CONTRACTOR/Company Name: Southern Exposure Building Corp Phone Number: 287-1954

Street: 2080 SE Horlaw Street City: Port St Lucie State: FL Zip: 34952

State Registration Number: _____ State Certification Number: PBC 056032 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 19,500.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: Starling Electric State: FL License Number: EC 0002284

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: Tropical Roofing Systems Inc State: FL License Number: CCC057316

ARCHITECT Cook and Menard Architecture Phone Number: 460-7751

Street: 808 Delaware Ave City: Ft Pierce State: FL Zip: _____

ENGINEER Same as Above 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

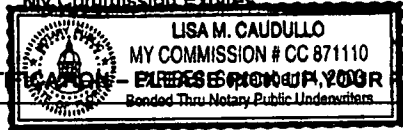
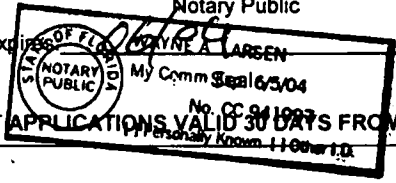
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
[Signature]
State of Florida, County of: Martin
This the 24th day of June, 2003
by Ruth Ann Lutz who is personally known to me or produced personally known as identification. Wayne Larsen

Notary Public
My Commission Expires: _____

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: St Lucie
This the 24 day of June, 2003
by Wayne Larsen who is personally known to me or produced personally known as identification. Lisa M Caudullo

Notary Public
My Commission Expires: 9/13/13



PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTARIES - EXPIRES MONTH OF 2008 PERMIT PROMPTLY!

OCCUPATIONAL TAX RECEIPT

CITY OF PORT ST. LUCIE

121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34984-5099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL
REGULATED TRADE LICENSES / COMPETENCY
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2002 to September 30, 2003

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY

Business/Lic. 110654/03-1015429

Business Address: 2080 SE HARLOW ST
Classification: CONT CONTRACTOR
Issued to: SOUTHERN EXPOSURE BUILDING CORPORATION
2080 SE HARLOW ST

Fee: 110.25
Discount: 0.00

PORT ST LUCIE FL 34952

Mary B. Motes
BUSINESS LICENSE COORDINATOR
678/023 KA BUSINESS COPY

Fees: 110.25 Late Fees: 0.00 Total this payment : 110.25

2002-2003

ST. LUCIE COUNTY OCCUPATIONAL LICENSE
STATE OF FLORIDA

ACCOUNT 1500-00980001
EXPIRES SEP 30, 2003

FACILITIES OR MACHINES TYPE OF BUSINESS
1500 BUILDING CONTRACTOR
BUSINESS LOCATION 2080 SE HARLOW ST
P - CITY OF PT ST LUCIE
NAME MAILING ADDRESS SOUTHERN EXPOSURE BUILDING COR CB-C056032
LARSEN, WAYNE ARNOLD
2080 SE HARLOW ST
PORT ST LUCIE, FL 34952

X RENEWAL NEW LICENSE TRANSFER- ORIGINAL TAX 11.25
AMOUNT PENALTY COLLECTION COST TOTAL 11.25

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

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

PAID TO BOB DAVIS, TAX COLLECTOR
MAY 09 07/26/02 11:35AM 00003593
1500-00980001
\$11.25
CK \$11.25
CHANGE \$0.00

AC#0680057

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L02102800487

DATE	BATCH NUMBER	LICENSE NBR
10/28/2002	200182818	CBC056032

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

LARSEN, WAYNE ARNOLD
SOUTHERN EXPOSURE BUILDING CORPORATION
2080 SE HARLOW ST
PORT ST.LUCIE FL 34952

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
SOUEX-1

DATE (MM/DD/YYYY)
03/28/03

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

INSURED
Southern Exposure Bldg Corp
2080 SE Harlow St
Port St Lucie FL 34952

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:	Owners Insurance Company	32700
INSURER B:	Hartford	22357
INSURER C:	Owners Insurance Company	32700
INSURER D:		
INSURER E:		

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	20559498	04/01/03	04/01/04	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 500,000
					GENERAL AGGREGATE \$ 500,000
					PRODUCTS - COMP/OP AGG \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	21WBGDZ2164	12/17/02	12/17/03	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100,000
C	Inland Marine	20559503	04/01/03	04/01/04	equipment 3,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Residential Construction - State of Florida

CERTIFICATE HOLDER

SEWAP-1

Sewalls Point Building Dept.
1 S Sewalls Point Road
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Debra L. Hill

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12-38-41-001-000-0006.0-5

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):

6 Riverview, Stuart, Florida 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Remove existing kitchen install new. Install new window + skylite

OWNER: Lutz

ADDRESS: 6 Riverview, Stuart, Florida 34996

PHONE #: 221-3106 FAX #: _____

CONTRACTOR: Southern Exposure Building Corp.

ADDRESS: 2090 SE Herlan Street, Fort St. Louis FL 34952

PHONE #: 287-1954 FAX #: 335-0243

SURETY COMPANY (IF ANY): AAA

ADDRESS: _____ STATE OF FLORIDA
MARTIN COUNTY

PHONE # _____ FAX #: _____ THIS IS TO CERTIFY THAT THE

BOND AMOUNT: _____ FOREGOING 1 PAGE(S) IS A TRUE

LENDER: AAA AND CORRECT COPY OF THE ORIGINAL

ADDRESS: _____ MARSHA EWING, CLERK

PHONE # _____ FAX #: _____ BY [Signature] D.C.

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS

MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(A)7., FLORIDA STATUTES:

NAME: AAA

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: _____

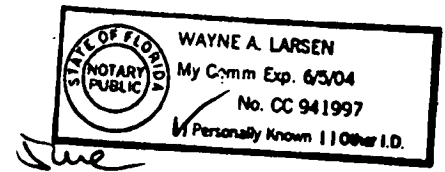
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24th DAY OF June
10 2003 BY Wayne Larsen (Notary)

[Signature]
NOTARY SIGNATURE



PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

NOA No 03-0123.08
Expiration Date: May 22, 2008
Approval Date: May 29, 2003
Page 1

BUILDING OFFICIAL
Gene Simmons

DATE: 6/26/03

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



6/13

The submitted documentation was reviewed by Linda I. Canada, P.E. mentioned above.

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 revises and renews NOA # 02-0701.03 and consists of this page 1 as well as approval document

ADVERTISEMENTS: 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.

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.

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.

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.

MISSILE IMPACT RATING: None

DESCRIPTION: Series "SGD-2500" Aluminum Sliding Glass Door

Zone of the Florida Building Code.

This product is approved as described herein, and has been designed to comply with the High Velocity Hurricanes

APPROVAL DOCUMENT: Drawing No. 757, titled "Aluminum Sliding Glass Door", sheets 1 through 9 of 9, prepared by manufacturer, dated 7/17/01 and last revised on 5/06/03, signed and sealed by Robert L. Clark, 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.

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.

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This NOA revises and renews NOA # 02-0701.03 and consists of this page 1 as well as approval document

The submitted documentation was reviewed by Linda I. Canada, P.E. mentioned above.

MISSILE IMPACT RATING: None

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.

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MISSILE IMPACT RATING: None

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.

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This NOA revises and renews NOA # 02-0701.03 and consists of this page 1 as well as approval document

The submitted documentation was reviewed by Linda I. Canada, P.E. mentioned above.

MISSILE IMPACT RATING: None

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.

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This NOA revises and renews NOA # 02-0701.03 and consists of this page 1 as well as approval document

The submitted documentation was reviewed by Linda I. Canada, P.E. mentioned above.

MISSILE IMPACT RATING: None

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.

NOTICE OF ACCEPTANCE (NOA)
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE (BCCO)
 MIAMI-DADE COUNTY, FLORIDA
 METRO-DADER FLAGLER BUILDING
 140 WEST FLAGLER STREET, SUITE 1603
 MIAMI, FLORIDA 33130-1563
 (305) 375-2901 FAX (305) 375-2908

PCT Industries
 1070 Technology Drive
 Nokomis, FL 34275





MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Eastern Metal Supply, Inc.
3600 23rd Ave., South
Lake Worth FL 33461

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

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

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

Your application for Product Approval of:
0.050" Bertha Aluminum Storm Panel Shutter

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

Acceptance No.: 00-0602.04

Expires: 08/07/2003

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.

Director
Miami-Dade County
Building Code Compliance Office

Approved: 08/17/2000

1 of 3



Eastern Metal Supply, Inc.ACCEPTANCE No. : 00-0602.04APPROVED : AUG 17 2000EXPIRES : 08/07/2003NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**1. SCOPE**

This renews the Notice of Acceptance No. 98-0817.16, which was issued on October 8, 1998. It approves an Aluminum Storm Panel Shutter, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

This Aluminum Storm Panel shutter and its components shall be constructed in strict compliance with the following documents: Drawing No. 98-172, titled "0.050" Bertha Storm Panel", prepared by Tilteco, Inc., dated July 7, 1998, last revision #1 dated July 7, 1998, sheets 1 through 8 of 8, signed and sealed by Walter A. Tillit Jr., P.E., bearing the Miami-Dade County Product Control Approval and Renewal stamps with the Notice of Acceptance numbers and approval dates by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

All permanent set components, included but not limited to embedded anchor bolts, threaded cones, metal shields, headers and sills, must be protected against corrosion, contamination and damage at all times.

4. INSTALLATION

This Aluminum Storm Panel Shutter and its components shall be installed in strict compliance with the approved drawings.

5. LABELING

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

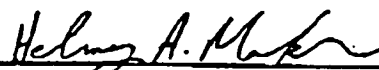
6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.


6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


 Helmy A. Makar, P.E. -Product Control Examiner
 Product Control Division

Eastern Metal Supply, Inc.ACCEPTANCE No. : 00-0602.04APPROVED : AUG 17 2000EXPIRES : 08/07/2003NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documents, including test-supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a. There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes.
 - b. The product is no longer the same product (identical) as the one originally approved.
 - c. If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product.
 - d. The engineer, who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a. Unsatisfactory performance of this product or process.
 - b. Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
6. The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer need not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

END OF THIS ACCEPTANCE


 Helmy A. Makar, P.E. -Product Control Examiner
 Product Control Division

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: SOUTHIE-2.RSR
 For: Lutz

6/25/03

6 River View
 SEWALLS POINT FL 34996
 772/286-4933

By: SOUTHERN EXPOSURE BUILDING CORP.
 2080 S.E. HARLOW ST.
 PORT ST. LUCIE FL 34952
 772-335-8554

Job #: REMODEL
 Wthr: West Palm Beach AP FL
 Zone: Entire House

WINTER DESIGN CONDITIONS

Outside db: 45 °F
 Inside db: 70 °F
 Design TD: 25 °F

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
 Inside db: 75 °F
 Design TD: 16 °F
 Daily Range: M
 Rel. Hum.: 50 %
 Grains Water: 60 gr

HEATING SUMMARY

Bldg. Heat Loss 30151 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 30151 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 40231 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 °F
 Use Mfg. Data n
 Rate/Swing Mult: 0.96
 Total Sens Equip Load 38621 Btuh

INFILTRATION

Method: Simplified
 Construction Quality: Average
 Fireplaces: 1

	HEATING	COOLING
Area (sq.ft.)	2171	2171
Volume (cu.ft.)	18732	18732
Air Changes/Hour	0.9	0.4
Equivalent CFM	282	125

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 1610 Btuh
 Ventilation 0 Btuh
 Infiltration 5105 Btuh
 Tot Latent Equip Load 6715 Btuh
 Total Equip Load 45337 Btuh

HEATING EQUIPMENT SUMMARY

Make: Rheem
 Trade: RBHC17506NFD

Efficiency: 0.0 AFUE

Heating Input: 10 KW 0 Btuh
 Heating Output: elect heater 0 Btuh
 Heating Temp Rise: 0 °F
 Actual Heating Fan: 1200 2200 CFM
 Htg Air Flow Factor: 0.073 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make: RHEEM
 Trade: ~~RAKA-037JAZ~~
 RAKA-037JAZ

Efficiency: 10.0 EER

Sensible Cooling: 25000 Btuh
 Latent Cooling: 4400 Btuh
 Total Cooling: 3440 Btuh
 Actual Cooling Fan: 1200 2200 CFM
 Clg Air Flow Factor: 0.055 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 86

MANUAL J: 7th-Ed. Right-Suite: Ver 4.1.04 S/N RSR21433

Printout certified by ACCA to meet all requirements of Manual Form J

Unit I

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: SOUTHE-2.RSR

6/25/03

For: Lutz
6 River View
SEWALLS POINT
772/206-4933

FL 34996

By: SOUTHERN EXPOSURE BUILDING CORP.
2080 S.E.HARLOW ST.
PORT ST.LUCIE
772-335-8554

FL 34952

Job #: REMODEL

Wthr:

West Palm Beach AP

FL

Zone: Entire House

WINTER DESIGN CONDITIONS

Outside db: 45 °F
Inside db: 70 °F
Design TD: 25 °F

SUMMER DESIGN CONDITIONS

Outside db: 91 °F
Inside db: 75 °F
Design TD: 16 °F
Daily Range: M
Rel. Hum. : 50 %
Grains Water: 60 gr

HEATING SUMMARY

Bldg. Heat Loss 30151 Btuh
Ventilation Air 0 CFM
Vent Air Loss 0 Btuh
Design Heat Load 30151 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 40231 Btuh
Ventilation 0 Btuh
Design Temp. Swing 3.0 °F
Use Mfg. Data n
Rate/Swing Mult. 0.96
Total Sens Equip Load 38621 Btuh

INFILTRATION

Method Construction Quality Simplified Average
Fireplaces 1

	HEATING	COOLING
Area (sq.ft.)	2171	2171
Volume (cu.ft.)	18732	18732
Air Changes/Hour	0.9	0.4
Equivalent CFM	282	125

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 1610 Btuh
Ventilation 0 Btuh
Infiltration 5105 Btuh
Tot Latent Equip Load 6715 Btuh
Total Equip Load 45337 Btuh

HEATING EQUIPMENT SUMMARY

Make Trade *Rheem RBAC1750C NFD*

Efficiency 0.0 AFUE
Heating Input *10 KW* 0 Btuh
Heating Output *elect heat* 0 Btuh
Heating Temp Rise 0 °F
Actual Heating Fan *1000* ~~2200~~ CFM
Htg. Air Flow Factor 0.073 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make Trade *RHEEM RAKA-030JAZ*

Efficiency 10.0 EER
Sensible Cooling *21300* Btuh
Latent Cooling *6900* Btuh
Total Cooling *28200* Btuh
Actual Cooling Fan *1000* ~~2200~~ CFM
Clg. Air Flow Factor 0.055 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 86

MANUAL J: 7th Ed.

Right-Suite:

Ver 4.1.04

S/N

RSR21433

Printout certified by ACCA to meet all requirements of Manual Form J

UNIT II

MANUAL J 7th Ed.		Right-Suite		4.1.04 S/N		RSR21433									
1	Name of Room	BATH 2													
2	Running Ft. Exposed Wall	20.0 Ft.						Ft.		Ft.		Ft.			
3	Room Dimensions, Ft.	11.0 x 9.0 Ft													
4	Ceilings, Ft	Condit. Option		8.0 heat/cool											
TYPE OF EXPOSURE	CST NO.	HTM		Area Length	Btuh		Area Length	Btuh		Area Length	Btuh		Area Length	Btuh	
		Htg	Clg		Htg	Clg		Htg	Clg		Htg	Clg			
5 Gross Exposed Walls and Partitions	a	12C	2.3	1.8	160	****	****		****	****		****	****		****
	b	13C	1.8	1.0	0	****	****		****	****		****	****		****
	c		0.0	0.0	0	****	****		****	****		****	****		****
	d		0.0	0.0	0	****	****		****	****		****	****		****
	e		0.0	0.0	0	****	****		****	****		****	****		****
	f		0.0	0.0	0	****	****		****	****		****	****		****
6 Windows and Glass Doors Heating	a	1F	26.8	**	0	0	****		****		****			****	
	b	8F	23.9	**	84	2008	****		****		****			****	
	c	7J	12.3	**	0	0	****		****		****			****	
	d	1F	26.8	**	0	0	****		****		****			****	
	e		0.0	**	0	0	****		****		****			****	
	f		0.0	**	0	0	****		****		****			****	
7 Windows and Glass Doors Cooling	North		21.4		12	****	999		****		****			****	
	NE/NW		0.0		0	****	0		****		****			****	
	E/W		70.4		0	****	0		****		****			****	
	SE/SW		0.0		0	****	0		****		****			****	
	South		36.4		42	****	1529		****		****			****	
	horz		141		0	****	0		****		****			****	
8 Other doors	a	10D	11.5	9.0	0	0	0								
	b	10A	14.0	11.0	0	0	0								
9 Net Exposed Walls and Partitions	a	12C	2.3	1.8	76	171	134								
	b	13C	1.8	1.0	0	0	0								
	c		0.0	0.0	0	0	0								
	d		0.0	0.0	0	0	0								
	e		0.0	0.0	0	0	0								
	f		0.0	0.0	0	0	0								
10 Ceilings	a	16D	1.3	2.1	99	131	210								
	b		0.0	0.0	0	0	0								
	c		0.0	0.0	0	0	0								
11 Floors	a	22B	10.3	0.0	20	205	0								
	b		0.0	0.0	0	0	0								
	c		0.0	0.0	0	0	0								
12 Infiltration	a	12.6	3.6	84	1059	301									
13 Subtot Btuh Loss=6+8.+11+12					****	3574	****	****	****	****	****	****	****	****	
14 Duct Btuh Loss					0%	0	****	****	****	****	****	****	****	****	
15 Total Btuh Loss= 13+14					****	3574	****	****	****	****	****	****	****	****	
16 Int. Gains: People @	300		0		****	0	****	****	****	****	****	****	****	****	
Appl. @	1200		0		****	0	****	****	****	****	****	****	****	****	
17 Subtot RSH Gain=7+8.+12+16					****	****	3073	****	****	****	****	****	****	****	
18 Duct Btuh Gain					0%	****	0	****	****	****	****	****	****	****	
19 Total RSH Gain=(17+18)*PI.F					1.00	****	3073	****	****	****	****	****	****	****	
20 CFM Air Required					****	261	168	****	****	****	****	****	****	****	

MANUAL J 7th Ed. Right-Suite 4.1.04 SN RSR21433

1	Name of Room		BATH 1				BED 2				BED 3				WALK IN CLOSET			
	Running Ft. Exposed Wall		9.0 Ft.				12.0 Ft.				14.0 Ft.				16.0 Ft.			
2	Room Dimensions, Ft.		9.0 x 12.0 ft				12.0 x 18.0 ft				14.0 x 18.0 ft				9.0 x 7.0 ft			
3	Ceilings, Ft		8.0				8.0				8.0				8.0			
4	Condit. Option		heat/cool				heat/cool				heat/cool				heat/cool			
TYPE OF EXPOSURE		CST NO.	Htg	Clg	Area Length	Btuh Htg	Clg	Area Length	Btuh Htg	Clg	Area Length	Btuh Htg	Clg	Area Length	Btuh Htg	Clg		
5	Gross Exposed Walls and Partitions	a 12C	2.3	1.8	72	****	****	96	****	****	112	****	****	128	****	****		
		b 13C	1.8	1.0	0	****	****	0	****	****	0	****	****	0	****	****		
		c	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****		
		d	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****		
		e	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****		
		f	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****		
6	Windows and Glass Doors Heating	a 1F	26.8	**	20	536	****	40	1071	****	40	1071	****	0	0	****		
		b 8F	23.9	**	0	0	****	0	0	****	0	0	****	0	0	****		
		c 7J	12.3	**	0	0	****	0	0	****	0	0	****	0	0	****		
		d 1F	26.8	**	0	0	****	0	0	****	0	0	****	0	0	****		
		e	0.0	**	0	0	****	0	0	****	0	0	****	0	0	****		
		f	0.0	**	0	0	****	0	0	****	0	0	****	0	0	****		
7	Windows and Glass Doors Cooling	North	21.4		1	****	29	3	****	56	3	****	56	0	****	0		
		NE/NW	0.0		0	****	0	0	****	0	0	****	0	0	****	0		
		E/W	70.4		9	****	611	17	****	1222	17	****	1222	0	****	0		
		SE/SW	0.0		0	****	0	0	****	0	0	****	0	0	****	0		
		South	36.4		10	****	364	20	****	728	20	****	728	0	****	0		
		Horiz	141		0	****	0	0	****	0	0	****	0	0	****	0		
8	Other doors	a 10D	11.5	9.0	0	0	0	0	0	0	0	0	0	0	0	0		
		b 10A	14.0	11.0	0	0	0	0	0	0	0	0	0	0	0	0		
9	Net Exposed Walls and Partitions	a 12C	2.3	1.8	52	117	92	56	126	99	72	162	127	128	288	226		
		b 13C	1.8	1.0	0	0	0	0	0	0	0	0	0	0	0	0		
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0		
		d	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0		
		e	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0		
		f	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0		
10	Ceilings	a 16D	1.3	2.1	108	143	229	216	286	458	252	334	534	63	83	134		
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0		
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0		
11	Floors	a 22D	10.9	0.0	9	92	0	12	123	0	14	144	0	10	164	0		
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0		
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0		
12	Infiltration	a	12.6	3.6	20	252	72	40	504	143	40	504	143	0	0	0		
13	Subtot. Btuh Loss=6+8...+11+12					****	1140	****	****	2111	****	****	2215	****	****	535	****	
14	Duct Btuh Loss					0%	0	****	0%	0	****	0%	0	****	0%	0	****	
15	Total Btuh Loss, 13+14					****	1140	****	****	2111	****	****	2215	****	****	535	****	
16	Int. Gains: People @		300	0	****	0	0	****	0	0	****	0	0	****	0	0		
	Appl. @		1200	1	****	1200	0	****	0	0	****	0	0	****	0	0		
17	Subtot RSH Gain=7+8...+12+16					****	****	2596	****	****	2707	****	****	2811	****	****	359	
18	Duct Btuh Gain					0%	****	0	0%	****	0	0%	****	0	0%	****	0	
19	Total RSH Gain=(17+18)*PLF					1.00	****	2596	1.00	****	2707	1.00	****	2811	1.00	****	359	
20	CFM Air Required					****	83	142	****	154	148	****	162	154	****	39	20	

MANUAL J 7th Ed.		Right-Suite		4.1.04		S/N		RSR21433		LIVING		FAMILY		BED1		HALL	
Name of Room				22.0 Ft.		22.0 Ft.		22.0 Ft.		30.0 Ft.		30.0 Ft.		9.0 Ft.		9.0 Ft.	
Running Ft. Exposed Wall				22.0 x 16.0 ft		22.0 x 15.0 ft		22.0 x 15.0 ft		18.0 x 12.0 ft		18.0 x 12.0 ft		9.0 x 6.0 ft		9.0 x 6.0 ft	
Room Dimensions, Ft.				10.0		10.0		10.0		8.0		8.0		8.0		8.0	
Ceilings, Ft		Condit. Option		heat/cool		heat/cool		heat/cool		heat/cool		heat/cool		heat/cool		heat/cool	
TYPE OF EXPOSURE	CST NO.	HTM		Area Length	Bruh		Area Length	Bruh		Area Length	Bruh		Area Length	Bruh			
		Htg	Clg		Htg	Clg		Htg	Clg		Htg	Clg		Htg	Clg		
5 Gross Exposed Walls and Partitions	a	12C	2.3	1.8	220	****	****	220	****	****	240	****	****	0	****	****	
	b	13C	1.8	1.0	0	****	****	0	****	****	0	****	****	0	****	****	
	c		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****	
	d		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****	
	e		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****	
	f		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****	
6 Windows and Glass Doors Heating	a	1F	26.8	**	40	1071	****	0	0	****	20	536	****	0	0	****	
	b	3F	23.9	**	0	0	****	168	4015	****	0	0	****	0	0	****	
	c	7J	12.3	**	0	0	****	0	0	****	0	0	****	0	0	****	
	d	1F	26.8	**	0	0	****	0	0	****	20	536	****	0	0	****	
	e		0.0	**	0	0	****	0	0	****	0	0	****	0	0	****	
	f		0.0	**	0	0	****	0	0	****	0	0	****	0	0	****	
7 Windows and Glass Doors Cooling	North		21.4		40	****	856	84	****	1798	21	****	456	0	****	0	
	NE/NW		0.0		0	****	0	0	****	0	0	****	0	0	****	0	
	EW		70.4		0	****	0	0	****	0	9	****	611	0	****	0	
	SE/SW		0.0		0	****	0	0	****	0	0	****	0	0	****	0	
	South		36.4		0	****	0	84	****	3056	10	****	364	0	****	0	
	Horiz		141		0	****	0	0	****	0	0	****	0	0	****	0	
8 Other doors	a	10D	11.5	9.0	21	242	189	0	0	0	0	0	0	0	0	0	
	b	10A	14.0	11.0	0	0	0	0	0	0	0	0	0	0	0	0	
9 Net Exposed Walls and Partitions	a	12C	2.3	1.8	159	358	280	52	117	92	200	450	353	0	0	0	
	b	13C	1.8	1.0	0	0	0	0	0	0	0	0	0	0	0	0	
	c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
	d		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
	e		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
	f		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
10 Ceilings	a	16D	1.3	2.1	352	466	746	330	437	700	216	286	458	54	72	114	
	b		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
	c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
11 Floors	a	22B	10.3	0.0	22	226	0	22	226	0	30	308	0	0	0	0	
	b		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
	c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
12 Infiltration	a	12.6	3.6	61	769	219	168	2118	603	40	504	143	0	0	0		
13 Subtot. Bruh Loss=6+8.+11+12				****	3131	****	****	6913	****	****	2619	****	****	72	****		
14 Duct Bruh Loss				0%	0	****	0%	0	****	0%	0	****	0%	0	****		
15 Total Bruh Loss, 13+14				****	3131	****	****	6913	****	****	2619	****	****	72	****		
16 Int. Gains: People @	300		0	****	0	0	2	****	600	0	****	0	0	****	0		
Appl. @	1200		0	****	0	0	0	****	0	0	****	0	0	****	0		
17 Subtot RSH Gain=7+8.+12+16				****	****	2291	****	****	6849	****	****	2386	****	****	114		
18 Duct Bruh Gain				0%	****	0	0%	****	0	0%	****	0	0%	****	0		
19 Total RSH Gain=(17+18)*PLF				1.00	****	2291	1.00	****	6849	1.00	****	2386	1.00	****	114		
20 CFM Air Required				****	228	125	****	504	375	****	191	130	****	5	6		

1		MANUAL J 7th Ed.		Right-Suite		4.1.04		SN		RSR21433								
2		Name of Room		Entire House		UTILITY		BRK-KITCHEN		DINEING								
3		Running Ft. Exposed Wall		215.0 Ft.		20.0 Ft.		36.0 Ft.		14.0 Ft.								
4		Room Dimensions, Ft.		8.3		12.0 x 8.0 ft		22.0 x 10.0 ft		15.0 x 11.0 ft								
5		Ceilings, Ft		Condit. Option		8.0		heat/cool		8.0		heat/cool		8.0				
6		TYPE OF EXPOSURE		CST NO.		HTM		Area		Bruh		Area		Bruh				
7		Htg		Clg		Length		Htg		Clg		Length		Htg				
8		Htg		Clg		Length		Htg		Clg		Length		Htg				
5	Gross Exposed Walls and Partitions	a	12C	2.3	1.8	1808	****	****	160	****	****	288	****	****	112	****	****	
		b	13C	1.8	1.0	14	****	****	0	****	****	0	****	****	14	****	****	
		c		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****	
		d		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****	
		e		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****	
		f		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****	
6	Windows and Glass Doors Heating	a	1F	26.8	**	200	5355	****	0	0	****	40	1071	****	0	0	****	
		b	8F	23.9	**	336	8030	****	0	0	****	84	2008	****	0	0	****	
		c	7J	12.3	**	16	198	****	0	0	****	16	198	****	0	0	****	
		d	1F	26.8	**	20	536	****	0	0	****	0	0	****	0	0	****	
		e		0.0	**	0	0	****	0	0	****	0	0	****	0	0	****	
		f		0.0	**	0	0	****	0	0	****	0	0	****	0	0	****	
7	Windows and Glass Doors Cooling	North		21.4		256	****	5477	0	****	0	62	****	1327	0	****	0	
		NE/NW		0.0		0	****	0	0	****	0	0	****	0	0	****	0	
		FAW		70.4		52	****	3666	0	****	0	0	****	0	0	****	0	
		SE/SW		0.0		0	****	0	0	****	0	0	****	0	0	****	0	
		South		36.4		248	****	9027	0	****	0	62	****	2257	0	****	0	
		Horiz		141		16	****	2262	0	****	0	16	****	2262	0	****	0	
8	Other doors	a	10D	11.5	9.0	42	483	379	21	242	189	0	0	0	0	0	0	
		b	10A	14.0	11.0	0	0	0	0	0	0	0	0	0	0	0	0	
9	Net Exposed Walls and Partitions	a	12C	2.3	1.8	1210	2723	2134	139	313	245	164	369	289	112	252	198	
		b	13C	1.8	1.0	14	25	14	0	0	0	0	0	0	14	25	14	
		c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
		d		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
		e		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
		f		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
10	Ceilings	a	16D	1.3	2.1	2171	2855	4569	96	127	204	220	270	432	165	219	350	
		b		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
		c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
11	Floors	a	22B	10.3	0.0	215	2204	0	20	205	0	36	369	0	14	144	0	
		b		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
		c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	
12	Infiltration	a		12.6	3.6	614	7742	2202	21	265	75	140	1765	502	0	0	0	
13	Subtot. Btuh Loss=6+8.+11+12						****	30151	****	****	1151	****	****	6050	****	****	639	****
14	Duct Btuh Loss						0%	0	****	0%	0	****	0%	0	****	0%	0	****
15	Total Btuh Loss - 13+14						****	30151	****	****	1151	****	****	6050	****	****	639	****
16	Int. Gains:	People @		300	7	****	2100	0	****	0	****	1	****	300	4	****	1200	
		Appl. @		1200	7	****	8400	3	****	3600	3	****	3600	0	****	0	0	
17	Subtot RSH Gain=7+8.+12+16						****	****	40231	****	****	4313	****	****	10970	****	****	1761
18	Duct Btuh Gain						0%	****	0	0%	****	0	0%	****	0	0%	****	0
19	Total RSH Gain=(17+18)*PLF						1.00	****	40231	1.00	****	4313	1.00	****	10970	1.00	****	1761
20	CFM Air Required						****	2200	2200	****	84	236	****	441	600	****	47	96

b	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.4	42.0	0.0
b	n	n	a	c	y	n	n	y	1	90	1.0	2.0	1.0	7.0	21.4	42.0	0.0

RIGHT-J WINDOW DATA

Job#	REMODEL									Filename:	SOUTHE-2.RSR 6/25/03							
W	S	D	W	G	L	S	S	O	N	A	S	O	O	W	C	W	S	
N	K	I	A	L	O	T	H	V	G	N	H	V	V	H	H	N	H	
D	Y	R	L	A	W	R	A	H	L	G	C	R	R	G	T	A	A	
W			L	Z	E	M	D	G	Z	L	O	X	Y	T	M	R	R	

UTILITY

BRK-KITCHEN

a	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.4	20.0	0.0
a	n	n	a	c	y	n	n	y	1	90	1.0	10.0	1.0	4.0	21.4	20.0	0.0
b	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.4	42.0	0.0
b	n	n	a	c	y	n	n	y	1	90	1.0	10.0	1.0	7.0	21.4	42.0	0.0
c	y	s	a	c	y	n	n	n	2	0	1.0	0.0	0.0	1.0	141.4	8.0	0.0
c	y	n	a	c	y	n	n	n	2	0	1.0	0.0	0.0	1.0	141.4	8.0	0.0

DINEING

LIVING

a	n	s	a	c	y	n	n	y	1	90	1.0	4.0	1.0	5.0	36.4	40.0	40.0
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FAMILY

b	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.4	84.0	0.0
b	n	n	a	c	y	n	n	y	1	90	1.0	10.0	1.0	7.0	21.4	84.0	0.0

BED1

a	n	s	a	c	y	n	n	y	1	90	1.0	2.0	1.0	5.0	36.4	20.0	20.0
d	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.4	10.0	0.0
d	n	c	a	c	y	n	n	y	1	90	1.0	2.0	1.0	5.0	70.4	10.0	1.3

HALL

BATH 1

a	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.4	10.0	0.0
a	n	c	a	c	y	n	n	y	1	90	1.0	2.0	1.0	5.0	70.4	10.0	1.3

BED 2

a	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.4	20.0	0.0
a	n	e	a	c	y	n	n	y	1	90	1.0	2.0	1.0	5.0	70.4	20.0	2.6

BED 3

a	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.4	20.0	0.0
a	n	e	a	c	y	n	n	y	1	90	1.0	2.0	1.0	5.0	70.4	20.0	2.6

WALK IN CLOSET

BATH 2

RIGHT-J CALCULATION PROCEDURES A, B, C, D

Job #: REMODEL

Zone: Entire House

File name: 6/25/03
SOUTHE-2-RSR

Procedure A - Winter Infiltration HTM Calculation*

1.	Winter Infiltration CFM						
	0.9 AC/HR x	18732	Cu.Ft. x 0.0167 =		282	CFM	
2.	Winter Infiltration Btuh						
	1.1 x	282	CFM x	25	Winter TD =	7742	Btuh
3.	Winter Infiltration HTM						
	7742	Btuh /	614	Total Window =		12.6	HTM
				and Door Area			

Procedure B - Summer Infiltration HTM Calculation*

1.	Summer Infiltration CFM						
	0.4 AC/HR x	18732	Cu.Ft. x 0.0167 =		125	CFM	
2.	Summer Infiltration Btuh						
	1.1 x	125	CFM x	16	Summer TD =	2202	Btuh
3.	Summer Infiltration HTM						
	2202	Btuh /	614	Total Window =		3.6	HTM
				and Door Area			

Procedure C - Latent Infiltration Gain

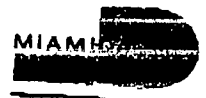
0.68 x	60	gr.diff. x	125	CFM -	5105	Btuh
--------	----	------------	-----	-------	------	------

Procedure D - Equipment Sizing Loads

1.	Sensible Sizing Load						
	Sensible Ventilation Load						
	1.1 x	0	Vent.CFM x	16	Summer TD	=	0 Btuh
	Sensible Load for Structure (Line 19)					+	40231 Btuh
	Sum of Ventilation and Structure Loads					=	40231 Btuh
	Rating and Temperature Swing Multiplier					x	0.96 RSM
	Equipment Sizing Load - Sensible					=	38621 Btuh
2.	Latent Sizing Load						
	Latent Ventilation Load						
	0.68 x	0	Vent.CFM x	60	gr.diff.	=	0 Btuh
	Internal Loads =					+	1610 Btuh
	Infiltration Load From Procedure C					+	5105 Btuh
	Equipment Sizing Load - Latent					-	6715 Btuh

*Construction Quality is: a No. of Fireplaces is: 1

MANUAL J: 7th Ed. Right-Size: Ver 4.1.04 S/N RSR21433



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

James Feudner
Sun-Tek Manufacturing, Inc.
10303 General Drive
Orlando, FL 32824

NOTICE OF PROPOSED ACTION

To: *Members of the Board of Rules and Appeals and Sun-Tek Manufacturing, Inc., Applicant*

In accordance with Dade County Administrative Order 10-3, which governs the product review process, the Product Control Division of the Office of Code Compliance, intends to issue a Product Control Notice of Acceptance to Sun-Tek Manufacturing, Inc. for ISFC, No. 02-0618.06, to allow its use in Dade County and its municipalities.

To: *Members of the Board of Rules and Appeals:*

The documentation being provided to you represents the recommendation of the Product Control Division of the Office of Code Compliance in regards to the submittal of Sun-Tek Manufacturing, Inc. for ISFC, No. 02-0618.06. Under the provisions of Dade County Administrative Order 10-3, which governs the product review process. You must review this documentation. If within 20 days from the date of mailing, we do not receive any written objection stating the reason(s) for your disapproval, this product will be automatically approved.

To: *Sun-Tek Manufacturing, Inc., Applicant*

The Product Control Division of the Office of Code Compliance, in accordance with Dade County Administrative Order 10-3, which governs the product review process, has issued this notice of proposed action and intends to issue a Product Control Notice of Acceptance for your ISFC, No. 02-0618.06, to be used in Dade County and its municipalities, unless a member of the Board of Rules and Appeals or yourself has any objections. Should you not be in accord with this notice of proposed action and wish to appeal our recommendation, you must make a written request, stating the reasons for your objection(s), to our office within 20 days of the date of mailing. Upon receipt of your written request a hearing date will be set so that you can present your objection(s) to the Board of Rules and Appeals.

Sincerely,

Theodore Berman
Deputy Director

Herminio Gonzalez
Acting Director

DATE OF MAILING: 09/13/2002

Mailed by: *L. Poujade*



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

**MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33139-1563
(305) 375-2901 FAX (305) 375-2908**

NOTICE OF ACCEPTANCE (NOA)

**Sun-Tek Manufacturing, Inc.
10303 General Drive
Orlando, FL 32824**

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: ISFG Skylight.

APPROVAL DOCUMENT: Drawing No. STI 00000298, titled "ISFG", sheet 1 & 2 of 2, prepared by Sun-Tek Manufacturing, Inc, dated 12/06/01 with no revisions, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

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

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

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

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

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

This NOA consists of this page 1 as well as approval document mentioned above.
The submitted documentation was reviewed by Candido F. Font P.E.

**NOA No 02-0618,06
Expiration Date: October 3, 2007
Approval Date: October 3, 2002
Page i**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/2, 2004 3 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6312	1172	FRAMING	Passed	
	6 RIVERVIEW SO. EXP	El. rough (w/Plumb or AC)		INSPECTOR:
5024	SMITH	ELEC - POWER	Partial	10 ⁰⁰
(5022 in site)	33 S. RIVER RD MACOLI			(w/fee) INSPECTOR:
6299	SHEETS	FINAL - SCREEN	Passed	close
	7 KNOWLES RD COASTAL ALUM	ENCL.		INSPECTOR:
6254	MCKEWEY	WINDOW CHG OUT	Passed	close
	21 E. HIGH POINT GLANCY			INSPECTOR:
6164	MCKEWEY	BATHROOM	Passed	close
	21 E. HIGH POINT GLANCY	FINAL		INSPECTOR:
6289	MISER	GROUND ROUGH	Passed	
	21 ISLAND ROAD GT PLUMBING			INSPECTOR:
6054	ALMAN	FENCE		
	3 SUMMER LA O/B	MASONRY WALL		INSPECTOR:






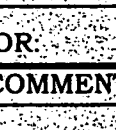
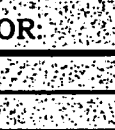
OTHER:

Note: 128 S. SP. → addition → discarded?

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/8, 2008 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6355	PARADISE	TIE BEAM	Passed	
(5)	11 RIDGE LANE TODD CUSTOM HOMES			INSPECTOR: 
6312	LUTZ	Interior Remodel		after 10:00
(7)	6 RIVERVIEW SOUTHERN EXPOSURE	KITCHEN & SEVEN Interior Finish	Passed	INSPECTOR: 
6131	PREIFFER	FINAL ROOFING	Passed	
(10)	104 HENRY SEWALL HEATON ROOFING			INSPECTOR: 
6330	BUSSEY	TIE BEAM	Passed	
(4)	1 PALMETTO	Balcony		INSPECTOR: 
TREES	DIAZ	TREES	Passed	
(12)	15 PALM ROAD			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR: 

OTHER: _____

7557

POOL ENCLOSURE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5/13/05

BUILDING PERMIT NO. 7557

Building to be erected for LUTZ

Type of Permit POOL ENCLOSURE

Applied for by PIONEER SCREEN (Contractor)

Building Fee 120.00

Subdivision RIVERVIEW Lot 6 Block _____

Radon Fee _____

Address 6 RIVERVIEW DRIVE

Impact Fee _____

Type of structure SFC

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

12 384 1001 0000 006050000

Plumbing Fee _____

Amount Paid 120.00 Check # 33153 Cash _____ Other Fees (_____) 1

Roofing Fee _____

Total Construction Cost \$ 11,550.00

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

- UNDERGROUND PLUMBING _____
- UNDERGROUND MECHANICAL _____
- STEMWALL FOOTING _____
- 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 _____

BY:

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: JOHN LUTZ Phone (Day) 221-3106 (Fax) _____
 Job Site Address: 6 RIVERVIEW DR. City: SEWALL'S PT. State: FL Zip: _____
 Legal Description of Property: RIVERVIEW S/D LOT 6 Parcel Number: 12-38-41-001-000-00060-5
 Owner Address (if different): SAME City: _____ State: _____ Zip: _____
 Description of Work To Be Done: REPLACE POOL ENCL. - STORMS DAMAGED

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

CONTRACTOR/Company: PIONEER SCREEN - CRAIG RICE Phone: 283-9197 ^{X212} Fax: 283-3028
 Street: 9011 S.W. OLD KANSAS AVE. City: STUART State: FL Zip: 34997
 State Registration Number: SCC046064 State Certification Number: _____ Martin County License Number: 1987-520-086

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 11,550. - (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

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

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

ENGINEER POWDY - BDQ. INC Phone Number: 561-965-6613
 Street: P.O. Box 20207 City: WEST PALM BEH. State: FL Zip: 33416

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

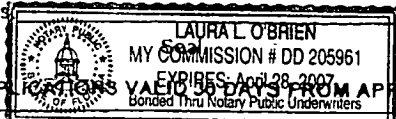
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

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)
John Lutz
 State of Florida, County of: MARTIN
 This the 29th day of MARCH, 2005
 by RUTH A LUTZ who is personally
 known to me or produced FIDEL L 320-761-38647-0 known to me or produced
 as identification. James A. [Signature] X 4/27/07
 Notary Public

CONTRACTOR SIGNATURE (required)
Craig Rice
 On State of Florida, County of: MARTIN
 This the 10th day of MARCH, 2005
 by CRAIG RICE who is personally
 known to me or produced _____ known to me or produced
 as identification. Rose M. Hidalgo
 Notary Public

My Commission Expires: _____


My Commission Expires: _____


ACORD CERTIFICATE LIABILITY INSURANCE

DATE (MM/DD/YY)
1/03/05

PRODUCER
Kearns Agency of Florida Inc.
P O Box 1849
Jensen Beach, Fl. 34958

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

INSURERS AFFORDING COVERAGE

INSURED
Pioneer Screen Co. Inc.
9011 SW Old Kansas Ave.
Stuart, Fl. 34997

INSURER A: **Auto Owners Insurance Co.**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

South

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20509791	1/01/05	1/01/06	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	96-881-068-00	1/01/05	1/01/06	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				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

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Town of Sewall's Point
1 South Sewall's Point Rd.
Sewall's Point, FL 34996
attn: Laura

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Lawrence E. Kearns

REL

CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

8/27/2004

PRODUCER
 TA RHEEL INSURANCE MANAGEMENT, INC.
 1061-521 CORPORATE CENTER, SUITE 140
 FORT MILL, SOUTH CAROLINA 29715
 803.396.5230

INSURED
Progressive Employer Services
 7560 Commerce Ct
 Sarasota, FL 34243

Alternate Employer: PIONEER SCREEN COMPANY, INC 3025

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	AMB#
INSURER A: GUARANTEE INSURANCE CO.	2300
INSURER B: ESSEX INSURANCE COMPANY	2732
INSURER C:	
INSURER D:	
INSURER E:	

South

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/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$ -
						DAMAGE TO RENTED PREM	\$ -
						MED EXP (Any one person)	\$ -
						PERSONAL & ADV INJURY	\$ -
						GENERAL AGGREGATE	\$ -
						PRODUCTS-COMP/OP AGG	\$ -
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Each Accident)	\$ -
						BODILY INJURY (Each Person)	\$ -
						BODILY INJURY (Per Accident)	\$ -
						PROPERTY DAMAGE (Per Accident)	\$ -
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$ -
						OTHER THAN EA ACC	\$ -
						AUTO ONLY AGG	\$ -
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ _____ DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$ -
						AGGREGATE	\$ -
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> No If, yes, describe under <input type="checkbox"/> Yes SPECIAL PROVISIONS below	GPEO 0702418-00	8/16/2004	8/16/2005	X WC STATUTORY LIMITS	
B						E.L EACH ACCIDENT	\$ 1,000,000
						E.L DISEASE-EA EMPLOYEE	\$ 1,000,000
						E.L DISEASE-POLICY LIMIT	\$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Coverage is extended to the ASSIGNED EMPLOYEES of ALTERNATE EMPLOYER: PIONEER SCREEN COMPANY, INC. 3025 Effective Date 8/16/2004

CERTIFICATE HOLDER

TOWN OF SEWALL POINT
 1 SOUTH SEWALL POINT ROAD
 STUART, FL 34996

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

AUTHORIZED REPRESENTATIVE SIGNATURE

- Aluminum Roofs
- Pool Enclosures
- Railings
- Screened Lanais
- Re-Screens
- Service Work
- Hurricane Protection
- Plastic Screen Inserts
- Screen Enclosures w/ Aluminum Roofs
- Patio Enclosures

301093



9011 SW Old Kansas Ave., Stuart, FL 34997

Construction License # SCC046064

Stuart 772-283-9197

West Palm Beach 561-575-0033

FAX 772-283-3028

www.pioneerscreen.com

SOLD TO JOHN & RUTH LOTZ

PHONE 221-3106 DATE 1/8/04

MAILING ADDRESS #6 RIVERVIEW
Sawmill Point, FL

INSTALLATION ADDRESS SAME

CITY, STATE, ZIP _____

PROPERTY OWNER ADDRESS _____

6-7 months from signed contract

APPROXIMATE FINISH DATE (AFTER PERMIT AND ASSOCIATION APPROVAL IF NEEDED) WEATHER CONDITIONS MAY DELAY START AND FINISH DATE.

Screen Color: Charcoal

Mesh Type: 18x14 20x20 20x30

Flat: _____ Gable: _____

Hip: Mansard A-Frame: _____ Porch: _____

Beam(s) Type: CODE

Uprights: CODE

Aluminum Roof: Insulated _____ Non Insulated _____

Doors: 2

Chair Rail: 1 @ 36"

Florida Glass: 18" _____ 24" _____ 36" _____

Kickplate: _____

Gutters: 7" street

Frame Color: Bronze

Permit #: _____

Lot: _____ Block: _____

Subdivision: _____

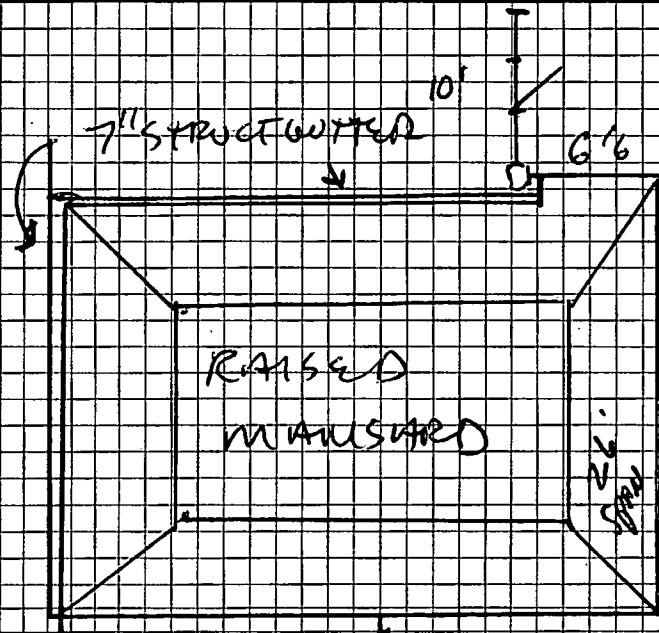
Concrete: Yes _____ No _____

THIS PROPOSAL MAY BE WITHDRAWN BY US IF NOT ACCEPTED WITHIN 30 DAYS

A survey sheet or a plot plan and complete legal description is required on all pool patio enclosures and aluminum roofs.

INITIAL DESIGN LAYOUT

Tear-Out? Yes No Ready to Measure? Yes No



Proposal Price: 11,550

CONDITIONS

1. It is understood that there are no verbal agreements and all items are covered by this written contract - this is a proposal until signed by an officer of the corporation at which time it becomes an executed contract.
2. A full one year unconditional guarantee against defects in purchased assemblies, materials and workmanship issued and takes effect at completion. Any warranty work necessary, however, shall not be done until such time as final payment. Owner's failure to make full payments to contractor according to the contract and work orders shall void the guarantee.

3. Any changes after final measurements will be charged accordingly.
4. Payment will be made as outlined. Owner agrees to pay all attorney fees if this contract should go to court for collection for any reason, and pay 1 1/2% interest per month on any unpaid balance.
5. Any cracks greater than 1/8 inch in width will be repaired by surface patching or painting. Builder is not responsible for color variations. Any cracks greater than 1/4 inch in width or 1/8 inch in vertical displacement will be repaired by surface patching or other remedies. Cracks exceeding 1/4 inch in width or 1/4 inch in vertical displacement will be repaired by patching or other remedies. The problem will be corrected so that the defect is not readily noticeable.

Section 501.025, Florida Statutes, (Consumer Protection) provides that "...the buyer has the right to cancel a home solicitation sale until midnight of the third business day after the day on which the buyer signs an agreement..."

The undersigned acknowledges receipt of a true copy of this contract and acknowledges that he has read and understands the contents thereof and accepts the same on terms and conditions stated herein. 35% Deposit required, 2/3 on delivery of material, balance on completion. Credit Card Fees apply at 2.37% per transaction.



We Do Not Send Invoices, Balance Due On Completion.

Purchaser: Kevin Floyd Date: 11-24-04

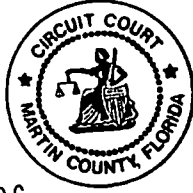
Pioneer Screen Co., Inc.: Kevin Floyd 349-0479

		PAYMENT TOTALS WITH CREDIT CARD FEES 2.37%
Contract Price	<u>11,550</u>	
35% Deposit	<u>2,310</u>	
Concrete Draw		
2/3 Screen Draw	<u>6,190</u>	
Balance Due	<u>3,050</u>	

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA EWING, CLERK
BY: [Signature] D.C.
DATE: 3/18/05



INSTR # 1823357
OR BK 01993 PG 0171
RECORDED 03/18/2005 03:19:18 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Wood

SPACE ABOVE THIS LINE FOR RECORDING DATA

NOTICE OF COMMENCEMENT

Permit No. _____ Tax Folio No. _____

State of Florida

County Of MARTIN

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapter 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include street address, if available) 6 Riverview Drive, Stuart, FL
RIVERVIEW S/D - LOT 6

General description of improvements REPLACE POOL ENCL. - STORM DAMAGED

Owner's Name John and Ruth Ann Lutz

Address 6 Riverview Drive, Stuart, FL 34996

Contractor: Pioneer Screen Company

Address: 9011 S.W. Old Kansas Avenue, Stuart, Florida Phone: 772-283-9197 Fax: 772-283-3028

Persons within the State of Florida designed 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 _____

Name of _____ Phone: _____ Fax: _____

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

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

[Signature]
Signature of Owner

[Signature]
Notary Rubber Stamp Seal

Ruth ANN LUTZ
Printed Name of Owner

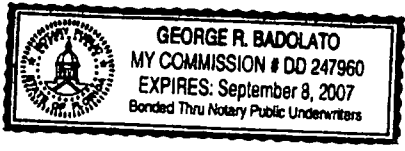
1-320-761-38-647-0
Driver's License No. of Owner

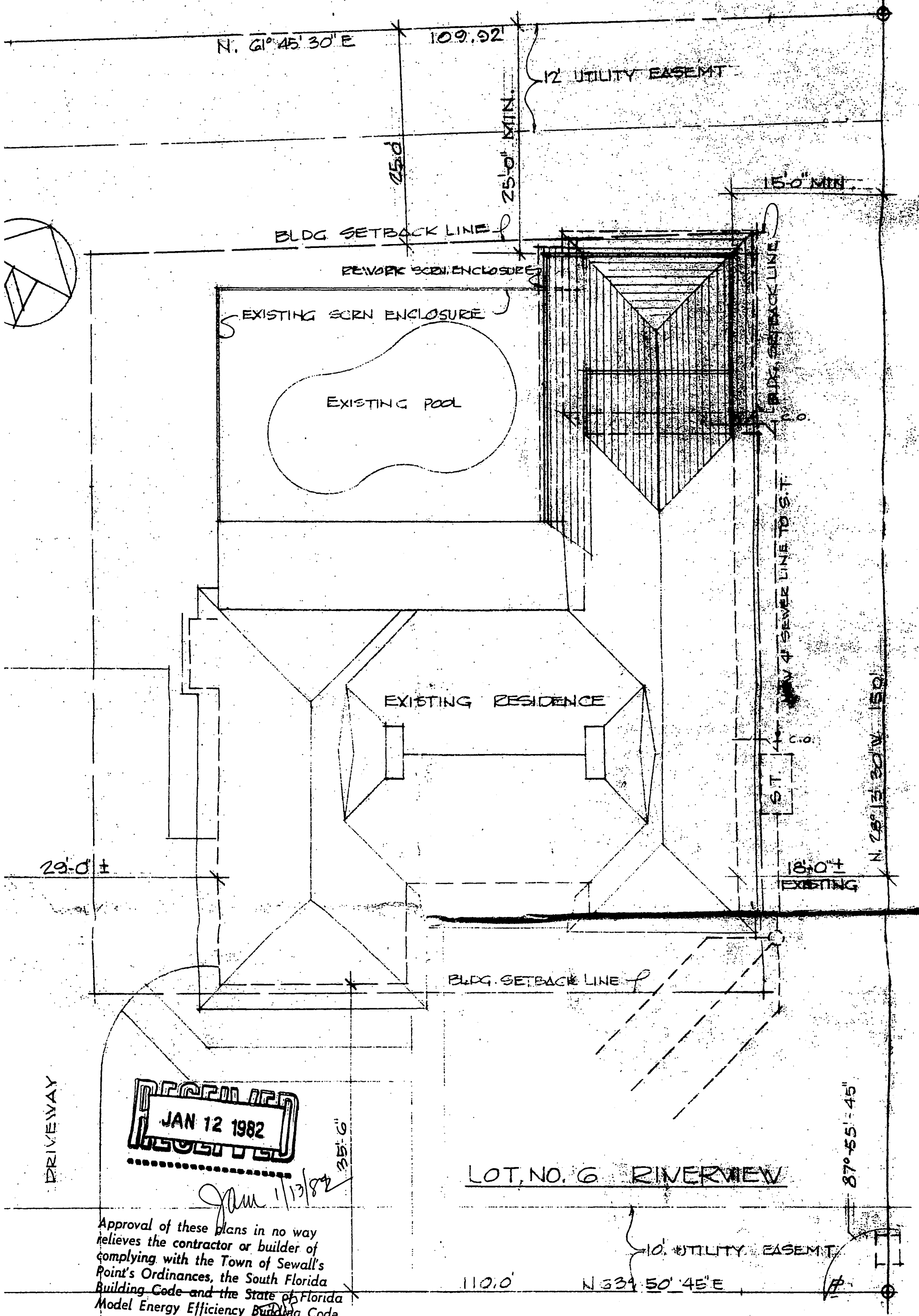
I have relied upon the following identification of the Affiant
FL 320-761-38-647-0

Sworn to and subscribed before me this 26 day of 11 2004

[Signature]
Notary Signature

GEORGE R BADOLATO
Printed Name





APPROVED
JAN 12 1982
PLANNING DEPT.

Jan 11/13/82

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.

LOT, NO. 6 RIVERVIEW

SITE PLAN
SCALE 1" = 10.0'

DRIVEWAY

87° 55' - 45"

N. 28° 13' 30" W. 150'

18.0' ±
EXISTING

S.T. 40
C.O.

NEW 4" SEWER LINE TO S.T.

15.0' MIN.

12' UTILITY EASEMENT

25.0' MIN.

109.92'

N. 61° 45' 30" E

25.0'

BLDG. SETBACK LINE

REWORK SCRN. ENCLOSURE

EXISTING SCRN ENCLOSURE

EXISTING POOL

EXISTING RESIDENCE

BLDG. SETBACK LINE

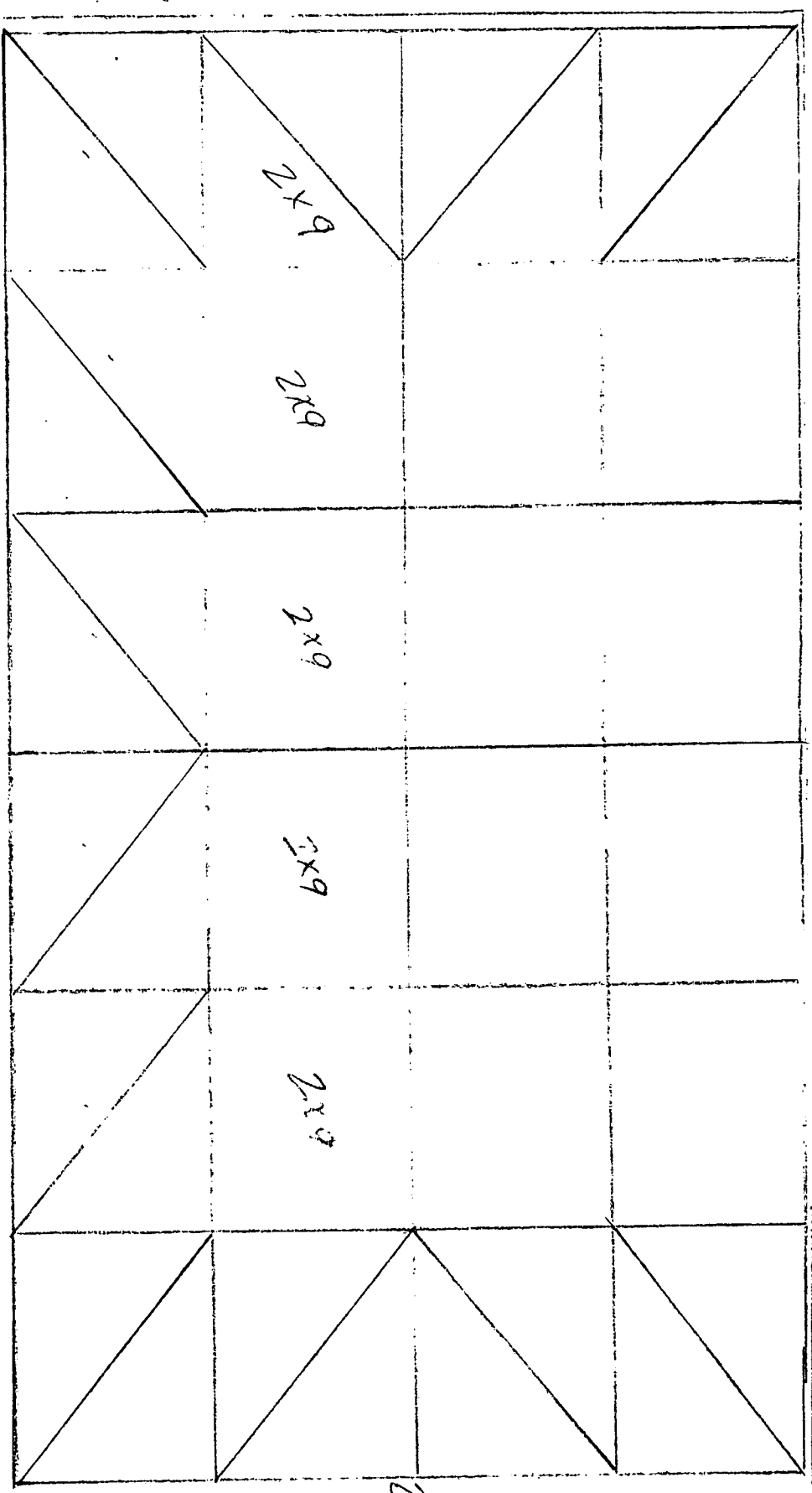
10' UTILITY EASEMENT

N. 33° 50' 45" E

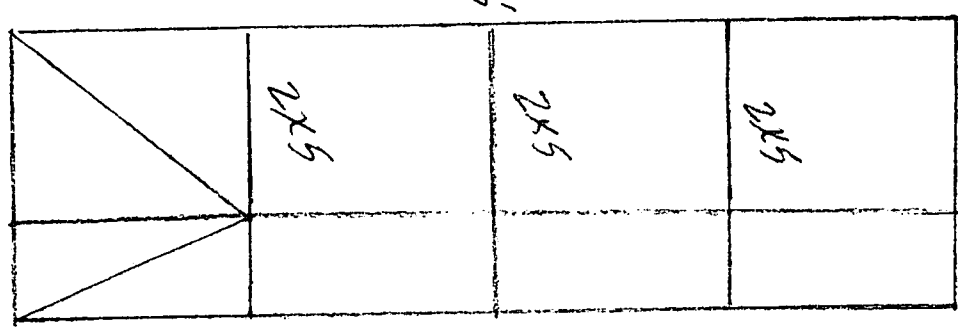
110.0'

7" Gutter

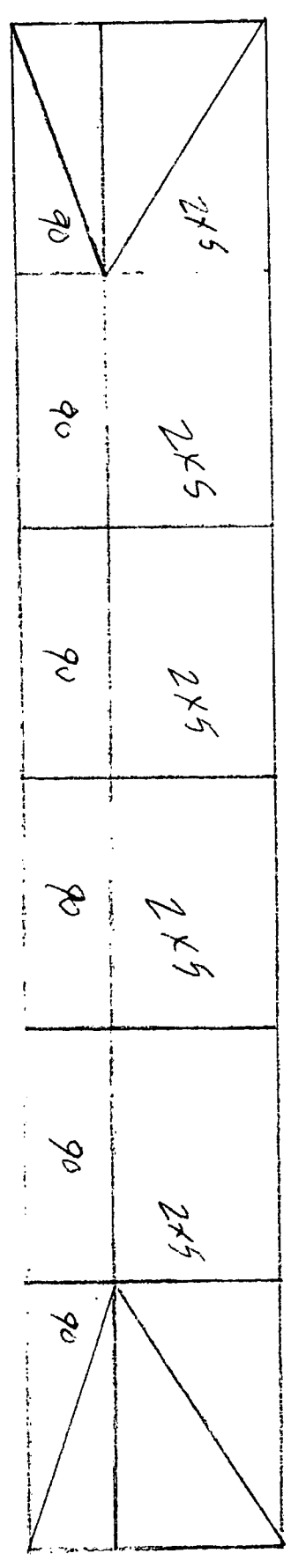
LTB Res



46'



8





7557

TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 6 RIVERVIEW

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

SCREEN ENCL.

EXPOSED POMEX CABLE MUST
BE IN CONDUIT &
BURIED 12" MIN.

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

DATE: 3/13

INSPECTOR

DO NOT REMOVE THIS TAG

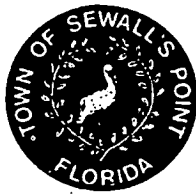
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/13, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7764	RUCKS	TRUSS ENG	CANCEL	
4	20 N. SEWALL'S			INSPECTOR:
	MASTERPIECE BUDS			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7557	LUTZ	FINAL SCR. ENCL.	FAIL	
5	6 RIVERVIEW			INSPECTOR:
	PIONEER SCREEN			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8015	MORROW	STAIR DOOR	PASS	
	24 S. S.P.R.	DEADMAN		INSPECTOR:
	HARBOR BAY MAR.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		SHEATHING		CANCEL
	4 DELAND LN	ROOF		NOT READY.
	ALL AMER.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 6 RIVERVIEW

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

FINAL SCREEN ENCL. - PASSED

HAZARDOUS ELECTRICAL INSTALLATION
OF CABLES & RECEPTACLES
SHOULD BE CORRECTED -
ENCASE ROMEX IN CONDUIT
& BURY TO 12" DEPTH

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

DATE: 3/24

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/24, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7557	LUTZ	FINAL SCR ENCL	PASS	CLOSE
2	6 RIVERVIEW PIONEER SCR	ELEC, RECP.T.	FAIL	INSPECTOR: <i>AM</i>
7979	HAYNES	DRIVEWAY FINAL	PASS	CLOSE
4	6 PALM ROAD O/B			INSPECTOR: <i>AM</i>
7871	HODDER	FINAL DOCK REPAIR	PASS	CLOSE
10	63 N. RIVER RD O/B			INSPECTOR: <i>AM</i>
8122	WILCOX	FINAL SCR ENCL	FAIL	
3	11 RIVERVIEW ALUMINUM PRODUCTS			INSPECTOR: <i>AM</i>
Tree	ROBERT SHAW	TREE	PASS	
1	15 ISLAND RD			INSPECTOR: <i>AM</i>
8054	MCCARTHY	FINAL GARAGE DOOR	PASS	CLOSE
	3 KINGSTON CT O/B			INSPECTOR: <i>AM</i>
7833	BRISCOE	POWER RELEASE	PASS	CALL FPL FOR METER
6	5 GUMBO LIMBO WY O/B			INSPECTOR: <i>AM</i>

OTHER: _____

9228

SLIDING DOOR



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9228	DATE ISSUED:	AUGUST 11, 2009
SCOPE OF WORK:	REPLACE (4) SLIDING GLASS DOORS		
CONDITIONS :			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	600-7111

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 8-10-09
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: August 6, 2009 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Jennifer Brechemy Phone (Day) 772-6007111 (Fax) _____

Job Site Address: 6 RIVERVIEW DR City: Sewall Pt State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

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

Work of work (if applicable) replacing sliding glass doors

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: \$ 1700.00
(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

CONTRACTOR/Company: [Signature] Phone: _____ Fax: _____

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

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

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Lic# _____ 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 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 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) [Signature] OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) CONTRACTOR SIGNATURE: (required) _____

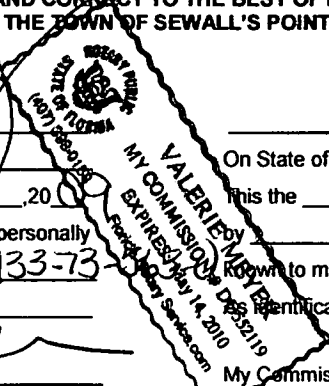
State of Florida, County of: Martin On State of Florida, County of: _____

This the 10th day of Aug, 2009 This the _____ day of _____, 20____

by Jennifer Brechemy who is personally known to me or produced by [Signature] who is personally known to me or produced by [Signature]

as identification. [Signature] as identification. [Signature]

My Commission Expires: _____ 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!



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

Site Provided by...
 governmax.com T1.11

Summary

Parcel ID
 1 of

Parcel Info

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-001-000-00060-5	6 RIVERVIEW DR	27496	Parcel ID	0	1

Summary

Property Location 6 RIVERVIEW DR
Tax District 2200 Sewall's Point
Account # 27496
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.374

Legal Description

Property Information
 RIVERVIEW S/D LOT 6

Search By

Parcel ID

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

Owner Information
Owner Information
 LUTZ, JOHN & RUTH ANN (TR)

Assessment Info
 Front Ft.

Mail Information

6 RIVERVIEW DR
 STUART FL 34996

Market Land Value \$223,250
Market Impr Value \$220,870
Market Total Value \$444,120

Site Functions

Property Search

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

Recent Sale

Sale Amount \$0

Sale Date 1/27/2005
Book/Page 1976 2018



INSTR # 2150616
OR BK 02394 PG 1495
Pg 1495 (1pg)
RECORDED 06/05/2009 02:40:10 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
DEED DOC TAX 2,975.00
RECORDED BY S Phoenix

Prepared by and Return to:
Christopher J. Twohey, P.A.
844 E. Ocean Blvd. Ste. A
Stuart, Florida 34994

Parcel ID Number: 12-38-41-001-000-00060.50000

Warranty Deed

This Indenture, Made this 1st day of June, 2009 A.D., **Between**
John Lutz and Ruth Ann Lutz, as Trustees, Individually, husband and wife, of the John Lutz and Ruth Ann
Lutz Revocable Living Trust U/A/D 12/26/04
of the County of Martin, State of Florida, **grantor,** and
Kevin J. Breheny and Jennifer M. Breheny, husband and wife

whose address is: 6 Riverview Dr., Stuart, FL 34996

of the County of Martin, State of Florida, **grantees.**

Witnesseth that the GRANTOR, for and in consideration of the sum of
-----TEN DOLLARS (\$10)----- DOLLARS,
and other good and valuable consideration to GRANTOR in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, has
granted, bargained and sold to the said GRANTEES and GRANTEES' heirs, successors and assigns forever, the following described land, situate,
lying and being in the County of Martin, State of Florida to wit:
Lot 6, RIVERVIEW SUBDIVISION, according to the map or plat thereof as
recorded in Plat Book 6, Page 86, Public Records of Martin County,
Florida.


SUBJECT TO:

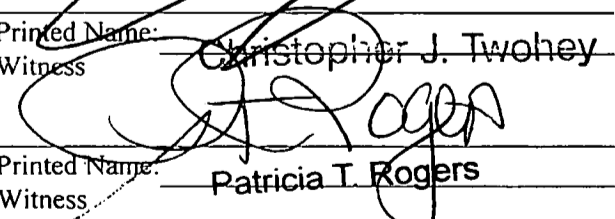
- 1. Taxes for the year 2009 and all subsequent years;
- 2. Zoning restrictions, prohibitions and other requirements imposed by governmental authority;
- 3. Restrictions, and matters appearing on the plat or otherwise common to the subdivision; and
- 4. Public utility easements of record, if any.

and the grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.


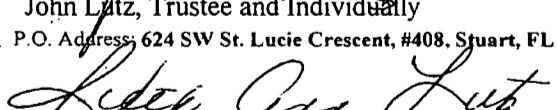
In Witness Whereof, the grantor has hereunto set its hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:



Printed Name: Christopher J. Twohey
Witness


Printed Name: Patricia T. Rogers
Witness

John Lutz and Ruth Ann Lutz, as
Trustees of the John Lutz and Ruth
Ann Lutz Revocable Living Trust
U/A/D 12/26/04
By:  (Seal)
John Lutz, Trustee and Individually
P.O. Address: 624 SW St. Lucie Crescent, #408, Stuart, FL 34994
By:  (Seal)
Ruth Ann Lutz, Trustee and Individually
P.O. Address: 624 SW St. Lucie Crescent, #408, Stuart, FL 34994

STATE OF Florida
COUNTY OF Martin

The foregoing instrument was acknowledged before me this 1st day of June, 2009 by
John Lutz, Trustee and Ruth Ann Lutz, Trustee, Individually, husband and wife, on behalf of said trust

who are personally known to me or who have produced their  as identification.



Printed Name: Christopher J. Twohey
Notary Public
My Commission Expires:



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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Jennifer & Kevin Breheny

Site address of the proposed building work: 6 Riverview Dr, Sewall's Pt 34996

Name of legal title owner of the address above: Same

Describe the scope of work for the proposed new construction: replacing existing sliders w/ new ones

Name of Architect of Record: n/a Structural Engineer of Record: n/a

Who will supervise the trade work to meet the applicable code? OWNER

What provisions have you made for Liability and Property Damage Insurance? HOME OWNERS INSURANCE

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? OWNER INSTALL

What previous Owner/Builder improvements have you done in the State of Florida?

Location: N/A Scope of Work Done: _____ Year: _____

Location: _____ Scope of Work Done: _____ Year: _____

What code books do you have available for reference? Building: 2007 FL Building code

Electric: _____ Plumbing: _____ HVAC: _____

Other: _____

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? Lender? _____ Attorney? _____

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. _____ (initials).



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

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS 10th DAY OF Aug, 2009

PROPERTY ADDRESS 4 RIVERVIEW DR

CITY Sewall's Point STATE FL ZIP 34996

SIGNATURE OF OWNER/BUILDER [Signature]

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10th DAY OF Aug, 2009

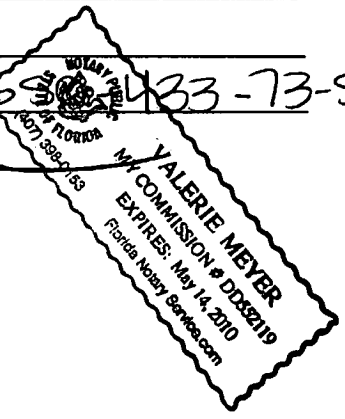
BY JENNIFER BREHENY

PERSONALLY KNOWN _____

OR PRODUCED ID

TYPE OF ID FL DL # 069433-73-563-U

NOTARY SIGNATURE [Signature]



WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	11/16" x 79 1/4"		SL		X	
2	95 3/8 x 71 1/4"		SL		X	
3	95 3/8 x 79 1/2"		SL		X	
4	71 3/4 x 79 1/2"		SL		X	
5						
6						
7						
8						
9						
10		See attached Home Depot				
11		sheets				
12						
13						
14						
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FILE COPY

TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN

REVIEWED FOR CODE COMPLIANCE

DATE 8.10.23

BUILDING OFFICIAL

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F.

*PERCENTAGE OF NEW GLAZED AREA: _____ %
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

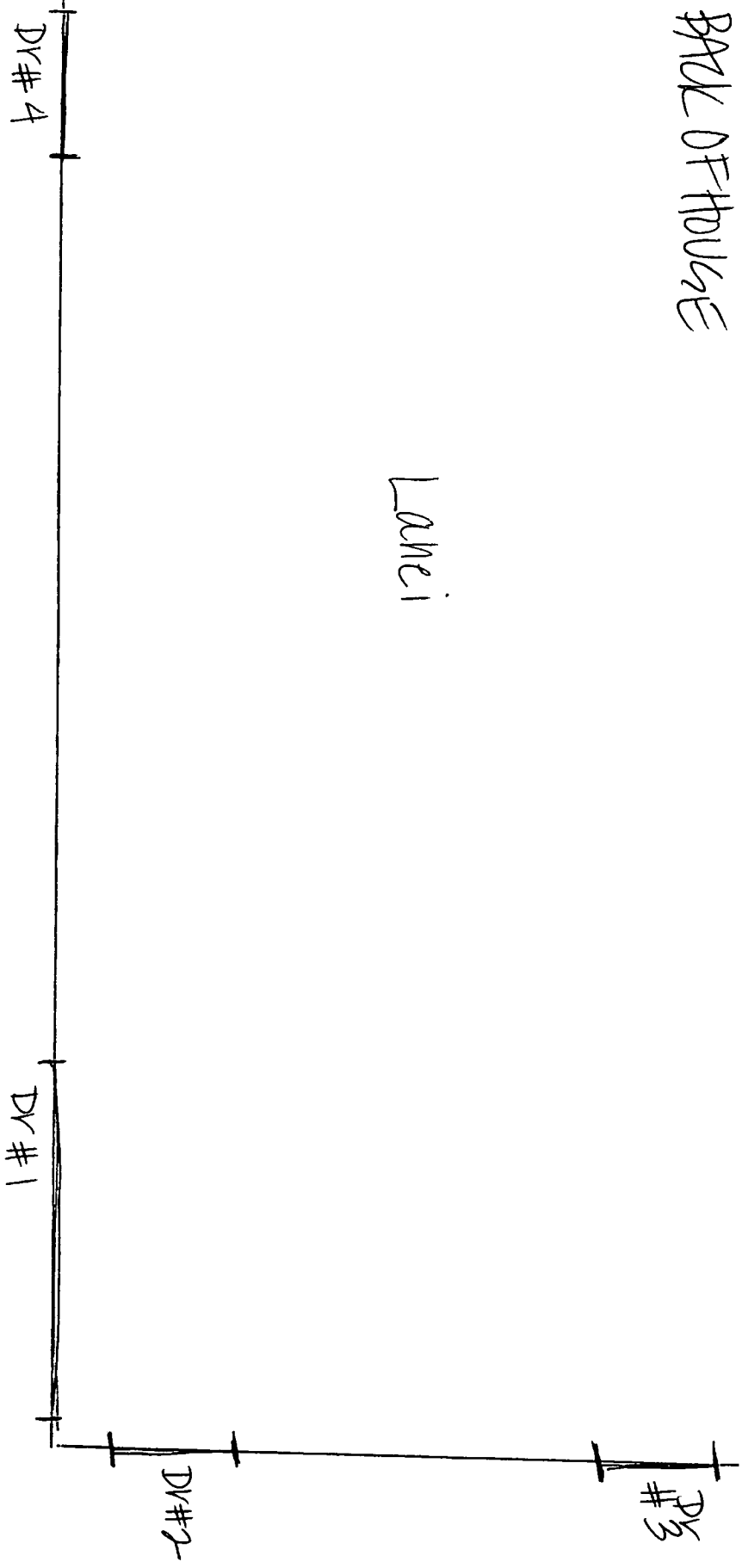
NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/ EXISTING BUILDING 507.3.

*** TYPE WINDOWS**

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

BACK OF HOUSE

Lane 1



FRONT DR

FRONT OF HOUSE



FLORIDA DEPARTMENT OF Community Affairs



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

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

FL #	FL10976
Application Type	New
Code Version	2007
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	JELD-WEN
Address/Phone/Email	3737 Lakeport Blvd Klamath Falls, OR 97601 (541) 882-3451 fbc@jeld-wen.com
Authorized Signature	Janet Gerard fbc@jeld-wen.com
Technical Representative	Budd Beatty
Address/Phone/Email	3737 Lakeport Blvd. Klamath Falls, OR 97601 (541) 882-3451 buddb@jeld-wen.com
Quality Assurance Representative	
Address/Phone/Email	
Category	Exterior Doors
Subcategory	Sliding Exterior Door Asser
Compliance Method	Certification Mark or Listing
Certification Agency	American Architectural Man

Validated By

American Architectural Man

Referenced Standard and Year (of Standard)

Standard

AAMA/WDMA 101/I.S.2-97
 AAMA/WDMA/CSA101/IS2/
 ASTM E 1300

Equivalence of Product Standards
 Certified By

Florida Licensed Professional
FL10976 R0 Equiv Engineer

Product Approval Method

Method 1 Option A

Date Submitted

06/30/2008

Date Validated

12/18/2008

Date Pending FBC Approval

12/25/2008

Date Approved

02/03/2009

Summary of Products

FL #	Model, Number or Name	Description
10976.1	Premium Atlantic Aluminum Sliding Glass Door 284x96 Non-Impact	Premium Atlantic Non-Impact
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +80/-80 Other:		Certification Agency <u>FL10976 R0 C C</u> <u>210-3360-2A Exp</u> Quality Assurance 12/02/2010 Installation Inspector <u>FL10976 R0 II F</u> <u>3360-2A Non-Im</u> Verified By: American Architectural Manufacturers Association Created by Independent Evaluation Report Created by Independent
10976.2	Premium Atlantic Aluminum	Premium Atlantic

	Sliding Glass Door 284x96 Non-Impact Single and Insulated Glazed :	Non-Impact Single
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other:		Certification Age FL10976 R0 C C 210-3434-2A Exp Quality Assuran 07/23/2011 Installation Inst FL10976 R0 II F 3434-2A Non-Im Verified By: Amer Association Created by Indep Evaluation Repo Created by Indep
10976.3	Premium Atlantic Vinyl Sliding Glass Door	Premium Atlantic Glass
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50/-50 Other:		Certification Age FL10976 R0 C C C50 191x96 Exp Quality Assuran 12/20/2009 Installation Inst FL10976 R0 II F impact.pdf Verified By: Amer Association Created by Indep Evaluation Repo Created by Indep

Back

Next

DCA Administration

Department of Community Affairs
 Florida Building Code Online
 Codes and Standards
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100
 (850) 487-1824, Fax (850) 414-8436

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Product Approval Accepts:



A.L.I

(Validator / Operations Administrator)

**AAMA
CERTIFICATION PROGRAM****AUTHORIZATION FOR PRODUCT CERTIFICATION****Jeld-Wen Windows & Doors
P.O. Box 1329
Klamath Falls, OR 97601****Attn: Steve Strawn**

The product described below is hereby approved for listing in the next issue of the AAMA Certified Products Directory. The approval is based on successful completion of tests, and the reporting to the Administrator of the results of tests, accompanied by related drawings, by an AAMA Accredited Laboratory.

1. The listing below will be added to the next published AAMA Certified Products Directory.

SPECIFICATION	RECORD OF PRODUCT TESTED			
AAMA/NWWDA 101/I.S. 2-97 SGD-C50-191x96				
COMPANY AND PLANT LOCATION	CODE NO.	SERIES MODEL & PRODUCT DESCRIPTION	MAXIMUM SIZE TESTED	
Jeld-Wen – Venice, FL Jeld-Wen – Gainesville, GA	JW-19 Jw-20	PREMIUM ATLANTIC VINYL SLIDING GLASS DOOR (PVC) (OXXX) (OG) (INS GL) (REINF) (MODIF) (ASTM)	<u>FRAME</u> 15'11" x 8'0"	<u>PANEL</u> 4'3" x 7'9"

2. This Certification will expire **December 20, 2009** and requires validation until then by continued listing in the current AAMA Certified Products Directory.

3. Product Tested and Reported by: **National Certified Testing Laboratories**

Report No.: **210-3216-1**Date of Report: **March 12, 2006**

Validated for Certification

Associated Laboratories, Inc.

Date: **March 28, 2007**Cc: AAMA
SBS
ACP-04 (Rev. 8/06)

Authorized for Certification

American Architectural Manufacturers Association



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

Jeld-Wen
355 Center Court
Venice, FL 34285

SCOPE:

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

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

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

DESCRIPTION: Series 3800 Premium Atlantic Vinyl Sliding Glass Door - L.M.I.

APPROVAL DOCUMENT: Drawing No. JELD0022, titled "Series 3800 SGD Large Missile Impact Elevations and General Notes", sheets 1 through 6 of 6, prepared by PTC, LLC, dated 04/04/06, signed and sealed by L. Roberto Lomas, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval 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.

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

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

This NOA consists of this page 1 and evidence page E-1, as well as approval document mentioned above. The submitted documentation was reviewed by Jaime D. Gascon, P.E.



J. Gascon
8/7/06

NOA No 06-0510.01

~~Expiration Date: August 10, 2011~~

Approval Date: August 10, 2006

Page 1

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Manufacturer's die drawings and sections.
2. Drawing No. **JELD0022**, titled "Series 3800 SGD Large Missile Impact Elevations and General Notes", sheets 1 through 6 of 6, prepared by PTC, LLC, dated 04/04/06, signed and sealed by L. Roberto Lomas, P.E.

B. TESTS

1. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Large Missile Impact Test per FBC, TAS 201-94,
5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of PVC sliding glass door, prepared by National Certified Testing Laboratories, Test Report No. **NCTL-210-3216-3**, dated 12/12/05, signed and sealed by Gerard J. Ferrara, P.E.

C. CALCULATIONS

1. Anchor verification calculations, complying with FBC-2004, dated 04/27/06, prepared by PTC, LLC, signed and sealed by Luis R. Lomas, P.E.
Complies ASTM-E1300-02

D. QUALITY ASSURANCE

1. Miami Dade Building Code Compliance Office (BCCO).

E. MATERIAL CERTIFICATIONS

1. Notice of Acceptance No. 01-1204.01, issued to E.I. DuPont DeNemours for "Sentry Glass ® Plus", expiring on 01/14/07.
2. Notice of Acceptance No. 01-1204.01, issued to Spectus Systems-A Mikron Company "White PVC Rigid", expiring on 12/26/06.

F. STATEMENTS

1. Statement letters of Compliance and "no financial interest", both dated 05/01/06, signed and sealed by Luis R. Lomas, P.E.

G. OTHER

1. Letter from the consultant, dated 06/14/06, stating that the product is in compliance with the Florida Building Code (FBC).



Jaime D. Gascon, P.E.

Chief, Product Control Division

NOA No 06-0510.01

Expiration Date: August 10, 2011

Approval Date: August 10, 2006

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **9-3** 2009 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE	22 S Sewalls	Pool is green	CONFIRMED	Pies TAKEN INSPECTOR <i>[Signature]</i>
9181	Hardin	Footer	Pass	INSPECTOR <i>[Signature]</i>
1PM	27 S River Stratton			
9222	Lowell	Final Shutters	Pass	Close INSPECTOR <i>[Signature]</i>
	7 W High Pt Gulfstream Alen			
9223	Brookway	door bucks	Pass	INSPECTOR
	6 Riverview OB			
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
	JOE S. 215 5410			
				INSPECTOR

9250

SIDING



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:	9250	DATE ISSUED:	SEPTEMBER 10, 2009
SCOPE OF WORK:	HARDIPLANK SIDING		
CONDITIONS:			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	600-7111

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE 9-4-09
TOWN OF SEWALL'S POINT

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: Sept 4 2009

OWNER/TITLEHOLDER NAME: Jennifer & Kevin Breheny Phone (Day) 772 600 7111 (Fax) _____

Job Site Address: Le Riverview Drive City: Sewalls Pt State: FL Zip: 34996

Legal Description: replacing ha Parcel Control Number: _____

Owner Address (if different): N/A City: _____ State: _____ Zip: _____

Scope of work (please be specific): replacing hardiplank

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: \$ 24500

(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: 20090000

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: _____ Phone: _____ Fax: _____

Street: N/A City: _____ State: _____ Zip: _____

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

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Lic# _____ 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 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 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 OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

State of Florida, County of: Martin

This the 4th day of Sept, 2009

by Jennifer Breheny who is personally

Known to me or produced as identification: Valerie Meyer

Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE: (required)

On State of Florida, County of: _____

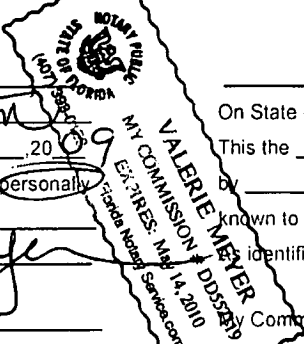
This the _____ day of _____ 20____

by _____ who is personally

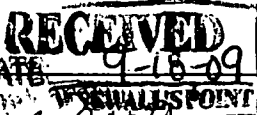
Known to me or produced as identification: _____

Notary Public

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

Electric post 9250

Date: Sept 17 2009
OWNER/TITLEHOLDER NAME: Jennifer & Kevin Brenneke
Job Site Address: 6 Riverview Dr.
City: Sewalls Pt State: FL Zip: 34996

Legal Description:
Parcel Control Number:
Owner Address (if different): SAME
City: State: Zip:

Scope of work (please be specific): Changing out light fixtures, adding new lights, replace old outlets.

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: \$ 5000
Is subject property located in flood hazard area? VE10 AE9 AE8 X

CONTRACTOR/Company:
Street:
City: State: Zip:
State License Number: OR: Municipality: License Number:

LOCAL CONTACT:
DESIGN PROFESSIONAL:
Street: City: State: Zip:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof: Elevated Deck: Enclosed area below BFE:

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

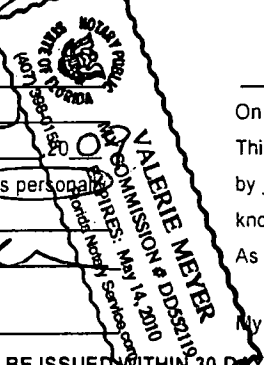
NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS 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*****

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.

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
State of Florida, County of: Manatee
This the 17th day of Sept
by Jennifer Brenneke who is personally known to me or produced as identification.
Notary Public

CONTRACTOR SIGNATURE: (required)
On State of Florida, County of:
This the ___ day of ___ 20__
by ___ who is personally known to me or produced as identification.
Notary Public



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 772-2204765

RECEIVED
 DATE: 9-17-09
 TOWN OF SEWALL'S POINT

REVISIONS - CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: Sept 17, 2009 PERMIT NUMBER: 9250
 JOB ADDRESS: 6 RIVERVIEW DR. SEWALL'S PT FL 34996

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING****

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): adding the front & side doors to be replaced & electric

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 850.00
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Jennifer Breheny SIGNATURE: Jennifer Breheny
 PHONE NUMBER: 772 600 7111 FAX NUMBER: _____

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 9-22-09 Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____

Other declared value increase (must be based on value not cost)

Other additional fees: 2 INSP @ 75.00 Revision _____

Radon Fee _____ Professional Regulation Fee _____

TOTAL ADDITIONAL BUILDING FEES: _____

Applicant notified by: _____

JENNIFER M. BREHENY
KEVIN J. BREHENY
 7 RIDGEVIEW RD. N.
 STUART, FL 34996-6416

Town of Sewall's Point
 Sewall's Point, FL 34996

Pay to the Order of: Sewall's Point

11-08

Sept 24, 2009 Date
 \$ 70.00

Sept 23, 2009 Date
 \$ 80.00 Dollars

201
 63-4/630 FL
 1032



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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Jennifer & Kevin Brecheny

Site address of the proposed building work: 6 Riverview Dr Sewalls Pt FL 34996

Name of legal title owner of the address above: same

Describe the scope of work for the proposed new construction: minor electrical stuff i.e. change out fixtures, old outlets

Name of Architect of Record: n/a Structural Engineer of Record: n/a

Who will supervise the trade work to meet the applicable code? _____

What provisions have you made for Liability and Property Damage Insurance? _____

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? n/a

What previous Owner/Builder improvements have you done in the State of Florida?

Location: 6 Riverview Dr Sewalls Pt Scope of Work Done: hardiplank Year: In progress

Location: " " " " Scope of Work Done: sliders replaced Year: 2009

What code books do you have available for reference? Building: ~~2007~~

Electric: 2008 Electric Code Plumbing: _____ HVAC: _____

Other: _____

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? MS (yes/no)

Have you consulted with your Homeowner's Insurance Agent? Lender? _____ Attorney? _____

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. [Signature] (initials).



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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Jennifer & Kevin Brecheen
 Site address of the proposed building work: 6 RiverView Dr Sewall's Pt FL 34996
 Name of legal title owner of the address above: same
 Describe the scope of work for the proposed new construction: new hardiplank around entire house
 Name of Architect of Record: n/a Structural Engineer of Record: n/a
 Who will supervise the trade work to meet the applicable code? self
 What provisions have you made for Liability and Property Damage Insurance? n/a

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? n/a owner install

What previous Owner/Builder improvements have you done in the State of Florida?
 Location: address above Scope of Work Done: replace sliders Year: 2009
 Location: _____ Scope of Work Done: _____ Year: _____
 What code books do you have available for reference? Building: 2007 FL Building code
 Electric: _____ Plumbing: _____ HVAC: _____
 Other: _____

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? Lender? _____ Attorney? _____

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. JB (initials).



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

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS 17 DAY OF September, 2009

PROPERTY ADDRESS 6 Riverview Dr

CITY Sewall's Pt STATE FL ZIP 34996

[Signature]
 SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 17th DAY OF Sept 2009

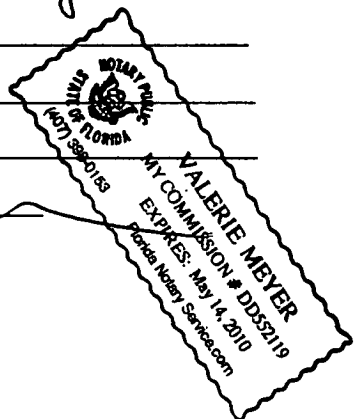
BY Jennifer Bredemeyer

PERSONALLY KNOWN _____

OR PRODUCED ID _____

TYPE OF ID Valerie Meyer

NOTARY SIGNATURE



**TOWN OF SEWALL'S POINT
OWNER/BUILDER ELECTRICAL QUIZ**

A 70% SCORE ON THIS QUIZ IS REQUIRED TO DEMONSTRATE A BASIC UNDERSTANDING OF THE NATIONAL ELECTRIC CODE AND RESIDENTIAL ELECTRICAL CONSTRUCTION PRACTICES.

Circle the correct answer

- ✓ 1. In the *National Electrical Code*, the word ____ means, "it must be done."
a. should
 b. shall
c. may
d. recommended
- ✓ 2. Devices are equipment that carry current, but do not _____.
a. control power
 b. utilize electric energy
c. provide overcurrent protection
d. serve a grounding function
- ✓ 3. All of the following items are devices except for _____.
a. receptacle
b. three-way switch
 c. light bulb
d. disconnect switch
- ✓ 4. In one and two family dwellings, the electrical system is usually designed by _____.
a. The contractor
 b. The electrician
c. The Architect
d. A consulting engineer
- ✓ 5. All of the following are included when calculating the usable area of a dwelling to compute the required lighting load, except for _____.
a. living room
 b. crawl space
 c. finished basement
d. powder room
6. Wire sizes up to 4/0 are expressed in AWG (American Wire Gauge). Wire sizes larger than 4/0 AWG are expressed in _____.
a. Metric units
b. Kcmil
c. Diameter
 d. Radians
- ✗ 7. In general, residential loads and devices such as lighting fixtures and receptacles are connected to branch circuits defined by the National Electric Code in _____.
a. series
 b. parallel
- ✓ 8. When using conduit wiring methods, which of the following colors of insulation or markings are permitted to identify "hot" phase conductors?
a. black, red, and blue for 120/208 volt systems
b. yellow, orange, and brown for 277/480 volt systems
c. any color except white, gray, or green
 d. all of the above
- ✓ 9. Wiring devices for use on nominal 120 volt circuits are marked _____.
a. 110 volts
b. 115 volts
c. 120 volts
 d. 125 volts
- ✓ 10. When an existing two wire, non-grounding type receptacle is replaced in a location where the NEC requires a GFCI receptacle, it is permitted to be replaced by a _____.
 a. GFCI receptacle
b. A two wire non-grounding receptacle
c. A three wire grounding type receptacle
d. Any of the above

SCORE 90

PRINT NAME KENIN BREHEMY

DATE 9/18/09

PERMIT NUMBER _____

SIGNATURE _____

Side door



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

www.maimidade.gov/buildingcode

NOTICE OF ACCEPTANCE (NOA)

Jeld-Wen, Inc. (OR)
3737 Lakeport Blvd.
Klamath Falls, OR 97601

SCOPE:

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

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

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

DESCRIPTION: 6'-8" Outswing Premium Fiberglass Door- N.I.

APPROVAL DOCUMENT: Drawing No. JW022006, titled "6'-8" Outswing Premium Fiberglass Door", sheets 1 through 10 of 10, dated 09/26/06 with revision B dated 05/02/07, prepared by PTC, LLC, signed and sealed by Eric S. Nielsen, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None

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.

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

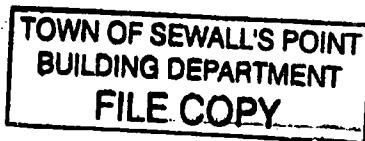
TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this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

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

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA consists of this page 1 and evidence pages E-1, as well as approval document mentioned above. The submitted documentation was reviewed by Jaime D. Gascon, P.E.



J. Gascon
5/17/07




NOA No 06-1130.08
Expiration Date: June 07, 2012
Approval Date: June 07, 2007
Page 1

Jeld-Wen, Inc. (OR)

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

- A. **DRAWINGS**
1. Manufacturer's die drawings and sections.
 2. Drawing No. **JW022006**, titled "6'-8" Outswing Premium Fiberglass Door ", sheets 1 through 10 of 10, dated 09/26/06 with revision B dated 05/02/07, prepared by PTC, LLC, signed and sealed by Eric S. Nielsen, P.E.
- B. **TESTS**
1. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Forced Entry Test, per FBC 2411 3.2.1, TAS 202-94
along with marked-up drawings and installation diagram, prepared by Architectural Testing, Inc., Test Report No. **ATI-63492.01-301-18**, dated 06/16/06, signed and sealed by Joseph A. Reed, P.E.
 2. Test reports on: 1) Surface Burning Characteristics of Building Materials as ASTM E-84-97 A,
2) Test Method For Ignition Properties of Plastics, Procedure B, Short Method as ASTM D 1929-91
along with marked-up drawings and installation diagram, prepared by Intertek Testing Services, Test Report No. **ITS-J9900660-001**, dated 04 /08/99, signed and sealed by Frederick D. Curkeet, P.E.
- C. **CALCULATIONS**
1. Anchor verification calculations and structural analysis, complying with FBC-2004, prepared by PTC, LLC, dated 04/16/07, signed and sealed by Eric S. Nielsen, P.E.
Complies with ASTM E1300-02
- D. **QUALITY ASSURANCE**
1. Miami Dade Building Code Compliance Office (BCCO).
- E. **MATERIAL CERTIFICATIONS**
1. Component NOA No. 06-0411.01 for "Premium Fiberglass Door Skin with PURfiber", approval date 08/17/2006 with an expiration date 08/17/2011.
- F. **STATEMENTS**
1. Statement letter of conformance and no financial interest, dated November 02, 2006, signed and sealed by Eric S. Nielsen, P.E.
 2. Laboratory compliance letter for Test Report no. ATI-63492.01-301-18, issued by Architectural Testing, Inc., dated June 20, 2006, signed and sealed by Joseph A. Reed, P.E.
- G. **OTHER**
None


Jaime D. Gascon, P.E.
Chief, Product Control Division
NOA No 06-1130.08
Expiration Date: June 07, 2012
Approval Date: June 07, 2007

Front door



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Jeld Wen Inc.
3737 Lakeport Blvd.
Kalamath Falls, OR 97601

SCOPE:

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

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

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

DESCRIPTION: Series W/E Outswing Glazed Insulated Steel Doors w/ Surface bolts & w/wo Sidelites

APPROVAL DOCUMENT: Drawing No. S-2109-01, titled "Wood Edge Glazed Steel Outswing", sheets 1 through 8 of 8, prepared by PTC, LLC, dated 12-18-01 Last revised on 10/11/07, signed and sealed by Eric S. Nielsen, 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: None. Approved Hurricane Protection Devices, complying w/ FBC, as applicable are required.

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

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

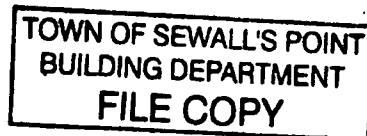
TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this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

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

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

This NOA renews NOA # 02-1224.05 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

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



NOA No 07-0709.06
Expiration Date: July 18, 2012
Approval Date: November 15, 2007
Page 1

10/12/17

Jeld Wen Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

- A. DRAWINGS** (Transferred from file #02-1224.05)
1. Manufacturer's die drawings and sections.
 2. Drawing No. S-2109-01, titled "Wood Edge Glazed Steel Outswing", sheets 1 through 8 of 8, prepared by PTC, LLC, dated 12-18-01 Last revised on 10/11/07, signed and sealed by Eric S. Nielsen, P.E.
- B. TESTS** (Transferred from file #02-1224.05) Original test conducted per SFBC, PA 202-94, now known as FBC, TAS 202-94
1. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Forced Entry Test, per FBC 2411 3.2.1 and TAS 202-94
along with marked-up drawings and installation diagram of outswing Glazed steel door, prepared by Certified Testing Laboratories, Inc., Test Report No. **CTLA 697WA**, dated 11/12/01, signed and sealed by Ramesh Patel, P.E.
 2. Additional test report
Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Forced Entry Test, per FBC 3603.2 (b) and TAS 202-94
along with marked-up drawings and installation diagram of wood edge outswing glazed steel door, prepared by Certified Testing Laboratories, Test Report No. **CTLA-6971A**, dated 11/12/01, signed and sealed by Ramesh C. Patel, P.E.
(This test reports have been revised by addendum letter dated April 12, 2002, issued by CTL and signed and sealed by Ramesh Patel, P.E.)
- C. CALCULATIONS**
1. Anchor Verification Calculations, prepared by PTC, LLC, dated 06/14/07, signed and sealed by Eric S. Nielsen, P.E.
 2. Glazing complies w/ ASTM E-1300-02
- D. QUALITY ASSURANCE**
1. Miami Dade Building Code Compliance Office (BCCO).
- E. MATERIAL CERTIFICATIONS**
1. Notice of Acceptance No. 05-0921.09 issued to ODL, Inc. for "HP Proprietary Doorlight Assembly", expiring on 1/17/11.
 2. Notice of Acceptance No. 07-0828.01, issued to Trinity Glass International, Inc. for "Trinity Lite Frame" expiring on 7/3/12.
 3. Tensile Test prepared by Internek Testing Services Inc., Project No. J99006660-001, dated 3/30/99, tested per ASTM E84-97a and ASTM D 1929-91.

Ishaq I. Chanda

Ishaq I. Chanda, P.E.

Product Control Examiner

NOA No 07-0709.06

Expiration Date: July 18, 2012

Approval Date: November 15, 2007



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

NOTICE OF ACCEPTANCE (NOA)

James Hardie Building Product, Inc.
10901 Elm Avenue
Fontana, CA 92337

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

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

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

DESCRIPTION: Hardiplank, Cemplank, Hardipanel, Cempanel, Hardisoffit and Cemsoffit
APPROVAL DOCUMENT: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardipanel & Cempanel; Hardiplank & Cemplank; Hardisoffit & Cemsoffit Installation Details", sheets 1 through 3 with no revisions, prepared, signed and sealed by Ronald Ogawa, P.E., dated 04/02/04, 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.

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.

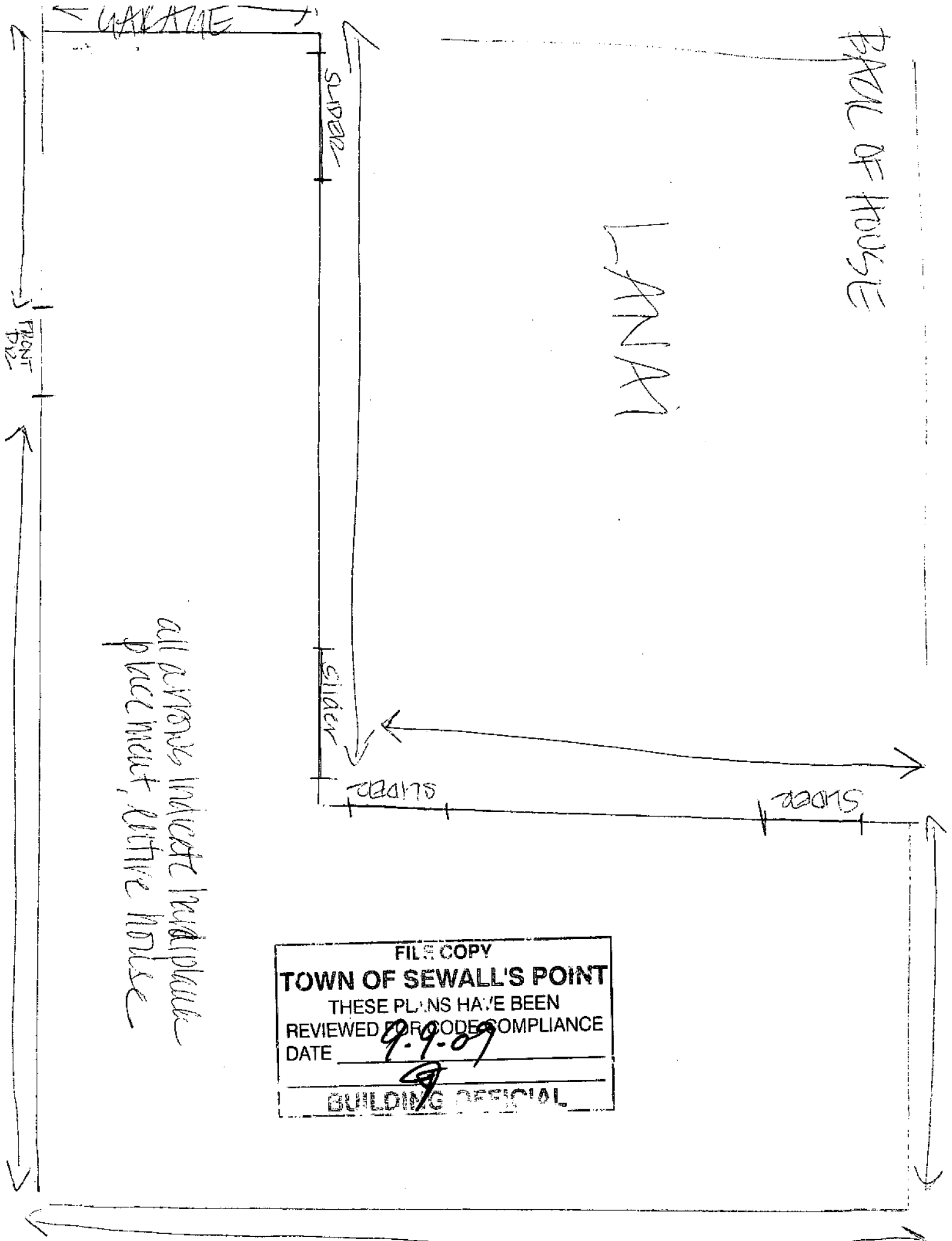
INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA renews NOA # 02-0729.02 and, consists of this page, evidence page as well as approval document mentioned above.

The submitted documentation was reviewed by Carlos M. Utrera, P.E.



NOA No 07-0418.04
Expiration Date: May 01, 2012
Approval Date: May 31, 2007
Page 1



all arrows indicate individual placement, entire house

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 9-9-09

BUILDING OFFICIAL

TOWN OF SEWALLE POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **9-14** 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
TREE	KIMES 2 RIVERVIEW	TREE	OK	INSPECTOR <i>[Signature]</i>
1300	1300 BREWERY 6 RIVERVIEW O/B	Morgan Road Lowes	OK	INSPECTOR <i>[Signature]</i>
C.E.	6 MORGAN	DIRT/DEBRIS IN ROAD	OK	INSPECTOR <i>[Signature]</i>
P.E	102 N. SPINA	DIRT IN RD.	OK	INSPECTOR <i>[Signature]</i>
9251	MARTIN 2 PALM CT LOWES	DOOR ATTACHMENT	FAIL	NOT READY INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **9-24** 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Morales	Trees		
10:30	10 ^N Ridgeway		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9114	██████████	██████████	██████████	██████████
██████████	6 RIVERVIEW	██████████	██████████	██████████
	O/B	██████████	██████████	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9114	OLNEY			
	108 H. S. WAY	FOOTING	PASS	
	PARKS	FOUL SEWER RUN		INSPECTOR <i>JA</i>
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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-1 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9226	1600KEN 6 MORGAN CIR O/B	WALL FINISH	PASS	CLOSE INSPECTOR [Signature]
9305	T HOMPSON 3 W. HIGH PT.	DRY-IN # METAL	FAIL	NOO PENON INSPECTOR [Signature]
9230	[Blacked out] [Blacked out] O/B	[Blacked out] [Blacked out]	PASS	CLOSE INSPECTOR [Signature]
9287	SHARFE 73 N SPT RD STATION	RET. WALL ETAN	PASS	INSPECTOR [Signature]
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

9583

DUCTS



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:	9583	DATE ISSUED:	SEPTEMBER 24, 2010
SCOPE OF WORK:	REDO DUCTS		
CONDITIONS:			
CONTRACTOR:	PREFERRED A/C		
PARCEL CONTROL NUMBER:	123841-001-000-000605	SUBDIVISION	RIVERVIEW - LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	JOHN CHILDERS	CONTACT PHONE NUMBER:	561-689-1093

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

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



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:	9583		
ADDRESS	6 RIVERVIEW DR		
DATE:	9/24/10	SCOPE:	REDO DUCTS
SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

PREFERRED
 Air
 Conditioning
 &
 Mechanical, Inc.

1643 Donna Road
 West Palm Beach, FL 33409
 561-689-1093

GRAND BANK & TRUST OF FLORIDA
 WEST PALM BEACH, FL 33409

63-1446/670

62401

62401

PAY

THE SUM OF TWO HUNDRED FIFTY DOLLARS

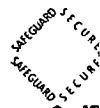
DATE: 9/16/2010 AMOUNT: *****250.00

TO THE
 ORDER
 OF

Town of Sewall's Point
 One S. Sewall's Point Road
 Sewall's Point, FL 34996

Wayne O'Byrne

PREFERRED Air Conditioning & Mechanical, Inc.



THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑈062401⑈ ⑆067014466⑆ 10139889⑈

ACCESSORY PERMIT	Declared Value:	\$	3425
Total number of inspections @ \$75.00 each		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
TOTAL ACCESSORY PERMIT FEE:		\$	250 work w/o permit

"AFTER THE FACT"

Date: 9/14/10

Town of Sewall's Point
BUILDING PERMIT APPLICATION Permit Number: 9583

OWNER/TITLEHOLDER NAME: Kevin + Jennifer Breheny Phone (Day) 72-600-7111 (Fax) _____

Job Site Address: 6 Riverview DR. City: Stuart State: FL Zip: 34996

Legal Description: Riverview S/D Lot 6 Parcel Control Number: 12-38-41-001-000-00060-5

Owner Address (if different): _____ City: _____ State: _____ Zip: 27496

SCOPE OF WORK (PLEASE BE SPECIFIC): redo duct work

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: \$ 3425.00
 (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: Preferred A/C + Mechanical Phone 561-689-1093 Fax 561-478-0089

Qualifiers name: John L. Childers Street: 1643 Donna Rd City: West Palm State: FL Zip: 33409

State License Number: CACD32382 OR Municipality: _____ License Number: _____

LOCAL CONTACT: Stewart O'Bryon Phone Number: 561-644-0526

DESIGN PROFESSIONAL: _____ Fla. License# _____

Street: _____ City: Nicole 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 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 ENCOMBERED 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 50-85.
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 - .6.

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

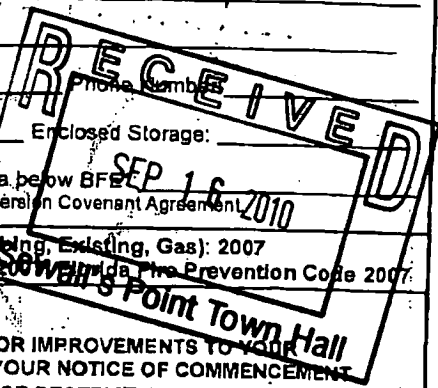
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER NOTORIZED SIGNATURE: (required per 713.136 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

X Jennifer Breheny
 State of Florida, County of: Martin
 On This the 16th day of Sept, 2010
 by Jennifer Breheny who is personally known to me or produced _____
 As identification: Nicole Ramsey
 My Commission Expires: 10/3/2012
 Florida Notary Assn., Inc

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.136 F.S.)

X John L Childers
 State of Florida, County of: St Lucie
 On This the 14 day of Sept, 2010
 by John L Childers who is personally known to me or produced _____
 As identification: Nicole Ramsey
 My Commission Expires: 10/3/12
 Notary Public NICOLE RAMSEY
 Comm# DD082402



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



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

Site Provided by...
 governmax.com 1.12

Summary

print [navigation icons] Owner 1 of 1

Tabs

Summary

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-001-000-00060-5	27496	6 RIVERVIEW DR, SEWALL'S POINT	\$359,180	9/11/2010

Owner Information	
Owner(Current)	BREHENY KEVIN J & JENNIFER M
Owner/Mail Address	6 RIVERVIEW DR STUART FL 34996
Transfer Date	06/01/2009
Document Number	2150616
Document Reference No.	2394 1495

Searches

- Parcel ID
- Owner**
- Address
- Account #
- Land Use
- Legal Description
- Neighborhood
- Sales
- Maps →

Location/Description		Map Page No.	Legal Description
Account #	27496	SP-05	RIVERVIEW S/D LOT 6
Tax District	2200		
Parcel Address	6 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3740		

Parcel Type

Land Use	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Functions

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

Assessment Information

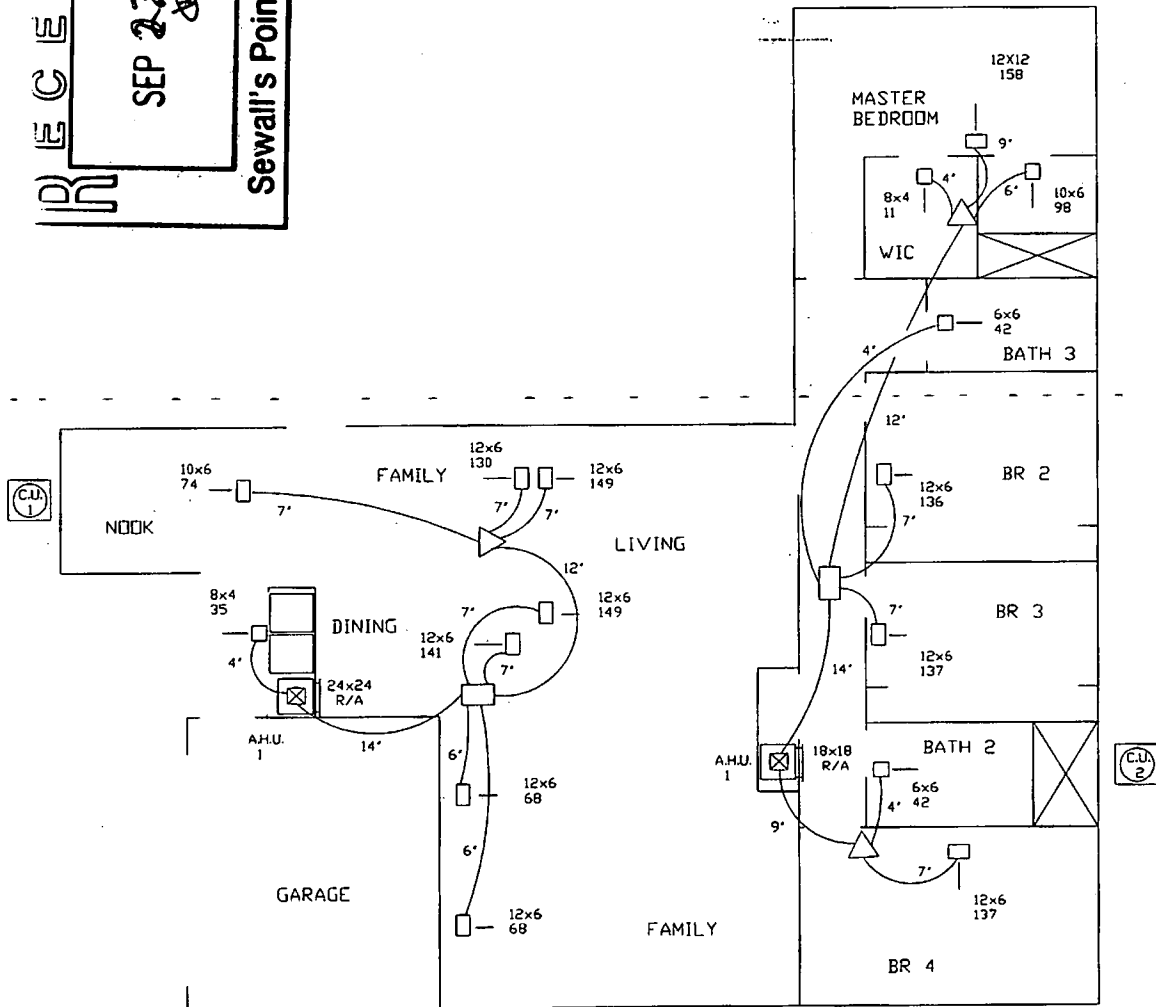
Market Land Value	\$178,000
Market Improvement Value	\$181,180
Market Total Value	\$359,180

Print First Previous Next Last

Legal Disclaimer / Privacy Statement



RECEIVED
 SEP 23 2010
 Sewall's Point Town Hall



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

AIR CONDITIONING DUCT PLAN
 BREHENY RESIDENCE
 #6 RIVERVIEW DRIVE STUART, FL
 34996

PREFERRED AIR CONDITIONING & MECHANICAL Inc.
 679 SW SEA HOLLY TERRACE PORT ST. LUCIE, FL.
 1643 DONNA ROAD WEST PALM BEACH, FL.
 SCALE: 1/4" = 1'-0" CACD32382 DATE: 09-22-10

Redacted
 9/22/10
 R. Williams



Duct System Summary
Master Suite
PREFERRED AIR CONDITIONING & MECHANICAL Inc.

Job:
 Date: Sep 21, 2010
 By:

Project Information

For: BREHENY RESIDENCE
 6 RIVERVEIW DRIVE, STUART, FL 34996

	Heating	Cooling
External static pressure	0.42 in H2O	0.42 in H2O
Pressure losses	0.22 in H2O	0.22 in H2O
Available static pressure	0.20 in H2O	0.20 in H2O
Supply / return available pressure	0.10 / 0.10 in H2O	0.10 / 0.10 in H2O
Lowest friction rate	0.444 in/100ft	0.444 in/100ft
Actual air flow	960 cfm	960 cfm
Total effective length (TEL)		45 ft

Supply Branch Detail Table

Name	Design (Btuh)	Htg (cfm)	Clg (cfm)	Design FR	Diam (in)	H x W (in)	Duct Matl	Actual Ln (ft)	Ftg.Eqv Ln (ft)	Trunk
MASTER BEDROOM	h 9742	451	408	0.500	12.0	0x0	VIFx	40.0	0.0	ST1
WC	c 201	4	9	0.606	4.0	0x0	VIFx	33.0	0.0	ST1
BATH 2	h 932	43	38	0.606	4.0	0x0	VIFx	33.0	0.0	ST2
BEDROOM 2	c 2775	95	118	0.800	7.0	0x0	VIFx	25.0	0.0	ST2
BEDROOM 3	c 2806	98	119	1.111	7.0	0x0	VIFx	18.0	0.0	ST2
BATH 3	c 887	34	38	0.909	4.0	0x0	VIFx	22.0	0.0	ST3
BEDROOM 4	h 3250	150	143	0.870	7.0	0x0	VIFx	23.0	0.0	ST3
MASTER BATH	c 2059	85	88	0.444	6.0	0x0	VIFx	45.0	0.0	ST1

Supply Trunk Detail Table

Name	Trunk Type	Htg (cfm)	Clg (cfm)	Design FR	Veloc (fpm)	Diam (in)	H x W (in)	Duct Material	Trunk
ST1	Peak AVF	539	504	0.444	686	12.0	0 x 0	VinIFlx	ST2
ST3	Peak AVF	185	181	0.870	529	8.0	0 x 0	VinIFlx	
ST2	Peak AVF	775	779	0.444	558	16.0	0 x 0	VinIFlx	

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Bold/italic values have been manually overridden





Duct System Summary
KITCHEN/LIVING
PREFERRED AIR CONDITIONING &
MECHANICAL Inc.

Job:
 Date: Sep 21, 2010
 By:

Project Information

For: BREHENY RESIDENCE
 6 RIVERVEIW DRIVE, STUART, FL 34996

	Heating	Cooling
External static pressure	0.43 in H2O	0.43 in H2O
Pressure losses	0.22 in H2O	0.22 in H2O
Available static pressure	0.21 in H2O	0.21 in H2O
Supply / return available pressure	0.11 / 0.11 in H2O	0.11 / 0.11 in H2O
Lowest friction rate	0.700 in/100ft	0.700 in/100ft
Actual air flow	1013 cfm	1013 cfm
Total effective length (TEL)		30 ft

Supply Branch Detail Table

Name	Design (Btuh)	Htg (cfm)	Clg (cfm)	Design FR	Diam (in)	H x W (in)	Duct Matl	Actual Ln (ft)	Ftg.Eqv Ln (ft)	Trunk
LAUNDRY	c 2795	129	138	2.625	7.0	0x0	VIFx	8.0	0.0	ST1
NOOK	h 4879	227	216	0.700	9.0	0x0	VIFx	30.0	0.0	ST2
KITCHEN	c 3973	117	196	0.700	8.0	0x0	VIFx	30.0	0.0	ST2
LIVING	h 3848	179	173	0.840	8.0	0x0	VIFx	25.0	0.0	ST2
DINING	c 1443	53	71	0.840	5.0	0x0	VIFx	25.0	0.0	ST3
FAMILY	h 6633	309	220	0.840	10.0	0x0	VIFx	25.0	0.0	ST3

Supply Trunk Detail Table

Name	Trunk Type	Htg (cfm)	Clg (cfm)	Design FR	Veloc (fpm)	Diam (in)	H x W (in)	Duct Material	Trunk
ST1	Peak AVF	129	138	2.625	515	7.0	0 x 0	VinIFix	ST3
ST2	Peak AVF	523	585	0.700	547	14.0	0 x 0	VinIFix	
ST3	Peak AVF	884	875	0.700	633	16.0	0 x 0	VinIFix	

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

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wrightsoft

Right-Suite Residential 6.0.119 RSR43667

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Page 1

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-4-2010 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
1158	Broken	Final	Pass	Close
2381	Preferred AC			INSPECTOR <i>JA</i> Open to Code
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9499	Lerner 37 E High Pt Scott Holmes	Final Shutters	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9570	McMahon 5755 RR Code Red Roofers	in-progress Final		Cancel INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Morris 120 Hillcrest	Tree	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9589	Zubensky 10 Mandalay Kraus & Crane	Final AC	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9543	Balaw/Williams 6 Gumbo Limbo Advanced Conc.	insulation	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9379	Balfoot 103 Hillcrest Balfoot Const	in-progress Roof	Pass	INSPECTOR <i>JA</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection: Mon Tue Wed Thur ~~10-5~~ 10-5 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9565	Poneault	Final AC		
1ST	28 Sumara St Nislin		Pass	Close INSPECTOR <i>JA</i>
9287	Shayfe 73N Sewalls Shakum	Gasfinal	FAIL	See construction NOTICE INSPECTOR <i>JA</i>
9574	Nield 12 Miramar MC Propane	Final-gas	Pass	Close INSPECTOR <i>JA</i>
373	6 Miramar	Final Gas	Pass	Close INSPECTOR <i>JA</i>
9051	Bonchans 3602 SE Ocean Comm Cont.	roughwall	Pass	INSPECTOR <i>JA</i>
				INSPECTOR
				INSPECTOR

9768

RENOVATIONS



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:	9768	DATE ISSUED:	APRIL 18, 2011
SCOPE OF WORK:	INTERIOR RENOVATION		
CONDITIONS :			
CONTRACTOR:	FREEDOM HOMEBUILDERS		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - L 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	WILLIAM JONES	CONTACT PHONE NUMBER:	600-7641

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

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

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

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

Permit Number: 9768

Date: 4/6/11

OWNER/TITLEHOLDER NAME: Kevin & Jennifer Breheny Phone (Day) 600-7111 (Fax)

Job Site Address: 6 Riverview Drive City: Stuart State: FL Zip: 34996

Legal Description Riverview SID Lot 6 Parcel Control Number: 12-30-41-001-000-00060-5

Owner Address (if different): N/A City: State: Zip:

Scope of work (please be specific): Replace Flooring in Living Area and reframe wall. (Per Plan)

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO [checked]

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 9,000 (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: Freedom Homebuilders Inc. Phone: 772-600-7641 Fax: 772-600-7653

Street: 50 S.E. Ocean Blvd. Suite 101 City: Stuart State: FL Zip: 34994

State License Number: CBC1255957 OR: Municipality: License Number:

LOCAL CONTACT: Rob Smithwick Phone Number: 772-216-4823

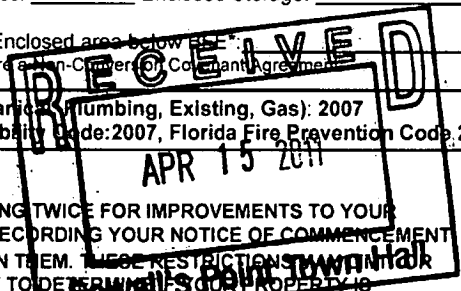
DESIGN PROFESSIONAL: Fred Shaffer/Richard Jewison Lic# PE26694 Phone Number: 215-5623

Street: 7677 SW Ellipse Way City: Stuart State: FL Zip: 34997

AREAS SQUARE FOOTAGE: Living: 2850 Garage: 440 Covered Patios/ Porches: 1162 Enclosed Storage:

Carpport: Total under Roof Elevated Deck: Enclosed area below ground level: * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Flood Damage Prevention 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 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 OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED) State of Florida, County of: Martin This the 14 day of April, 2011 by Jennifer Breheny who is personally known to me or produced Driver License as identification. Peggy Mieder

CONTRACTOR SIGNATURE: (required) On State of Florida, County of: Martin This the 14 day of April, 2011 by William B. Jones who is personally known to me or produced As identification. Peggy Mieder

My Commission Expires: JUNE 10 2014

My Commission Expires: JUNE 10 2014

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

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 OR HVAC EXCEEDS \$7,500.00

PERMIT #: _____ TAX FOLIO #: 12-30-41-001-000-00060-5

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): River view 51D Lot 6, 6 Riverview Drive, Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Remodel Bathroom, Flooring and Interior Wall

OWNER NAME: Kevin and Jennifer Breheny
ADDRESS: 6 Riverview Drive, Stuart, FL 34996
PHONE NUMBER: _____ FAX NUMBER: _____

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

CONTRACTOR: Freedom Homebuilders, Inc
ADDRESS: 50 S.E. Ocean Blvd Ste. 101 Stuart, FL 34994
PHONE NUMBER: 772-600-7641 FAX NUMBER: 772-600-7653

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: N/A
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

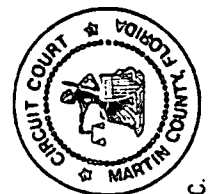
X [Signature]
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 10 DAY OF March, 2011
BY: Jennifer Breheny AS owner FOR _____

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION [check]
TYPE OF IDENTIFICATION PRODUCED Driver license

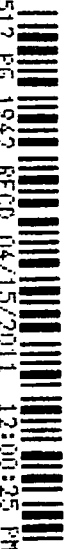
NOTARY PUBLIC STATE OF FLORIDA
Peggy Mieder
Commission # DD1000353
NOTARY PUBLIC EXPIRES: JUNE 10, 2014
BONDED THRU ATLANTIC BONDING CO., INC.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).
X [Signature]
(Signature of Natural Person Signing Above)



STATE OF FLORIDA MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
DATE: 11-51-11

INSTR # 2269384 DR BK 02512 PG 1942 RECD 04/15/2011 12:00:25 PM
MARSHA EWING DEPUTY CLERK S Phoen



CONTRACTOR OR OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 4/6/11

Building Permit # _____

Site Address: 6 Riverview Drive, Stuart, FL 34996

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

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

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

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

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

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

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

Contractor or Owner/Builder Signature William B. Jones

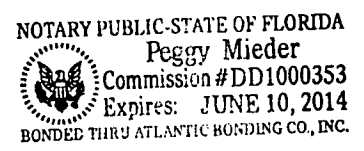
Subscribed and sworn to before me this 14 day of April, 2011, personally appeared

William B. Jones who is personally known to me or produced _____ as

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

Notary Public Signature Peggy Mieder

Seal



OK

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: Kevin & Jennifer Breheny

CONSTRUCTION ADDRESS: 10 Riverview Dr. 34991

PERMIT TYPE: RESIDENTIAL COMMERCIAL

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

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: electrical renovations as per plans

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

2333 SW Norton St. PSL FL 34953
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Tamber Contracting, Inc

TELEPHONE NO: 772-873-0556 FAX NO: 772-873-0446

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: FC13002700

** 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: Breheny, Kevin & Jennifer

PARCEL CONTROL #: 12-38-41-001-000-000-00-5

SUBDIVISION: Riverview LOT: 10 B.L.K. _____ PHASE: _____

SITE ADDRESS: 10 Riverview Dr, Stuart, FL 34991

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

**SUBCONTRACTORS LIST
RESIDENTIAL, ADDITIONS, COMMERCIAL**

APPLICANT'S NAME Kevin & Jennifer Breheny BLDG. PERMIT # _____

MAILING ADDRESS 6 Riverview Drive, Stuart, FL 34996

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

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM	N/A	
CFI	- FINISH		
BM	BLOCK MASON	N/A	
CB	COLUMNS & BEAMS	N/A	
OK CA	CARPENTRY ROUGH	Freedom Homebuilders Inc.	CBC 1255957
GD	GARAGE DOOR	N/A	
DH	DRYWALL - HANG		
DF	- FINISH	Freedom Homebuilders Inc.	CBC 1255957
IN	INSULATION	N/A	
LA	LATHING	N/A	
FI	FIREPLACE	N/A	
PAV	PAVERS	N/A	
AL	ALUMINUM	N/A	
LP	LP GAS	N/A	
PAV	PAINTING	Freedom Homebuilders Inc.	CBC 1255957
PL	PLASTER & STUCCO	N/A	
ST	STAIRS & RAILS	N/A	
RO	ROOFING	N/A	
TM	TILE & MARBLE	N/A	
WD	WINDOWS & DOORS	N/A	
PLU	* PLUMBING	N/A	
AC	* HARV	N/A	
OK EL	* ELECTRICAL	Tamber Contracting Inc.	EC 13002706

Laminate
Flooring

Freedom Homebuilders Inc. CBC 1255957

AL	* LOW VOLTAGE BURGLAR ALARM	N/A	
VS	VACUUM SOUND	N/A	
IR	* IRRIGATION	N/A	
SH	SHUTTERS	N/A	

* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

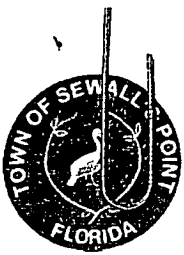
STATE OF Florida COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 17 day of April, 20 11

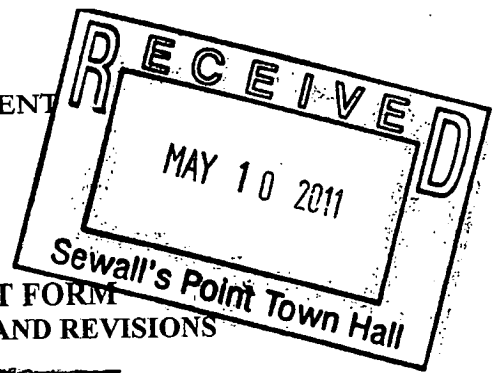
Peggy Mieder
NOTARY PUBLIC

NOTARY PUBLIC-STATE OF FLORIDA
Peggy Mieder
Commission # DD1000353
Expires: JUNE 10, 2014
BONDED THRU ATLANTIC BONDING CO., INC.

MY COMMISSION EXPIRES: _____



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



~~REVISIONS~~ CORRECTIONS REQUEST FORM
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 5-9-11 ~~PERMIT NUMBER 772-600-7641~~

JOB ADDRESS: 6 Riverview Drive, Stuart, FL 34994

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING****

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): ~~Certification~~

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Brad Jones SIGNATURE: William B Jones
 PHONE NUMBER: 772-600-7641 FAX NUMBER: 772-600-7653

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 5-11-11 Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/C

Applicant notified by: _____ Date: _____



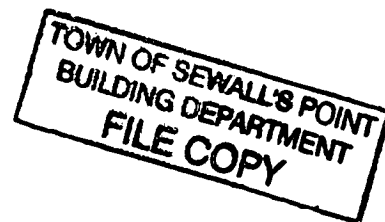
THE SHAFFER GROUP INC.

MARTIN COUNTY
7677 SW ELLIPSE WAY

STUART, FL 34997-1795
PH: 772.220.4990
FAX: 772.220.1795

PALM BEACH COUNTY
6671 W. INDIANTOWN RD
SUITE 50-116

JUPITER, FL 33458
PH: 561.707.2441
e-mail: mail@theshaffergroup.com



Date: May 5, 2011

To: John Adams
Town of Sewalls Point
Building Department

Re: Permit #9768
Breheny Residence
6 Riverview Drive

CERTIFICATION

We hereby certify that a double 2"x 8" beam will structurally support the loads above the wall that was deleted.

The 2"x 8"s are to be glued and nailed with (2) 16d ring shank nails @ 16" o.c. (both sides) with a 5/8" plywood filler. Stagger splices @ 32" min.

Certified by:

Fredrick D. Shaffer PE
Fla. Reg. No. 26694
Fla. Special Inspector No. 766

Inspected by:

Richard Jemison, BSCE
Fla. Gen. Contr. Lic. No. CGCA 09308



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

Site Provided by...
 governmax.com 1,11

Summary



Owner
 1 of 1

Tabs

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- NEW: Navigator
- Parcel Map →
- Parcel Map (To be phased out 6/1/11) →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-001-000-00060-5	27496	6 RIVERVIEW DR, SEWALL'S POINT	\$359,180	4/9/2011

Owner Information

Owner(Current)	BREHENY KEVIN J & JENNIFER M
Owner/Mail Address	6 RIVERVIEW DR STUART FL 34996
Sale Date	06/01/2009
Document Number	2150616
Document Reference No.	2394 1495
Sale Price	425000

Location/Description

Account #	27496	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 6
Parcel Address	6 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3740		

Parcel Type

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

Assessment Information

Market Land Value	\$178,000
Market Improvement Value	\$181,180
Market Total Value	\$359,180

Searches

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- NEW: Navigator
- Maps →
- Maps (To be phased out 6/1/11) →

Functions

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

Print First Previous Next Last

Legal Disclaimer / Privacy Statement



Scope of Work at Breheny Residence

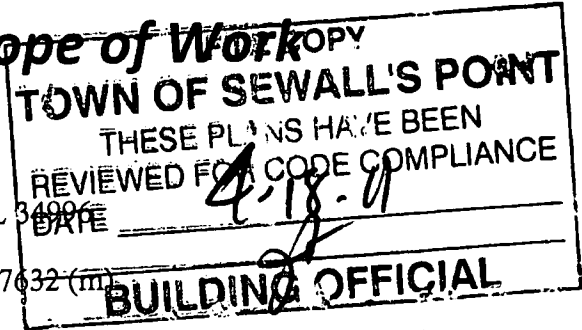
FREEDOM HOMEBUILDERS

Proposal & Scope of Work

Customer Name: Jennifer Breheny

Address: 6 Riverview Drive, Sewall's Pointe, FL 34996

Phone Number: 772-600-7111 (h) and 919-951-7632 (m)



CONTRACTOR will perform all work according to the Florida Building Code.

CONTRACTOR is licensed in the state of Florida and is in good standing.

CONTRACTOR requires all subcontractors to sign Lien Releases prior to payment.

CONTRACTOR TO PROVIDE A PROJECT MANAGER FOR AT NO ADDITIONAL BILLABLE HOURS ABOVE THE CONTRACT PRICE. ADDITIONALLY, TIME SPENT BY THE OWNERS ON THE PROJECT IS NOT A BILLABLE ITEM.

Suppliers will at times send a Notice to Owner directly to the customer which is a legal notification that they have delivered material to your home thereby keeping their lien rights in tact until such time that they are paid. Upon payment, the CONTRACTOR will require a full lien release from the supplier that you will receive a copy of for your records.

ALL WORK WILL BE IN ACCORDANCE WITH THE SCOPE OF WORK.

License Number: CBC 1255957
State: Florida
Insurance Company: Vinings Insurance Co.
Contact Name: Susan Fines
Policy Amount: \$1,000,000

Municipality: .

Permit Required: Yes

Engineer's Letter/Drawing required to pull permit: Yes

The general scope of work for this project includes all aspects as described in the Scope of Work. There are instances that additional work and cost may be necessary if the local municipality makes a determination that the existing code requires it.

Scope of Work at Breheny Residence

Cost Breakdown of Project:

Install Laminate or Snap Together Wood in Living Area*:

Cut and Build Decorative wall between LR & DR:

Build mantle and install power and TV outlet for Fireplace:

*Note: * denotes the price includes a material allowances.*

BREAKDOWN OF FLOOR ALLOWANCE:

- **Floor Material Allowance including pad underlayment**

Allowances are inclusive of taxes, shipping (if applicable), and miscellaneous materials.

Glue down wood increase the total cost due to glue and higher labor.

Framed wall shall match diagram as close as possible.

Engineers Letter not included in price and it is the intent to speak with John Adams to ensure one is not required. It is roughly \$300 if required.

PERMIT FEES ARE INCLUDED IN THE PRICE

RECORDATION OF NOTICE OF COMMITMENT IS INCLUDED IN THE PRICE

CONTRACTOR WILL PACKAGE AND SUBMIT FOR PERMITS

ALL MATERIALS INCLUDED EXCEPT THOSE LISTED BELOW

General Demolition:

- Contractor to provide dumpsters and dump trailers.
- Contractor to pay all applicable dump fees.
- All necessary electrical demolition to be completed.
- Remove all existing flooring in the area where wood will be installed.
- Floor will be prepared for flooring installation.
- Cut and frame non-bearing wall in Living Room as per diagram.
- All other demolition as per the Scope of Work.

Scope of Work at Breheny Residence

Electrical:

1. Pre-wire for TV outlet over mantle including bringing power to the location through the ceiling.
2. Re-route power and outlets in divided wall where the new wall per the diagram will be built.

Additional Electrical Notes that may INCREASE Costs per the Building Department:

- Duplex receptacles and light switches as to remain, all existing and new receptacles to be arc-fault or GFI protected and tamper resistant per NEC. If the building official determines that the entire home has to be brought up to code then all outlets may have to be replaced. This cannot be determined until time of permitting.
- Install Smoke detectors and carbon monoxide detectors per code if required by Sewall's Point. This will add approximately \$130 (L&M) per smoke detector if required.

Plumbing:

- None required for this project.

Framing:

- Cut down existing wall between living room and family room.
- Frame as per diagram.
- All framing as required by Florida Building Code.
- Frame over and around the fireplace to support a TV and a mantle. Customer to approve drawing.

Interior Doors:

- Shall be removed as necessary to install the floors.
- Contractor will cut the doors if necessary once the flooring is installed.

Drywall Hang and Finish:

- Install drywall as required by code.
- All framing and deadwood necessary to hang the drywall.
- As best possible, eliminate most drywall blemishes throughout the affected areas to ensure a professional finish.

Scope of Work at Breheny Residence

Wood Flooring Installation:

- Install snap together wood or laminate of customer's choice.
- **Material Allowance = \$6,000 including silencer underlayment.**
- **If the materials are less money, the difference will be credited on the final invoice.**
- If glue down wood is required then the additional costs would be that of the glue and approximately \$.75 per square foot for labor.

Trim and Moldings:

- Customer may add any trim work as they so choose via change addendum.
- Trim around fireplace as shown in drawing.
- All trims and moldings are to match the diagram as close as possible.

Paint:

- All paint products to be Porter and all colors to be of customer's choice.
- Paint newly framed wall and fireplace mantle and framing.
- All trim, casings, and doors a Semi-Gloss Finish.
- Colors as determined by the Customer.

Other:

- All inspections are the responsibility of the contractor.
- **The Scope of the Work may be changed at any time by the Customer.**
- All finish work (Punch Out) will be completed at the end by the contractor.
- The Contractor offers a one year warranty all workmanship and materials.

Customer to Provide Summary:

- Television

**Contractor will help the customer to install the above item.*

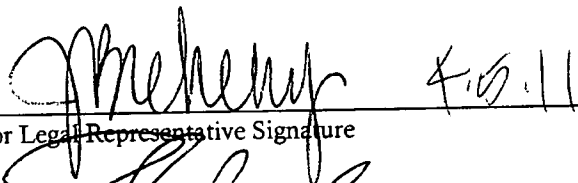
Scope of Work at Breheny Residence

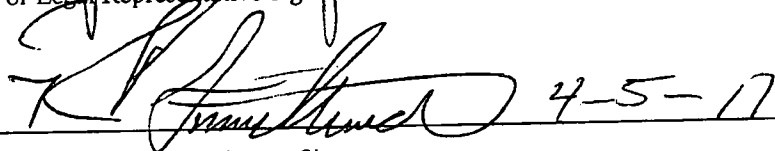
By both parties signing this estimate we are both accepting the price of the work to be completed by Freedom Homebuilders and it does constitute a contract. Contract cost estimates are valid for thirty days after the date on the contract. Upon both parties signatures, contract is in effect until the completion of work. In the event that the customer cancels contract once any work has commenced or any monies have been spent then the customer is liable for all costs up to that point. Contractor agrees to be responsible for all work in the project scope and to maintain the proper insurances throughout the project. Any damage to the property caused by the direct action of the Contractor or a subcontractor hired by the said contractor will be the responsibility of the Contractor. All work will be done according to the Florida Building Code, Sewall's Point, and any applicable plans. Contractor understands that time is of the essence and every effort will be made to complete the project in a timely manner. Contractor offers a one-year contract on all workmanship and manufacturer's warranties are to be used when applicable.

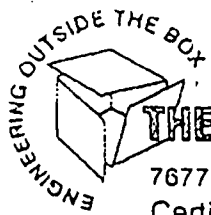
Payment schedule is as follows:

- | | |
|------------------------|---------------------------------|
| 1. 25% Due at time of: | Contract |
| 2. 25% Due Upon: | Demolition |
| 3. 25% Due Upon: | Flooring Complete |
| 4. 25% Due Upon: | Completion and Final Inspection |

With my signature, I accept the above prices, conditions and payment terms as satisfactory and authorize Freedom Homebuilders, Inc. to complete the work as outlined in the Contract.

 4-5-11
Customer or Legal Representative Signature

 4-5-11
Freedom Homebuilders, Inc. Owner Signature



THE SHAFFER GROUP INC.

7677 SW Ellipse Way Stuart, FL 34997
Certification of Authorization #9316

(772) 220-4990 / FAX (772) 220-1795

**DESIGN BY:
RICHARD A. JEMISON**

1904 ST. ANDREWS DRIVE
PALM CITY, FLORIDA 34990

(772) 215-5623 / FAX (772) 286-9377

John R. Adams, C.B.O.
Sewalls Point Building Dept.
1 South Sewalls Point Road
Stuart, Florida 34996

DATE: 04/13/11

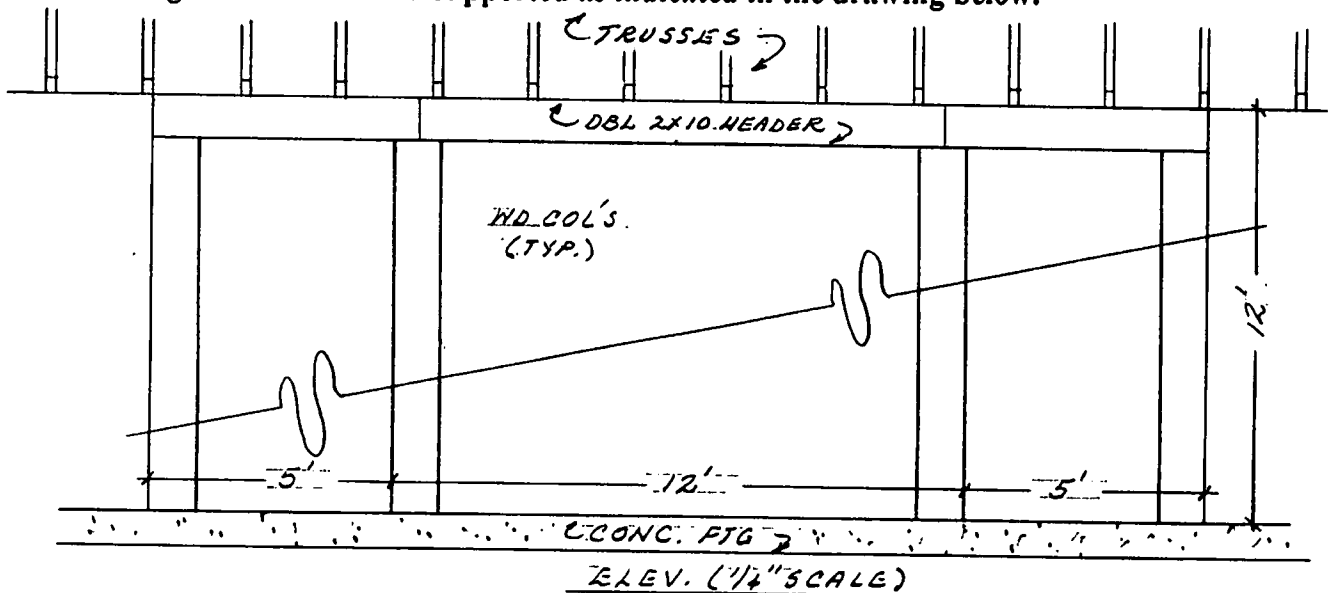
Re: Breheny Residence @ 6 Riverview Dr. / Sewalls Point, Florida

Dear John,

Rob Smithwick of Freedom Home Builders has requested that we provide you with our letter of structural integrity confirmation of an interior wall modification within the above referenced residence.

We have drilled a test hole along side of the existing wall to a depth of 9" below the tile surface and verified the existence of a sufficient concrete footing that would support a bearing wall, if in fact it is bearing.

We recommend that the contractor treat this wall as a bearing wall and support the trusses along the wall to be removed and install double 2"x 10" headers at the existing wall location and supported as indicated in the drawing below.



We hereby certify the structural integrity of this wall modification.

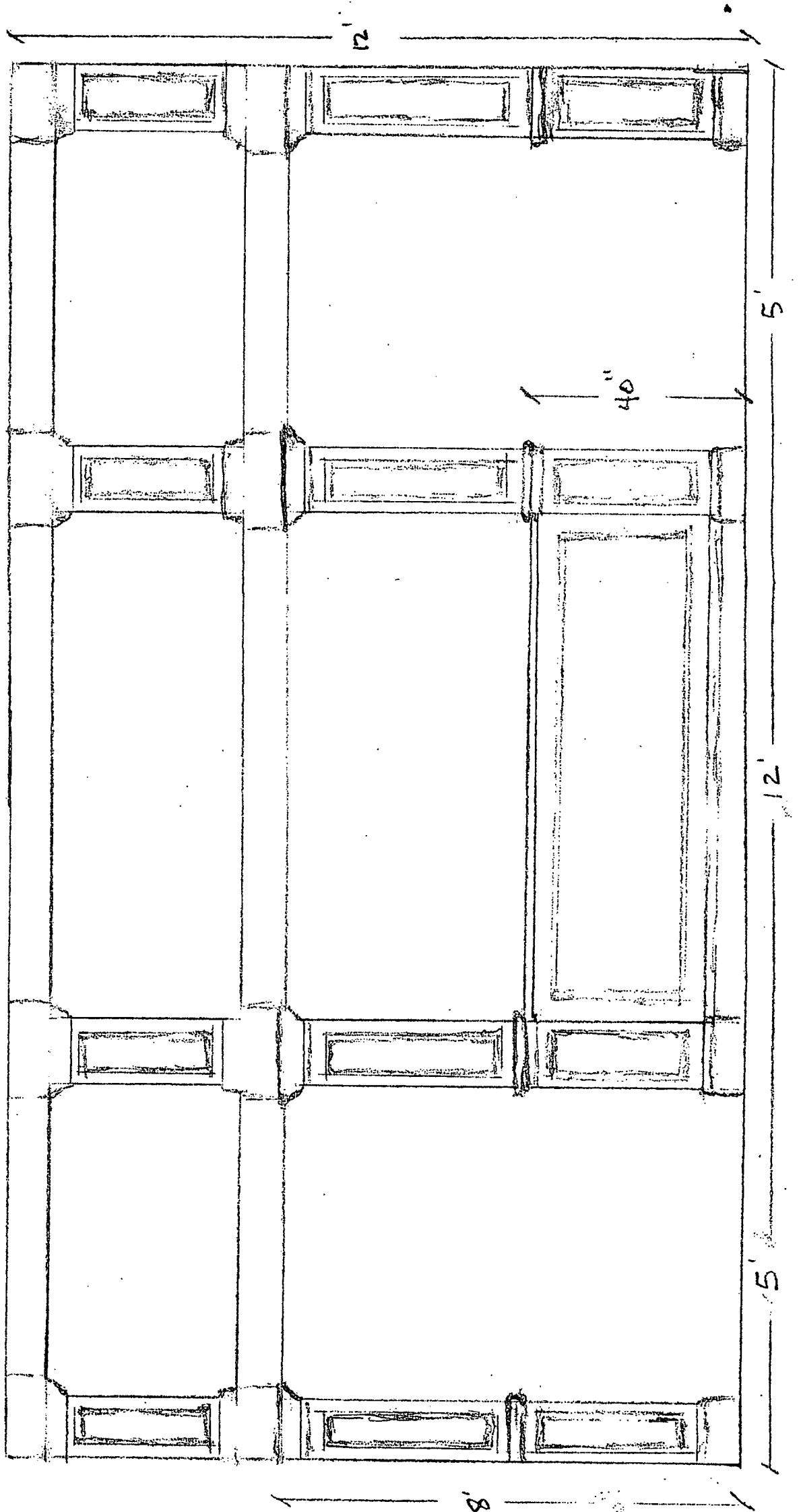
Certified by:

Fred D. Shaffer, P.E. #26694

Verified by:

Richard A. Jemison, CGCA 09308

PRETENSUM



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-13-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9783	Hart	Final AC		
1st	25 Simena Nislin		Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9783	Hart	Final AC		
9783	Freedom Homes			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9714	Mascarello	Final Pool Deck	Pass	Close INSPECTOR <i>JA</i>
	1 WORTH Ct Scott Holmes			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9744	Turner	Final Deck & Lift Roof top	Pass	Close INSPECTOR <i>JA</i>
	81 S RIVER Rd OB			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8913	Turner	Final Fid	Pass	Close INSPECTOR <i>JA</i>
	81 S RIVER OB			
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

6-14-11

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
1st	Freedom Bldg.			INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

9826

IMPACT WINDOWS



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:	9826	DATE ISSUED:	JULY 6, 2011
SCOPE OF WORK:	REPLACE 3 WINDOWS WITH IMPACT		
CONDITIONS :			
CONTRACTOR:	FREEDOM HOMEBUILDERS		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	ROBERT SMITHWICK	CONTACT PHONE NUMBER:	600-7641

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

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

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

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: 6/27/11 Permit Number: _____

OWNER/TITLEHOLDER NAME: Kevin and Jennifer Breheny Phone (Day) _____ (Fax) _____

Job Site Address: 6 Riverview Drive City: Stuart State: FL Zip: 34996

Legal Description: Riverview S/D lot 6 Parcel Control Number: 12-38-41-001-000-00060-5

Owner Address (if different): N/A City: _____ State: _____ Zip: _____

Scope of work (please be specific): Replace three windows in Kitchen area

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: \$ 1,000
(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

CONTRACTOR/Company: Freedom Homebuilders, Inc Phone: 772-600-7641 Fax: 772-600-7653

Street: 50 S.G. Ocean Blvd. Suite 101 City: Stuart State: FL Zip: 34994

State License Number: CBC 12559570R Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

Street: _____ State: _____ Zip: _____

AREAS SQUARE FOOTAGE: Living: 2850 Garage: 440 Covered Patios/ Porches: 1162 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): 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:

- 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.
- 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.
- 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 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) Jennifer Breheny 0-27-11
State of Florida, County of: Martin
This the 27 day of June, 2011
by Jennifer Breheny who is personally
known to me or produced Driver License
as identification. Peggy Meeder
Notary Public

CONTRACTOR SIGNATURE: (required)
Robert P. Smithwick
On State of Florida, County of: Martin
This the 27 day of June, 2011
by Robert P. Smithwick who is personally
known to me or produced _____
As identification. Peggy Meeder
Notary Public

My Commission Expires: NOTARY PUBLIC-STATE OF FLORIDA

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

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 7/1/2011 8:17:55 AM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
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Sale Date	6/1/2009
Document Book/Page	2394 1495
Document No.	2150616
Sale Price	425000

Location/Description

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Tax District	2200	Legal Description	RIVERVIEW S/D LOT 6
Parcel Address	6 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3740		

Parcel Type

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

Assessment Information

Market Land Value	\$178,000
Market Improvement Value	\$181,180
Market Total Value	\$359,180

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	21 1/4 x 36 1/8		SH	X		Laundry Room
2	25 3/4 x 69		SH	X		Breakfast Nook
3	25 3/4 x 69		SH	X		,,
4						
5						
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25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F.

*PERCENTAGE OF NEW GLAZED AREA: _____ %
(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/ EXISTING BUILDING 507.3.

* TYPE WINDOWS

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

Breheny

Att: Mary



BUILDING CODE COMPLIANCE OFFICER (BCCO)
PRODUCT CONTROL DIVISION

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

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

Jeld-Wen
355 Center Court
Venice, FL 34285

SCOPE:

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

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

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

DESCRIPTION: Series "8100 Premium Atlantic" Vinyl Single Hung Window - L.M.I.

APPROVAL DOCUMENT: Drawing No. JELD0017, titled "8100 Series PVC Single Hung Impact Window Elevation & General Notes", sheets 1 through 6 of 6, prepared by PTC, LLC, dated 03/31/06, signed and sealed by L. Roberto Lomas, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval 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.

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

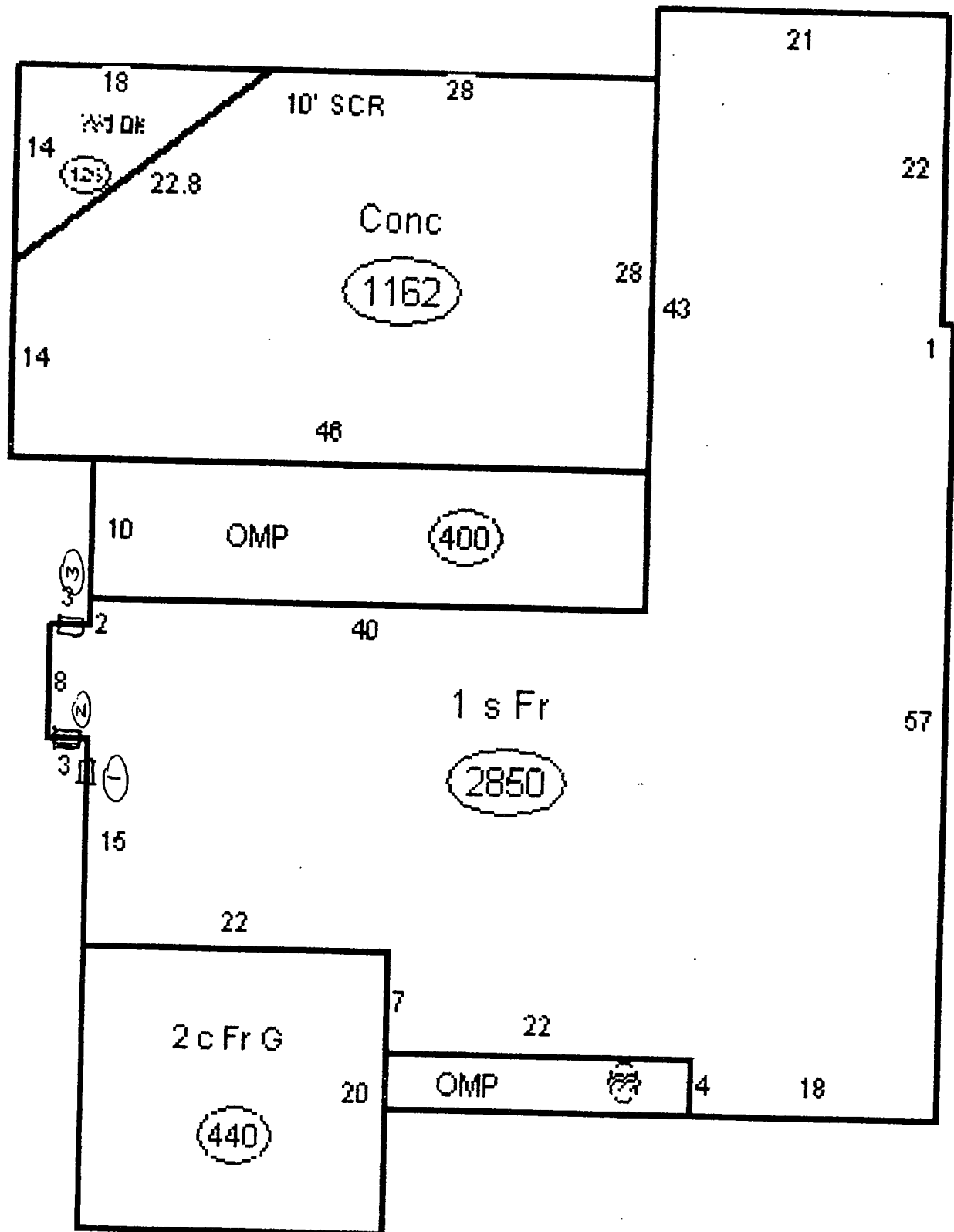
INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA consists of this page 1 and evidence page E-1, as well as approval document mentioned above. The submitted documentation was reviewed by Jaime D. Gascon, P.E.



J. Gascon
8/7/06

NOA No 06-0407.02
Expiration Date: August 10, 2011
Approval Date: August 10, 2006
Page 1



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

7-18-11

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9826	Freedom	Final	Pass	Close
1st	Freedom	(NO PERMIT)	Pass	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9834	MCALPIN	FINAL		
	22 PALMETTO	DOOR	Pass	Close
	D & D GARAGE DOOR			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9809	FREUDENBERG			
	115 N. SPT RD	PART LIFT	Pass	Close
	J & D BOAT LIFT	FINAL		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9807	LAWLESS	U.G. PLUMB		
	12 MANDALAY		RESET FOR TUESDAY	
	OB			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

9854

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:	9854	DATE ISSUED:	AUGUST 8, 2011
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	NIS AIR		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
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 MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____	UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____
---	--

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 8.5.11OWNER/TITLEHOLDER NAME: Kevin + Jennifer BuleyPhone (Day) 600-7111 (Fax) _____Job Site Address: Lo Pineview Dr.City: Stuart State: FL Zip: 34996

Legal Description _____

Parcel Control Number: 12-38-41-001-000-000605

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Scope of work (please be specific): AC changeout**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: \$ 729500

(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: Nisa IRPhone: 406-8115 Fax: 408-9745Street: 3700 S. US 1City: Stuart State: FL Zip: 34985State License Number: CA041199 OR: Municipality: _____ License Number: _____LOCAL CONTACT: Philip Nisa JRPhone Number: 406-8115

DESIGN PROFESSIONAL: _____ Lic# _____ 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 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 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)State of Florida, County of: St. LucieThis the 5 day of August, 2011by Kevin Buley who is personally known to me or produced _____as identification. Nichole L. Simmons Comm# DD0721513My Commission Expires: 10/2/2011
Florida Notary Assn., Inc

CONTRACTOR SIGNATURE: (required)

On State of Florida, County of: St. LucieThis the 5 day of August, 2011by Philip Nisa JR who is personally known to me or produced _____As identification. Nichole L. Simmons Comm# DD0721513My Commission Expires: 10/2/2011
Florida Notary Assn., Inc

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

generated on 8/4/2011 9:22:57 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-001-000-00060-5	27496	6 RIVERVIEW DR, SEWALL'S POINT	\$359,180	7/30/2011

Owner Information

Owner(Current)	BREHENY KEVIN J & JENNIFER M
Owner/Mail Address	6 RIVERVIEW DR STUART FL 34996
Sale Date	6/1/2009
Document Book/Page	2394 1495
Document No.	2150616
Sale Price	425000

Location/Description

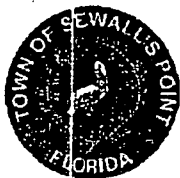
Account #	27496	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 6
Parcel Address	6 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3740		

Parcel Type

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

Assessment Information

Market Land Value	\$178,000
Market Improvement Value	\$181,180
Market Total Value	\$359,180



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

3ton

Air Conditioning Change out Affidavit

Residential Commercial _____
Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes ___ No
Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes No
Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Pheem Model# RBAP2111
Volts 208 CFM's 1200 Heat Strip 10 Kw
Min. Circuit Amps _____ Wire gauge 6
Max. Breaker size 60 Min. Breaker size 50
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R410A
Location: Existing New _____
Attic/Garage/Closet (specify) veranda
Access: _____

Condenser: Mfg Pheem Model# 14AJM36
Volts 208 SEER/EER 15 BTU's 36000
Min. Circuit Amps _____ Wire gauge 10
Max. Breaker size 30 Min. Breaker size 17.6
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R410A
Location: Existing New _____
Left/Right/Rear/Front/Roof _____
Condensate Location _____

(Contractor must provide ladder if required)

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Pheem Model# _____
Volts _____ CFM's _____ Heat Strip 10 Kw
Min. Circuit Amps _____ Wire gauge 6
Max. Breaker size: 60 Min. Breaker size _____
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R-22
Location: Ext. New _____
Attic/Garage/Closet (specify) _____
Access: _____

Condenser: Mfg Pheem Model# _____
Volts _____ SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge 10
Max. Breaker size 30 Min. Breaker size _____
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R-22
Location: Ext. New _____
Left/Right/Rear/Front/Roof _____
Condensate Location _____

Certification:

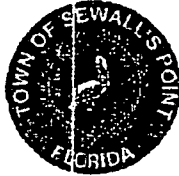
I hereby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature

Date

[Handwritten Signature]

8-4-11



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

2.5 Ton

Air Conditioning Change out Affidavit

Residential [checked] Commercial
Package Unit Yes No (Use Condenser side of form below for equipment listing)
Duct Replacement Yes No - Refrigerant line replacement Yes No
Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes No
Rooftop A/C Stand Installation Yes No - Curb Installation Yes No
Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RBHP 20/ Condenser: Mfg Rheem Model# 14AJM30
Volts 208 CFM's 1200 Heat Strip 10 Kw Volts 208 SEER/EER 16 BTU's 30000
Min. Circuit Amps 50 Wire gauge 6 Min. Circuit Amps Wire gauge 10
Max. Breaker size 60 Min. Breaker size 50 Max. Breaker size 30 Min. Breaker size 18.2
Ref. line size: Liquid 3/8 Suction 3/4 Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R410A Refrigerant type R410A
Location: Existing [checked] New
Attic/Garage/Closet (specify) Veranda Left/Right/Rear/Front/Roof
Access: Condensate Location

(Contractor must provide ladder if required)

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# Condenser: Mfg Rheem Model#
Volts CFM's Heat Strip 10 Kw Volts SEER/EER BTU's
Min. Circuit Amps Wire gauge 6 Min. Circuit Amps Wire gauge 10
Max. Breaker size 60 Min. Breaker size Max. Breaker size 30 Min. Breaker size
Ref. line size: Liquid 3/8 Suction 3/4 Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R22 Refrigerant type R22
Location: Ext. [checked] New
Attic/Garage/Closet (specify) Left/Right/Rear/Front/Roof
Access: Condensate Location

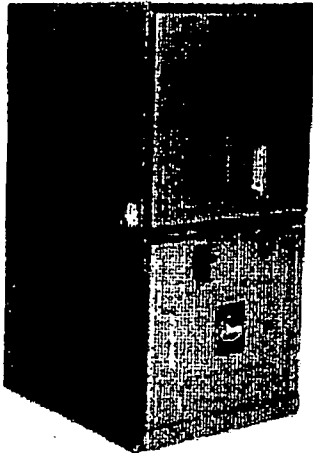
Certification:

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

Signature [Handwritten Signature]

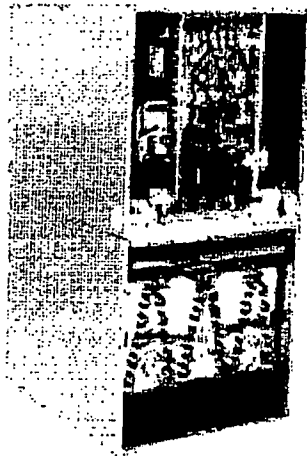
Date 8.4.11

AIR HANDLERS



AIR HANDLERS RBHP-

- Models featuring R-22 Refrigerant
- Models featuring
New Industry Standard
R-410A Refrigerant ~~R-410A~~
- Models featuring Electric Heat
without Indoor Cooling Coil



(Model with Coil)

Features

- Quiet and efficient X-13 (ECM) motor technology
- Only 35" tall and 4-way convertible for all those tight spaces
- Available from factory in upflow and horizontal configurations
- Nominal airflow up to 0.5" external static pressure with reduced airflow up to 1.0" external static pressure
- Factory installed MultiFlex® coils
- Sturdy steel construction with 1 inch (25.4 mm) of foil faced insulation for excellent sound and insulating characteristics
- Permanent, easily accessible and washable filter furnished standard
- Circuit breaker (standard on units with more than 11 kW) meets U.L. and cUL requirements for service disconnect
- Factory installed auxiliary electric heat provides exact heat for indoor comfort over a variety of applications
- Watt restrictors, standard on RBHP-17 models above 6 kW and on RBHP-21, RBHP-24 & RBHP-25 models above 11 kW, stage supplemental heat so that only the necessary amount is engaged to maintain comfort in the conditioned space
- Fan settings for selectable, customized cooling airflow over a wide variety of applications





Certificate of Product Ratings

AHRI Certified Reference Number: 3412969

Date: 8/4/2011

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM36

Indoor Unit Model Number: RBHP-21+RCHL-36A1

Manufacturer: RUUD AIR CONDITIONING DIVISION

Trade/Brand name: RUUD 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RUUD AIR CONDITIONING DIVISION

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	35800
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	15.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahrirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahrirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



©2011 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129569379456950294



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 3412804

Date: 8/4/2011

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RBHP-21+RCHL-36A1

Manufacturer: RUUD AIR CONDITIONING DIVISION

Trade/Brand name: RUUD 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RUUD AIR CONDITIONING DIVISION

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	28600*
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

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©2011 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129569380120130339

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **8-30-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
905	1000 W.
911
911
	Miscari			INSPECTOR <i>A</i>

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	WHITE VAN	636 9YW		
				INSPECTOR

9911

ROOF REPAIR



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:	9911	DATE ISSUED:	10/24/2011
SCOPE OF WORK:	ROOF REPAIR		
CONTRACTOR:	ALL AMERICAN ROOFING		
PARCEL CONTROL NUMBER:	12-38-41-0001-000-00060-5	SUBDIVISION	RIVERVIEW
CONSTRUCTION ADDRESS:	6 SE RIVERVIEW DRIVE		
OWNER NAME:	KEVIN BREHANY		
QUALIFIER:	PAUL D. WILKINS	CONTACT PHONE NUMBER:	463-8055
			781-4410

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

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

RECEIPT

DATE

10-27-11

No.

926988

RECEIVED FROM

All American Refining

\$84.00

DOLLARS

FOR RENT

FOR

Permit #9911

CASH

MONEY ORDER

CHECK

CREDIT CARD

ACCOUNT

PAYMENT

BAL. DUE

84.00

FROM

TO

BY

BSB

10/27/11



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:	9911 - REVISED	DATE ISSUED:	10/24/2011 OCTOBER 24, 2012
SCOPE OF WORK:	ROOF REPAIR CHANGE OF CONTRACTOR FEE \$25 PD CK#450		
CONTRACTOR:	ALL AMERICAN ROOFING - FREEDOM HOME BUILDERS		
PARCEL CONTROL NUMBER:	12-38-41-0001-000-00060-5	SUBDIVISION	RIVERVIEW
CONSTRUCTION ADDRESS:	6 SE RIVERVIEW DRIVE		
OWNER NAME:	KEVIN BREHANY		
QUALIFIER:	PAUL D. WILKINS - WM JONES	CONTACT PHONE NUMBER:	463-8055-600-7641

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

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 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9911
ADDRESS	6 SE RIVERVIEW DRIVE
DATE 10/19/2011	SCOPE OF WORK ROOF REPAIR

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$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.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	2,250.00
Total number of inspections @ \$75.00 each	1		75.00
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 - \$5.00 min.)		\$	4.00

TOTAL ACCESSORY PERMIT FEE:		\$	84.00
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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:	9911 - REVISED
ADDRESS	6 SE RIVERVIEW DRIVE
DATE 10/19/2011 10/24/12	SCOPE OF WORK ROOF REPAIR

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$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.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	2,250.00
Total number of inspections @ \$75.00 each	1		75.00
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 - \$5.00 min.)		\$	4.00
TOTAL ACCESSORY PERMIT FEE:		\$	84.00

\$25 change contractor fee pd 10/24/12 ck#450

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: _____ Permit Number: 9911

OWNER/LESSEE NAME: BREHENY Phone (Day) 600-7111 (Fax) _____

Job Site Address: 6 Riverview DR City: _____ State: _____ Zip: _____

Legal Description _____ Parcel Control Number: _____

Fee Simple Holder Name: _____ Address: _____

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** ROOF/Chimney Repair

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: \$ 900.00
 (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: Freedom Home Builders Phone: _____ Fax: _____

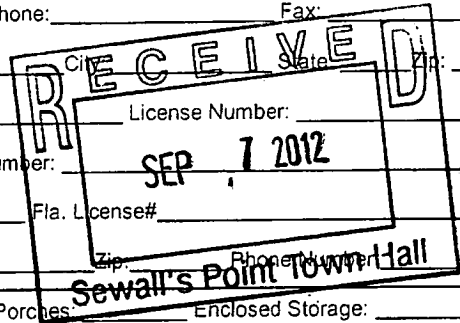
Qualifiers name: _____ Street: _____ City: _____ State: _____ Zip: _____

State License Number: _____ OR: Municipality: _____

LOCAL CONTACT: _____ Phone Number: _____

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. 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 AND THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION 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 7th day of Sept, 2012

by Jennifer Breheny who is personally known to me or produced _____

As identification: Valerie Carmel Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: _____

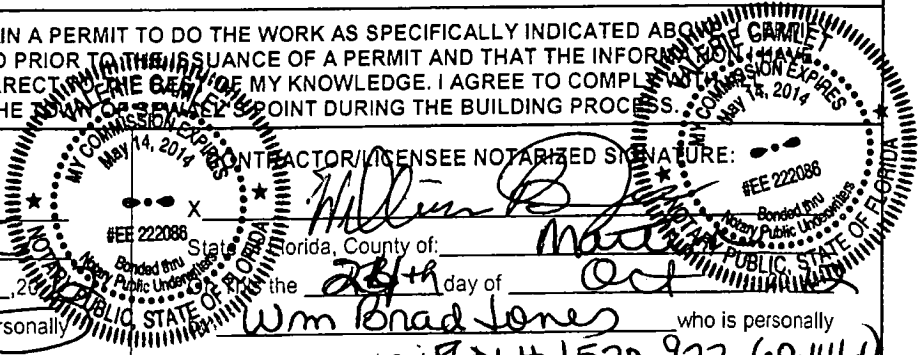
State of Florida, County of: Martin

On This the 28th day of Oct, 2012

by Wm Brad Jones who is personally known to me or produced PL# 1520-922-60141-0

As identification: Valerie Carmel 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!

- Repair -

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 10/19/11 Permit Number: 9911

OWNER/TITLEHOLDER NAME: Jennifer Breheny Phone (Day) 690 416 1515

Job Site Address: 6 River View Dr SE City: Sewall Pt State: FL Zip: 34996

Legal Description: Riverview S/D Lot 6 Parcel Control Number: 123841001600000605

Owner Address (if different): 6 River View Drive City: Sewall Pt State: FL Zip: 34996

Scope of work (please be specific): Repair chimney caps and flashing 2bga. self adhered membrane around frame

install
1 repair
boot

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: \$ 22,500
(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 AEB AEB 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: All American Roofing of the Treasure Coast Etc Phone: 772 463 8055 Fax: 772 463 8054
Street: 3006 SE Wacker St City: Stuart State: FL Zip: 34997

State License Number: CCC058118 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Jesus Vasquez Phone Number: 772 263 0610

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

AREAS SQUARE FOOTAGE: Living: 2850 Garage: 440 Covered Patios/ Porches: 2158 Enclosed Storage: _____

Carport: _____ Total under Roof: 3290 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): 2007
National Electrical Code: 2005(2008 after 8/1/09) 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 2004 W/ 2008 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)
Jennifer Breheny X

CONTRACTOR SIGNATURE: (required)
Paul D. [Signature]

State of Florida, County of: Martin
This the 20 day of October, 2011

On State of Florida, County of: Martin
This the 20 day of October, 2011

by Jennifer Breheny
known to me or produced by Glenda Ruth Gregory-Palacio
as identification. Glenda Ruth Gregory-Palacio
My Commission # DD-883917
EXPIRES: May 12, 2013
Notary Public

by Paul D. [Signature]
known to me or produced by Glenda Ruth Gregory-Palacio
as identification. Glenda Ruth Gregory-Palacio
My Commission # DD-883917
EXPIRES: May 12, 2013
Notary Public

My Commission Expires: 5-12-13

My Commission Expires: 5/12/13

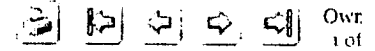
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...
 governmax.com 1.13

Summary



Tabs

Summary

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

Parcel ID	Account #	Unit Address	Market Total Value	Da
12-38-41-001-000-00060-5	27496	6 RIVERVIEW DR, SEWALL'S POINT	\$347,200	10/

Owner Information

Owner(Current)	BREHENY KEVIN J & JENNIFER M
Owner/Mail Address	6 RIVERVIEW DR STUART FL 34996
Sale Date	6/1/2009
Document Book/Page	2394 1495
Document No.	2150616
Sale Price	425000

Searches

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- NEW: Navigator
- Maps →

		Location/Description	Map Page No.	SP-
Account #	27496			
Tax District	2200			
Parcel Address	6 RIVERVIEW DR, SEWALL'S POINT			
Acres	.3740			
			Legal Description	RIV S/D

Parcel Type

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

Functions

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

Assessment Information

Market Land Value	\$175,000
Market Improvement Value	\$172,200
Market Total Value	\$347,200

Print First Previous Next Last

Legal Disclaimer / Privacy Statement



Jennifer Breheny <jenniebreheny@gmail.com>

PERMIT #9911 (6 RIVER VIEW DR)

1 message

PAUL CHARETTE <ciarchitecture@yahoo.com>

Fri, Jun 8, 2012 at 4:16 PM

To: JADAMS@sewallspoint.martin.fl.us

Cc: JENNIEBREHENY@gmail.com

MR ADAMS

AS WE SPOKE TODAY, ENCLOSED IS A LETTER FOR MY LETTER TO BE
REMOVED FROM THE FILE AND PROJECT.

THANKS

REGARDS

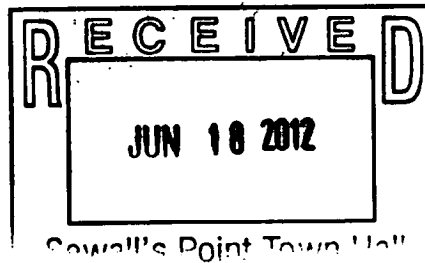
PAUL CHARETTE

561-756-6094

CIARCHITECTURE@YAHOO.COM

 **BREHENYletter CIA.pdf**
51K

Jesus Vasquez
All American Roofing
2504 SE Willoughby Blvd
Suite A11
Stuart, FL 34994



Dear Jesus,

We have been patiently trying to reach a resolution with your company in completing our job permit number 9911 at 6 Riverview Dr, Sewall's Point, Florida.

Since we have last spoken the following has transpired:

After speaking to Paul Charette, of Charette International Architecture, it has been revealed that the letter supporting your work to close the job is fraudulent and as per the request of Paul Charette the letter has been receded and removed from our permit with the Sewall's Point Building Department. (Please see attached document).

Our permit has been open since October of last year. We would like to be reimbursed the \$3500 we have paid you for an incomplete and unapproved job. We would like to spend the money to have the issue corrected by a contractor/and or roofer of our choice or have the entire job, at your expense, redone to the regulations of the Town of Sewall's Point Building Department.

We will be reporting this incident to the Florida Department of Business and Professional Regulations and the Better Business Bureau of Martin County if there is no recourse from your end.

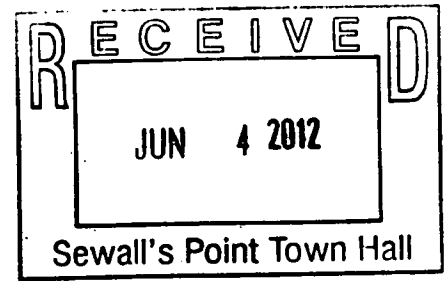
Please contact us to proceed forward. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer and Kevin Breheny". The signature is stylized and cursive.

Jennifer and Kevin Breheny
6 Riverview Drive
Stuart, FL 34996
772-600-7111

CHARETTE INTERNATIONAL ARCHITECTURE
AA26002424



MAY 22, 2012

To: CITY OF SEWALLS POINT BUILDING DEPT.
ONE SOUTH SEWALLS PT RD

RE: BREHENY REPAIR INSPECTION
Permit # 9911
6 RIVER VIEW DRIVE
SEWALLS POINT FL 34996

Dear Sirs,

I Paul Charette have personally inspected the repairs done to the chimney for the above mentioned unit. This inspection includes all of its components. Replacement of rotten framing, plywood sheathing and proper installation of felt before the new hardi board. These repairs were directed by this office and are in compliance with the FBC 2010. I find that all aspects of this system conform to the approved engineering practices.

Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

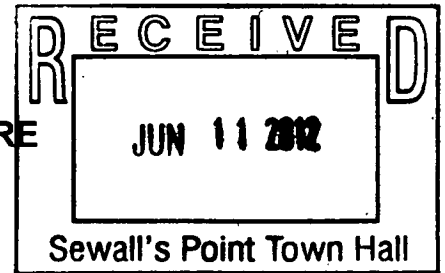


Paul Charette

Architect ar 0016279

2528 N 38 TH AVE HOLLYWOOD FL 33021
561-756-6094

CHARETTE INTERNATIONAL ARCHITECTURE
AA 26002424 AR 0016279



JUNE 7, 2012

TO: SEWALLS POINT BUILDING DEPT.

RE: PERMIT #9911
ALL AMERICAN ROOFING

BREHENY INSPECTION LETTER
6 RIVER VIEW DRIVE
SEWALLS POINT FL 34996

DEAR SIRs,

THIS OFFICE WOULD LIKE TO HAVE THE LETTER SUBMITTED THAT WAS DATED MAY 22 2012, RECEDED AND REMOVED FROM THE FILE. THE DISPUTE BETWEEN THE OWNER AND ROOFING COMPANY IS BEHOND THE SCOPE OF THE LETTER SUBMITTED FOR THE CHIMNEY REPAIRS. THANK YOU FOR YOUR ATTENTION TO THIS MATTER AND PLEASE FEEL FREE TO CALL WITH QUESTIONS.

REGARDS,

PAUL CHARETTE



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 CHECKLIST

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

THIS REVIEW SHEET MUST ACCOMPANY THE APPLICATION SUBMITTAL.

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

The following minimum requirements must be provided for permitting and inspections:

- 1 Copy Completed application
- 2 Copies Complete list of proposed materials
- 2 Copies Re-roof certification *Repair*
- 1 Copy Re-roof Inspection affidavit if used, prior to final inspection.

RESIDENTIAL REROOFS:

- 2 Copies approved roofing manufacturer specifications for all products used.
 - Manufacturer specs/fastening schedule for roof shingles (must meet the minimum area wind load).
 - Manufacturer must have Florida Product Approval
 - Location of proposed re-roof (if only a partial re-roof) and area % calculation
 - Section/detail through hip and ridge tile caps per F.R.S.A. for tile roofs**
- W/A* 2 Copies Re-roof windstorm loss mitigation certification (and affidavit if applicable)

COMMERCIAL REROOFS:

- 2 Copies Roof Plan:
 - Show all features (pitch, drains, equipment, etc.)
 - Details: 3/4" = 1'.0" min. scale
 - Parapet or edge
 - Rooftop mounting or equipment expansion joints
 - Type of roofing (& insulation if any) being removed
 - Type of roof deck
- 2 Copies Approved roofing manufacturer specifications for all products used.
 - Manufacturers complete roofing system specifications & installation guidelines (Include fastening schedule meeting minimum area wind load).
- 1 Copy Verification of Contractor form
 - Contractor verification form (HVAC and/or electric) required if roof top HVAC equipment is removed/reinstalled and/or if HVAC electric is disconnected/reconnected.

****Concrete or ClayTile Roof: Specify how the roof field tile will be attached to the deck (reference F.S.R.A Installation Manual). Provide section details showing the installation/attachment of ridge and hip cap tile. Demonstrate compliance with the 2007 FBC 1507.3. & 2007 FBC/Residential R905.3. Also provide Product Approval for all roof adhesives.**

**All Product Approval & Installation Spec's must be on the job site for inspection.
 All tile re-roofs require an "in progress" tile installation inspection or certified pull test at final.**

RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553.844)

Repair

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract

All re-roofs regardless of value shall comply with the following:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d rink shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

_____ All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

✓ _____ ~~Entire roof deck~~ Repair area chimney caps (2) shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

_____ Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet.)

_____ Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-moped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

Repair
~~REPAIR~~ OF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: All American Roofing of the Treasure Coast Inc PHONE #: 772 463 8055 FAX: 772 463 8054

OWNER'S NAME: Jennifer Breheny

CONSTRUCTION ADDRESS: 6 Riverview Dr SE CITY Sewall's Pt 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 _____

ROOF TYPE: HIP _____ BOSTON-HIP _____ GABLE _____ FLAT _____ OTHER _____

ROOF PITCH: 6 /12 SLOPE

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: Metal EXISTING COVERING TO BE REMOVED? YES _____ NO _____ *part around chimney*

PROPOSED NEW ROOF COVERING: Self adhered TU Plus, 26 ga flashing, Neoprene boot

MANUFACTURER Polyglass PRODUCT NAME TU Plus PRODUCT APPR # _____

(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: install one neoprene boot, replace chimney caps and flashing. Replace underlayment around chimney *2 in rear of house*

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.

Carl D. [Signature] DATE: 10-21-11
SIGNATURE OF CONTRACTOR



EXTERIOR RESEARCH & DESIGN, LLC.
Certificate of Authorization #9503
353 CHRISTIAN STREET, UNIT #13
OXFORD, CT 06478
PHONE: (203) 262-9245
FAX: (203) 262-9243

EVALUATION REPORT

Polyglass USA, Inc.
150 Lyon Drive
Fernley, NV 98408

Evaluation Report P12060.02.09-R8
FL5259-R13
Date of Issuance: 02/24/2009
Revision 8: 08/26/2011

SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2007 Florida Building Code sections noted herein.

DESCRIPTION: Polyglass Roof Underlayments

LABELING: Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

INSPECTION: Upon request, a copy of this entire Evaluation Report 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 Evaluation Report consists of pages 1 through 10.

Prepared by:

Robert J.M. Nieminen, P.E.
Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 08/26/2011. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

CERTIFICATION OF INDEPENDENCE:

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



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Detail by Entity Name

Florida Profit Corporation

~~ALL AMERICAN ROOFING & COATING OF FLORIDA, INC.~~

Filing Information

Document Number P11000096114
FEI/EIN Number 453797880
Date Filed 10/18/2011
State FL
Status ACTIVE
Effective Date 10/18/2011

Principal Address

989 SW HUNT CLUB CIRCLE
PALM CITY FL 34990

Mailing Address

989 SW HUNT CLUB CIRCLE
PALM CITY FL 34990

Registered Agent Name & Address

~~VASQUEZ, JESUS JR.~~
~~989 SW HUNT CLUB CIRCLE~~
~~PALM CITY FL 34990 US~~

Officer/Director Detail

Name & Address

Title P,VP

~~VASQUEZ, JESUS JR.~~
~~989 SW HUNT CLUB CIRCLE~~
~~PALM CITY FL 34990 US~~

Title TR

VASQUEZ, JESUS JR.
 989 SW HUNT CLUB CIRCLE
 PALM CITY FL 34990 US

Annual Reports

Report Year Filed Date
 2012 04/06/2012

Document Images

04/06/2012 -- ANNUAL REPORT



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Detail by Entity Name

Florida Profit Corporation

~~ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.~~

Filing Information

Document Number P01000091283
FEI/EIN Number 651140176
Date Filed 09/14/2001
State FL
Status INACTIVE
Last Event VOLUNTARY DISSOLUTION
Event Date Filed 05/09/2012
Event Effective Date NONE

Principal Address

3006 SE WAALER ST
STUART FL 34997

Changed 07/21/2004

Mailing Address

3006 SE WAALER ST
STUART FL 34997

Changed 04/17/2006

Registered Agent Name & Address

~~MCINTYRE, WILLIAM C~~
 3501 SW CORPORATE PKWY
 PALM CITY FL 34990

Address Changed: 07/21/2004

Officer/Director Details

Name & Address

Title P

~~VASCIA, JESUS JR~~
 989 SW HUNT CLUB CIRCLE
 PALM WAY FL 34990

Title T

HIGGINS, CHRISTOPHER A
 5636 SE MATOUSEK ST
 STUART FL 34997

Annual Reports

Freedom Homebuilders, Inc.

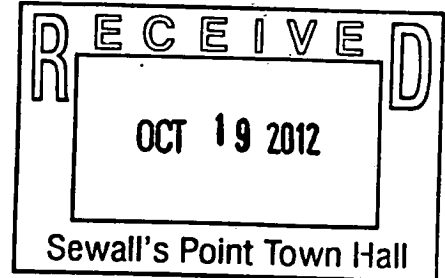
50 SE Ocean Blvd. STE 101

Stuart, FL 34994

772-600-7641 office

772-634-0580 cell

772-600-7653 fax



gw A FWP

**Mr. and Mrs. Breheny
6 Riverview Dr.
Sewells Point, FL 34990**

Re: Chimney structure

Dear Mr. and Mrs. Breheny,

I am writing this letter per your request to inform you that my firm has inspected the two chimney structures on your home that were erected by another contractor. We found no noticeable issues that may cause any concern with the attachment of these two structures. I feel both structures will be safe and dry in inclement conditions and pose no threat for concern.

If you should have any questions regarding this matter, please feel free to contact me directly.

Thank you,

Brad Jones

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-15-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9911	Brekeny 6 Riverview Dr	Final Roof repair	Pass	PREVIOUS INSPECTION
	all Am Roof			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10029	J. AGEN 103 ANNIE GO GULFSTREAM	STARTER FINISH	PASS	CLOSE
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
6426	Jones 18 Emarter Avian Const	Final	Pass close	rec'd letter burn Contractor
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9917	Ford 98 N Sewalls Masterpiece	Elevated Slab	Pass	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9991	Burkhard 106 S Sewalls Rustwood	Columns	Pass	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9982	Dietrich 9 W High Pt Les Line Service	Final Screen Demo	Pass	CLOSE
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

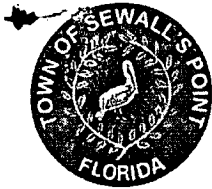
BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed **Thur** Fri **10-25-12** Page **1** of **2**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10259	McGRATH			
1 st AM	123 S. SPT RD BREATH HEALTHY AIR	AC/FINAL	PASS	CLOSE INSPECTOR <i>gt</i>
930 AM	3 Marguerita	meet w/ owner	OK	INSPECTOR
10241	Berson	Final		
LATE PM	2 Copaire Terrell Gas	gas	CANCEL	RESET INSPECTOR <i>gt</i>
10027	Coudis	1st tie beam		
LATE PM	25 Silver Rd Ham Parks		CANCEL	NO RESET INSPECTOR <i>gt</i>
10126	Perch	Counterfoot wall footer & 2 walls	PASS	INSPECTOR <i>gt</i>
2 nd	8 Morgan Cir Scott Holmes			
9969	Frisoli			
	50 S. SPT RD	INSULATION	PASS	
	Driftwood			INSPECTOR <i>gt</i>
10111	Buckley	Final		
	60 Riverwood		PASS	CLOSE
	Freedom Home			INSPECTOR <i>gt</i>

10260

PAVERS



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

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:	10260	DATE ISSUED:	OCTOBER 31, 2012
SCOPE OF WORK:	PAVERS OVER CONCRETE SIDEWALK AND PATIO		
CONTRACTOR:	FREEDOM HOME BUILDERS		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	WILLIAM JONES	CONTACT PHONE NUMBER:	600-7641

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

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

24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 10260

Date: _____
 OWNER/LESSEE NAME: KEVIN & JENNIFER BREHENY Phone (Day) 917-951-7632 (Fax) _____
 Job Site Address: 6 RIVERVIEW DR. City: STUART State: FL Zip: 34994
 Legal Description RIVERVIEW S/D LOT 6 Parcel Control Number: 12-38-41-001-000-00060-5
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

(COVER EXISTING CONCRETE)

***SCOPE OF WORK (PLEASE BE SPECIFIC):** INSTALL PAVERS SIDEWALK/PORCH AREA

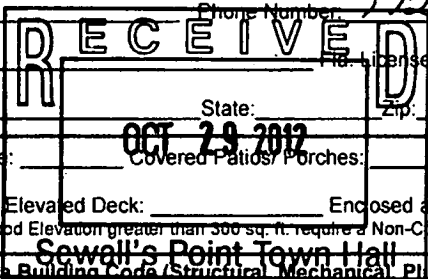
WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 2500
 (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: FREEDOM HOMEBUILDERS INC Phone: 600-7641 Fax: 600-7653
 Qualifiers name: William B. Jones Street: 50 SE OCEAN BL #101 City: STUART State: FL Zip: 34994
 State License Number: CBC1255957 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BRAD JONES Phone Number: 772-634-0580

DESIGN PROFESSIONAL: _____
 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. 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: ST. LUCIE
 This the 19 day of OCTOBER, 2012
JENNIFER BREHENY who is personally
 known to me or produced
 identification. _____
 Notary Public
 Commission Expires: _____

CONTRACTOR / LICENSEE - NOTARIZED SIGNATURE: _____
 State of Florida, County of: ST. LUCIE
 On This the 19th day of OCTOBER, 2012
 by William B. Jones who is personally
 known to me or produced
 As identification. _____
 Notary Public
 My Commission Expires: _____

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

NOTARY PUBLIC-STATE OF FLORIDA
 Kelly M. Phillips
 Commission # DD929248
 SEP 29 2013
 BONDED THROUGH THE FLORIDA BANKING CO., INC.

NOTARY PUBLIC-STATE OF FLORIDA
 Kelly M. Phillips
 Commission # DD929248
 SEP 29 2013
 BONDED THROUGH THE FLORIDA BANKING CO., INC.

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

generated on 10/29/2012 1:56:19 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00060-5	27496	6 RIVERVIEW DR, SEWALL'S POINT	\$335,930	10/27/2012

Owner Information

Owner(Current)	BREHENY KEVIN J & JENNIFER M
Owner/Mail Address	6 RIVERVIEW DR STUART FL 34996
Sale Date	6/1/2009
Document Book/Page	2394 1495
Document No.	2150616
Sale Price	425000

Location/Description

Account #	27496	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 6
Parcel Address	6 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3740		

Parcel Type

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

Assessment Information

Market Land Value	\$175,000
Market Improvement Value	\$160,930
Market Total Value	\$335,930

INSTR # 2358713
OR BK 2609 PG 241
(1 Pgs)
RECORDED 10/29/2012 10:30:46 AM
MARSHA EWING
MARTIN COUNTY CLERK

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLIO # 12-38-41-001-000-00060-5

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):

6 Riverview Drive, Stuart FL 34996 - Riverview S/D Lot 6

GENERAL DESCRIPTION OF IMPROVEMENT: Installing brick pavers on front sidewalk and porch area.

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

Name: Kevin and Jennifer Breheny
Address: 6 Riverview Drive Stuart FL 34996
Interest in property: Owner
Name and address of fee simple title holder (If different from Owner listed above):

CONTRACTOR'S NAME: Freedom Homebuilders, Inc. Phone No.: (772) 600-7641
Address: 50 SE Ocean Blvd. #101, Stuart FL 34994

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

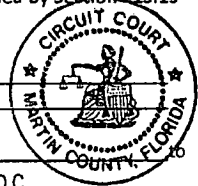
Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
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: _____ Address: _____

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
of _____ D.C.
DATE: 10-29-12



In addition to himself or herself, owner designates _____ receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement: _____
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Owner
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 19th day of OCTOBER, 2012

JENNIFER Breheny as owner for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Kelly M. Phillips
Signature
Name, or Stamp Commissioned Name of Notary

Personally known or produced identification
Type of identification produced

NOTARY PUBLIC-STATE OF FLORIDA
Kelly M. Phillips
Commission # DD929248
Expires: SEP. 29, 2013

N. 61° 45' 30" E 109.92'

12' UTILITY EASEMENT

25'-0" MIN.
25'-0"

15'-0" MIN.

BLDG SETBACK LINE

REWORK SCREEN ENCLOSURE

EXISTING SCREEN ENCLOSURE

EXISTING POOL

BLDG. SETBACK LINE

NEW 4" SEWER LINE TO S.T.

S.T.

EXISTING RESIDENCE

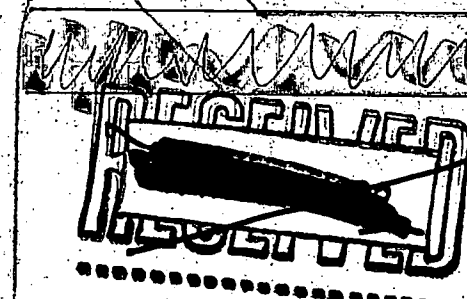
18'-0" ± EXISTING

29'-0" ±

BLDG. SETBACK LINE

PAVERS TO GO
AS TOP OF EXISTING
SIDEWALK & PORCH
ROOF

PRIVATEWAY



Jan 11/13/82

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.

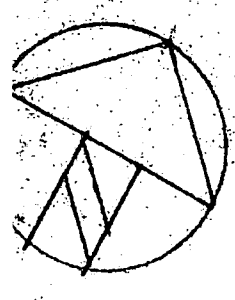
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY
110.0

10' UTILITY EASEMENT

N 63° 50' 45" E

87° 55' 45"

N 28° 13' 30" W 150'



10270

IMPACT WINDOWS



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:	10270	DATE ISSUED:	NOVEMBER 6, 2012
SCOPE OF WORK:	REPLACE 16 WINDOWS WITH IMPACT		
CONTRACTOR:	FREEDOM HOMEBUILDERS		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	WILLIAM JONES	CONTACT PHONE NUMBER:	600-7641

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

- | | |
|---|--|
| <ul style="list-style-type: none"> UNDERGROUND PLUMBING _____ UNDERGROUND MECHANICAL _____ STEM-WALL FOOTING _____ SLAB _____ ROOF SHEATHING _____ TIE DOWN /TRUSS ENG _____ WINDOW/DOOR BUCKS _____ ROOF DRY-IN/METAL _____ PLUMBING ROUGH-IN _____ MECHANICAL ROUGH-IN _____ FRAMING _____ FINAL PLUMBING _____ FINAL MECHANICAL _____ FINAL ROOF _____ | <ul style="list-style-type: none"> UNDERGROUND GAS _____ UNDERGROUND ELECTRICAL _____ FOOTING _____ TIE BEAM/COLUMNS _____ WALL SHEATHING _____ INSULATION _____ LATH _____ ROOF TILE IN-PROGRESS _____ ELECTRICAL ROUGH-IN _____ GAS ROUGH-IN _____ METER FINAL _____ FINAL ELECTRICAL _____ FINAL GAS _____ BUILDING FINAL _____ |
|---|--|

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

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

Permit Number: 10270

Date: _____

OWNER/LESSEE NAME: KEVIN & JENNIFER BREHENY Phone (Day) 917-951-7632 (Fax) _____
 Job Site Address: 6 RIVERVIEW DR. City: STUART State: FL Zip: 34996
 Legal Description: RIVERVIEW 3/D LOT 5 Parcel Control Number: 12-38-41-001-000-00060-5
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** REPLACING 16 WINDOWS

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: \$ 10,000
 (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: FREEDOM HOMEBUILDERS INC Phone: 600-7641 Fax: 600-7653
 Qualifiers name: William B Jones Street: 50 SE OCEAN BL #101 City: STUART State: FL Zip: 34994
 State License Number: 0BC1255957 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BRAD JONES Phone Number: 772-634-0580
 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 on 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.

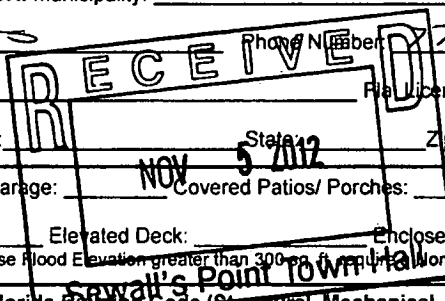
OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE: _____
 State of Florida, County of: ST LUCIE
 On This the 1st day of Nov, 2012
 by JENNIFER BREHENY who is personally known to me or produced _____ as identification. _____
 Notary Public
 My Commission Expires: _____

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE: _____
 State of Florida, County of: ST LUCIE
 On This the 1st day of Nov, 2012
 by WILLIAM B JONES who is personally known to me or produced _____ as identification. _____
 Notary Public
 My Commission Expires: _____

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

NOTARY PUBLIC STATE OF FLORIDA
 Kelly M. Phillips
 Commission # DD929248
 Expires: SEP. 29, 2012

NOTARY PUBLIC STATE OF FLORIDA
 Kelly M. Phillips
 Commission # DD929248
 Expires: SEP. 29, 2012



NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLIO # 12-38-41-001-000-00060-5

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):
6 Riverview Drive, Stuart FL 34996 - Riverview S/D Lot 5

GENERAL DESCRIPTION OF IMPROVEMENT: Replacing 16 windows.

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

Name: Kevin and Jennifer Breheny
Address: 6 Riverview Drive, Stuart FL 34996
Interest in property: Owner
Name and address of fee simple title holder (If different from Owner listed above):

CONTRACTOR'S NAME: Freedom Homebuilders, Inc. Phone No.: (772) 600-7641
Address: 50 SE Ocean Blvd., Suite 101, Stuart FL 34994

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
Address: _____

Persons within the State of Florida designated by owner upon whom notices ~~STATE OF FLORIDA~~ may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes: MARTIN COUNTY

Name: _____ THIS IS TO CERTIFY THAT THE
Address: _____ FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL

In addition to himself or herself, owner designates _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. MARSHA EWING, CLERK
Phone number of person or entity designated by Owner: _____ BY: _____ D.C.

Expiration date of Notice of Commencement: DATE: 11/02/12
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Owner
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 1st day of Nov., 2012

By: Jennifer Breheny as _____ for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Notary's Signature

Personally known or produced identification
Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)



MIAMI-DADE COUNTY
BUILDING AND NEIGHBORHOOD COMPLIANCE DEPARTMENT (BNC)
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/building

NOTICE OF ACCEPTANCE (NOA)

E.L DuPont De Nemours & Co., Inc.
DuPont P&IP Chestnut Run Plaza, 712/161, P.O. Box 80712
Wilmington, DE 19880

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 BNC -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. BNC 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.

DESCRIPTION: DuPont Butacite® PVB Interlayer

APPROVAL DOCUMENT: Drawing No. 10-0922.09, titled "DuPont Butacite® PVB Interlayer", Sheet 1 and 2 of 2, dated 03/25/11, prepared by E. I. DuPont De Nemours & Co., Inc, signed and sealed by Allan A. Kozich, P.E., bearing the Miami-Dade County Product Control revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: None

LABELING: Laminated lites under this Product Approval shall be permanently marked in a corner of the glass with: "MDCA-Butacite® PVB", standing for "Miami-Dade County Approved – Butacite® PVB", and the laminator's identification mark. These marks shall be applied by the individual laminator producing the finished laminated glass product containing the Butacite® PVB interlayer.

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

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

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

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

This NOA renews and revises NOA # 10-0922.09 and consists of this page 1 and evidence page E-1, as well as approval document mentioned above.

The submitted documentation was reviewed by Carlos M. Utrera, P.E.



[Handwritten Signature]
 08/31/11

NOA No. 11-0624.01
Expiration Date: December 11, 2016
Approval Date: September 08, 2011
 Page 1

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Drawing No. **10-0922.09**, titled "DuPont Butacite® PVB Interlayer", Sheet 1 and 2 of 2, dated 03/25/11, prepared by E. I. DuPont De Nemours & Co., Inc, signed and sealed by Allan A. Kozich, P.E.

B. TESTS

	<u>Test report</u>	<u>Standard</u>	<u>Date</u>	<u>Signature</u>
1.	A2280.01-10-18	ASTM D1929-96	03/29/11	Joseph A. Reed, P.E.
2.	A2280.01-10-18	ASTM D 635-03	03/29/11	Joseph A. Reed, P.E.
3.	A2280.01-10-18	ASTM D 2843-99	03/29/11	Joseph A. Reed, P.E.
4.	A2280.01-10-18	ASTM G 155-04	03/29/11	Joseph A. Reed, P.E.
5.	A2280.01-10-18	ASTM G 158-02	03/29/11	Joseph A. Reed, P.E.

C. CALCULATIONS

1. None.

D. QUALITY ASSURANCE


1. Miami-Dade Building and Neighborhood Compliance Department (BNC)

E. MATERIAL CERTIFICATIONS

1. None.

F. STATEMENTS

1. Statement letter of code conformance to 2007 FBC and no financial interest issued by Allan A. Kozich & Associates, dated 08/09/11, signed and sealed by Allan A. Kozich, P.E.



08/31/11

Carlos M. Utrera, P.E.
Product Control Examiner
NOA No. 11-0624.01
Expiration Date: December 11, 2016
Approval Date: September 08, 2011



MIAMI-DADE COUNTY
BUILDING AND NEIGHBORHOOD COMPLIANCE DEPARTMENT (BNC)
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/building

NOTICE OF ACCEPTANCE (NOA)

Mikron Industries Inc.
1034 Sixth Avenue North
Kent, WA 98032

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 BNC - 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. BNC 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.

DESCRIPTION: The approved **White Rigid PVC Exterior Extrusions for Windows and Doors** are to be produced by Extruders Licensees in "AAMA Certification Programs for rigid PVC Extrusions". The extrusions shall meet ASTM D 4726, classification (ASTM D 4216) 1-10154-33-0000, 1-20131-13-0000 or 1-40131-13 and the following properties.

Description	Test	Properties
Rate of Burning	ASTM D-635	Class C1
Self Ignition temperature	ASTM D-1929	925°F > 650
Average Smoke Density Rating	ASTM D-2843	43% < 75
Flame Spread Index	ASTM E-84	26.2 < 75
Tensile Strength (Difference: *Exposed & Unexposed)	ASTM D-638	498% < 10

*Exposed per Section 2605.2 of The Florida Building Code.

MISSILE IMPACT RATING: None

This NOA renews NOA # **06-1220.01** and consists of pages 1 and 2, as well as evidence page E-1.

The submitted documentation was reviewed by **Carlos M. Utrera, P.E.**

[Handwritten Signature]
 09/30/2011



NOA No: 11-0830.09
 Expiration Date: December 26, 2016
 Approval Date: October 06, 2011
 Page 1



MIAMI-DADE COUNTY
BUILDING AND NEIGHBORHOOD COMPLIANCE DEPARTMENT (BNC)
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
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NOTICE OF ACCEPTANCE (NOA)

Mikron Industries Inc.
1034 Sixth Avenue North
Kent, WA 98032

LIMITATION: This approval does not include an evaluation of structural performance of this component. Test reports and other required documents shall be submitted to Dade County Product Control; showing that the systems using this PVC Extrusion will resist the loads according to Chapter 16 of the F.B.C., in order to issue a specific product approval for the system.

LABELING: Each carton containing certified extrusions shall be labeled with the AAMA PVC Extrusion Certification Label with the extruder name, city, state and "MDCA". In addition, (a) each Certified Extrusion shall be labeled every 4 ft or less on the underside with the Extruder Code and "MDCA" or (b) each window assembly shall be labeled with a permanent label and/or stamp with the Extruder Code and "MDCA".

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.

[Handwritten Signature]
 09/30/2011



NOA No: 11-0830.09
Expiration Date: December 26, 2016
Approval Date: October 06, 2011
 Page 2

NOTICE OF ACCEPTANCE: EVIDENCE PAGE

A. DRAWINGS

1. None.

B. TESTS

1. Test report on Rate of Burning, Ignition Temperature, Density of Smoke, Surface Burning Characteristics, Accelerated Weathering and Tensile Properties Test of "PVC Extrusions from 5 different manufacturer" selected by AAMA", prepared by ETC Laboratories, report # ETC 97-264-40910, dated 04/21/98, signed and sealed by J. L. Doldan, P.E.

(Evidence Submitted under AAMA Certification No. 98-0036)

C. CALCULATION

1. None

D. QUALITY ASSURANCE

1. Miami-Dade Building and Neighborhood Compliance Department (BNC)

E. MATERIAL CERTIFICATION

1. AAMA Publication No. 109-97.
2. AAMA Publication No. 303-97.
3. AAMA Certified PVC Extrusion Listing.

(Evidence Submitted under AAMA Certification No. 98-0036)

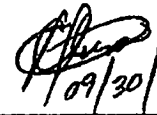
F. STATEMENTS

1. Non Financial Statement Letter by R.E. Fisher and Associates issued on 05/31/98 and signed by R.E. Fisher.
2. Code Compliance Letter by RE Fisher and Associates issued on 05/31/98 and signed by R.E. Fisher
3. Non-financial Statement by ETC Laboratories issued on 06/12/98 and signed by D. Kehali.

(Evidence Submitted under AAMA Certification No. 98-0036)

G. OTHERS *(Evidence Submitted under NOA # 06-1220.01)*

1. Member acknowledgement letter issued by Mikron Industries, Inc. - Spectus Systems, on 08/03/01 and signed by Douglas W. Allen.
2. Component Release Letter issued by American Architectural Manufacturers Association on 09/07/01 and signed by Dean Lewis.


09/30/2011

Carlos M. Utrera, P.E.

Product Control Examiner

NOA No 11-0830.09

Expiration Date: December 26, 2016

Approval Date: October 06, 2011

BREHENY
6 RIVERVIEW DR

WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (W X H)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	43 1/2 x 62	3853	SH	X		LIVING ROOM FRONT
2	43 1/2 x 62	3853	SH	X		" " "
3	24 1/2 x 62	H35	SH	X		FRONT BEDROOM
4	24 1/2 x 62	H35	SH	X		" "
5	24 1/2 x 62	H35	SH	X		" "
6	24 1/2 x 62	H35	SH	X		HALL BATH
7	24 1/2 x 62	H35	SH	X		SIDE BEDROOM FRONT
8	24 1/2 x 62	H35	SH	X		" " "
9	24 1/2 x 62	H35	SH	X		SIDE BEDROOM BACK
10	24 1/2 x 62	H35	SH	X		" " "
11	24 1/2 x 37	H33	SH	X		MST BATH
12	35 1/2 x 62	25	SH	X		MST BED
13	35 1/2 x 62	25	SH	X		" "
14	35 1/2 x 62	25	SH	X		" "
15	24 1/2 x 62	H35	SH	X		GARAGE
16	24 1/2 x 62	H35	SH	X		" "
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F.

*PERCENTAGE OF NEW GLAZED AREA: _____ %
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC: EXISTING BUILDING 507.3.

* TYPE WINDOWS

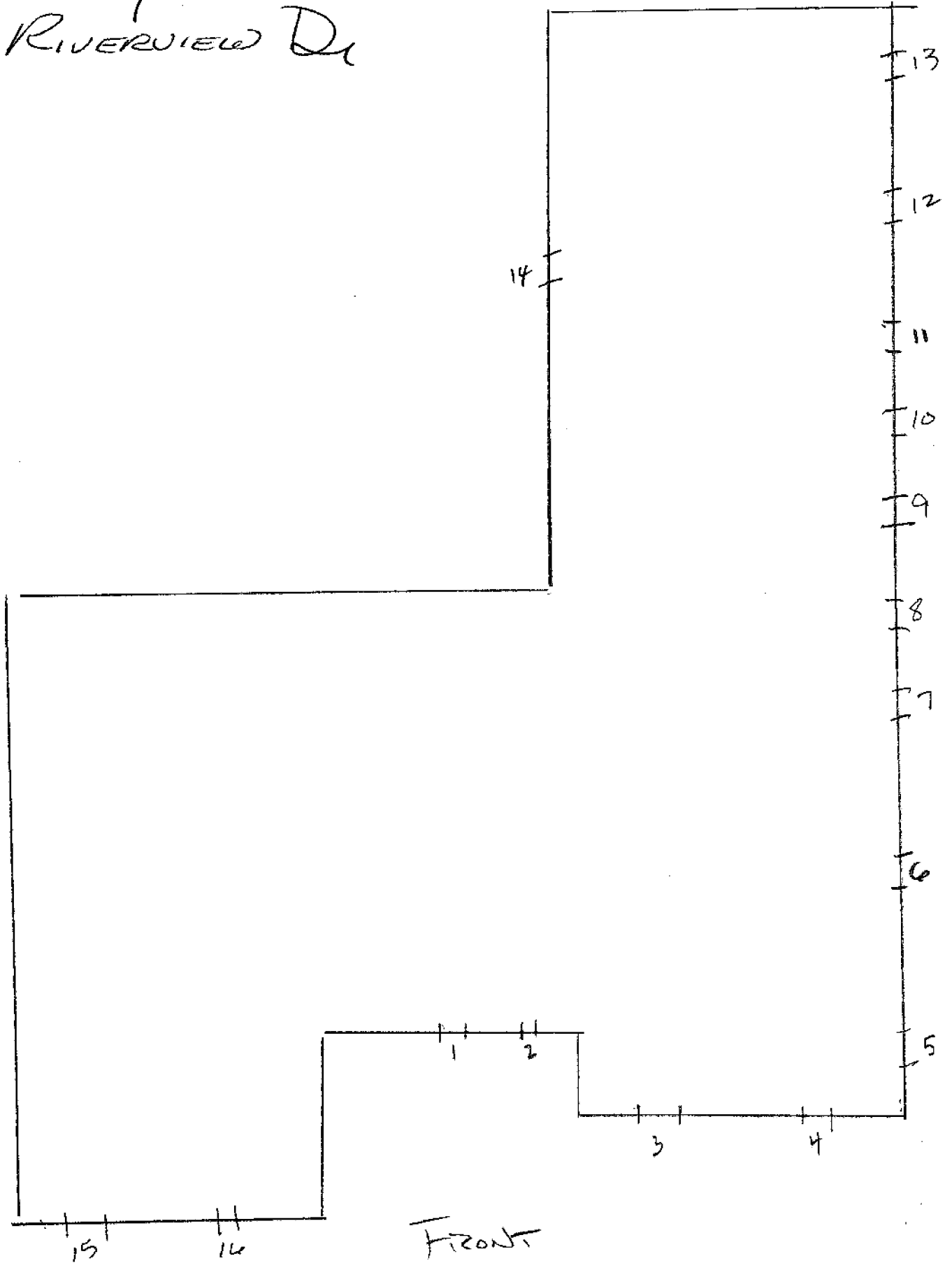
SH - SINGLE HUNG
 DH - DOUBLE HUNG

AWN - AWNING
 CAS - CASEMENT

SL - SLIDING
 FIX - FIXED

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Breheeny
to RIVERVIEW Dr



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **11-27-12** Page **1** of **2**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10272	Watson	rough elec		Cancel / Reschedule
1st	16 Reservee	rough plumb		
	Hemmingway	window attach		
				INSPECTOR
10286	Campbell	rough plumbing		Cancel / Reschedule
	1 Oakwood Dr	rough electric		
	OB			
				INSPECTOR
10212	Jones	rough plumbing		
	48 N River	UNDERGROUND	Pass	
	OB	Plumb		
				INSPECTOR <i>JF</i>
10247	Ottoman	Final		NEED CFM OF KITCHEN HOOD FOR M.U. AIR CALL
<i>PM</i>	107 N Sewalls		FAIL	CONCRETE STEPS NOT TO CODE
	Suncan Group			
				INSPECTOR <i>JF</i>
10270	Brickley	window		
10-10:30	16 Reservee	attachment	Pass	
	Freedom Home			
				INSPECTOR <i>JF</i>
10256	Morris	in-progress		
	120 Hillcrest		Pass	
	Pinnacle			
				INSPECTOR <i>JF</i>
10257	Bow	Final		
	86 N. Sewalls	roof panels	Pass	CLOSE
	Pinnacle			
				INSPECTOR <i>JF</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-29-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10288	fare	dry-in/metal		
PM	61 N River Rd Taren Roofing	IN PROGRESS	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10244	Heckenberg	Final AC		
PM	5 Lagoon Isl. Ct Coastal Heating		PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10247	Chord	Access		
	1000 1000 1000 1000			
	1000 1000 1000 1000			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10270	Brachery	Final		
PM	6700 1000 1000 Freedom Home	Windows	PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10247	Totterman	Final		
PM	107 N Sewalls Duncan Group	for CO	PASS	Co. FINM INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10269	Tidekis	Final		
PM	12 Cranes Nest Solar Energy	solar	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10154	Prauer	Final		
	1 Tuscan La Flamingo	Pool	PASS	Close INSPECTOR <i>[Signature]</i>

10400

REROOF



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:	10400	DATE ISSUED:	APRIL 1, 2013
SCOPE OF WORK:	REROOF		
CONTRACTOR:	TOTAL ROOFING SYSTEMS SPECIALIST		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	RICARDO LARA	CONTACT PHONE NUMBER:	340-5539

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

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

Town of Sewall's Point

10400

Date: _____ BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/LESSEE NAME: KEVIN & JENNIFER BREHENY Phone (Day) 772-600-7111 (Fax) _____

Job Site Address: 6 RIVERVIEW DR City: SEWELL'S Pt State: FL Zip: 34996

Legal Description RIVERVIEW S/D LOT 6 Parcel Control Number: 12-38-41-001-000-00060-5

Fee Simple Holder Name: _____ Address: _____

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

*SCOPE OF WORK (PLEASE BE SPECIFIC):

Reroof

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: \$ 20,000.00
(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: \$ 20,850.00
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Total Roofing Systems Specialist 340-5539 Fax: 340-2779

Qualifiers name: Ricardo Lara Street: 2100A SW Coconut Ave PSL State: FL Zip: 34952

State License Number: CCC1330109 License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof 5050 Enclosed area below BFE*: _____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

Jennifer Breheny

State of Florida, County of: St. Lucie

On This the 5th day of March, 2013

by JENNIFER BREHENY who is personally

known to me or produced

identification. Kelly M. Phillips

Notary Public

My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

Ricardo Lara

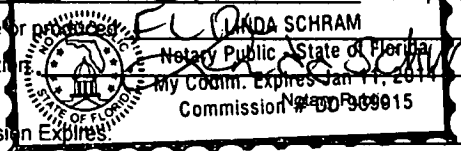
State of Florida, County of: Martin

On This the 27 day of March, 2013

by Ricardo Lara who is personally

known to me or produced

As identification. Florida Schram



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!

NOTARY PUBLIC STATE OF FLORIDA
Kelly M. Phillips
Commission # DD929748
Expires: SEP-29, 2013

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

generated on 3/28/2013 10:15:07 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00060-5	27496	6 RIVERVIEW DR, SEWALL'S POINT	\$335,930	3/23/2013

Owner Information

Owner(Current)	BREHENY KEVIN J & JENNIFER M
Owner/Mail Address	6 RIVERVIEW DR STUART FL 34996
Sale Date	6/1/2009
Document Book/Page	2394 1495
Document No.	2150616
Sale Price	425000

Location/Description

Account #	27496	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 6
Parcel Address	6 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3740		

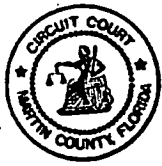
Parcel Type

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

Assessment Information

Market Land Value	\$175,000
Market Improvement Value	\$160,930
Market Total Value	\$335,930

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.



INSTR # 2385630
OR BK 2640 PG 585
(1 Pgs)
RECORDED 04/01/2013 12:00:35 PM
CARDLYN TIMMANN
MARTIN COUNTY CLERK

BY: [Signature] C.
DATE: 4-1-13

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLIO # 12-38-41-001-000-00060-5

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):
6 Riverview Drive, Stuart - Riverview S/D Lot 6

GENERAL DESCRIPTION OF IMPROVEMENT: Roof

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

Name: Kevin J. and Jennifer M. Breheny
Address: 6 Riverview Drive, Stuart FL 34996
Interest in property: Owner
Name and address of fee simple title holder (If different from Owner listed above):

CONTRACTOR'S NAME: Total Roofing Systems Specialist Phone No.: (772) 340-5539
Address: 2100 A SW Conant Ave Port St Lucie FL

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: N/A
Phone No.: N/A Bond amount: N/A

LENDER'S NAME: N/A Phone No.: _____
Address: N/A

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 Phone No.: N/A
Address: N/A

In addition to himself or herself, owner designates N/A of N/A to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: N/A

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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.

Under penalty 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

owner
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 5th day of March, 2013

By: JENNIFER Breheny as owner for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]
Notary's Signature

(Print, Type, or Stamp Commissioned Name of Notary)

Personally known or produced identification
Type of identification produced

NOTARY PUBLIC STATE OF FLORIDA
Kelly M. Phillips
Commissioner # DD929248
Expires: **SEP. 29, 2013**
BONDED THRU ATLANTIC BONDING CO., INC.



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

ROOFING MATERIAL LIST

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
1	2.6ga 5-V Crimp galvalume Plus	47	SQ	
2	tachor self adhesive ^{cap sheet} white 8		Rolls	
3	ASTM 30# Felt base	25	Rolls	
4	1 1/4 Roofing coil Nails	3	boxes	
5	1 5/8 Round disk Tin caps	1	box	
6	Plastic Round caps	1	box	
7	drip edge galvalume Plus	400	Ft	
8	W-Valley galvalume Plus	40	Ft	
9	Neoprene boots	4		
10	Notch-cap/hip-Ridge	300	Ft	
11	gooseneck vents	3		
12	1x4 Strip Filler	350	Ft	
13	CDX plywood	145	sheets	
14	10d Ring Shank Nails	2	boxes	
15	8d Ring Shank Nails	1	box	
16	ZAC Screw Fasteners	5000		
17	quack Caulk	1	case	



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)

Sunlast Metal, Inc.
2120 SW Poma Drive
Palm City, FL. 34990

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: 5-V Metal Roof System

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# 11-0118.05 and consists of pages 1 through 5.
The submitted documentation was reviewed by Alex Tigera.



NOA No.: 12-1009.01
Expiration Date: 05/04/16
Approval Date: 01/24/13
Page 1 of 5

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: Non-Structural Metal Roofing
Materials: Steel
Maximum Design Pressure -189.25 psf

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
5-V Crimp Panel	l = various w = 24 min. Thickness: 0.019 inch min yield strength: 55 ksi	TAS 110	Corrosion resistant, galvanized, preformed, lapped, coated, prefinished, metal panels.
Trim Pieces	l = varies w = varies Thickness 0.040	TAS 110	Standard flashing and trim pieces. Manufactured for each panel width.

MANUFACTURING LOCATION:

1. Palm City, FL.

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Hurricane Test Laboratory, Inc.	0412-1017-05	TAS 125	Oct. 2005
Akzo Noble Coatings, Inc.		ASTM G 23 ASTM B 117	Oct. 2001
PRI Asphalt Technologies, Inc.	SFMS-001-02-01	TAS 100	Jan. 2006
Architectural Testing	B8944.01-450-18	TAS 125	09/28/12



NOA No.: 12-1009.01
Expiration Date: 05/04/16
Approval Date: 01/24/13
Page 2 of 5

Jeffrey D. McGee, P.E.
Structural Engineer, FL PE #45944
PO Box 12964
Fort Pierce, FL 34979

Phone: 772-971-6435
email: engmcgee@gmail.com

March 13, 2013

Sewell's Point; Building Department

RE: Tear-off of existing roofing.

Project Location: 6 River View Drive
Sewell's Point, FL

This letter is written to confirm the tear-off procedure of the existing roofing at the above reference residence. The design wind parameters are as shown below:

Design Parameters: Wind Speed: ASCE 7-10, $V_{ult} = 165$ mph (3 sec.), $V_{asd} = 128$ mph, Exp. Cat. C
Risk Cat. II, Directionality Factor $K_d = 0.85$, Mean Roof Height: 15 feet, $K_h = 0.85$,
Zone Width = 4.0 feet
 $P_1 = -32.6$ psf, $P_2 = -56.7$ psf, $P_3 = -83.9$ psf, (Note these pressures are ASD working design pressures)

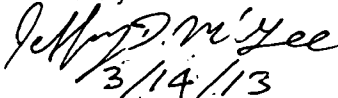
The existing roof consists of 5V-Crimp metal roofing over wood battens over wood trusses. The existing wood battens are 1x6 boards spaced at 10" on center.

Prior to the re-roofing project the contractor will remove the existing metal roofing and underlayment, but, will leave the 1x6 batten boards in place. New 5/8" ply-wood sheathing will be installed over the battens and nailed into the existing wood truss top chords with 10d nails. The spacing will be 6" c/c in the field of the roof and 4" c/c within 4 feet of the roof eaves, hips and ridges, i.e. the enhanced wind zone.

The above procedure is acceptable and will provide an adequate substrate for the new roofing.

If you have any questions or need additional information please contact me.

Sincerely:



3/14/13

Jeffrey D. McGee, PE
FL PE #45944



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

*Out
FWP*

RE: Permit # 10400

Date 4/1/13

Inspection Affidavit

I Ricardo Lara, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #: CCC1330109

On or about 4/1/13, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 6 River View Dr.
(circle one) (Job Site Address)

Sewalls Point FL

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Ricardo Lara
Signature

STATE OF FLORIDA
COUNTY OF

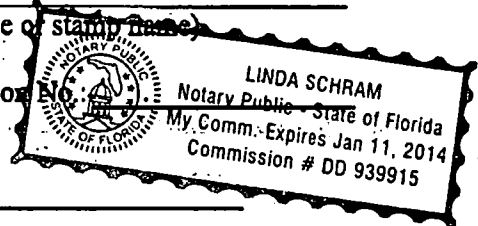
Sworn to and subscribed before me this 1 day of April, 2013

By Ricardo Lara

Notary Public, State of Florida

Linda Schram
(Print, type of stamp name)

Commission No. _____



Personally known or
Produced Identification

Type of identification produced. FL DL

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Includes photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4-5-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10400	Riverview	Final	Pass	OK
	6 Riverview	Pump	Pass	OK
	Total Roof Sys Spec			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
tree	Parks			
	3 mindero		<i>OK</i>	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10398	Luger	Pool steel		
	9 Riverview	main drain	<i>Pass</i>	
	Schiller Pools	Pool shell bond		INSPECTOR <i>[Signature]</i>
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



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

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: Total Roofing Systems Specialist PHONE #: 340-5539 FAX: 340-2779

OWNER'S NAME: KEVIN & JENNIFER BREHENY

CONSTRUCTION ADDRESS: 6 RIVERVIEW DR CITY SEWALL'S POINT 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: \$ _____

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT cricket OTHER _____

ROOF PITCH: 6 /12 SLOPE

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: Metal EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: Metal 5-v crimp

MANUFACTURER Sunlast Metals PRODUCT NAME 5-v crimp PRODUCT APPR # 12-1009.01

(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: Re-roof

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.

Diondo Lora DATE: 3.18.2013
 SIGNATURE OF CONTRACTOR

10404

BATH 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:	10404	DATE ISSUED:	APRIL 4, 2013
SCOPE OF WORK:	MASTER BATHROOM REMODEL		
CONTRACTOR:	FREEDOM HOMEBUILDERS		
PARCEL CONTROL NUMBER:	123841-001-000-000605	SUBDIVISION	RIVERVIEW- LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	WILLIAM JONES	CONTACT PHONE NUMBER:	600-7641

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: _____ Permit Number: 10404

OWNER/LESSEE NAME: KEVIN & JENNIFER BREHENY Phone (Day) 600-7111 (Fax) _____

Job Site Address: 6 RIVERVIEW DR City: SEWELLS Pt State: FL Zip: 34996

Legal Description RIVERVIEW S/D LOT 6 Parcel Control Number: 12-38-41-001-000-00060-5

Fee Simple Holder Name: _____ Address: _____

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** MASTER BATH REMODEL

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: \$ 12,000
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

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

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

State License Number: CB1255957 OR: _____ Municipality: _____ License Number: _____

LOCAL CONTACT: William B Jones Phone Number: 634-0580

DESIGN PROFESSIONAL: _____ Fla. License# _____

Street: _____ City: _____ State: 2013 Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 10' require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

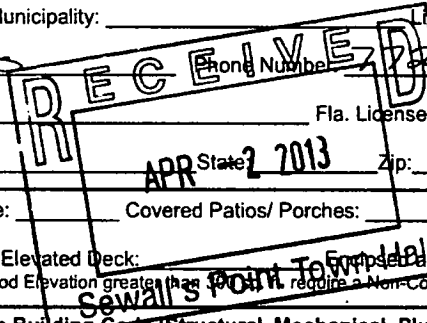
OWNER / AGENT / LESSEE / NOTARIZED SIGNATURE: _____
State of Florida, County of: ST LUCIE
On This the 21st day of MARCH, 2013
by JENNIFER BREHENY who is personally known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

CONTRACTOR / LICENSEE / NOTARIZED SIGNATURE: _____
State of Florida, County of: ST LUCIE
On This the 21st day of MARCH, 2013
by JENNIFER BREHENY who is personally known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

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

NOTARY PUBLIC STATE OF FLORIDA
Kelly M. Phillips
Commission # DD929248
Expires: SEP 29, 2013

NOTARY PUBLIC STATE OF FLORIDA
Kelly M. Phillips
Commission # DD929248
Expires: SEP 29, 2013



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 772-2204765

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: Breherly

CONSTRUCTION ADDRESS: 6 RIVERVIEW DR

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: ELECTRICAL WIRING PER PLANS.

VALUE OF CONSTRUCTION \$ 700 -

<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 OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: 1084 NE INDUSTRIAL BL JENSEN BCH 34957

COMPANY OR QUALIFIER'S NAME: BROADBANK FLOR. - JAMES PHILLIPS

TELEPHONE NO: 772-600-5886 FAX NO: 772-600-7453 PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13002706

** 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 #: 12-38-41-001-000-00060-5

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: Breheny

CONSTRUCTION ADDRESS: 6 RIVERVIEW DR

- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Change TUB to SHOWER SAME LOCATION

VALUE OF CONSTRUCTION \$ _____

LOW VOLTAGE

TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I 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: 1086 NE INDUSTRIAL BL Jensen 34957

COMPANY OR QUALIFIER'S NAME: Jensen Branch Plumbing

TELEPHONE NO: 225-6600 FAX NO: 225-6779

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: C... 1000

** 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 #: 12-38-41-001-000-00060-5

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

INSTR # 2384312
OR BK 2638 PG 2275
(1 Pgs)
RECORDED 03/22/2013 12:42:31 PM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

NOTICE OF COMMENCEMENT
To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLIO # 12-38-41-001-000-00060-5

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):
6 Riverview Drive - Riverview S/D Lot 6

GENERAL DESCRIPTION OF IMPROVEMENT: Master Bath Remodel

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

Name: Kevin J. and Jennifer M. Breheny
Address: 6 Riverview Drive, Stuart FL 34996
Interest in property: Owner
Name and address of fee simple title holder (If different from Owner listed above):

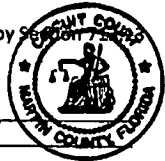
CONTRACTOR'S NAME: Freedom Homebuilders, Inc. Phone No.: (772) 600-7641
Address: 1084 NE Industrial Boulevard Jensen Beach FL 34957

SURETY COMPANY (If applicable, a copy of the payment bond is attached):
Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
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), Florida Statutes:

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.



Name: _____
Address: _____

In addition to himself or herself, owner designates _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: _____
DATE 3-22-13

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact
owner
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 21st day of March, 2013

By: Jennifer Breheny as owner for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Notary's Signature
Personally known or produced identification
Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)

NOTARY PUBLIC-STATE OF FLORIDA
Kelly M. Phillips
Commission # DD929248
Expires: SEP. 29, 2013
BONDED THRU ATLANTIC BONDING CO., INC.



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

PN 10404

SUBCONTRACTORS LIST
RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME FREEDOM HOME BUILDERS BLDG. PERMIT # _____

MAILING ADDRESS 1084 NE INDUSTRIAL BL, JENSEN

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

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	Jensen Beach	CMP5260
AC	* HARV		
EL	* ELECTRICAL	BRADDOCK ELEC	EC13002700

Handwritten initials and signatures:
 OR
 PLU
 AC
 EL



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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF FLORIDA
 COUNTY OF ST LUCIE

SWORN TO AND SUBSCRIBED before me this 4th day
 of April, 20 13

NOTARY PUBLIC

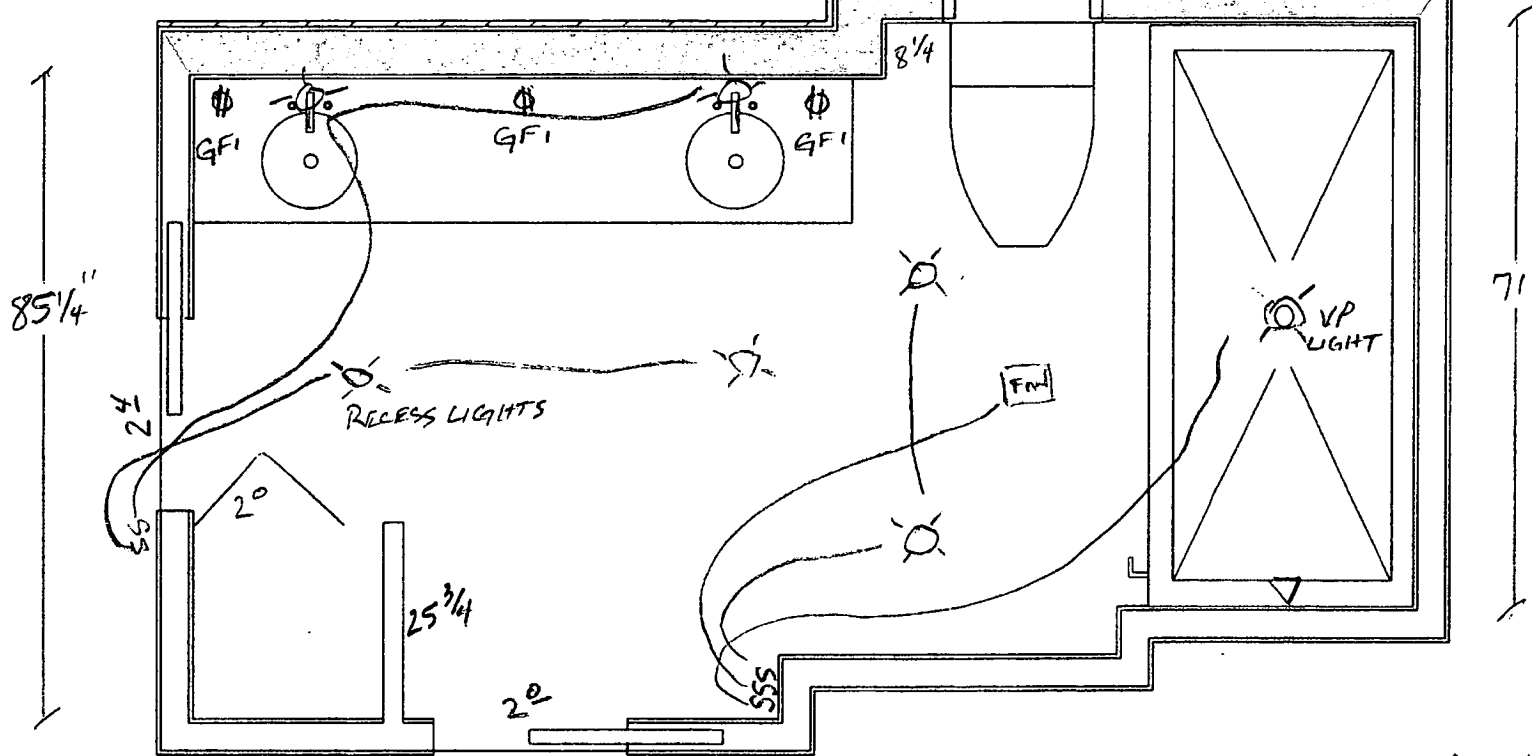
NOTARY PUBLIC-STATE OF FLORIDA
 Kelly M. Phillips
 Commission # DD929248
 Expires: SEP. 29, 2013
 BONDED THRU ATLANTIC BONDING CO., INC.

MY COMMISSION EXPIRES: _____

BREHENY to RIVERVIEW

84 1/2" 76 1/2"

MASTER
BEDROOM



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

CLOSET

LIVING AREA
97 sq ft

- o CHANGE TUB TO SHOWER PLUMBING IN SAME LOCATION
- o CHANGE TOILET IN SAME LOCATION
- o CHANGE VANITY IN SAME LOCATION, NEW FAUCETS
- o ADD 4 RECESSED LIGHTS TO CENTER OF BATH
- o CHANGE OUTLETS TO GFI AT VANITY
- o CHANGE VP LIGHT AT SHOWER
- o NEW TILE FOR SHOWER & BATHROOM FLOOR

N. 67° 31' E

109.32'

12' UTILITY EASEMENT

25' 0" MIN.

15' 0" MIN.

BUDG. SETBACK LINE

EXISTING SCRN ENCLOSURE

EXISTING SCRN ENCLOSURE

EXISTING POOL

EXISTING RESIDENCE

23' 0" ±

15' 0" ± EXISTING

BUDG. SETBACK LINE

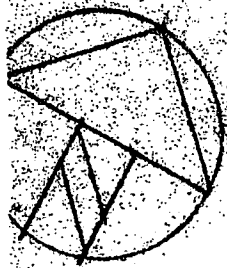
PAWERS TO GO ON TOP OF EXISTING SIDEWALK & ARCH UNDER ROOF

LOT NO. 6 RIVERVIEW

110.0

N 63° 50' 45" E

10' UTILITY EASEMENT



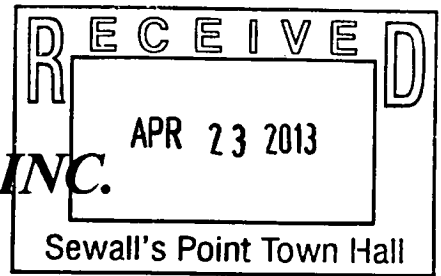
APPROVED
JAN 12 1982
SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Jan 11/3/82

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.

THE SHAFFER GROUP, INC.

2440 SE FEDERAL HWY (SUITE 110)
STUART, FL 34997-1795
PH: 772.220.4990



04/22/13

To: TOWN OF SEWALL'S POINT
1 S. SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996
ATT'N: JOHN R. ADAMS C.B.O.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

RE: KEVIN & JENNIFER BREHENY RESIDENCE @
6 RIVERVIEW DRIVE
(MINIMUM COVER OVER SHOWER DRAIN LINE)

Over *FWP*

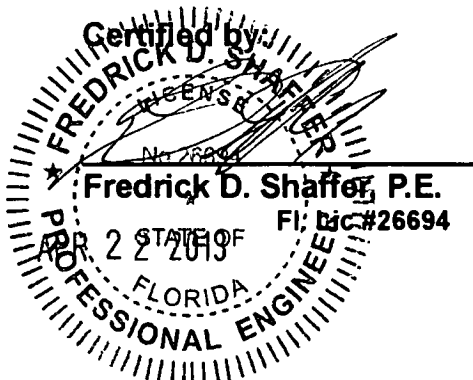
PERMIT: #10404

John,,

At the Contractor's request we have inspected the amount of concrete cover over a short section of 2" PVC drain line in the shower. The shower is to be fitted with a shower pan and cement packed for floor tile installation.

We recommend that the recess in the slab be randomly affixed with 1/4" x 2-1/4" Tapcons and the void be filled with a non-shrink grout. This procedure will prevent the fill from cracking and becoming loose.

We hereby certify that this method of backfill is structurally sound and is considered to be good construction practice in substantial compliance of the 2010 FBC. In addition, the finished product appears to have been done in a good workmanship like manner.



Inspected by:

Richard A. Jemison
Richard A. Jemison, BSCE
FL. G.C. Lic # CGCA 09308

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-18-13 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
102604	McKenney	Rough electric		U.G. Pinned
10AM	6 Reverview Freedom Home	Rough plumbing		U.G. Pinned
				INSPECTOR <i>A</i>
10020	Goudis	retaining wall		reschedule
10406	25 S. Over	footing		PLI
PM	Team Parks			INSPECTOR
10368	Testebo Fastights 109 N Sewalls	Final Renovations	PASS	CLOSE
	Demorest			INSPECTOR <i>J</i>
10382	Werle 3 Knowles Rd Cascia	Final siding & Chimney repairs	PASS	CLOSE
				INSPECTOR <i>J</i>
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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **6-5-13** Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10442	Bethel	Final		Wet Location
	107 Hillcrest	Bath remodel	Fail	trim over job
	Group One			INSPECTOR
10354	Bethel/Wehner	Final	Pass	
	107 Hillcrest	AC	AD AD	Close
	Hayden Air			INSPECTOR <i>[Signature]</i>
10401	Freedom	Final		
	6 of ...	Bath	Pass	Close
	Freedom			INSPECTOR <i>[Signature]</i>
10461	Hogarth	Final		
PM	179 S River Rd	AC	RESET	
	Flynn's AC			INSPECTOR
10457	Noble	in progress		Pictures in permit box
	60 S Sewalls	Final - roof repair	Pass	Close
	Stuart Roof Rep.	in progress		INSPECTOR <i>[Signature]</i>
10448	Stern	slab		
1-1:30	9 Lantana Ln		Pass	
	Freedom Home			INSPECTOR <i>[Signature]</i>
10314	Fitch	landscape		
11AM	3 Turner	trees	OK	
	Sengate			INSPECTOR

10465

POOL PAVERS



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

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:	10465	DATE ISSUED:	MAY 30, 2013
SCOPE OF WORK:	PAVER POOL DECK & POOL COPING		
CONTRACTOR:	ALEXANDER CUSTOM POOLS		
PARCEL CONTROL NUMBER:	123841001-000-000605	SUBDIVISION	RIVERVIEW - L6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DR		
OWNER NAME:	BREHENY		
QUALIFIER:	MICHAEL ALEXANDER	CONTACT PHONE NUMBER:	475-9740

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10465

Date: 5/17/13

OWNER/LESSEE NAME: Jennifer Breheny Phone (Day) (Fax) N/A

Job Site Address: 6 RIVERVIEW DR City: Sewall Pt State: FL Zip: 34996

Legal Description: Lot 6 Parcel Control Number:

Fee Simple Holder Name: N/A Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): PAVERS + POOL COPING

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: \$ 7625.00 (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: Alexander Custom Pools Phone: 772 4759740 Fax: 232 6068

Qualifiers name: Mike Alexander Street: 1290 NW Lakeside City: Stuart State: FL Zip: 34994

State License Number: CFC 1457939 OR: Municipality: License Number:

LOCAL CONTACT: Mike Alexander Phone Number: 475 9740

DESIGN PROFESSIONAL: N/A

Street: City: State: Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:

Carport: Total under Roof: Elevated Deck: Enclosed area below BFE*: * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

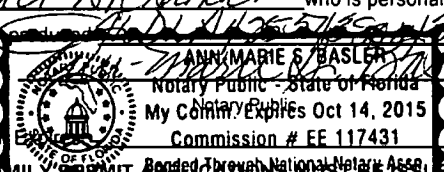
WARNINGS TO OWNERS AND CONTRACTORS:

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

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

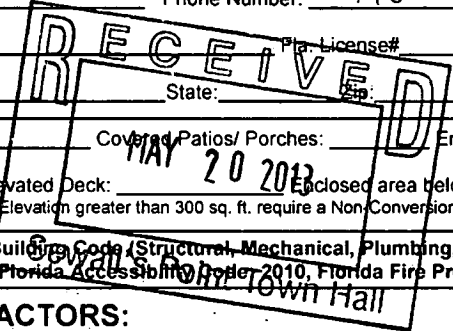
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 17th day of May, 2013 by Michael Alexander who is personally known to me or produced [Signature] As identification: [Signature] My Commission Expires Oct 14, 2015 Commission # EE 117431



CONTRACTOR / LICENSEE NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 17th day of May, 2013 by [Signature] who is personally known to me or produced [Signature] As identification: [Signature] 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!





ALEXANDER CUSTOM POOLS

CPC1457939

1634 SE Higdon Court · Port St. Lucie, FL · 34952 · (772) 475-9740 · fax: (772) 335-8460

Date: 5/3/13 Customer Name: Brehermy, TEN
 Phone/Email: 772 600 7111 Address: 6 Rivercreek Dr.

<u>PROCEDURES</u>	<u>PRICE</u>	<u>PROCEDURES</u>	<u>PRICE</u>
<input type="checkbox"/> Drain pool	_____	<input type="checkbox"/> Install new waterline tile	_____
<input type="checkbox"/> Undercut tile	_____	Tile choice:	_____
<input type="checkbox"/> Patch/seal light(s) and returns	_____	Cap tile:	_____
<input type="checkbox"/> Acid wash pool	_____	<input checked="" type="checkbox"/> Install paver coping	_____
<input type="checkbox"/> Apply Bond-Kote	_____	<input checked="" type="checkbox"/> Install interlocking pavers	_____
<input type="checkbox"/> Re-grout tile	_____	<input type="checkbox"/> Spray-deck patio	_____
<input type="checkbox"/> Resurface pool	_____	<input type="checkbox"/> Color stain patio	_____
Color:	_____	Color:	_____
<input type="checkbox"/> Resurface spa	_____	<input type="checkbox"/> Pressure wash patio	_____
Color:	_____	<input type="checkbox"/> Install new pump/motor	_____
<input type="checkbox"/> Fiberglass removal	_____	<input type="checkbox"/> Install new filter	_____
<input type="checkbox"/> Epoxy/Fiberglass paint removal	_____	<input type="checkbox"/> Install salt generator system	_____
		<input type="checkbox"/> Install new heater	_____
		Size:	_____
		<input type="checkbox"/> Install new skimmer	_____
		<input type="checkbox"/> Change pool lights/bulbs	_____
		<input type="checkbox"/> City water	_____
		<input type="checkbox"/> Well water	_____

Additions: Install Deco-drain
Permit Included
Re drill

Total: 7,625.00 paid ck 488
 Payment schedule: 20% dep. ; 50% @ start ; 30% completion
 Signature: [Signature] Date: 5/3/13
 Signature (owner/agent): [Signature] Date: 5/3/13

TERMS: 50% DUE AT SIGNING OF CONTRACT; REMAINING 50% DUE UPON COMPLETION. IF ANY PAYMENTS ARE NOT PAID AS SCHEDULED, THERE WILL BE A 1.5% FINANCE CHARGE PER MONTH APPLIED TO THE ORIGINAL PRICE. IF ADDITIONAL WORK IS REQUESTED BY THE OWNER, BUILDER, OF GC; PURCHASER AGREES TO PAY FOR ALL CHAGES REQUESTED. IF LITIGATION IS NECESSARY TO RECOVER PAYMENT DUE, OWNER, BUILDER, OR GC AGREES TO PAY ALL LEGAL EXPENSES INCURRED BY ALEXANDER CUSTOM POOLS.

NOTICE OF COMMENCEMENT

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

PERMIT #: 10465 TAX FOLIO #: 12-38-41-001-002-0000-5

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/D Lot 6

GENERAL DESCRIPTION OF IMPROVEMENT:

Pavers over existing pool deck.

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

NAME: Jennifer Breheny
ADDRESS: 6 Riverview Dr
PHONE NUMBER: 917 951 7632 FAX NUMBER:
INTEREST IN PROPERTY: OWNER

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

N/A

CONTRACTOR:

Michael Alexander (Alexander Custom Pools)

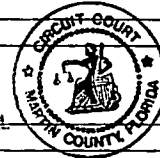
ADDRESS: 1290 NW Lakeside Tr
PHONE NUMBER: 772 475 9740 FAX NUMBER: 772 4232 6068

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

N/A

ADDRESS:
PHONE NUMBER:
BOND AMOUNT:

STATE OF FLORIDA
MARTIN COUNTY



LENDER/MORTGAGE COMPANY:

N/A

ADDRESS:
PHONE NUMBER:

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.

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: Michael Alexander DATE: 10/09/13
ADDRESS: 772 475 9740
PHONE NUMBER: 772 475 9740 FAX NUMBER: 772 332 6068

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.

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

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

SIGNATORY'S TITLE/OFFICE: Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 9 DAY OF October, 2013

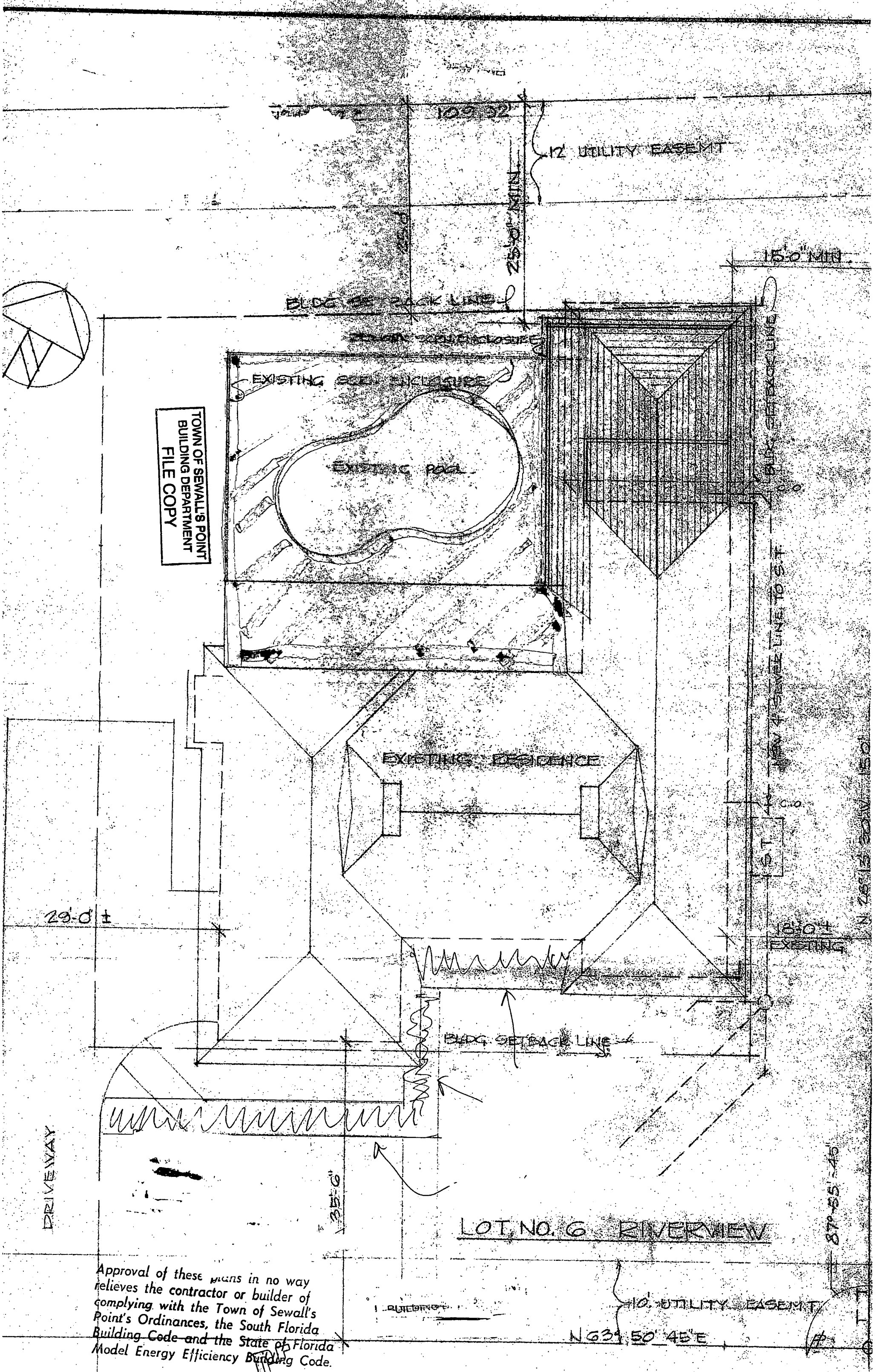
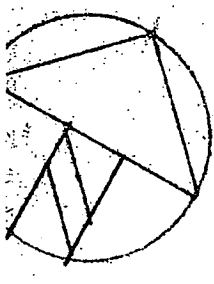
BY: Jennifer Breheny AS owner FOR:
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCES IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED: Drivers License

NOTARY SIGNATURE/S: SARA DONOVAN ALEXANDER Notary Public - State of Florida My Comm. Expires Jun 11, 2017 Commission # FF 028235

INSR 2620794 OR BK 2681 PG 1315 RECD 10/09/2013 10:40:19 AM
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC # \$0.00 MTG DOC # \$0.00 INTANGIBLE \$0.00

TOWN OF SEWALLS POINT
BUILDING DEPARTMENT
FILE COPY



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.

LOT NO. 6 RIVERVIEW

N 63° 50' 45" E

87° 55' 45"

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-10-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10294	Ginggio 2 Island Rd Cosmopolitan	Window/door attachment electrical + plumbing	7 6 PASS	INSPECTOR <i>[Signature]</i>
10592	Connolly 10 Ridgeland Dr Rite Fence	Final Fence	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10163	[Redacted] 10 [Redacted] Alexander Custom	Final Roofing & coping	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10606	Stark 875 River Rd Linden Marine	Final pilings + floating dock	GATE CODE 4515X PASS	CLOSE INSPECTOR <i>[Signature]</i>
10589 after LPH #	Fitzsimmons 99 N Sewalls Energized Electric	Meter disc rough elect?	PASS	READY FOR FPL ✓ INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10867

BATH 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:	10867	DATE ISSUED:	5/14/2014
SCOPE OF WORK:	BATH REMODEL		
CONTRACTOR:	FREEDOM HOME BUILDERS		
PARCEL CONTROL NUMBER:	123841001000000605	SUBDIVISION	RIVERVIEW LOT 6
CONSTRUCTION ADDRESS:	6 RIVERVIEW DRIVE		
OWNER NAME:	BREHENY		
QUALIFIER:	WILLIAM B JONES	CONTACT PHONE NUMBER:	772 600-7641

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 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	_____

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Town of Sewall's Point BUILDING PERMIT APPLICATION

10867

Date: 5-2-14 Permit Number: _____

OWNER/LESSEE NAME: BREHENY, KEVIN JEN Phone (Day) 600-7111 (Fax) _____

Job Site Address: 6 RIVERVIEW DRIVE City: STUART State: FL Zip: 34996

Legal Description RIVERVIEW S/D Lot 6 Parcel Control Number: 12-38-41-001-000-00060-5

Fee Simple Holder Name: _____ Address: _____

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** BATH REMODEL - SEE ATTACHED

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: \$ 2,000.00
(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 **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: FREEDOM HOMEBUILDERS Phone: 600-7641 Fax: 600-7653

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

State License Number: CBC1255957 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BRAD JONES Phone Number: 634-0580

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, etc) 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

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

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OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:
Jennifer Breheny
State of Florida, County of: ST LUCIE
On this the 2nd day of May, 2014
by Jennifer Breheny who is personally known to me or produced as identification.
Kelly M Phillips
Notary Public
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
William B Jones
State of Florida, County of: ST LUCIE
On this the 2nd day of May, 2014
by William B Jones who is personally known to me or produced as identification.
Kelly M Phillips
Notary Public
My Commission Expires: _____

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

KELLY M PHILLIPS
MY COMMISSION #FF042572
EXPIRES September 30, 2017
(407) 398-0153

KELLY M PHILLIPS
MY COMMISSION #FF043972
EXPIRES September 30, 2017
(407) 398-0153

Sewall's Point Town Hall
MAY 5 2014



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:	10867		
ADDRESS:	6 RIVERVIEW DRIVE		
DATE ISSUED:	5/14/2014	SCOPE OF WORK:	BATH REMODEL

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	\$ 8,000.00
---	--	----------------	----	-------------

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:				
			\$	\$ 8,000.00
Building fee: (2% of construction value SFR or >\$200K)				
			\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)				
			\$	80.00
Total number of inspections (Value < \$200K)	\$ 100.00 per insp.	# insp	\$ 4.00	\$ 400.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)				
			\$	\$ 7.20
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)				
			\$	\$ 7.20
Road impact assessment: (.04% of construction value - \$5 min.)				
			\$	5.00
Martin County Impact Fee:				
			\$	
TOTAL BUILDING PERMIT FEE:			\$	\$ 499.40

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

*pd 5/15/14
ck 6947*

AC# 6165436

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12061800582

DATE	BATCH NUMBER	LICENSE NBR
06/18/2012	110434443	CBC1255957

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014



JONES, WILLIAM BRADDOCK
FREEDOM HOMEBUILDERS INC
2001 NE STEVEN AVE
JENSEN BEACH

FL 34957-6699

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/31/2013

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

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


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

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR L WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY		GLP001563108	8/6/2013	8/6/2014	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000	
	<input checked="" type="checkbox"/> XCU & Contractual					PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/> Broad Frm Prop. Dam.					GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT				<input type="checkbox"/> LOC		\$
								\$
B	AUTOMOBILE LIABILITY		AZJ956117101	5/24/2013	5/24/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
						PIP coverage	\$ 10,000	
							\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	
	DED	RETENTION \$					\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV006631406	5/21/2013	5/21/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	Y/N				E.L. EACH ACCIDENT	\$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A				E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
						E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER Town of Sewells Point 1 South Sewells Point Road Sewells 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 
---	--



INSTR # 2454553 DR BK 2717 PG 979 RECD 05/12/2014 01:05:05 PM
 (1 Page)
 CAROLYN TIMMANN MARTIN COUNTY CLERK
 DEED DOC \$0.00; MTG DOC \$0.00; INTANGIBLE \$0.00

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLIO # 12-38-41-001-000-00060-5

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):
 6 Riverview Drive, Stuart FL - Riverview S/D Lot 5

GENERAL DESCRIPTION OF IMPROVEMENT: _____

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

Name: Kevin and Jennifer Breheny
 Address: 6 Riverview Drive, Stuart FL 34996
 Interest in property: Owner
 Name and address of fee simple title holder (If different from Owner listed above): _____

CONTRACTOR'S NAME: Freedom Homebuilders, Inc. Phone No.: (772) 600-7641
 Address: 1084 NE Industrial Boulevard, Jensen Beach FL 34957

SURETY COMPANY (if applicable, a copy of the payment bond is attached):
 Name and address: _____
 Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
 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: _____ Phone No.: _____
 Address: _____

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 of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:
 (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact
[Signature]
 Owner
 Signatory's Title/Office

The foregoing instrument was acknowledged before me this 5th day of May, 2014

By: Jennifer Breheny as OWNER for _____
 Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Notary's Signature [Signature] Personally known or produced identification
 Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)

STATE OF FLORIDA
 MARTIN COUNTY
 THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
 CAROLYN TIMMANN, CLERK
 5.12.2014

KELLY M PHILLIPS
 MY COMMISSION #FF043972
 EXPIRES September 29, 2017
 FloridaNotaryService.com
 (771) 398-0153



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: KEVIN & JENNIFER BREHENY

CONSTRUCTION ADDRESS: 6 RIVERVIEW DR

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Wiring PER DRAWING

VALUE OF CONSTRUCTION \$ _____

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

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] 1084 NE INDUSTRIAL BLVD
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR JENSEN 34957

COMPANY OR QUALIFIER'S NAME: BRADDOCK ELECTRIC & AIR

TELEPHONE NO: 772-600-5886 FAX NO: 772-600-7653

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13002706

** 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 #: 12-38-41-001-000-00060-5

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: Kevin & Jennifer Breheny

CONSTRUCTION ADDRESS: 6 RIVERVIEW DR

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Change TUB VALVE

VALUE OF CONSTRUCTION \$ _____

<p>_____ LOW VOLTAGE</p> <p>TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER</p> <p>SCOPE OF WORK: _____ VALUE _____</p>
--

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.

Jensen Beach 1086 NE Industrial Blvd
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR Jensen Bch 34957
 COMPANY OR QUALIFIER'S NAME: Jensen Beach Plumbing
 TELEPHONE NO: 772-225-6600 PLEASE PRINT FAX NO: 772-225-6779
 MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: RF11067372

** 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: _____

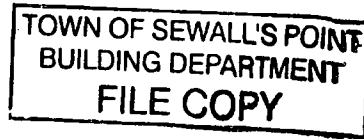
PARCEL CONTROL #: 12-38-41-001-000-00060-5

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

Jenn Breheny
6 Riverview Drive
Sewalls Point, FL



Scope of Work: Update Girl's Bathroom

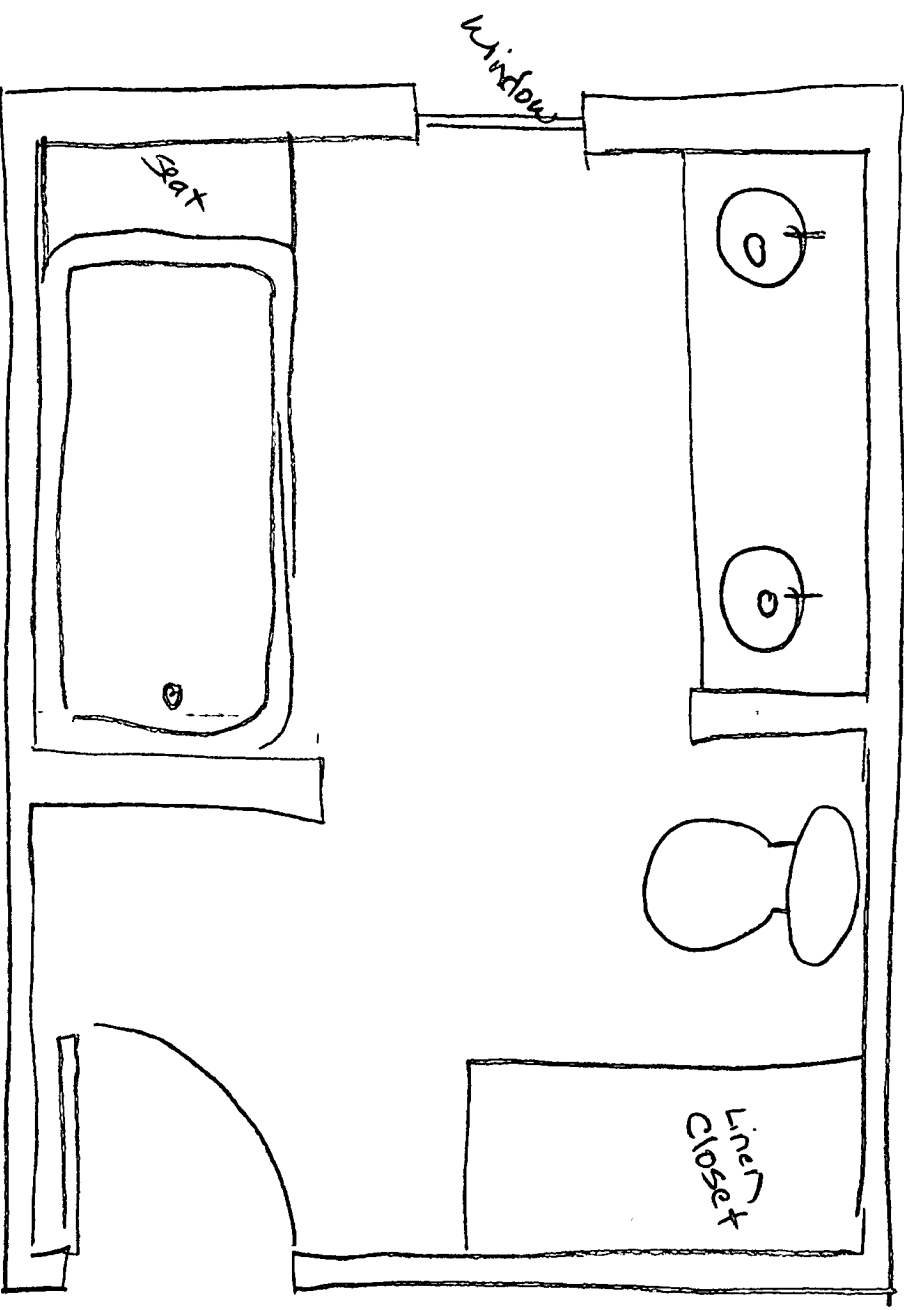
Demo bathroom:

- Remove existing linen closet
- Remove existing tub
- Remove existing tile on wall (tub surround)
- Remove vanity cabinet
- Remove toilet
- Remove wall at end of existing counter that separates toilet
- Remove existing tile floor
- Remove soffit over bathtub
- Remove soffit over vanity sinks

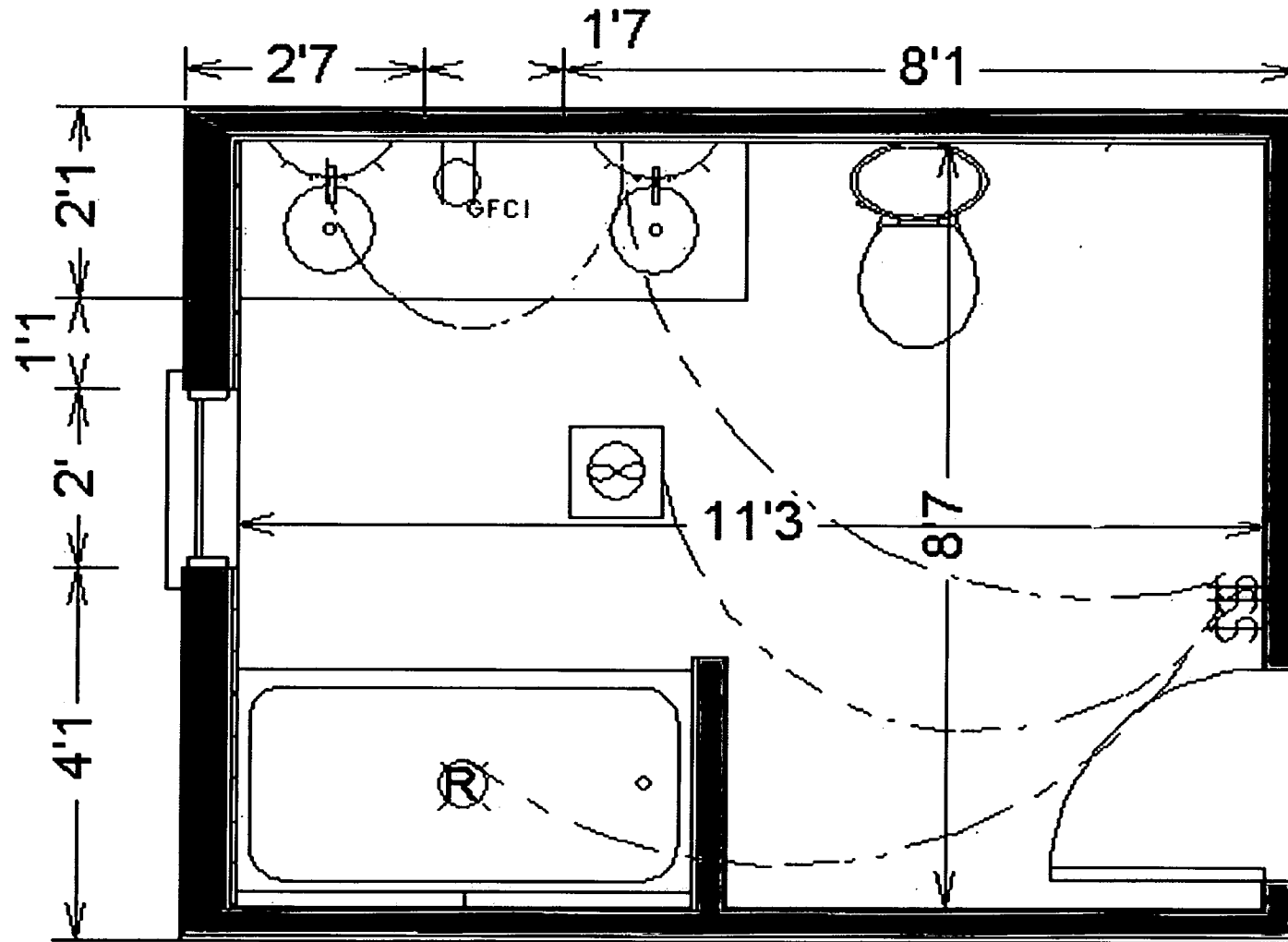
Work to be done:

- Install new tile bathroom floor
- Install customer supplied 72" vanity cabinet (includes sinks, countertop and hardware)
- Install new toilet
- Electrical: raise recessed light over tub and install new 4 inch recessed
- ~~Relocate electrical switch~~
- Replace light over toilet with NuTone fan
- Install new 4 inch recessed light by toilet area
- Relocate 2 light switches
- Relocate 1 GFI
- Install 3 light boxes over vanity
- Raise existing recessed lights over vanity and install two 4inch recessed lights
- Install new white subway tile in tub surround and wrap around wall with plumbing
- Install new garden tub with skirt
- Install new roman garden tub faucet (new valve)
- Replace showerhead fixture
- Install niche in shower (location To Be Determined)
- Paint all walls one color
- Install new baseboards (#5180)

Brehaney Existing Girl's Bath



Breheny's New Girl's Bath



TOWN OF SEWALL'S POINT, FLORIDA

Date 5/18/01 1901 TREE REMOVAL PERMIT No 0444
APPLIED FOR BY John Lutz, 6 Riverview Dr. (Contractor or Owner)
Owner _____

Sub-division _____, Lot _____, Block _____

Kind of Trees 1? Dead Tree

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

*Field verified
5/18/01*

REMARKS Tree deceased

Signed, Sign. on file
Applicant

Signed, [Signature]
Town Clerk
Blag. Insp.
FEE \$ 0.00

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

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

5/18/01 checked map

RECEIVED
MAY 16 2001
BY: [Signature]

Permit # 0009
Date Issued 5/12/01

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

Owner JOHN LUTZ Address 6 RIVERVIEW DR Phone 221 3106

Contractor SELF Address SAME Phone -

Number of trees to be removed (list kinds of trees) ONE/HALF } DEAD/DISEASED
N/A

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 UNK.

Permit Fee \$ 0 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed ~~\$100.00~~ \$15.00)

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted Plans approved, as marked

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

Signature of applicant [Signature] Date submitted 5-15-01

Approved by Building Inspector [Signature] Date 5/18/01

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

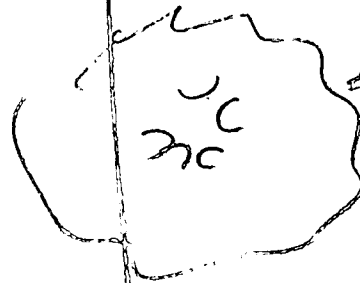
#6

RIVERVIEW DR.

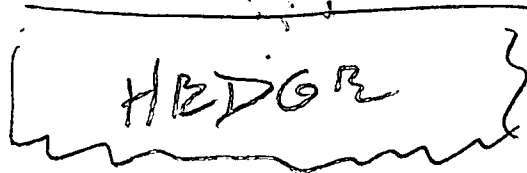
HOUSE

HOUSE

DRIVE



~~TREE~~
TO BE
REMOVED



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5375	MULCAHY	T/T ≠ MTL.	Passed	
S (7)	138 S. SEWALL'S POINT RD. J.A. TAYLOR REG.			INSPECTOR: <i>[Signature]</i> 5/18
✓ 5378	COMBS	SHEATHING	Passed	LATE AM
S (6)	MANDALAY ISLAND CAPPS & HUFF REG.			INSPECTOR: <i>[Signature]</i> 5/18
✓ 5345	BAROD	SLAB (ADDN)	Passed	FORWARD SURVEY RCVD. ✓
N (5)	25 FIELDWAY DR. O/B (223-7162)		→	REQUIRE COMP. TEST SOIL STEP INSPECTOR: <i>[Signature]</i> 5/18
✓ 5262	MUSSO	RF. SHEATHING	Passed	
S (4)	18 S. RIVER ROAD HARRY BLUE (201-9111)	Tie down/anchors		INSPECTOR: <i>[Signature]</i> 5/18
✓ 5324	HECKENBERG	TIE BM/CDL	Passed	VERIFY WALL HGT. COMPL.
N (1)	5 LAGOON ISLAND CT. O/B	(PERIMETER WALL)		after bed fill < 7' INSPECTOR: <i>[Signature]</i> 5/18
T/R	LUTZ	FIELD VERIF.	Passed	Dead Tree
S (8)	6 RIVERVIEW DR O/B			INSPECTOR: <i>[Signature]</i> 5/18
T/R	CLEMENTS	FIELD VERIF.	Passed	NEW CONST.
S (5)	11 W. HIGHPOINT MOLTER & SON			INSPECTOR: <i>[Signature]</i> 5/18

OTHER: _____



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

CR

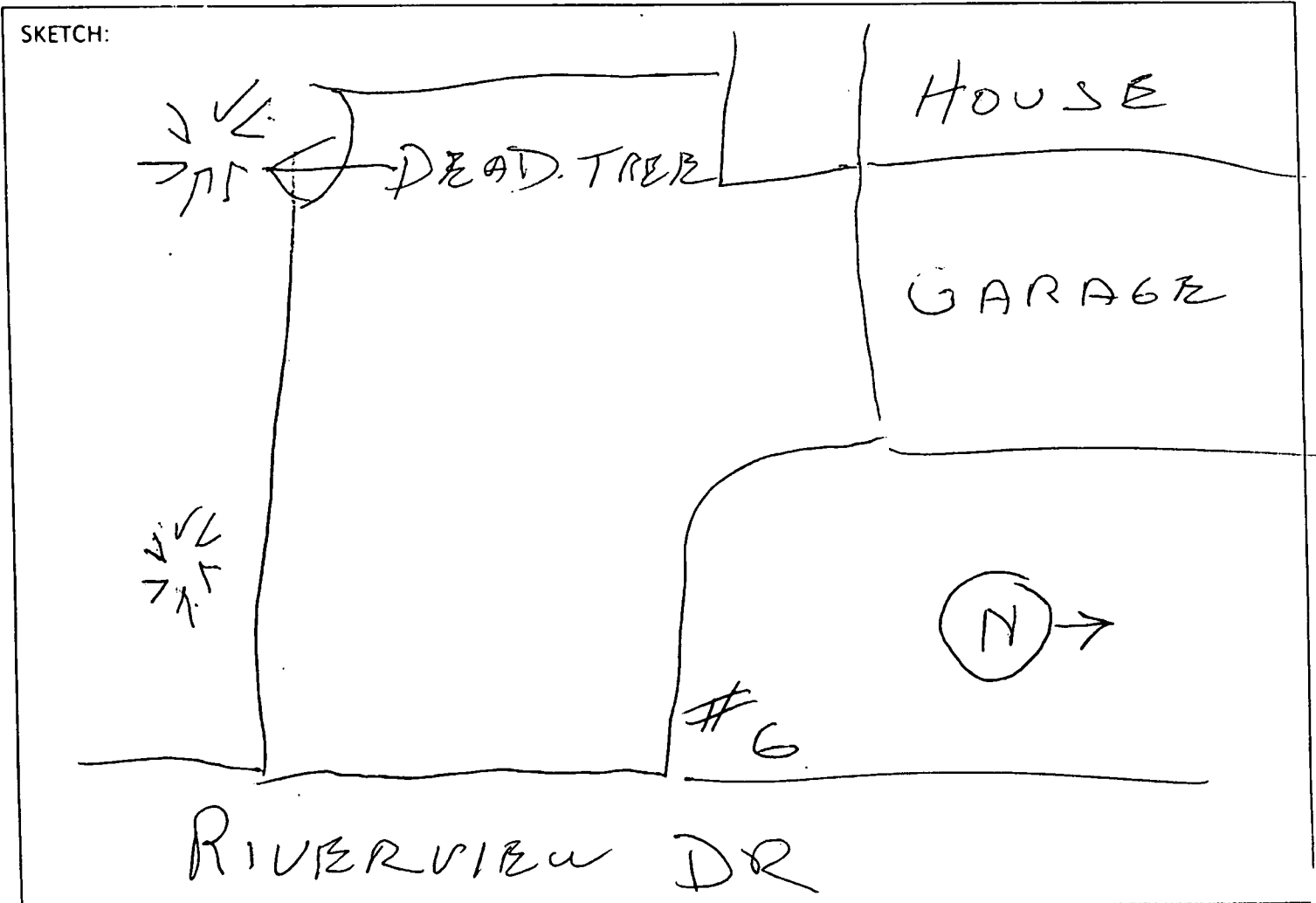
TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner J. LUTZ Address ~~6 Riverview Dr~~ Phone 2213106
 Contractor SELF Address _____ Phone _____
 No. of Trees: REMOVE 1 Type GRAPE 17 YRS
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____
 Reason for tree removal/relocation DEAD

Signature of Property Owner [Signature] Date 7-30-08
 Approved by Building Inspector: [Signature] Date 7/31/08 Fee: -

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

AK

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 Kevin/Jenn Breheny Address ~~1000 Riverway Dr~~ Phone 600-7111

Contractor Tropical Isle Address _____ Phone _____

No. of Trees: REMOVE 1 Species: ?

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

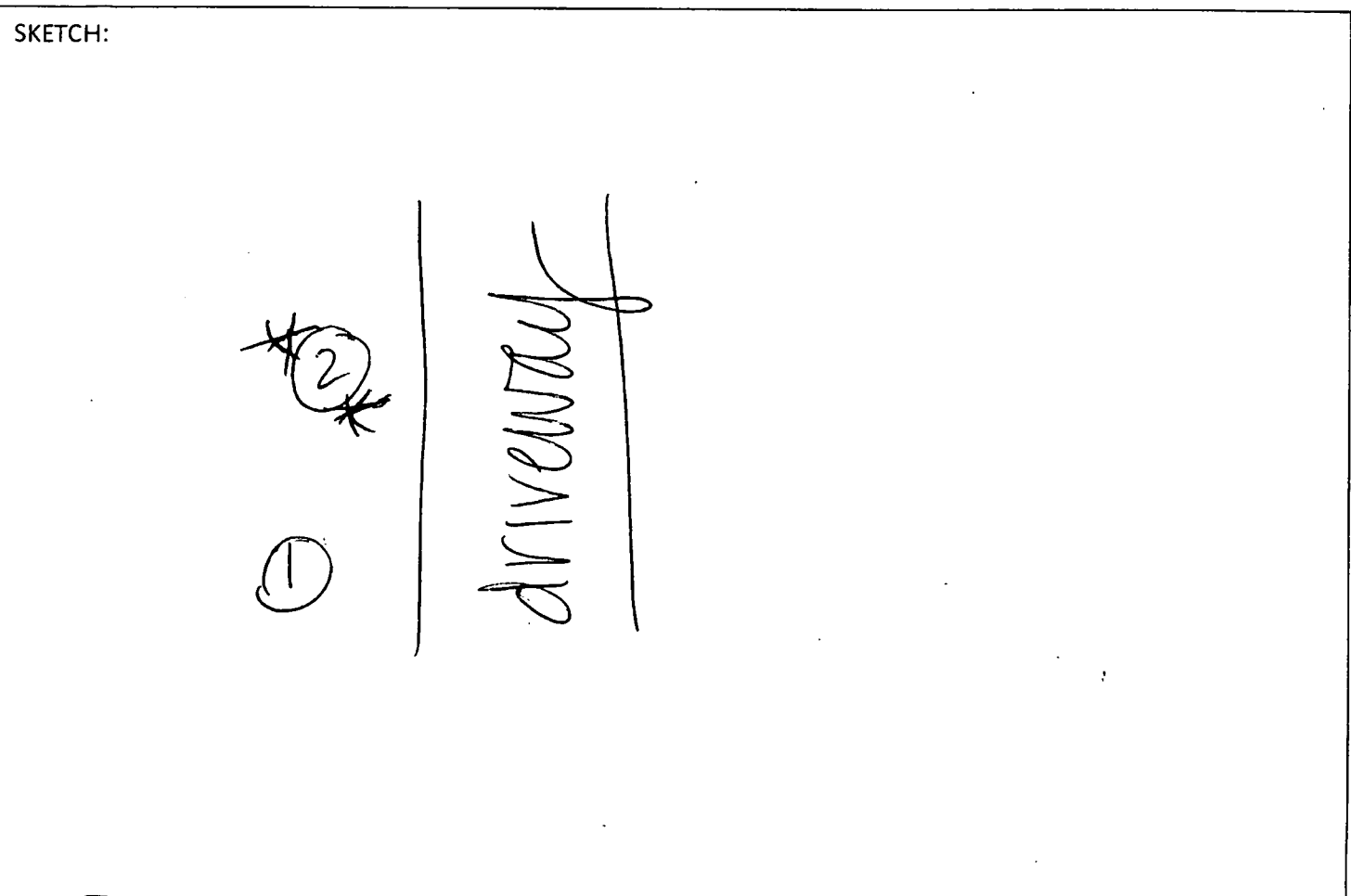
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal/relocation (See notice above) tree is dead, 2nd tree off left side of driveway.

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector: [Signature] Date 7/9/09 Fee: N/E

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

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 Breheny Address 6 Riverview Dr Phone 600-7111

Contractor Tropical Art Landscaping Address _____ Phone 772 521 6270

No. of Trees: REMOVE 2 Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE 1 Species: bougainvillea where tree was

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

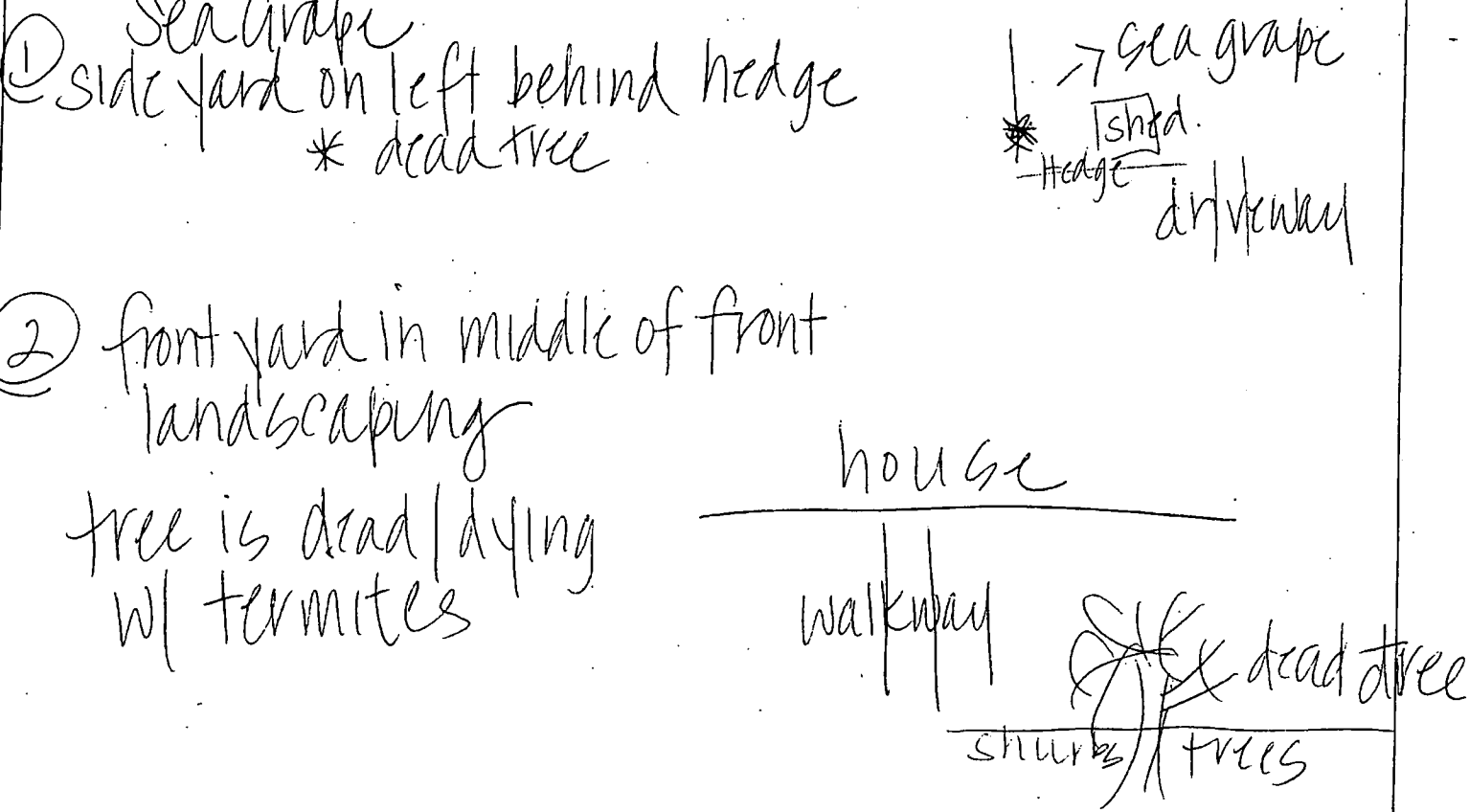
Reason for tree removal /relocation (See notice above) dead / dying

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector: [Signature] Date 7-5-11 Fee: N/A

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

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 Brecheny Address [REDACTED] Phone 772 600 7111

Contractor Tropical Art Landscapes PSL Address [REDACTED] Phone _____

No. of Trees: REMOVE X Species: Bottlebrush

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

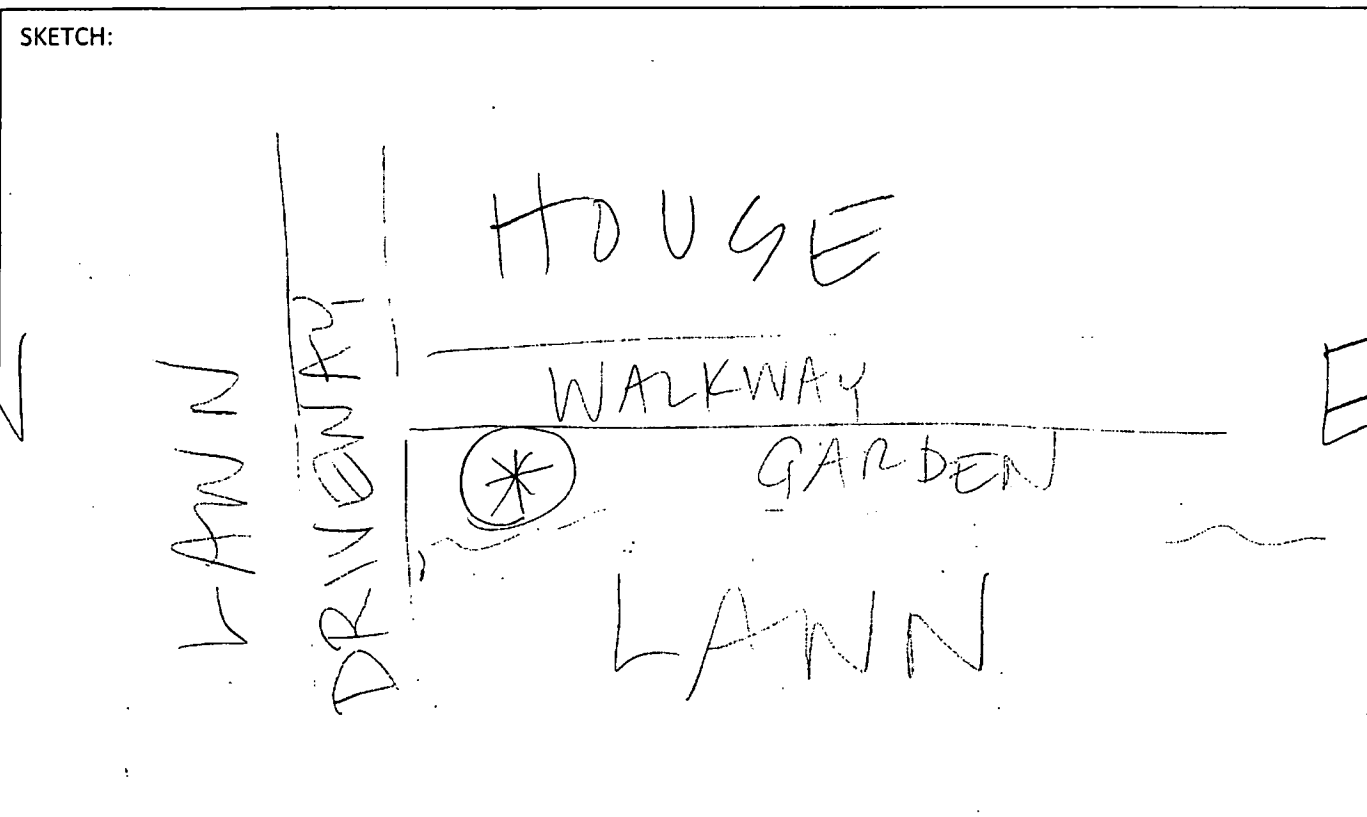
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) not blooming, dying

Signature of Property Owner [Signature] Date Nov 29 2012

Approved by Building Inspector: [Signature] Date 11-27-12 Fee: N/E

NOTES: _____



OK ✓



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

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: ~~██████████~~ Address: ~~██████████~~ Phone: 772 600 7111

Contractor: Tropical Art Landscapes Address: ~~██████████~~ Phone: ~~██████████~~

No. of Trees: REMOVE 2 Species: bottle brush | fruit

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) dead

Signature of Property Owner [Signature] Date Nov 30 2012

Approved by Building Inspector: ~~██████████~~ Date ~~██████████~~ Fee: ~~██████████~~

NOTES: _____

