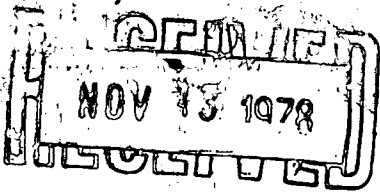


10 Riverview Drive

913

SFR AND POOL



TOWN OF SEWALL'S POINT FLORIDA

Permit No. 913 Date

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale (1/2" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner Robert Collin Present Address 16 Riverview Road North 72 S. River Rd Phone 283-2398

-General Contractor Owner Address Phone

Where Licensed License No. -Plumbing Contractor Atlantic Plumbing License No. 35 -Electrical Contractor Altec Electric License No. 54

Describe building or other structure, or alteration to existing structure. residence, 3-2 with porch

Name the street on which the building, its front building line and its front yard will face. Riverview

Subdivision Riverview Lot No. 8 Area

-Building Area, inside walls (excluding garage, carport, porches, etc.)...square feet 2300

-Contract Price (excluding land, carpeting, appliances, landscaping, etc.)\$ 60,000

-Total Cost of Permit \$ 320

-Plans approved as submitted Plans approved as marked

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

General Contractor

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

Owner Robert Collin

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

Approved: J. Mazzuca Building Inspector Date submitted 12/18/78 Date

Approved: J. Guenther Commissioner Date 18 Dec '78 Date

Certificate of Occupancy issued May 10, 1979 Date

Mortgage Deed

This Mortgage Deed, dated this _____ day of _____ A. D. 19 78, by ROBERT COLLINS AND JEAN COLLINS, HIS WIFE

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

to BESSEMER SECURITIES CORPORATION, a Delaware corporation authorized to transact business in the State of Florida,

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

WITNESSETH: That for divers, good and valuable considerations, and also in consideration of the aggregate sum named in the promissory note hereinafter described, said Mortgagor s do hereby grant, bargain, sell, alien, remise, release, convey, confirm and mortgage unto the said Mortgagee all that certain piece of property and tract of land of which the said Mortgagors are now seized and possessed and in actual possession, situate in the County of Martin and State of Florida, described as follows:

Lot 8, of RIVERVIEW SUBDIVISION, a subdivision in the Town of Sewall's Point, Florida, according to the plat thereof on file and of record in the office of the Clerk of the Circuit Court in and for Martin County, Florida, in Plat Book 6, page 86.

THIS IS A PURCHASE MONEY MORTGAGE.

STATE OF FLORIDA
DOCUMENTARY STAMP TAX
AUG 7 1978
22.50

RECORDED IN PAYMENT OF TAXES
OUT OF CLASS FOR INTANGIBLE PERSONAL
PROPERTY, PURSUANT TO CHAPTER 124, ART. 17 OF
1971, LOUIS V. ISAACS, Clerk Circuit Court
Martin County, Florida
L.V. ISAACS

BOOK 450 PAGE 830

This instrument was prepared by
GEORGE P. ORN
Ailey, Maass, Rogers, Lindsay & Chauncey
321 Royal Poinciana Plaza
P. O. Box 431
Palm Beach, Florida 33480

Satisfaction of Mortgage

KNOW ALL MEN BY THESE PRESENTS, that the indebtedness secured by and described in that certain mortgage given by ROBERT COLLINS and JEAN COLLINS, his wife

to BESSEMER SECURITIES CORPORATION, a Delaware corporation, bearing date the 3rd day of August, 1978, recorded in Official Record Book 450, page 830, in the office of the Clerk of the Circuit Court of Martin County, Florida, encumbering the following described property situate, lying and being in Martin County, Florida, to-wit:

Lot 8, of RIVERVIEW SUBDIVISION, a subdivision in the Town of Sewall's Point, Florida, according to the plat thereof on file and of record in the office of the Clerk of the Circuit Court in and for Martin County, Florida, in Plat Book 6, page 86.

has been fully paid and discharged and that the said mortgage has been fully satisfied and that the Clerk of said Circuit Court is hereby directed to cancel the same of record.

Dated: December 1, 1978.

Signed, sealed and delivered in the presence of:

BESSEMER SECURITIES CORPORATION

Marjorie Jeanings
W. J. Field

By: W. J. Field
Its Vice President

STATE OF FLORIDA }
COUNTY OF PALM BEACH }

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, W. J. Field, Vice President of BESSEMER SECURITIES CORPORATION, a corporation, to me well known to be the person described in and who executed the foregoing satisfaction piece, and duly acknowledged before me that he executed the same for the purposes therein expressed as the act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Palm Beach said County and State, in this the 1st day of December, 1978.

W. J. Field
Notary Public, State of Florida
My commission expires: 5/1/80

STATE OF _____ }
COUNTY OF _____ }

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, _____ to me well known to be the person described in and who executed the foregoing satisfaction piece, and acknowledged before me that _____ executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at _____ said County and State, in this the _____ day of _____, 19____.

This instrument was prepared by
HAROLD G. MAASE
Alley, Maase, Rogers, Lambly & Charney
321 Royal Poinciana Plaza
P. O. Box 431
Palm Beach, Florida 33480

Notary Public, State of _____
My commission expires: _____

Application/Permit No. HD 28-67-7

THIS PERMIT EXPIRES ONE (1)

YEAR FROM DATE OF ISSUANCE Martin County Health Department

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

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities

Section I - Instructions:

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

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 287 2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.)
Lot 0 Block - Subdivision Riverview
Date Recorded 1975 Directions to Job East on E. Ocean Blvd to Sewalls Point Road; south to Riverview Drive; west to site
2. Owner or Builder John Collins
P.O. Address 1115 E. Ocean City Stuart
3. Specifications Blvd.

3 bedrooms
Tank
900 Gals. _____ ft. of 6" clay tile
or 5" perforated plastic drain in a
1050 Gals. 340 ft. of 4" clay drain
or 4" perforated plastic drain in an
18" trench

Scale 1" = 50'

(Rear)

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

See P. 2

(Front)

(Name of Street or State Road)

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

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

Applicant: John Collins
Please Print

Signature: Robert Collins Date: 8-3-78

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: John S. Collins, Jr. County Health Dept. Martin Date 8/4/78

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

FLORIDA DEPARTMENT OF POLLUTION CONTROL

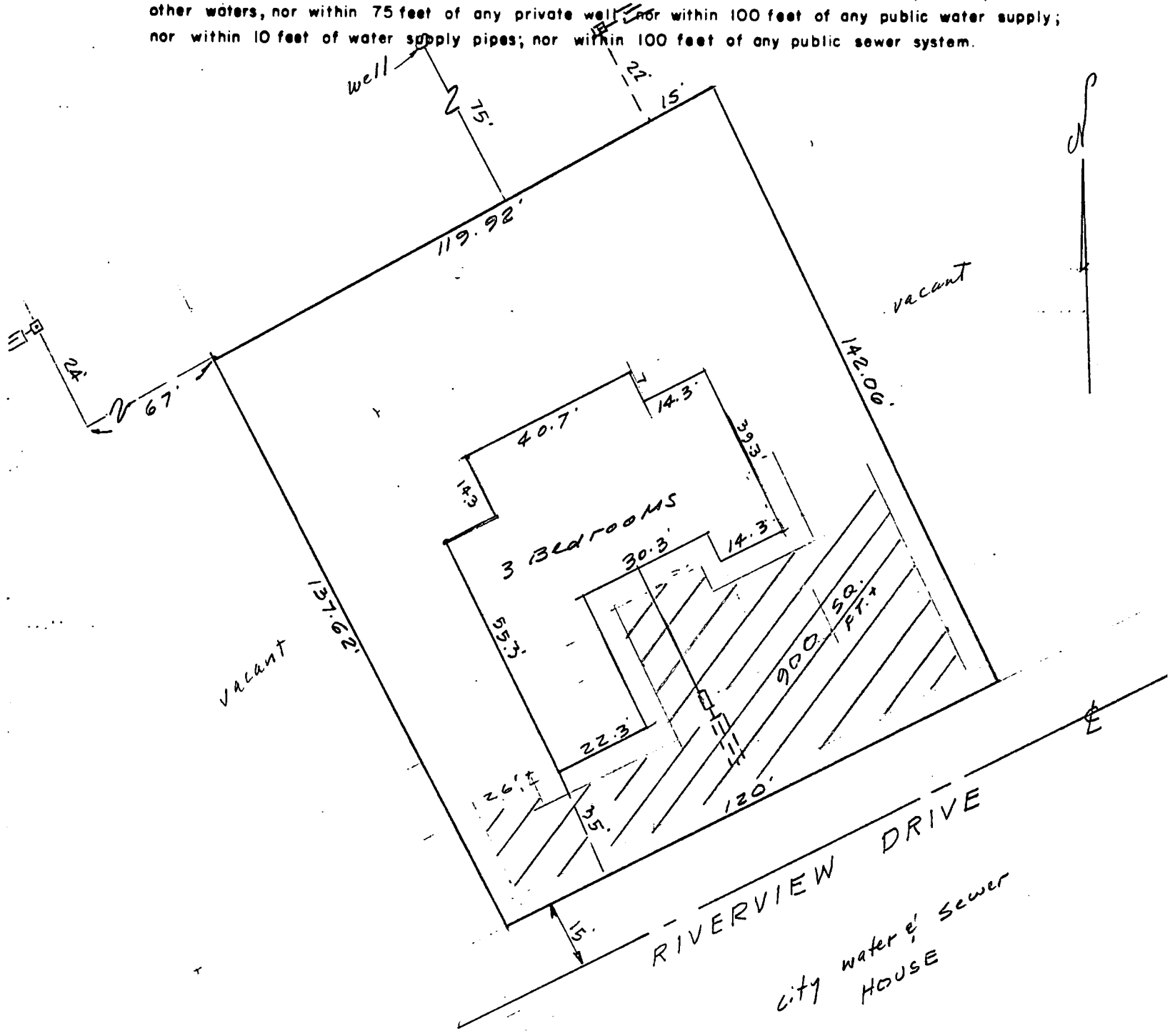
S. E. Subregion
 806 South 6th Street
 Fort Pierce, Florida 33450
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

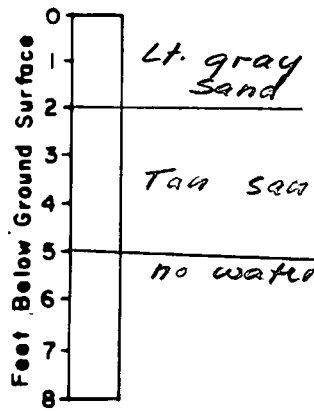
Location: Lot B, Riverview Applicant: John Collins
 County: Martin

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.



PLAN
 Scale: 1" = 30'

SOIL DATA



LEGEND

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

SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SP

Soil Characteristics _____

Percolation Rate 30 ^{sec} _{min}/inch

Water Table Depth 5'

Water Table Depth During Wet Season 5'

Compacted Fill Of — Req'd

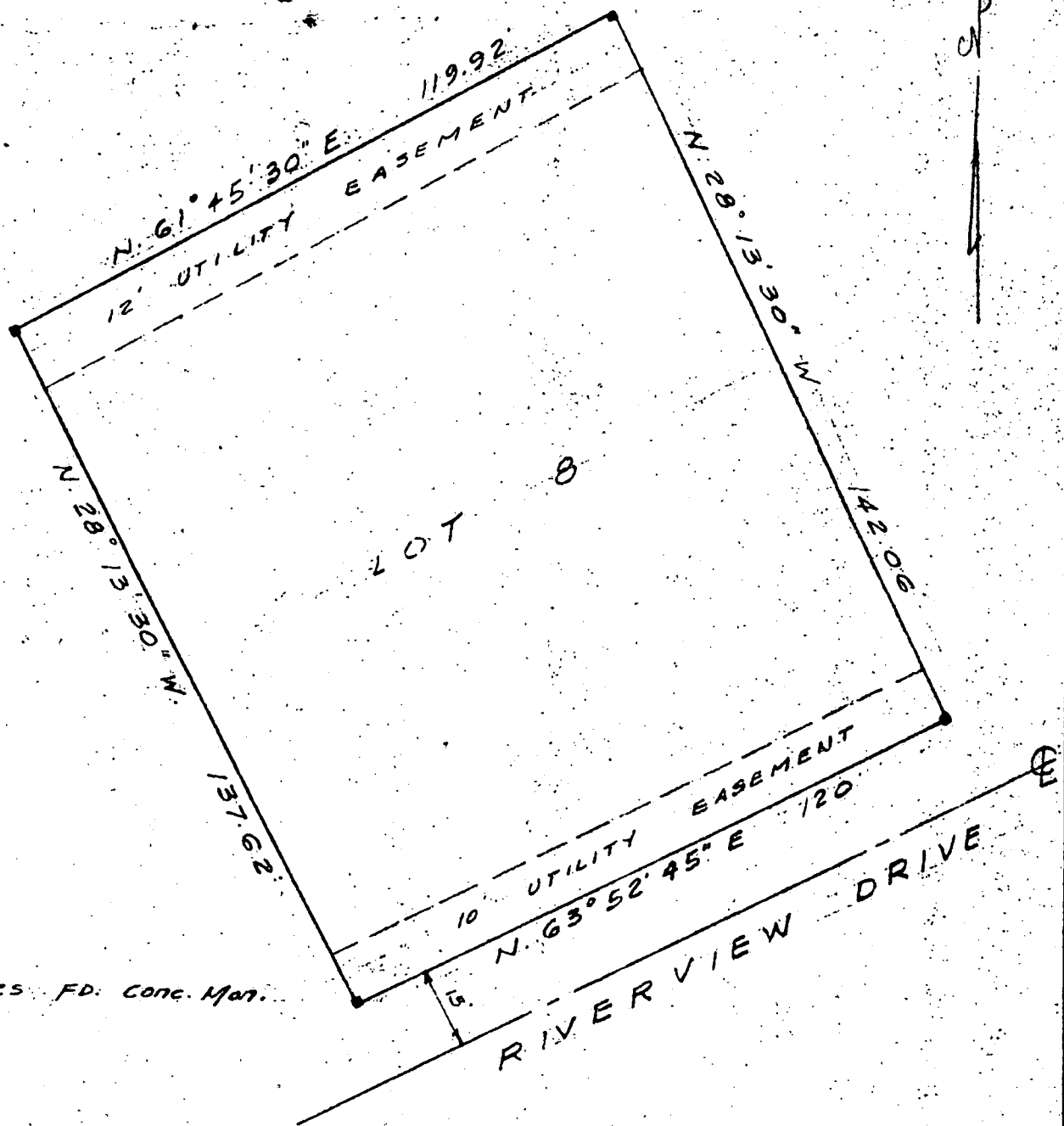
Compacted Fill Checked By: _____

Date _____

CERTIFIED BY: W. Williams

FLORIDA PROFESSIONAL No. 1272

Date 8-3-78 Job No. _____



■ Denotes F.D. Conc. Mar.

A SURVEY OF
LOT 8
RIVERVIEW
MARTIN COUNTY, FLORIDA

Robert FOR
COLLINS

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.

DON WILLIAMS & ASSOCIATES, INC.

LAND SURVEYORS
 1115 E. OCEAN BLVD. STUART, FLA.

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

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date May 5, 1979

Robert Callis

This is to request that a Certificate of Approval for Occupancy be issued to
For property built under Permit No. 913 Dated Nov. 13, 1978 when completed in
conformance with the Approved Plans.

Robert Callis
Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	1/4/79	Jan
Rough plumbing	1/14/79	Jan
Slab	1/16/79	Jan
Perimeter beam	1/26/79	Jan
Close-in, roof and rough electric	2/28/79	Jan
Final Plumbing	5/8/79	Jan
Final Electric	5/8/79	Jan

Final Inspection for Issuance of Certificate for Occupancy.

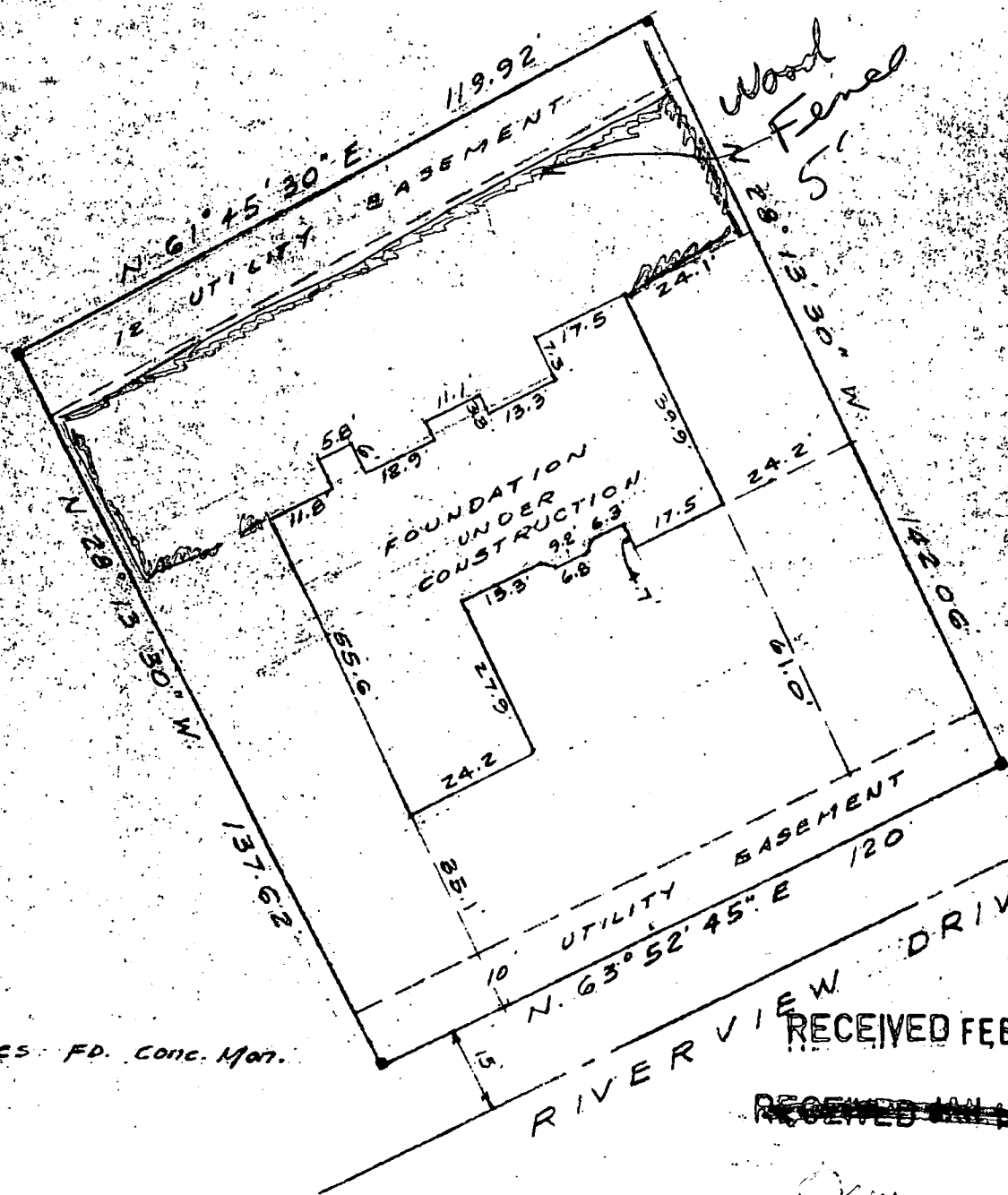
Approved by Building Inspector J. Mazzuca date 5/6/79

Approved by Building Commissioner [Signature] date 10 May '79

Utilities notified May 10, 1979 date

Original Copy sent to _____

(Keep carbon copy for Town files)



• Denotes FD. Conc. Mon.

RECEIVED FEB 21 1979

~~RECEIVED JAN 19 1979~~

A SURVEY OF

LOT 8

RIVERVIEW

MARTIN COUNTY, FLORIDA

ROBERT FOR
COLLINS

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

John G. Guenther
21 Feb 1979

ADDED TIE-IN
1-8-79 W.L.W.
F.B. 16U PG 44

SCALE: 1" = 30'	DATE: 8-3-78	PLAT BOOK: 6	PAGE: 36
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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.

DON WILLIAMS & ASSOCIATES, INC.

LAND SURVEYORS
1115 E. OCEAN BLVD. STUART, FLA.

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

F.B. 16I Page 74

1368

POOL

1368

Permit No. _____

Date 1-6-81

APPLICATION FOR A PERMIT TO BUILD A DOCK, RAMP, BRIDGE, FOOT, SOAK HEALING 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: 1001 Riverwood Dr. S. Riverwood Dr.

Phone: 812-842-1873

Contractor: Lowry Construction

Address: 1300 S. 1st St. Ft. Pierce

Phone: 888-888-8888

Where licensed: Florida

License number: 11111

Electrical contractor: _____

Plumbing contractor: _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 8. Riverwood Dr. S. Riverwood Dr.

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

Subdivision: Riverwood

Contract price: 10,000

Cost of permit: 50

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 Ordinance 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.

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.

Contractor: [Signature]

OWNER: [Signature]

TOWN RECORD

Date submitted: _____

Approved: _____

Building Inspector: _____

Date: 1/6/81

Approved: _____

Commissioner: _____

Date: 1/6/81

Final approval given: _____

Date: _____

Certificate of Occupancy issued: _____

Date: _____

1368

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 9/15/81

This is to request that a Certificate of Approval for Occupancy be issued to _____
For property built under Permit No. 1368 Dated 7/8/81 when completed in
conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings		
Rough plumbing		
Slab		
Perimeter beam		
Close-in, roof and rough electric		
Final Plumbing		
Final Electric		

Steel & Grounding 8/4/81
Patio Steel 8/25/81

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector *J. Maza* date 9/15/81

Approved by Building Commissioner _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

1409

POOL HEATER AND

GAS TANK W/LINE

OK to issue

TOWN OF SEWALL'S POINT FLORIDA

Permit No. 1409

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 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 Lou Petrone

Present address 10 Riverview Drive

Phone 286-5848

Contractor TRI-COUNTY GAS, INC.

Address 3010 S. Dr. Dixie Highway

Phone 287-4330

Where licensed State of Florida

License number 0238170178-00

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 Propane fired pool heater and 500 gal. buried ASME propane storage tank.

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

10 Riverview Drive

Subdivision

Riverview

Lot No

Contract price \$ 1840.80

Cost of Permit \$ 49.00

Plans approved as submitted

Plans approved as marked

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

Contractor Don D. Williams
Tri-County Gas, Inc.

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 Lou Petrone

TOWN RECORD

Date submitted 10/11/81

Approved

J. L. Mans...
Building Inspector

Date

Approved

J. C. St...
Commissioner

Date

Final Approval given

Date

10/16/81

Certificate of Occupancy issued

Date

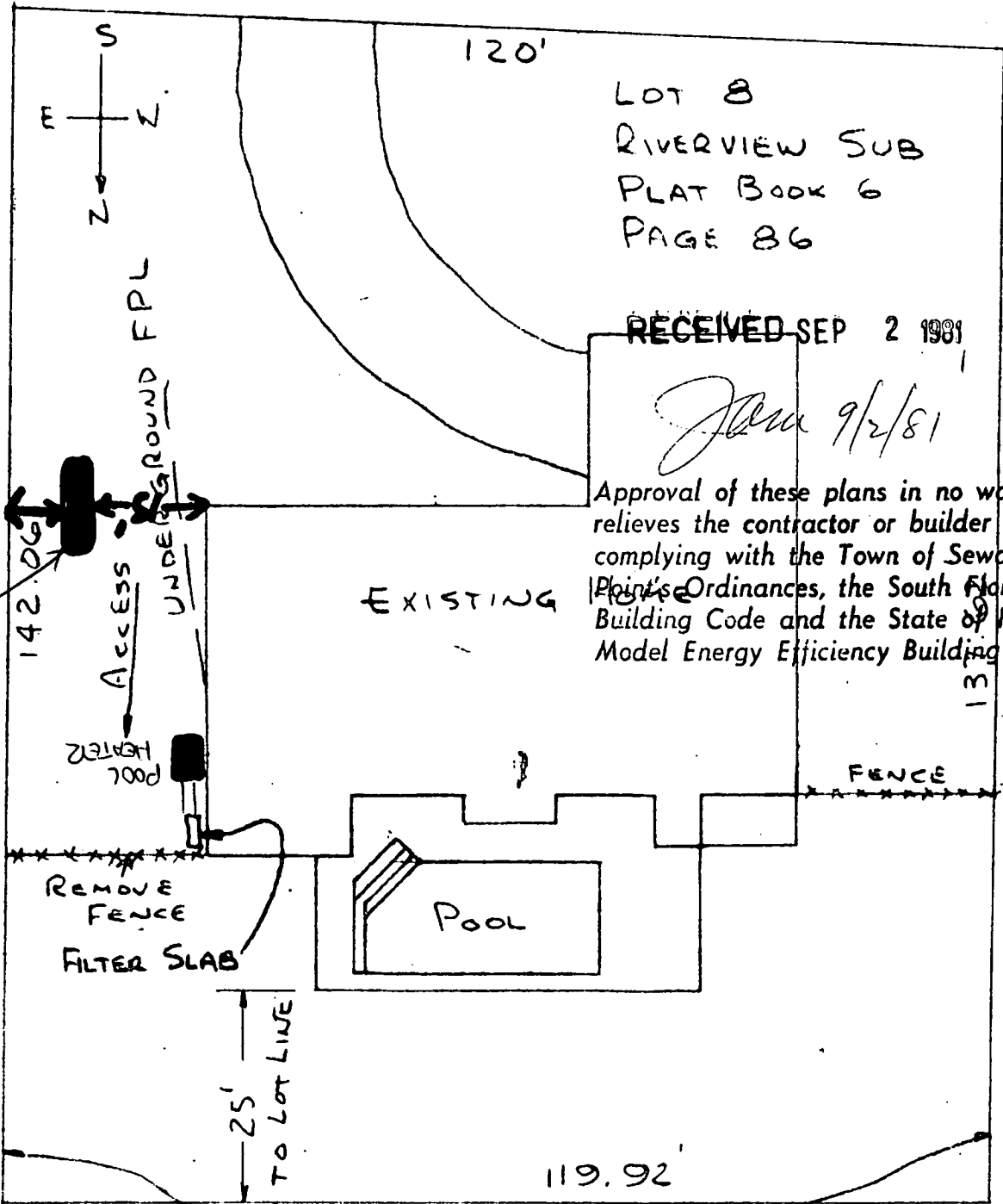
W. B. Ray

#1409

PAD

- 0 — DIVE BD.
 - 1 — HANDRAIL
 - 1 3 — STEP LADDER SS
 - 1 VAC SET COMPI
 - 54 LF DECK-O-DRAIN
 - 0 LF DRAIN FIELD
 - 602 SQ FT GREY PATIO
 - 602 SQ FT CAP: BUFF
- KOOL DECK

17' 3"



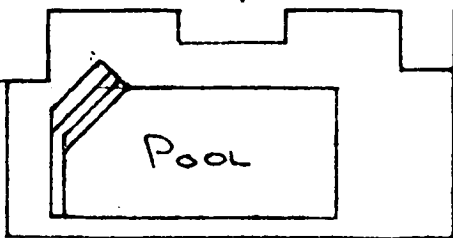
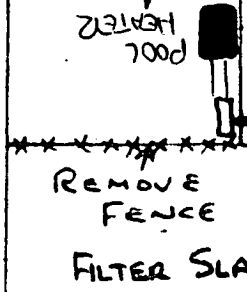
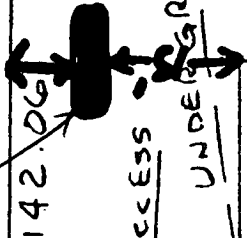
LOT 8
 RIVERVIEW SUB
 PLAT BOOK 6
 PAGE 86

RECEIVED SEP 2 1981

John 9/2/81

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

500 gal
 (LP)
 tank



FENCE

2445

SCREEN

ENCLOSURE

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

287-2455

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Dennis Birdsell

CONTRACTOR Horizon Builders

LOT 8 BLOCK _____ SUB Riverview

NO. 10 Riverview St. or Ave.

NO. 2445 Date Issued 12/7/88

Call 287-2455 From 8:00 A.M. - 12:00 Noon and 1:00 P.M. - 4:00 P.M. For Inspections of Items 1 thru 13.

TOWN OF SEWALL'S POINT BUILDING PERMIT

- * REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.
- * ALL WORK MUST BE IN COMPLIANCE WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, THE STATE OF FLORIDA ENERGY EFFICIENCY BUILDING CODE AND ELEVATIONS BASED ON THE LATEST FLOOD INSURANCE RATE MAP.
- * WORKING HOURS ARE FROM 8:00 to 5:00 P.M. MONDAY THRU SATURDAY. PORTABLE TOILET FACILITIES MUST BE ON JOB SITE BEFORE INITIAL INSPECTION.

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB		
4. ROUGH PLUMBING		
5. ROUGH ELECTRIC		
6. LINTEL		
7. ROOF		
8. FRAMING		
9. INSULATION		
10. A/C DUCTS		
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

TO CONSTRUCT Pool Enclosure

REMARKS:

2445

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date 12/7/88

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

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

Owner Dennis + Mione Birdsall Present Address 10 Riverview Pl
 Phone 286-9828 Sewalls Pt Stuart Fl.
 Contractor Horizon Builders Address 619 Baker Rd
 Phone 692-2248 Stuart Fl. 34994
 Where licensed Martin Cty License number SP00342
 Electrical contractor _____ License number _____
 Plumbing contractor _____ License number _____
 Roofing contractor _____ License number _____
 Air conditioning contractor _____ License number _____

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

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

10 Riverview Pl. Sewalls Pt

Subdivision SEWALL'S POINT - RIVERVIEW Lot number 8 Block number _____

Contract price \$ \$4200. 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, the State of Florida Model Energy Efficiency Building Code and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor Bill Day

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 Dennis P. Birdsall

TOWN RECORD

Date submitted _____ Approved Dale Barr 12/7/88
Building Inspector Date

Approved _____ Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) 1/9/89
Date

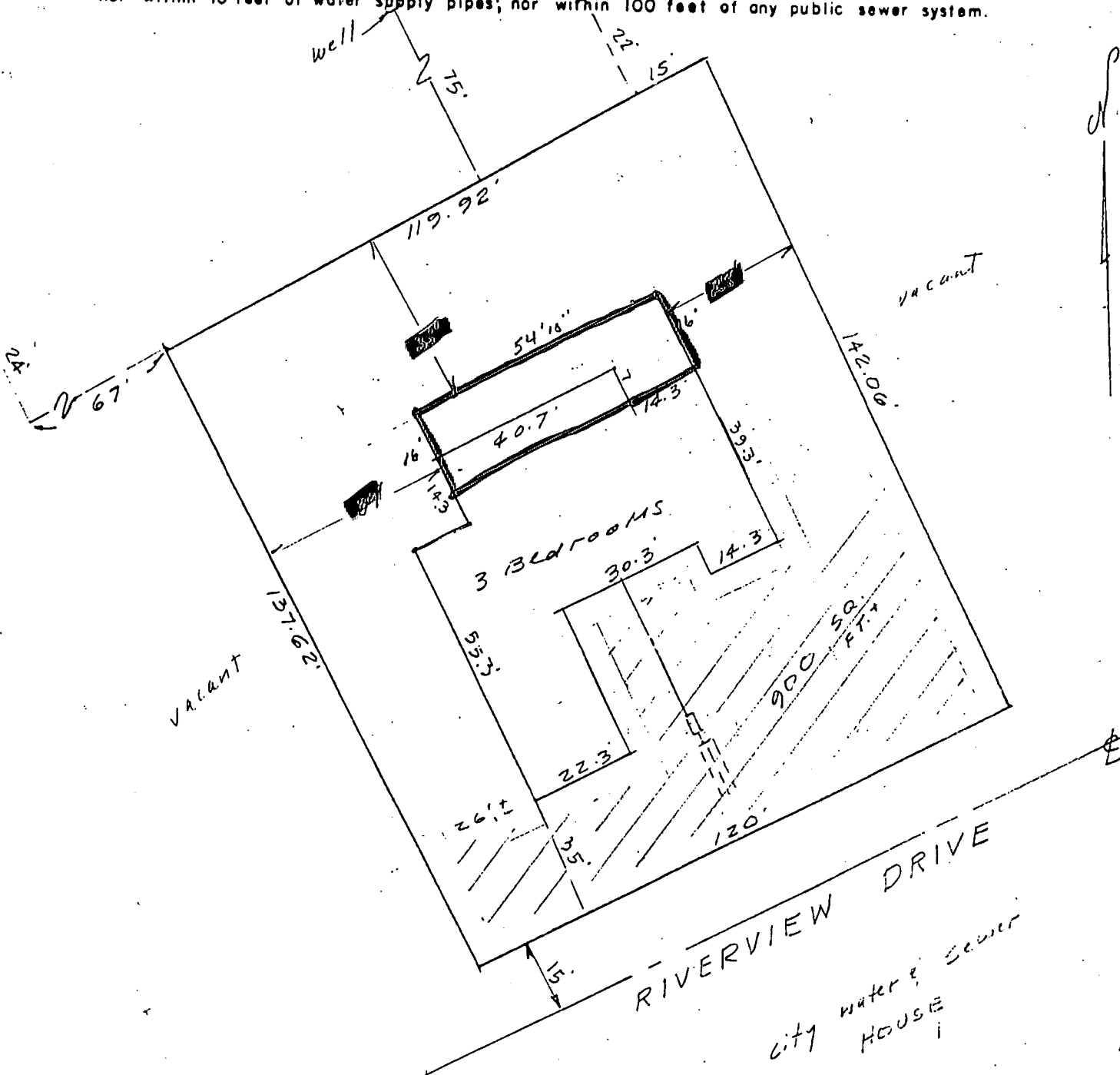
FLORIDA DEPARTMENT OF POLLUTION CONTROL

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

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

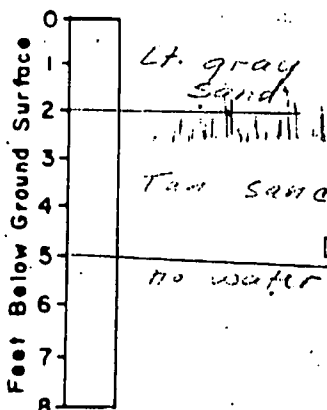
Location: Lot B, Riverview DATA SHEET Applicant: John Collins
 County: Martin

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.



PLAN
 Scale: 1" = 30'

SOIL DATA



LEGEND

SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SP
 Soil Characteristics _____

Percolation Rate 30 sec min/inch

Water Table Depth 5'4"

Water Table Depth During Wet Season 5'

Compacted Fill Of _____ Req'd

Compacted Fill Checked By: _____

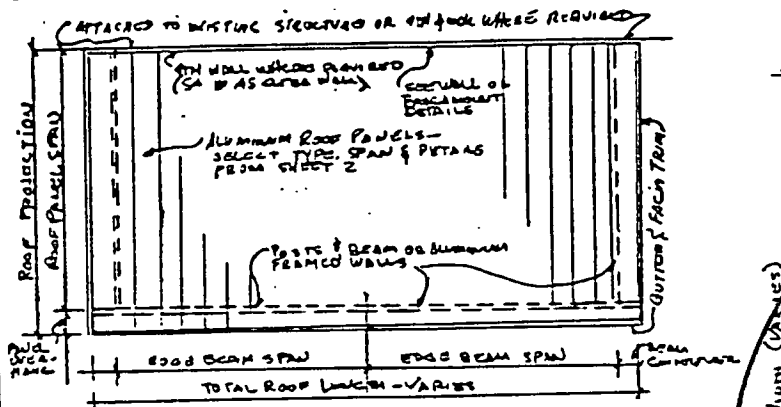
Date _____

CERTIFIED BY: W. Williams

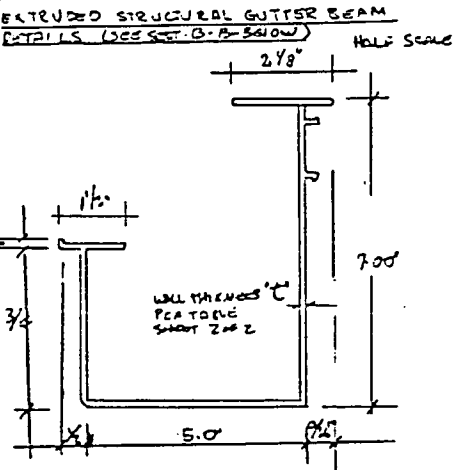
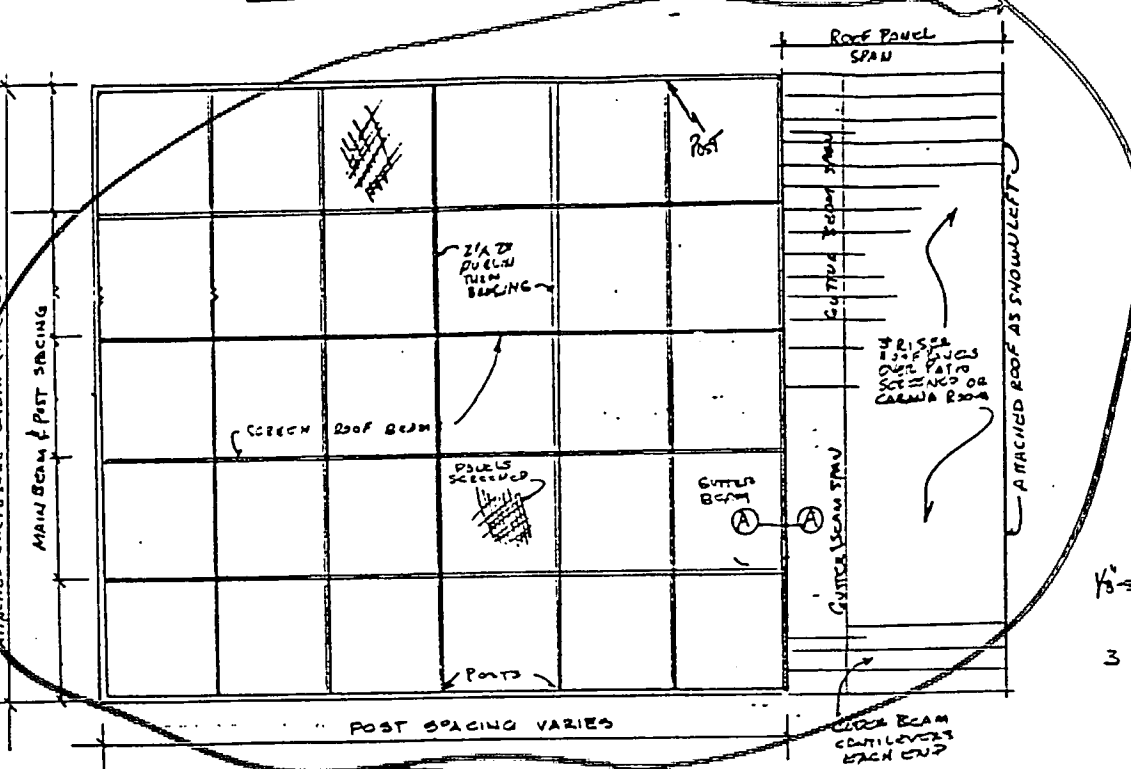
FLORIDA PROFESSIONAL No. 1272

Date 8-3-78 Job No. _____

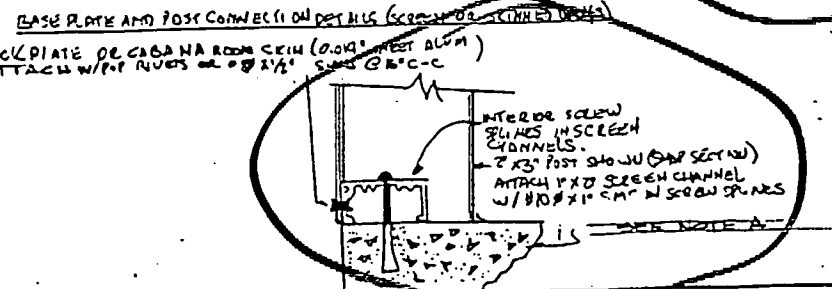
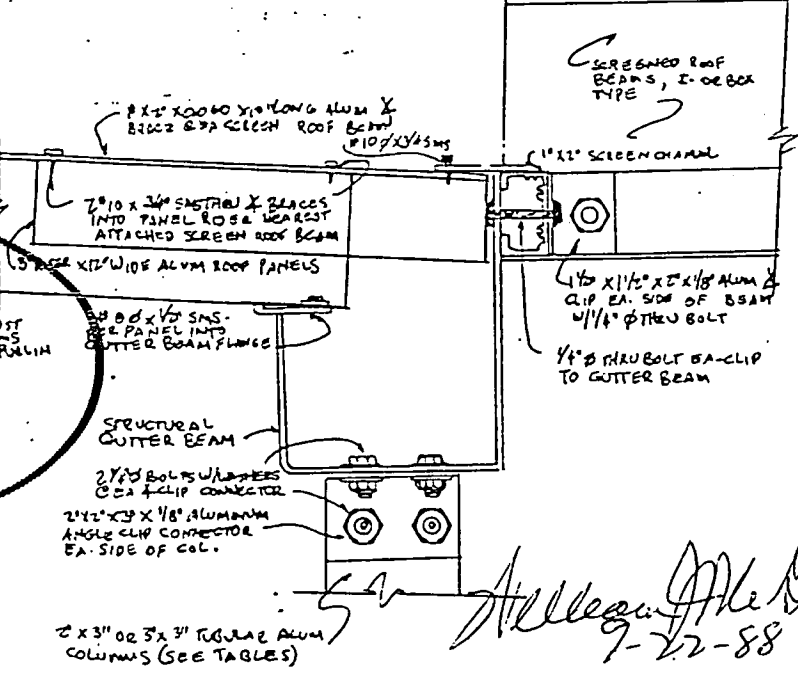
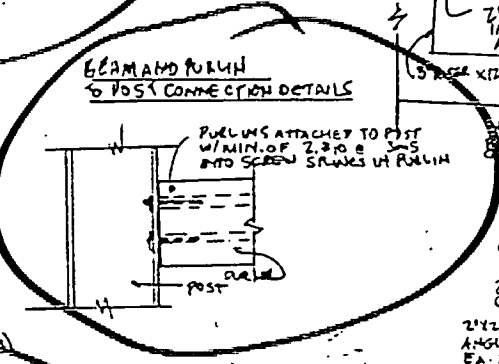
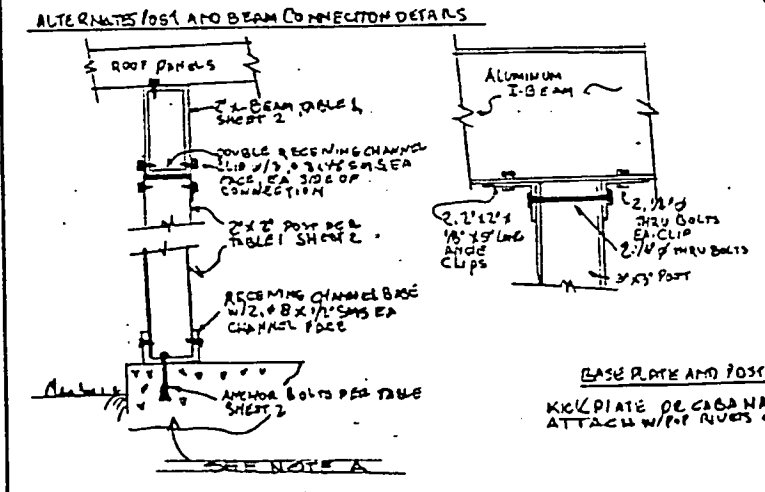
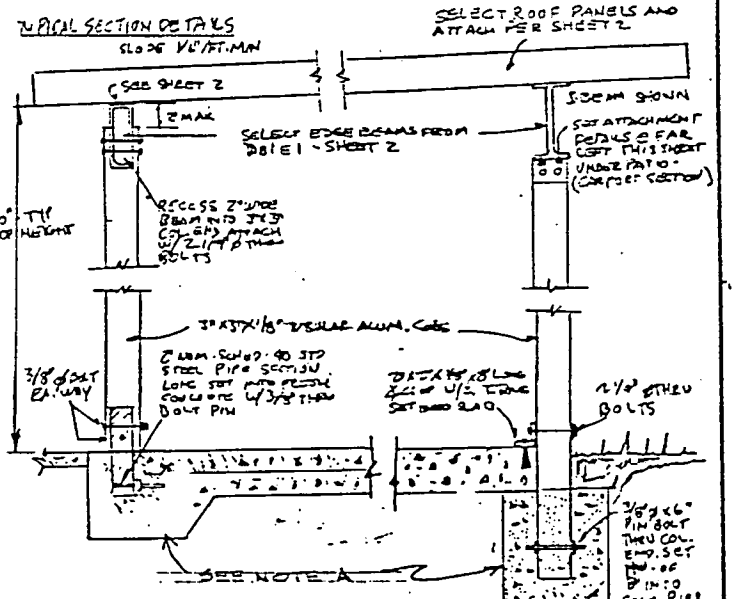
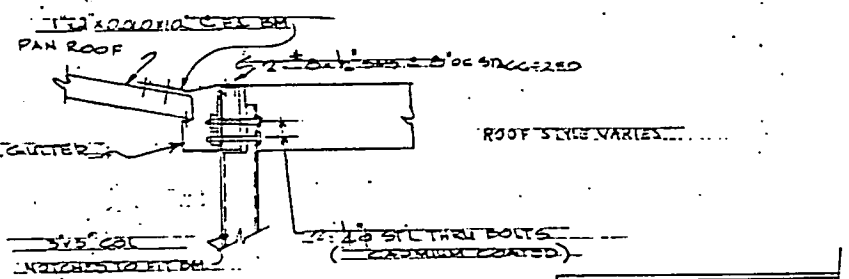
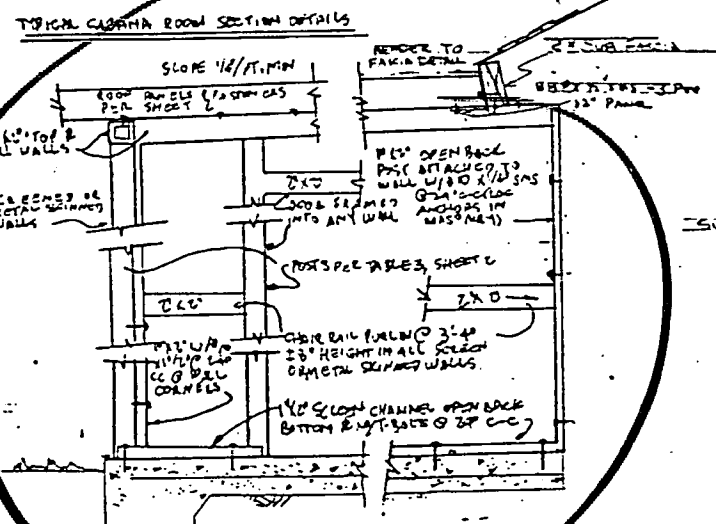
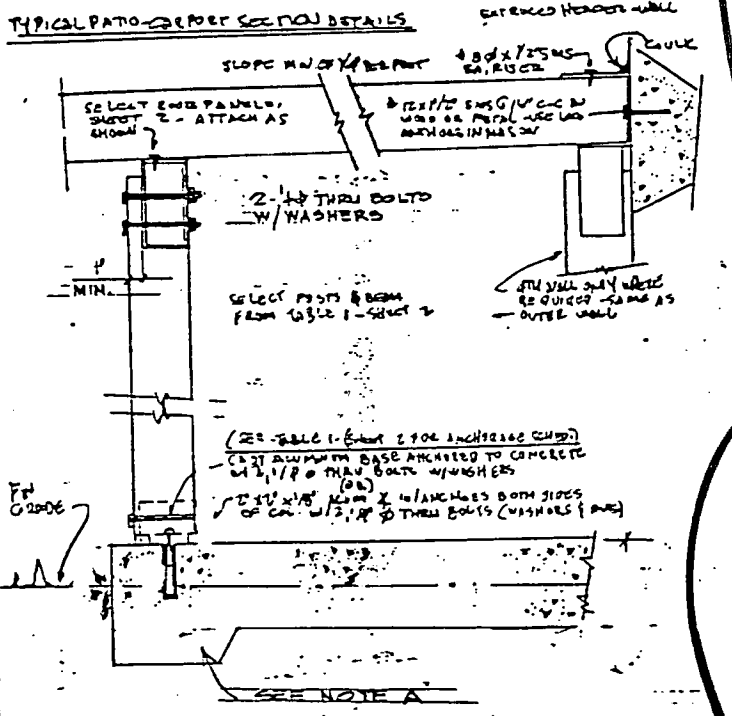
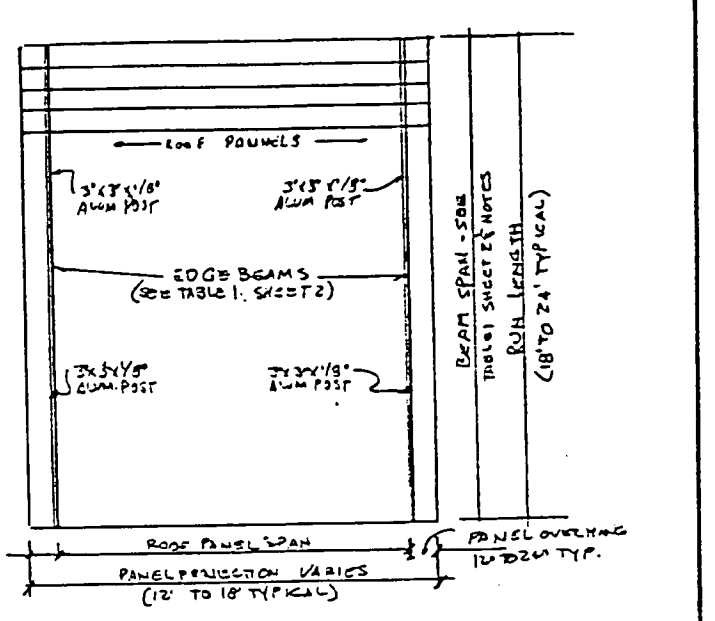
PLAN VIEW: ATTACHED COLLECT PATIO OF CABANA ROOM (SCREENED OR W/ALUM)



SCREENED POOL ENCLOSURE ATTACHED TO PATIO OR CABANA ROOM



PLAN VIEW - FREE STANDING GARPORT



NOTE A: FOOTINGS TO BE DESIGNED IN ACCORDANCE WITH SECTION 1705.3 OF THE STANDARD BUILDING CODE 1955 EDITION TO BE SUPPLIED BY OTHERS.

ADHERS TO LOCAL ORDINANCES WHICH MAKE FURTHER LIMITATIONS ON PROJECTIONS, TRANS AND LOAD CONDITIONS ALSO DESIGNED TO CONFORM TO PALM BEACH COUNTY CODE, ROOMY WINDS 2011 LL AND 24 PSF WL BASIC FACTOR, ALSO CONFORMS TO THE SOUTH FLORIDA BUILDING CODE.

SECTION A-A STRUCTURAL GUTTER BEAM ATTACHMENT DETAILS (HALF SCALE)

NOTE: ALL EXTENSIONS MAY ACCEPT EITHER FLAT OR ROUND SPLINE INSTALLED TO HANG SCREEN

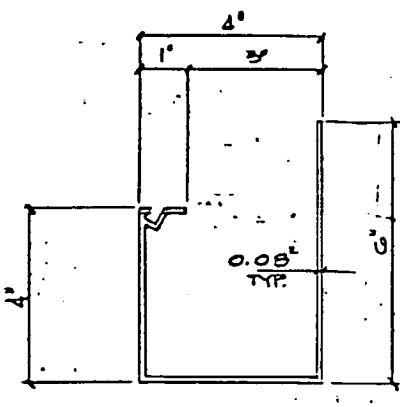
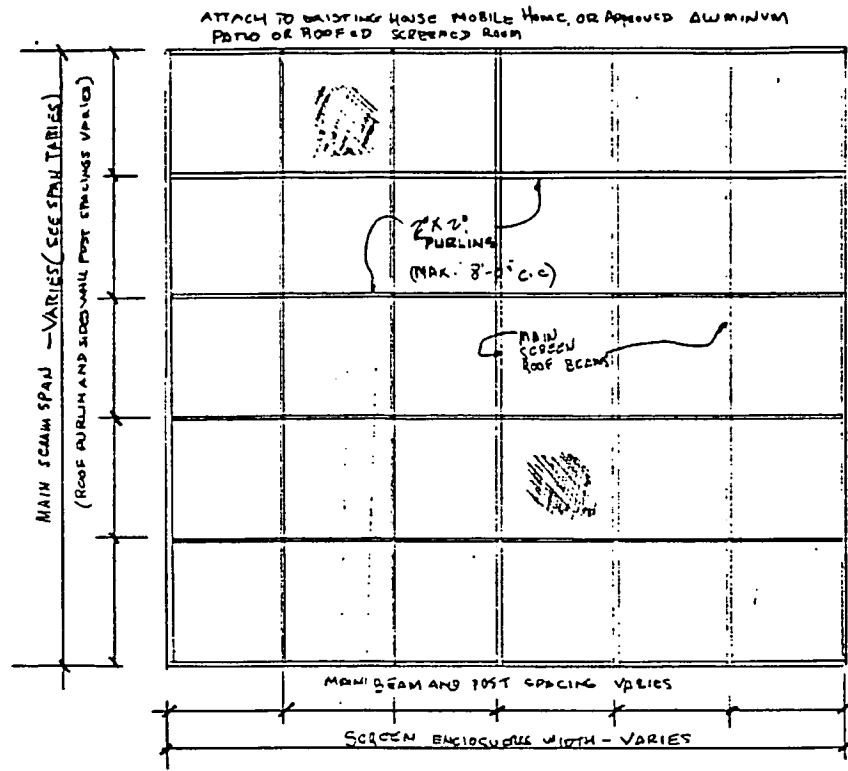
2-19-85 ADDED CONC. BY OTHERS
4-7-07 GENERAL REVISION

DATE	DESCRIPTION	DRAWN BY	SCALE
7-22-88	ADDED CONC. BY OTHERS	GA	2 OF 2

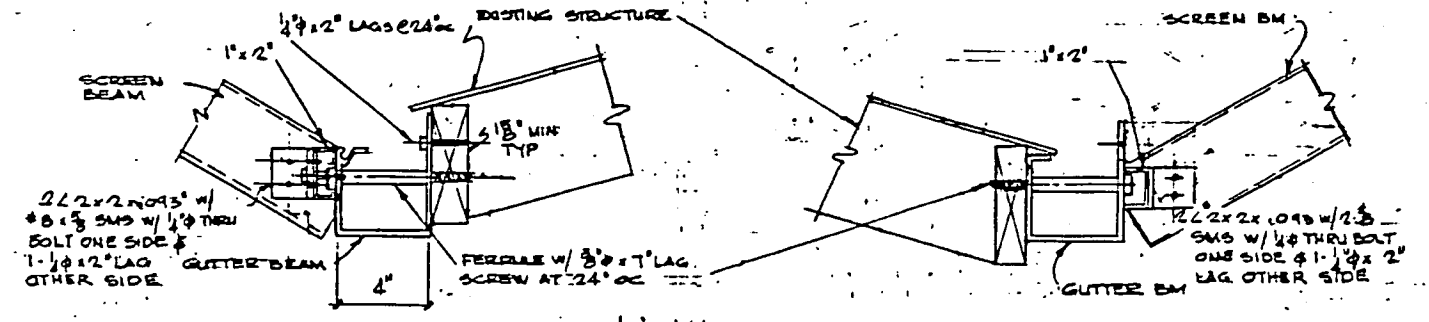
FOR HORIZON BUILDERS & ALL USED
519 NW 24th St. SUITE 202

Handwritten signature and date
7-22-88

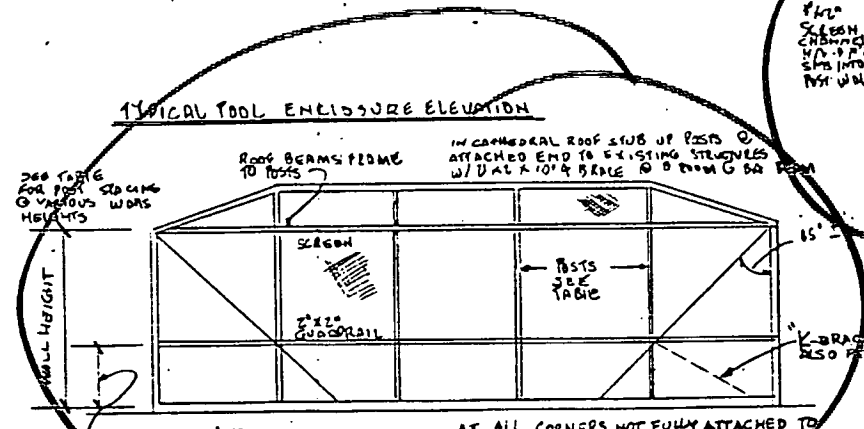
TYPICAL PLAN VIEW



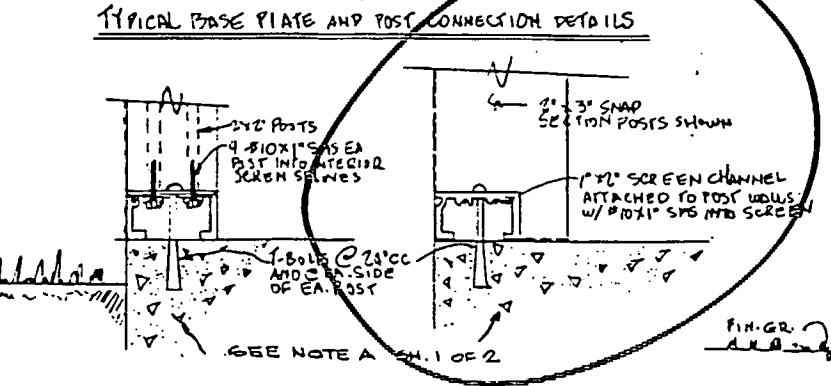
GUTTER SECTION



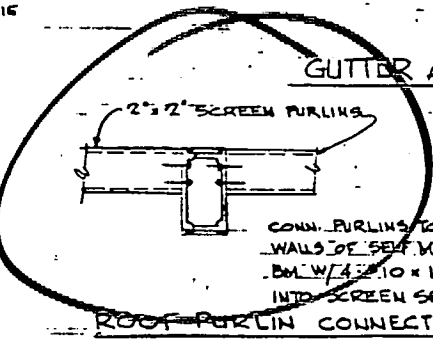
GUTTER ATTACHMENT DETAILS



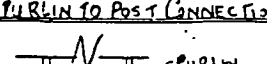
GUTTER ATTACHMENT DETAILS



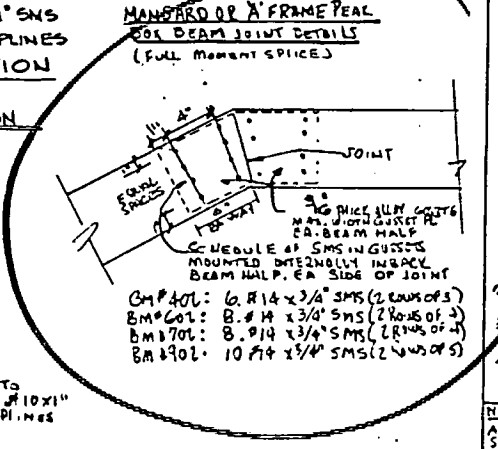
TYPICAL SCREEN ENCLOSURE



ROOF PURLIN CONNECTION



PURLIN TO POST CONNECTION



MANSARD OF X-FRAME PEEL FOR BEAM JOINT DETAILS (FULL MOMENT SPLICES)

BEAM SECTIONS

ALL 6063 T5

SELF MATING BOX BEAMS

SECTION	d (in)	t (in)	ca (in)	sa (in)
603	6.00	0.115	0.200	0.070
703	7.00	0.115	0.200	0.070
803	8.00	0.115	0.200	0.070
904	9.00	0.115	0.200	0.070
1004	10.00	0.115	0.200	0.070

I-BEAM SECTIONS

SECTION	d (in)	t (in)	ca (in)	sa (in)
603	6.00	0.115	0.200	0.070
703	7.00	0.115	0.200	0.070
803	8.00	0.115	0.200	0.070
904	9.00	0.115	0.200	0.070
1004	10.00	0.115	0.200	0.070

SECTION PROPERTIES

Beam No.	d (in)	t (in)	ca (in)	sa (in)	I _x (in ⁴)	S _x (in ³)
603	6.00	0.115	0.200	0.070	2.09	2.09
703	7.00	0.115	0.200	0.070	3.00	3.00
803	8.00	0.115	0.200	0.070	4.61	4.61
904	9.00	0.115	0.200	0.070	6.70	6.70
1004	10.00	0.115	0.200	0.070	9.26	9.26

SPECIFICATIONS

1. SHEET METAL SCREENS (SMS) ALUMINUM PLATED OR STAINLESS
2. BOLTS: ALUM ALLOY 2024 T-3 STAINLESS OR GALVANIZED STEEL
3. MAJOR BEAMS: ALUM ALLOY 6063 T6
4. POSTS, PURLINS CHANNELS AND ANCHORS: ALUM. ALLY 6063 T6

NOTE: ALL ENTRENCHMENTS MUST ACCOMPANY EITHER FLAT OR ROUND SPLINE INSTALLED TO HOLD SCREEN INTO PROTECTION Spline GROOVE

TABLE 1 - POST LENGTHS AND SPACING IN SCREENED WALLS

NORMAL WALL HEIGHT	POST SIZES AND SPACING BY SCREENED WALL HEIGHT					
	2x2 @ 24" OC	2x2 @ 36" OC	2x2 @ 48" OC	2x2 @ 60" OC	2x2 @ 72" OC	2x2 @ 84" OC
7'-0"	4-3	4-10	5-3	6-5	6-11	7-0
8'-0"	5-3	5-8	6-0	6-9	6-6	7-0
9'-0"	-	-	-	6-9	6-2	6-10
10'-0"	-	-	-	-	-	6-2
11'-0"	-	-	-	-	-	6-7
12'-0"	-	-	-	-	-	-

TABLE 2 - SPAN TABLE FOR SCREEN ROOF BEAMS

BEAM SIZE	MAXIMUM SPANS FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACINGS							
	40" OC	50" OC	60" OC	72" OC	84" OC	96" OC	108" OC	120" OC
2x2x2x0.095	22'-9"	20'-4"	19'-5"	18'-7"	17'-10"	17'-3"	16'-7"	16'-0"
2x2x2x0.100	24'-9"	22'-4"	21'-5"	20'-7"	19'-10"	19'-3"	18'-7"	18'-0"
2x2x2x0.110	27'-4"	24'-11"	24'-2"	23'-7"	22'-10"	22'-3"	21'-7"	21'-0"
I Beam 603	31'-6"	28'-7"	27'-10"	27'-9"	26'-10"	26'-0"	25'-7"	25'-0"
I Beam 703	37'-9"	35'-9"	34'-2"	34'-10"	33'-7"	33'-0"	32'-7"	32'-0"
I Beam 803	44'-9"	41'-10"	41'-10"	41'-10"	40'-5"	39'-6"	39'-2"	38'-1"
I Beam 904	53'-10"	48'-2"	48'-11"	48'-11"	47'-5"	46'-8"	46'-3"	45'-1"
I Beam 1004	57'-6"	51'-5"	49'-0"	48'-11"	47'-0"	46'-0"	45'-0"	44'-0"
2x2x2x0.110	57'-10"	51'-8"	49'-3"	47'-2"	45'-4"	44'-8"	44'-2"	43'-10"

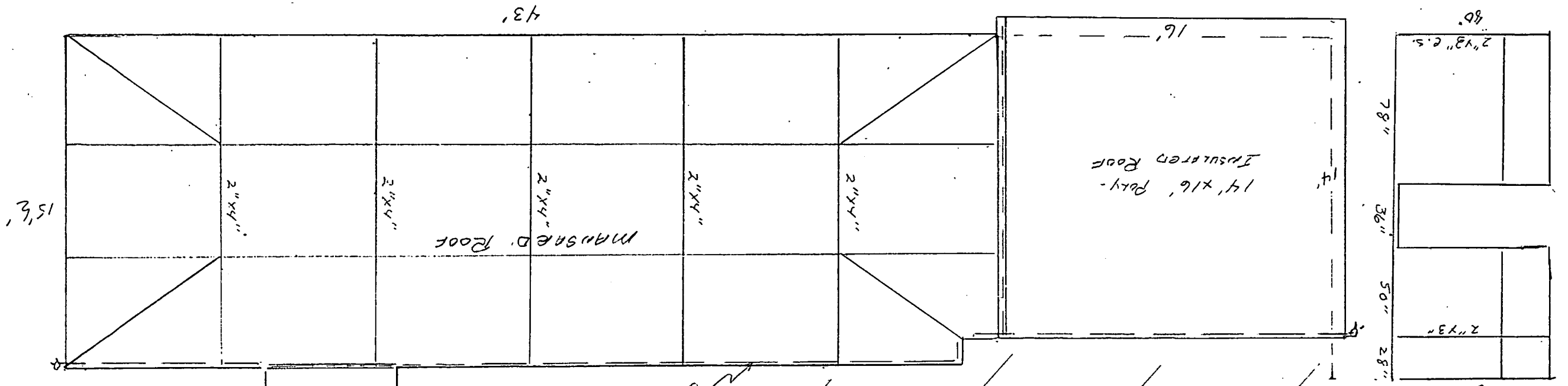
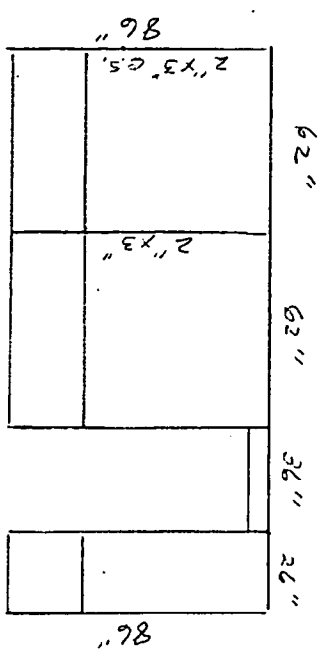
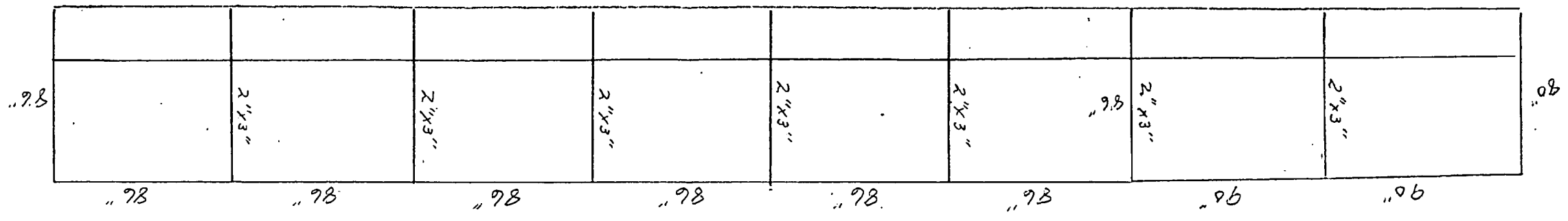
ALL SPANS BASED UPON BEAMS BEING LATERALLY SUPPORTED SO L/S/I_x ≥ 145

FOR GENERAL NOTES SEE SHEET 1 OF 2

William Miller
9/22-88

MASTER PLANS - ALUMINUM SCREEN ENCLOSURES	PLAN SECTION AND DETAIL AIDS AND TECHN. DATA	SHEET NO 1 OF 1
120 MPH WIND REGION	HORIZON BUILDERS / BILL WAGEL	
2/19/08 REVISED SECT. PROPERTIES	619 BARRE RD SUITE FL-11	
4/1/07 GENERAL REVISION		

Screen Roof Enclosure
 by Hoizon Builders
 Owner: Dennis + Diane
 Birdsall
 10 Riverview Square N.
 Dept: DOT 8 - Riverview



Birdsall Residence

Surge
 Gutter

FLAT
 ROOF SEC.

5/8"

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 1/9/89

This is to request that a Certificate of Approval for Occupancy be issued to Bird Sall
For property built under Permit No. 2445 Dated 12/7/88 when completed in
conformance with the Approved Plans.

Item	Signed	Approved by
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB		
4. ROUGH PLUMBING		
5. ROUGH ELECTRIC		
6. LINTEL		
7. ROOF		
8. FRAMING	<u>1/9/89</u>	
9. INSULATION		
10. A/C DUCTS		
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 1/9/89 date

Approved by Building Commissioner Robert Dale 1/9/89 date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

2456

CONCRETE SLAB

Permit No. _____

Date _____

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

2450

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 DENNIS BIRDSON Present Address 10 River view
Phone 283-8201 (work) STUART FL. 34996

Contractor Keith Holberger Address 1885 NE River Ct.
Phone 334 7562 SEVEN BEACH, FL 3

Where licensed Martin Co. License number SP00322 03244

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: 14' x 16' slab adjacent to existing pool patio.
installing slab to extend proposed screen.

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

Subdivision RiverView Lot number 8 Block number _____

Contract price \$ 600.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Keith Holberger

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 DENNIS BIRDSON (KH)

TOWN RECORD

Date submitted _____ Approved: Dale Brown 12/19/88
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282 Permit No. _____

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

5582

FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 10/1/01 BUILDING PERMIT NO. 5582
 Building to be erected for CHARLES GEARY Type of Permit FENCE 35.00
 Applied for by QUALITY FENCE (Contractor) Building Fee _____
 Subdivision RIVERVIEW Lot 8 Block _____ Radon Fee _____
 Address 105 RIVERVIEW DR. Impact Fee _____
 Type of structure S.F.P. A/C Fee _____
 Parcel Control Number: Electrical Fee _____
1238410010000008010000 Plumbing Fee _____
 Amount Paid \$50.00 Check # 3888 Cash _____ Other Fees (_____) 35.00
 Roofing Fee _____

SIGNED [Signature]
OWNER

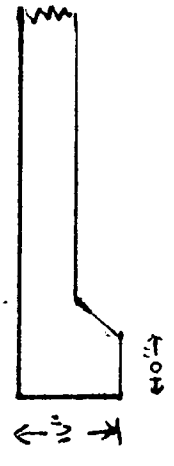
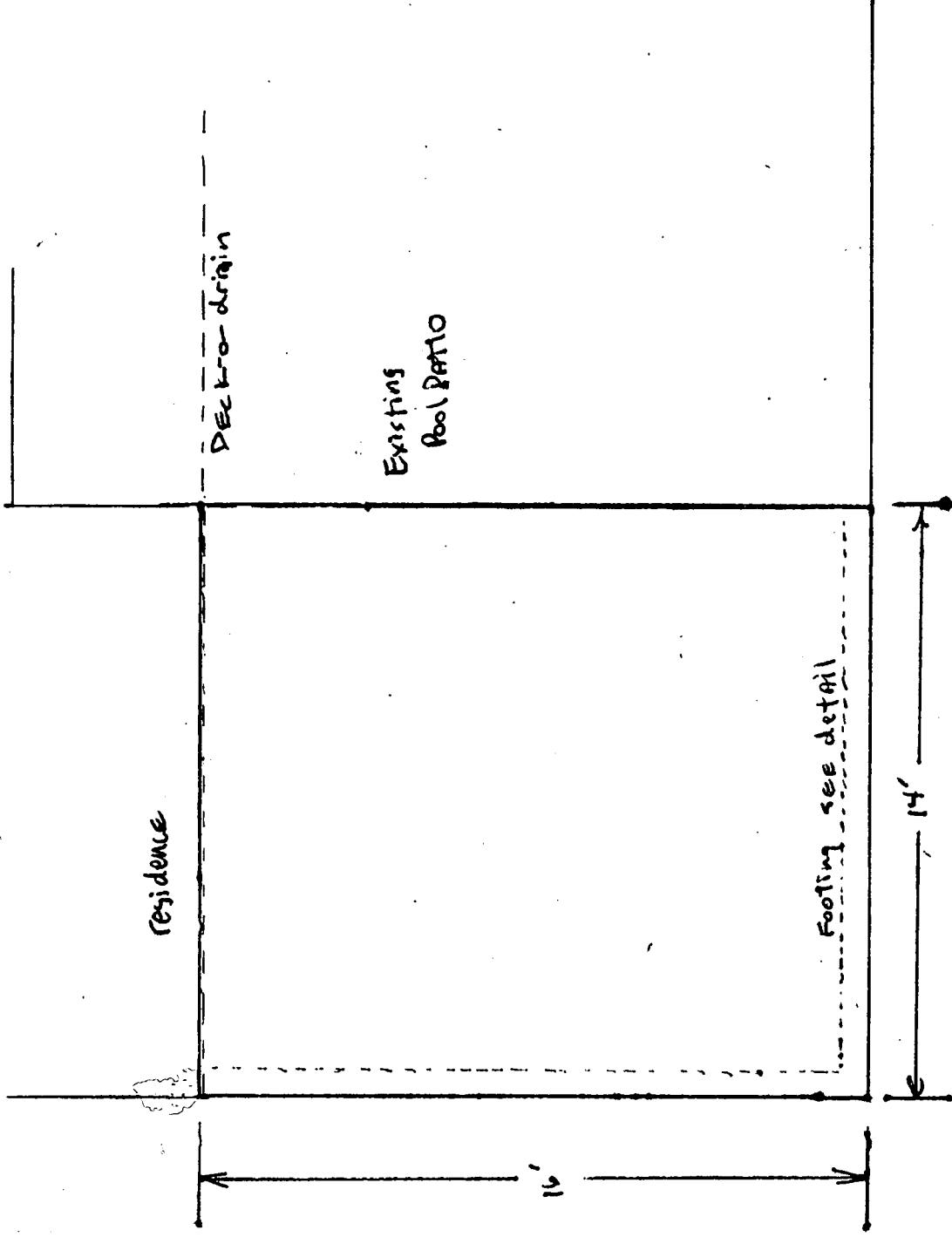
SIGNED [Signature]
BUILDING DEPARTMENT

FENCE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	HEIGHT	DATE _____
FOOTINGS	DATE _____	FINAL	DATE <u>11/21/01</u>
24 HOURS NOTICE REQUIRED FOR INSPECTIONS.		CALL 287-2455	
WORK HOURS - 8:00 AM UNTIL 5:00 PM			
MONDAY THROUGH SATURDAY			

- New Construction Remodel Addition Demolition

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



DENNIS BIRDSONG

10 RIVERVIEW DR SEWARTS Pt. FL 34996

Owner or Titleholder's Name Charles Geary Phone No. (81) 288-4357

Street: 10 Riverview rd City Sewalls Point State: FLA Zip _____

Legal Description of Property: Lot 8 Riverview subdivision
PLAT 6 Page 86 Parcel Number: 12384100100000801000

Location of Job Site: 10 Riverview rd.

TYPE OF WORK TO BE DONE: Fence tear out Existing Reinstall 6' wood Privacy

CONTRACTOR/Company Name: Quality Fence Phone No. (861) 879-9126

Street: 2513 SE Richmond St PSL City PSL State: FLA Zip 34952

State Registration: SPO2470 State License: SPO2470

ARCHITECT: _____ Phone No. () _____

Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____

Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____

Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____

Type Sewage: _____ Septic Tank Permit # from Health Dept. _____

New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 2350

Estimated Fair Market Value (FMV) prior to improvement: \$ _____

If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____

Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: _____ State: _____ License # _____

Mechanical: _____ State: _____ License # _____

Plumbing: _____ State: _____ License # _____

Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)

Owner
State of Florida, County of: _____ On
this the _____ day of _____, 2000,
by _____ who is personally
known to me or produced _____
as identification.

Notary Public

My Commission Expires: _____
(Seal)

CONTRACTOR SIGNATURE (Required)

James J. Kiesters
Contractor
State of Florida, County of: _____ On
this the 30 day of Oct, 2000,
by JAMES Kiesters who is personally
known to me or produced _____
as identification.

Notary Public

My Commission Expires: 4-13-05
(Seal)



Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____

Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

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

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

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

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
9/6/01

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 Quality Fence Contractors Inc. James Kierstead 2513 SE Richmond St. Port St. Lucie, Fl. 34952	INSURER A: <u>Auto Owners Insurance Company</u> INSURER B: <u>Auto Owners Insurance Company</u> INSURER C: _____ INSURER D: _____ INSURER E: _____
--	--

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

DIRR 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"/> PROJECT <input type="checkbox"/> LOC	20533955	5/22/01	5/22/02	EACH OCCURRENCE \$ 1,000,000
	FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000				
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	42-519-238-00	10/12/01	10/12/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER					

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

Sales and Installation of Fences - State of Florida

CERTIFICATE HOLDER Town of Sewalls Point 1 South Sewalls Point Rd. Sewalls Point, Fl. 34996 Fax #220-4765	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Lawrence J. [Signature]
--	--	---

Client#: 13204

AYSEMC

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/14/01

PRODUCER
Brown & Brown, Inc.
1401 Forum Way
Suite 600
West Palm Beach, FL 33401

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
AYS Group, Inc. DBA AYS Employee Leasing
2145 14th Avenue #6
Vero Beach, FL 32960

INSURER A: Continental Casualty Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP ASS \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC138199238	06/15/01	06/15/02	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$500,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$500,000	E.L. DISEASE - EA EMPLOYEE	\$500,000	E.L. DISEASE - POLICY LIMIT	\$500,000
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$500,000												
E.L. DISEASE - EA EMPLOYEE	\$500,000												
E.L. DISEASE - POLICY LIMIT	\$500,000												
	OTHER												


DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
 Coverage is provided for only those employees leased to but not subcontractors of:
 Quality Fence Company 2513 SE Richmond St Ft Pierce Fl 34952 Client #1200

CERTIFICATE HOLDER

ADDITIONAL INSURED:INSURER LETTER:

CANCELLATION

The Town of Sewells Point
 Attn Ed Arnold
 1 South Sewell Point Rd
 Stuart, FL 34996

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




MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02470
Expires September 30, 2003

KIERSTEAD, JAMES J
QUALITY FENCE CO
2513 SE RICHMOND ST
PSL, FL 34952
FENCE ERECTION



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 10 Riverview Dr.

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.

Perce final inspection: failed

need permit + drawings

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: 11/16/01

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~THU~~, 2001; Page 1 of 2.

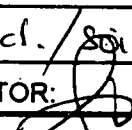
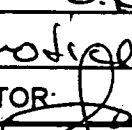
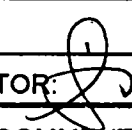
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5318	KOENKE	Pool Final	Failed	
(9)	66 S. Sewalls Pt. Rd. Advantage Pool	Sod ?		INSPECTOR: <i>[Signature]</i>
5382	1000y	Fence Final	Failed	
(6)	10 Riverview Dr. Quality Fence			INSPECTOR: <i>[Signature]</i>
5452	VITALE	DEMOLITION -	Passed	
(3)	18 KNOWLES	FINAL		INSPECTOR: <i>[Signature]</i>
5022	SMITH 133 S. RIVER RD. MACARI	TEMP. ELECT. POLE		
5580	WYCOFF	WALKWAY	Passed	
(2)	26 N. RIVER O/B	PAVERS - FINAL		INSPECTOR: <i>[Signature]</i>
5294	LEHMAN	TEMP. ELECT.	Failed	
(4)	6 RIDGELAND DR. GRIBBEN			INSPECTOR: <i>[Signature]</i>
5302	NOHEIL	POWER RELEASE	Passed	
(5)	6 RIDGEVIEW RD. RAYMOND CONST.	"ALREADY HAVE FORM"		INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri November 21, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5841	Mylord Co 4369787	Slab (Stemwall)	Passal	Late
(10)	Caral Concrete (Bob Cook)			Compact. / Soil tr ✓ INSPECTOR: 
5583	Krapil	Sheathing	Passad	Late = O.K.
(9)	83 Rio Vista 4 Paulas Courts.		Passad	See notice INSPECTOR: 
5582	Gray	Face Finish	Passad	
(5)	10 Riverview Quality Face (879 9126)			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

5991

RE-ROOF

TOWN OF SEWALL'S POINT

Date 9-30-02

BUILDING PERMIT NO. 599.1

Building to be erected for Charles GEARY

Type of Permit RE-ROOF

Applied for by Pacific Roofing

(Contractor)

Building Fee 120.00

Subdivision Riverview Lot 8 Block _____

Radon Fee _____

Address 10 Riverview Drive

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1238410010600008010000

Roofing Fee _____

Amount Paid 120.00 Check # 10340 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 23,000.00

TOTAL Fees 120.00

Signed _____

Applicant

Signed Gen Simmons (RPN)

Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: CHARLES GEARY Building Permit Number:
City: STUART State: FL Zip: 34996
Legal Description of Property: RIVERVIEW S/D LOT 8 Parcel Number: 12-38-41-001-000-0008
Location of Job Site: 10 RIVERVIEW DRIVE Type of Work To Be Done: RE-ROOF TILE TO METAL

CONTRACTOR/Company Name: PACIFIC ROOFING Phone Number: 293-7663
Street: P.O. Box 2697 City: STUART State: FL Zip: 34995
State Registration Number: State Certification Number: CC056793 Martin County License Number:

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

ENGINEER:
Street: Phone Number:
City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: Screened Porch:
Carport: Total Under Roof 4,400 S.F. Wood Deck: Accessory Building:
Type Sewage: Septic Tank Permit Number From Health Dept. Well Permit Number:

FLOOD HAZARD INFORMATION Flood Zone: Minimum Base Flood Elevation (BFE): NGVD
Proposed First Floor Habitable Floor Finished Elevation: NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 23,000.00 Estimated Fair Market Value (FMV) Prior
To Improvements If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION

Electrical: State: License Number:
Mechanical: State: License Number:
Plumbing: State: License Number:
Roofing: PACIFIC ROOFING State: FL License Number: CC056793

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

PACIFIC ROOFING CORPORATION
808 SE DIXIE HIGHWAY
STUART, FLORIDA 34994-3803

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) South Florida Building Code (Structural, Mechanical, Plumbing, Gas)
National Electrical Code Florida Energy Code
Florida Accessibility Code

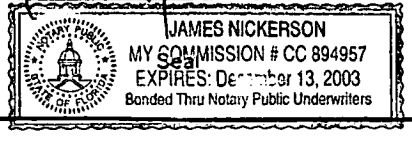
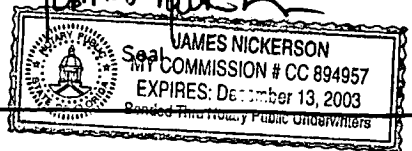
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: MARTIN
This the 27 day of SEPT, 2002
by CHARLES GEARY who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: MARTIN
This the 27 day of SEPT, 2002
by RICHARD J. LOMES who is personally known to me or produced as identification.

Notary Public
My Commission Expires: James Nickerson

Notary Public
My Commission Expires: James Nickerson



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/26/2001

PRODUCER (561)746-4546 FAX (561)746-9599

Tequesta Agency, Inc.
393 Tequesta Drive
Tequesta, FL 33469

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 Pacific Roofing Corp., Inc.
PO Box 2697
Stuart, FL 34994

INSURER A: Transcontinental Insurance co.

INSURER B: Valley Forge Insurance Co.

INSURER C:

INSURER D:

INSURER E:

RECEIVED

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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	C2020206931	10/28/2001	10/28/2002	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY	C2020206945	10/28/2001	10/28/2002	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
GARAGE LIABILITY						
<input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
EXCESS LIABILITY						
<input type="checkbox"/> OCCUR. <input type="checkbox"/> CLAIMS MADE					EACH OCCURRENCE	\$
					AGGREGATE	\$
<input type="checkbox"/> DEDUCTIBLE						\$
<input type="checkbox"/> RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
					WC STATUTORY LIMITS	OTHER
					E.I. 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 SEWALLS POINT
ATTN: ED ARNOLD
1 SOUTH SEWALLS POINT ROAD
STUART, FL 34996

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

Mark Kasten/DEBBIE

Mark Kasten

ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE
 VC2-57618-126136
 1-30-02 11:25:43 PM

PRODUCER
 Eisenman Risk Placements Inc.
 105 South Benge Street
 McKinney, TX 75069
 214-733-8645 fax: 425-671-6567

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
 Pacific Roofing Corporation
 808 South East Dixie Hwy
 Stuart, FL 34994
 fax: 561-283-9505

INSURER A: National Fire Insurance Company of Hartford
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

RECEIVED

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 LTD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	CARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC249189627	1/28/02	9/1/02	X WC STATUTORY LIMITS CO-EMPLOYER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER <input type="checkbox"/>				LIMIT \$ LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

Town of Sewells Point
 1 S Sewells 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


DATE BATCH NUMBER



GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2692
STUART FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

CC-C056793

RECEIVED
SEP 22 2000
BY: *[Signature]*

FILE
before

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12-38-41-001-000-0008.0-1

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

RIVERVIEW S/D LOT 8

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: CHARLES GEARY

ADDRESS: 10 RIVERVIEW DRIVE STUART, FL 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: PACIFIC ROOFING

ADDRESS: P.O. Box 2697 STUART, FL 34995

PHONE #: 283-7663 FAX #: 283-9505

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

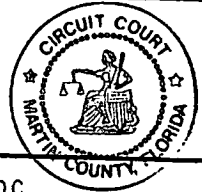
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

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 9-27-08



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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

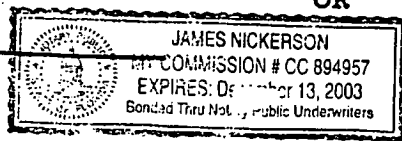
PHONE #: _____ FAX #: _____

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

SIGNATURE OF OWNER _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF September 2008
19 BY CHARLES GEARY

[Signature]
NOTARY SIGNATURE



PERSONALLY KNOWN
OR
PRODUCED ID _____
TYPE OF ID _____



BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1605
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

J.M. Metals
837 N. Cocoa Blvd., Suite B
Cocoa, FL 32922

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

DATE: 9/30/02

Your application for Notice of Acceptance (NOA) of JM 1.5 Standing Seam Architectural Metal Roof System 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 NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time 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 by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be paid for by the manufacturer.
PACIFIC ROOFING CORPORATION
808 SE DIXIE HIGHWAY
STUART, FLORIDA 34994-3803

Raul Rodriguez
Raul Rodriguez
Chief Product Control Division

ACCEPTANCE NO.: 00-0705.07
EXPIRES: 08/31/2003

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 Miami-Dade County, Florida under the conditions set forth above.

Francisco J. Quintana
Francisco J. Quintana, R.A.

WARNING

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APPROVED: 08/31/2000

RECEIVED
SEP 14 2000
BY: _____

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ROOFING SYSTEM APPROVAL:

Category: Roofing
Sub-Category: Metal, Panels
Material: Steel

Deck Type: Wood
Maximum Design Pressure: -86.25 psf

Approval Date: August 31, 2000

Expiration Date: August 31, 2003

PACIFIC ROOFING CORPORATION
808 SE DIXIE HIGHWAY
STUART, FLORIDA 34994-3803

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
JM 1.5 Standing Seam Metal Roof	l = varies w = 16" h = 1-1/2" min. 24 gage	PA 110	Corrosion resistant, galvanized or galvalume preformed, coated, unfinished, metal panels.
Panel Clip	l = 2" w = 1"		Corrosion resistant, galvanized or galvalume preformed, coated, finished, metal clips.
Trim Pieces			Corrosion resistant, galvanized or galvalume preformed, coated, finished, metal clips.

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TRADE NAMES OF PRODUCTS MANUFACTURED BY OTHERS:

<u>Product</u>	<u>Dimensions</u>	<u>Product Description</u>	<u>Manufacturer</u>
#30 Felt	N/A	Saturated organic felt to be used as a nailed underlayment.	generic
#43 Coated Base Sheet	N/A	Saturated and coated organic base sheet for single or double ply underlayment.	generic
Fire Barrier Board ("Dens Deck")	min. 1/4" thick	Fire barrier for Class 'A' fire rating.	Georgia-Pacific with current PCA
Fire Barrier ("Roctex")	min. 450 grams/m ²	Fire barrier for Class 'A' fire rating.	Partek Insulations, Inc.
Fasteners (Panel)	min. #10 coarse thread wood screw.	Corrosion resistant, pancake head, self-drilling, self-threading with sealing washers screws	generic
Sealant	N/A	Sealant for use at foam closure strip.	generic



Frank Zuloaga, RRC
 Roofing Product Control Examiner

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SYSTEMS:

SYSTEM A: JM 1.5 Standing Seam Metal Roof

Deck Type: Wood, Non-insulated

Deck Description: New Construction or Re-roof.
1 9/32" or greater plywood or wood plank.

Slope Range: 2":12" or greater

Maximum Uplift Pressure: The maximum allowable design pressure for the JM Standing Seam metal panel shall be -86.25 psf

Deck Attachment: In accordance with chapter 29 of the SFBC, but in no case shall it be less than 8d annular ring shank nails spaced 6" o.c. In reroofing, where the deck is less than 1 9/32" thick (Minimum 1 5/32") The above attachment method must be in addition to existing attachment.


Underlayment: Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.

Valleys: Valley construction shall be in compliance with Miami-Dade County Roofing Application Standard RAS 133 and with JM Metals' current published installation instructions.

Fire Barrier Board: For class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" or one layer of "Roctex" or 5/8" water resistant type X gypsum sheathing with treated core and facer, over the deck prior to installing the underlayment in compliance with Miami-Dade County Roofing Application Standard RAS 133.

Metal Panels and Accessories: Install the "JM Standing Seam Panels" and accessories in compliance with JM Metals' current, published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Miami-Dade County Roofing Application Standards RAS 133. Panels shall be installed with approved clips (2" long x 1.5" wide x 1.62" tall), attached to substrate with two corrosion resistant #10 screw of sufficient length to penetrate through the sheathing a minimum of 3/16". Clip fastening shall start 3" from panel end and not exceed 16" o.c. there after. Standing seams shall be mechanically seamed to a full 90° seam, (single lock).

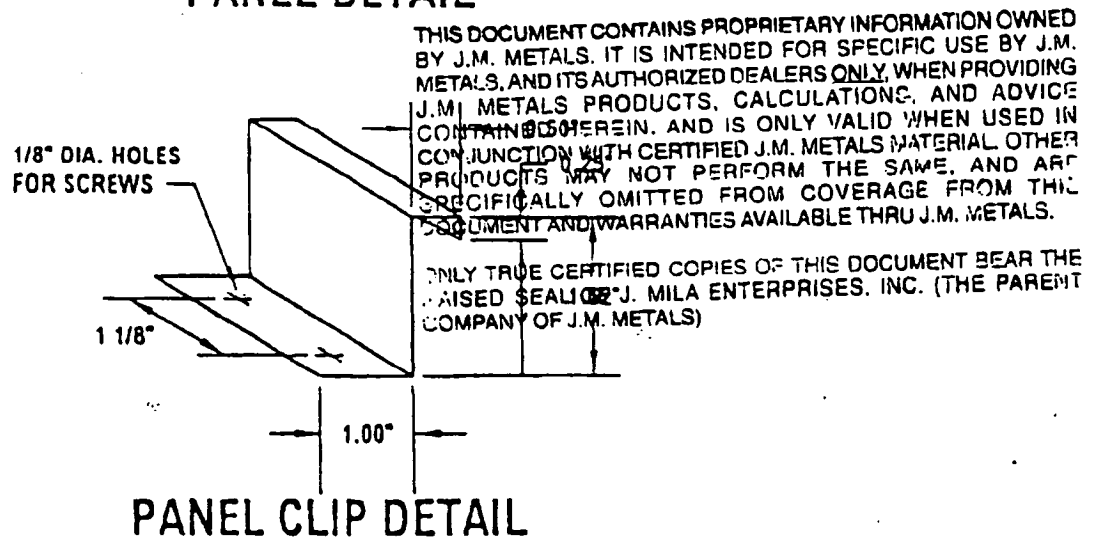
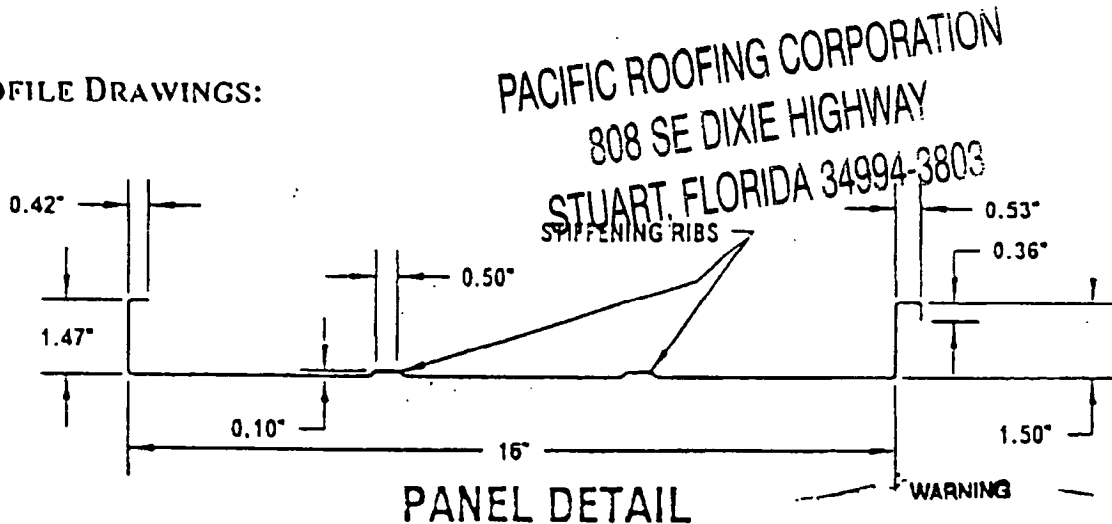
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808 SE DIXIE HIGHWAY
STUART, FLORIDA 34994-3803


Frank Zuloaga, RRC
Roofing Product Control Examiner


SYSTEM LIMITATIONS:

1. Increased design pressures at perimeter and corner areas, in compliance with chapter 23 of the SFBC, may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer proficient in structural design
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol RAS 133.
3. All panels shall be permanently labeled with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved. All clips shall be stamped with manufacturer's name and model.

PROFILE DRAWINGS:



JM 1.5 STANDING SEAM METAL ROOF PANEL.


 Frank Zuloaga, RRC
 Roofing Product Control Examiner

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

- 1 Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, 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 installation 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 times. The copies need not be resealed by the engineer.
- 8 Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.

PACIFIC ROOFING CORPORATION
 808 SE DIXIE HIGHWAY
 STUART, FLORIDA 34994-3803

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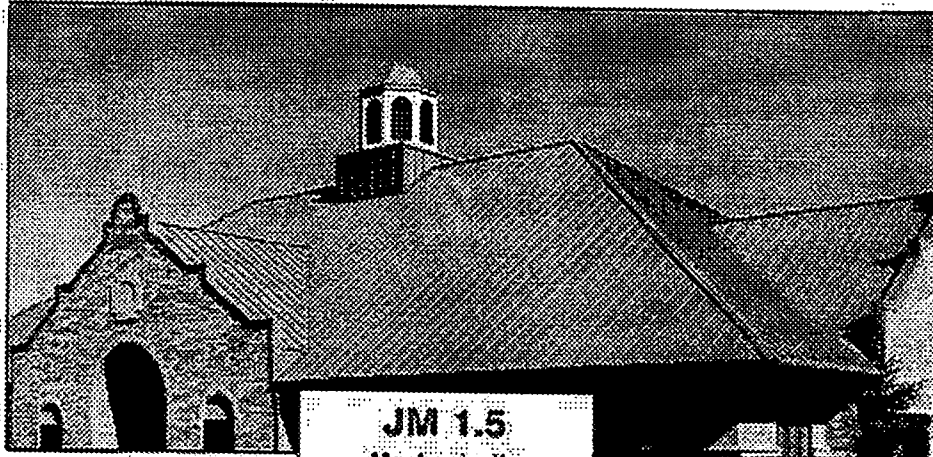
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 Roofing Product Control Examiner

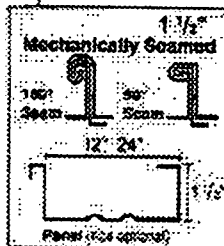
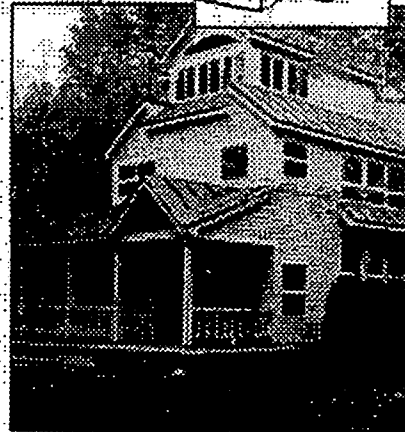
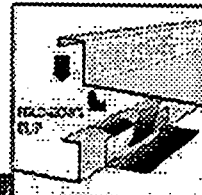
PACIFIC ROOFING CORP
808 SE DIXIE HIGHW

JM 1.5
Mechanically Seamed Panel



JM 1.5
Mechanically Seamed Panel

The JM 1.5 series offers the same architectural detailing capability as architectural snap-lock panels. Smooth transitions from the roof surfaces to mansards, turrets, walls and ceilings - but with the structural strength and weather-tightness advantage of a mechanically seamed system.



JM 1.5

Mechanically Seamed Panel

SYSTEMS:

System A: JM 1.5 Standing Seam Metal Roof Panel

Deck Type: Wood, Non Insulated

Deck Description: New Construction or Reroof
19/32" or greater plywood or wood plank

Slope Range: 2":12" or greater

Maximum Uplift Pressure: The maximum allowable design pressure for the JM Standing Seam metal panel shall be -86.25 psf.

Deck Attachment: In accordance with chapter 29 of the SFBC, but in no case shall it be less than 8d annular ring shank nails spaced 6" o.c. In reroofing, where the deck is less than 19/32" thick (Minimum 15/32") the above attachment method must be in addition to existing attachment.

Underlayment: Minimum underlayment shall be an ASTM 0 226 Type II installed with a minimum 4" side-lap and 6" end laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1-1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.

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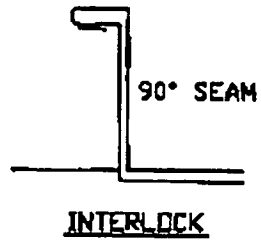
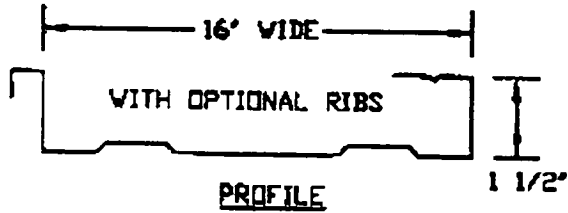
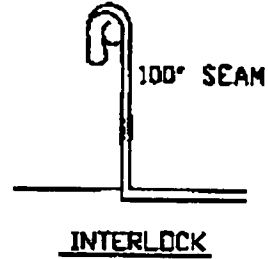
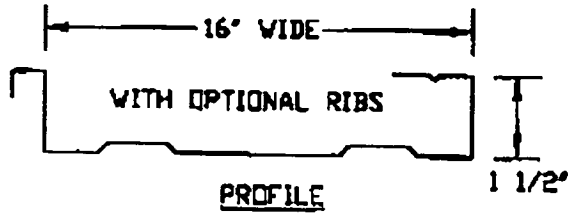
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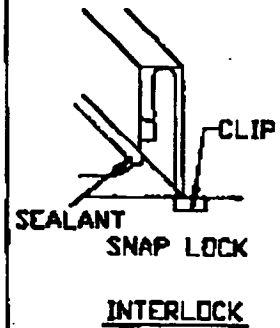
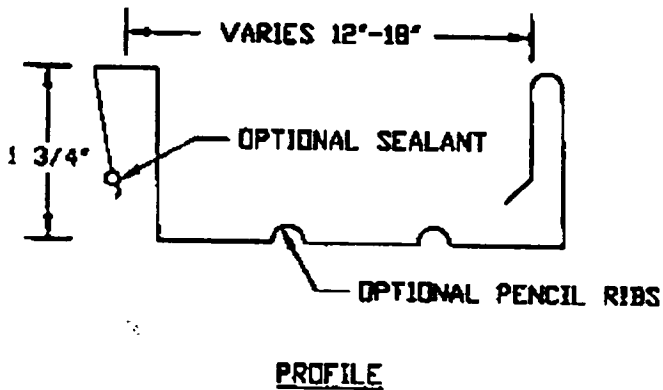
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	PRODUCT PROFILE	PAGE-02
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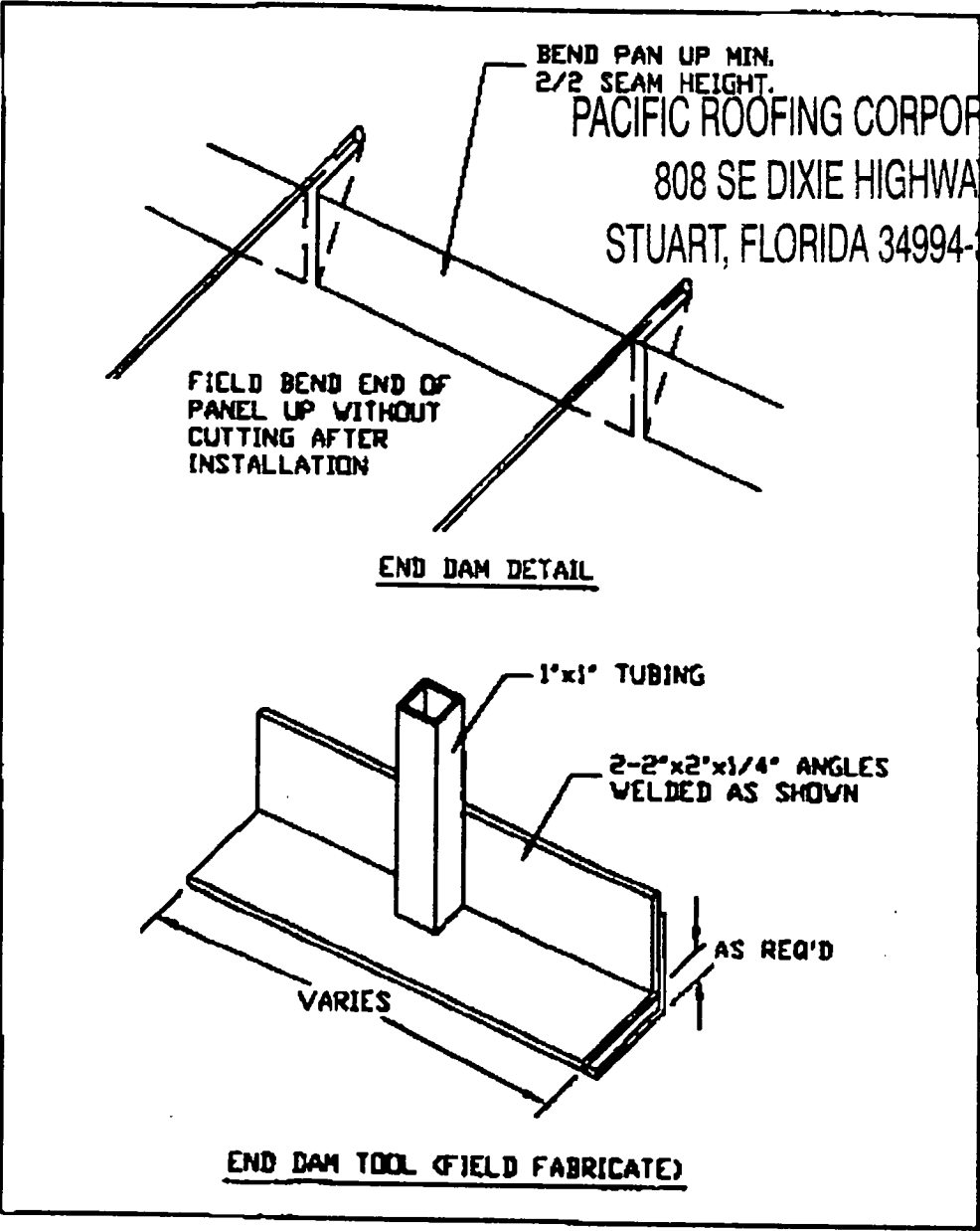
JM 1-5



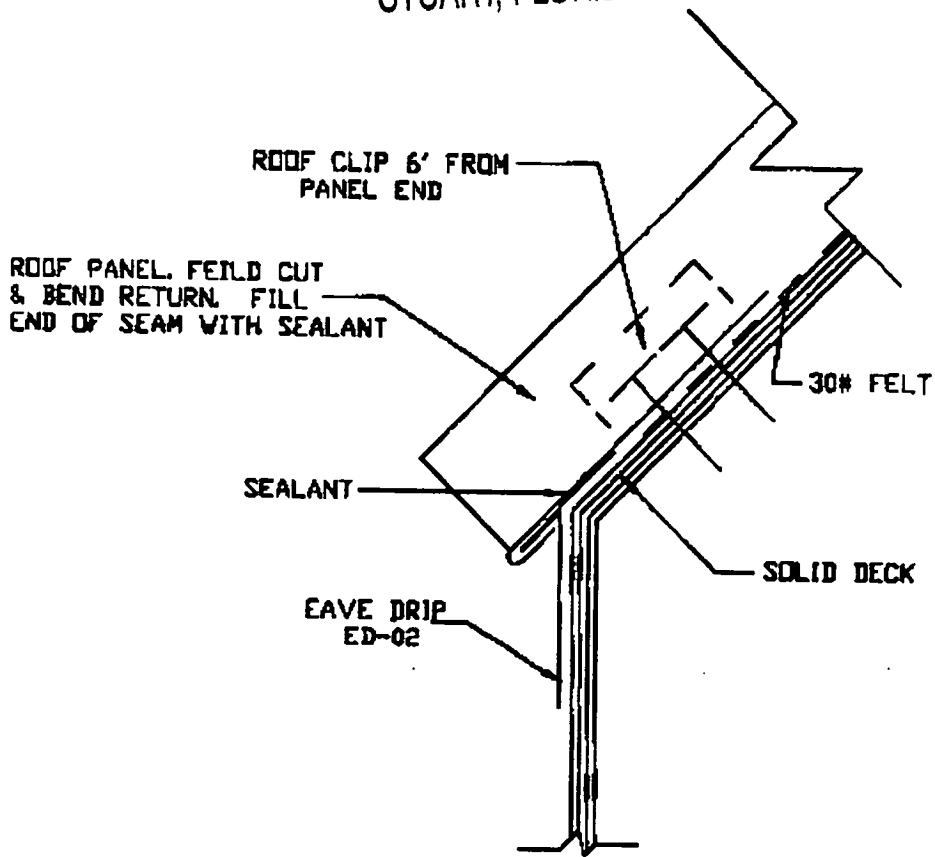
JM 1-75



	APPLICATION	
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PANEL BOTTOM RETURN (FIELD FORM)
TYPICAL FOR ALL PANELS

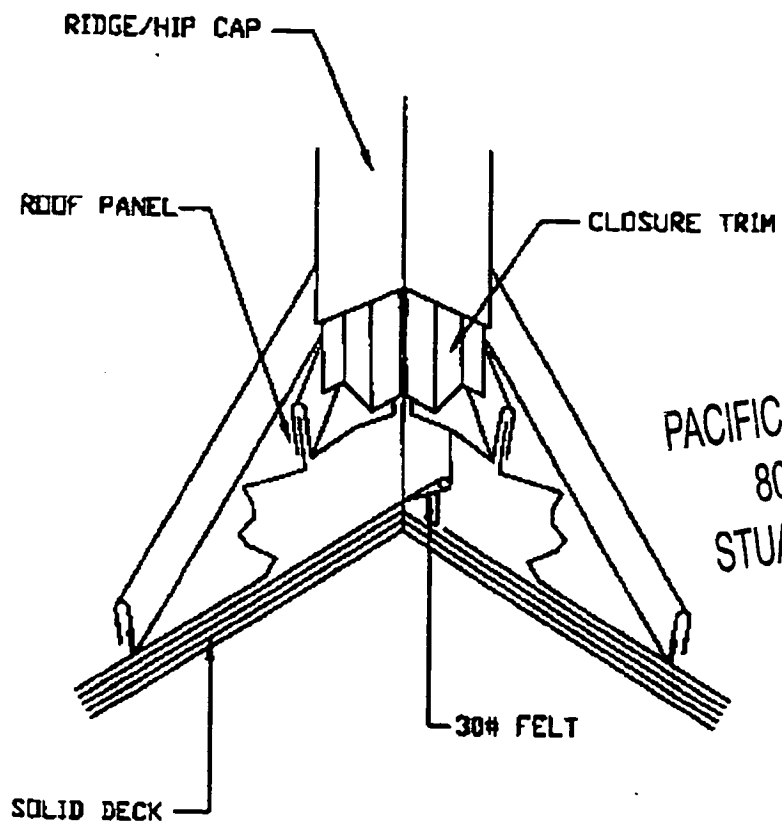
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SIDE VIEW

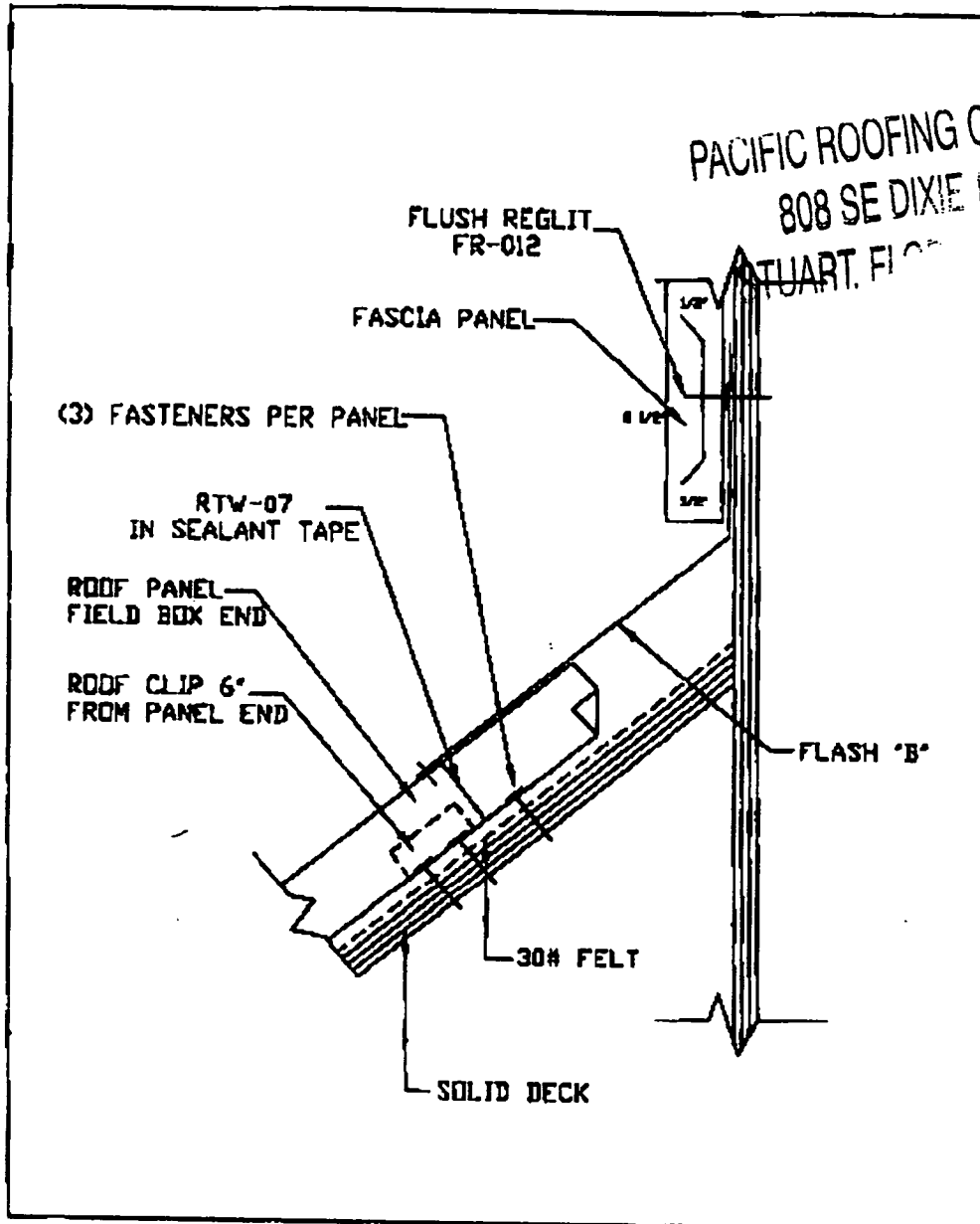
FIELD NOTCH PANEL
AT ONE END

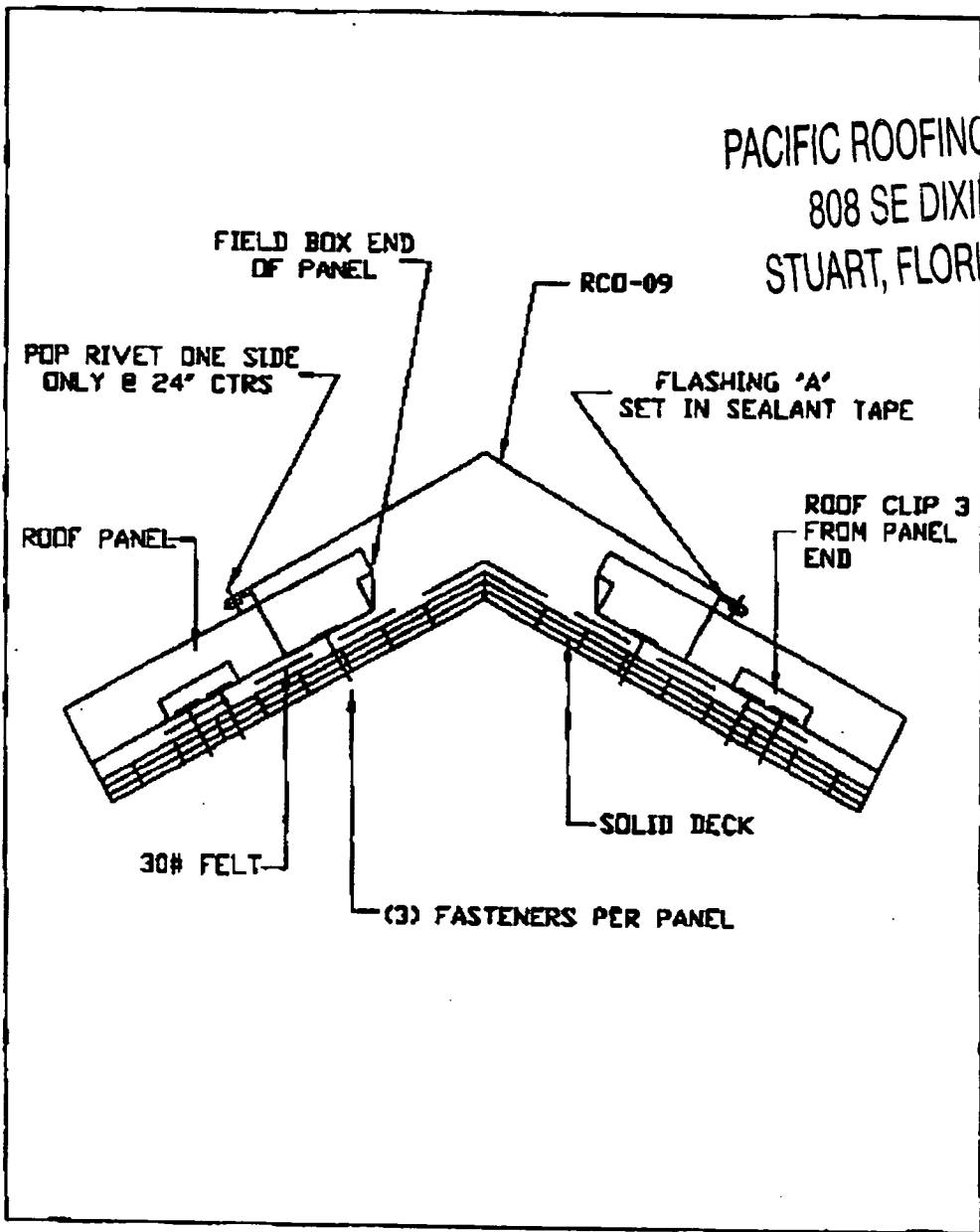
RETURN UNDERNEATH, NOTCH,
FIELD, AND BEND ON THE FIELD

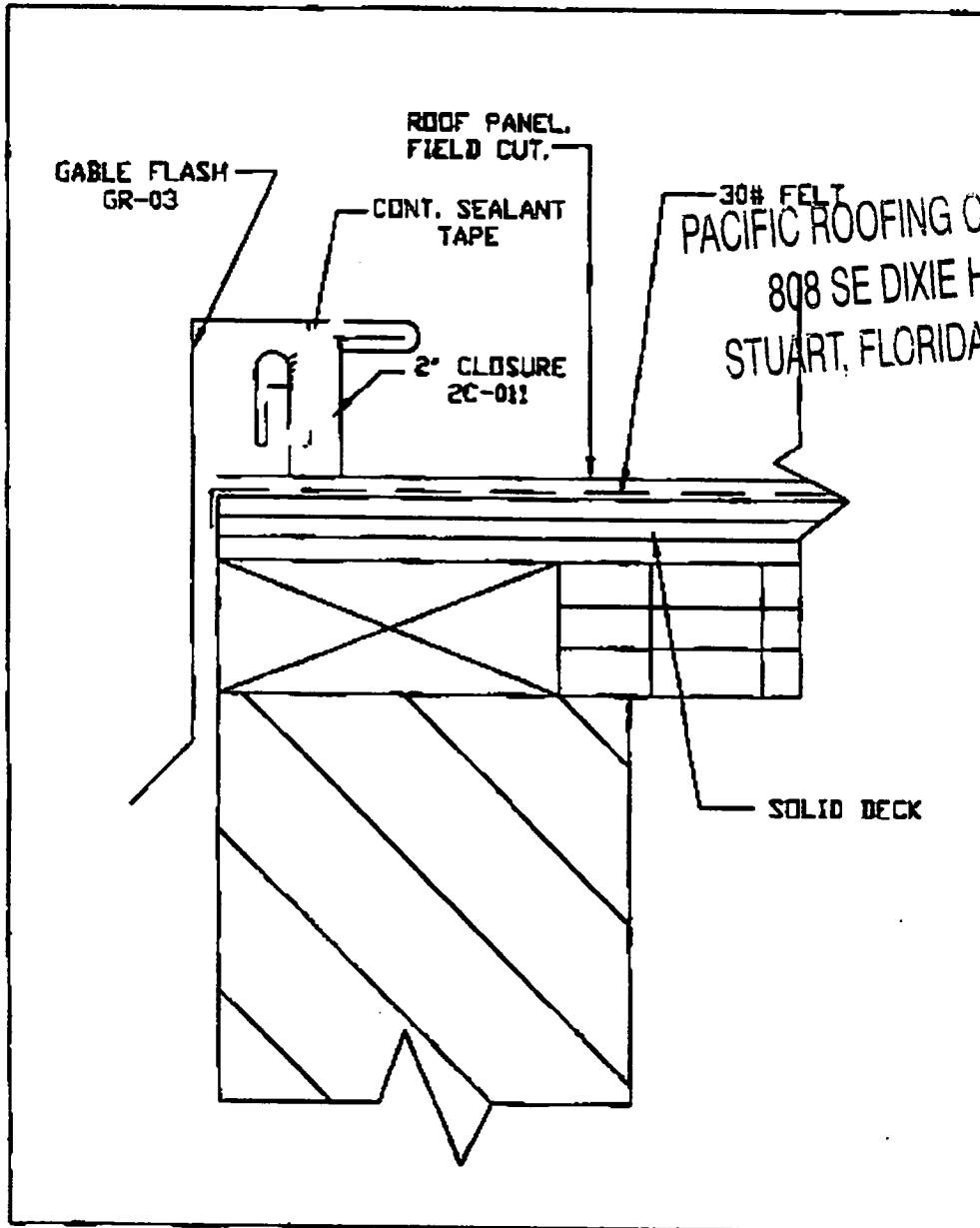
1" MINIMUM



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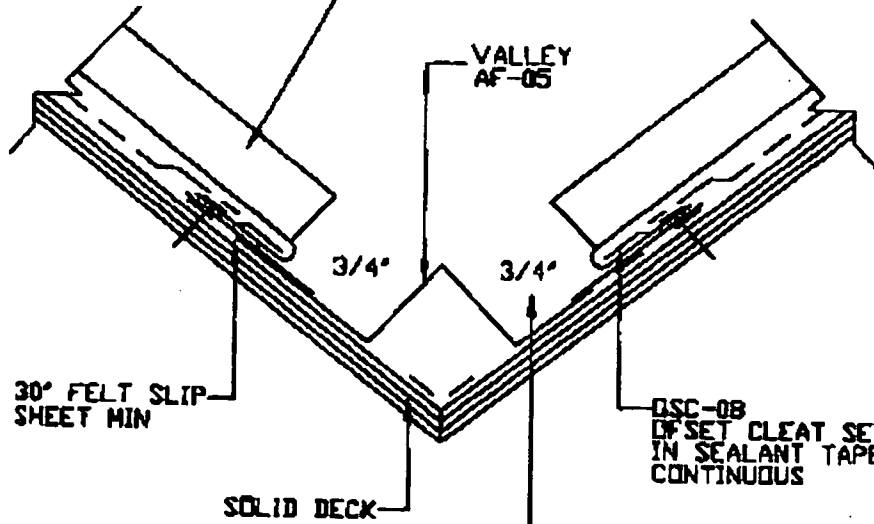


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PREFORMED VALLEY PAGE-03

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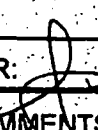
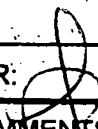
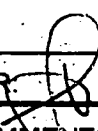
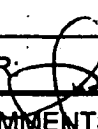

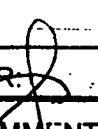
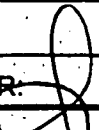
ROOF PANEL FIELD
CUT & BEND RETURN.
FILL END OF SEAM
WITH SEALANT.



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-2-02, 2004, Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5984	FLAUGH	FENCE - Final	Passed	
(1)	6 India Lucie PKWY ADRON			INSPECTOR: 
5979	LANDI	FENCE - Final	Passed	
(6)	2 W. H Pt Rd ADRON			INSPECTOR: 
5734	ABSADA - TERIK	Plumbing UGRD	Passal	
(4)	8 Morgan Cir CONWAY	STAB		INSPECTOR: 
TREE	Kipling - wash	TREE	Passal	
(5)	193 S. River Rd O/TB			INSPECTOR: 
5900	LIP	FINAL - RE-ROOF	Failed	3" hood lap / screws (2)
(3)	53 S. River Rd. PALMEDA	SHARON (561) 743 3227		INSPECTOR: 
5880	Harte	Plumbing Rough	Passal	
(7)	3 E High Pt Rd NAVARRO			INSPECTOR: 
5991	GERRY	SHEDDING	Passal	
(2)	10 RIVERVIEW PACIFIC			INSPECTOR: 

OTHER:

J.S. River (insulation)
8 King. circle pool pump
Jones: Cas + front yard

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-14-02, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5991	Conroy	TIN TAG	PASSED	
	10 Riverview Dr. Pacific			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-18, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5997	Sinton	Final	?	
①	33 N RIVER RD Flanagan	Electrical Boat Lift + Lights		INSPECTOR:
5841	COOPER	Final Roof	PASSED	
⑨	10 Riverview Dr. Pacific			INSPECTOR: <u> </u>
5842	JARVIS	Final Roof	PASSED	
⑪	11 Oakwood Dr. Pacific			INSPECTOR: <u> </u>
5857	Bauer	Tin tag + Metal	FAILED	\$ 30
5847	10 Copaire Pacific (sub)			INSPECTOR: <u> </u>
5989	Kurtin	FENCE	FAILED	\$ 30
②	4 Castle Hill Way United	FINAL		INSPECTOR: <u> </u>
TR 33	High Point Circle	2 Palms (Dead)	O.K.	
⑫				INSPECTOR: <u> </u>
5908	Winecip.	SLAB	FAILED	
③	2 Palma Way Winecip			INSPECTOR: <u> </u>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/25/02, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5973	Wittman	Final TILE REPAIR	PASSED	
⑦	13 Riverview Dr. Brush			INSPECTOR: <u> </u>
6007	HANTMAN	Final FENCE	PASSED	
⑥	12 Riverview Dr. Brush			INSPECTOR: <u> </u>
5991	GEARY	Roof Final	PASSED on 10/18/02	
⑤	10 RIVERVIEW DR PACIFIC			INSPECTOR: <u> </u>
5875	MAXON	SONO TUBE	FAILED	CALL IN Temp Elct.
②	9 RIVER ROAD. (S) KNEPPER			INSPECTOR: <u> </u>
5755	DEGRAF	Plumbing/A/C	PASSED	
④	9 CASTLE Hill. O/B	A/C 1	FAILED	INSPECTOR: <u> </u>
5960	LEWIS	WALL FTG	PASSED	
	41 Rio Vista Dr DUFFWOOD			INSPECTOR: <u> </u>
5541	MYLORD	Bldg Final	PASSED	
③	144 N. SEWALLS PT. RD O/B			INSPECTOR: <u> </u>

OTHER: 30 Rio Vista Tract OK for issue

6269

DOOR

REPLACEMENT

TOWN OF SEWALL'S POINT

Date 5/13/03

BUILDING PERMIT NO. 6289

Building to be erected for GEARY

Type of Permit FRENCH DOORS

Applied for by APOSTOLOPOULOS + PAULICK (Contractor)

Building Fee 35.00

Subdivision RIVERVIEW Lot B Block _____

Radon Fee _____

Address 10 RIVERVIEW ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

12384100100000080100

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

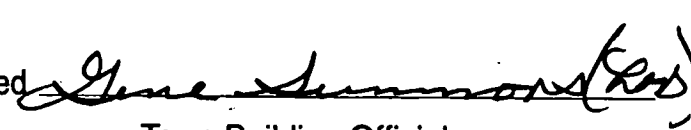
Amount Paid 35.00 Check # 1762 Cash _____

Other Fees (_____)

Total Construction Cost \$ 2300.00

TOTAL Fees 35.00

Signed  Applicant

Signed  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
- REPLACE DOOR

INSPECTIONS

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

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

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Charles Geary Phone (Day) 268-4357 (Fax) 287-0879

Job Site Address: 10 Riverview Dr. City: STUART State: FL Zip: 34996

Legal Description of Property: Lot 8 Riverview Parcel Number: 12384100100000080100

Owner Address (if different): Lot 8 Riverview City: _____ State: _____ Zip: _____

Description of Work To Be Done: INSTALL REPAIR DOORS, SHUTTERS EXIST

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

CONTRACTOR/Company: Apostolo Paulos & Partners Phone: 260 5793 Fax: 223 6463

Street: 3425 SW 7th Ave City: Palm City State: FLA Zip: 34990

State Registration Number: _____ State Certification Number: CGC003907 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2300.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical:	<u>None</u>	State:	_____	License Number:	_____
Mechanical:	<u>None</u>	State:	_____	License Number:	_____
Plumbing:	<u>None</u>	State:	_____	License Number:	_____
Roofing:	<u>None</u>	State:	_____	License Number:	_____

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____
Carpport: _____ 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)

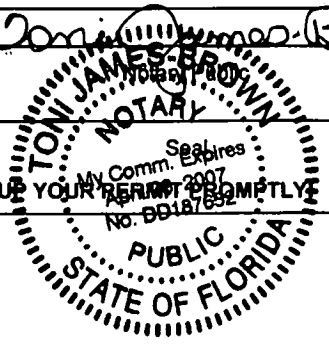
State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification. _____

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: Martin
This the 13 day of May, 2003
by Costa Apostolo Paulos who is personally
known to me or produced _____
As identification. [Signature]

Notary Public
My Commission Expires: _____
Seal

My Commission Expires: _____

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



ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 06/03/2002
PRODUCER A BETTER DEAL INSURANCE AGENCY 1026 SW BAYSHORE BLVD PT ST LUCIE, FL 34983 561-871-1975	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 APOSTOLOPOULOS AND PAULIC CONST INC 1501 DECKER AVENUE STUART, FL 34994	INSURER A: MARYLAND INSURANCE CO.	
	INSURER B: CLARENDON NATIONAL INS CO	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	SCP 031610232	07/19/00 07-19-02	07/19/02 07-19-03	EACH OCCURRENCE \$300,000
					PROPERTY DAMAGE (Any one fire) \$50,000
					MED EXP (Any one person) \$10,000
					PERSONAL & ADV INJURY \$300,000
					GENERAL AGGREGATE \$600,000
					PRODUCTS - COMP/PROP AGG \$600,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ 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				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CARPENTRY

CERTIFICATE HOLDER TOWN OF SEWELLS POINT 1 SOUTH SEWELLS POINT RD SEWELLS POINT FL FAX 220- 4765	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>J. Minacapelli</i>
---	------------------------------------	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE


JHC
R076 DATE 03-25-2003

PRODUCER PAYCHEX AGENCY, INC 210705 P: (877)287-1312 F: ()- 308 FARMINGTON AVE FARMINGTON CT 06032	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED APOSTOLOPOULOS & PAULICK INC 3425 SW 78TH ST PALM CITY FL 34990	INSURERS AFFORDING COVERAGE INSURER A: Hartford Ins Co of the Southeast INSURER B: INSURER C: INSURER D: INSURER E:

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																				
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	76 WEG KN0009	03/22/03	03/22/04	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/></td> <td>WC STATU-TORY LIMITS</td> <td><input type="checkbox"/></td> <td>OTH-ER</td> <td></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td>\$</td> <td></td> <td>100,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> <td></td> <td>100,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> <td></td> <td>500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER			E.L. EACH ACCIDENT	\$		100,000		E.L. DISEASE - EA EMPLOYEE	\$		100,000		E.L. DISEASE - POLICY LIMIT	\$		500,000
<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER																						
	E.L. EACH ACCIDENT	\$		100,000																					
	E.L. DISEASE - EA EMPLOYEE	\$		100,000																					
	E.L. DISEASE - POLICY LIMIT	\$		500,000																					
	OTHER																								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Business of Insured: CARPENTRY

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewalls Point One South Sewalls Point Road Sewalls Point, Fl 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) 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 

STATE OF FLORIDA

AC#0478071

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC003907 07/09/02 650244824

CERTIFIED GENERAL CONTRACTOR
APOSTOLOPOULOS COSTA
APOSTOLOPOULOS & DALBECK CONST IN

IS CERTIFIED under the provisions of Ch.489 F.S.

Expiration date: AUG 31, 2004 SEQ # L0207090082

WEYANT & ASSOCIATES, INC.
CONSULTING ENGINEERS
 CIVIL - STRUCTURAL

201 S.W. PORT ST. LUCIE BLVD. - SUITE 104
 PORT ST. LUCIE, FLORIDA 34984

Deepest Alleyant

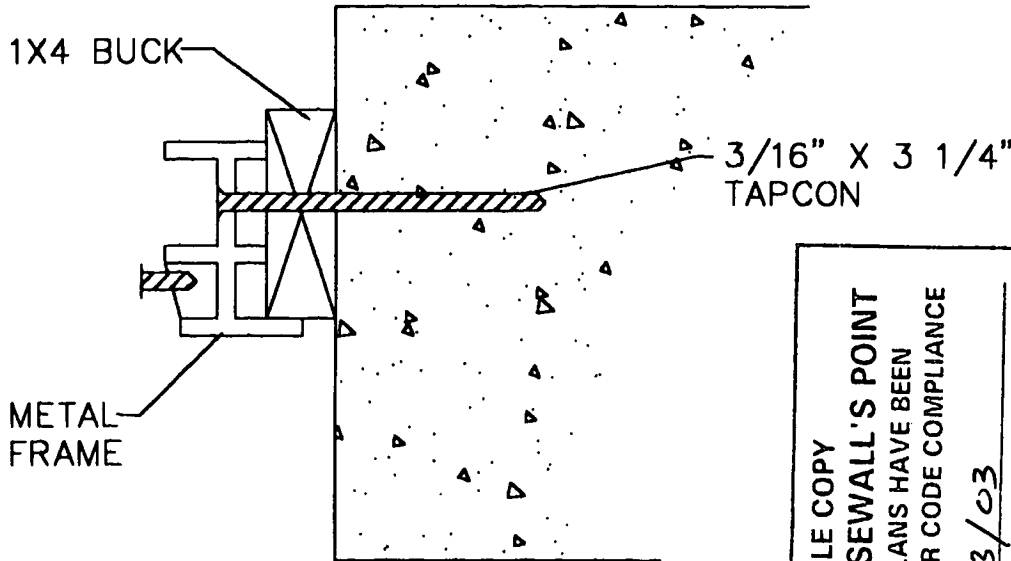
MAY 07 2003

1X4 WINDOW BUCK - 1X4 DOOR BUCK (PINE)
 P.T. WOOD BUCK TO CONCRETE

3d CASE HARDENED SENCO COIL NAILS 16" O/C
 TOP AND SIDES

METAL FRAME TO MASONARY BUCK

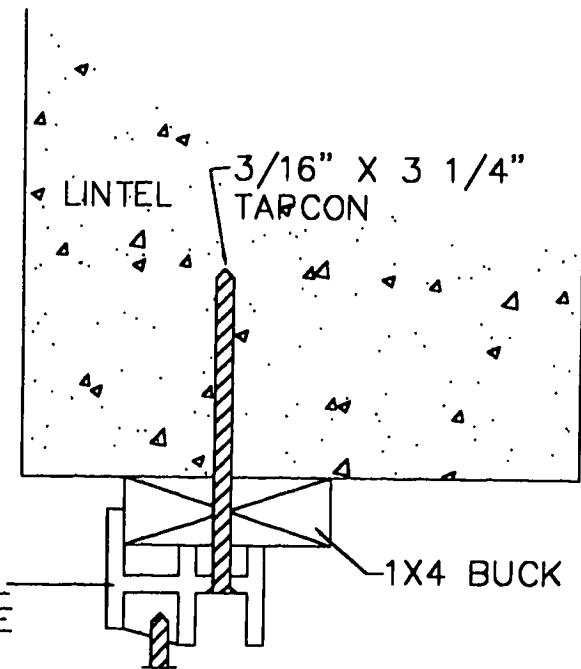
3/16" X 3 1/4" TAPCONS
 4" FROM EACH CORNER AND
 THEN QUANTITY AS REQUIRED
 BY MANUFACTURER NOT TO
 EXCEED 15 3/4" O/C. TAPCON
 TO HAVE 1 1/4" MIN. EMBED IN
 CONCRETE.



JAMB DETAIL

SCALE: N.T.S.

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 5/13/03
 BUILDING OFFICIAL
 T. Lee Simmons



HEAD DETAIL

SCALE: N.T.S.

NOTE: DETAIL AS SHOWN MEETS THE
 REQUIREMENT FOR 140 M.P.H. WIND LOAD.



Cert. No. 96-0703.05
 Auth. No. FTL97042
 Lab. Number 1705
 File Number 97-116
 September 19, 1997
 Report Number 71
 Page 2 of 4
 Reissued: 10-21-97
 L-2515

MATERIAL CHARACTERISTICS

Hardware:

<i>Quantity</i>	<i>Description</i>	<i>Location</i>
One	Three point lock system, *Vinyl Tech/P.G.T., with dead bolt lock, *Harlock, thumb turn on interior and key operated on exterior	at right panel lock stile, 39 1/2" from bottom
One	lever type lock set, *Harlock	at right panel lock stile, 35 1/2" from bottom
Two	manually operated concealed throw bolt, *Vinyl Tech/P.G.T.	at top and bottom of left panel lockstile
Six	7" long three piece hinge assembly, *Nationwide Ind.	at each panel jamb stile, 10" from top, 12" from bottom and one near midspan

Weepholes: None

Muntins: None

Mullions: None

Reinforcement: None

Sealants: Frame corners were sealed with white colored sealant, *Schnee Morehead 5504. Perimeter of lock cover plate, lock set cover plate, perimeter of hinge, installation screws and panel corner seams was sealed with clear colored sealant, *Schnee Morehead 5504.

Pads: One 1 1/2" by 1" pile pad at top and bottom of left panel lock stile.

Screen: None

Additional Description: Unit tested with weatherstrip adapter, part No. 60379, at each panel top and bottom rail. One intermediate frame jamb at each side of door. Throw bolt locks penetrate into frame head and frame sill 7/16".

Unit Installation: Unit tested in 2 X 12 wood test buck using a 2 X 6 pressure treated wood buck strip at frame sill only. Installed with a single row of No. 10 by 2" pan head sheet metal screw screws in frame jambs; single row of No. 10 by 3" pan head sheet metal screws in frame head and frame sill. Approximate location of installation screw spacing as follows: frame head and frame sill, 6 1/4" from end and on 12" centers; frame jambs, 6" from end and on 16" centers.

Product markings: "Vinyl Tech/P.G.T." label at lock stiles.

*as per manufacturers drawings

OFFICIAL TEST RESULTS

Title of Test	Measured	Remarks
Unit A - 1:		
Air Infiltration Test (ASTM E283) at 1.57 psf	0.16 cfm/sq. ft	Passed
1/2 Structural Load Test:		
Exterior Load	40.0 psf	Passed
Interior Load	40.0 psf	Passed
Uniform Design Load Test (ASTM E330)		
Exterior Load	53.3 psf	Passed
Interior Load	53.3 psf	Passed
Permanent Set	0.051 inches	
Water Resistance Test (ASTM E547/E331)		
no leakage at	10.00 psf	Passed

Gilbert Diamond
 10/22/97



Cert. No. 96-0703.05
Auth. No. FTL97042
Lab. Number 1705
File Number 97-116
September 19, 1997
Report Number 71
Page 3 of 4
Reissued: 10-21-97
L-2515

OFFICIAL TEST RESULTS

Title of Test	Measured	Remarks
Unit A - 1: (continued)		
Uniform Structural Load Test (ASTM E330)		
Exterior Load	80.0 psf	Passed
Interior Load	80.0 psf	Passed
Permanent Set	0.154 inches	0.374 maximum
Forced Entry Resistance: 300 pound concentrated load perpendicular to plane of glass: within 6" of lock at active lock stile and within 6" of the top and bottom. (tested separately)	No Entry	Passed
Unit A - 2:		
Air Infiltration Test (ASTM E283) at 1.57 psf	0.07 cfm/sq. ft	Passed
½ Structural Load Test:		
Exterior Load	40.0 psf	Passed
Interior Load	40.0 psf	Passed
Uniform Design Load Test (ASTM E330)		
Exterior Load	53.3 psf	Passed
Interior Load	53.3 psf	Passed
Permanent Set	0.049 inches	
Water Resistance Test (ASTM E547/E331) no leakage at	10.00 psf	Passed
Uniform Structural Load Test (ASTM E330)		
Exterior Load	80.0 psf	Passed
Interior Load	80.0 psf	Passed
Permanent Set	0.082 inches	0.374 maximum
Forced Entry Resistance: 300 pound concentrated load perpendicular to plane of glass: within 6" of lock at active lock stile and within 6" of the top and bottom. (tested separately)	No Entry	Passed
Unit A - 3:		
Air Infiltration Test (ASTM E283) at 1.57 psf	0.16 cfm/sq. ft	Passed
½ Structural Load Test:		
Exterior Load	40.0 psf	Passed
Interior Load	40.0 psf	Passed

William J. ...
10/22/97



Cert. No. 96-0703.05
Auth. No. FTL97042
Lab. Number 1705
File Number 97-116
September 19, 1997
Report Number 71
Page 4 of 4
Reissued: 10-21-97
L-2515

OFFICIAL TEST RESULTS

Title of Test	Measured	Remarks
Unit A - 3: (continued)		
Uniform Design Load Test (ASTM E330)		
Exterior Load	53.3 psf	Passed
Interior Load	53.3 psf	Passed
Permanent Set	0.031 inches	
Water Resistance Test (ASTM E547/E331)		
no leakage at	10.00 psf	Passed
Uniform Structural Load Test (ASTM E330)		
Exterior Load	80.0 psf	Passed
Interior Load	80.0 psf	Passed
Permanent Set	0.097 inches	0.374 maximum
Forced Entry Resistance:		
300 pound concentrated load perpendicular to plane of glass: within 6" of lock at active lock stile and within 6" of the top and bottom. (tested separately)	No Entry	Passed

Note: At conclusion of above tests, there was no apparent damage to unit, glass or fasteners.
Test Completed - September 5, 1997

Remarks: This test report does not constitute certification of this product, but only that the above test results were obtained using the designated test methods and they indicate compliance with the performance requirements (paragraphs as listed) of the above referenced specifications and Metro Dade County Protocol PA 202.

Detailed assembly drawings showing wall thickness of all members, corner construction and hardware application are on file and have been compared to the sample submitted.

Note: Test specimens were covered with a 1.5 mil plastic sheeting to seal from air leakage when load tests were performed, however this had no effect on the above tests results.

Witnessed by:
Mr. Gilbert Diamond, P. E.
Mr. James Moore

FENESTRATION TESTING LABORATORY, INC.

Laboratory Technicians:
Roberto Robleto
Jose Vargas
Roque Zavala
Menaheem Hadjez

Manny Sanchez
President

10/22/97

✓ 4 - Vinyl Tech/P.G.T.
2 - Vinyl Tech/P.G.T. (Metro Dade County)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/14, 2003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5875	MAXSON	TIE DOWN PLUMBING	Pass	
	9 S. RIVER ROAD	ELECTRICAL		LOAD CALC & REVIEW TO PLAN REVIEW
		FRAMING	Fail	NOTE OF RECORD INSPECTOR TO RESPOND
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6147	ALEXANDER	INSULATION	Pass	11
	86 S. SEWALL'S			
	JOHANSON HOMES			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6209	GEARY	FRENCH DOORS	Pass	
	10 RIVERVIEW RD	FINAL		
	APOSTOL DOULOST P			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6202	DICKINSON	INSULATION	Pass	
	19 EMERALTA WAY			
	PALMER CONST			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6283	MCCAFFREY	IN PROGRESS	Fail	9:30 * RING SHANK RES PORTIONS NOT VISI
	4 MICHAELS RD			
	J TAYLOR ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6232	MOORE	FOOTING STEMMA	Fail	MUFFER - DOWELLS MISSING
	5 OAK HILL			
	ARL MARTIN HOMES			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6146	CONROY	DRIVEWAY	Pass	WILL THICKEN STRIPS SIDE DURING POUR
	12 PALMETO			
	O/B			INSPECTOR:

OTHER:

IN PROGRESS 3 KINGSTON - DANVERS - DIA NOT VISIT - NO TIME

8429

WINDOW/DOOR
REPLACEMENT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10-27-06

BUILDING PERMIT NO. 8429

Building to be erected for Geary

Type of Permit Replace windows

Applied for by Art Construction (Contractor)

Building Fee 35

Subdivision Riverview Lot 8 Block _____

Radon Fee _____

Address 10 Riverview DR

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

12-3841-001-000-000-801-0000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$35 Check # _____ Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 3000 TOTAL Fees 35

Signed _____ Applicant

Signed John Adams Town Building Official

3/22/07 Signed
3/22/07 left mess
5/22/08 left mess
6-6-08 again

PERMIT

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

INSPECTIONS

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

~~Renewal \$35~~ pd 6/17/08 CK # 2380

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10-27-06 BUILDING PERMIT NO. 8429
 Building to be erected for Gary Type of Permit Replace windows
 Applied for by Asp Construction (Contractor) Building Fee 35
 Subdivision Riverview Lot 8 Block _____ Radon Fee _____
 Address 10 Riverview DR Impact Fee _____
 Type of structure SFR A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____

Parcel Control Number: 12-3841-001-000/000-801-0000
 Amount Paid \$35 Check # _____ Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 3000 TOTAL Fees 35

Signed [Signature] Applicant Signed John Adams Town Building Official
 3-31-09 called Costa - will work on it.

2-5-09 re w/c Costa - can get Powell to issue letter

ask John

\$109.00 renewal

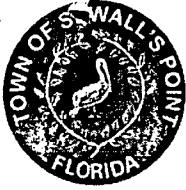
COSTA APOSTOLOPOULOS
 772-223-0221
 3425 SW 78TH AVE
 PALM CITY, FL 34990-5444

Date 6-17-08 2380
 63-515/670
 01

PAY to the order of Sewalls Point
ONE HUNDRED TEN 10 Dollars

Seacoast NATIONAL BANK
 STUART, FLORIDA 34994

For [Signature]



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

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:	8429-R	DATE ISSUED:	DECEMBER 11, 2013
SCOPE OF WORK:	REPLACE WINDOWS & DOOR		
CONTRACTOR:	A&P CONSTRUCTION		
PARCEL CONTROL NUMBER:	123841-001-000-000-801	SUBDIVISION	RIVERVIEW - L 8
CONSTRUCTION ADDRESS:	10 RIVERVIEW DR		
OWNER NAME:	GEARY		
QUALIFIER:	COSTA APOSTOLOPOULOS	CONTACT PHONE NUMBER:	260-5793

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 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:	8429-R
ADDRESS	10 RIVERVIEW DR - GEARY
DATE 12/11/13	SCOPE OF WORK REPLACE WINDOWS & DOOR

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 + \$100 per insp.)			
Total number of inspections (Value < \$200K)@\$100ea		\$	
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 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	3000
Total number of inspections @ \$100.00 each	1 - Final		100
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5 min.)		\$	3
TOTAL ACCESSORY PERMIT FEE:		\$	109

pd
CK# 4316

R102506 D

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 10-19-06

OWNER/TITLEHOLDER NAME: Charles / Rebecca Geary Phone (Day) 772-288-4357 (Fax) 772-288-2384

Job Site Address: 10 River view Drive City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 8 of River view Subdivisi Parcel Number: 12 38 41 001 000 0008.0-1-00 00

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

Description of Work To Be Done: REPLACE 2 windows + FRONT DOOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 3000 00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: A+P Const Phone: 260 5793 Fax 223 9347

Street: 3425 SW 78th Ave City: Palm City State: FL Zip: 34924

State Registration Number: _____ State Certification Number: CG003207 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

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

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: Martin

This the 19th day of October, 2006

by Charles F. Geary who is personally

known to me or produced as identification. Stacy Senger

Notary Public

My Commission Expires: _____

Stacy Senger

Commission # DD415291

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

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN

This the 25th day of October 2006

by COSTA APOSTOLOPOULOS who is personally

known to me or produced

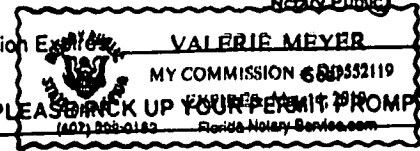
As identification. Valerie Meyer

Notary Public

My Commission Expires: _____

VALERIE MEYER

MY COMMISSION # 689352119



ACORD™ **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
10/25/2006

PRODUCER A BETTER DEAL INSURANCE AGENCY 1026 SW Bayshore Blvd Port St Lucie, FL 34983 (772)871-7764	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED A & P CONSTRUCTION INC 3425 SW 78 TH STREET PALM CITY, FL 34990	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: SCOTTSDALE INSURANCE</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: SCOTTSDALE INSURANCE		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: SCOTTSDALE INSURANCE													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR	CLS 1294971	07/19/06	07/19/07	EACH OCCURRENCE \$ 1,000,000								
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000								
						MED EXP (Any one person) \$ 5,000								
						PERSONAL & ADV INJURY \$ 1,000,000								
						GENERAL AGGREGATE \$ 2,000,000								
						PRODUCTS - COMP/OP AGG \$ 1,000,000								
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$								
						BODILY INJURY (Par person) \$								
						BODILY INJURY (Per accident) \$								
						PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$								
		EXCESSUMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				OTHER THAN EA ACC AGG \$								
						EACH OCCURRENCE \$								
						AGGREGATE \$								
						\$								
						\$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">WC STATUTORY LIMITS</th> <th style="width: 50%;">OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT \$</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE \$</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT \$</td> <td></td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT \$		E.L. DISEASE - EA EMPLOYEE \$		E.L. DISEASE - POLICY LIMIT \$	
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT \$														
E.L. DISEASE - EA EMPLOYEE \$														
E.L. DISEASE - POLICY LIMIT \$														
		OTHER												

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

CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 S SEWALLS PT RD SEWALLS POINT FL 34996 2204765	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--

ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. 12345678
 ACORD 20-8 (7/87)
 12/12/2005 1:23:45PM

PRODUCER
 Highpoint Risk Services LLC
 14150 Dallas Parkway 8800
 Dallas, TX 75284
 (800) 632-8088 (972) 715-0888
 Fax: (972) 608-4430
 INSURED AS 1/0/1:
 EMERALD STAFFING SERVICES, INC.
 935 HILLCREST AVENUE
 STUART, FL 34994
 (772) 220-3200 Fax: (772) 220-1645

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

INSURERS AFFORDED COVERAGE

INSURER A: Companion Property and Casualty Insurance Corp
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:


COVERAGES

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

TYPE	TYPE OF INSURANCE	POLICY NUMBER	START DATE	END DATE	CLASSIFICATION	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES FOR <input type="checkbox"/> POLICY <input type="checkbox"/> YEAR <input type="checkbox"/> LOSS					EACH OCCURRENCE \$ PER OCCUR (Per Occ. Per) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	BIHARVE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - BIACCIDENT \$ OTHER THAN AUTO ONLY AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$. \$. \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC77779990001	12/01/2005	12/01/2006	<input checked="" type="checkbox"/> INSTANT <input type="checkbox"/> FPD S.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - IN EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000	
	OTHER					LIMITS \$ LIMITS \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE CLASSIFICATIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to EMERALD STAFFING SERVICES, INC., effective 12/01/2005. 2. Project Information: APOSTOLOPOULOS PASTLICK, INC.
 PLEASE SEE ATTACHED EMPLOYEE ROSTER.

CERTIFICATE HOLDER
 TOWN OF BEHALLS POINT
 BUILDING DEPARTMENT
 1 S BEHALLS POINT RD
 BEHALLS POINT, FL 349866736

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER PRIOR TO THE LEFT. ANY FAILURE TO DO SO SHALL REMOVE THE CANCELLATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE 



STATE OF FLORIDA

AC# 280826

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC003907

06/07/06 057035663

CERTIFIED GENERAL CONTRACTOR
APOSTOLOPOULOS, COSTA
APOSTOLOPOULOS & PAULICK CONST IN

IS CERTIFIED under the provisions of Ch.489 vs.

Expiration date: AUG 31, 2008

206060700944

Annual Licensing
561-288-5738

Ambulance Billing
561-288-5740

Road/Utility Assessments
Well Protection Inspections
Fire Marshall Inspections
561-288-5739

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 2002-513-0005 CERT CGC003907
PHONE (772) 223-9347 SIC NO 233210

LOCATION:
3425 SW 78TH AVE PC

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC FEE \$	<u>50.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERTIFIED GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

27 DAY OF SEPTEMBER 06
AND ENDING SEPTEMBER 30 2007

APOSTOLOPOULOS, COSTA
APOSTOLOPOULOS & PAULICK CONST, INC
3425 SW 78TH AVENUE
PALM CITY, FL 34990

2 2005 13612.0009 PAID

01169554

96 APR 12 PM 12:48

REC'D DEED \$ 1291.50 MARSHA STILLER
REC'D MTG \$ _____ MARTIN COUNTY
REC'D ARM \$ _____ CLERK OF CIRCUIT COURT
INT. TAX \$ _____ BY [Signature] D.C.

Gray Residence
10 Riverview Dr
Sewall's Point

WARRANTY DEED
(STATUTORY FORM - SECTION 689.02 F.S.)

Ad-Valorem-Tax-Identification #12-38-41-001-000-000830-1-0000

THIS INDENTURE, made this 10 day of April, 1996, between CONSTANCE BOLL, a single person, whose post office address is 2 Indian Spring Road, Rowayton, Connecticut 06853, of the County of Fairfield, State of Connecticut, Grantor*, and CHARLES E. GEARY and REBECCA D. GEARY, his wife, whose post office address is 10 RIVERVIEW DRIVE, STUART, FLORIDA 34996, and whose social security numbers are N/A and N/A, of the County of Martin, State of Florida, Grantee*,

WITNESSETH, that said Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida, to-wit:

10 RIVERVIEW DRIVE, SEWALL'S POINT, FLORIDA, a subdivision in the Town of Sewall's Point, Florida, according to the Plat thereof on file and of record in the Office of the Clerk of the Circuit Court, in and for Martin County, Florida in Plat Book 6, page 86, public records.

SUBJECT TO taxes accruing subsequent to December 31, 1995, zoning regulations in force and effect, restrictions, easements and road rights-of-way of public record.

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

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Name: Lois S. Froelich
Please Print, Type or Stamp
As to Grantor

[Signature] (SEAL)
CONSTANCE BOLL

[Signature]
Name: Norma H. Miller
Please Print, Type or Stamp
As to Grantor

STATE OF CONNECTICUT
COUNTY OF FAIRFIELD

The foregoing instrument was acknowledged before me this 10 day of April, 1996, by CONSTANCE BOLL, a single person, who: [] is personally known to me, or [] has produced _____ as identification, and who did not take an oath.

(NOTARY SEAL) •

Louis C. Froelich
Name: Louis C. Froelich
Typed, printed or stamped
I am a Notary Public of the
State of Connecticut having a
commission number of Louis C. Froelich
and my commission expires Notary Public
State of Connecticut
Commission Expires 4-1-97

This Instrument Prepared By:
M. Lanning Fox
Warner, Fox, Seeley, Dungey
& Sweet, Attorneys, P.A.
1100 S. Federal Highway
P.O. Drawer 6
Stuart, Florida 34995-0006

mjs:\buysell\bo25s03\deed

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

generated on 12/11/2013 8:25:45 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00080-1	27498	10 RIVERVIEW DR, SEWALL'S POINT	\$292,890	12/7/2013

Owner Information

Owner(Current)	GEARY CHARLES E & REBECCA D
Owner/Mail Address	10 RIVERVIEW DR STUART FL 34996
Sale Date	4/10/1996
Document Book/Page	1171 2120
Document No.	
Sale Price	184500

Location/Description

Account #	27498	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 8
Parcel Address	10 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3850		

Parcel Type

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

Assessment Information

Market Land Value	\$165,000
Market Improvement Value	\$127,890
Market Total Value	\$292,890



INSTR # 1968940
 OR BK 02191 PG 1840
 Pg 1840f (1pg)
 RECORDED 10/24/2006 01:29:48 PM
 MARSHA EWING
 CLERK OF MARTIN COUNTY FLORIDA
 RECORDED BY C Walsh

Prepared by:
 Charles E. Geary
 Geary Law Offices, P.A.
 27 E. Ocean Blvd.
 Stuart, FL 34994

NOTICE OF COMMENCEMENT

TO WHOM IT MAY CONCERN:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes the following information is stated in this Notice of Commencement.

Description of Property: Lot 8, of RIVERVIEW SUBDIVISION, a subdivision in the Town of Sewall's Point, Florida, according to the Plat thereof on file and of record in the Office of the Clerk of the Circuit Court, in and for Martin County, Florida in Plat Book 6, page 86, public records.

General Description of Improvements: Single Family Dwelling

Owner: Charles E. Geary and Rebecca D. Geary

Address: 10 Riverview Drive, Stuart, FL 34996

Owner's interest in the property described as: **Fee Simple**

Contractor: Costa Apostolopoulos
 Address: 33426 SW 78th Avenue
 Palm City, FL 34990

Surety (if any): N/A

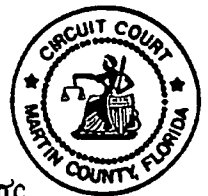
STATE OF FLORIDA
 MARTIN COUNTY

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: 10/19/06



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

Name: Charles E. Geary
 Address: 27 E. Ocean Blvd.
 Stuart, FL 34994

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.07(2)(6) Florida Statutes. (Fill in at Owner's Option).

Lender's

Name: N/A

Commencement of said improvement shall be within thirty (30) days from date of recording this notice.

Dated this 19th day of October, 2006.

[Signature]
 Charles E. Geary
[Signature]
 Rebecca D. Geary

STATE OF FLORIDA
 COUNTY OF MARTIN

THE FOREGOING instrument was acknowledged before me on 10/19/2006 by: Charles E. Geary and Rebecca D. Geary who are personally known to me or have produced a driver's license as proof of identification and who did not take an oath.

[Signature]
 Stacy Senger
 Notary Public
 My Commission Expires

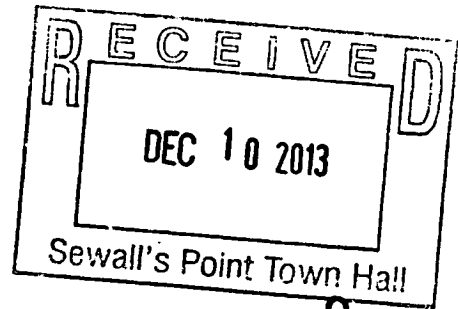


Gary Powell

Architecture and Planning
16 South River Road,
Sewalls Point, Florida 34996
Ph. 772-223-1755

December 10, 2013

Mr. John Adams
Building Official
Sewalls Point Building and Zoning Dept.
Sewalls Point, Florida



Re: Door and window inspection

10 Riverview Drive

Sewalls Point, Florida

PERMIT # 8429

JP.
12-10-13

This letter is to advise your office that I have inspected the installation of the Entry doors and Bathroom window at the above referenced address and have found that the installation meets the requirements of the product approvals submitted and the 2004 Florida Building Code.

Thank you:

Gary Powell
Architect
reg. # 12125

PAMELA M. BUSH
Mayor

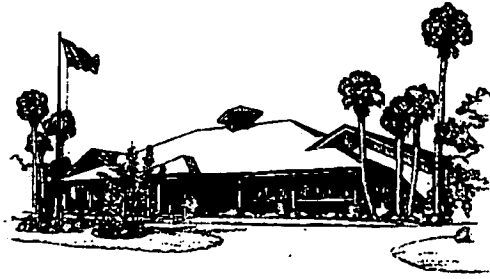
PAUL LUGER
Vice Mayor

VINCENT N. BARILE
Commissioner

THOMAS BAUSCH
Commissioner

JACQUI THURLOW-LIPPISCH
Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
Town Manager

ANN-MARIE S. BASLER
Town Clerk

TINA CIECHANOWSKI
Chief of Police

JOHN ADAMS
Building & Facilities Director

JOSE TORRES
Maintenance

August 5, 2014

NOTICE OF EXPIRED PERMIT

This correspondence is intended as a follow-up to a building permit and specific improvements associated with 10 Riverview Drive, more specifically permit # 8429 issued on October 27, 2006 for Replacement of Windows and Door.

Town records indicate that at least 180 days have passed without a successful recorded inspection. Your permit is now expired without benefit of a required final inspection.

Town of Sewall's Point Code of Ordinances section 50-94 states: Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (2) If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and the work required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

In order to avoid further administrative action please arrange to schedule a final inspection of this permit by the Town of Sewall's Point Building Department no later than ten days from date of this letter. Your permit will need to be renewed and is subject to any applicable renewal or inspection fees.

Failure to renew your permit and receive a final inspection will result in your permit becoming null and void, and the Town will report this to the property owner and the appropriate agencies as required. This will also constitute justification for denying any future permits requested by you, or your company.

Please contact me with any questions.

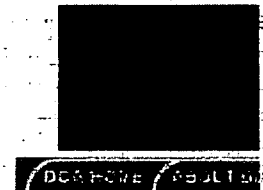
With Best Regards,

John R. Adams, C.B.O.
Building Official



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: pwalker@sewallspoint.org
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: sppd@sewallspoint.org

FLORIDA DEPARTMENT OF Community Affairs



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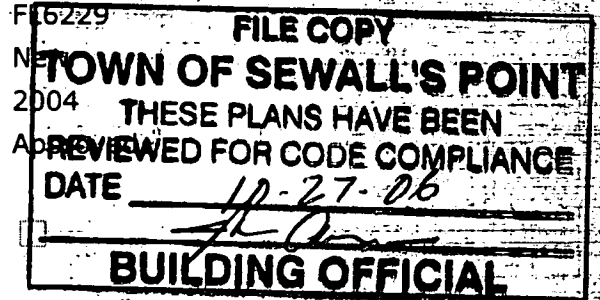
Product Approval

USER: Public User

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

- FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS
- PLANNING SERVICES
- PLANNING AND DEVELOPMENT
- PERMITTING
- OFFICE OF THE SECRETARY

FL # _____
 Application Type _____
 Code Version _____
 Application Status _____
 Comments _____
 Archived _____



Product Manufacturer
Address/Phone/Email

Plastpro Inc. / Nanya Plastics Corp.
9 Peach Tree Hill Road
Livingston, NJ 07039
(440) 969-9773 ext 16
RonOConnell@plastproinc.com

Authorized Signature

Ron O'Connell
RonOConnell@plastproinc.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Exterior Doors
Swinging Exterior Door Assemblies

Compliance Method

Evaluation Report from a Florida Registered Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name
who developed the Evaluation Report
Florida License

Wendell W. Haney
PE-54158

Quality Assurance Entity
Validated By

National Accreditation and Management
L.F. Schmidt, P.E.

Certificate of Independence

FL6229 R0 COI Certificate of Independence

Referenced Standard and Year (of Standard)

Standard
101/I.S. 2
101/I.S. 2 - NAFS
Accepted engineering Practice
ASTM E1300

Equivalence of Product Standards
Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

03/07/2006

Date Validated

03/07/2006

Date Pending FBC Approval

03/12/2006

Date Approved

03/22/2006

Summary of Products

FL #	Model, Number or Name	Description
6229.1	a. Distinction Series	Up to 3'0 x 8'0 Single (X) Fiberglass Door Utilizing t
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +47.0 /-47.0 Other: See INST 6229.1 and EVAL 6229.1 for any additional size and use limitations.		Installation Instruction FL6229 R0 II INST 622 Verified By: Wendell W. I Evaluation Reports FL6229 R0 AE EVAL 62
6229.2	b. Distinction Series	Up to 3'0 x 8'0 Single with Inswing or Outswing - Gl Utilizing the Snap Lite Fra
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +47.0 /-47.0		Installation Instruction FL6229 R0 II INST 622 Verified By: Wendell W. I Evaluation Reports FL6229 R0 AE EVAL 62

<p>Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50.0 /-50.0 Other: See INST 6229.7 and EVAL 6229.7 for any additional size and use limitations.</p>	<p>Verified By: Wendell W. I Evaluation Reports FL6229 R0 AE EVAL 62</p>
---	---

6229.8	h. Distinction Series	Up to 3'0 x 8'0 Single with Inswing or Outswing - Glazing Utilizing the Lip Lite Screw
--------	-----------------------	--

<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +50.0 /-50.0 Other: See INST 6229.8 and EVAL 6229.8 for any additional size and use limitations.</p>	<p>Installation Instruction FL6229 R0 II INST 622 Verified By: Wendell W. I Evaluation Reports FL6229 R0 AE EVAL 62</p>
--	---

6229.9	i. Distinction Series	Up to 6'0 x 8'0 Double (X) - Glazed Fiberglass Door with Screw Frame
--------	-----------------------	--

<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +37.5 /-37.5 Other: See INST 6229.9 and EVAL 6229.9 for any additional size and use limitations.</p>	<p>Installation Instruction FL6229 R0 II INST 622 Verified By: Wendell W. I Evaluation Reports FL6229 R0 AE EVAL 62</p>
--	---

6229.10	j. Distinction Series	Up to 6'0 x 8'0 Double with Inswing or Outswing - Glazing Utilizing the Lip Lite Screw
---------	-----------------------	--

<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +37.5 /-37.5 Other: See INST 6229.10 and EVAL 6229.10 for any additional size and use limitations.</p>	<p>Installation Instruction FL6229 R0 II INST 622 Verified By: Wendell W. I Evaluation Reports FL6229 R0 AE EVAL 62</p>
--	---



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DCA-Administration

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

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

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Product Approval Accepts:

R W Building Consultants, Inc.

Consulting and Engineering Services for the Building Industry

P. O. Box 230 Valrico, FL 33595 Phone 813.659.9197 Facsimile 813.754.9989

Florida Board of Professional Engineers Certificate of Authorization No. 9813

Product Evaluation Report

FL 6229.9

February 23, 2006

Exterior Doors

Swinging Exterior Door Assemblies

Distinction Series 6'0" x 8'0" Glazed Fiberglass Door
Lip Lite Screw Frame Full and 3/4 Lite Inswing / Outswing

Nan Ya Plastics Corporation
Plastpro Inc.
9 Peach Tree Hill Road
Livingston, NJ-07039
Phone: 800-779-0561 Facsimile: 973-758-4001

Scope: This is a Product Evaluation report issued by R W Building Consultants, Inc. and Wendell W. Haney, P.E. (System ID # 1993) for Nan Ya Plastics Corporation, Plastpro Inc. based on Rule Chapter No. 9B-72.070 Method 1d of the State of Florida Product Approval, Department of Community Affairs Florida Building Commission.

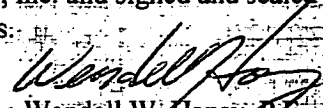
R W Building Consultants and Wendell W. Haney, P.E. do not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named herein.

This product has been evaluated for use in locations adhering to the Florida Building Code (2004 Edition) and where pressure requirements, as determined by Chapter 16 of The Florida Building Code, do not exceed the following design pressures:

Design Pressure Rating:

Maximum Design Pressure Rating Positive 37.5 PSF Negative 37.5 PSF
(See Limitations for size restrictions)

See Drawing No. FL 820 prepared by R W Building Consultants, Inc. and signed and sealed by Wendell W. Haney, P.E. (FL # 54158) for specific use parameters.



Wendell W. Haney, P.E.

FL No. 54158

February 23, 2006

Limitations

The Dissection Series 6'0" x 8'0" Glazed-Fiberglass Door Lip Lite Screw Frame Full and 3/4 Lite
Inswing 7'0" Onswing has been evaluated and meets the requirements for use within the State of Florida
excluding the "High Velocity Hurricane Zone".

In areas requiring windborne debris protection this product is required to be protected with an
impact resistant covering that complies with Section 1609.1.4 of the Florida Building Code.

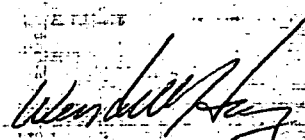
This product is intended for use where Section R 314.2.4 of the Florida Building Code is applicable.

Size Limitations:

Options:

Options		<u>MAX. Width</u>	<u>MAX. Height</u>
Double Full Lite	XX	74.0"	97.5"
Double 3/4 Lite	XX	74.0"	97.5"

See Drawing ARL-820 for Design Pressure Ratings.



Wendell W. Haney, P.E.

FL No: 54158

February 23, 2006

Supporting Documents

Drawing No. FL 820 titled Distinction Series 6'0" x 8'0" Glazed Fiberglass Door Lip Lite Screw Frame and 1/4 Lite Inswing / Outswing by R W Building Consultants, Inc. (Florida Board of Professional Engineers Certificate of Authorization No. 9813), signed and sealed by Wendell W. Haney, P.E.

Testing per 101/T.S.2-97 as performed by Certified Testing Laboratories and reported in test report numbers CTLA 900 W5-13 dated January 8, 2003 and signed and sealed by Ramesh Patel, P.E.

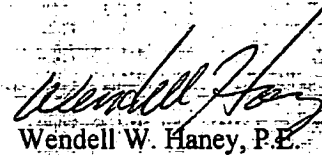
Testing per 101/T.S.2-97 as performed by Certified Testing Laboratories and reported in test report numbers CTLA 900 W5-15 dated January 8, 2003 and signed and sealed by Ramesh Patel, P.E.

Product anchoring is in accordance with manufacturer's published recommendations as substantiated by tested specimens reported in test report numbers CTLA 900 W5-13 and CTLA 900 W5-15.

Back anchor analysis for loading conditions, prepared, signed and sealed by Wendell W. Haney, P.E.

Class Load Resistance Report ASTM E1300-02 prepared by Wendell W. Haney, P.E.

Certificate of Participation issued by National Accreditation & Management Institute, Inc. certifying that Nan Ya Plastics Corporation, Plastpro Inc is manufacturing products within a quality assurance program.



Wendell W. Haney, P.E.

FL No. 54158

February 23, 2006

FLORIDA DEPARTMENT OF Community Affairs



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Product Approval

USER: Public User

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

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

FL # FL239-R5
 Application Type Revision
 Code Version 2004
 Application Status Approved
 Comments
 Archived

Product Manufacturer PGT Industries
 Address/Phone/Email 1070 Technology Drive
 Nokomis, FL 34275
 (941) 480-1600 ext 1124
 lturner@pgtindustries.com

Authorized Signature Lucas Turner
 lturner@pgtindustries.com

Technical Representative Lucas A. Turner
 Address/Phone/Email 1070 Technology Drive
 Nokomis, FL 34275
 (941) 480-1600
 lturner@pgtindustries.com

Quality Assurance Representative
 Address/Phone/Email

Category Windows
 Subcategory Single Hung

Compliance Method Certification Mark or Listing

Certification Agency Miami-Dade BCCO - CER

Referenced Standard and Year (of Standard)

Standard

TAS 201, 202, 203
TAS 202

Equivalence of Product Standards Certified By

Product Approval Method

Method 1 Option A

Date Submitted

09/22/2006

Date Validated

09/28/2006

Date Pending FBC Approval

09/29/2006

Date Approved

10/11/2006

Summary of Products

FL #	Model, Number or Name	Description
239.1	SH-4000 (Non-Impact, Heavy Duty Meeting Rail)	Aluminum Single Hung W
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: Please see Miami-Dade County Notice of Acceptance (NOA) #05-0112.01 for product performance information, anchorage details, and anchor type, size, and spacing information.		Certification Agency Ce FL239 R5 C CAC 4000- Installation Instruction FL239 R5 II 4000-HDM Verified By: Miami-Dade
239.2	SH-4000 (Non-Impact, Standard Meeting Rail)	Aluminum Single Hung W
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: Please see Miami-Dade County Notice of Acceptance (NOA) #05-0104.05 for product performance information, anchorage details, and anchor type, size, and spacing information.		Certification Agency Ce FL239 R5 C CAC 4000- Installation Instruction FL239 R5 II 4000-05-0 Verified By: Miami-Dade
239.3	SH-600 (Non-Impact)	Aluminum Single Hung W
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes		Certification Agency Ce FL239 R5 C CAC 600-0 Installation Instruction

<p>Impact Resistant: No Design Pressure: N/A Other: Formerly known as SH-701. Please see Miami-Dade County Notice of Acceptance (NOA) #05-0928-03 for product performance information, anchorage details, and anchor type, size, and spacing information.</p>	<p>FL239 R5 II 600-05-09 Verified By: Miami-Dade</p>
--	---

239.4	SH-700 (Impact)	WinGuard Aluminum Sing
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Formerly known as SH-701. Please see Miami-Dade County Notice of Acceptance (NOA) #05-1018.01 for product performance information, anchorage details, and anchor type, size, and spacing information.</p>		<p>Certification Agency Ce FL239 R5 C CAC 700-0 Installation Instruction FL239 R5 II 700-05-10 Verified By: Miami-Dade</p>

239.5	SH-800 (Large Missile Impact)	Multi-Story Aluminum Sin
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Please see Miami-Dade County Notice of Acceptance (NOA) #04-0722-03 for product performance information, anchorage details, and anchor type, size, and spacing information.</p>		<p>Certification Agency Ce FL239 R5 C CAC 800-L Installation Instruction FL239 R5 II 800-LM-04 Verified By: Miami-Dade</p>

239.6	SH-800 (Small Missile Impact)	Multi-Story Aluminum Sin
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Please see Miami-Dade County Notice of Acceptance (NOA) #05-0812.02 for product performance information, anchorage details, and anchor type, size, and spacing information.</p>		<p>Certification Agency Ce FL239 R5 C CAC 800-S Installation Instruction FL239 R5 II 800-SM-05 Verified By: Miami-Dade</p>

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Department of Community Affairs
 Florida Building Code Online
 Codes and Standards



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)

PGT Industries
1070 Technology Drive
Nokomis, FL 3427

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: 1" x Std. Wall Aluminum Tube Clipped Mullion-L.M.I.

APPROVAL DOCUMENT: Drawing No. 6220, titled "1" STD. Wall, Elevations Aluminum Tube Clipped Mullion", sheets 1 through 5 of 5, prepared by PGT Industries, signed and sealed by Robert L. Clark, P.E., dated 04/28/06, with last revision on 05/30/06, 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 revises and renews NOA # 04-0528.04 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 Jaime D. Gascon, P.E.



J. Gascon
6/20/06

NOA No 06-0125.06
Expiration Date: June 28, 2011
Approval Date: July 20, 2006

Page 1

TOWN OF SEWALL'S POINT, FLORIDA

Date 9/17 19 99 TREE REMOVAL PERMIT No. 268

APPLIED FOR BY CHARLES/REBECCA GEARY (Contractor of Owner)

Owner 10 RIVERVIEW DR. (CONTR: TOWNHARD LANDSCAPE)

Sub-division _____, Lot _____, Block _____

Kind of Trees HICKORY (DEAD)

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMOVAL OF
DEAD TREE
NO FEE

REMARKS: SITE INSPECTION 9/17/99
SEE APPL. FOR TREE LOCATION

FEE \$ 0-

Signed, (OR APPL.)
Applicant

Signed, OR [Signature]
Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

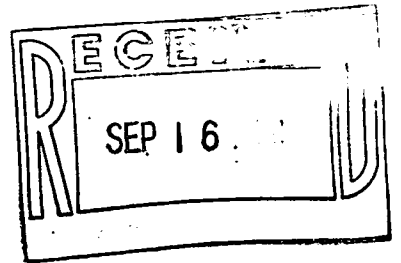
RE: ORDINANCE 103

[Empty grid area for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION



OWNER NAME: Charles and Rebecca Geary

ADDRESS: 10 Riverview Dr.

NUMBER & TYPE TREES TO BE REMOVED: 1 Hickory tree

CONTRACTOR: Tennhard Landscaping & Tree Trimming

ADDRESS: _____ ⁸³⁵⁻²³²³
Rivergate Insurance

LICENSE NUMBER: Martin County # 1999 267079 SIC # 0782

PHONE: 221-7630 (H) 879-7107 / Cell 201-1206
288-4357 (W) Contractor
Owner

CONTRACT PRICE: \$ 450.00

PERMIT FEE: \$ _____ PAID: _____
Date

* \$25.00 1ST; 10.00 EA. ADD'L.; MAX. \$100.00.

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

The tree is dead - worm infestation

APPLICANT SIGNATURE: Richard Geary DATE: 9-7-99

APPROVED: _____ Date: _____
Building Inspector

DENIED: _____ Date: _____
Building Inspector

_____ Date: _____
Building Commissioner

REASON FOR DENIAL, IF APPLICABLE:

Riverview Dr.



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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Charles E. Geary Address 10 Riverview Dr. Phone 221-7630

Contractor Matt Tenhard, Address 16 09 SW Brisbane St Phone 201-1206
Tree Fellers, Inc Port St. Lucie, FL 34984

No. of Trees: REMOVE 1 Type: Silver Oak

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

No. of Trees: REPLACE 1 WITHIN 30 DAYS Type: _____

Written statement giving reasons: The tree's roots are interfering with the septic system. We will plant a native oak further 5/2/3

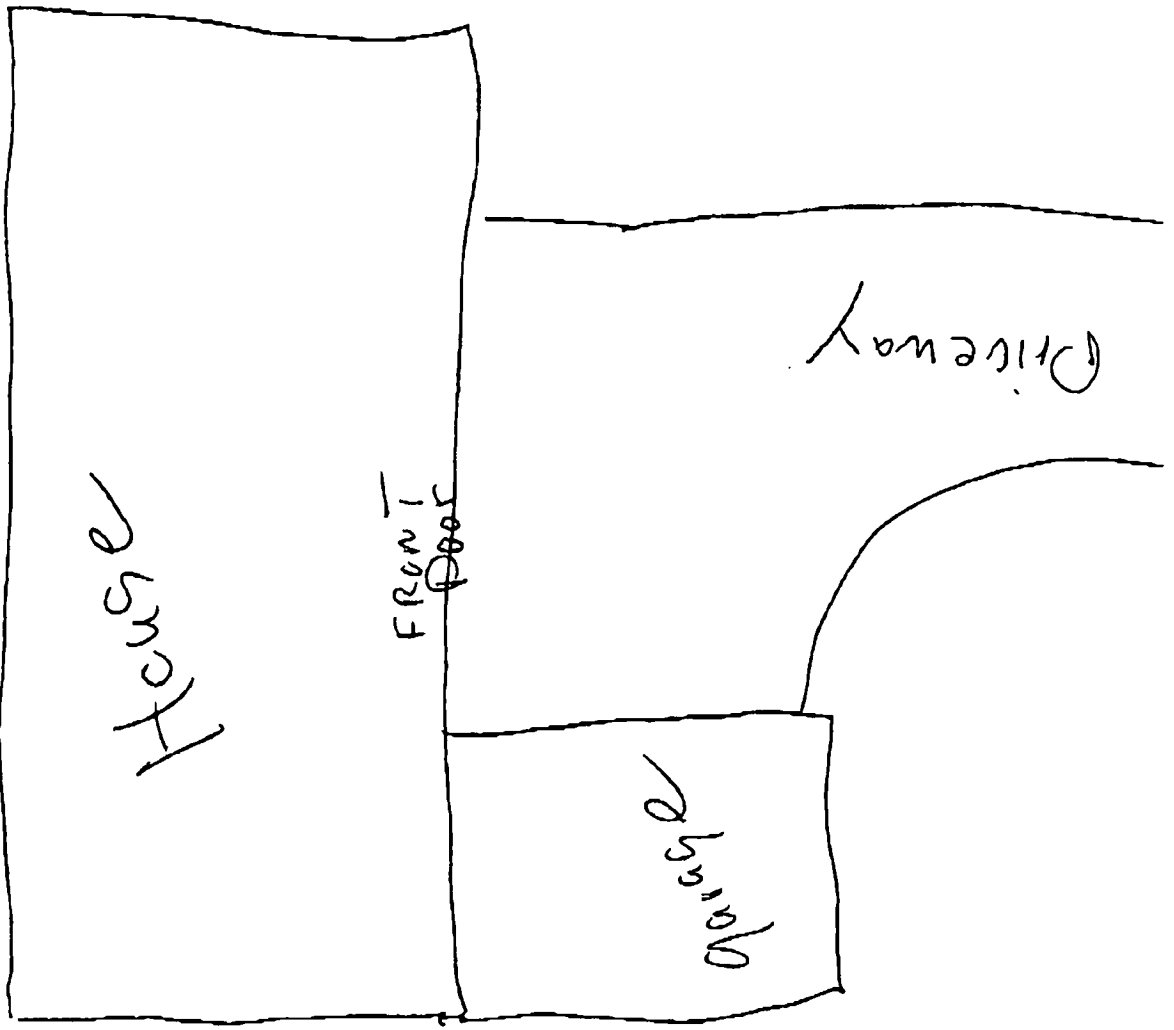
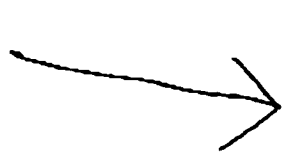
Signature of Applicant Charles E. Geary Date 4-28-03 from the house.

Approved by Building Inspector: [Signature] Date 5/2/3 /\$

Plans approved as submitted _____ Plans approved as revised/marked: _____

10 RiverView Drive - Geary
288-4359








*
Tree to be
removed



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/2, 2003 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6207	AMSLER	FINAL DOCK	Passed	
②	3 SIMARA ST BELLA MARINE	REPAIR		INSPECTOR: 
5960	LEWIS	TRUSS HOLD DOWN	Passed	
5960	4 RIO VISTA			INSPECTOR: 
5875	MAYSON	WALL SHEATHING	Passed	
⑩	9 S. RIVER ROAD KNEPPER			INSPECTOR: 
TREE	LARSON	TREE REMOVAL	Passed	
⑤	11 LANTANA	Oak	Partial	INSPECTOR: 
6229	GAIN FIELD	EAVE ROOF DRY-IN	Passed	
⑥	15 W. SEWALL POINT d/r			INSPECTOR: 
5734	ARSAORA PARK	INSULATION	Passed	
④	8 MORGAN CIR CONCRETE			INSPECTOR: 
TREE	SEWELL	TREE	Passed	
⑦	10 RIVERVIEW DR			INSPECTOR: 
OTHER: _____				

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

work

Owner Charles Geary Address [REDACTED] Phone 221-7630 288-4357

Contractor Santos Tree Service Address 438 SE Florida Street Phone 634-0127

No. of Trees: REMOVE 1 Species: Hickory

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

Signature of Property Owner [Signature] Date 4-2-08

Approved by Building Inspector: [Signature] Date 4/3 Fee: 0

NOTES: _____

SKETCH:

