

9 Riverview Drive

RECEIVED
MAY 23 1977

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. #704
Date 6/1/77

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

Owner Gary Scott Present Address 3302 S.E. INLET HARBOR TERR. SWART, FLA 33494 Ph 387-2284

General Contractor NARHTOC DEVEL CORP Address P.O. Box 1736 Hobe Sound, Florida Ph 286-2839

Where licensed State Florida License No. CGC001035

Plumbing Contractor South Park License No. 49

Electrical Contractor Stewart Electric License No. _____

Street building will front 9 RIVERVIEW DR.

Subdivision RIVERVIEW Lot No. 19 Area 16,800 SQ FT.

Building area, inside walls (excluding garage, carport, porches) Sq ft 1867

Other Construction (Pools, additions, etc.) N/A

Contract Price (excluding land, rugs, appliances, landscaping) \$ 52,000.00

Total cost of permit \$ 280.00 + 280.00 = 560.00

Plans approved as submitted _____ Plans approved as marked DOUBLE: STARTED BEFORE PERMIT 280

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

Signed by General Contractor [Signature] NARHTOC DEVEL. KEN COTHMAN

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

Signed by Owner [Signature]

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

TOWN RECORD
Date submitted 5/25/77
Date approved 5/25/77
Certificate of Occupancy issued [Signature] Date 702 Town 1/4/78 9:15 AM
#704

235058

Deed

MAY 23 1977

This Deed, Dated this 17th day of October A. D. 1975,

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

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

and GARY B. SCOTT and REBECCA S. SCOTT, his wife,

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

(Grantees' address: 3302 S.E. INLET HARBOR TERRACE - STUART, FLA 33494)

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

Lot 19, of RIVERVIEW SUBDIVISION, a subdivision in the Town of Sewall's
Point, Florida, according to the plat thereof on file and of record
in the office of the Clerk of the Circuit Court in and for Martin County,
Florida, in Plat Book 6, Page 86.

SUBJECT, however, to the following:

1. Taxes for the year 1975.
2. The zoning laws of the Town of Sewall's Point, Florida.
3. The matters shown on the aforesaid plat.
4. The Declaration of Protective Covenants recorded in Official Record
Book, 383, Page 1211, which Declaration is deemed to include as a part
thereof the Articles of Incorporation of Riverview Property Owners
Association, Inc. recorded in Official Record Book 383, Page 1219, and
the By-Laws of Riverview Property Owners Association, Inc. recorded in
Official Record Book 383, Page 1223 (all recording references being to
the public records of Martin County, Florida).
5. The further protective covenants, which shall run with the land,
reading as follows:

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

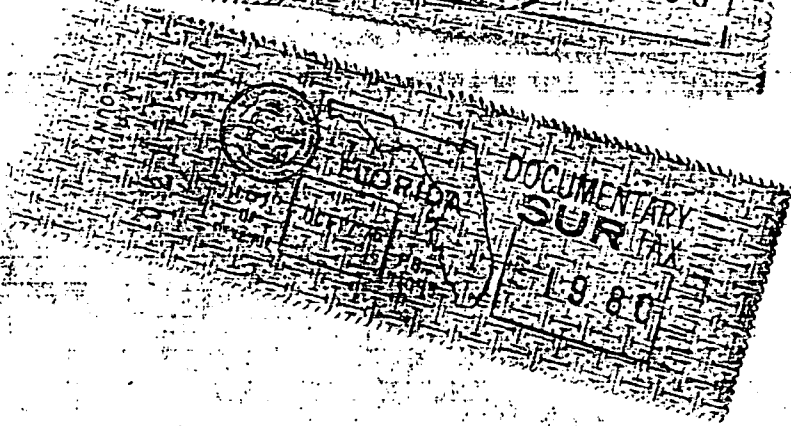
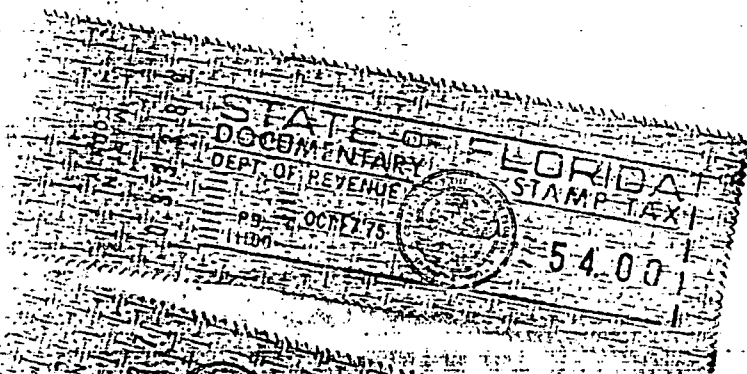
(b) No modular or prefabricated dwelling house shall be constructed,
placed or permitted to be on the premises.

#704

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

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

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



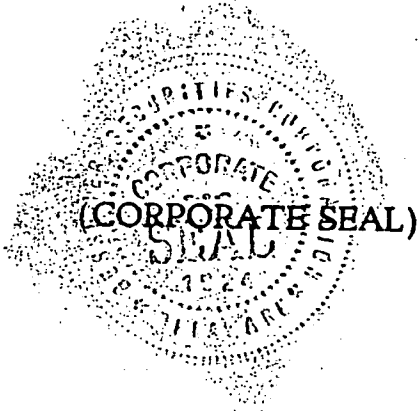
#704

THE NATIONAL BUREAU OF COMPARISON, STENOGRAPHIC SYSTEM OF BEAUMONT TO BE
(C) NO. 1111, 1964, BEAUMONT, TEXAS, U.S.A. (2) 1964

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

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

BESSEMER SECURITIES CORPORATION



By *W. J. Field*
Its Vice President.

Attest:

Harold G. Maass
Its Assistant Secretary.

FILED FOR RECORD
PARTIAL COUNTY, FLA.
1975 OCT 17 AM 11:19
LOUISE V. ISAACS
CLERK OF CIRCUIT COURT
BY *[Signature]* D.S.

Signed, sealed and delivered in the presence of:

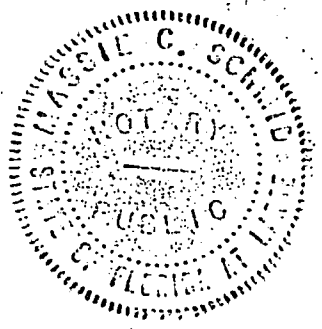
Messie C. Schind
Justin Phillippi

STATE OF FLORIDA }
COUNTY OF PALM BEACH } SS.

Before me personally appeared W. J. FIELD
and HAROLD G. MAASS
respectively, Vice President and Assistant Secretary of BESSEMER SECURITIES CORPORATION
to me well known, and they acknowledged before me that they executed the foregoing instrument as such officers of said corporation, and that they affixed thereto the official seal of said corporation; and I FURTHER CERTIFY that I know the said persons making said acknowledgment to be the individuals described in and who executed the said instrument.

WITNESS my hand and official seal this 17th day of October, 1975.

Messie C. Schind
Notary Public in and for the County and State Aforesaid.

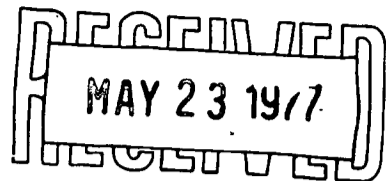


OR BOOK 391 PAGE 1759

My Commission expires:
NOTARY PUBLIC, STATE OF FLORIDA by Law
MY COMMISSION EXPIRES AUG. 9, 1976
BONDED THRU GENERAL INSURANCE UNDERWRITERS

#704

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit



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

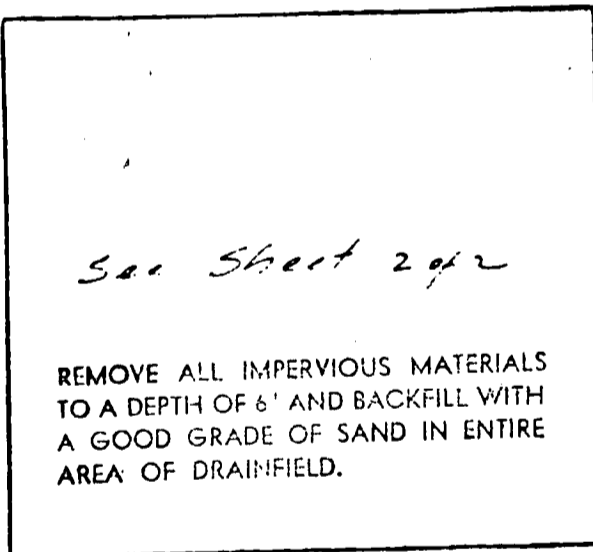
1. Property Address (Street & House No.)
 Lot 19 Block - Subdivision Riverview
 Date Recorded 1975 Directions to Job East on East Ocean Blvd to Sewall's Pt. Road; South to Riverview Drive; West to site
2. Owner or Builder Gary Scott
 P.O. Address 2301 City Stuart
3. Specifications

Tank 900 Gals. Drainfield 255 ft. of 6" clay tile or 5" perforated plastic drain in a 3' trench or ft. of 4" clay drain or 4" perforated plastic drain in an 24" 18" trench

Scale 1" = 50'

(Rear)

(Name of Street or State Rd.) (Side)



(Name of Street or State Rd.) (Side)

(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: GARY SCOTT
Please Print

Signature: Mary Scott

Date: 5-18-77

***** DO NOT WRITE BELOW THIS LINE *****
Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: TRENCHES ONLY
MAINTAIN A 10' SEPARATION FROM PUBLIC WATER LINES.

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: Mark A. Nease County Health Dept. MARTIN Date 5/19/77

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: _____ By: _____
FHA No. _____ VA No. _____

704

FLORIDA DEPARTMENT OF POLLUTION CONTROL

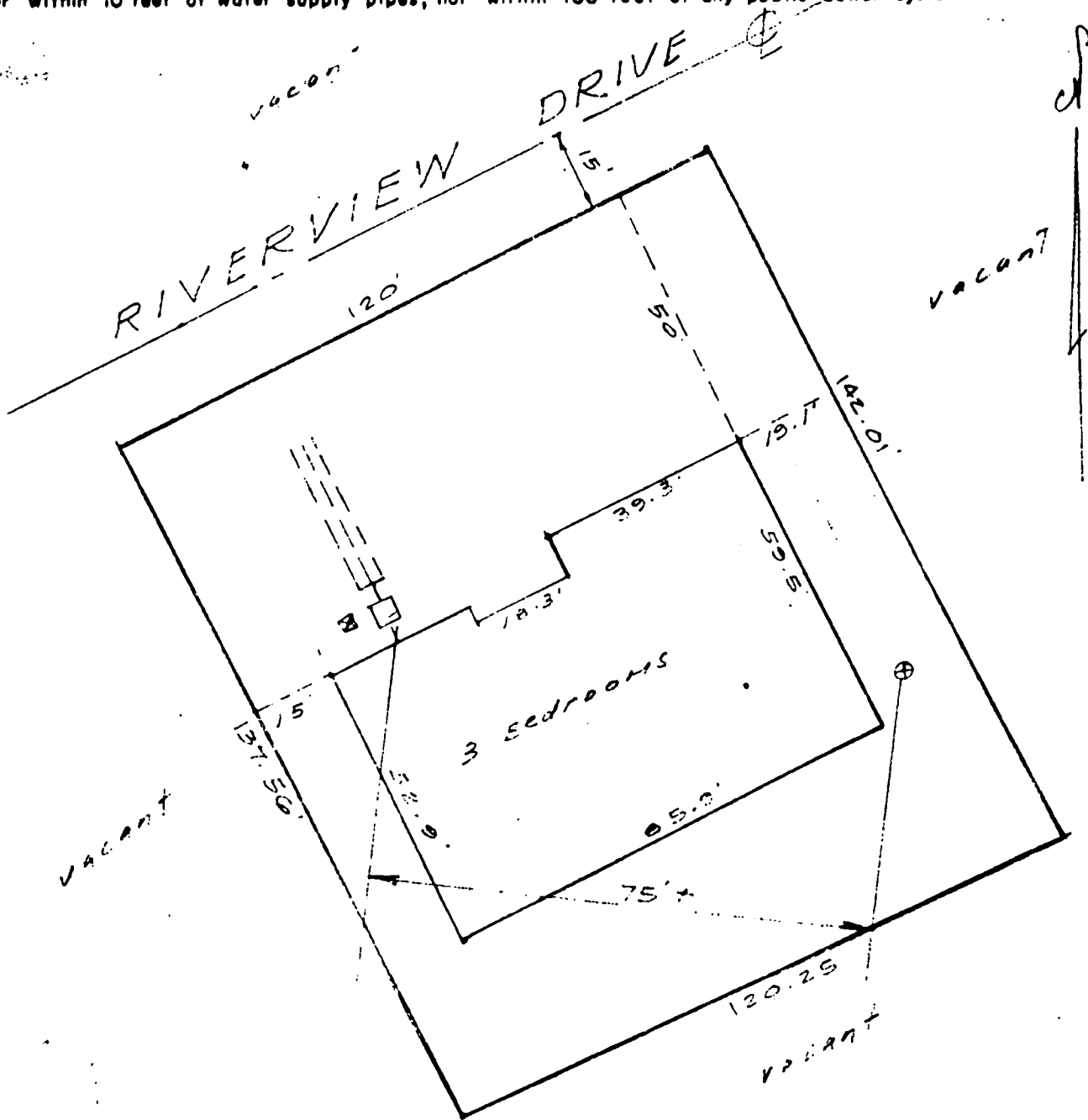
S. E. Subregion
 806 South 6th Street
 Fort Pierce, Florida 33450
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

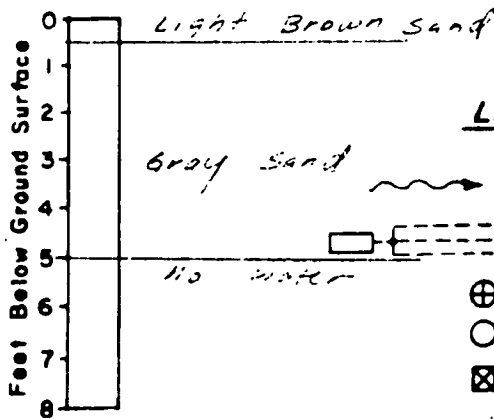
Location: Lot 19, Riverview Applicant: Gary Scott
(Sewalls Point) County: Manatee

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 20 ^{S.P.C.} mm/inch

Water Table Depth 5'

Water Table Depth During Wet Season 5'

Compacted Fill Of _____ Req'd

Compacted Fill Checked By: _____

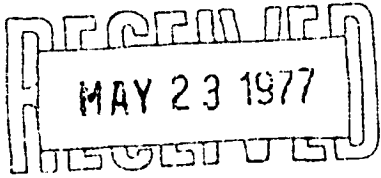
Date _____

CERTIFIED BY: W. L. Williams

FLORIDA PROFESSIONAL No. 1272

Date 5-18-77 Job No. _____

#704



TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date January 4, 1978

This is to request that a Certificate of Approval for Occupancy be issued to Gary B. & Rebecca S. Scott

For property built under Permit No. 704 Dated 6/1/77 when completed in conformance with the Approved Plans.

Signed [Signature]

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	6/14/77	Charles Duryea
Rough plumbing	6/2/77	"
Perimeter beam	7/6/77	"
Rough electric	9/21/77	"
Close in	9/21/77	"
Final plumbing	1/4/78	"
Final electric	1/4/78	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] 1/4/78 date

Approved by Town Commission [Signature] 1/4/78 date

Utilities notified 1/4/78 - 9:15 a.m. date

Original Copy sent to Gary Scott

(Keep carbon copy for Town files)

BUILDING PERMIT REQUIREMENTS

Permit No. _____

Date Issued _____

REQUEST FOR PERMIT TO BUILD: Residence

COPY OF DEED: O.R. Book 391 Page 1757

THREE COPIES PLANS Received 5/23/77

CERTIFIED BY Bessner-Julian Field Date 5/13/77
(If necessary re deed restrictions)

COUNTY SEWAGE DISPOSAL PERMIT # HD 77-388

REQUEST FOR CERTIFICATE OF OCCUPANCY 5/23/77

#704

SCOTT
NARTTOC DEV.
LOT 19, RIVERVIEW
9 RIVERVIEW DRIVE

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

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

For property built under Permit No. 704 Dated _____
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	6/14/77	
Rough plumbing	6/21/77	
Perimeter beam	7/6/77	
Rough electric	9/21/77	
Close in		
Final plumbing		
Final electric	7/14/78	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles C. Pranger date _____

Approved by Town Commission _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

2344

RE-ROOF

Permit No. _____

Date _____

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

2344

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 STEWART & NORMA BERRY Present Address 9 RIVERVIEW DR.

Phone 287-9420 STUART FL 34996

Contractor SAME Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: REPLACING ROTTED CEDAR SHAKES

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

Subdivision RIVERVIEW Lot number 19 Block number _____

Contract price \$ 5600.00 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 Norma M. Berry

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 Norma M. Berry

TOWN RECORD

Date submitted _____ Approved: Paul Brown 7/25/88
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.

3764

RE-ROOF

TAX FOLIO NO. 12-38-41-001-000-00190-80000 DATE 3-21-95

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

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

Owner Stewart Berry Present Address 9 Riverview Drive
Phone 287-9420 Stuart, FL 34995

Contractor Stein Co., Inc. Address 602 S. Market Avenue
Phone 465-9468

Where licensed State License Number CC CA42775

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: Reroof with 5-V crimp galvatum

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

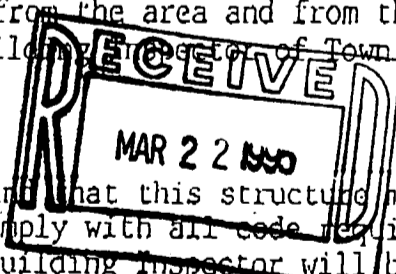
9 Riverview Drive

Subdivision Riverview s/p Lot Number 19 Block Number _____

Contract Price \$ 13,500.00 Cost of Permit \$ 100.00

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand 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 of Town Commissioner "Red-Tagging" the construction project.



Contractor Robert Ste...

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 Stewart E. Berry

TOWN RECORD

ate submitted _____

Approved: Dale Beon 3/22/95
Building Inspector Date

approved: [Signature]
Commissioner Date

Final Approval given: _____ Date

ertificate of Occupancy issued(if applicable) _____ Date

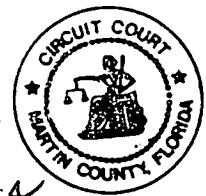
602 S. Market Ave.
Address: Fort Pierce, Fl 34982

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA S. LER, CLERK

BY [Signature]
DATE 3-22-95



This Instrument Prepared by:

Stein & Co., Inc
Address: 602 S. Market Ave
Fort Pierce, FL 34982

Property Address Parcel Identification (Folio) Number(s):

12-38-41-001-000-00190-80000
SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

NOTICE OF COMMENCEMENT

Permit No. _____

State of Florida }
County of Martin }

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (Include Street Address, if available) _____

9 Riverview Drive
Riverview 3/2 Lot 19

General description of improvements Reroof

Owner Stewart Berry

Address 9 Riverview Drive, Stuart, FL 34995

Owner's interest in site of the improvement Residence

Fee Simple Title holder (if other than owner) _____

Name _____

Address _____

Contractor Stein & Co., Inc

Address 602 S Market Avenue, Ft. Pierce, FL 34982

Surety _____

Address _____ Amount of bond \$ _____

Any person making a loan for the construction of the improvements:

Name _____

Address _____

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

Name _____

Address _____

In addition to himself, owner designates _____

Of _____

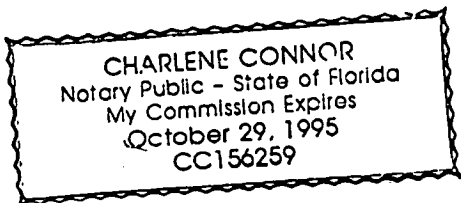
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

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

[Signature]
Signature of Owner

Stewart E. Berry
Printed Signature of Owner

NOTARY RUBBER STAMP SEAL



I have relied upon the following identification of the Affiant _____

Personally known
Sworn to and subscribed before me this 22 day of March
19 95

[Signature]
Notary Signature

Printed Notary Signature

5627

REMODEL

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 12/11/01

BUILDING PERMIT NO. 5627

Building to be erected for THOMAS A. SADLER

Type of Permit BATH/KITCHEN REMODEL

Applied for by O/B.

(Contractor)

Building Fee 376⁰⁰/₂₄

Subdivision RIVERVIEW Lot 19 Block _____

Radon Fee _____

Address 9 RIVERVIEW DR.

Impact Fee _____

Type of structure 12384 | 001000 5FL
~~00190 80000~~

A/C Fee 120⁰⁰/₂₄

Parcel Control Number:

Electrical Fee 120⁰⁰/₂₄

12384100 | 000 00190 80000

Plumbing Fee 120⁰⁰/₂₄


Amount Paid 813⁰⁰/₂₄ Check # 838 Cash _____


Roofing Fee _____

Total Construction Cost \$ 35,000⁰⁰/₂₄

PLAN REVIEW 53⁰⁰/₂₄
Other Fees (O/B. FEES) 84⁰⁰/₂₄

TOTAL Fees 813⁰⁰/₂₄

Signed  Applicant

Signed  Town Building Inspector
OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: THOMAS A. SADLER City: STUART State: FL Zip: 34996

Legal Description of Property: LOT 19, RIVERVIEW SUB. Parcel Number: 12-38-41-001-000-0019.0-80000

Location of Job Site: #9 RIVERVIEW DRIVE Type of Work To Be Done: KITCHEN & BATH REMODEL

CONTRACTOR/Company Name: OWNER - BUILDER Phone Number: 561-223-9211

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

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

ARCHITECT: NA Phone Number: _____

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

ENGINEER: NA Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 2085 Garage: 734 Covered Patios: 465 Screened Porch: 894

Carport: - Total Under Roof: 2085 Wood Deck: _____ Accessory Building: _____

Type Sewage: SEPTIC Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: C 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: 35,000⁰⁰ Estimated Fair Market Value (FMV) Prior

To Improvements: 235,000 If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO X

SUBCONTRACTOR INFORMATION

Electrical: ZANE CARTER State: FL License Number: ME00554

Mechanical: NIS AIR State: FL License Number: #CACO-41199

Plumbing: GRANT'S PLUMBING State: FL License Number: CFL 022527

Roofing: _____ State: _____ License Number: _____

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.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code 2012 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: MARTIN

This the 7 day of DECEMBER, 2001

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: _____

This the _____ day of _____ 200

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

Seal

ZANE CARTER ELECTRIC INC.

2049 N.W. AZALEA ST. STUART, FL. 34994
(561) 692-2048 ER-0014482

(ME00554)

PROPOSAL

12/4/01

TO Tom Sadler
9 Riverview Drive
Sewalls Point, FL.

Job Description:

Tom Sadler
9 Riverview Drive
Sewalls Point, FL.

DESCRIPTION
Master Bed:
1- Smoke detector
1- Paddle fan
Master Bath:
5- Recess cans
7- Single pole switches
2- Ceiling lights
1- Wall light
1- Vent/ light (contractors choice)
Den:
1- Paddle fan
Bedroom:
1- Paddle fan
Living room:
5- Recess cans
1- Paddle fan
2- Single pole switches
Laundry:
1- Washer
1- Dryer
Kitchen island:
6- GFI outlets
1- Oven
1- Hood
6- Recess cans
3- Ceiling lights
30- Rope light
Kitchen sink area:
1- Dish washer
1- Disposal
1- Refrigerator
1- GFI outlet
1- Paddle fan
2- Single pole switches
4- Recess cans

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(561) 692-2048 ER-0014482

PROPOSAL

12/4/01

TO Tom Sadler
9 Riverview Drive
Sewalls Point, FL.

Job Description:

Tom Sadler
9 Riverview Drive
Sewalls Point, FL.

DESCRIPTION	
Kitchen nook:	
3- duplex outlets	
1- Recess can	
1- Single pole switch	
Kitchen east wall:	
2- GFI outlets	
1- Ice machine	
1- Wine cooler	
3- Recess cans	
2- Single pole switches	
1- 3 way switch.	
Kitchen west wall:	
3- GFI outlets	
5- Recess cans	
2- 3 way switches	
3- Single pole switches	
Dining area:	
1- 3 way switch	
1- Ceiling light	
1- Single pole switch	

Four Thousand One Hundred Eight and.....00/00 **Total** \$4,108.00

Any deviation from above specifications incurring extra costs will only be executed with a written change order, and will be charged over and above the original proposal.

Payments are to be made as follows: 70% Rough in. 30% Trim out.

This proposal is void if not accepted within 30 days.

All fixtures provided by owner except for vent light, recess cans, and rope light.

Respectfully submitted Zane Carter

ACCEPTANCE OF PROPOSAL

The above terms, specifications and prices are satisfactory and are hereby accepted.

You are authorized to execute the work as stated above. Payments to be made as stated in original contract unless otherwise stipulated.

Date 12-7-01

Signature

Signature _____

NISAIR AIR CONDITIONING

1501 DECKER AVENUE D-404
STUART, FL 34994

PROPOSAL

Service: (561) 283-0904

Construction: (561) 220-3490

Fax: (561) 283-7229

SUBMITTED TO: Mr. Thomas Sadler
9 Riverview Drive
Stuart, FL 34996

JOB NAME: Same

Phone Numbers: 878-1400

Fax: 878-8196

NISAIR AIR CONDITIONING, hereby submits specifications and estimates for:

Installing 1 - Exhaust Fan Duct Work for Owner provided Vent and Hood with 1 - Bath Vent and

1 - Thru Wall Dryer Vent.

Total Installation: \$386.00

NISAIR AIR CONDITIONING, hereby proposes to furnish labor and materials complete
in accordance with the above specifications, for the sum of:

Net Cost: \$ 386.00

Three Hundred Eighty-Six Dollars and No Cents*****

With Payment to be as follows:

100% Due Upon Completion

NOTE: INVOICE BALANCES OVER 30 DAYS WILL BE SUBJECT TO A SERVICE CHARGE COMPUTED AT 1 1/2%
MONTHLY, 18% ANNUM, PLUS ATTORNEY FEES AND COURT COSTS, WHEN REQUIRED FOR COLLECTION.

This proposal is subject to acceptance within thirty days and is void thereafter at the option of the undersigned.

DATE: November 20, 2001 AUTHORIZED SIGNATURE:

PHILIP A. NISA, JR.

CACO #41199

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are hereby accepted.
You are authorized to do the specified work. Payment will be made as outlined.

DATE: ACCEPTED BY:

"Serving Your Air Conditioning Needs For Over 25 Years"

MASTER PERMIT NO. 5627

TOWN OF SEWALL'S POINT

Date 12/20/01

BUILDING PERMIT NO. 5628

Building to be erected for THOMAS A SADLER Type of Permit A/C SUB

Applied for by ZANE CARTER INC (Contractor) Building Fee _____

Subdivision RIVERVIEW Lot 19 Block _____ Radon Fee _____

Address 9 RIVERVIEW DR. Impact Fee _____

Type of structure SFR A/C Fee SEE 5627

QUALIFIED: ZANE CARTER
LIC/CERT: ME 00554

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed Mene Simmons / Me
Town Building Inspector
OFFICIAL

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
ZANEC-2
DATE (MM/DD/YY)
12/10/01

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 561-286-4334 Fax: 561-286-9389

INSURED
Zane Carter Electric, Inc.
2049 NW Azalea St
Stuart FL 34994

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

INSURER A: Southern Owners
INSURER B: Auto Owners Insurance 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	20605100	08/17/01	08/17/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY	4294792600	08/17/01	08/17/02	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
X	EXCESS LIABILITY	20603448	08/17/01	08/17/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 5000				\$
	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
Electrical Contractor

CERTIFICATE HOLDER	N ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWSC-1		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point FL 34996		AUTHORIZED REPRESENTATIVE Cabot W. Lord, CIC.

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 06/30/2000
EXPIRATION DATE 06/30/2002
EXEMPTED INDIVIDUAL NAME CARTER ZANE
S.S. 015-52-6718
BUSINESS NAME CARTER ZANE ELECTRIC INC
FEIN 651015209
BUSINESS ADDRESS 2049 NW AZALEA STREET
STUART FL 34994

NOTE: Pursuant to Chapter 440.10(1),(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 06/30/2000

EXPIRATION DATE 06/30/2002

EXEMPTED PERSON LAST NAME CARTER

FIRST NAME ZANE

SOCIAL SECURITY NUMBER 015-52-6718

BUSINESS NAME CARTER ZANE ELECTRIC INC

FEDERAL IDENTIFICATION NUMBER 651015209

BUSINESS ADDRESS 2049 NW AZALEA STREET

STUART

FL 34994

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NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

C U T H E R E

* Carry bottom portion on the job, keep upper portion for your records.

1 W HIGH POINT. 5611



**MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency**

License: ME00554
Expires September 30, 2003

CARTER, ZANE A
ZANE CARTER ELECTRIC INC
2049 NW AZALEA ST
STUART, FL 34994
MASTER ELECTRICIAN

Load Calculation For 9 Riverview Drive

2040s.f.@ 3W per s.f.	6120
2-HVAC	18000
Range name plate.	9600
Range hood.	960
D.W.	1900
Disp.	1900
Ref.	1900
Wine	1900
Ice	1900
Pump	5500
Tub	1200
Tub	1200
Dryer	5000
Total	57080
First 10000 W @ 100%	10000
Remainder @ 40%	18832
Total	28832
28832 W @ 240 V.	120 amps



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 9 Riverview

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

Plumbg. U-ground

no water in pipe
hydrostatic test

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: 1/12/02



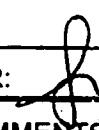
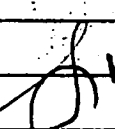
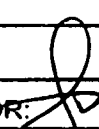
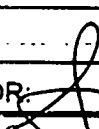
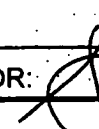
[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~TU~~, 2004, Page 1 of 2.

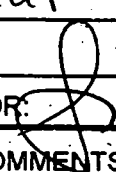
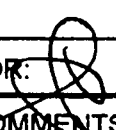
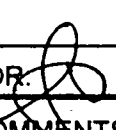
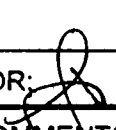
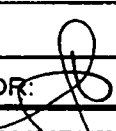
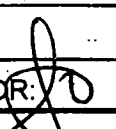
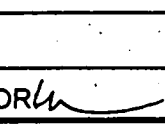
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	TIE BEAM	Failed	
(6)	133 S. RIVER RD. MACARI			INSPECTOR: 
5652	Johnson	Grnd. + Steel	Failed	
(1)	2 Oakhill way Blue Heron Pools			INSPECTOR: 
5647	Pantou	Deck Slab	Passed	
(8)	17 SE Island Rd. Coastal Av			INSPECTOR: 
5636	Francis	Temp Power (Alteration)	Passed	
(5)	11 S. River Rd. Cook Bldg.			INSPECTOR: 
5021	SWICK	ROUGH PLUMB	Failed	
(4)	9 RIVERVIEW SADDLER			INSPECTOR: 
4917	ROBINSON	METER FINAL	Failed	
(7)	173 S. RIVER RD KODIAK CONST.			INSPECTOR: 
5599	WATSON	SMOOTHWALL	Failed	
(3)	30 N. RIVER ROAD PACIFIC			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun ~~July 10~~ 2001; Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5646	Whaley	Sheathing	Passed	Partial
(2)	9 Knowles Rd Cadwal			INSPECTOR: 
5627	SADLER	UNDERB.D. CUMBER	Passed	
(6)	9 RIVERVIEW DR GRANTS			INSPECTOR: 
5652	Johnson	POOL STEEL	Failed	(2 & 3 Cont. on top)
(1)	2 OAK HILL BLUE HEMLOCK			INSPECTOR: 
5599	WATSON	SHEATHING	Passed	(Partial)
(4)	30 N. RIVER RD. PACIFIC			INSPECTOR: 
5022	SMITH	TIE BEAM	Passed	
(1)	133 S RIVER RD. MCKEAN			INSPECTOR: 
5421	ROBINSON	FENCE FINAL	Passed	
(5)	10 BALEYAN			INSPECTOR: 
5068	WINER	A/C	Failed	
	19 RIDGELAND LEAR			INSPECTOR: 

OTHER: _____



Call us

TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

Call us

CORRECTION NOTICE

ADDRESS: 9 Riverview

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

Plumbing:

- AC/EL (+load calc) + Plans ^{AC}/_{EL}
- Copper folding conc. wall in shower
- Fill in floor below vent,
- install tub mixing valve + ground to valve for pump
- hydronot lost on drain
- strap let drain
- insulate copper + concrete blocks to reinstate block strength

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: 1/22/02


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~Jan 23~~, 2007; Page 1 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5599	WATSON	SHEATHING/TIN	Passed	
(2)	30 N. RIVER RD. PACIFIC	TAC		INSPECTOR: [Signature]
5460	STATION	ME/TRUSS. ENG?	Ac	Passed
(7)	6 SABLE CT. O/R	TRADES EI	Plumb Failed	Passed INSPECTOR: [Signature]
5636	FRANCIS	STEM WALL FTGS.	PASSED	- MS
	5 S. RIVER DR. WILBOREDWAY			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5627	STADLER	Roofing Elec	Failed	No permit
(8)	9 RIVERVIEW DR. ZANGRE ELEC/Grants	Plumb Rough A/C DUCT Wk.		No access INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5573	FLAUGH	TEMP. ELEC	Passed	
(1)	6 INDIALUCIE HYENACRU			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5551	SMALL	FINAL -	Passed	
(6)	62 S. RIVER RD. WOODLAND	BATH/KITCHEN (ELECT/PLUMB/BLDG)		INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5541	MILORD	TIE BEAM	Passed	
(5)	144 N. SPR O/B			INSPECTOR: [Signature]

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Jan 28, 2001; 2 Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5538	MATTAWAY 141 S. RWEK RD. S + B.	STEEL.	Passed	INSPECTOR: <i>W</i>
5063.	ROBINSON. 173 S. RIVER RD. DRAFTWOOD.	BLDG FINAL.	Failed	INSPECTOR: <i>J</i>
5489	STARBUZZI. 12 RIO VISTA STARBUZZI	METAL ROOF	Passed	INSPECTOR: <i>J</i>
5627	STARBUZZI 9 RUTHERFORD DR SADDLER	FRAMING FRAMING.	Passed	INSPECTOR: <i>J</i>
5567	WEDER 4 MANDALAY BUFORD.	TIM TAC.	Failed	INSPECTOR: <i>J</i>
5623	J+J Hart 61 S. River Forward E1	Temp Pole	Passed	INSPECTOR: <i>W</i>
				INSPECTOR: <i> </i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~January 20~~, 2001; Page 1 of .







PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	Winer 19 Ridgeland Lori Dev.	Framing		CANCEL TO FRI. INSPECTOR:
5656	Damino 5 Island Rd. Taylor Roofg.	T.Tag/metal Sheathing !!	Failed	 INSPECTOR:
5659	WEHR 14 S. SEWALL PT RD. LIBRA	SIDING FINAL	Passed	 INSPECTOR:
5448 5448	VORLASSO. 21 PERDWINKLE 21 PERDWINKLE. RLM CONST.	BUDG FINAL BUDG FINAL ALL TRADES	insp. Ok Paperwork Handed	CALL GABRIEL FOR KEY 286-7600 INSPECTOR: 9:00 AM
5627	SADLER 9 RIVERVIEW DR SADLER	INSULATION	Passed	 INSPECTOR:
5663	ROBINSON 173 S. RIVER RD. DLFTWOOD	BUDG FINAL	Passed	30 day CO → Smoke test ? INSPECTOR:
5636	Francis 6 South River Wilberding	Grd. Rough Plumb	Passed	 INSPECTOR:

OTHER: 11 Perimeter Lane old inspection
PS 463 4193

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri APRIL 3, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5627	SADLER	FINAL	Passed	
(9)	9 RIVERVIEW DR OIB	ALL PLUMBING + ELECTRICAL		INSPECTOR: 
4978	RIMER	FINAL FOR		
(13)	29 S. RIVER RD. LEAR	CO		INSPECTOR:
5673	MCCARTHEY	FENCE - FINAL	Passed	
(11)	3 KINGSTON RD. QUALITY FENCE			INSPECTOR: 
5721	JOHNSON	FENCE -	Passed	
(1)	2 OAK HILL WAY QUALITY	FINAL		INSPECTOR: 
5722	KRAMER	FENCE -	Passed	
(8)	11 S. RIDGEVIEW QUALITY	FINAL		INSPECTOR: 
5688	WHALEN	DECK INSP.	Failed	
(3)	9 KNOWLES RD. TWIN POOLS	(POOL)		INSPECTOR: 
5739	GASIOREK	PRE-POUR - SLAB	Passed	
(2)	67 N. RIVER RD. CONWAY			INSPECTOR: 

OTHER: FPL 3X / w/ bedding form board

8614

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6-1-07

BUILDING PERMIT NO. 8614

Building to be erected for Sadler

Type of Permit Reroof

Applied for by All Area

(Contractor)

Building Fee _____

Subdivision Riverview Lot 19 Block _____

Radon Fee _____

Address 9 SE Riverview Dr

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

12384-001-000-00190-8

Roofing Fee 120

Amount Paid \$120 Check \$1264 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 7000

TOTAL Fees 120

Signed Caroleann Huges
Applicant

Signed John Adams
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED
2-24-07

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 5-24-07

OWNER/TITLEHOLDER NAME: Thomas Sadler Phone (Day) 772-223-9211 (Fax) _____

Job Site Address: 9 SE Riverview Drive City: Sewall's Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Riverview Spd Lot 19 Parcel Number: 12-38-41-001-000-00190-8

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

Scope of work: lean off e Me-roof

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO X

Has a Zoning Variance ever been granted on this property?

YES _____ (YEAR) _____ NO _____

(Must include a copy of all variance approvals with application)

COST AND VALUES:

Estimated Value of Construction or Improvements: \$ 7000.00

(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: All Area, Inc. Phone: 772-464-6800 Fax: 772-464-6000

Street: 3921 S. US Hwy 1 City: Ft. Pierce State: FL Zip: 34982

State Registration Number: CCC1327674 State Certification Number: _____ Municipality 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 2035 Wood Deck: _____ Accessory Building: _____

NOTICE: In addition to the requirements of this permit, there may be other 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 (W/2006 Rev.)
National Electrical Code: 2005 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 AUTHORIZED AGENT SIGNATURE (required)
Thomas A Sadler

State of Florida, County of: Manatee

This the 30th day of May, 2007

by Thomas A Sadler who is personally

known to me or produced FD# 5346-821-641430

as identification. Valerie Meyer
Notary Public

My Commission Expires: _____
Seal COMMISSION # DD552119

CONTRACTOR SIGNATURE (required)
David McDonnell

On State of Florida, County of: St. Lucie

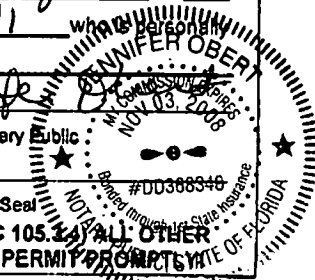
This the 25 day of May, 2007

by David McDonnell who is personally

known to me or produced _____

As identification. Jennifer O...
Notary Public

My Commission Expires: _____
Seal #DD388348



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

May 24, 2007 8:00AM

No. 8565 P. 1/2

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/24/2007

PRODUCER (813)637-8877 FAX (813)637-8484
Insurance Office of America, Inc.
4915 W. Cypress Street
Tampa, FL 33607

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 All Area, Inc.
3921 S. US Hwy 1
Fort Pierce, FL 34982

Fax No. 772-464-6600

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	SUA Insurance Company	40134
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.

INBR ADD'L TR INSRKT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	10APRRF-100546-GL01	11/17/2006	11/17/2007	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (EA OCC/ROOM) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	CARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below				WC STATUS: <input type="checkbox"/> <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

Town of Sewall's Point
Attn: Building Department
One S. Sewall's Point Road
Sewall's Point, FL 34996

CANCELLATION


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

AUTHORIZED REPRESENTATIVE
Bruce Johnson/MARTDE *Bruce Johnson*

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (mm/dd/yyyy) 5/24/2007
PRODUCER Affiliated Agency Ops 16 South River Street Wilkes-Barre, PA 18702	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 Employee Leasing Solutions, Inc. 1401 Manatee Ave W, Suite 600 Bradenton, FL 34205	INSURERS AFFORDING COVERAGE INSURER A: EastGUARD Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 14702

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	ADDL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yyyy)	POLICY EXPIRATION DATE (mm/dd/yyyy)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L 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) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: FA ACC \$ ACC \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	EMWC802839	01/01/2007	01/01/2008	<input checked="" type="checkbox"/> WC STAT. DTH TOBY LIMITS ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER Client ID: #2210018				* Valid in the State of Florida *

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF: All Area Inc Qualifiers Name: David Bryan McDonnell Sr. Aprox active employee count: 33 Jobsite:	EastGUARD Insurance Company carries an A.M. Best Rating of A- (Excellent) and a financial size Category of VIII 
---	--

CERTIFICATE HOLDER Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point, FL 34998	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>Stacey Sweeney</i>
---	--



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MCDONNELL, DAVID BRYAN SR
ALL AREA INC
4703 WHISPERING WIND AVE
TAMPA FL 33614

STATE OF FLORIDA AC# 2904202
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CCC1327674 10/18/06 060084924

CERTIFIED ROOFING CONTRACTOR
MCDONNELL, DAVID BRYAN SR
ALL AREA INC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2008 L06101800056

DETACH HERE

AC# 2904202

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06101800056

DATE	BATCH NUMBER	LICENSE NBR
10/18/2006	060084924	CCC1327674

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

MCDONNELL, DAVID BRYAN SR
ALL AREA INC
4703 WHISPERING WIND AVE
TAMPA FL 33614

2007 / 2007

ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT

BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

ACCOUNT 1001283

EXPIRES September 30, 2007

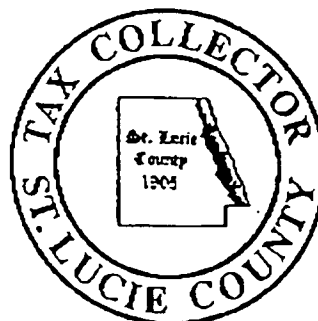
FACILITIES
OR

MACHINES 0 / 0 ROOMS 0 SEATS 0 EMPLOYEES 1

TYPE OF BUSINESS 1761 ROOFING/SHEET METAL CONTRACTOR / ROOFING

BUSINESS NAME: David McDonnell All Area Inc

MAILING ADDRESS David McDonnell
All Area Inc
3921 S US Hwy #1
Fort Pierce, Fl 34982



BUSINESS LOCATION 3921 S US Hwy #1
St Lucie County
2434-601-0050-000/9

P06000034932

CCC1327674

RENEWAL	
x NEW RECEIPT	
TRANSFER-	
ORIGINAL TAX	\$11.80
AMOUNT	\$11.80
PENALTY	
COLLECTION COST	
TOTAL	\$11.80

03/01/2007 21-20070301-000720 11.80 Check

(Enclose self-addressed stamped envelope)
Return to - Name
Address:

Permit No.: _____
Tax DP ID No.: 12-38-41-001-000-00190-8

IN TR # 2016839
OR BK 02252 PG 2018
Pg 2018 (1pg)
RECORDED 05/31/2007 02:35:30 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Garza

Space Above This Line For Recording Data

NOTICE OF COMMENCEMENT

State of Florida
County of Martin County

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this Notice of Commencement.

1. Legal Description of property (include street address, if available) 9 SE Riverview Dr, Stuart FL, 34996
Riverview SD LOT 19

2. General Description of improvements Tearoff existing Flat Roof and replace Wood Damage

3a. Owner Name Thomas A Sadler
Owner Address 9 RIVERVIEW DR STUART FL 34996

3b. Owner's Interest in Property OWNER

3c. Fee Simple Title Holder (if other than owner)
Address _____ Owner's Fax No. (if applicable) _____

4. Contractor Name All Area Roofing
Address 3921 South US Hwy 1 Fort Pierce FL 34982

5. Surety Name (if any) _____ Amount of Bond _____
Address _____ MARTIN COUNTY

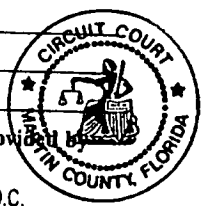
6. Lender Name _____ THIS IS TO CERTIFY THAT THE
Lender Address _____ FOREGOING 1 PAGES IS A TRUE

7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided in Section 713.13(1)(a)(7), Florida Statutes:
Name _____ Address _____ BY [Signature] D.C.
MARSHA EWING, CLERK

8. In addition to himself, Owner designates the following person to receive a copy of the Lender's Notice as provided in Section 713.13(1)(b), Florida Statutes
Name _____ Address _____

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

[Signature]
Signature of Property Owner (no agents or contractor)

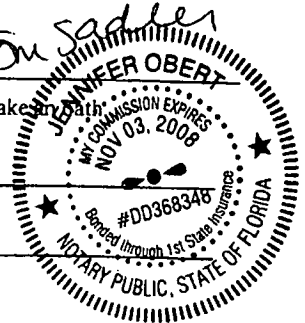


STATE OF FLORIDA
COUNTY OF Martin

The foregoing instrument was acknowledged before me this 24 date of May, 2007, by Tom Sadler who (is)(are) personally known to me or produced FL DL as identification, who did / did not take an oath.

Jennifer Obert
Notary Public
11/3/2008
My Commission Expires

Jennifer Obert
Print Notary's Name
00368348
Commission Number



(A copy of any bond must be attached at the time of recordation of this Notice of Commencement.)



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

RE-ROOF PERMIT CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: All Area, Inc. PHONE #: 772-464-6800 FAX: 772-464-6600

OWNER'S NAME: Thomas Sadler

CONSTRUCTION ADDRESS: 9 SE Riverview Dr. CITY Sewall's Point STATE FL

RE-ROOF: [X] RESIDENTIAL (SINGLE FAMILY)

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

** DISCONNECT/RECONNECT HVAC ELECTRICAL YES NO

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

ROOF TYPE: HIP BOSTON-HIP GABLE [X] FLAT OTHER

ROOF PITCH: 1/2 SLOPE Flat

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

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

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

EXISTING DECK TO REMAIN/REPAIRED

EXISTING ROOF COVERING: Modified Bit EXISTING COVERING TO BE REMOVED? YES NO [X]

PROPOSED NEW ROOF COVERING: Modified Bitumen

MANUFACTURER Johns Manville PRODUCT NAME mod Bit over wood PRODUCT APPR # 06-0626.04

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

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

PROPOSED FLASHING: GALV/STEEL ALUMINUM COPPER OTHER W/A

RIDGEVENT TO BE INSTALLED: YES NO [X]

DESCRIPTION OF WORK: Tear off & re-roof with hot material

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

SIGNATURE OF CONTRACTOR

DATE: 5-23-07

FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE 5-29-07 BUILDING OFFICIAL



**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**

NOTICE OF ACCEPTANCE (NOA)

**Johns Manville Corporation
717 17th Street
Denver, CO 80202**

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: Johns Manville Modified Bitumen Roofing Systems Over Wood Decks

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

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

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

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

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

This NOA renews NOA # 04-0401.05 and consists of pages 1 through 24.
The submitted documentation was reviewed by Jorge L. Acebo.

Jorge L. Acebo



**NOA No.: 06-0626.04
Expiration Date: 07/19/11
Approval Date: 08/10/06
Page 1 of 24**

pgs. 2, 3, 21

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of inspection: Mon Wed Fri 6-6, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8613		A/C CHANGE OUT.	PASS	CLOSE
1	22 EMARITA	8:15		INSPECTOR: <i>[Signature]</i>
	ADVANTAGE AIR			
8614	Sadler	Drain	PASS	
3	9 Riverview Dr	LATE		INSPECTOR: <i>[Signature]</i>
	all area	IN PROGRESS		
8475	Hepworth	Gas final	PASS	CLOSE
4	8 Riv Vista			INSPECTOR: <i>[Signature]</i>
	Sand Castle Trp Disc.			
0027	Carlson/Brenner	insulation		RESCHEDULE
6	3 Tuscan La	LATE		INSPECTOR: <i>[Signature]</i>
	Masterpiece			
8533	West	window	CANCEL	
5	Palmetto Dr.			INSPECTOR:
	OTB			
0068	Foule	Mechanical	PASS	
7	94 N. Sewalls	plumbing	PASS	INSPECTOR: <i>[Signature]</i>
	Walter White	Framing	PASS	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Cevinger	Footings		INSPECTOR:
	8 Castle Hill	privatization	CANCEL	

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

A/C #2 15 ✓ 45 ✓
A/C #1 30 ✓ 30 ✓

Date of Inspection: Mon Wed Fri 6-8, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
845	Chasinger	Pool for	10-10-07	
	Blanchard	privacy wall		
	OIB/CAO			INSPECTOR:
8611	Saaler	Final	PASS	CLOSE
3	9 Linniew Dr all area roof.			INSPECTOR: <i>[Signature]</i>
8611	Brunelle	Final fence	PASS	CLOSE
2	32 E High Pt OIB			INSPECTOR: <i>[Signature]</i>
8616	Brunelle	Berm rough grade	FAIL	
2	32 E High Pt OIB	rough grade	FAIL	INSPECTOR: <i>[Signature]</i>
8608	Cushing	Final	FAIL	
4	102 Abbie Ct Coastal Shutters			INSPECTOR: <i>[Signature]</i>
7819	TIDIKIS	FINAL	FAIL	
1	12 CRANES ADVANCE CONCRETE			INSPECTOR: <i>[Signature]</i>
0027		INSULATION	PASS	
5	3 TUSCAN MASTERPIECE			INSPECTOR: <i>[Signature]</i>

OTHER:

8871

SIDING



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	8871	DATE ISSUED:	4-24-2008
SCOPE OF WORK:	REMOVE STONE AND REPLACE WITH STUCCO		
CONDITIONS:			
CONTRACTOR:	FRANKLIN CONST.		
PARCEL CONTROL NUMBER:	123841001000001908	SUBDIVISION	RIVERVIEW- LOT 19
CONSTRUCTION ADDRESS:	9 RIVERVIEW		
OWNER NAME:	LUGER		
QUALIFIER:	JEFF MCCAULEY	CONTACT PHONE NUMBER:	486-6171

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

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

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

REQUIRED INSPECTIONS

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

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

3-27-13 Called - left mess -

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

Date: 4/18/08 Permit Number: _____

OWNER/TITLEHOLDER NAME: Paul Lujan Phone (Day) 772-7089174 (Fax) _____

Job Site Address: 89 Riverview Rd City: Sewall's Point State: FL Zip: 34994

Legal Desc. Property (Subd/Lot/Block) LOT 19 Riverview Sub Parcel Number: Plat 6 Pgs 86
12-38441-001-000-00190-8

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

Scope of work: DEMO Stone Columns Face RESTUCCO Texture Finish

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO X

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2400
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

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

CONTRACTOR/Company: Franklin Const. Phone: 263-9076 Fax: _____

Street: 1159 Army Ave City: Jensen Bch State: FL Zip: 34987

State Registration Number: _____ State Certification Number: CGC060250 Municipality License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: 772-486-6171

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Pimb., Fuel Gas: 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
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.

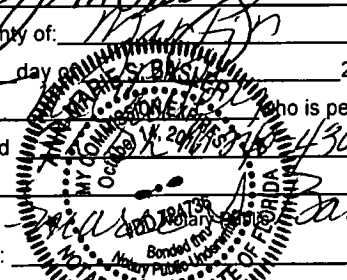
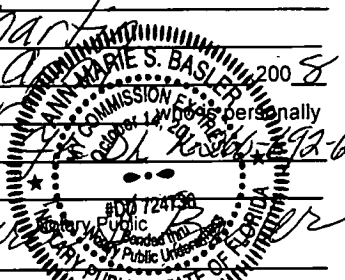
*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****

OWNER SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: Martin
This the 18th day of April, 2008
by Paul Lujan who is personally known to me or produced as identification
My Commission Expires: _____

On State of Florida, County of: Martin
This the 18th day of April, 2008
by Jeffrey J. Basler who is personally known to me or produced as identification
My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION OF ABANDONMENT (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

Parcel ID Number: 12-38-41-001-000-00190.8

Warranty Deed

This Indenture, Made this 24th day of April, 2008 A.D., **Between**
Thomas A. Sadler, a married man, joined by his spouse, Lisa Sadler

of the County of Martin, State of Florida, **, grantor,** and
Paul L. Luger and Katherine B. Luger, husband and wife

whose address is: 9 SE Riverview Dr., Stuart, FL 34996

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

Witnesseth that the GRANTOR, for and in consideration of the sum of
-----TEN DOLLARS (\$10)----- DOLLARS.
and other good and valuable consideration to GRANTOR in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEES and GRANTEES' heirs, successors and assigns forever, the following described land, situate, lying and being in the County of Martin, State of Florida to wit:
Lot 19, RIVERVIEW SUBDIVISION, according to the plat thereof as recorded in Plat Book 6, Page 86, Public Records of Martin County, Florida.

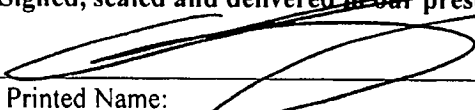
SUBJECT TO:

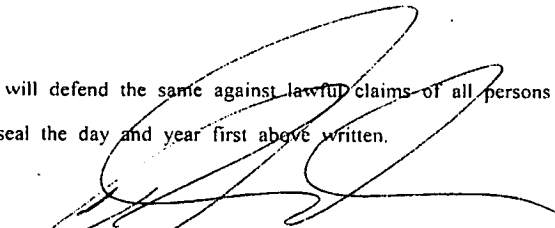
1. Taxes for the year 2008 and all subsequent years;
2. Zoning restrictions, prohibitions and other requirements imposed by governmental authority;
3. Restrictions, and matters appearing on the plat or otherwise common to the subdivision; and
4. Public utility easements of record, if any.

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


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

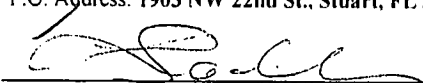
Signed, sealed and delivered in our presence:


Printed Name: _____
Witness



Thomas A. Sadler (Seal)
P.O. Address: 1903 NW 22nd St., Stuart, FL 34994


Printed Name: MARIE T. KUHLENS
Witness



Lisa Sadler (Seal)
P.O. Address: 1903 NW 22nd St., Stuart, FL 34994

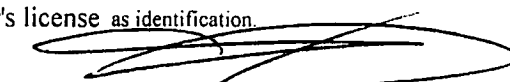
STATE OF Florida
COUNTY OF Martin

The foregoing instrument was acknowledged before me this 24th day of April, 2008 by
Thomas A. Sadler, a married man, joined by his spouse, Lisa Sadler

who are personally known to me or who have produced their Florida driver's license as identification



Christopher J Twohey
My Commission DD340511
Expires July 28, 2008



Printed Name: _____
Notary Public
My Commission Expires: _____



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

Site Provided by...
governmentmax.com T1.13

Summary

print | | | | | Address
1 of 1

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-001-000-00190-8	9 SE RIVERVIEW DR	27509	Address	0	1

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

Summary
Property Location 9 SE RIVERVIEW DR
Tax District 2200 Sewall's Point
Account # 27509
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.385

Legal Description
Property Information
 RIVERVIEW S/D LOT 19

Search By

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

Owner Information
Owner Information
 SADLER, THOMAS A

Mail Information
 9 RIVERVIEW DR
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$202,630
Market Total Value \$477,630

Site Functions

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

Recent Sale
Sale Amount \$235,000

Sale Date 11/28/2000
Book/Page 1519 1182

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

Legal disclaimer / Privacy Statement

Data updated on 04/09/2008



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-1-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10339	Robinson 173 S. RIVER Emil LaViola	DRAIN PIPE Lower wall	Pass	INSPECTOR <i>A</i>
10351	Burkhardt 5 Emarita Hlynns AC	Final AC	Pass	CLOSE INSPECTOR <i>A</i>
891	Logan 9 Bunker Hill AC Franklin Const	Final AC	Pass	CLOSE INSPECTOR <i>A</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

9059

A/C CHANGE OUT



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:	9059	DATE ISSUED:	NOVEMBER 19, 2008
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	123841001000001908	SUBDIVISION	RIVERVIEW - LOT 19
CONSTRUCTION ADDRESS:	9 RIVERVIEW DR		
OWNER NAME:	LUGER		
QUALIFIER:	JOHN CRANE	CONTACT PHONE NUMBER:	287-1227

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

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 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 11-18-08
TOWN OF SEWALL'S POINT

Date: 11-18-08 **Town of Sewall's Point** **BUILDING PERMIT APPLICATION** Permit Number: _____

OWNER/TITLEHOLDER NAME: PAUL LUGER Phone (Day) 291-3728 (Fax) _____

Job Site Address: 9 RIVERVIEW DR City: STUART State: FL Zip: 34996

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

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

Scope of work: CHANGE AIR HANDLER AND CONDENSOR

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO ✓

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2300.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION***

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

CONTRACTOR/Company: KRAUSS & CRANE Phone: 287-1227 Fax: 283-4055

Street: 904 S Dixie Hwy City: STUART State: FL Zip: 34994

State Registration Number: CAC049286 State Certification Number: _____ Municipality License Number: _____

PROJECT SUPERINTENDANT: TIM WOJCIK CONTACT NUMBER: 287-1227

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
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3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.95

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
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.

*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****
OWNER SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____
State of Florida, County of: Martin State of Florida, County of: Martin
This the 19th day of Nov 2008 This the 14th day of July 2008
by Paul R. Luger who is personally known to me or produced FD# 650-468-56-4020 known to me or produced _____ as identification. Valerie Meyer as identification. Valerie Meyer
My Commission Expires: _____ My Commission Expires: _____
Notary Public Notary Public

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



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

Site Provided by...
 governmax.com T1.12

Summary

print Owner 2 of 2

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-001-000-00190-8	9 SE RIVERVIEW DR	27509	Owner	0	1

Summary

Property Location 9 SE RIVERVIEW DR
Tax District 2200 Sewall's Point
Account # 27509
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.385

Legal Description

Property Information
 RIVERVIEW S/D LOT 19

Search By

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

Owner Information

Owner Information
 LUGER, PAUL L & KATHERINE B

Mail Information

9 SE RIVERVIEW DR
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$223,250
Market Impr Value \$194,930
Market Total Value \$418,180

Site Functions

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

Recent Sale

Sale Amount \$475,000

Sale Date 4/30/2008
Book/Page 2325 0983

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 11/06/2008





TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 9 RIVERVIEW

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

A/C FINAL

ADJACENT COMP/COND. UNITS
NEED 24" SEPARATION
FOR PROPER AIR FLOW
PER MANUFACTURER -

MIN/MAX CIG BRKR SIZE
FOR LARGE UNIT IS 40 A.
EXIST BRKR IS 30 A.

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: 11/26

A handwritten signature in black ink, appearing to be "M. J. [unclear]", written over a horizontal line.

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-26, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Goldman	Trees	PASS	
3	4 Summer Ln Sampson Tree			INSPECTOR: <i>[Signature]</i>
9047	Willis	Final	PASS	CLOSE
1	3 Worth Ct Ester Concrete			INSPECTOR: <i>[Signature]</i>
8648	FETZNER	PLG. ROUGH	CANCEL	
4	2 W. HIGH PT. O/S.			INSPECTOR:
8967	Elliott	Final	PASS	CLOSE
2	24 W High Pt Krauss & Crane			INSPECTOR: <i>[Signature]</i>
9059	Judge	Final	PASS	
10AM	9 Riverview Dr Krauss & Crane (2 units)			INSPECTOR: <i>[Signature]</i>
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
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2204765

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

DATE: 11-20-08 PERMIT NUMBER: 9059

JOB ADDRESS: 9 River view DR

PLEASE CHECK ONE OF THE FOLLOWING:

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

ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING

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

DESCRIPTION OF REVISION(S): REPLACE DUCTWORK + FULL SYSTEM
CONDENSOR AIR HANDLER AND DUCTWORK ON OTHER SIDE OF HOUSE

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 2,000
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: JOHN CRANE SIGNATURE: John Crane

PHONE NUMBER: 287-1227 FAX NUMBER: 283-4055

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 11-20-08 Approve Deny

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

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

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

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

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ NE

Applicant notified by: Jalevi 11-20-08 Date: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection: Mon Tue Wed Thur Fri 1-7-2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		work w/o permit?	—	NO ACCESS
CE	11675 Sewalls Pt			INSPECTOR <i>[Signature]</i>
9063	Allman	(preinspect fastened)		(Close)
2	45 Rio Vista	Buck	PASS	
	OB	THRESHOLD		INSPECTOR <i>[Signature]</i>
9028	Henner	columns	PASS	BAR. ONLY.
1	4 Morgan Cir			
	Gubben Conat			INSPECTOR <i>[Signature]</i>
9017	Higgs	dry-in / metal	PASS	
3	7 N Ridgeway			
	Seaside Roofing			INSPECTOR <i>[Signature]</i>
9056	Conroy	Final	PASS	RECEIVED MANU.
	126 S Sewalls		(Close)	LETTER
	Krauss + Crane			INSPECTOR <i>[Signature]</i>
9059	Judge	Final	PASS	(Close)
11AM	9 Riverview Dr			
	Krauss + Crane			INSPECTOR <i>[Signature]</i>
2948	Vanfossen	Final	PASS	Close
	158 S River Rd			
	Advantage Pool			INSPECTOR <i>[Signature]</i>

10305

WINDOW/DOOR
REPLACEMENT



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:	10305	DATE ISSUED:	12/12/2012
SCOPE OF WORK:	REPLACE 6 WINDOWS		
CONTRACTOR:	HOME DEPOT		
PARCEL CONTROL NUMBER:	123841-001-000-001908	SUBDIVISION	RIVERVIEW - LOT 19
CONSTRUCTION ADDRESS:	9 RIVERVIEW DR		
OWNER NAME:	LUGER		
QUALIFIER:	BOYSIE RANDIAL	CONTACT PHONE NUMBER:	954-271-1405

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

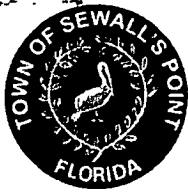
NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES,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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10305
ADDRESS	9 RIVERVIEW DR - LUGER
DATE	SCOPE OF WORK REPLACE 6 WINDOWS

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)		\$	
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	5555
Total number of inspections @ \$75.00 each	2		150
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2.25
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2.25
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	159.50

pd
ck# 56061

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 12/7/12 Permit Number: 10305
 OWNER/LESSEE NAME: Paul Luger Phone (Day) 708-9174 (Fax) _____
 Job Site Address: 9 Riverview Dr. City: Sewalls Point State: FL Zip: 34994
 Legal Description: Riverview S/D Lot 19 Parcel Control Number: 12-38-41-001-000-00190-8
 Fee Simple Holder Name: N/A Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Replace 6 windows size for size

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 5555.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X _____
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: The Home Dept At Home Svc. Phone: 954 271 1405 Fax: 954 271 1414
 Qualifiers name: Boysie Randal Street: 674 So. Military Trl City: Deerfield Bch State: FL Zip: 33442
 State License Number: CR00410868 OR: Municipality: _____ License Number: _____
LOCAL CONTACT: Kelley Kisor Phone Number: 954 271 1405
DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: 2035 Garage: 650 Covered Porches: 1137 Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

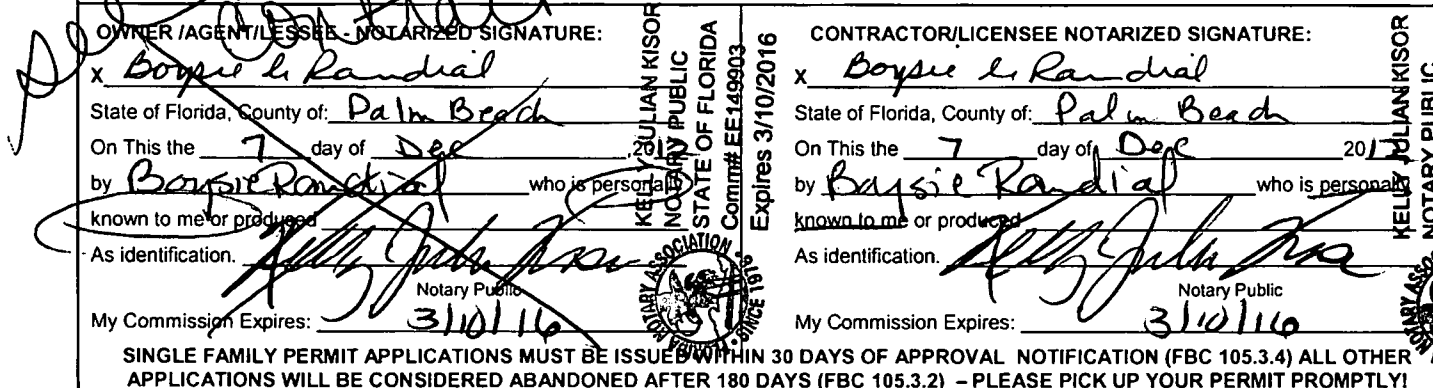
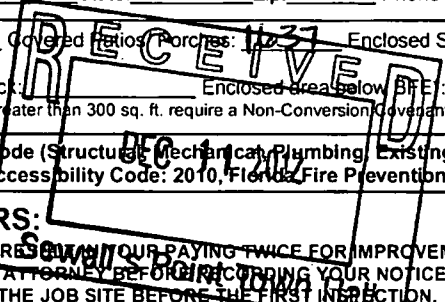
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X Boysie L Randal
 State of Florida, County of: Palm Beach
 On This the 7 day of Dec
 by Boysie Randal who is personally
 known to me or produced
 As identification. Kelley Kisor
 My Commission Expires: 3/10/16

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X Boysie L Randal
 State of Florida, County of: Palm Beach
 On This the 7 day of Dec 2012
 by Boysie Randal who is personally
 known to me or produced
 As identification. Kelley Kisor
 My Commission Expires: 3/10/16



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

PLEASE READ THIS

Branch Name: Miami

Date: 11/5/12

Sold, Furnished and Installed by:
 THD At-Home Services, Inc.
 d/b/a The Home Depot At-Home Services
 674 S. Military Trail, Deerfield Beach, FL 33442
 Toll Free (877) 678-5554; Fax (954) 574-5187
 Fein # 75-2698460, FL Lic # CCC058327, CGC1507093, CRC046858

Branch Number: 60

Installation Address: 9 Riverview Dr. Stuart FL 34996
 City State Zip

Purchaser(s):	Work Phone:	Home Phone:	Cell Phone:
<u>Paul Luger</u>	[]	<u>[772] 708-9174</u>	[]
	[]	[]	[]

Home Address: _____
 (If different from Installation Address) City State Zip

E-mail Address (to receive project communications and Home Depot updates): _____
 I DO NOT wish to receive any marketing emails from The Home Depot

Project Information: Undersigned ("Customer"), the owners of the property located at the above installation address, agrees to buy, and THD At-Home Services, Inc. ("The Home Depot") agrees to furnish, deliver and arrange for the installation ("Installation") of all materials described on the below and on the referenced Spec Sheet(s), all of which are incorporated into this Contract by this reference, along with any applicable State Supplement and Payment Summary attached hereto and any Change Orders (collectively, "Contract"):

Job #: (Internal Reference)	Products:	Spec Sheet(s) #:	Project Amount
<u>6580180</u>	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input checked="" type="checkbox"/> Windows <input type="checkbox"/> Insulation <input type="checkbox"/> Gutters / Covers <input type="checkbox"/> Entry Doors <input type="checkbox"/>	<u>646260</u>	<u>\$ 5555.00</u>
	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows <input type="checkbox"/> Insulation <input type="checkbox"/> Gutters / Covers <input type="checkbox"/> Entry Doors <input type="checkbox"/>		\$
	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows <input type="checkbox"/> Insulation <input type="checkbox"/> Gutters / Covers <input type="checkbox"/> Entry Doors <input type="checkbox"/>		\$
	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows <input type="checkbox"/> Insulation <input type="checkbox"/> Gutters / Covers <input type="checkbox"/> Entry Doors <input type="checkbox"/>		\$
10% of Contract Amount due upon execution of this contract. Certain forms of payment may require 100% payment prior to the start of the project.		Total Contract Amount	<u>\$ 5555.00</u>

Customer agrees that, immediately upon completion of the work for each Product, Customer will execute a Completion Certificate (one for each Product as defined by an individual Spec Sheet) and pay any balance due. As applicable, each Customer under this Contract agrees to be jointly and severally obligated and liable hereunder.

The Home Depot reserves the right to issue a Change Order or terminate this Contract or any individual Product(s) included herein, at its discretion, if The Home Depot or its authorized service provider determines that it cannot perform its obligations due to a structural problem with the home, environmental hazards such as mold, asbestos or lead paint, other safety concerns, pricing errors or because work required to complete the job was not included in the Contract.

Payment Summary: The Payment Summary # 624780 included as part of this Contract, sets forth the total Contract amount and payments required for the deposits and final payments by Product (as applicable).

NOTICE TO CUSTOMER

You are entitled to a completely filled-in copy of the Contract at the time you sign. Do not sign a Completion Certificate (note: there is one Completion Certificate for each listed Product as defined by individual Spec Sheets) before work on that Product is complete.

In the event of termination of this Contract, Customer agrees to pay The Home Depot the costs of materials, labor, expenses and services provided by The Home Depot or Authorized Service Provider through the date of termination, plus any other amounts set forth in this Agreement or allowed under applicable law. **THE HOME DEPOT MAY WITHHOLD AMOUNTS OWED TO THE HOME DEPOT FROM THE DEPOSIT PAYMENT OR OTHER PAYMENTS MADE, WITHOUT LIMITING THE HOME DEPOT'S OTHER REMEDIES FOR RECOVERY OF SUCH AMOUNTS.**

Acceptance and Authorization: Customer agrees and understands that this Agreement is the entire agreement between Customer and The Home Depot with regard to the Products and Installation services and supersedes all prior discussions and agreements, either oral or written, relating to said Products and Installation. This Agreement cannot be assigned or amended except by a writing signed by Customer and The Home Depot. Customer acknowledges and agrees that Customer has read, understands, voluntarily accepts the terms of and has received a copy of this Agreement.

Accepted by:
 _____ 11/5/12
 Customer's Signature Date

 Customer's Signature Date

Submitted by:

 Sales Consultant's Signature Date
 Telephone No. 772-834-5250
 Sales Consultant License No. N/A
 (as applicable)

CANCELLATION: CUSTOMER MAY CANCEL THIS AGREEMENT WITHOUT PENALTY OR OBLIGATION BY DELIVERING WRITTEN NOTICE TO THE HOME DEPOT BY MIDNIGHT ON THE THIRD BUSINESS DAY AFTER SIGNING THIS AGREEMENT. THE STATE SUPPLEMENT ATTACHED HERETO CONTAINS A FORM TO USE IF ONE IS SPECIFICALLY PRESCRIBED BY LAW IN CUSTOMER'S STATE.

NOTICE: ADDITIONAL TERMS AND CONDITIONS ARE STATED ON THE REVERSE SIDE AND ARE PART OF THIS CONTRACT



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

Site Provided by...
 governmax.com 1.13

*772-
 287-2455 x13
 Valerie*

Summary

Address 1 of 1

Tabs

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

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00190-8	27509	9 RIVERVIEW DR, SEWALL'S POINT	\$317,460	12/1/2012

Owner Information	
Owner(Current)	LUGER PAUL L & KATHERINE B
Owner/Mail Address	9 RIVERVIEW DR STUART FL 34996
Sale Date	4/30/2008
Document Book/Page	2325 0983
Document No.	2081370
Sale Price	475000

160

201-2222

Searches

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- NEW: Navigator
- Maps →

Location/Description			
Account #	27509	<i>c/o Sewall's Point</i>	Map Page No. SP-05
Tax District	2200		Legal Description RIVERVIEW S/D LOT 19
Parcel Address	9 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3850		

Parcel Type

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

Functions

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

Assessment Information

Market Land Value	\$175,000
Market Improvement Value	\$142,460
Market Total Value	\$317,460

[Print](#) [First](#) [Previous](#) [Next](#) [Last](#)

[Legal Disclaimer](#) / [Privacy Statement](#)



Permit Number _____
Parcel ID Number 123841001000001908

NOTICE OF COMMENCEMENT

State of Florida
County of Martin

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

1. Description of property (legal description of the property, and street address if available)
Address 9 Riverview Dr. Stuart FL 34996
Legal Description Riverview SID Lot 19
2. General description of improvement(s)
window replacement
3. Owner Information
Name Paul Luger Phone & Fax Number _____
Address 9 Riverview Dr. Stuart FL 34996
Interest in Property owner
4. Fee Simple Title Holder (if other than owner shown above)
Name N/A Phone & Fax Number _____
Address _____
5. Contractor
Name The Home Depot At Home Svc Phone & Fax Number _____
Address 674 S Military Tr Deerfield Beach FL 33442
6. Surety (if any)
Name N/A Phone & Fax Number _____
Address N/A
7. Lender (if any)
Name N/A Phone & Fax Number _____
Address N/A
8. Persons with the State of Florida designated by Owner upon who notices or other documents may be served as provided by 713.13(1) (a) 7, Florida Statutes.
Name _____ Phone & Fax Number _____
Address _____
9. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in 713.13(1) (b), Florida Statutes.
Name _____ Phone & Fax Number _____
Address _____
10. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

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

11. [Signature] _____
Signature of Owners or Owners Authorized Officer/Director/Partner/Manager Print Name Paul Luger

Sworn to (or affirmed) and subscribed before me this 6 day of Dec, 2012 by Paul Luger as owner (type of authority, e.g. officer, trustee, attorney in fact) for Kelly Julian Risor (name of party on behalf of whom instrument was executed) personally known to me or Y produced deeds as identification.

[Signature]
Notary of Notary
Name (print) Kelly Julian Risor



NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE149903
Expires 3/10/2016

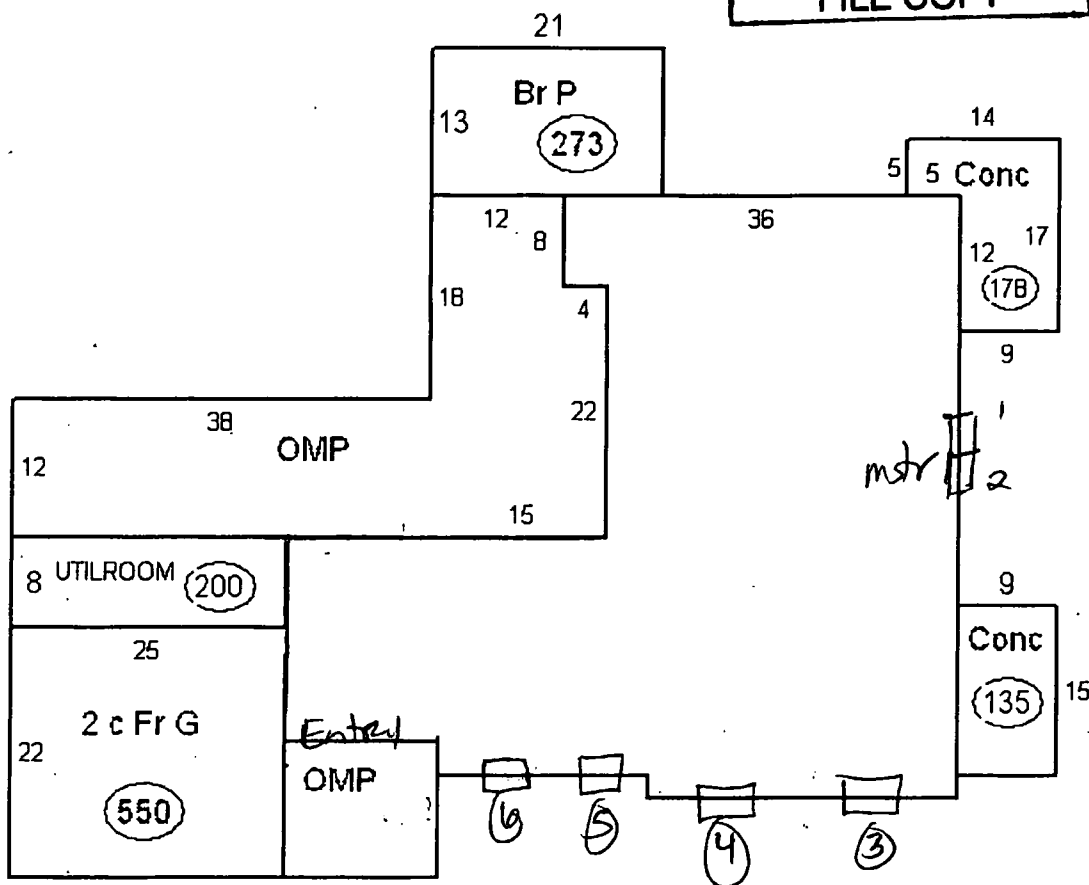
Verification pursuant to Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and



NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE149903
Expires 3/10/2016

[Signature]
Signature of Natural Person Signing (Form 411) Above

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY**



Item 1 Master Bedroom

6100DH
52 x 49.25
FL5167.9
+/-35

Item 3 Bedroom

6100DH
51.5 x 73.5
FL5167.9
+/-35

Item 5 Living Room

6100DH
51.5 x 73.5
FL5167.9
+/-35

Item 2 Master Bedroom

6100DH
52 x 49.25
FL5167.9
+/-35

Item 4 Bedroom

6100DH
51.5 x 73.5
FL5167.9
+/-35

Item 6 Living Room

6100DH
51.5 x 73.5
FL5167.9
+/-35

Item 1 & 2 Mulled

FL6067.9

Ship-to-Location Deerfield

#60

THDAHS WINDOW ORDER FORM

Prepared By Odonnell

Order Date

PSG Fax: 770-779-1315

Customer Name Luger

1 of 1

SIMONTON ONLY

Job # 6580180

ITEM #	Location (Room / Floor)	# of Units	Style "Code"	Series "Code"	Color	MEAS.		Grids			Pattern ¹		Window & Glass Options	Hinge Locations ²				
						X	Rough Open.		Type	Color	Location	Vertical		Horizontal	Csmt, CPC, Bay, Bow, Patio & Garden Doors			
							Width	Height							Viewed from outside, Lt to Rt			
1	MASTER	1	DH	6100	WH	52	49 1/4						mull					
2	MASTER	1	DH	6100	WH	52	49 1/4											
3	BED	1	DH	6100	WH	51 1/2	73 1/2						bottom temp					
4	BED	1	DH	6100	WH	51 1/2	73 1/2						bottom temp					
5	LIVING	1	DH	6100	WH	51 1/2	73 1/2						bottom temp					
6	LIVING	1	DH	6100	WH	51 1/2	73 1/2						bottom temp					
7																		
8																		
9																		
10																		

¹ Grid Pattern MUST be indicated.

² For Csmts, CPC, Bay or Bow use "L" (Left), "R" (Right), "S" (Stationary). All doors: "S" (Stationary) or "X" (Operating) for each panel.

ITEM # Above	Bay / Bow / Garden / Doors				Color of Window / Door Wraps		
	Bay Projection 30° OR 45°	Bay Flankers DH or Csmt.	Wall Thickness (inches)	Seatboard Material Oak, Birch, White	Roof Color	Soffit Color	Interior Casing CLAM or COL / Lin. Ft.
							Lin. Ft.
							Lin. Ft.
							Lin. Ft.

MANUFACTURER NOTES (Incl. Accessories)		Use Item # to Identify Window	INSTALLER NOTES (Incl. Spec. Sheet Misc. Items)	
MAX DP			Items 1&2 mulled together	
ship (1) 1x4 mull bar 55"				
Ship 8pcs sill extender				
No Charge (Parts)		Reason:		
100% Credit CRF				
50% Credit CRF				
No CRF Required				

WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	52 x 49.25	1	DH		X	existing
2	52 x 49.25	2	DH		X	Alum Panels
3	51.5 x 73.5	3	DH		X	
4	51.5 x 73.5	4	DH		X	NOA 12-0628.12
5	51.5 x 73.5	5	DH		X	
6	51.5 x 73.5	6	DH		X	
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

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

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

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

*** TYPE WINDOWS**

SH - SINGLE HUNG
 DH - DOUBLE HUNG

AWN - AWNING
 CAS - CASEMENT

SL - SLIDING
 FIX - FIXED

Company: The Home Depot AT Home Services
 Prepared By: Kelley
 Client Name: Luger

Job Description: replace 6 windows
 Project Number: 6580180

Version 10.0 (c) 2012 Structures International, LLC **4WIND WALL** Conforms with ASCE 7-10

DESIGN PRESSURES FOR WALL COMPONENTS & CLADDING

Design Data

Wind Velocity (mph) 160
 Risk Category 2
 Exposure Category B
 Directionality Factor 0.85
 Internal Pressure Coefficient +/- 0.18

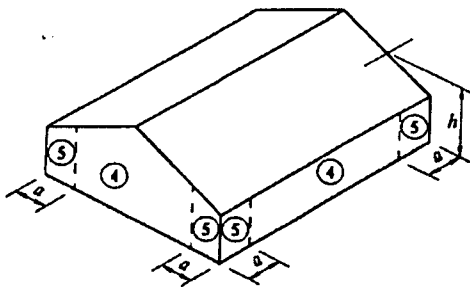
Building Data

Mean Roof Height 13
 Building Width (ft) 86
 Building Length (ft) 63
 Roof Slope (x:12) 4

Design pressures listed below are: **Allowable Stress**

OPENING MARK	OPENING DESCRIPTION	LOCATION ZONE	OPENING ELEVATION	OPENING DIMENSIONS		MAXIMUM POSITIVE PERSSURE (PSF)	MAXIMUM NEGATIVE PRESSURE (PSF)
				WIDTH (INCHES)	HEIGHT (INCHES)		
1	6100 DH	4	5	52	49.25	26.6	-28.9
2	6100 DH	4	5	52	49.25	26.6	-28.9
3	6100 DH	5	5	51.5	73.5	25.9	-33.5
4	6100 DH	4	5	51.5	73.5	25.9	-28.2
5	6100 DH	4	5	51.5	73.5	25.9	-28.2
6	6100 DH	4	5	51.5	73.52	25.9	-28.2

Width of End Zone (a) in feet = 5.2





Florida Department of
Business & Professional
Regulation

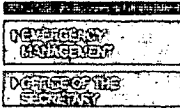
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Product Approval
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Product Approval Menu > Product or Application Search > Application List > Application Detail



FL #	FL5167-R11								
Application Type	Revision								
Code Version	2010								
Application Status	Approved								
*Approved by DCA. Approvals by DCA shall be reviewed and ratified by the POC and/or the Commission if necessary.									
Comments									
Archived	<input type="checkbox"/>								
Product Manufacturer Address/Phone/Email	Simonton Windows 1 Cochrane Ave Pennsboro, WV 26415 (800) 746-6687 Ext 2329 tiffany_davies@simonton.com								
Authorized Signature	Tiffany Davies tiffany_davies@simonton.com								
Technical Representative Address/Phone/Email	Tiffany Davies PO Box 1646 5300 Briscoe Road Parkersburg, WV 26102 (800) 542-9118 Ext 9329 tiffany_davies@simonton.com								
Quality Assurance Representative Address/Phone/Email	AAMA 1827 Walden Office Square Suite 550 Schaumburg, IL 60173 (847) 303-5664 webmaster@aamanet.org								
Category	Windows								
Subcategory	Double Hung								
Compliance Method	Certification Mark or Listing								
Certification Agency Validated By	American Architectural Manufacturers Association American Architectural Manufacturers Association								
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>AAMA 450</td> <td>2006</td> </tr> <tr> <td>AAMA 450</td> <td>2010</td> </tr> <tr> <td>AAMA/WDMA/CSA 101/I.S.2 A440</td> <td>2005</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	AAMA 450	2006	AAMA 450	2010	AAMA/WDMA/CSA 101/I.S.2 A440	2005
<u>Standard</u>	<u>Year</u>								
AAMA 450	2006								
AAMA 450	2010								
AAMA/WDMA/CSA 101/I.S.2 A440	2005								
Equivalence of Product Standards Certified By									

Product Approval Method Method 1 Option A

Date Submitted 03/27/2012

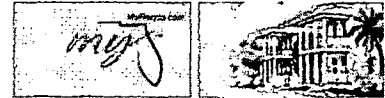
Date Validated 03/27/2012

Date Pending FBC Approval

Date Approved 04/06/2012

Summary of Products		
FL #	Model, Number or Name	Description
5167.1	07-09, 07-10 and 07-20	Reflections 5500, Prism Platinum, Sears 9300 Vinyl Double Hung
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: +60/-60 Other: 37x84		Certification Agency Certificate FL5167 R11 C CAC 07-09 DH 37x84 R60.pdf FL5167 R11 C CAC 07-10 07-20 waiver to 07-09.pdf Quality Assurance Contract Expiration Date 07/28/2013 Installation Instructions FL5167 R11 II IN0103 07-09 07-10 07-20 DH 2X.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
5167.2	07-09, 07-10 and 07-20	Reflections 5500, Prism Platinum, Sears 9300 Vinyl Double Hung
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: 48x80 (+/-25 PSF), 56x84 (+/-25 PSF), 53x76 (+/-50 PSF), 36x63 (+/-50 PSF), 42x64 (+/-50 PSF), 47x71 (+/-50 PSF), 37x76 (+/-65 PSF)		Certification Agency Certificate FL5167 R11 C CAC 07-09 DH 36x63 R50.pdf FL5167 R11 C CAC 07-09 DH 37x76 R65.pdf FL5167 R11 C CAC 07-09 DH 42x64 R50.pdf FL5167 R11 C CAC 07-09 DH 47x71 R50.pdf FL5167 R11 C CAC 07-09 DH 48x80 R25.pdf FL5167 R11 C CAC 07-09 DH 53x76 R50.pdf FL5167 R11 C CAC 07-09 DH 56x84 R25.pdf FL5167 R11 C CAC 07-10 07-20 waiver to 07-09.pdf Quality Assurance Contract Expiration Date 03/13/2013 Installation Instructions FL5167 R11 II IN0067 07-09 07-10 07-20 DH 2X.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
5167.3	07-09, 07-10 and 07-20	Reflections 5500, Prism Platinum, Sears 9300 Vinyl Double Hung with Transom
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: 53x107 (+/-55 PSF) & 37x107 (+/-65 PSF)		Certification Agency Certificate FL5167 R11 C CAC 07-09 PW over DH 37x107 R65.pdf FL5167 R11 C CAC 07-09 PW over DH 53x107 R55.pdf FL5167 R11 C CAC 07-10 07-20 waiver to 07-09.pdf Quality Assurance Contract Expiration Date 04/14/2013 Installation Instructions FL5167- R11 II IN0063 07-09 07-10 07-20 DH w- Transom 2X.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
5167.4	07-20 (Nailing Fin Installation)	Reflections 5500, Prism Platinum, Sears 9300 Vinyl Double Hung
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No		Certification Agency Certificate FL5167 R11 C CAC 07-20 DH 37x76 R65.pdf FL5167 R11 C CAC 07-20 DH 53x76 R50.pdf FL5167 R11 C CAC Sim 07-20 DH 56x84 R25.pdf

5167.9	43-40 and 43-45	<p>FL5167 R11 II IN0535 43-35 43-50 DH Twin with Transom 2X.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: 36x72 (+/-30 PSF), 52x71 (+/-35 PSF), 48x80 (+/-35 PSF), 44x63 (+/-35 PSF), 36x63 (+/-45 PSF), 44x63 (+/-45 PSF), 32x62 (+/-50 PSF), 36x74 (+/-50 PSF)</p>		<p>Certification Agency Certificate FL5167 R11 C CAC 43-40 DH 32x62 R50.pdf FL5167 R11 C CAC 43-40 DH 36x63 R45.pdf FL5167 R11 C CAC 43-40 DH 36x72 R30.pdf FL5167 R11 C CAC 43-40 DH 36x74 R50.pdf FL5167 R11 C CAC 43-40 DH 44x63 R35.pdf FL5167 R11 C CAC 43-40 DH 44x63 R45.pdf FL5167 R11 C CAC 43-40 DH 48x80 R35.pdf FL5167 R11 C CAC 43-40 DH 52x71 R35.pdf FL5167 R11 C CAC 43-45 waiver to 43-40.pdf Quality Assurance Contract Expiration Date 03/12/2013 Installation Instructions FL5167 R11 II IN0432 43-40 43-45 DH 2X.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:</p>
5167.10	43-50 (Three-Step Sill)	<p>6100 Value View, Asure, Prism Gold, Grand Estates Vinyl Double Hung</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: 52x71 (+/-35 PSF), 36x63 (+/-45 PSF), 44x63 (+/-45 PSF), 32x62 (+/-50 PSF), 36x74 (+/-50 PSF)</p>		<p>Certification Agency Certificate FL5167 R11 C CAC 43-50 DH 32x62 R50.pdf FL5167 R11 C CAC 43-50 DH 36x63 R45.pdf FL5167 R11 C CAC 43-50 DH 36x74 R50.pdf FL5167 R11 C CAC 43-50 DH 44x63 R45.pdf FL5167 R11 C CAC 43-50 DH 52x71 R35.pdf Quality Assurance Contract Expiration Date 01/25/2016 Installation Instructions FL5167 R11 II IN0432 43-50 DH 2X.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:</p>
5167.11	75-75, 75-09, 07-75, 07-09, 07-10 and 07-20	<p>Reflections 5500, Prism Platinum, Sears 9300, Generations, Impressions 9800, THD 6500 Vantage Pointe Vinyl Double Hung</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: 48x80 (+/-25 PSF), 53x74 (+/-30 PSF), 48x80 (+/-35 PSF), 52x71 (+/-35 PSF), 53x80 (+/-40 PSF), 36x63 (+/-50 PSF), 36x74 (+/-50 PSF), 36x72 (+/- 55 PSF)</p>		<p>Certification Agency Certificate FL5167 R11 C CAC 07-10 07-20 to 07-09 Waiver.pdf FL5167 R11 C CAC 07-75 75-09 07-09 to 75-75 Waiver.pdf FL5167 R11 C CAC 07-75 DH 48x80 R35.pdf FL5167 R11 C CAC 07-75 DH 53x74 R30.pdf FL5167 R11 C CAC 07-75 DH 53x80 R40.pdf FL5167 R11 C CAC 75-75 DH 36x63 LC50.pdf FL5167 R11 C CAC 75-75 DH 36x72 R55.pdf FL5167 R11 C CAC 75-75 DH 36x74 LC50.pdf FL5167 R11 C CAC 75-75 DH 48x80 LC 25.pdf FL5167 R11 C CAC 75-75 DH 52x71 R35.pdf Quality Assurance Contract Expiration Date 01/15/2013 Installation Instructions FL5167 R11 II IN0113 75-75 07-75 DH 2X.pdf Verified By: American Architectural Manufacturers Association Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:</p>
5167.12	75-75, 75-09, 07-75, 07-09, 07-10 and 07-20	<p>Reflections 5500, Prism Platinum, Sears 9300, Generations, Impressions 9800, THD 6500 Vangtage Pointe Vinyl Double Hung H-Mulled Twin</p>



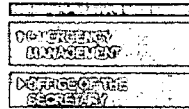
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Product Approval
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FL #	FL6067-R4
Application Type	Revision
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer Address/Phone/Email	Silverline Building Products Corp. One Silverline Drive North Brunswick, NJ 08902 (732) 435-1000 rickw@rwblgdgconsultants.com
Authorized Signature	Craig Calderone rickw@rwblgdgconsultants.com
Technical Representative Address/Phone/Email	
Quality Assurance Representative Address/Phone/Email	
Category	Windows
Subcategory	Mullions
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Lyndon F. Schmidt, P.E.
Florida License	PE-43409
Quality Assurance Entity	Window and Door Manufacturers Association-QA
Quality Assurance Contract Expiration Date	12/31/2014
Validated By	Ryan J. King, P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	FL6067_R4_COI_certificateOfIndependence.pdf
Referenced Standard and Year (of Standard)	
Equivalence of Product Standards Certified By	
Sections from the Code	1715.5.5

Product Approval Method Method 2 Option B

Date Submitted 12/21/2011
 Date Validated 02/02/2012
 Date Pending FBC Approval 02/12/2012
 Date Approved 04/03/2012

Summary of Products		
FL #	Model, Number or Name	Description
6067.1	a. Series 1537 Structural Beam Mullion "Impact"	Thermally Broken Extruded Aluminum Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and excludes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.1 for any additional use limitations, design pressure ratings and installation instructions.		Installation Instructions FL6067_R4_II_INST_6067.1.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL6067_R4_AE_Eval_6067.1.pdf Created by Independent Third Party: Yes
6067.2	b. Series 7537 Structural Beam Mullion "Impact"	Thermally Broken Extruded Aluminum Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and excludes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.2 for any additional use limitations, design pressure ratings and installation instructions.		Installation Instructions FL6067_R4_II_INST_6067.2.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL6067_R4_AE_Eval_6067.2.pdf Created by Independent Third Party: Yes
6067.3	c. Series 2723 Structural Beam Mullion "Impact"	Extruded Aluminum Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and includes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.3 for any additional use limitations, design pressure ratings and installation instructions.		Installation Instructions FL6067_R4_II_INST_6067.3.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL6067_R4_AE_Eval_6067.3.pdf Created by Independent Third Party: Yes
6067.4	d. Series 2724 Structural Beam Mullion "Impact"	Extruded Aluminum Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and includes "Wind		Installation Instructions FL6067_R4_II_INST_6067.4.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL6067_R4_AE_Eval_6067.4.pdf Created by Independent Third Party: Yes

Zone 4" as defined in ASTM E1996-02. See INST 6067.4 for any additional use limitations, design pressure ratings and installation instructions.		
6067.5	e. Series 2728 Structural Beam Mullion "Impact"	Extruded Aluminum Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and includes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.5 for any additional use limitations, design pressure ratings and installation instructions.		Installation Instructions FL6067_R4_II_INST_6067.5.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL6067_R4_AE_Eval_6067.5.pdf Created by Independent Third Party: Yes
6067.6	f. Series 2723 Structural Beam Transom Mullion "Impact"	Extruded Aluminum Clipped Horizontal Mullion Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and excludes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.6 for any additional use limitations, design pressure ratings and installation instructions.		Installation Instructions FL6067_R4_II_INST_6067.6.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL6067_R4_AE_Eval_6067.6.pdf Created by Independent Third Party: Yes
6067.7	g. Series 2724 Structural Beam Transom Mullion "Impact"	Extruded Aluminum Clipped Horizontal Mullion Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and excludes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.7 for any additional use limitations, design pressure ratings and installation instructions.		Installation Instructions FL6067_R4_II_INST_6067.7.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL6067_R4_AE_Eval_6067.7.pdf Created by Independent Third Party: Yes
6067.8	h. Series 2728 Structural Beam Transom Mullion "Impact"	Extruded Aluminum Clipped Horizontal Mullion Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and excludes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.8 for any additional use limitations, design pressure ratings and installation instructions.		Installation Instructions FL6067_R4_II_INST_6067.8.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes Evaluation Reports FL6067_R4_AE_Eval_6067.8.pdf Created by Independent Third Party: Yes
6067.9	i. Series 2723, 2724, 2728 Structural Beam Mullion "Impact"	Extruded Aluminum Clipped Horizontal and Vertical Mullion for use with impact and non-impact window products in Masonry or Wood Openings
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes		Installation Instructions FL6067_R4_II_INST_6067.9.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes

Design Pressure: N/A

Other: When used in the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and includes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.9 for any additional use limitations, design pressure ratings and installation instructions.

Evaluation Reports

[FL6067_R4_AE_Eval_6067.9.pdf](#)
Created by Independent Third Party: Yes

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Product Approval Accepts:





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

Existing Storm Protection

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

NOTICE OF ACCEPTANCE (NOA)

www.miamidade.gov/economy

MetalTech, Inc.
7635 West 2nd Court
Hialeah, FL 33014

SCOPE:

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

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

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

DESCRIPTION: "Maximum Impact" 0.050" Aluminum Storm Panel Shutter

APPROVAL DOCUMENT: Drawing No. 98002, titled "0.050" Maximum Impact Storm Panel", sheets 1 through 7 of 7, prepared by Ramms Engineering, Inc., dated January 10, 1998, last revision dated 01/12/2006, signed & sealed by Robert Monsour, P.E. on 01/12/2006, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and the expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: Each panel shall bear a permanent label with the manufacturer's name or logo, city, state, the following statement: "Miami-Dade County Product Control Approved", and NOA number, per TAS-201, TAS-202, and TAS-203, 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 & renews NOA # 11-0831.04 and consists of this page 1, evidence submitted pages E-1, E-2 & E-3 as well as approval document mentioned above.

The submitted documentation was reviewed by **Helmy A. Makar, P.E., M.S.**



Helmy A. Makar
09/13/2012

NOA No. 12-0628.12
Expiration Date: 10/22/2017
Approval Date: 09/13/2012
Page 1

MetalTech, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

- 1. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVALS**
 - A. DRAWINGS**

See NOA 01-0718.09
 - B. TESTS**

See NOA 01-0718.09
 - C. CALCULATIONS**

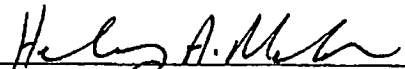
See NOA 01-0718.09
 - D. MATERIAL CERTIFICATIONS**

See NOA 01-0718.09
 - E. STATEMENTS**

See NOA 01-0718.09
 - F. OTHER**

NOA 01-0718.09.

- 2. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 04-0621.01**
 - A. DRAWINGS**
 - 1. None.*
 - B. TESTS**
 - 1. None.*
 - C. CALCULATIONS**
 - 1. None.*
 - D. QUALITY ASSURANCE**
 - 1. By Miami-Dade County Building Code Compliance Office.*
 - E. MATERIAL CERTIFICATIONS**
 - 1. None.*
 - F. OTHER**
 - 1. NOA # 02-0312.08 cover page states the number of sheets incorrectly "sheets 1 through 18". This NOA #04-0621.01 is issued to revise NOA # 02-0312.08 and correct the number of sheets on the cover page to " sheets 1 through 7 of 7". This is the only change. This file is authorized by Mr. Ted Berman, P.E. with no fee.*



Helmy A. Makar, P.E., M.S.
Product Control Unit Supervisor
NOA No. 12-0628.12
Expiration Date: 10/22/2017
Approval Date: 09/13/2012

MetalTech, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

3. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 06-0117.05

A. DRAWINGS

1. *Drawing No. 98002, titled "0.050" Maximum Impact Storm Panel", sheets 1 through 7 of 7, prepared by Ramms Engineering, Inc., dated January 10, 1998, last revision dated 01/12/2006, signed & sealed by Robert Monsour, P.E., on 01/12/06.*

B. TESTS

1. *None.*

C. CALCULATIONS

1. *Anchor analyses dated January 06, 2006, 41 pages, prepared by Ramms Engineering, Inc., signed & sealed on January 06, 2006 by Robert Monsour, P.E.*

D. QUALITY ASSURANCE

1. *By Miami-Dade County Building Code Compliance Office.*

E. MATERIAL CERTIFICATIONS

1. *None.*

4. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 11-0831.04

A. DRAWINGS

1. *None.*

B. TESTS

1. *None.*

C. CALCULATIONS

1. *None.*

D. QUALITY ASSURANCE

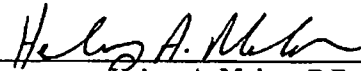
1. *By Miami-Dade County Building and Neighborhood Compliance Department.*

E. MATERIAL CERTIFICATIONS

1. *None.*

F. OTHERS

1. *Letter of compliance with the Florida Building Code, 2007 Edition, issued by Ramms Engineering, Inc., dated August 22, 2011, signed and sealed by Robert S. Mansour, P.E.*



Helmy A. Makar, P.E., M.S.
Product Control Unit Supervisor
NOA No. 12-0628.12
Expiration Date: 10/22/2017
Approval Date: 09/13/2012

MetalTech, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

5. NEW EVIDENCE SUBMITTED

A. DRAWINGS

1. *None.*

B. TESTS

1. *Test report on Large Missile Impact Test, Cyclic Wind Pressure Test and Uniform Static Air Pressure Test of 0.050 Aluminum Storm Panel Shutter, prepared by Blackwater Testing, Inc., Report No. BT-12-002, dated May 30, 2012, signed and sealed by Yamil G. Kuri, P.E.*

C. CALCULATIONS

1. *None.*

D. QUALITY ASSURANCE

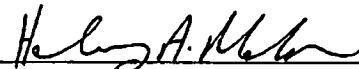
1. *By Miami-Dade County Department of Regulatory and Economic Resources.*

E. MATERIAL CERTIFICATIONS

1. *None.*

F. OTHERS

1. *Letter of compliance with the Florida Building Code, 2010 Edition, issued by Ramms Engineering, Inc., dated June 26, 2012, signed and sealed by Robert S. Mansour, P.E.*



Helmy A. Makar, P.E., M.S.
Product Control Unit Supervisor
NOA No. 12-0628.12
Expiration Date: 10/22/2017
Approval Date: 09/13/2012

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-10-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10205	LEGER			
PM	Home Depot	Deck	Pass	

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10318	HINKLEY			
	26 SIMANA ST	POOL SOLAR	PASS	Close
	FLORIDA SOLAR	FINAL		INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10271	Burkhardt	Pool deck		
LAST 2pm	106 S Sewalls		PASS	
	Soft Custom Pool			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	19 Rio Vista	Tree		
			OK	
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	10 Emanta Way	Tree		
			OK	
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-14-13 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10305	Ruggeri	WIND-OUT	Pass	Com
	REVIEW	FINISH		
	Home Depot			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10398

POOL



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:	10398	DATE ISSUED:	APRIL 1, 2013
SCOPE OF WORK:	POOL & PATIO		
CONTRACTOR:	SCHILLER POOLS		
PARCEL CONTROL NUMBER:	123841001-000-001908	SUBDIVISION	RIVERVIEW - LOT 19
CONSTRUCTION ADDRESS:	9 RIVERVIEW DR		
OWNER NAME:	LUGER		
QUALIFIER:	DEAN SCHILLER	CONTACT PHONE NUMBER:	287-0768

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

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

Permit Number: 10398

Date: _____
 OWNER/LESSEE NAME: PAUL + KATHERINE LUGER Phone (Day) 708-9174 (Fax) _____
 Job Site Address: 9 RIVERVIEW DR City: STUART State: FL Zip: 34996
 Legal Description: LOT 19 RIVERVIEW Parcel Control Number: 12.38.41.001.000.00190-8.0000
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

Pool + Patio

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: /\$ 35,000.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: R.D. SCHILLER POOLS Phone: 287-0768 Fax: 287-9970

Qualifiers name: ROBERT DEAN SCHILLER Street: 3590 SE. DIXIE HWY City: STUART State: FL Zip: 34997

State License Number: CPC 1457983 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: DEAN SCHILLER Phone Number: 287-0768

DESIGN PROFESSIONAL: HARVEY KOHNEN Fla. License# PE32831

Street: 7205 ELYSE CIR. City: PSL State: FL Zip: 34952 Phone Number: 466-5509

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

POOL + PATIO OPEN = 842 SF

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

WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-39.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - 5.

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

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

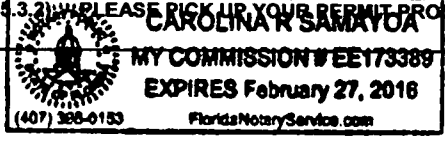
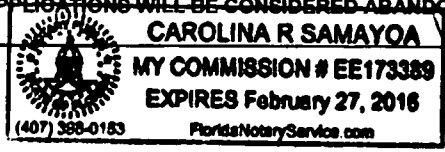
OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:
X _____
 State of Florida, County of: Martin
 On This the 19th day of March, 2013
 by Paul Luger who is personally
 known to me or produced FL DL
 As identification. _____

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
X _____
 State of Florida, County of: Martin
 On This the 19th day of March, 2013
 by Robert Dean Schiller who is personally
 known to me or produced _____
 As identification. _____

Notary Public
 My Commission Expires: 2/27/16

Notary Public
 My Commission Expires: 2/27/16

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



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

generated on 3/27/2013 10:01:09 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00190-8	27509	9 RIVERVIEW DR, SEWALL'S POINT	\$317,460	3/23/2013

Owner Information

Owner(Current)	LUGER PAUL L & KATHERINE B
Owner/Mail Address	9 RIVERVIEW DR STUART FL 34996
Sale Date	4/30/2008
Document Book/Page	2325 0983
Document No.	2081370
Sale Price	475000

Location/Description

Account #	27509	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 19
Parcel Address	9 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	\$175,000
Market Improvement Value	\$142,460
Market Total Value	\$317,460

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 12-38-41-001-000-00190-8-0000

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 9 RIVERVIEW DR. LOT 19 RIVERVIEW

GENERAL DESCRIPTION OF IMPROVEMENT: SWIMMING POOL + PATIO

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: PAUL & KATHERINE LUGER
ADDRESS: 9 RIVERVIEW DR SEWALL'S POINT, STUART, FL 34996
PHONE NUMBER: 708-9174 FAX NUMBER:
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: ROBERT DEAN SCHILLER
ADDRESS: 3590 SE DIXIE HWY STUART, FL 34997
PHONE NUMBER: 287-0768 FAX NUMBER: 287-9970

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

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

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE. CAROLYN TIMMANN, CLERK



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OF OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b), FLORIDA STATUTES.
NAME: ADDRESS: PHONE NUMBER: FAX NUMBER:
BY: DATE: 3/19/13 D.C.

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

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

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

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

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

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

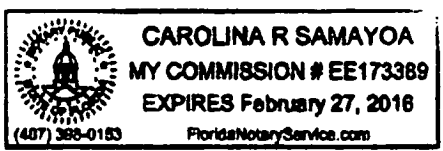
SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 19 DAY OF March 2013

BY: Paul Luger AS Owner FOR PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE (SEAL)



INSTR # 2383648 OR BK 2638 PG 193 RECD 02/19/2013 01:57:27 PM
(1 Pgs)
CAROLYN TIMMANN, CLERK
MARTIN COUNTY, FLORIDA
RECD DOC \$0.00, RTG DOC \$0.00, INTANGIBLE \$0.00



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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name ROBERT DEAN SCHILLER Permit # _____

Mailing Address 3590 SE. DIXIE HWY City STUART State FL Zip 34997

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
<u>WC CONCRETE POOL DECK</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC 1457983</u>
<u>DECK FINISH</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC 1457983</u>
<u>WC MASTER ELECTRICIAN</u>	<u>ELECTRIC DUDE LLC TIM CIGLO</u>	<u>ER 13013712</u>
<u>POOL GUNITE</u>	<u>SOUTHERN SOUTH FL. GUNITE</u>	<u>CPC 056953</u>
<u>INTERIOR POOL FINISH</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC 1457983</u>
<u>POOL STEEL</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC 1457983</u>
<u>BARRIER/ALARM</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC 1457983</u>

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

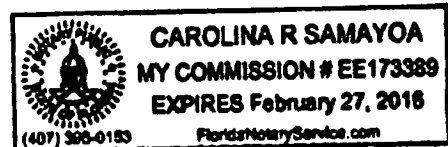
I understand that a complete notarized subcontractors list is required prior to final inspection.

[Signature]
 Signature of applicant

Sworn to and subscribed before me this 19th day of 2013 by

[Signature]
 Notary Public, State of Florida, County of Martin
 Personally Known Produced Identification

Type of ID Produced: _____





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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

PERMIT # _____

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT
AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 9 RIVERVIEW DR., and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. Please check your choice of compliance.

Residential swimming pool safety feature options:

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, THIS AFFIDAVIT MUST BE ACCOMPANIED BY A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2010 FBC R4101.17.1.9. PLEASE INDICATE BY INITIALING THE FOLLOWING:

- _____ (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- X (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- _____ (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
- _____ 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

Exceptions:

- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
 - b. Windows facing the pool on floor above the first story.
 - c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))
- _____ 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))



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

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

[Handwritten signature]

CONTRACTOR'S SIGNATURE & DATE

x *[Handwritten signature]*

OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

STATE OF Florida

COUNTY OF Martin

ON THIS 19th DAY OF March

BEFORE ME PERSONALLY APPEARED:

Robert Dean Schiller

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) *[Handwritten signature]*



NOTARY AS TO OWNER:

STATE OF Florida

COUNTY OF Martin

ON THIS 19th DAY OF March

BEFORE ME PERSONALLY APPEARED:

Paul Weger

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) *[Handwritten signature]*



THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.

TDH Calculator



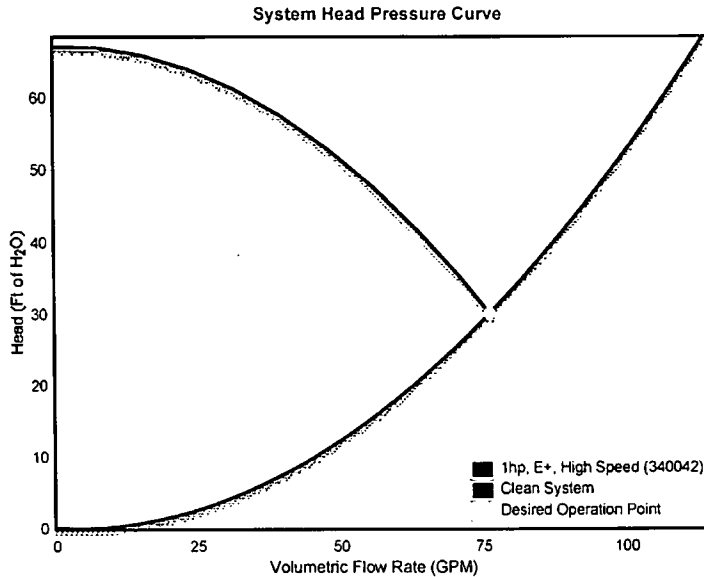
Pool Information

Flow Rate:	76.35 GPM	Total Piping Lengths:	
Suction Lift:	0 Ft	Inlet Side:	32 Ft
		Discharge Side:	60 Ft
Maximum Pipe Velocity Allowed: (consult your local code)		Piping Sizes:	
Branch Piping:	6 Ft/Sec	Inlet Piping:	2.052 In
Inlet Piping:	8 Ft/Sec	Discharge Piping:	2.052 In
Discharge Piping:	8 Ft/Sec	Piping Head Loss at 76.35Gal/Min: (not including fittings or valves)	
		Inlet Piping:	2.82 Ft
		Discharge Piping:	5.28 Ft

For advanced pools that contain multiple suctions, this program may be inaccurate. Consult a hydraulics engineer. This program is for single pump systems with a single body of water.

Results: Your TDH Calculation

Flow Rate:	76.35 Gal/Min	Suggested Minimum Pipe Sizes:	
Your Head Loss:	30.14 Ft	Branch Piping:	2.5 In
Maximum Flow Rate at Maximum RPM:	76.36 Gal/Min	Inlet Piping:	2.0 In
Head Loss at Maximum Flow Rate:	30.15 Ft	Discharge Piping:	2.0 In



**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY**

Selected Components

Components

Name	Quantity	Head Loss at 76.35Gal/Min
IntelliChlor IC - 20	1	1.67
2" x 2.5" 3 way valve	3	3.02
Main Drain	1	1.14
Clean and Clear	1	3.74
1 inch Return	4	0.93
Skimmer 2"	1	2.78

Piping

Name	Inlet Quantity	Discharge Quantity	Head Loss at 76.35Gal/Min
90 degree elbow	4	10	7.03
45 degree elbow	0	3	0.69
Tee Through	0	3	1.06
Check Valve	0	0	0.00

Pumps

Name	Quantity
1hp, E+, High Speed (340042)	1

**HARVEY E. KOEHNEN
Professional Engineer 32831
7205 Elyse Circle
Port St. Lucie, FL 34952-3212
(772) 489-3036 fax**

*Harvey Koehnene
3/25/13*

TDH Calculator



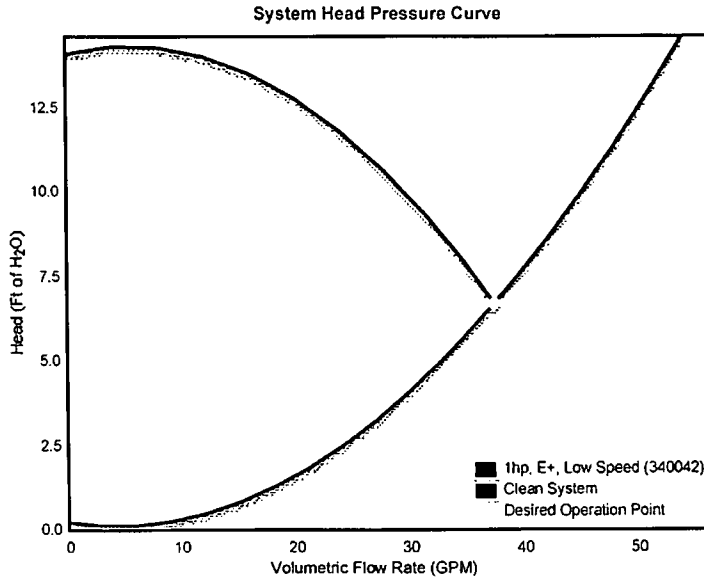
Pool Information

Pool Volume:	15750 Gal	Total Piping Lengths:	
Turn Over Time:	7.00 Hrs	Inlet Side:	32 Ft
Suction Lift:	0 Ft	Discharge Side:	60 Ft
Maximum Pipe Velocity Allowed: (consult your local code)		Piping Sizes:	
Branch Piping:	8 Ft/Sec	Inlet Piping:	2.052 In
Inlet Piping:	8 Ft/Sec	Discharge Piping:	2.052 In
Discharge Piping:	8 Ft/Sec	Piping Head Loss at 37.50Gal/Min: (not including fittings or valves)	
		Inlet Piping:	0.76 Ft
		Discharge Piping:	1.42 Ft

For advanced pools that contain multiple suctions, this program may be inaccurate. Consult a hydraulics engineer. This program is for single pump systems with a single body of water.

Results: Your TDH Calculation

Flow Rate:	37.50 Gal/Min	Suggested Minimum Pipe Sizes:	
Your Head Loss:	6.70 Ft	Branch Piping:	2.0 In
Maximum Flow Rate at Maximum RPM:	37.46 Gal/Min	Inlet Piping:	1.5 In
Head Loss at Maximum Flow Rate:	6.68 Ft	Discharge Piping:	1.5 In



**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY**

Selected Components

Components

Name	Quantity	Head Loss at 37.50Gal/Min
IntelliChlor IC - 20	1	0.53
2" x 2.5" 3 way valve	3	0.36
Main Drain	1	0.41
Clean and Clear	1	0.82
1 inch Return	4	0.30
Skimmer 2"	1	-0.24

Piping

Name	Inlet Quantity	Discharge Quantity	Head Loss at 37.50Gal/Min
90 degree elbow	4	10	1.88
45 degree elbow	0	3	0.18
Tee Through	0	3	0.28
Check Valve	0	0	0.00

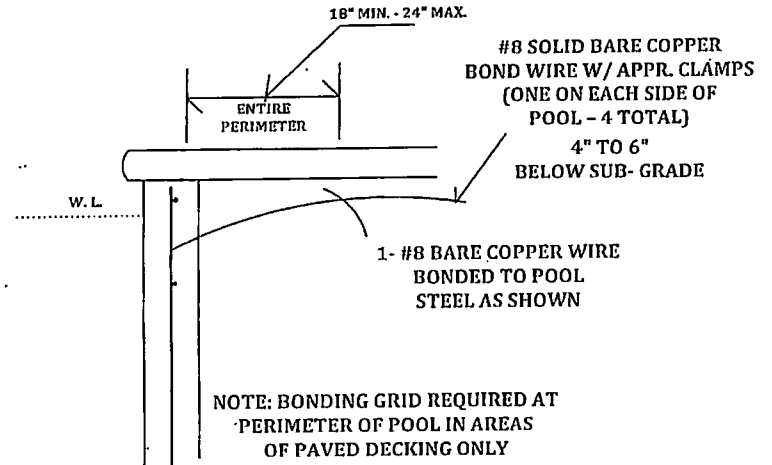
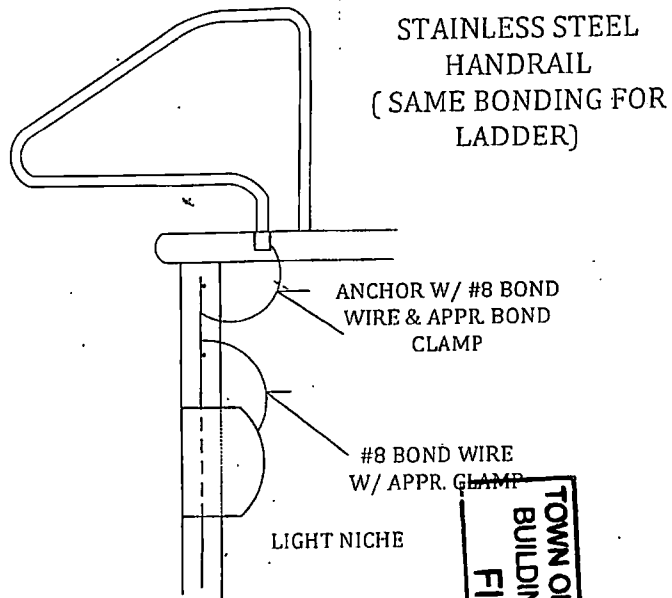
Pumps

Name	Quantity
1hp, E+, Low Speed (340042)	1

HARVEY E. KOEHNEN
Professional Engineer 32831
7206 Elyse Circle
Port St. Lucie, FL 34952-3212
(772) 489-3035 fax

Harvey Koehnen
3/25/13

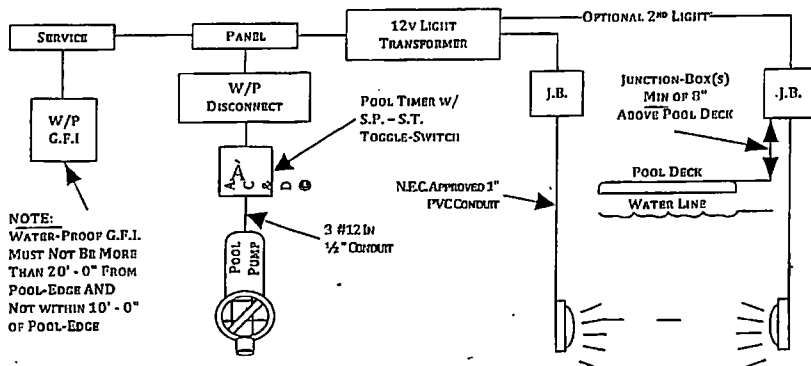
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EQUIPOTENTIAL BONDING DETAIL
 PER FLORIDA BUILDING CODE ADAPTATION
 OF THE N.E.C. 2008 SEC.680.26

Electrical Equipment Wiring, Grounding and Installation must conform to the 2008 N.E.C. and applicable local codes

Equipotential Bonding
 Loop #8 copper around Pool
 Bonded to pool steel in 4 Places N.E.C. 2008
 sec. 680.26(C)



NOTE:
 WATER-PROOF G.F.I.
 MUST NOT BE MORE
 THAN 20' - 0" FROM
 POOL-EDGE AND
 NOT WITHIN 10' - 0"
 OF POOL-EDGE

NOTE: ALL ELECTRICAL WORK SHALL CONFORM TO N.E.C. ARTICLE NO 680

ELECTRICAL DIAGRAM

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Luger. Permit # 10398

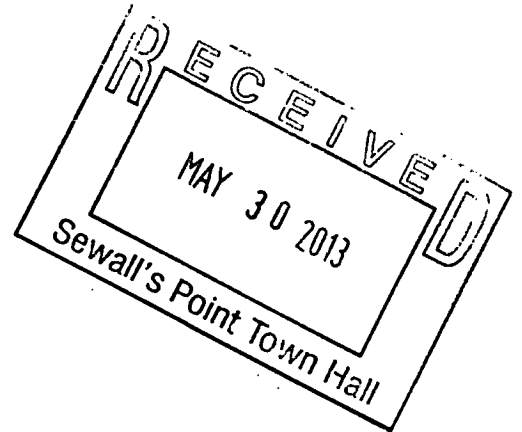


COASTAL TESTING LABORATORY, LLC
Post Office Box 2023
Palm City, FL 34991-2023
772.220.6688

COMPACTION TEST REPORT

ASTM D 6938-10

DATE: April 19, 2013
JOB NUMBER: 13-0415
PERMIT NUMBER: 10398
CLIENT: R. D. Schiller Pools
CONTRACTOR: R. D. Schiller Pools
JOB LEGAL: N/A
JOB ADDRESS: 9 Riverview Drive
Sewalls Point, FL



SOIL CLASSIFICATION & REMARKS: A4 Fine gray sandy soil

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

	<u>In-Place Dry Density</u>	<u>Maximum Dry Density</u>	<u>%Compaction</u>
1)	102.8	104.4	98.4
2)	103.4	104.4	99.0
3)	102.0	104.4	97.7

Respectfully Submitted,

Ernesto Velasco, P.E.

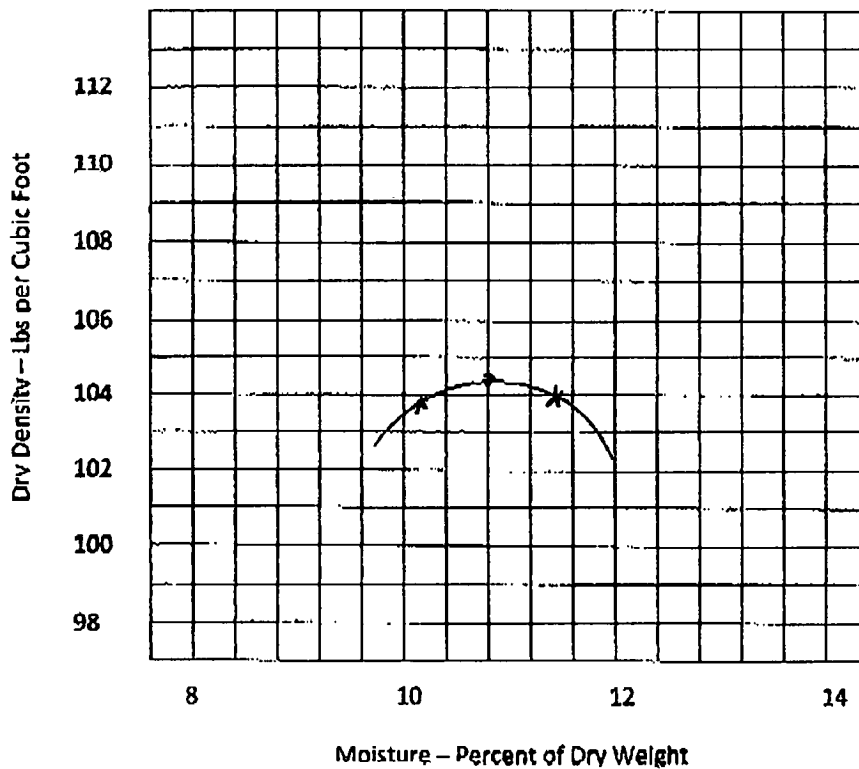


COASTAL TESTING LABORATORY, LLC
Post Office Box 2023
Palm City, FL 34991-2023
772.220.6688

MOISTURE DENSITY RELATIONSHIP

ASTM D 1557-09

DATE: April 19, 2013
CONTRACTOR: R. D. Schiller Pools
JOB NUMBER: 13-0415
PERMIT NUMBER: 10398

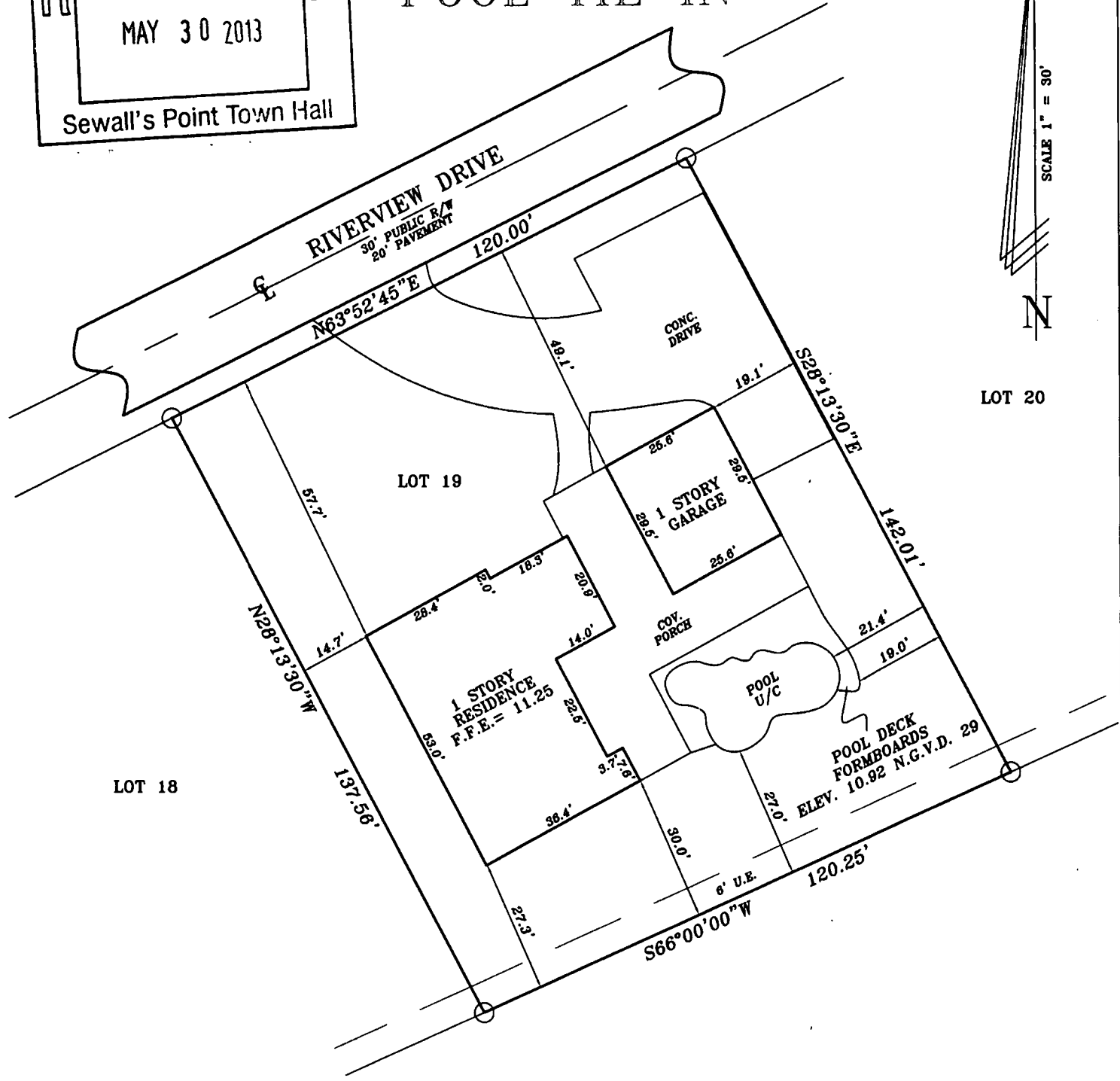


RECEIVED

MAY 30 2013

Sewall's Point Town Hall

BOUNDARY SURVEY POOL TIE IN



DESCRIPTION:
 LOT 19, RIVERVIEW SUBDIVISION, AS RECORDED
 IN PLAT BOOK 6, PAGE 86, PUBLIC RECORDS
 OF MARTIN COUNTY, FLORIDA

- SURVEYOR'S NOTES:**
1. THIS SURVEY IS PREPARED FOR: PAUL & KATHERINE LUGER
 2. THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHTS-OF-WAY OF RECORD.
 3. VISIBLE ENCROACHMENTS ARE AS SHOWN.
 4. ELEVATIONS SHOWN HEREON ARE N.G.V.D. OF 1929.
 5. NOTICE: THERE MAY BE ADDITIONAL RESTRICTIONS THAT ARE NOT RECORDED ON THIS SURVEY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY.
 6. THIS SKETCH IS THE PROPERTY OF TERRY L. MACDEVITT AND SHALL NOT BE REPRODUCED IN WHOLE OR PART WITHOUT THE PERMISSION OF TERRY L. MACDEVITT IN WRITING.
 7. BEARINGS SHOWN HEREON ARE BASED ON THE NORTH LINE OF LOT 19. WHICH BEARS N.63°52'45"E. ALL BEARINGS ARE RELATIVE THERETO.
 8. BOUNDARY DIMENSIONS SHOWN ARE PER PLAT AND FIELD MEASUREMENT UNLESS OTHERWISE NOTED.
 9. CITY WATER AND SEWER IS AVAILABLE
 10. LANDS SHOWN HEREON LIE WITHIN ZONE "AE" EL.9 ACCORDING TO THE FLOOD INSURANCE RATE MAP PANEL NO. 12085C0154F, DATED OCTOBER 4, 2002
 11. CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL SITE PLAN INFORMATION PRIOR TO CONSTRUCTION

TERRY L. MACDEVITT
 PROFESSIONAL
 LAND SURVEYOR

MAILING ADDRESS: 1810 S.W. CYCLE STREET
 PORT ST. LUCIE, FLORIDA 34953
 VOICE (772)-528-7192 FAX (772)-344-2473

REVISIONS		
DESCRIPTION	DATE	BY
<small>DRAWN BY:</small> MJM	<small>DATE DRAWN:</small> 05/27/13	
<small>FIELD BOOK:</small>	<small>PAGE:</small>	
<small>CHECKED BY:</small> TLM	<small>DATE IN FIELD:</small> 05/24/13	
<small>JOB No.</small> 13-036	<small>SHEET</small> 1	<small>OF</small> 1

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

TERRY L. MACDEVITT
 PROFESSIONAL SURVEYOR & MAPPER
 FLORIDA LICENSE No. 4557

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4-23-13** Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10406	Goudis	block wall		
1 PM	275 River Rd Team Parks	PRE-PURM	PASS	INSPECTOR <i>A</i>
10248	Borner	Meter final		NOT PERM
	2 N Sewalls Renar		Fail	INSPECTOR
10398	Luger	use plumbing		
	A. K. Scheller	Pool piping	PASS	INSPECTOR <i>A</i>
10402	Burkard	final		
	1065 Sewalls	Fence	Cancel	
	A great fence			INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-30-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Goudio 25 Skiver Team Parks	temp meter final	PASS	E-MAIL FPV INSPECTOR <i>[Signature]</i>
10454	Weder 21 Palm Rd NISQU	Final AC	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10280	EMSON 50 S SPRING Soft Custom Pools	POOL FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
	<i>[Signature]</i>	Final Check REPAIR	PASS	CLOSE Closed 4-10-13 INSPECTOR <i>[Signature]</i>
10398	Luger 9 Riverview Schiller	Rebar bond	PASS	INSPECTOR <i>[Signature]</i>
10408	Stanton 6 Spring Ct Karam Haddad	LINK SIDING	PASS	CLOSE INSPECTOR <i>[Signature]</i>
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

6-17-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10415	Smith 11 Palmetto Ark Homes	Window buck	Pass	INSPECTOR <i>A</i>
10475	Burns 11 Oak Hill Way Advanced Hurricane	Final Shutters	Pass	CLOSE INSPECTOR <i>A</i>
10310	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED] Pass	INSPECTOR <i>A</i>
10471	Campbell 1 Oakwood Dr A Quality Const	Final Pool Encl.	Pass	CLOSE INSPECTOR <i>A</i>
10314	Fitch 3 Timor St Seagate	rough electric + rough plumbing Kitchen + laundry	Pass	INSPECTOR <i>A</i>
10440	Puchalski 6 Banyan Rd Freedom Home	tie beam/ column	FAIL	No FOOTER INSP called Brad INSPECTOR <i>A</i>
10451	Bellingham 2 Via de Cristo Solar Energy	Final solar electric all outside open area	Pass	CLOSE INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur
 Fri

6-27-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10482	Crawford	Framing		
1ST	116 N Sewalls OB	rough electric rough plumbing	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10449	Tender	Final AC	PASS	CLOSE
2-3	3 Oakwood Krauss & Crane			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10390	Ristaino	Final		
	8 Perruinkle Cir	dock	RESET	FOR FRI
	Structure Con			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10248	Barker	Shutters		
	210 Sewalls	Final		
	Renan			
				INSPECTOR
				SBE 6/25/13
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10398	Jager	Final		
	1 Reverend Dr	Pool	PASS	CLOSE
	Schiller			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

ADMINISTRATIVE

VARIANCE

01307655

98 JUL -7 PM 3:47

Prepared by and return to:
Town of Sewall's Point
One South Sewall's Point Road
Stuart Florida 34996

TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPROVAL

1. Owner of Property: STEWART AND NORMA BERRY

2. Legal Description of Property:

RIVERVIEW S/D, LOT 19

3. Date of Administrative Variance Application: 6/25/98

Whereas, the Town of Sewall's Point Building Commissioner (the "Building Commissioner") has authority under the Town of Sewall's Point Code of Ordinances to grant administrative variances upon making certain findings of fact; and

Whereas, the Building Commissioner has reviewed an Administrative Variance Application (the "Application") for the Property described above and determined that the Application is complete; and

Whereas, the Building Commissioner has made the appropriate findings of fact and finds that:

(1) The setback violation(s) for the encroachments shown on the survey attached as Exhibit "A" (the "Survey") was/were a good faith error(s) and was/were not intentional; and

(2) The encroachment(s) is/are less than or equal to five percent (5%) of the

setback requirement(s) in effect on the date that the encroachment was first created, or twenty inches (20"), whichever is less; and

(3) No letters of objection to the administrative variance application have been filed by adjacent owners with the Town Clerk; and

(4) The Application meets the conditions of the Town of Sewall's Point Code of Ordinances for an administrative variance.

NOW, THEREFORE, the Town of Sewall's Point hereby grants and approves the Application for an administrative variance for the encroachments shown on the Survey.

Dated this 7th day of July, 1998.

The Town of Sewall's Point, a
Florida municipal corporation

By: [Signature]
Its: Building Commissioner

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 7th day of July, 1998
by Robert M. Wianke as Building Commissioner of the Town of Sewall's
Point, a Florida municipal corporation, who is personally known to me or who has produced
as identification and who did not take an oath.

[Signature]

Name: _____

I am a Notary Public of the
State of Florida and my
commission expires: --

(NOTARY SEAL)

OFFICIAL NOTARY SEAL
JOAN H BARROW
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC423705
MY COMMISSION EXP. NOV. 30, 1998

TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPLICATION FORM

1. Owner of Property: STEWART AND NORMA BERRY
2. Address of Property: 9 Riverview Dr.
3. Address of Applicant: same as above
4. Phone No. of Applicant: 287-9420
5. Length and Location (front, rear, side) of Encroachment (if more than one, please list separately):

West side of house: 1.56" and 3.48"

6. Have you included the following materials with your application? yes

A. \$250.00 Filing Fee

B. \$250.00 Costs Deposit

C. Certificate of Ownership

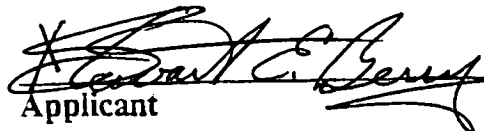
D. Certificate of Adjacent Owners

E. Survey

F. Letters of No Objection or Proof of Mailing Notice

7. Does/do the encroachment(s) result from development under a permit for which a certificate of occupancy was issued prior to March 11, 1992? yes

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


Applicant

Dated this 6/25/98 day of _____, 1998.

FORM LETTER OF NO OBJECTION

Mr. Richard Wadsten
7 Riverview
Stuart, FL 34996

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

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Stewart Berry

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by Stewart Berry with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,

X Richard Wadsten

FORM LETTER OF NO OBJECTION

Mr. Jonathan Schroeder
12 Palm Road
Stuart, FL 34996

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

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Stewart Berry

Dear Town of Sewall's Point:

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Sincerely yours,

X Jonathan Schroeder

FORM LETTER OF NO OBJECTION

Mr. Edward Klima
10 Palm Road
Stuart, FL 34996

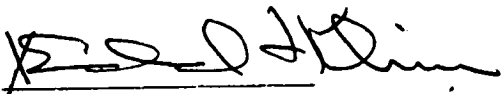
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, Florida 34996

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Stewart Berry

Dear Town of Sewall's Point:

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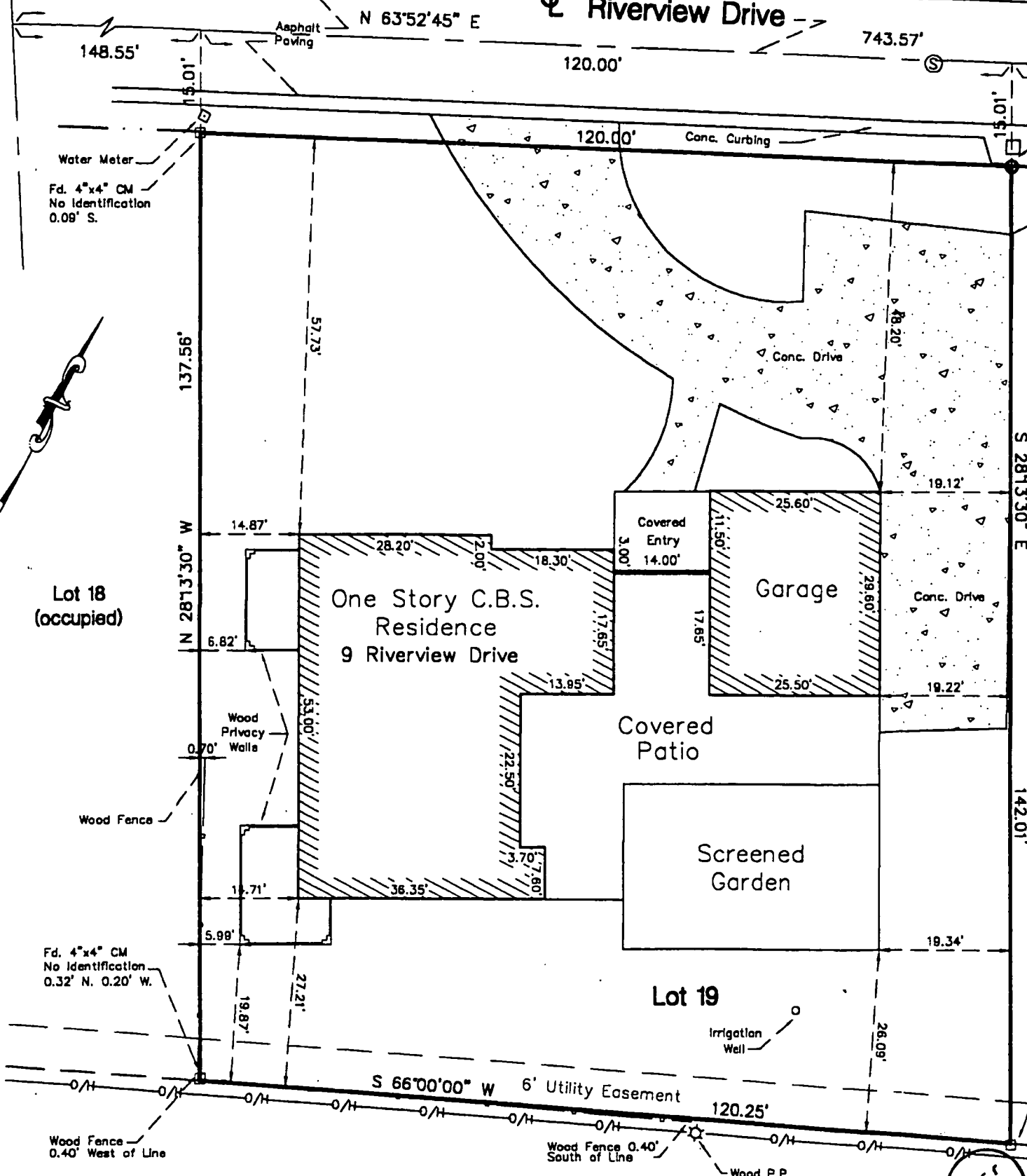
Sincerely yours,


Edward Klima

kathy/tosp/letter/form

ϕ River Road

ϕ Riverview Drive



Water Meter
Fd. 4"x4" CM
No Identification
0.09' S.

Lot 18
(occupied)

One Story C.B.S.
Residence
9 Riverview Drive

Garage

Covered
Patio

Screened
Garden

Lot 19

Irrigation
Well

Fd. 4"x4" CM
No Identification
0.32' N. 0.20' W.

Wood Fence
0.40' West of Line

Wood Fence 0.40'
South of Line

Wood P.P.

Palm Row Revised Plat

P.B. 4, Pg. 68

LAST
PAGE

**TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPLICATION FORM**

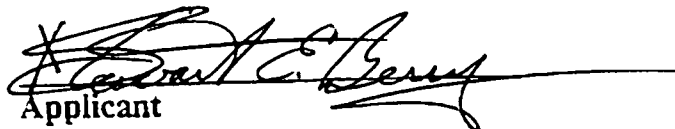
1. Owner of Property: STEWART AND NORMA BERRY
2. Address of Property: 9 Riverview Dr.
3. Address of Applicant: same as above
4. Phone No. of Applicant: 287-9420
5. Length and Location (front, rear, side) of Encroachment (if more than one, please list separately):

West side of house: 1.56" and 3.48"

6. Have you included the following materials with your application? yes
- | | |
|-------------------------------|---|
| A. \$250.00 Filing Fee ✓ | B. \$250.00 Costs Deposit ✓ |
| C. Certificate of Ownership ✓ | D. Certificate of Adjacent Owners ✓ |
| E. Survey ✓ | F. Letters of No Objection or Proof of Mailing Notice |

7. Does/do the encroachment(s) result from development under a permit for which a certificate of occupancy was issued prior to March 11, 1992? yes

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


Applicant

Dated this 4/25/98 day of _____, 1998.

FORM - WRITTEN NOTICE

MRS. JILL BACKER
11 Riverview Dr.
Stuart, FL 34996

COPY

Adjacent Property Owners
Town of Sewall's Point
Stuart, Florida 34996

RE: **Administrative Variance Application Filed by** Stewart Berry

To Whom It May Concern:

Enclosed is a copy of the Administrative Variance Application filed by Stewart Berry. If you have any objection to the Administrative Variance being granted by the Town of Sewall's Point, you must file a written objection with the Town Clerk within fifteen (15) days from the date that this notice was mailed.

Sincerely yours,

MARTIN COUNTY TAXROLL

PID: 12 3841 001 000 00180 ACN: 27508 BNO: 1 NBH: 1213

USE: 0100 SINGLE FAMILY RESID SBN: 1281001 RIVERVIEW (SP)

ADD: 11 RIVERVIEW DR

OWNER INFORMATION:

SECOND OWNER:

BACKER JILL A

11 RIVERVIEW
STUART FL

DR
34996

PROPERTY INFORMATION:

TOTAL AREA: 3494

ACRES : STORIES : A/C AREA : 2454
ZONING : BEDROOMS : YEAR BUILT: 1983
MAP : SP-05 BATHS : EFF YR BLT:
CITY : ZIP :

PROPERTY INFORMATION:

EXEMPT CODE & VALUES:

LAND VAL : 67500 TAX YEAR : 1997 HO
IMPV VAL : 114898 MILLAGE : HX
TOTAL VAL: 182398 TAXES : 2825.16

LAND INFORMATION:

USE UNITS USE UNITS USE UNITS USE UNITS

FEATURES:

LOT 1.000 OP4 78.000 HF3
LLIT 1.000 FG2 494.000 WL1 200.000
LLCL 1.000 PT1 486.000 JA1 1.000
MAIN 2454.000 SCR 1324.000 CNSP 1.000
SP4 468.000 PL2 90.000 BATHS 2.000

SALES HISTORY:

SOLD PRICE RDT DED ORB VIC SLN
01/08/90 279900 01/08/90 WD 0841 /2628 Y
11/05/88 260000 11/05/88 WD 0790 /1867 Y
06/01/79 32800 06/01/79 03 / Y
/
/

LEGAL INFORMATION:

[REDACTED]

PID: 12 3841 001 000 00200 ACN: 27510 BNO: 1 NBH: 1213

USE: 0100 SINGLE FAMILY RESID SBN: 1281001 RIVERVIEW (SP)

ADD: 7 RIVERVIEW DR

OWNER INFORMATION:

WADSTEN RICHARD A
7 RIVERVIEW
STUART FL

SECOND OWNER:

EDYTHE A
DR
34996 6314

PROPERTY INFORMATION:

ACRES : STORIES : TOTAL AREA: 2717
ZONING : BEDROOMS : A/C AREA : 1737
MAP : SP-5 BATHS : YEAR BUILT: 1978
CITY : EFF YR BLT: 1987
ZIP :

PROPERTY INFORMATION:

EXEMPT CODE & VALUES:

LAND VAL : 67500 TAX YEAR : 1997 H6
IMPV VAL : 97027 MILLAGE : HX
TOTAL VAL: 164527 TAXES : 2321.92 S1

LAND INFORMATION:

USE UNITS USE UNITS USE UNITS USE UNITS

FEATURES:

LOT 1.000 FG2 506.000 HF3
LLIT 1.000 OP3 40.000 CNSP 1.000
MAIN 1737.000 PL2 90.000 BATHS 2.000
EP8 342.000 SCR 1764.000 FIXTURES 7.000
SP4 132.000 PT1 468.000 LIVING 1737.000

SALES HISTORY:

SOLD PRICE RDT DED ORB VIC SLN
05/01/78 22500 05/01/78 WD 0445 /1401 Y
/
/
/
/

LEGAL INFORMATION:

[REDACTED]

ADD: 12 PALM RD

OWNER INFORMATION:

SCHROEDER JONATHAN S
12 PALM
SEWALLS POINT FL

SECOND OWNER:

CAROLE
RD
34996

PROPERTY INFORMATION:

ACRES : STORIES : A/C AREA : 2982
ZONING : BEDROOMS : YEAR BUILT: 1996
MAP : SP-05 BATHS : EFF YR BLT:
CITY : ZIP :

PROPERTY INFORMATION:

EXEMPT CODE & VALUES:

LAND VAL : 80000 TAX YEAR : 1997 H6
IMPV VAL : 197449 MILLAGE : HX
TOTAL VAL: 277449 TAXES : 4531.23

LAND INFORMATION:

USE UNITS USE UNITS USE UNITS USE UNITS

FEATURES:

LOT 1.000 SP4 312.000 FR1 1.000
LLIT 1.000 PT1 868.000 DV-C
MAIN 2982.000 PL2 90.000 LSP
FG2 463.000 SCR 2000.000 BEDROOMS 3.000
OP4 44.000 JA3 1.000 BATHS 3.000

SALES HISTORY:

SOLD PRICE RDT DED ORB VIC SLN
03/07/96 120000 03/08/96 WD 1166 /0290 N AVERY JOAN J
06/01/86 56000 06/01/86 WD 0677 /1056 Y
22500 03 0438 /0237 Y
/
/

LEGAL INFORMATION:

FROM EXON REVISED & AMENDED PLAT DEPT 6 @ 346/614

----- INFORMATION DEEMED RELIABLE BUT NOT GUARANTEED ----- 06/23/98 04:04 PM
MARTIN COUNTY TAXROLL

PID: 13 3841 005 000 00070 ACN: 27812 BNO: 2 NBH: 1211

USE: 0100 SINGLE FAMILY RESID SBN: 1381005 PALM ROW

ADD: 14 PALM RD

OWNER INFORMATION:

MCGLYNN TIMOTHY W
14 PALM
STUART FL

SECOND OWNER:

CAROLYN H
RD
34996 6314

MARTIN COUNTY TAXROLL

PID: 13 3841 005 000 00050 ACN: 27810 BNO: 1 NBH: 1211

USE: 0100 SINGLE FAMILY RESID SBN: 1381005 PALM ROW

ADD: 10 PALM RD

OWNER INFORMATION:

KLIMA EDWARD F
10 PALM
STUART FL

SECOND OWNER:

ARDENE L
RD
34994

PROPERTY INFORMATION:

ACRES : STORIES : A/C AREA : 1578
ZONING : BEDROOMS : YEAR BUILT: 1978
MAP : SP-05 BATHS : EFF YR BLT:
CITY : ZIP :

TOTAL AREA: 2895

PROPERTY INFORMATION:

EXEMPT CODE & VALUES:

LAND VAL : 80000 TAX YEAR : 1997 HO
IMPV VAL : 74075 MILLAGE : HX
TOTAL VAL: 154075 TAXES : 2316.79 S1

LAND INFORMATION:

USE UNITS USE UNITS USE UNITS USE UNITS

FEATURES:

LOT 1.000 EP8 486.000 FIXTURES 6.000
LLIT 1.000 SP6 231.000 LIVING 1578.000
MAIN 1578.000 HF3 BEDROOMS 2.000
OP3 50.000 CNSP 1.000 ELAV 1.000
FG2 550.000 BATHS 2.000 EWBS 1.000

SALES HISTORY:

SOLD PRICE RDT DED ORB VIC SLN
01/23/98 180000 01/26/98 WD 1285 /0776 Y STAFFORD FRANK P
05/01/78 28600 05/01/78 WD 0444 /2044 Y
/
/
/

LEGAL INFORMATION:

PAVING ROW REMOVED BY AMENDED PLAT LOT 5 OR 359/573

----- INFORMATION DEEMED RELIABLE BUT NOT GUARANTEED ----- 06/23/98 04:04 PM

MARTIN COUNTY TAXROLL

PID: 13 3841 005 000 00060 ACN: 27811 BNO: 1 NBH: 1211

USE: 0100 SINGLE FAMILY RESID SBN: 1381005 PALM ROW

MARTIN COUNTY TAXROLL

PID: 12 3841 001 000 00190 ACN: 27509 BNO: 1 NBH: 1213

USE: 0100 SINGLE FAMILY RESID SBN: 1281001 RIVERVIEW (SP)

ADD: 9 RIVERVIEW DR SE

OWNER INFORMATION:

SECOND OWNER:

[REDACTED]

NORMA M

9 RIVERVIEW
STUART FL

DR
34996 6314

PROPERTY INFORMATION:

TOTAL AREA: 4109

ACRES : STORIES : A/C AREA : 2035
ZONING : BEDROOMS : YEAR BUILT: 1977
MAP : SP-05 BATHS : EFF YR BLT: 1986
CITY : ZIP :

PROPERTY INFORMATION:

EXEMPT CODE & VALUES:

LAND VAL : 67500 TAX YEAR : 1997 H6
IMPV VAL : 133162 MILLAGE : HX
TOTAL VAL: 200662 TAXES : 2680.08

LAND INFORMATION:

USE UNITS USE UNITS USE UNITS USE UNITS

FEATURES:

LOT 1.000 OP4 168.000 CNSP 1.000
LLIT 1.000 PT3 135.000 BATHS 2.000
MAIN 2035.000 PT3 178.000 FIXTURES 7.000
SP6 1156.000 SCR 1202.000 LIVING 2035.000
FG2 750.000 HF3 BEDROOMS 3.000

SALES HISTORY:

SOLD PRICE RDT DED ORB VIC SLN
02/01/81 169000 02/01/81 WD 0513 /2682 Y
/
/
/
/

[REDACTED]

[REDACTED]

FORM LETTER OF NO OBJECTION

Mr. Richard Wadsten
7 Riverview
Stuart, FL 34996

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

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Stewart Berry

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by Stewart Berry with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,

X Richard Wadsten

FORM LETTER OF NO OBJECTION

Mr. Edward Klima
10 Palm Road
Stuart, FL 34996

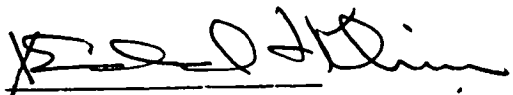
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, Florida 34996

RE: Application for Administrative Variance Pursuant to Appendix B - Zoning, Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Stewart Berry

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Sincerely yours,


Edward Klima
Edward Klima

FORM LETTER OF NO OBJECTION

Mr. Jonathan Schroeder
12 Palm Road
Stuart, FL 34996

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

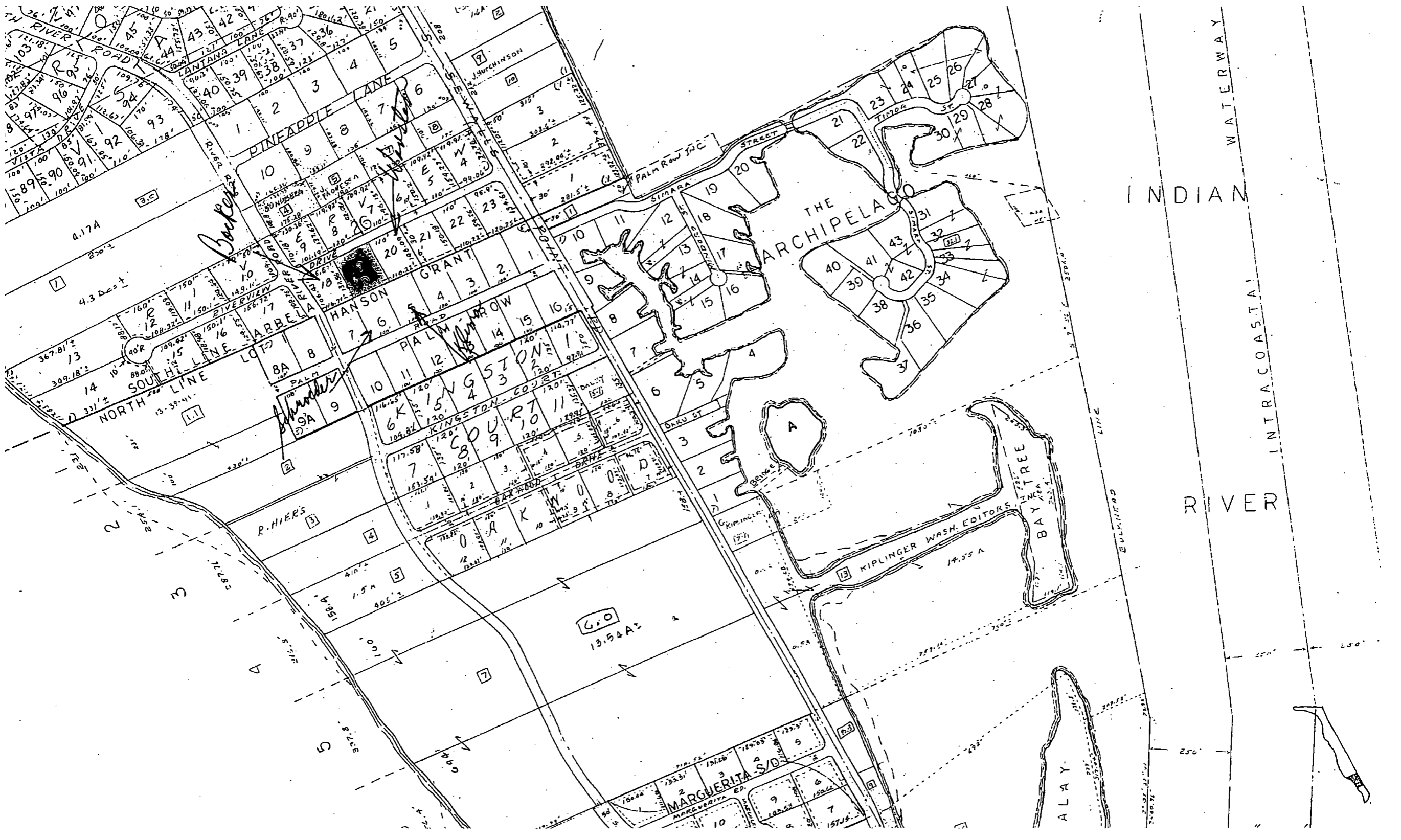
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Sincerely yours,

X Jonathan Schroeder



Boundary Survey For: Edward Winter

Legal Description

Being all of Lot 19, according to the Plat of RIVERVIEW SUBDIVISION, as recorded in Plat Book 6, Page 86, Public records of Martin County, Florida.

Legend

Fd. ——— Found	(M) ——— Measured Data
R/W ——— Right-of-way line	IR ——— Iron Rod
PCP ——— Permanent Control Point	(P) ——— Plat Data
CM ——— Concrete Monument	IP ——— Iron Pipe
PP ——— Power Pole	Conc. ——— Concrete
(C) ——— Calculated Data	O/H ——— Overhead Utilities
ORB ——— Official Records Book	Pg. ——— Page
ID ——— Identification Number	TT ——— Tin Tab
(R) ——— Radial	(E) ——— Estimated Distance

General Notes

- The bearings shown hereon are referenced to the Centerline of Riverview Drive having a bearing of N 63°52'45" E, according to Plat of RIVERVIEW SUBDIVISION.
- All above ground fixed improvements, if any, have been located and shown hereon.
- Underground utilities and utility services have not been located on this survey.
- Flood Note: By graphic plotting only, this property is in Zone "C", according to the Flood Insurance Rate Map, Community Panel No. 120184 0002 D, effective date August 15, 1978, (revised 6-16-92). The exact designation can only be determined by an elevation certificate.

Certification

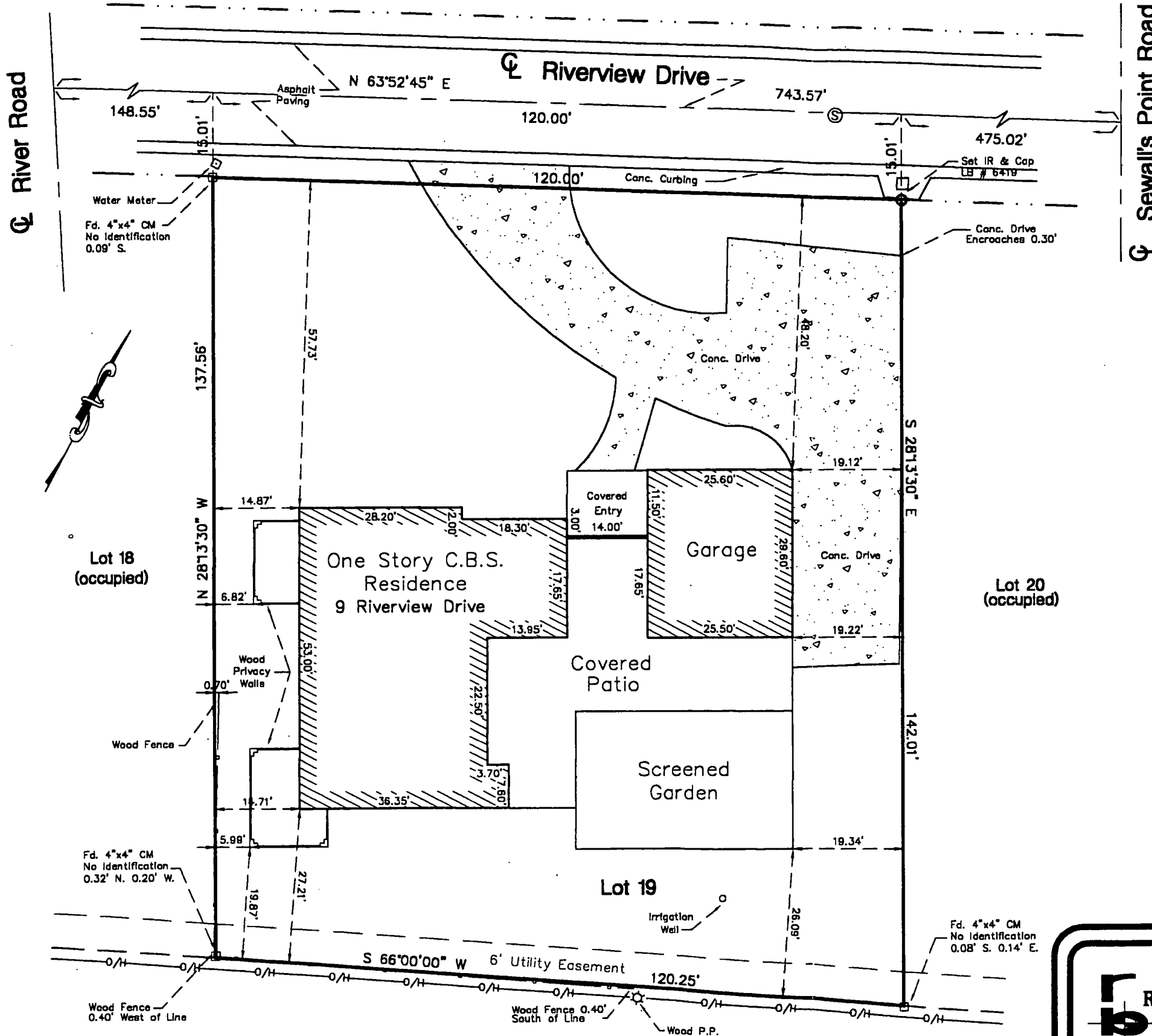
(Not valid unless sealed with an embossed Surveyor's seal)

I HEREBY CERTIFY to Edward Winter, and First American Title Insurance Company that the survey of the property shown hereon was completed under my direction on June 22, 1998 and said survey is true and correct to the best of my knowledge and belief. There are no encroachments other than those shown hereon.

I FURTHER CERTIFY that this survey meets the Minimum Technical Standards as set forth by the Florida Board of Land Surveyors pursuant to Section 472.027, Florida State Statutes. No search of the public records has been made by this office. This survey is based on information furnished by the client or the client's representative.

6-23-98
Date of Signature

Richard W. Bussell
Richard W. Bussell
Professional Surveyor & Mapper
Florida Certificate No. 3858



Palm Row Revised Plat
P.B. 4, Pg. 68

Field Book RWB 98-C, Pgs. 11/16

Richard W. Bussell, Inc.
Survey Sciences, Mapping & Consulting
1320 S. Federal Highway, Suite 101
Bart, Florida 34694
Phone (881) 220-6300 Fax (881) 220-2517

Boundary Survey For:
Edward Winter
Martin County Florida

Scale: 1" = 20'	Date: 8-22-98	File & Drawing No. 98-2-1045-01-01
Drawn By: Jdm	Checked reb	Sheet 1 of 1

DONALD B. WINER
Mayor

TOWN OF SEWALL'S POINT

JOAN H. BARROW
Town Clerk

CYRUS KISSLING
Vice Mayor



WILBUR C. KIRCHNER
Chief of Police

JON E. CHICKY, SR.
Commissioner

DAWSON C. GLOVER, III
Commissioner

ROBERT M. WIENKE
Commissioner

One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • FAX (561) 220-4765
Police Department (561) 781-3378

July 27, 1998

Mr. and Mrs. Stewart Berry
2082 S.E. Alhambra Drive
Port St. Lucie, Florida 34952

Re: Riverview Lot 19, Administrative Variance

Dear Mr. and Mrs. Berry:

Enclosed is the Town's check in the amount of \$217.00. This represents the refund due you regarding the above-referenced variance.

7/98	Received check from Stewart Berry	+ \$ 500.00
7/98	Town of Sewall's Point filing fee	- 250.00
7/98	Recording fee, Clerk of Court	- <u>33.00</u>
	Refund due	\$217.00

Also enclosed is a copy of the recorded variance. Please do not hesitate to contact me if you require anything further.

Best of luck in your new home,

Sincerely,

TOWN OF SEWALL'S POINT

Joan Barrow, Town Clerk/Treasurer

TOWN OF SEWALL'S POINT, FLORIDA

Date APRIL 27 ~~2004~~ TREE REMOVAL PERMIT No 2245

APPLIED FOR BY SADLER (Contractor or Owner)

Owner 9 RIVERVIEW DR

Sub-division _____, Lot _____, Block _____

Kind of Trees 3 OAK, 1 HICKORY

No. Of Trees: REMOVE 4

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 15.00

Signed, _____ Applicant

Signed, Gene Simmons (Signature)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Empty lined box for project description or notes.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than 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 THOMAS GADLER Address 9 RIVERVIEW DR Phone 223-9211

Contractor BRIAN PFEIFFER Address 5663 SW QUAIL HOLLOW TRAIL Phone 215-5870
VISIONS OF GREENERY PRICHY CITY FL

No. of Trees: REMOVE 4 Type: OAK, HICKORY

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

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

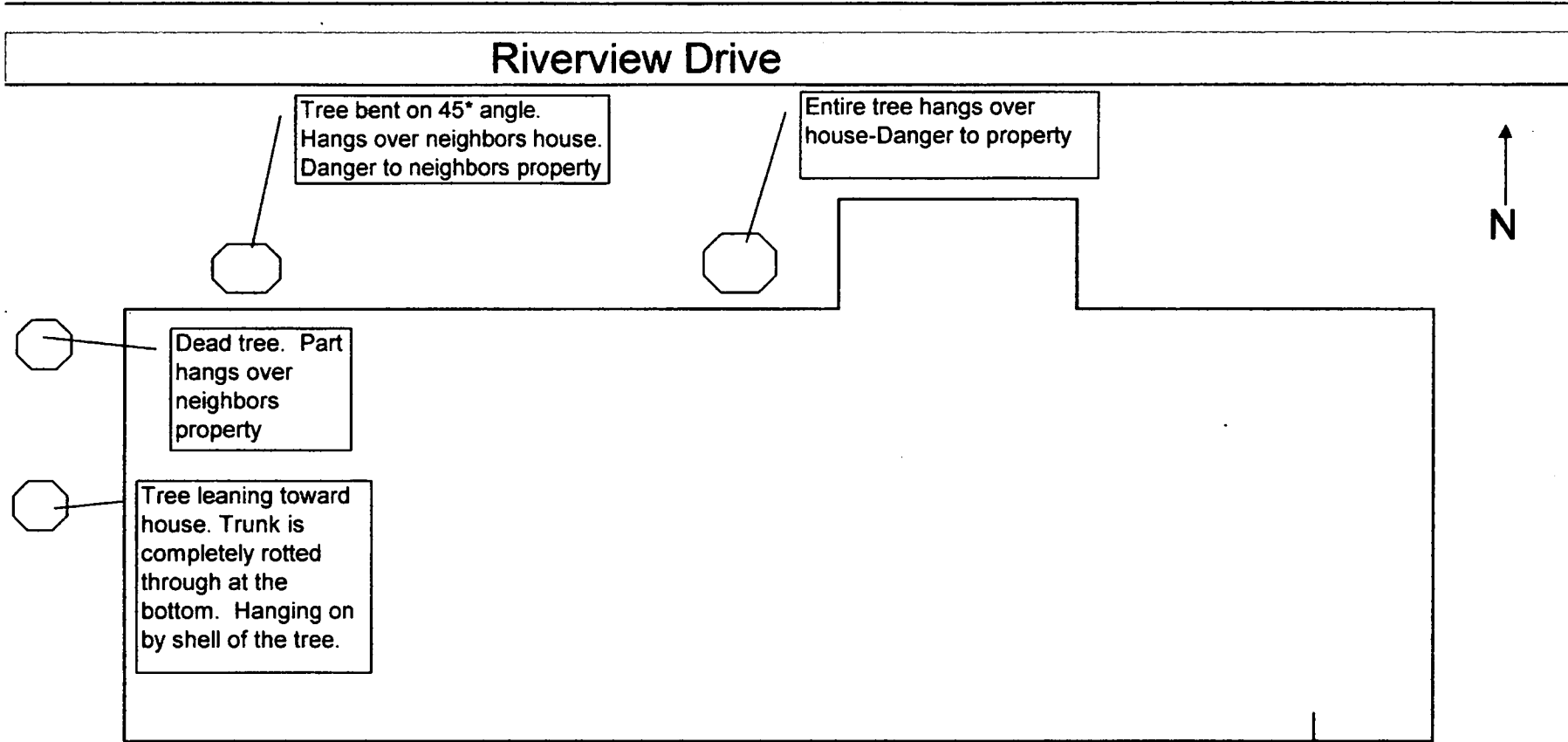
Written statement giving reasons: TREES ARE A POTENTIAL HAZARD TO MY HOUSE & MY NEIGHBOR'S HOUSE - SEE ATTACHMENT

Signature of Applicant [Signature] Date 4/20/04

Approved by Building Inspector: [Signature] Date 4/23 Fee: ~~15.00~~

Plans approved as submitted _____ Plans approved as revised/marked: 15

WE CONCUR THAT TREES ARE A POTENTIAL HAZARD TO OWNERS AND NEIGHBORS HOMES - TRIMMING WOULD ONLY RESULT IN AN EYESORE.



I would like to remove the four trees above because they are a danger to my house and property, as well as a potential danger to my neighbor's home.

Thomas A Sadler
9 Riverview Drive
Sewalls Point FL 34996

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/23, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6942	PAWN BROKER	BLOG FINAL	PASS	CLOSE
8	3754 S.E. OCEAN BLVD	Call: 485-8684 (Back door)		INSPECTOR: <i>[Signature]</i>
6230	BORR 21 RIVERVIEW	PAVERS		Already finished w/ Addition c/o INSPECTOR:
6646	RONAN 14 COPAIRE CARDINAL	TUN TAG + METAL	PASS	INSPECTOR: <i>[Signature]</i>
7233	SADLER	TREK	PASS	
4	9 RIVERVIEW			INSPECTOR: <i>[Signature]</i>
6581	LASKY 27 W. HIGH POINT SEAGATE BLDGS	TIE BEAM + COL	PASS	INSPECTOR: <i>[Signature]</i>
6681	SCHRAEDER 4 EMARITA WAY O/B	WINDOW BUCK DOOR BUCK	PASS	INSPECTOR: <i>[Signature]</i>
6501	BEAN 112 S. SEWALL'S Pt DRIFTWOOD	TRUSS PLUMBING RAW A/C ROUGH	FAIL PASS FAIL	\$40 FEE INSPECTOR: <i>[Signature]</i>
OTHER:	RIDGEVIEW + Plop John in S. SEWALL'S Pt Rd Road-Right-of-Way			
	GANUAN			

TOWN OF SEWALL'S POINT, FLORIDA

Date 7/7/07 19 TREE REMOVAL PERMIT No 0344

APPLIED FOR BY ED WINTER (Contractor or Owner)

Owner 9 RIVERVIEW (SHAVE'S TREE SERVICE)

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 HICKORY, 1 OAK

No. Of Trees: REMOVE 2 DEAD/DISEASED FEE UNSP

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE) 7/7/00

No. Of Trees: REPLACE -0- WITHIN 30 DAYS

REMARKS LOCATION SKETCH ON APPL.

FEE \$ 0-

Signed, (SIGNATURE ON FILE)
Applicant

Signed, [Signature]
Town Clerk [Signature]

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 project details]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

② checked 7/7 ✓

RECEIVED
JUL - 5 2000
BY: [Signature]

0344
Permit # _____
Date Issued _____

FILE

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

Owner Ed Winter Address 9 Riverview Phone 561-287-8666

Contractor Shane's Tree Service Address _____ Phone _____

Number of trees to be removed (list kinds of trees) Two Trees

(1) Hickory (1) Oak BOTH DEAD/DISEASED
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

NO FEE
Number of trees to be replaced _____ (list kinds of trees):

Permit Fee \$ 0 ~~(\$25.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00)~~ \$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted 7/5/2000

Approved by Building Inspector [Signature] Date 7/7/00

Approved by Building Commissioner _____ Date _____

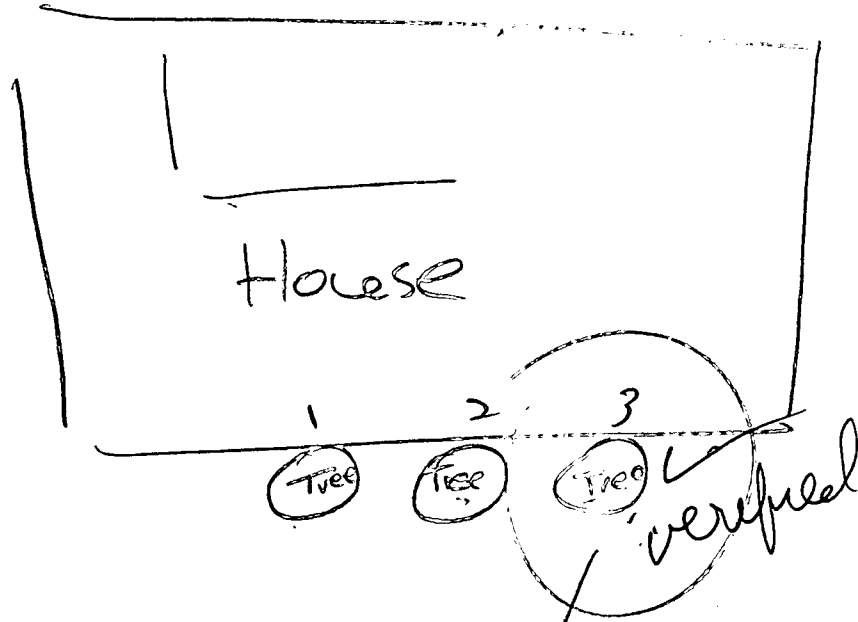
Completed _____ Date _____ Checked by _____

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

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

AMO

1/7/08
field
way



Hickory
 Pink Ribbon
 Dying from
 a Fungus
 and has
 Been hit By
 lightning

This Tree
 is Rotting
 and will
 Break in a
 storm
 Threat to
 neighbour's
 house

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-7-00, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4997	Schecodnic	fire fence	Passed	
✓ ①	1 River Crest United Court		BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4975	stenhoj	steel -		NO FORMBOARD SURVEY - REQUIRED
✗	106 Hillcrest POUS BY ADDRESS 692-7946	pool	Cancel 9:05 AM	Called & Advised need survey
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4894	Braunstein	final	Reject	No one at home
✓ ②	11 N. River TROPIC MARINE	dock (Two Large Dogs)	BG	GATE HAS LOCK ON IT. Can't Get in
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4993	Reilly	shutters -	OK	HAS SOME EXISTING
✓ ⑦	78 S. Sewall's Tr. Coast Home Imp.	final	BG	Shutters NOT APPROVED.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4994	Christie	shutters -	OK	
✓ ⑥	103 S. Sewall's Tr. Coast Home Imp.	final	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4996	Villa	final	OK	
✓ ⑨	24 S. Sewall's RMR Electric	electrical	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4691	Wattles	temp. el.	OK	AC ONLY -
✓ ⑧	20 N. Ridgeview	hook-up	BG	Took Keys to office.

OTHER: T/R 19 CASTLE HILL DEMARKARUM PALM COAST OK 1 ✓
 9 RIVERVIEW WINTER SHAWES OK 2 ✓
 20 PALM RD PRUCETT MONROE OK 3 ✓
 INSPECTOR (Name/Signature): 35 W HIGHT POINT KING SHAWES OK 4 ✓

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

② asked 7/7 ✓

RECEIVED
JUL - 5 2000
BY: SA

03AA

Permit # _____
Date Issued _____

COPY

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

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Plans approved as submitted Plans approved as marked _____

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Signature of applicant Ed Winter Date submitted 7/5/2000

Approved by Building Inspector [Signature] Date 7/7/00

Approved by Building Commissioner _____ Date _____

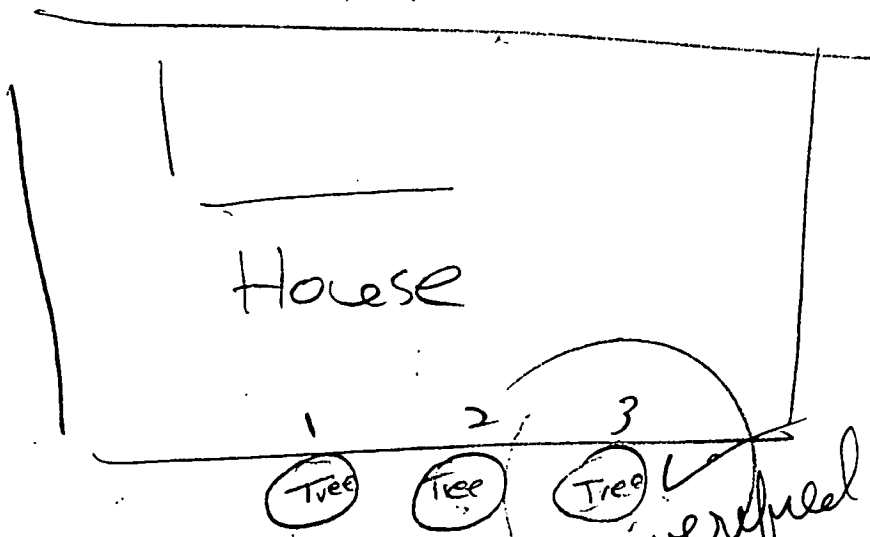
Completed _____ Date _____ Checked by _____

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AAO

9/2/08
field
way



Hickory
 Pink Ribbon
 Dying from
 a Fungus
 and has
 Been hit By
 lightning



This tree
 is rotting
 and will
 break in a
 storm
 Threat to
 neighbor's
 house