

2 Riverview Drive

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Patrick Schuchman
CONTRACTOR Samc
LOT 4 BLOCK _____ SUB River View
NO. 2 River View drive St. or Ave.

NO. 2222 Date Issued 12/28/87

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

TOWN OF SEWALL'S POINT BUILDING PERMIT

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

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	OK 1/15/88	DB
4. ROUGH PLUMBING	OK 3/18/88	DB
5. ROUGH ELECTRIC	OK 3/18/88	DB
6. LINTEL		
7. ROOF		
8. FRAMING	OK 3/18/88	DB
9. INSULATION	OK 3/21/88	DB
10. A/C DUCTS	OK 3/18/88	DB
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

TO CONSTRUCT New Residence

REMARKS:

TRAVIS EST
2-15-88

**MARTIN COUNTY
PUBLIC HEALTH UNIT**

Your septic system was inspected on 5/6/88
HD 87-8114

Approved and Cover
 Cover but hold for:
 Final Grade (see permit for specifications)
 Well Permit

Other:
 Do not cover, disapproved for the following reasons:
 Well and well
reinspection fee _____

Other:
Final approval will not be given until both septic and water systems are completed.
Please allow this office two working days to schedule a reinspection. If you have any questions, contact D. Pick at 287-2277.

Please repair water drip at meter

2222

TOWN OF SEWALL'S POINT, FLORIDA
APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

PERMIT NUMBER

DATE OF APPLICATION 12-4-87

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers' compensation.
3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, e) plumbing, electrical and air conditioning layouts, f) at least two elevations showing the height of building from finished floor.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Notarized copy of attached affidavit re: removal of nuisance trees.
8. Tree removal permit (for trees other than #7 above).
9. Certification of elevation from licensed surveyor and determination of flood zone.
10. Amount of fill anticipated - rough sketch showing extent of fill on lot.
11. Manufacturer's schedule of windows.

Owner PATRICK SCHUERMAN Current Address 10 SEWALLS PT. RD
Telephone _____ STUART FL.

General Contractor PAIGE CONST. Address 2081 E OCEAN BLVD.
Telephone 283-6642 STUART FL.

Where Licensed FL. License Number CRC 024232

Plumbing Contractor SOUTH PARK License Number 49

Electrical Contractor RIVER SIDE License Number ME 00243

Roofing Contractor PANACHE License Number _____

A/C Contractor SUN COAST AIR License Number CAC 029397

Describe the building or alterations NEW CONSTRUCTION

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

Subdivision 2 RIVERVIEW Lot 4 Block _____

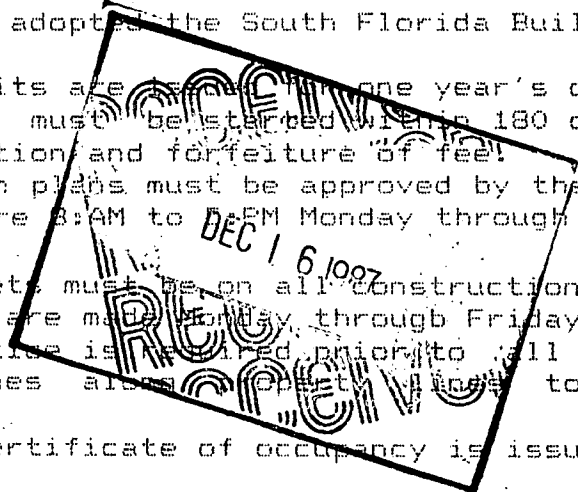
Building area (inside walls) 2518 Garage, porch, carport area 885

Contract price (excluding carpet, land, appliances, landscaping) \$150,000

Cost of permit \$1155.00 Plans approved as submitted _____ as marked _____

In addition, the following are understood by owner and contractor:

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$5. per \$1,000. of the cost of the building, plus \$10. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el., roof) = \$540. cost of permit + \$365. impact fee = \$905. total.
3. If no contract is submitted as proof as cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas).
4. The Town has adopted the South Florida Building Code as a part of its ordinances.
5. Building permits are valid for one year's duration.
6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee!
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.
11. String lines along property lines to facilitate set back inspections.
12. Before a certificate of occupancy is issued, the following are required:
 - a. An owner's affidavit of building cost (form available) any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
 - b. Approval of septic tank installation by Martin Co. Health Dept.
 - c. Rough grading and clean up of grounds.
 - d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).
 - e. Certification by a qualified engineer or architect of the structural adequacy of the building.
13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.



Contractor's Signature [Signature] Owner's Signature [Signature]
 Approval by Building Inspector [Signature] Date 12/21/87
 Approval by Building Commissioner [Signature] Date 12/22/87
 Certificate of Occupancy issued [Signature] Date 5/10/88

685102

50,50 (DEED.T) 11/12/87 JB

WARRANTY DEED

THIS WARRANTY DEED made the 23rd day of November, 1987, by CHARLES FRIEBERTSHAUSER, as Trustee of the CHARLES E. FRIEBERTSHAUSER REVOCABLE TRUST, and CHARLES FRIEBERTSHAUSER, a/k/a CHARLES E. FRIEBERTSHAUSER, individually, joined by his wife, NELL JEAN FRIEBERTSHAUSER, hereinafter called the grantor, to PATRICK SCHUERMAN and PATRICIA SCHUERMAN, his wife, whose post office address is 6 Fieldway Drive, Stuart, Florida 34996, hereinafter called the grantee:

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

Lot 4 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 to reservations, restrictions, easements and road rights-of-way of record.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawful seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1986.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

CHARLES FRIEBERTSHAUSER, as Trustee of the CHARLES E. FRIEBERTSHAUSER REVOCABLE TRUST, and CHARLES FRIEBERTSHAUSER, a/k/a CHARLES E. FRIEBERTSHAUSER, individually

Balraj Gopal

By: Charles Friebertshauser
CHARLES FRIEBERTSHAUSER

T. McCarthy

Nell Jean Friebertshauser
NELL JEAN FRIEBERTSHAUSER

STATE OF FLORIDA
COUNTY OF MARTIN

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared CHARLES FRIEBERTSHAUSER, as Trustee of the CHARLES E. FRIEBERTSHAUSER REVOCABLE TRUST, and CHARLES FRIEBERTSHAUSER, a/k/a CHARLES E. FRIEBERTSHAUSER, individually, joined by his wife, NELL JEAN FRIEBERTSHAUSER to me known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of November, 1987.

Terence P. McCarthy
Notary Public, State of Florida

My commission expires: 11-15-89
BOOK 743 PAGE 2715

STATE OF FLORIDA
DOCUMENTARY STAMP TAX
DEPT. OF REVENUE
NOV 25 '87
233.75

TERENCE P. MCCARTHY, Esq.
DeSantis, Cook & Gaskill, P.A.
2081 E. Ocean Boulevard
Stuart, Florida 34996

FILED FOR RECORD
87 NOV 25 3:05
CLERK OF CIRCUIT COURT
MARTIN COUNTY FLORIDA

MARTIN COUNTY

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: PATRICK SCHUERMAN
LEGAL DESCRIPTION: LCT 4 RiverViews S/p
SEPTIC TANK PERMIT NUMBER: H087-811

The items noted below must be certified by a surveyor or engineer and returned to the Health Department prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: _____.
- 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches above benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches above crown of road elevation shown on septic tank permit.
- 4. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.

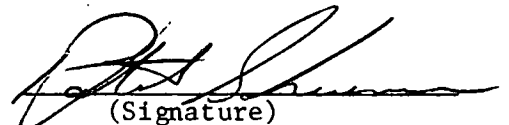
Date Observed: _____

- NOTE: a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
- b. Drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries. Drainfield will not be approved if severe limited soils are not removed.

CERTIFIED BY: _____

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

Date: _____ Job Number: _____

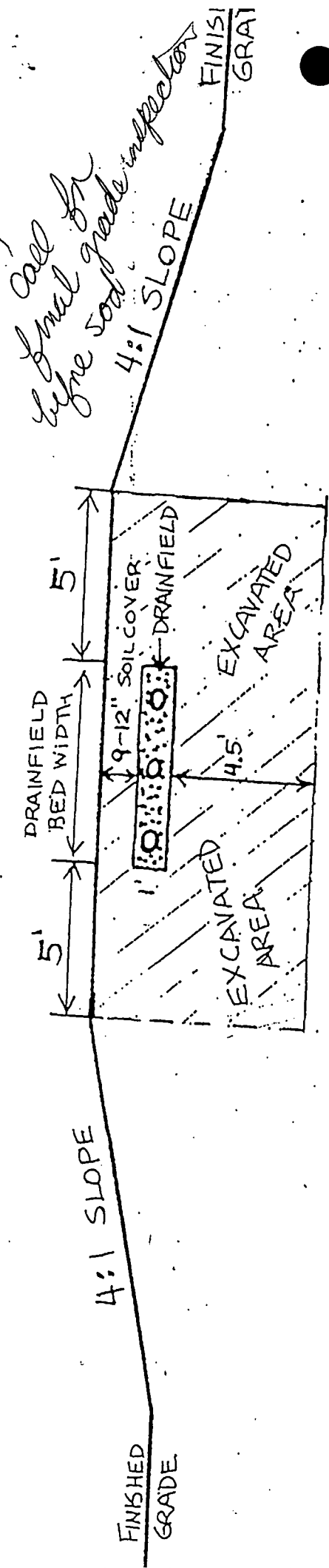

(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

(Date)

RAINFIELD MOUND REQUIREMENTS

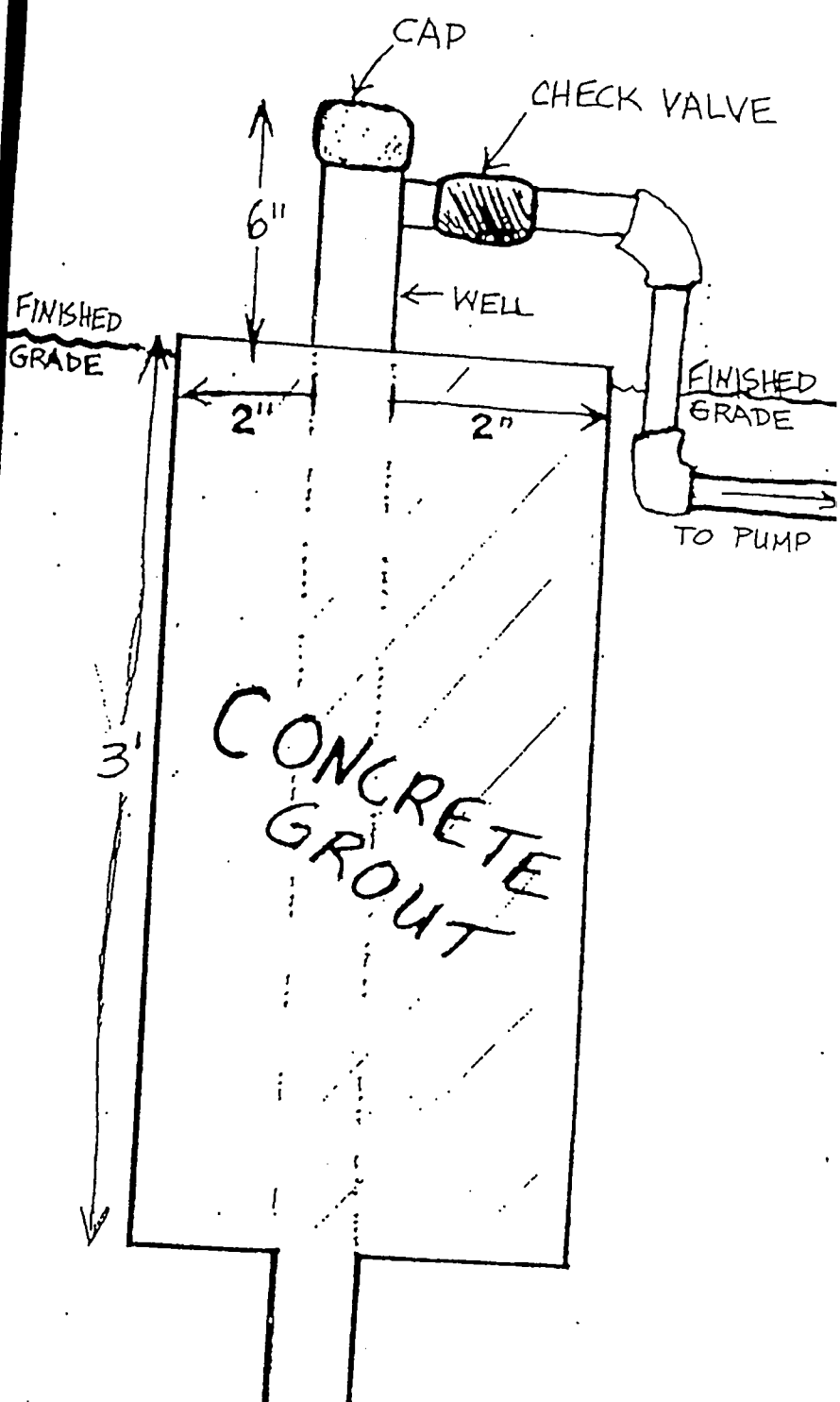


Call for final grade inspection
4:1 Slope

NOTES THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

REQUIREMENTS

NOTE:
ALL WELLS MUST BE GROUTED AT LEAST 2" AROUND WELL CASING TO A DEPTH OF 3'. WELL CASING MUST EXTEND 6" ABOVE FINISHED GRADE AS SHOWN BELOW. NOTE LOCATION OF CHECK VALVE.

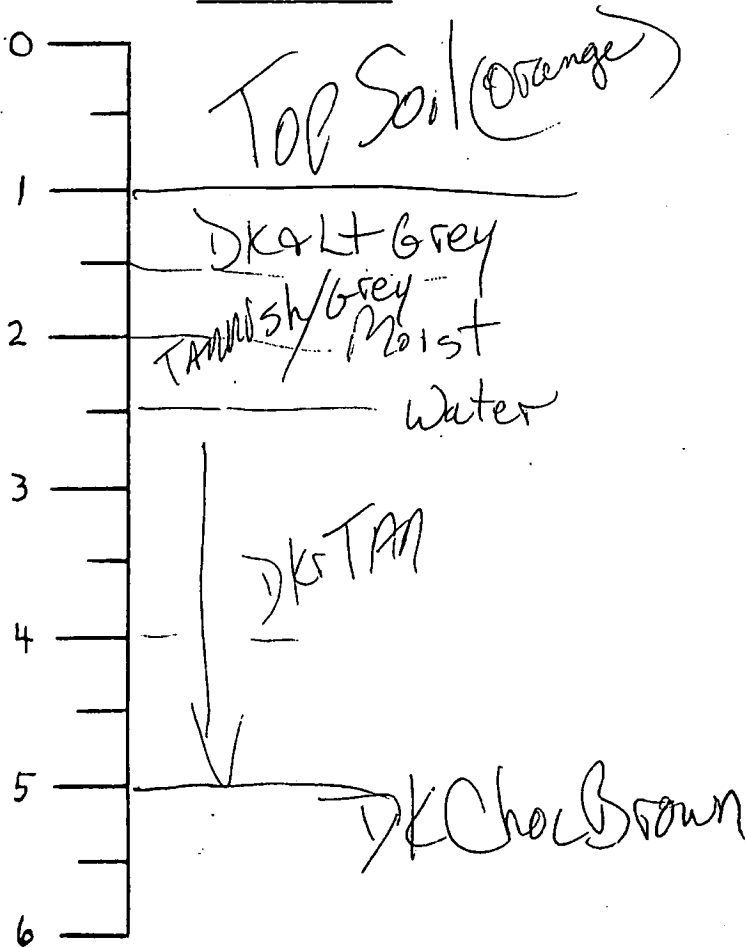


MANALAIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 34997
287-2277
SITE EVALUATION

APPLICANT: PATRICK SCHUERMAN

LEGAL DESCRIPTION: LOT 4 RIVERVIEW S/D

SOIL PROFILE



USDA SOIL TYPE Jonathan

USDA SOIL NUMBER 41

Impervious soils are present at 4' below natural grade.

Present Water Depth Below Natural Grade 2.5'

Wet Season Range Per Soil Survey 40-60"

Estimated Wet Season Water Depth Below Natural Grade 1.5'

Indicator Vegetation Present Cabbage Palm, Slash Pine

Is Benchmark Located on Plot Plan and Present on Site? Yes

Approximate Amount of Fill on Neighboring Lots N/A

Other Findings:

EVALUATION BY: Jacqueline Kelly
DATE: 12-8-87

W3.16

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: HD87-811

NAME OF APPLICANT: Patrick Schuerman HOME PHONE: 283-3202
WORK PHONE:

MAILING ADDRESS OF APPLICANT: C. Fieldway Drive Sewalls Pt., Fl.
LOT 4 BLOCK N/A SUBDIVISION RIVERVIEW S/D
PLAT BOOK C PAGE 86 DATE SUBDIVIDED 3-6-75
RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 4
HEATED OR COOLED AREA OF HOME 2518 SQUARE FEET
COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ NUMBER PEOPLE _____

AFFIDAVIT

I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE:

Patrick Schuerman

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS
DRAINFIELD SIZE 500 SQUARE FEET

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 18

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF

39" ABOVE CROWN OF ROAD E.C. (2.88) NGVD

TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF

43" ABOVE CROWN OF ROAD E.C. (2.88) NGVD

ISSUED BY: Jeff A. Aiello ENVIRONMENTAL HEALTH SPECIALIST

DATE: 12/9/87

- PLEASE NOTE:
1. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
 2. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
 3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
 4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.
 5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

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

Inspection Results Will be Posted on Building Permit or on Electrical Box.

FINAL INSPECTION

CONSTRUCTION APPROVED BY: _____ DATE: _____
ENVIRONMENTAL HEALTH SPECIALIST

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

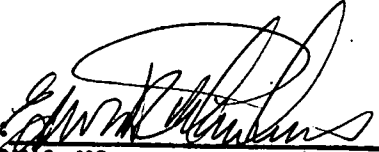
SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? No
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? Yes
13. THERE IS 5300+ SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 2.88 SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 4.0 SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? Yes IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 9.0 NGVD 1929 (ELEVATION OPTIONAL)

NOTE: MUST BE CERTIFIED BY REGISTERED SURVEYOR OF ENGINEER IN THE STATE OF FLORIDA.

CERTIFIED BY: 
FL. PROFESSIONAL NO: 3954
DATE: 12-3-87 JOB NO: 87-500

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

SEE ATTACHED MAP

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 5/10/88

This is to request that a Certificate of Approval for Occupancy be issued to Schuerman
For property built under Permit No. 2222 Dated 12/28/87 when completed in
conformance with the Approved Plans.

Patt Schuerman
Signed

Approved by

Item	
1. LOT STAKES/SET BACKS	
2. TERMITE PROTECTION	<u>2/15/88</u>
3. FOOTING - SLAB	<u>1/15/88</u>
4. ROUGH PLUMBING	<u>3/18/88</u>
5. ROUGH ELECTRIC	<u>3/18/88</u>
6. LINTEL	
7. ROOF	<u>3/18/88</u>
8. FRAMING	<u>3/18/88</u>
9. INSULATION	<u>3/21/88</u>
10. A/C DUCTS	<u>3/18/88</u>
11. FINAL ELECTRIC	<u>5/10/88</u>
12. FINAL PLUMBING	<u>5/10/88</u>
13. FINAL CONSTRUCTION	<u>5/10/88</u>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 5/10/88 date

Approved by Building Commissioner Dale Bell Clarke 5/11/88 date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

4624

A/C CHANGEOUT

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 6/9/99 BUILDING PERMIT NO. 4624
Building to be erected for DAVE DE CROSE Type of Permit A/C CHANGE OUT
Applied for by ORBECHOKEE A/C (Contractor) Building Fee 30.00
Subdivision RIVERVIEW S/D Lot 4 Block _____ Radon Fee _____
Address 2 RIVERVIEW DRIVE Impact Fee _____
Type of structure S.F.R. A/C Fee _____

Parcel Control Number: _____ Plumbing Fee _____

Amount Paid ~~\$2,490.00~~ ^{\$30.00 ck #7926} ~~\$30.00 ck #8002~~ Check # _____ Cash _____ Other Fees (PERMIT) 30.00
Roofing Fee AFTER FACT

Total Construction Cost \$ 2,490.00 TOTAL Fees \$ 60.00

Signed [Signature] Applicant Signed [Signature] Town Building Inspector

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!

Bldg. Pmt# 4624
6/9/99

Town of Sewall's Point

Date 5-7-99

BUILDING PERMIT APPLICATION

Owner's Name: Dave DeCroze Phone No. 561-220-4417
Owner's Present Address: #2 Riverview Drive
Fee Simple Titleholder's Name & Address if other than owner _____
N/A

Location of Job Site: Sewall's Point

TYPE OF WORK TO BE DONE:

CONTRACTOR INFORMATION

Contractor/Company Name: Okeechobee A/C Phone No. 941-763-8391
COMPLETE MAILING ADDRESS: 312 SW 2nd St., Okeechobee, FL 34974
State Registration: CA023499 State License: CLASS A A/C
Legal Description of Property _____
Parcel Number _____

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____
Address _____
Engineer N/A Phone No. _____
Address _____

Area Square Footage: Living Area _____ Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEE electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or improvement _____
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical _____ State License _____
Mechanical OKee A/C State License# _____
Plumbing _____ State License# _____
Roofing _____ State License# _____

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

Value
\$2590.00

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
Sworn to and subscribed before me this _____ day of _____, 1998 by _____ who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE for J. Wayne Blair
Sworn to and subscribed before me this 7th day of May, 1999 by _____ who is personally known to me or has produced _____ and who did (did not) take an oath.

Change out A/C with Carrier 1.5 ton M# 38TRA018
M# FA4ANF018

5 Kw heat 12 SEER.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

05/11/99

PRODUCER

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.

Sunshine State Insurance
3555 South Highway 441

COMPANIES AFFORDING COVERAGE

Okeechobee FL 34974-
(941) 763-7711 () -

COMPANY
A ALLSTATE INSURANCE COMPANY

INSURED
OKEECHOBEE AIR CONDITIONING & REFRI
312 SW 2ND STREET

COMPANY
B ALLSTATE INSURANCE COMPANY

OKEECHOBEE, FL 34974-
(941) 763-8391

COMPANY
C

COMPANY
D

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	049811721	10/07/98	10/07/99	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	049811738	10/07/98	10/07/99	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL		/ /	/ /	WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
A	OTHER EQUIP FLOATER	049811721	10/07/98	10/07/99	\$500 DEDUCTIBLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SEWALL'S POINT BUILDING DEPARTMENT
SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Douglas H. Pritchard

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/07/1999

PRODUCER (941)688-5495 FAX (941)688-4344
Herndon & Associates Insurance
91 Lake Morton Dr.
Meland, FL 33802

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

COMPANIES AFFORDING COVERAGE

Attn: David Sheppard Ext:
INSURED
Okeechobee A/C & Refrigeration Inc
312 SW 2nd Street
Okeechobee, FL 34974

COMPANY A
COMPANY B
COMPANY C Twin City Five Star
COMPANY D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$																
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$																
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$																
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	21 WBV EV0855	01/01/1999	01/01/2000	<table border="0"> <tr> <td></td> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> <td></td> </tr> <tr> <td></td> <td>EL EACH ACCIDENT</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td></td> <td>EL DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td></td> <td>EL DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 500,000</td> </tr> </table>		WC STATUTORY LIMITS	OTHER			EL EACH ACCIDENT		\$ 500,000		EL DISEASE - POLICY LIMIT		\$ 500,000		EL DISEASE - EA EMPLOYEE		\$ 500,000
	WC STATUTORY LIMITS	OTHER																			
	EL EACH ACCIDENT		\$ 500,000																		
	EL DISEASE - POLICY LIMIT		\$ 500,000																		
	EL DISEASE - EA EMPLOYEE		\$ 500,000																		
	OTHER																				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Sewalls Point
Building Department
1 S Sewalls Point Road
Sewalls Point, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

David Sheppard/BETTY

©ACORD CORPORATION 1988

AC# 5195574

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

DATE	BATCH NUMBER	LICENSE NBR
07/02/1998	98900014	CA -C023499

The CLASS A AIR CONDITIONING CONTRACTOR
Named Below IS CERTIFIED
Under the provisions of Chapter 489 F.S.
Expiration date: AUG 31, 2000

BLAIR, TERRY DWAYNE
OKEECHOBEE AIR COND & REFRIG CO INC
312 SW 2ND ST
OKEECHOBEE FL 34974-4213

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

AC# 5301731

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

DATE	BATCH NUMBER	LICENSE NBR
09/04/1998	98008201	GB -0010024

The BUSINESS ORGANIZATION

Named below IS QUALIFIED
 Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 1999

(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS THE
 COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

OKEECHOBEE AIR CONDITIONING INC
 312 SW 2ND STREET
 OKEECHOBEE FL 34974

LAWTON CHILES
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
 SECRETARY

4876

REROOF

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 3/29/00

BUILDING PERMIT NO. 4876

Building to be erected for DAVID V. DE CROCE

Type of Permit REROOF

Applied for by CAPPS & HUFF ROOFING, INC. (Contractor)

Building Fee _____

Subdivision RIVERVIEW Lot 4 Block _____

Radon Fee _____

Address 2 RIVERVIEW DR.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

12-38-41-001-000-0004.0-00000

Roofing Fee \$120.00

Amount Paid \$120.00 Check # 9497 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 12,500.00

TOTAL Fees \$120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

RE-ROOFING PERMIT

INSPECTIONS			
DRY IN PROGRESS	DATE _____ DATE _____	PROGRESS FINAL	DATE _____ DATE <u>4/10/00</u>
24 HOURS NOTICE REQUIRED FOR INSPECTIONS.		CALL 287-2455	
WORK HOURS - 8:00 AM UNTIL 5:00 PM			
MONDAY THROUGH SATURDAY			

New Construction Remodel Addition Demolition

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

Bldg. Pmt# _____

Town of Sewall's Point

Date _____

BUILDING PERMIT APPLICATION

RECEIVED
MAR 20 2000
BY: _____

Owner's Name: DeCroce, David V Phone No. _____
 Owner's Present Address: Georgeanne K 2 Riverview DR.
 Fee Simple Titleholder's Name & Address if other than owner: SAME

Location of Job Site: 2 Riverview DR.
 TYPE OF WORK TO BE DONE: Reroof
 CONTRACTOR INFORMATION
 Contractor/Company Name: CAPPS & HUFF Roofing, INC. Phone No. 545-3442
 COMPLETE MAILING ADDRESS: P.O. Box 8053 HOBE SOUND, FL. 33455
 State Registration _____ State License CC C056739
 Legal Description of Property Riverview S/D Lot 4 An: ADD/CHG Per/T/B 12-08-
 Parcel Number 12-38-41-001-000-0004, 0-0000 ⁸⁶

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____
 Address _____
 Engineer _____ Phone No. _____
 Address _____

Area Square Footage: Living Area _____ Garage Area _____ Carport _____
 Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
 proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
 Cost of construction or improvement \$12,500.00
 Fair Market Value (FMV) prior to improvement _____
 Substantial Improvement 50% of FMV yes _____ No _____
 Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical _____ State License _____
 Mechanical _____ State License# _____
 Plumbing _____ State License# _____
 Roofing _____ State License# _____

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
 Sworn to and subscribed before me this _____ day of _____, 1998 by _____ who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE _____
 Sworn to and subscribed before me this 13th day of MARCH 1998 by J. BLAKE CAPPS who is personally known to me or has produced _____ and who did (did not) take an oath.

MAR 20 1998
Notary Public, State of Florida
My Commission Expires Nov 28, 2001
Commission # CC669619

Lesley A. Frederick

TREES REMOVAL (Attach sealed survey)
No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE:

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
1. Floor Plan
 2. Foundation Details
 3. Elevation Views - Elevation Certificate due after slab inspection.
 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 5. Truss layout
 6. Vertical Wall Sections (one detail for each wall that is different)
 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/07/2000

PRODUCER (561)287-2030 FAX (561)288-2481
Deakins-Carroll Insurance Agency
P.O. Box 1597
Pt. Salerno, FL 34992

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

Attn: Barbara Walenius
INSURED
Capps & Huff Roofing, Inc.
P.O. Box 8053
Hobe Sound, FL 33455

Ext:

FILE
uclms

COMPANIES AFFORDING COVERAGE	
COMPANY A	Transportation Ins. Co.
COMPANY B	Transcontinental Ins. Co.
COMPANY C	
COMPANY D	

FILE RECEIVED
MAR 10 2000
BY: *JA*

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	B1043218089	01/21/2000	01/21/2001	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	B1044624467	01/21/2000	01/21/2001	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Fax: 220-4765

CERTIFICATE HOLDER

Sewall's Point, Town of
1 South Sewall's Point Road
Stuart, FL 23996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Lee Carroll/BW

Lee Carroll



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

SELF INSURERS FUND

P.O. BOX 4907 • WINTER PARK, FL 32793 • (407) 671-FRSA
1-800-767-3772 • FAX (407) 671-2520

CERTIFICATE OF INSURANCE

ISSUED TO:

COPY PROVIDED TO:

Town of Sewall's Point
1 So. Sewall's Point Rd.
Sewall's Point FL 34996

Capps & Huff Roofing, Inc.
8637 S.E. Lyons Road
P.O. Box 8053
Hobe Sound FL 33455

ATTN: To Whom it may concern

Date: 03/06/2000

This is to certify that Capps & Huff Roofing, Inc.
8637 S.E. Lyons Road
P.O. Box 8053
Hobe Sound FL 33455

RECEIVED
MAR 15 2000
BY: _____

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND.

COVERAGE NUMBER: 870-032496
EFFECTIVE DATE: 01/01/2000
EXPIRATION DATE: 01/01/2001

LIMITS
Workers' Compensation Statutory - State of Florida
Employers' Liability \$100,000 - Each Accident
\$100,000 - Disease, Each Employee
\$500,000 - Disease, Policy Limit

REMARKS: Non-cancelable without 30 days prior written notice.

This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domicile employees only.

By: *Tom Drake*
Tom Drake, Administrator
FRSA-SIF

By: *Debbie Kemmerer*
Debbie Kemmerer - SIF Accounts Representative
FRSA-SIF

COPY FILE
Verma's *be/liv*

RECEIVED
 MAR 31 2000
 BY: *[Signature]*

MARTIN COUNTY ORIGINAL
1999 COUNTY OCCUPATIONAL LICENSE 2000
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985
 (561) 288-5604

LICENSE 1993 520 072 CERT CCC056739
 PHONE 561 545 3442 SIC NO 0000

LOCATION:
7774 LANHAM ST
****HOME OFFICE ONLY****

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>

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

** ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF **OCTOBER** **1999**
 AND ENDING SEPTEMBER 30 **2000** **999090201 2321 PAID**

CAPPS AND HUFF ROOFING
JAMES BLAKE CAPPS/QUALIFIER
*****CERTIFIED ROOFING CONTRACTOR*****
7774 LANHAM ST
HOBE SOUND, FL 033455

AC# 5205433

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/11/1998	98900092	CC -C056739

The **ROOFING CONTRACTOR**
 Named below **IS CERTIFIED**
 Under the provisions of Chapter 489 F.S.
 Expiration date: **AUG 31, 2000**

CAPPS, JAMES BLAKE
CAPPS & HUFF ROOFING INC
7774 SE LANHAM ST
P O BOX 8053
HOBE SOUND FL 33455

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARREL
SECRETARY

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # 12-38-41-001-000-0004. 0-00000

NOTICE OF COMMENCEMENT

STATE OF FL. COUNTY OF MARTIN

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

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

2 Riverview DR. Riverview S/D Lot 4 AN: Add/Chg Per T/B

GENERAL DESCRIPTION OF IMPROVEMENT: Reroof 12/08/86

OWNER: Georgeanne K. DeCroce

ADDRESS: 2 Riverview DR. Stuart, FL. 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: CAPPS & HUFF Roofing, INC

ADDRESS: Box 8053 HOBE SOUND, FL. 33455

PHONE #: 545-3442 FAX #: 546-4606

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

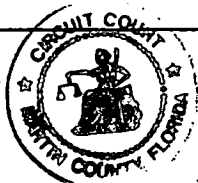
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHAL/CLERK
BY [Signature]
DATE 3-13-00



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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

Georgeanne K. DeCroce
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7th DAY OF March
19 2000 BY Georgeanne DeCroce

PERSONALLY KNOWN
OR
PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE





Attention: Ed Arnold
DeCraze job
Capps & Heff Roofing
(341 0382)
mobile

METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563

(305) 375-2901
FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens-Corning
One Owens Corning Parkway
Toledo, OH 43659

RECEIVED
MAR 22 2000
BY: _____

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

Your application for Product Approval of:

Owens Corning Oakridge Plus AR Asphalt Shingles

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and types of Construction, and completely described in the plans, specifications and calculations as submitted by:

Underwriters Laboratories, Inc. and Center for Applied Engineering, Inc.

Has been recommended for acceptance by the Building Code Compliance Department to be used in Dade County, Florida under the specific conditions set forth on page 2 through 19 and the standard conditions set forth on page 20.

The approval shall not be valid after the expiration date stated below. The Building Code Compliance Office reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Building Code Compliance Office may revoke, modify or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 97-0226.02 Renews: 94-0105.02

Expires: 05/02/2000

Raul Rodriguez
Product Control Supervisor

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

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

3/25/00 TOWN OF SEWALL'S POINT
REVIEW: _____
BLDG OFFICIAL

Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 05/02/97

TOWN COPY
2 RIVERVIEW DR.



THE ERNING CORPORATION

GENERAL CONTRACTORS/PROFESSIONAL ENGINEERS

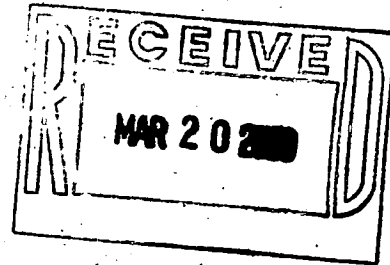
CGC019771 - PE 022920

Mr. Edwin Arnold
Town of Sewell's Point
1 S. Sewell's Point Road
Sewell's Point, FL 34996

March 13, 2000

Reference: DeCroce Residence
2 Riverside Drive, Stuart

Subject: Roof Sheathing Nailing



Dear Mr. Arnold,

The contractor may install 5/8" thick roof sheathing atop the existing 1X6 slats with 10d nails @ 6" o.c. throughout and 4" o.c. @ gable ends and end laps. This installation will withstand the applied force resulting from a 140 mph 3 second gust wind load and should meet the requirements of the Town of Sewell's Point, Martin County, ASCE 7-98 and 1997 SBC building codes. The final over-roofing will be 30 year Miami approved shingles.

The plywood joints should line up with and be nailed to the underlying trusses. Where the truss does not line up with the edge of the plywood, a 2X4 SPF #2 should be scabbed onto the side of the truss with 12d nails @ 6" o.c. Blocking between slats atop trusses is not required. The plywood should be installed perpendicular to the framing, the long side parallel to the eave and the end joints should be staggered.

If you have any questions , please contact me at your convenience. Thank you.

Sincerely,

Dr. Ernest A. Kuonen,
Florida Registered Engineer #22920

2 Riverside Drive, Stuart FL.

Remove Shakes Dispose of Debris
Resheath w/ 5/8" CDX

See Engineers letter Attached.

Dry In 30 lb felt (36")

TAG w/ 26 ga. TIN TAGS staggered rows 12" oc
in field. 6" oc. on laps.

Shingle with Metro-Dade approved Owen's Corning
shingles. See attached approval sheet.

ALL COMPONENTS

PBR M-DC PROD APPROVAL

- INSTALLATION

PBR SFBC ROOFING PROTOCOL

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-5-, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4726	Cicoria	dock	Passed	
④	126 N.S.P. Rd. Bella/Tropic	final	B9	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4867	Yorraso	roof final	Passed	
②	21 Periwinkle Crs. (PLAT) Pacific		B9	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4856	DeCroce	dry-in &	Passed	
⑦	2 Riverview Capps & Huff	sheathing	B9	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4863	Lino	final for	Passed	① Fix Swale on S. side
⑧	6 Island Holmes	c.o.	B9	② Scott getting Specs. for impact doors.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	CONWAY		Passed	FORWARD SURVEY ROAD 4/4
⑤	4 OAK HILL WAY CASTLE HILL	PRE/POUR STEM WALL/GARAGE SLAB	B9	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4722	Koch	2nd floor	Passed	↑ roof truss
③	71 No. River Rd Brown	sheathing nail pattern	B6	→ tie-down Picked up TRUSS ENG. FOR Ref
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4527	Seely	2nd floor tie	Passed	late as
⑥	37 Loftin Way Gribben	beam meter ? nail part of roof	B9	possible

OTHER: ~~EPA~~ J/R PERMIT APPL. - BAROK; 24 N. VIA LUCINDIA ✓
 " J/R " " - FRICK; 21 PALM RD. ✓

* Wants meter on House. Told him No. (37 Loftin Way)

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-10, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4876	De Croce	final roof	Passed	
①	Riverview Capps & Huff		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4862	O'BRIEN	RIVAL ROOF	Passed	
③	36 E. HIGHTPOINT (WILSON) A&W		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4843	TIDIKIS	STRAPPING (PTL.)	PARTIAL	AA35 STRAPS ON E+W
②	6 KINGSTON COURT D.S. GEN'L. CONTR.	2 ND FL. CONU.	BG.	WALLS ONLY. Need Revised plan + TRUSS REPAIRS FOR OUT TRUSSES.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4650	Swiss Am	driveway &	Passed	
④	4 Banyan Pk. same	final grading	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4665	NICKLAS	D/W	Passed	
⑤	21 CASTLE HILL WAY MARTIN (JOE)		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: EBA. T/R PERMIT APPL.; 18 S. RIVER RD - MUSSO (JOHN COLE; SHADE TREE INC.) ✓
ISSUED PM0312

INSPECTOR (Name/Signature): _____

5207

FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date: 1/11/01

BUILDING PERMIT NO. 5207

Building to be erected for DAVID & SANDRA ROBINSON

Type of Permit CHAIN FENCE

Applied for by BULLDOG FENCE & TENNIS CO. (Contractor)

Building Fee \$ 30.00

Subdivision RIVERVIEW Lot 4 Block _____

Radon Fee _____

Address 2 RIVERVIEW DR.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

12-38-41-001-000-00040-00000

Roofing Fee _____

Amount Paid \$ 30.00 Check # 1078 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 1,400.00

TOTAL Fees \$ 30.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

FENCE PERMIT

INSPECTIONS

SETBACKS
FOOTINGS

DATE _____
DATE _____

HEIGHT
FINAL

DATE _____
DATE 1/31/01

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**

REC'D Bldg. Permit Number: 5207
DEC 05 2000

Owner or Titleholder's Name: DAVID & SANDRA ROBINSON Phone No. (381) 223-9430
 Street: 2 RIVERVIEW DR. City: STUART State: FL Zip: 34996
 Legal Description of Property: LOT 4 RIVERVIEW SUBDIVISION ACCORDING TO THE PLAT THEREOF RECORDED IN PLAT BOOK 62 PAGE 86 Parcel Number: 1238410010000004000000

Location of Job Site: SAME
 TYPE OF WORK TO BE DONE: FENCING

CONTRACTOR/Company Name: BULLDOG FENCE & TENNIS CO. Phone No. (541) 221-8855
 Street: 555 W. OCEAN AVE. City: BONNITON BCH. State: FL Zip: 33426
 State Registration: _____ State License: # 11-8456

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

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

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

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

COSTS AND VALUES
 Estimated cost of construction or improvement: \$ 1,400.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO
 Method of determining Fair Market Value: _____

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

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

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

OWNER or AGENT SIGNATURE (Required)
David K. Robinson
 Owner
 State of Florida, County of: _____ On this the _____ day of _____, 2000,
 by _____ who is personally known to me or produced _____ as identification.

CONTRACTOR SIGNATURE (Required)

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

Notary Public
 My Commission Expires: _____
 (Seal)

Notary Public
 My Commission Expires: _____
 (Seal)

TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. **ALL APPLICATIONS REQUIRE**
 - a. Property Appraisers Parcel Number.
 - b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - c. Contractors name, address, phone number & license numbers.
 - d. Name all sub-contractors (properly licensed).
 - e. Current Survey
2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:
 - a. Floor Plan
 - b. Foundation Details
 - c. Elevation Views - Elevation Certificate due after slab inspection.
 - d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 - e. Truss layout
 - f. Vertical Wall Sections (one detail for each wall that is different)
 - g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

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

ACORD. CERTIFICATE OF INSURANCE CB 11802 ISSUE DATE (MM/DD/YY) 01/11/01

PRODUCER

ACORDIA-WPB DIVISION
501 S. FLAGLER DR. #600
WEST PALM BEACH FL 33401

COPY

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

COMPANIES AFFORDING COVERAGE

INSURED
BULLDOG FENCE
COMPANY
555 W OCEAN AVE
BOYNTON BEACH, FL 33426

FILE
He/Ws
FILE

COMPANY LETTER	A	FCCI INSURANCE COMPANY
COMPANY LETTER	B	OWNERS INSURANCE CO
COMPANY LETTER	C	AUTO OWNERS
COMPANY LETTER	D	
COMPANY LETTER	E	

RECEIVED
JAN 11 2001
BY: *[Signature]*

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	2051063500	03/27/00	03/27/01	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED.EXP. (Any one person) \$ 5,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	9543311500	03/27/00	03/27/01	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	03107	01/01/01	01/01/02	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
FAX #561-220-4765 & 737-0824

CERTIFICATE HOLDER

TOWN OF SEWELLS POINT
1 SOUTH SEWELLS POINT RD
SEWELLS POINT FL 34996

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

AUTHORIZED REPRESENTATIVE *[Signature]*



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP00564
Expires September 30, 2001

HARTMAN, WILLIAM R

BULLDOG FENCE CO

555 W OCEAN AVE

BOYNTON BEACH, FL 33426

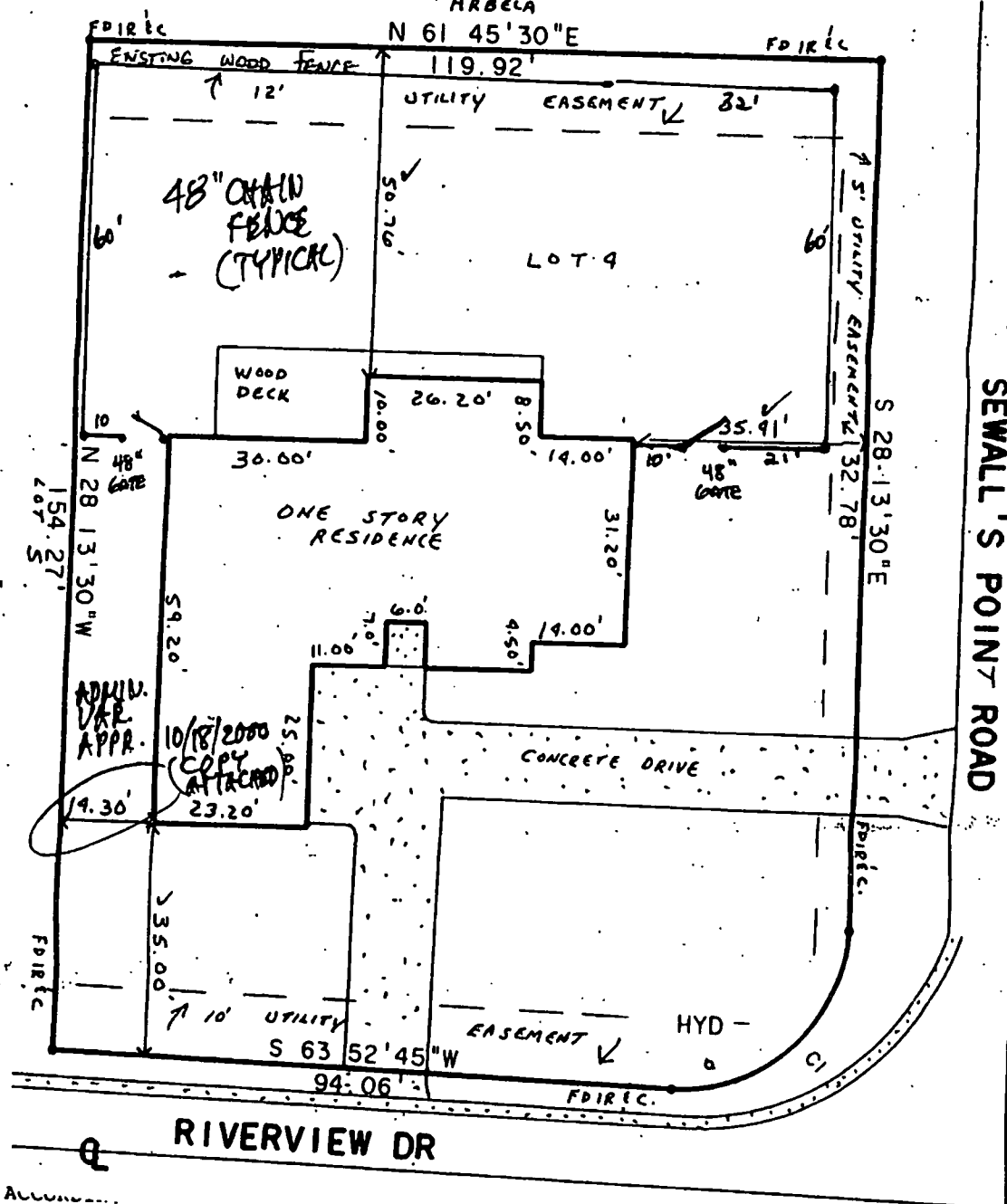
FENCE ERECTION

110 ELEV. = 10
 120164 0007
 3, 1984

CURVE- DELTA ANGLE RADIUS ARC
 C 1 92 05'36" 25.00'

OR 81512 PG 1840

LOT 25
 ARBELA



NO CURVE
 NO CURVE
 NO POINT
 BENCH MARKS
 NO DOTS

VIEW, ACCORDING TO RECORD AS RECORDED IN PAGE 86, PUBLIC RECORDS IN MARTIN COUNTY, FLORIDA.

SITUATE IN MARTIN COUNTY, FLORIDA.

SS: 2 RIVERVIEW DRIVE SURVEYOR'S CERTIFICATE:

THIS CERTIFIES THAT A SURVEY OF THE PROPERTY DESCRIBED HEREON WAS MADE UNDER MY SUPERVISION AND THAT THE SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES, AND THAT THE SKETCH HEREON IS A TRUE AND ACCURATE REPRESENTATION THEREOF TO THE BEST OF MY KNOWLEDGE AND BELIEF, SUBJECT TO NOTES AND NOTATIONS SHOWN HEREON.

CERTIFIED TO:
 BANK OF AMERICA, N.A., IT'S SUCCESSORS AND/OR ASSIGNS
 FIRST AMERICAN TITLE INSURANCE COMPANY
 DAVID & SANDRA ROBINSON

NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.

1) REPRODUCTIONS OF THIS SKETCH ARE NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.
 2) RIGHTS SHOWN HEREON MUST NOT BE RESTRICTED BY THIS OFFICE FOR RIGHTS-OF-WAY, EASEMENTS OF RECORD, CONDEMNATION, MURPHY ACT DEEDS, OR ADJOINING DEEDS.
 3) LAND DESCRIBED SHOWN HEREON WAS PROVIDED BY THE CLIENT OR HIS/HER AGENT.
 4) NO ATTEMPT WAS MADE BY THIS OFFICE TO LOCATE SUBSURFACE IMPROVEMENTS OR ENCROACHMENTS OTHER THAN THOSE SHOWN. THESE UNDEVELOPED FOUNDATIONS NOT LOCATED.
 5) THE LOCATION OF RIVERVIEW DRIVE AS SHOWN ON THE PLAT OF RIVERVIEW DRIVE RECORDED IN PLAT BOOK 6, PAGE 86, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

Handwritten signatures and notes at the bottom of the page.

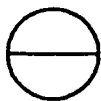
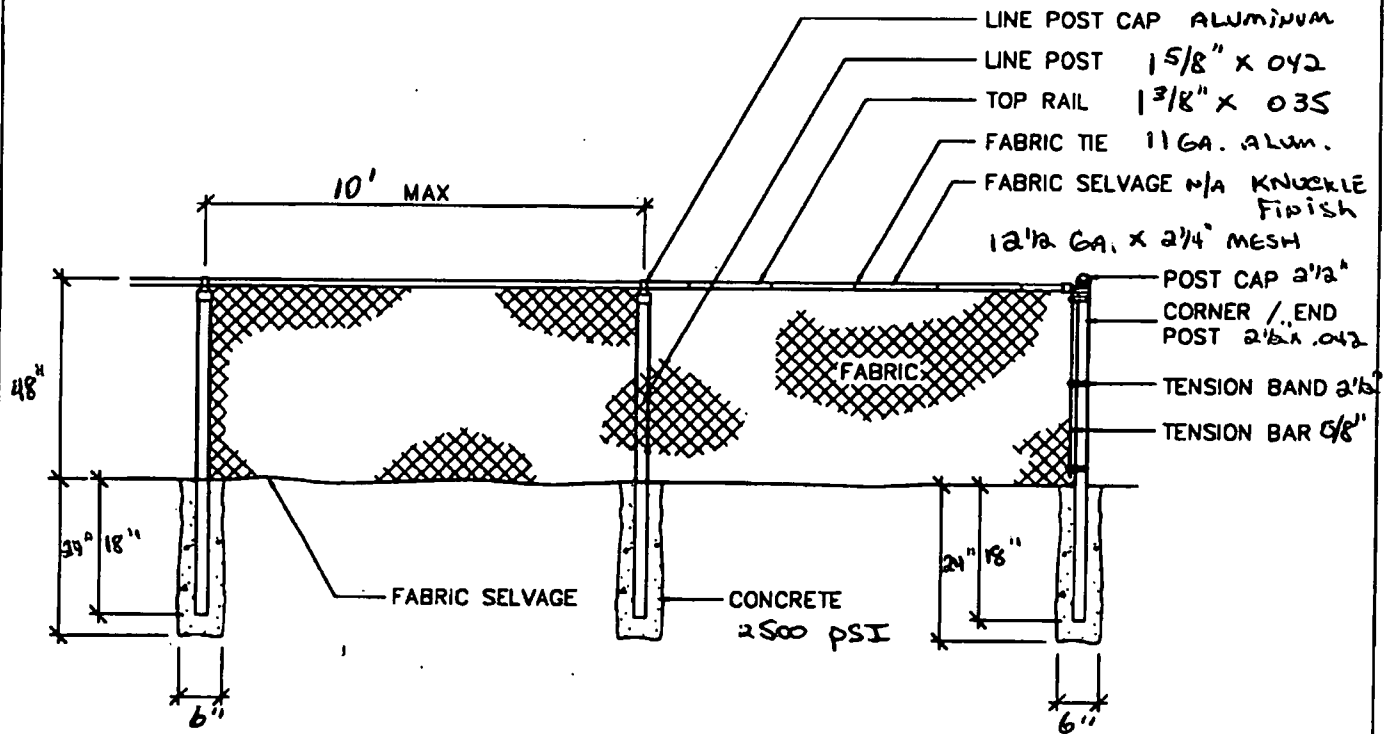
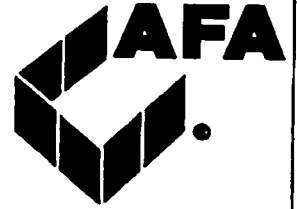
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INDEXED
FILED

PN 5207

FILE
TWO COPY
2 RIVERVIEW DR.

01/03/01 TOWN OF BRUCE'S POINT
REVIEW.
BLDG. OFFICER



4'-5' CHAIN LINK FENCING DETAIL

STYLE : TOP RAIL (CL-01)

NOTES:

THE GREATER THE POTENTIAL FOR FROZEN GROUND THE LESS CONCRETE FOOTINGS ARE USED. IT IS POSSIBLE TO GET THE SAME STRENGTH BY DRIVING THE POSTS DEEPER (USUALLY 3 - 6 FEET) (TYPICAL FOR ALL FENCE POSTS)

Engineering, Inc.

April 1, 1998
023

Mayor Winer
Town of Sewall's Point
1 S. Sewall's Point Road
Sewall's Point, FL 34996

Re: Mrs. VanT Bosch - Drainage complaint
Hillcrest Subdivision property owner

Dear Mayor Winer:

The following is an update to referenced complaint. We were recently requested to observe the drainage on the north side of the VanT Bosch property. This is an area in the Hillcrest Subdivision, which is just immediately south of West End Estates.

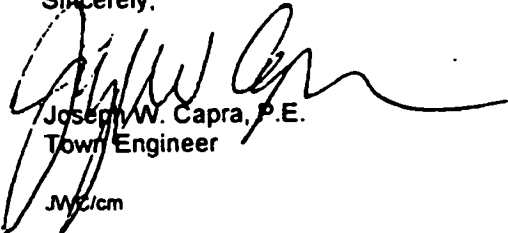
In our prior meeting, we discussed the problem with Mrs. VanT Bosch and Eric Holly, the representative for Mr. Alman. When we left the meeting, Mr. Holly was to inquire as to whether Mr. Alman would consider taking some of the drainage along the VanT Bosch property into his drainage system. Mr. Holly has since reported to me that Mr. Alman does not feel that the West End Estates system can absorb this drainage. Therefore, the VanT Bosch drainage problem still requires resolution.

It should be noted that as originally designed, this area would have had a swale and drainage easement. At the present time, Mrs. VanT Bosch's property has fences through it. Downstream from this area there are other walls and fences in this drainage easement. I recommend that the Town Attorney review the Property Owner's Association (POA) documents to confirm whether the POA is responsible for the drainage easements and maintenance of drainage in the Subdivision. If so, it is recommended that the POA be requested to restore the drainage to the original design intent.

If you wish, I can work with Commissioner Chicky to resolve this issue. We have typically retrofitted projects with stormwater plans to conform with their original design. This usually saves cost. The original drainage design for the Hillcrest Subdivision attempts to retain water in the Subdivision.

Please feel free to contact me with any questions regarding this matter.

Sincerely,



Joseph W. Capra, P.E.
Town Engineer

JWC/cm

cc: Mrs. VanT Bosch

023/Residents/4-1-98.VTB.let

January 25, 2000
023

Mr. Bart J. Doedens
36 S. River Road
Sewall's Point, FL 34996

Dear Mr. Doedens:

In response to your recent request of the Town of Sewall's Point Mayor, Jon Chicky, I have been asked to provide you with a schedule for draining the inlets in front of your property. Presently, two (2) inlets exist within the road right-of-way and one additional inlet lies within an easement on your property.

The Town, through their annual pavement overlay contract, will pump down and vacuum the two inlets within the S. River Road right-of-way. In addition, the contractor will install two (2) weep holes (12-inch diameter) in the bottom of these inlets to assist in their future drying out.

One of the trees on your property impedes access to the third inlet by a vacuum truck. This inlet will, therefore, be pumped down and, depending on its depth and accessibility, the Town's contractor will attempt to clean out this inlet and install a weep hole. Please be aware that, depending on the safety conditions associated with working on this inlet, the Town may not be successful in cleaning and installing a weep hole.

The Town hopes to complete the above-described work in late spring and early summer.

If you should need further clarification of this matter, please do not hesitate to contact me or Mayor Chicky.

Sincerely,



Joseph W. Capra, PE
Town Engineer

c: Joe Dorsky, Town Manager
Joan Barrow, Town Clerk
Jon Chicky, Town Mayor

JWC/cm
G:\023\Residents\SSw\SPtRd\InletCnlg012500 Ltr.doc

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2000; Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5107	MCCARTNEY	FINAL -	Passed	1/31
④	45 W. HIGHPOINT O/B	CARPORT ROOF		See letter surveyor = O.K.
5123	PICEU	TIE BEAM	Passed	EARLY AS POSSIBLE 1/31
①	65 S. RIVER RD. SEAGATE			
5241	BENIHANA	SHEATHING	Passed	1/31
⑦	3602 SE OCEAN PACIFIC			(soft spot, no rot)
5207	ROBINSON	FENCE - FINAL	Passed	1/31
⑥	2 RIVER RD BULLDOG FENCE			
4755	CLEMENTS	FINAL - C/O	Passed	1/31
③	6 MIDDLE RD. CAMPBELL			
5209	TRANTEY	SHEATHING	Partial Passed	1/31
②	9 MIDDLE RD. PACIFIC	(REEROOF)		
5172	ECKNA	temp pole	Passed	1/31
⑤	107 Henry Sewall JMC		Brace pole	

OTHER: _____

INSPECTOR (Name/Signature): _____

7664

GARAGE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date July 1, 2005

BUILDING PERMIT NO. 7664

Building to be erected for KIMES

Type of Permit GARAGE DOOR

Applied for by TREASURE COAST GARAGE DOORS (Contractor)

Building Fee 35.00

Subdivision RIVERVIEW Lot 4 Block _____

Radon Fee _____

Address 2 RIVERVIEW DRIVE

Impact Fee _____

Type of structure SFR GARAGE

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

12384100100000040000

Plumbing Fee _____

Amount Paid 35.00 Check # 8815 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 2469

TOTAL Fees 35.00

Signed Helen Wagner

Signed Gene Simmons

Applicant

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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



Date: _____

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Timothy + Diane Kimes Phone (Day) 223-8777 (Fax) _____

Job Site Address: 2 River View Drive City: STUART State: FL Zip: 34996

Legal Description of Property: Riverview S/O Lot 4 Parcel Number: 12-38-41-001-000-00040-0

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

Description of Work To Be Done: Replacement of Overhead Garage Door

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

CONTRACTOR/Company: Trendline Construction Phone: 879-0487 Fax: 879-0261

Street: 1421 SW B. Lime Street City: Port St. Lucie State: FL Zip: 34983

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP02444

COST AND VALUES: Estimated Cost of Construction or Improvements: \$2469.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: State: _____ License Number: _____

Mechanical: State: _____ License Number: _____

Plumbing: State: _____ License Number: _____

Roofing: State: _____ License Number: _____

ARCHITECT Phone Number: _____

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

ENGINEER Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION:
 National Electrical Code: 2002
 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
 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)
Timothy Kimes
 State of Florida, County of: ST. LUCIE
 This the 5th day of May, 2005
 by Timothy Kimes who is personally known to me or produced DRIVER'S License as identification. Susan Krenzer

CONTRACTOR SIGNATURE (required)
Mark Wagner
 On State of Florida, County of: ST. LUCIE
 This the 6th day of April, 2005
 by Mark Wagner who is personally known to me or produced _____ as identification. Susan Krenzer

Notary Public
 Susan Krenzer
 Commission # DD108059
 Expires May 1, 2006
 Bonded Thru _____

Notary Public
 Susan Krenzer
 Commission # DD108059
 Expires May 1, 2006
 Bonded Thru _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KR
TREC004
DATE (MM/DD/YYYY)
02/23/05

PRODUCER
Huckleberry Sibley & Harvey
1020 N Orlando Ave. Suite 200
Maitland FL 32751
Phone: 800-300-6641 Fax: 407-628-1635

INSURED
Treasure Coast Garage Door Inc
Hellen Wagner
1421 SW Billtmore
Port St Lucie FL 34983

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: BusinessFirst Insurance Co.	
INSURER B: Auto-Owners Insurance Company	18988
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	0446122064863805	02/21/05	02/21/06	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4493838200	02/21/05	02/21/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	4493838201	02/21/05	02/21/06	EACH OCCURRENCE \$ 1,000,000
	AGGREGATE \$ 1,000,000				
					\$
					\$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	521-00807	07/09/04	07/09/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ 100,000
	E.L. EACH ACCIDENT \$ 100,000				
					E.L. DISEASE - EA EMPLOYEE \$ 100,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Fax 772-220-4785

CERTIFICATE HOLDER

TOWOFS1

Town of Sewalls Point
One South Sewalls Point Road
Sewalls Point FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

B. C. [Signature]



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

GARAGE DOOR

License Number SP02444 Expires: 30-SEP-05

WAGNER, MARK J

TREASURE COAST GARAGE DOORS INC

1421 SW BILTMORE ST

PORT ST LUCIE, FL 34983

Treasure Coast Garage Doors, Inc. (772) 879-0487

Field Survey

Date: 5/6/2005	
Customer: Timothy Kimes	Phone: 223-8777
Owner: Same	Phone:
Address: 2 Riverview Drive	Fax:
Stuart, Fl 34996	Cell: 285-5298

W x H	MFG	Model	Zone	Exp.	Design P.S.F	Test P.S.F
18 X 7	Hormann	DSP42	140	C	+42.5/-59.5	+63.7/-89.2
Building Style	Residential					
Wall Construction	Vertical Jambs		Header		Spring Pad	
WOOD	2 X 6		N/A		N/A	
Required Anchors	Yes		N/A		N/A	
Remarks	3/8" x 7" LAG BOLTS THRU TRACK BRACKETS					

Existing Wall

FILE COPY
Floor Plan

TOWN OF SEWALL'S POINT

THESE CONDITIONS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 6/30/05
Existing

BUILDING OFFICIAL
Gene Simmons

Existing Wall

SAME AS OTHER side

Notes: THIS IS AN UNUSUAL WALL CONSTRUCTION.
 We PROPOSE TO USE 3/8" X 7" LAG BOLT THRU THE TRACK BRACKETS, THRU THE 3-2X6'S AND INTO THE STUDS,

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/10, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6413	POWERS	DRIVEWAY	PASS	
3	70 S. SEWALLS PT	POUR		INSPECTOR: <i>OM</i>
	FLORIAN'S FINEST			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7637	SCHECODNIC	BATTERS FOR	SCHEDULE	8/12
1	1 RIVERCREST	METAL ROOF		2ND THING.
	MARZO INC.	SYSTEM		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7646	FARROW	FINAL ROOF	PASS	CLOSE
9	47 N. RIVER ROAD			INSPECTOR: <i>OM</i>
	CARDINAL ROOFING			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7396	HB ASSOC JOYCE'S FLOWERS	FINAL DEMO	FAIL	
12	3756 SE OCEAN	ELEC, A/C, PLUMBING REPAIR		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7704	CONNOLLY	A/C CHGOUT	FINAL PASS	OWNER DEMANDED THAT 50A FUSE BE REINSTALLED
8	23 N. RIDGENTOWN	(SEE CORRECTION NOTICE)		INSPECTOR: <i>OM</i>
	FLYNN'S			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7657	KIMES	FINAL GARAGE DOOR	PASS	CLOSE
4	2 RIVERVIEW DR			INSPECTOR: <i>OM</i>
	TREASURE COAST GAR.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7328	SCHMADER	TINTAG MEAL	PASS	
2	102 HENRY SEWALL			INSPECTOR: <i>OM</i>
	CONWAY			
OTHER:	LYDON	TREE	PASS	
TREE	73 S. SEWALLS PT			
3A				

8504

WINDOWS

&

SIDING

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1-31-07 BUILDING PERMIT NO. 8504
 Building to be erected for Kimes Type of Permit Window Siding
 Applied for by OB (Contractor) Building Fee _____
 Subdivision Riverview Lot 4 Block _____ Radon Fee 365-
 Address 2 Riverview Dr Impact Fee _____
 Type of structure SFR A/C Fee _____

Parcel Control Number: _____
12-38-41-001-000-00040-0000 Plumbing Fee _____
 Amount Paid \$365 Check # _____ Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 38000- Roofing Fee _____
 TOTAL Fees 365-

Signed [Signature] Applicant
 Signed John Adams Town Building Official

PERMIT

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

INSPECTIONS

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

REMOVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 1/8/07

Permit Number: _____

OWNER/TITLEHOLDER NAME: TIMOTHY KIMES Phone (Day) 772-223-8777 (Fax) 772-223-8770

Job Site Address: 2 RIVERVIEW DRIVE City: SEWALLS PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIVERVIEW S/D LOT 4 Parcel Number: 12-38-41-001-000-00040-0

Owner Address (if different): SAME AS ABOVE City: _____ State: _____ Zip: _____

Description of Work To Be Done: Replace windows with impact windows; repair and reside house.

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 38,000

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 428,250

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

SUB-CONTRACTOR/Company: James Decker Construction Phone: _____ Fax: _____

Street: 3267 SE Birch Av. City: Stuart State: _____ Zip: _____

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: St. Lucie

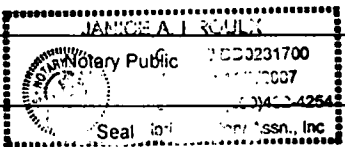
This the 9 day of JANUARY, 2007

by Timothy Kimes who is personally

known to me or produced

as identification.

My Commission Expires:



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

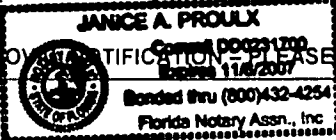
This the _____ day of _____, 2007

by _____ who is personally

known to me or produced

as identification.

My Commission Expires:



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

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS

ORIGINAL		FOR MARTIN CO COUNTY REAL ESTATE		
		(AD VALOREM TAXES)		
		2006	2200	
		314,366	25,000	289,366
TAXING AUTHORITY	PURPOSE	MILLAGE RATE	RATE/BASIS	TAX AMOUNT
COUNTY	COUNTY-GENERAL FUND-OP	4.9280	25,000	1,426.00
	CNTY-GOVT BONDS 1986	.0530	25,000	15.34
	CNTY-BONDS LANDS FOR YOU	.0290	25,000	8.39
	CNTY-F.I.T. BOND	.0320	25,000	9.26
SCHOOL	SCHOOL - GENERAL	6.7440	25,000	1,951.48
CHILD SVC	CHILDRENS SERVICES ORDNCS	.3202	25,000	92.65
.I.N.D.	FL-INLAND NAVIGATION DIST	.0385	25,000	11.14
CITY	TOWN OF SEWALLS PT	2.4000	25,000	694.48
.F.W.M.	SOUTH FLORIDA WATER MANAG	.6970	25,000	201.69

EXEMPTION: REG HMST 25,000

TOTAL MILLAGE 15.24170 AD VALOREM TAXES 4,410.43

ISSUING AUTHORITY	PURPOSE	RATE/BASIS	AMOUNT
COMBINED TAXES & ASSESSMENTS TOTAL:			4,410.43

12 38 41
RIVERVIEW S/D LOT 4

2 RIVERVIEW DR



12-38-41-001-000-00040.00000 2006
KIMES, TIMOTHY C & DIANE B
2 RIVERVIEW DR
STUART FL 34996-6313

NOV 1-NOV 30	DEC 1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON
4,234.01	4,278.12	4,322.22	4,366.33	4,410.43	APRIL 1, 2007
ORIGINAL BILL SENT TO MORTGAGE COMPANY				*SEE REVERSE SIDE FOR INSTRUCTIONS	

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS

ORIGINAL		FOR MARTIN CO COUNTY REAL ESTATE			
		TOTAL TAXES IF PAID			
NOV 1-NOV 30	DEC 1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON
4,234.01	4,278.12	4,322.22	4,366.33	4,410.43	APRIL 1, 2007
TAX TYPE	ESCROW CODE	MILLAGE CODE	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:	
ASSESSED	0572	2200	4,410.43	HON. LARRY C. O'STEEN	
REG HMST			4,410.43	P.O. BOX 9013	
TAXABLE				STUART, FL 34995	

12 38 41
RIVERVIEW S/D LOT 4

12-38-41-001-000-00040.00000 2006
KIMES, TIMOTHY C & DIANE B
2 RIVERVIEW DR
STUART, FL 34996

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

1/8/2007

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.

PRODUCER
 Florida Insurance Concepts
 9156 S US Federal Hwy
 Port Saint Lucie, FL 34952
 (772) 398-0466

INSURED
 DECKER, JAMES
 JAMES DECKER CONSTRUCTION, INC.
 3267 SE BIRCH AVE
 STUART, FL 34997

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: PENN AMERICA INSURANCE CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PAC6624744	10/15/06	10/15/07	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

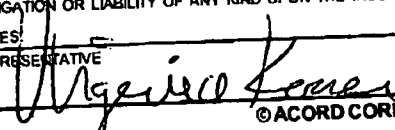
CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
 ATTN PHILIP WINTERCORN
 1 S SEWALL'S POINT RD
 SEWALL'S POINT FL 34996

FAX 220-4765

CANCELLATION

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

AUTHORIZED REPRESENTATIVE


PAID

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the enclosed instructions before completing this form.

SECTION 1: I am applying for exemption as a (Please check only one box in this section):

CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)
 Officer of a Corporation (Title: _____) -OR- Member of a Limited Liability Company (LLC)

NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)
 Officer of a Corporation (Title: _____)

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. _____

SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:
Corporation or LLC Name: James Decker Const Inc FEIN: 20-1358064 Telephone: 772-320-8070

Business Mailing Address: 3267 SE Birch Ave City: Stuart State: Fl Zip: 34987 County: martin

Scope of Business or Trade of Applicant: 1. Construction 2. _____ 3. _____ 4. _____

SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) martin

SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business?
 Yes No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.

SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?
 Yes No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S): _____ FEIN: _____
NAME: _____

SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.
- B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

SECTION 8.

FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant - By signing below, I attest that I have read, understood and agree with the foregoing notice.

James Decker
SIGNATURE OF APPLICANT

RECEIVED

JAN 30 2007

BUREAU OF COMPLIANCE

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE PALM BEACH

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any non-exempt employees of the corporation or limited liability company (LLC) identified in section 3 of this notice are covered by workers' compensation insurance.

James Stephen Decker
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

263 / 71 / 1217
SOCIAL SECURITY NUMBER

[Signature]
APPLICANT'S SIGNATURE

01/26/2007
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Martin

Sworn to and subscribed before me this 26 day of January, 2007, by James Stephen Decker

Personally Known OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE [Signature] My Commission Expires _____



Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the W.C. Administration Trust Fund, to the District Office listed below that is closest to your place of business.

12381 S. Cleveland Ave.
Suite #506
Ft. Myers FL 33907
Telephone (239) 278-7239

921 N. Davis St.
Building B, Suite #250
Jacksonville, FL 32209
Telephone (904) 798-5806

401 NW 2nd Ave.
Suite #321 South Tower
Miami FL 33128
Telephone (305) 536-0306

1111 NE 25th Ave.
Suite #403
Ocala FL 34470
Telephone (352) 401-5350

400 West Robinson St.
Room #211 North Tower
Orlando FL 32801
Telephone (407) 245-0896

2686 Chapman Dr.
Panama City FL 32405
Telephone (850) 747-5425

610 E. Burgess Road
Pensacola, FL 32504-6320
Telephone (850) 453-7804

499 Northwest 70th Avenue
Suite #116
Plantation FL 33317
Telephone (954) 321-3143 or
(954) 321-3160

1718 Main St.
Suite #201
Sarasota FL 34236
Telephone (941) 361-6022

2012 Capital Circle SE
Suite #102 Hartman Bldg.
Tallahassee FL 32399-2161
Telephone (850) 414-1237 or
(850) 488-2717

1313 N. Tampa St.
Suite #503
Tampa FL 33602
Telephone (813) 221-6506

3111 South Dixie Hwy
Suite #123
West Palm Beach FL 33409
Telephone (561) 837-5412

RECEIVED

JAN 30 2007
BUREAU OF COMPLIANCE

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	
Received Date:	

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE

2006-2007

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

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

LICENSE 2005-513-0013 CERT MC00266

PHONE (772) 370-1723 SIC NO 232210

LOCATION: 3277 SE BIRCH AVE STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$ _____	LIC. FEE \$ _____	25.00
\$ _____	PENALTY \$ _____	
\$ _____	COL. FEE \$ _____	
\$ _____	TRANSFER \$ _____	
TOTAL _____		.00



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
 OF **JAMES S. DECKER CONSTRUCTION, INC.**
RESIDENTIAL CONTRACTOR MARTIN CO
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE 17 DAY OF JANUARY 2007
3277 SE BIRCH AVE
STUART, FL 34997

17 DAY OF JANUARY 2007
 AND ENDING SEPTEMBER 30, 2007

2 2005 13560.0001 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID OCCUPATIONAL LICENSE IS SUBJECT OF A \$250 FINE. PENALTY 10% FOR MONTH OF OCTOBER, 5% ADDITIONAL EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION COSTS.

NOTE — A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

*Per John
 do not require
 State license
 since he's not
 pulling the permit*

**EXTERIOR DOORS (INCLUDING GARAGE) AND OR WINDOWS
(Revised 12/28/05)**

**PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS
FOR EXTERIOR DOORS (INCLUDING GARAGE) AND OR WINDOWS**

IMPORTANT NOTICE: All items listed below must accompany your permit application.
No application will be accepted unless all items that are applicable are submitted.

Application form must contain the following information:

1. Property Appraiser's parcel number or property control number
2. Legal description of property (can be found on your deed, survey or tax bill)
3. Contractor's name, address, phone, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect or engineer name, address, & phone number.
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized.

Submittals (2 copies)

1. Product approvals from Miami/Dade for the following items:
 - a. Windows
 - b. Exterior doors
 - c. Garage door
 - d. Hurricane shutters (if doors or windows are not impact resistant)
2. Statement of fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. A certified copy of the Notice of Commencement for any work over \$2500.00
5. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
6. Copy of certificate of workmen's compensation insurance or exemption
7. Copy of liability insurance

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

1-9-07

TOWN OF SEWALL'S POINT OWNER/BUILDER DISCLOSURE STATEMENT

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND ACCESSORY STRUCTURES

PERMIT NUMBER _____

OWNER/BUILDER DISCLOSURE STATEMENT

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

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT. N.A.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR. STEVE DECKER
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION. N.A.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT. N.A.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY. N.A.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS OR CODE SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)
- X 12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.
13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.
14. AS AN OWNER/BUILDER YOU MAY BECOME LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

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

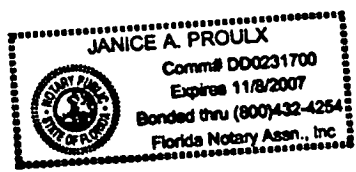
I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT ON THIS _____ DAY OF JANUARY, 2007.

PROPERTY ADDRESS 2 RIVERVIEW DRIVE
CITY SEWALLS POINT STATE FL ZIP 34996

[Signature]
SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF
2007 BY Timothy Kimes

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____



[Signature]
NOTARY SIGNATURE

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

RIVERVIEW S/D LOT 4 2 RIVERVIEW DRIVE SEWALLS POINT , FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: REPLACE EXISTING WINDOWS WITH IMPACT RESISTANT WINDOWS AND RESIDE HOUSE

OWNER: DIANE & TIMOTHY KIMES

ADDRESS: 2 RIVERVIEW DRIVE SEWALLS POINT FL 34996

PHONE #: 772-286-2213

FAX #: _____

CONTRACTOR: OWNER

ADDRESS: _____

PHONE #: _____

FAX #: _____

STATE OF FLORIDA
MARTIN COUNTY

SURETY COMPANY(IF ANY) _____

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

ADDRESS: _____

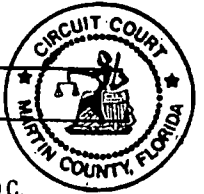
PHONE # _____

FAX #: _____

MARSHA EWING, CLERK

BOND AMOUNT: _____

BY: [Signature] D.C.
DATE: 1/10/2007



LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

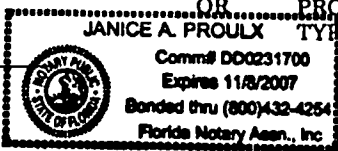
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 9 DAY OF JANUARY 2007 BY Timothy Kimes

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



INSTR # 1985322 DR BK 02213 PG 1787 RECD 01/10/2007 03:43:07 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

PGT Industries
1070 Technology Drive
Nokomis, FL 34275

SCOPE:

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

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

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

DESCRIPTION: Series 1"X Heavy Wall Aluminum Tube Clipped Mullion-L.M.I.

APPROVAL DOCUMENT: Drawing No. 6221, titled "1" Heavy Wall, Elevations Aluminum Tube Clipped Mullion", sheets 1 through 7 of 7, dated 04/28/00, with last revision on 05/30/06, prepared by PGT Industries, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Renewal Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA renews and revises NOA # 04-0528.05 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Jaime D. Gascon, P.E.



J. Gascon
6/20/06

NOA No 06-0125.07
Expiration Date: June 28, 2011
Approval Date: July 20, 2006
Page 1



Product Approval

USER: Public User

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

FL # FL4435-R2
 Application Type Revision
 Code Version 2004
 Application Status Approved
 Comments
 Archived

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

Authorized Signature Lucas Turner
 lturner@pgtindustries.com

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

Quality Assurance Representative
 Address/Phone/Email

Category Windows
 Subcategory Single Hung

Compliance Method Certification Mark or Listing

Certification Agency Keystone Certifications, Inc.

Referenced Standard and Year (of Standard)	<u>Standard</u>	<u>Year</u>
	ANSI/AAMA/NWWDA 101/I.S.2	1997
	ASTM E-1300	2002
	ASTM E-1886	2002

ASTM E-1996

2002

Equivalence of Product Standards
Certified By

Product Approval Method Method 1 Option A

Date Submitted 03/10/2006
Date Validated 03/10/2006
Date Pending FBC Approval 03/13/2006
Date Approved 03/21/2006

Summary of Products		
FL #	Model, Number or Name	Description
4435.1	SH-400 (Non-Impact)	Vinyl Single Hung Window
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: Rating is H-R60 52.125x75 (actual window buck size). Please see attached Design Pressure Charts for allowable pressures at various product sizes. Please see test report FTL-4581 for other product description and test information.		Certification Agency Certificate FL4435 R2 C CAC SH400-CAR199-133.pdf Installation Instructions FL4435 R2 II 400-500-DesignPressureCharts.pdf FL4435 R2 II SH400-FTL4581.PDF Verified By: Lucas A. Turner, P.E. 58201
4435.2	SH-500 (Impact)	WinGuard Vinyl Single Hung Window
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Impact Resistant, Missile Level D (9.0 lb 2x4 traveling at 50 f/s). Rating is H-R60 52.125x75 (actual window buck size). Please see attached Design Pressure Charts for allowable pressures at various product sizes. Please see test reports FTL-4586, 4587, 4828, and 4833 for other product description and test information.		Certification Agency Certificate FL4435 R2 C CAC SH500-CAR199-134.pdf FL4435 R2 C CAC SH500-CAR199-172.pdf FL4435 R2 C CAC SH500-CAR199-203.pdf FL4435 R2 C CAC SH500-CAR199-207.pdf Installation Instructions FL4435 R2 II 400-500-DesignPressureCharts.pdf FL4435 R2 II SH500-FTL4586.PDF FL4435 R2 II SH500-FTL4587.PDF FL4435 R2 II SH500-FTL4828.PDF FL4435 R2 II SH500-FTL4833.PDF Verified By: Lucas A. Turner, P.E. 58201



[DCA HOME](#) | [ABOUT DCA](#) | [DCA PROGRAMS](#) | [CONTACT DCA](#)

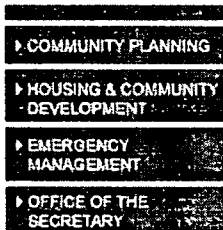
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Product Approval

USER: Public User

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



FL #	FL1691-R2
Application Type	Revision
Code Version	2004
Application Status	Approved
Comments	
Archived	
Product Manufacturer	ODL, Inc.
Address/Phone/Email	215 East Roosevelt Ave. Zeeland, MI 49464 (800) 769-0759 dave.deblock@odl.com
Authorized Signature	David DeBlock dave.deblock@odl.com
Technical Representative	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	
Category	Exterior Doors
Subcategory	Swinging Exterior Door Assemblies
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	Wendell W Haney
Florida License	PE- 54158
Quality Assurance Entity	National Accreditation and Management Institute
Validated By	L.F. Schmidt, P.E.

Certificate of Independence

Referenced Standard and Year (of Standard)	Standard	Year
	Accepted Engineering Practice	2004
	ASTM E1300	2002
	ASTM E1886	2002
	ASTM E1996	2002
	ASTM E330	2002

Equivalence of Product Standards
 Certified By

Sections from the Code

Product Approval Method Method 2 Option B

Date Submitted 12/19/2005
 Date Validated 12/20/2005
 Date Pending FBC Approval 12/29/2005
 Date Approved 02/07/2006

Summary of Products		
FL #	Model, Number or Name	Description
1691.1	ODL Western Reflections 6'8	ODL Western Reflections 6'8 Impact Glass Insert for use in a Single or Double Door application with or without Sidelites utilizing the Nanya Smooth or Textured Fiberglass Door
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: This product meets the requirements for the State of Florida excluding the "HVHZ". When used in wind-borne debris regions this product complies with Section 1609.1.4 of the Florida Building Code as an impact resistant product and does not require the use of an external impact resistant covering. Maximum Design Pressure Rating - Positive 55.0 PSF and Negative 55.0 PSF (see EVAL 1691.1 for any additional size and use limitations).		Installation Instructions Verified By: Evaluation Reports PTID 1691 R2 T 1691.1 EVAL.pdf PTID 1691 R2 T 1691.1 INST.pdf

DCA Administration

Department of Community Affairs
Florida Building Code Online
Codes and Standards

2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100

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

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Product Approval Accepts:





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

FL # FL889-R2
 Application Type Revision
 Code Version 2004
 Application Status Approved
 Comments
 Archived

Product Manufacturer James Hardie Bldg Products
 Address/Phone/Email 10901 Elm Avenue
 Fontana, CA 92337
 (909) 356-6366
 jlm@jameshardie.com

Authorized Signature john mulder
 jlm@jameshardie.com

Technical Representative john mulder
 Address/Phone/Email 10901 elm avenue
 fontana, CA 92337
 (909) 356-6366
 jlm@jameshardie.com

Quality Assurance Representative
 Address/Phone/Email

Category Panel Walls
 Subcategory Siding

Compliance Method Evaluation Report from a Product Evaluation Entity

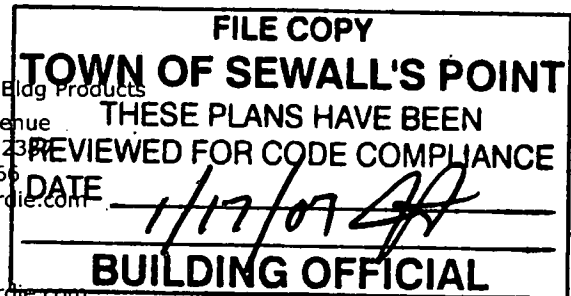
Evaluation Entity ICC Evaluation Service, Inc.
 Quality Assurance Entity Intertek Testing Services-ETL/Warnock Hersey
 Validated By R I Ogawa & Associates, Inc.

Certificate of Independence

Referenced Standard and Year (of Standard)	Standard	Year
	ASTM C1186	1999
	ASTM C1186	1999

Equivalence of Product Standards Certified By

Sections from the Code 1405.15



R703.10

Product Approval Method Method 2, Option A

Date Submitted 11/10/2005

Date Validated 11/10/2005

Date Pending FBC Approval 11/28/2005

Date Approved 12/07/2005

Summary of Products		
FL #	Model, Number or Name	Description
889.1	Cempanel siding	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: For use in HVHZ install in accordance with NOA 02-0729-02		Installation Instructions Verified By: Evaluation Reports PTID 889_R2_T ASCE 7-02 wind load calculation.pdf PTID 889_R2_T ner-405 (April 2004).pdf PTID 889_R2_T NOA No 02-0729-.02.pdf
889.2	Cemplank lap siding	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: For use in HVHZ install in accordance with NOA 02-0729-02		Installation Instructions Verified By: Evaluation Reports
889.3	Cemsoffit panel	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: For use in HVHZ install in accordance with NOA 02-0729-02		Installation Instructions Verified By: Evaluation Reports
889.4	Hardipanel siding	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: For use in HVHZ install in accordance with NOA 02-0729-02		Installation Instructions Verified By: Evaluation Reports
889.5	Hardiplank lap siding	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: For use in HVHZ install in accordance with NOA 02-0729-02		Installation Instructions Verified By: Evaluation Reports
889.6	Hardishingle cladding shingle	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Not for use in HVHZ		Installation Instructions Verified By: Evaluation Reports

889.7	Hardishingle notched panel	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: Not for use in HVHZ		Installation Instructions Verified By: Evaluation Reports
889.8	Hardisoffit panel	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: For use in HVHZ install in accordance with NOA 02-0729-02		Installation Instructions Verified By: Evaluation Reports
889.9	Harditex baseboard	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: For use in HVHZ install in accordance with NOA 02-0729-02		Installation Instructions Verified By: Evaluation Reports
889.10	Sentry lap sidig	fiber-cement cladding
Limits of Use (See Other) Approved for use in HVHZ: Approved for use outside HVHZ: Impact Resistant: Design Pressure: +/- Other: For use in HVHZ install in accordance with NOA 02-0729-02		Installation Instructions Verified By: Evaluation Reports

[Back](#)

[Next](#)

DCA Administration

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

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

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Product Approval Accepts:





Product Approval
 USER: Public User

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

FL # FL4439-R2
 Application Type Revision
 Code Version 2004
 Application Status Approved
 Comments
 Archived

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

Authorized Signature Lucas Turner
 lturner@pgtindustries.com

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

Quality Assurance Representative
 Address/Phone/Email

Category Windows
 Subcategory Casement

Compliance Method Certification Mark or Listing

Certification Agency Keystone Certifications, Inc.

Referenced Standard and Year (of Standard)	<u>Standard</u>	<u>Year</u>
	ANSI/AAMA/NWWDA 101/I.S.2	1997
	ASTM E-1300	2002
	ASTM E-1886	2002

ASTM E-1996

2002

Equivalence of Product Standards
Certified By

Product Approval Method Method 1 Option A

Date Submitted 03/10/2006
 Date Validated 03/10/2006
 Date Pending FBC Approval 03/13/2006
 Date Approved 03/21/2006

Summary of Products		
FL #	Model, Number or Name	Description
4439.1	CA-440 (Non-Impact)	Vinyl Outswing Casement Window
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: Rating is C-C70 36x72 (actual window buck size). Please see attached Design Pressure Charts for allowable pressures at various product sizes. Please see test report FTL-4563 for other product description and test information.		Certification Agency Certificate FL4439_R2_C_CAC_CA440-CAR199-140.pdf Installation Instructions FL4439_R2_II_440-540-DesignPressureCharts.pdf FL4439_R2_II_CA440-FTL4563.PDF Verified By: Lucas A. Turner, P.E. 58201
4439.2	CA-540 (Impact)	WinGuard Vinyl Outswing Casement Window
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Impact Resistant, Missile Level D (9.0 lb 2x4 traveling at 50 f/s). Rating is C-C60 36x72 (actual window buck size). Please see attached Design Pressure Charts for allowable pressures at various product sizes. Please see test reports FTL-4579, 4830, and 4836 for other product description and test information.		Certification Agency Certificate FL4439_R2_C_CAC_CA540-CAR199-161.pdf FL4439_R2_C_CAC_CA540-CAR199-175.pdf FL4439_R2_C_CAC_CA540-CAR199-206.pdf FL4439_R2_C_CAC_CA540-CAR199-210.pdf Installation Instructions FL4439_R2_II_440-540-DesignPressureCharts.pdf FL4439_R2_II_CA540-FTL4579.PDF FL4439_R2_II_CA540-FTL4830.PDF FL4439_R2_II_CA540-FTL4836.PDF Verified By: Lucas A. Turner, P.E. 58201

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-26, 2007

Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8504	Kimes	partial window	PASS	
8	2 Riverview OB	installation		INSPECTOR: <i>OM</i>
6403	Peterson	Final	PASS	CLOSE
7	4 Oakwood DR Pacific Roof			INSPECTOR: <i>OM</i>
6838	Giachino	Final	PASS	CLOSE
9	11 Rio Vista Pacific Roof			INSPECTOR: <i>OM</i>
6888	Elliott	Final	FAIL	
2	25 W High Pt Pacific Roof			INSPECTOR: <i>OM</i>
6908	Wolcott	Final	PASS	CLOSE
6A	7 Island Rd Pacific Roof			INSPECTOR: <i>OM</i>
6909	Halee	Final	FAIL	NO ONE ON JOB ^{needed}
1 1st 830	7 Worth Ct Pacific Roof - contractor with ladder	OFF RINGELAND		JOB INSPECTOR: <i>OM</i>
7288	Peterson	Final	PASS	CLOSE
10	49 Rio Vista Pacific Roof			INSPECTOR: <i>OM</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-13, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8404	Donigan	SPA Final	PASS	CLOSE
9	27 N Reuer SDH			INSPECTOR: <i>[Signature]</i>
8504	KINES	WINDOWS	PASS	
3	2 RIVERVIEW O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-23, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0120	Smuck	Final kitchen	PASS	CLOSE
2	2 Morgan Cir O/B	(WEST OF RIVIERA)		INSPECTOR:
6849	Fensterer	Final fence	PASS	CLOSE
4	715 Swalls Pt O/B			INSPECTOR:
8537	Bober	final	PASS	CLOSE
1	10 E. High Pt Sweeney Const			INSPECTOR:
8545	Wattles	window + door bucks	PASS	
3	20 Ridgview			INSPECTOR:
8504	Kimes	mulbar	PASS	
	2 Riverview O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Tues~~ Wed Fri 8-14, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8589	Harden 275 River Station	Guest House wall steel	PASS	INSPECTOR: <i>JA</i>
8080	XXXXXXXXXX	XXXXXX		
8082	XXXXXXXXXX			
8084	XXXXXXXXXX			INSPECTOR:
8504	Kennos 2 Riverview Dr O/B	Fixed windows/siding	PASS	Close INSPECTOR: <i>A</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				

8916

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	8916	DATE ISSUED:	MAY 30, 2008
SCOPE OF WORK:	AC CHANGEOUT (AH & CONDENSER)		
CONDITIONS:			
CONTRACTOR:	ADAMS A/C		
PARCEL CONTROL NUMBER:	123841001000000400	SUBDIVISION	RIVERVIEW - LOT 4
CONSTRUCTION ADDRESS:	2 RIVERVIEW DR		
OWNER NAME:	KIMES		
QUALIFIER:	ADAM EMANUEL	CONTACT PHONE NUMBER:	337-6559

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

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

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

REQUIRED INSPECTIONS

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

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

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

Date: 5-29-08 Permit Number: _____

OWNER/TITLEHOLDER NAME: TIM KINES Phone (Day) 772-223-9117 (Fax) _____

Job Site Address: 2 RIVERVIEW DR. City: STUART State: FL Zip: 34994

Legal Desc. Property (Subd/Lot/Block) Riverview - Lot 4 Parcel Number: 123841-001-000-00040

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

Scope of work: REPLACE A/C SYSTEM, AIR HANDLER & CONDENSER

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: \$ 9600.00
(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: ADAM'S AIR-CONDITIONING Phone: 337-6559 Fax: 335-9920

Street: 1747 S.B. VILLAGE GREEN DR. City: PT. ST. LUCIE State: FL Zip: 34952

State Registration Number CA State Certification Number: AC1B1446 Municipality License Number: _____

PROJECT SUPERINTENDANT: ADAM FRANKEL CONTACT NUMBER: 772-528-9326

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: _____

Carpport: _____ 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:
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*****

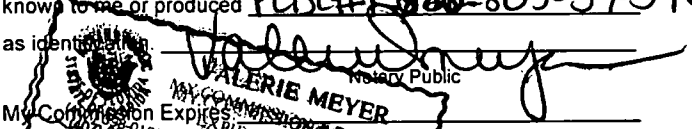
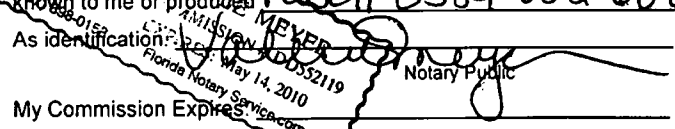
OWNER SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____

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

This the 29th day of May, 2008 This the 29th day of May, 2008

by Timothy Kines who is personally known to me or produced FDL# K520-803-57-3900 by Adam Emanuel who is personally known to me or produced FDL# E554-002-60-003-0

as identified by _____ as identification: _____

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	8916		
ADDRESS	2 RIVERVIEW DR		
DATE:	5/30/08	SCOPE:	AC CHANGEOUT (A/H & CONDENSER)

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
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.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each	1	\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	80

Cash
100

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

PERMIT #: _____ TAX FOLIO #: 123841-001-000-00040-0

STATE OF FLORIDA COUNTY OF MARTIN

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

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

RIVERVIEW LOT 4

GENERAL DESCRIPTION OF IMPROVEMENT: AIR-CONDITIONING REPLACEMENT

OWNER NAME: TIM KIMES
ADDRESS: 2 RIVERVIEW DR STUART, FL 34986
PHONE NUMBER: 772-223-2777 FAX NUMBER: _____

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

CONTRACTOR: ADAMS AIR-CONDITIONING, INC.
ADDRESS: 1547 OB VILLAGE CARRON PK. PALM ST. LUCIE, FL 34952
PHONE NUMBER: 772-337-6559 FAX NUMBER: 772-337-9920

SURETY COMPANY (IF ANY): _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BY: Marsha Ewing, Clerk DATE: 5/30/08



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

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 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.

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

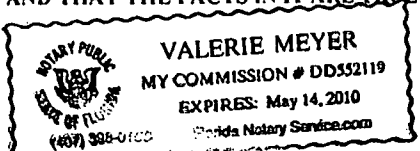
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20____

BY: Timothy Kimes Owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION PRODUCED FIDL# K520-803-573908 Valerie Meyer
NOTARY SIGNATURE/ SEAL

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

[Signature]
(Signature of Natural Person Signing Above)

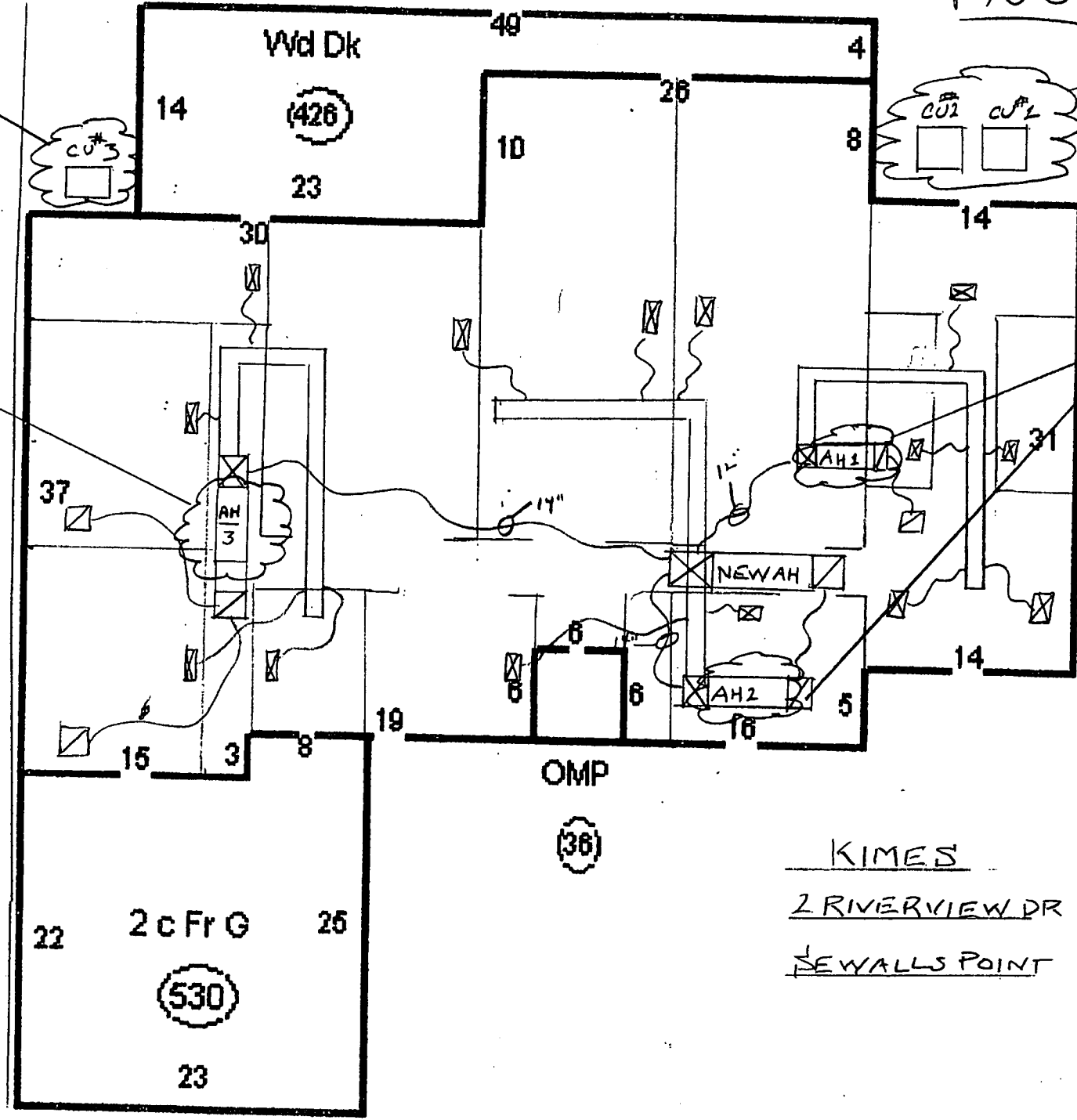


INST# 2086904 DR BK 02331 PG 0719 RECD 05/30/2008 02:37:58 PM
Pg 0719; (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter

PN 8916

REMOVE CU #1 + #2
INSTALL NEW CU +
NEW LINE SET

MOVE CU #3



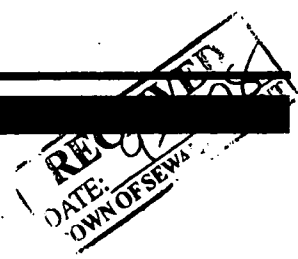
MOVE AHU #3
SUPPLY
CH NEW
SUPPLY

REMOVE AHU #1 + #2
CAP SUPPLY
ATTACH NEW
AHU SUPPLY

TOWN OF SEWALLS POINT
BUILDING DEPARTMENT
FILE COPY

RECEIVED
DATE: 9/28/08
TOWN OF SEWALLS POINT

KIMES
2 RIVERVIEW DR
SEWALLS POINT



Project Information

For: **TIM KIMES**
2 RIVERVIEW DR., STUART, FL

Notes:

Design Information

Weather: **West Palm Beach, FL, US**

Winter Design Conditions

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

Summer Design Conditions

Outside db **91 °F**
 Inside db **75 °F**
 Design TD **16 °F**
 Daily range **L**
 Relative humidity **50 %**
 Moisture difference **57 gr/lb**

Heating Summary

Structure **26720 Btuh**
 Ducts **10269 Btuh**
 Central vent (66 cfm) **1815 Btuh**
 Humidification **0 Btuh**
 Piping **0 Btuh**
 Equipment load **38804 Btuh**

Sensible Cooling Equipment Load Sizing

Structure **26517 Btuh**
 Ducts **15865 Btuh**
 Central vent (66 cfm) **1162 Btuh**
 Blower **0 Btuh**
 Use manufacturer's data **n**
 Rate/swing multiplier **0.96**
 Equipment sensible load **41802 Btuh**

Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft ²)	2607	2607
Volume (ft ³)	20856	20856
Air changes/hour	0.32	0.16
Equip. AVF (cfm)	111	56

Latent Cooling Equipment Load Sizing

Structure **2361 Btuh**
 Ducts **4196 Btuh**
 Central vent (66 cfm) **2567 Btuh**
 Equipment latent load **9125 Btuh**
 Equipment total load **50927 Btuh**
 Req. total capacity at 0.70 SHR **5.0 ton**

Heating Equipment Summary

Make **Lennox**
 Trade **XP19 Series**
 Model **XP19-060-230***
 Efficiency **8.3 HSPF**
 Heating input
 Heating output **53500 Btuh @ 47°F**
 Temperature rise **25 °F**
 Actual air flow **1950 cfm**
 Air flow factor **0.053 cfm/Btuh**
 Static pressure **0.00 in H2O**
 Space thermostat

Cooling Equipment Summary

Make **Lennox**
 Trade **XP19 Series**
 Cond **XP19-060-230***
 Coil **CBX32MV-068-230***
 Efficiency **16.3 EER**
 Sensible cooling **40950 Btuh**
 Latent cooling **17550 Btuh**
 Total cooling **58500 Btuh**
 Actual air flow **1950 cfm**
 Air flow factor **0.046 cfm/Btuh**
 Static pressure **0.00 in H2O**
 Load sensible heat ratio **0.83**

Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

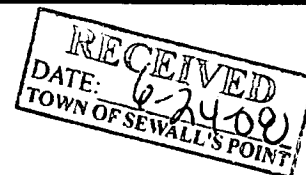
Project Summary
Entire House
QUICK CALCS, INC.

Job:
 Date:
 By:

Project Information

For: **TIM KIMES**
2 RIVERVIEW DR., STUART, FL

Notes:



Design Information

Weather: **West Palm Beach, FL, US**

Winter Design Conditions

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

Summer Design Conditions

Outside db **91 °F**
 Inside db **75 °F**
 Design TD **16 °F**
 Daily range **L**
 Relative humidity **50 %**
 Moisture difference **57 gr/lb**

Heating Summary

Structure **26720 Btuh**
 Ducts **10269 Btuh**
 Central vent (66 cfm) **1815 Btuh**
 Humidification **0 Btuh**
 Piping **0 Btuh**
 Equipment load **38804 Btuh**

Sensible Cooling Equipment Load Sizing

Structure **26517 Btuh**
 Ducts **15865 Btuh**
 Central vent (66 cfm) **1162 Btuh**
 Blower **0 Btuh**
 Use manufacturer's data **n**
 Rate/swing multiplier **0.96**
 Equipment sensible load **41802 Btuh**

Infiltration

Method **Simplified**
 Construction quality **Average**
 Fireplaces **0**

	Heating	Cooling
Area (ft ²)	2607	2607
Volume (ft ³)	20856	20856
Air changes/hour	0.32	0.16
Equiv. AVF (cfm)	111	56

Latent Cooling Equipment Load Sizing

Structure **2361 Btuh**
 Ducts **4196 Btuh**
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 Static pressure **0.00 in H2O**
 Space thermostat

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 Trade **XP19 Series**
 Cond **XP19-060-230***
 Coil **CBX32MV-068-230***

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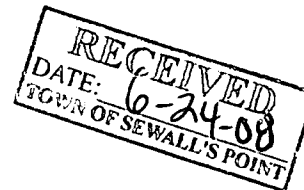
Project Summary
Entire House
QUICK CALCS, INC.

Job:
 Date:
 By:

Project Information

For: **TIM KIMES**
2 RIVERVIEW DR., STUART, FL

Notes:



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 Blower **0 Btuh**
 Use manufacturer's data **n**
 Rate/swing multiplier **0.96**
 Equipment sensible load **41802 Btuh**

Infiltration

Method		Simplified
Construction quality		Average
Fireplaces		0
	Heating	Cooling
Area (ft²)	2607	2607
Volume (ft³)	20856	20856
Air changes/hour	0.32	0.16
Equiv. AVF (cfm)	111	56

Latent Cooling Equipment Load Sizing

Structure **2361 Btuh**
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Bold/italic values have been manually overridden

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 2 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 CHANGE OUT

SYSTEM IS NOW ONE ZONE
CONVERTED FROM TWO ZONE
SUBMIT ENERGY CALCULATIONS
& NEW DUCT LAYOUT.
(2 COPIES)

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: 6/6

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-6, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8916	Kunus	Final	FAIL	
1ST 1	2 Riverview Adams A/C - 537-6579	NO CHANGES		INSPECTOR: <i>[Signature]</i>
	8903 Alexander	Final		
JOHN 2	239 86 Sewalls N3Qin		FAIL	INSPECTOR: <i>[Signature]</i>
	8589 Hardin	insulation	PASS	
2	2ND 275 River Station	main house		INSPECTOR: <i>[Signature]</i>
	8893 Dwyer	Final	FAIL	
5	32 N River Rd Stuart Lane			INSPECTOR: <i>[Signature]</i>
	McGovern	all trades	—	COURTESY
6	lost 11AM 2 Fusca La Driftwood	framing	—	INSPECTOR: <i>[Signature]</i>
	8914 GILBERT	SHEATHING/DRY-IN	PASS	
3	170 S. RIVER MARZO ROOFING	ROOF AFFIDAVIT		INSPECTOR: <i>[Signature]</i>
	8872 Bean	rough electric	FAIL	
4	112 S Sewalls WB Const.			INSPECTOR: <i>[Signature]</i>
OTHER:				

HERWORTH RIVERVIEW - EROSION IN STREET



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 2 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

- IDENTIFY ALL ~~3~~ EXISTING RANU & 1 C.V. CKTS - LABEL NEW A/C CKT - ~~3~~
~~ENSURE EXIST CKTS ARE OFF AND REMOVE CKT BUCKERS FOR UNUSED AK EQUIP. & INSTALL BLANKS -~~
- LOCATE COND. 12" OFF FOUNDATION & SEAL CHASE.

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: 10/24

A handwritten signature in black ink, appearing to be "JW", is 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 10-24, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8916	Adams	Final	FAIL	
15E	2 Quervien Adams			INSPECTOR: <i>[Signature]</i>
6810	Joyce (Jones)	Final	FAIL	
1130	19 Palmetto OB	Kitchen		
		219-0340 call first		INSPECTOR: <i>[Signature]</i>
		Power	-	I WILL CALL
	64 N River	Investigate		BOBBY DEARDON FR. INSPECTOR: <i>[Signature]</i>
8489	HARDIN	POOL ALARM		
	27. S. RIVER	SYSTEM		cancel permit INSPECTOR: <i>[Signature]</i>
8745	Nelson	Final C.O.		Approved <i>[Signature]</i>
	3 Marquerita Nelson Homes		PASS	INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 2 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
INSULATE A/C CONDENSATE IN ATTIC.
SEAL REF LINE CHASE ON
EXT. WALL.
MISSING AIR FILTERS @ RETURN
AIR GRILLES -
NEED DUCT LAYOUT (2 COPIES)
SHOWING NEW DUCT LAYOUT
DELETING 2 ZONE SYSTEM
& INSTALLING ONE ZONE -
SEAL OPEN KNOCK OUT IN A/C
DISCONNECT IN ATTIC -

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: 11/21


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-21, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8648	Jetzner 2 W High Pt OB	Electric AS Plumbing	FAIL	COURTESY WALK THROUGH INSPECTOR: <i>A</i>
8516	Kunz	Plumbing	FAIL	
1 830	2 Rivermead Adams Ac			INSPECTOR: <i>OM</i>
8967	Elliott 25 W High Pt Krauss Crane	Final 40A. / EXT.	FAIL	INSPECTOR: <i>OM</i>
9047	Willis 3 WOLFA CT ESKER	PRE-POUR SIDEWALK	PASS	INSPECTOR: <i>A</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

Local Name :
Company Logo :

Total Pages Scanned : 1
Total Pages Sent : 1

Transmission Information

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
1	0981	3359920	12-01:20:45	15"	1/1	SG3		Done

The documents were sent.



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 2 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
- INSULATE A/C CONDENSATE IN ATTIC
- SEAL PTF LINE CHASE ON
- EXT. WALL.
- MISSING AIR FILTERS @ RETURN
- AIR GRILLES -
- NEED DUCT LAYOUT (2 COPIES)
- SHOWING NEW DUCT LAYOUT
- DELETING 2 ZONE SYSTEM
- & INSTALLING ONE ZONE -
- SEAL OPEN KNOCK OUT IN A/C
- DISCONNECT IN ATTIC -

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: 11/21

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-10, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
9916	Komen	Final	PASS	CLUSE
1	2 Riverview Adams AC	(reinspect)		INSPECTOR: <i>JAN</i>
9046	Smith	patio/deck		PATIO DECK.
2	19 Banyan Rd Hools by Greg	E.P. BOND. WIRE	PASS	INSPECTOR: <i>JAN</i>
8867	BELLER	FINAL		SCHEDULE FINAL
2A	10 PALMETTO KEN WENDALL	(COURTESY)		12/11/08 8:30 INSPECTOR: <i>JAN</i>
9063	allman 45 Rio Vista OB	deck	FAIL	INSPECTOR: <i>JAN</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

ADMIN VARIANCE

BAUER & TWOHEY, P.A.
ATTORNEYS AT LAW

312 Denver Avenue, Stuart, FL 34994

Sherwood "Chip" Bauer, Jr.*
Christopher J. Twohey

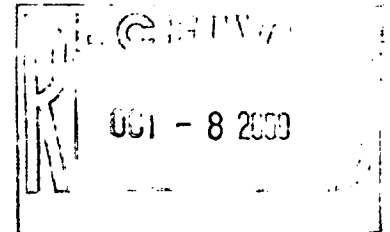
Telephone: (561) 221-8221
Facsimile: (561) 221-8225

*Also Admitted in Connecticut
Vicki Plummer-Wellmaker
Paralegal

September 29, 2000

VIA HAND DELIVERY

Joan Barrow
Town Clerk
Town of Sewall's Point
1 S. Sewall's Point Road
Sewall's Point, Florida 34996



RE: APPLICATION FOR ADMINISTRATIVE VARIANCE

Dear Joan:

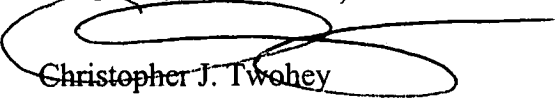
Enclosed please find an Application for Administrative Variance filed by David J. And Sandra H. Robinson. The Robinson's recently purchased Lot 4, RIVERVIEW, located at 2 Riverview Drive, Stuart, Florida 34996.

Enclosed please find the following items:

- * Town of Sewall's Point Administrative Variance Application Form;
- * Non-Refundable filing fee of \$250.00; *ok*
- * \$250.00 cost deposit; *ok*
- * Boundary survey;
- * Two (2) letters of No Objection;
- * Certificate of ownership; and
- * Certificate of adjacent owners.

If you need any other documents or information, do not hesitate to give me a call. Thank you for your time and attention.

Very truly yours,
BAUER & TWOHEY, P.A.


Christopher J. Twohey

CJT/jsm

Enclosure

cc: David and Sandra Robinson

C:\CJT\AA\LETTER\ROBINSON.JLT

**WARNER, FOX, WACKEEN, DUNGEY
SEELEY, SWEET, WRIGHT & BEARD, L.L.P.**

DEBORAH B. BEARD
RICHARD J. DUNGEY*
M. LANNING FOX*
GARY L. SWEET
W. THOMAS WACKEEN**
THOMAS E. WARNER**
TIM B. WRIGHT

1100 S. FEDERAL HIGHWAY
P.O. DRAWER 6
STUART, FLORIDA 34995-0006
(561) 287-4444
TELEFAX (561) 220-1489
JUPITER (561) 744-6489

ANTHONY L. CONTICELLO
FERNANDO M. GIACHINO
ROBERT A. GOLDMAN
LINDA HARRISON
LOUIS E. LOZEAU, JR.
MICHAEL J. McCLUSKEY
WILLIAM R. PONSOLDT, JR.
SUSANN B. WARD

* BOARD CERTIFIED REAL ESTATE LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER

AARON A. FOOSANER
ROBERT L. SEELEY
OF COUNSEL

October 17, 2000

Commissioner Thomas P. Bausch
Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Florida 34996

*10-24-00
to court house
to be
recorded*

Re: Administrative Variance Application of David J. and Sandra H. Robinson

Dear Commissioner Bausch:

I have reviewed the application for the administrative variance referenced. I believe that the application meets the terms of the ordinance and recommend that you approve it.

Sincerely yours,


Tim B. Wright

TBW/mcf

cc: Mr. Christopher J. Twohey
Mrs. Joan H. Barrow

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


- 1. **Owner of Property:** David J. Robinson and Sandra H. Robinson
- 2. **Address of Property:** 2 Riverview Drive, Stuart, FL 34996
- 3. **Address of Applicant:** 2 Riverview Drive, Stuart, Florida 34996
- 4. **Phone No. of Applicant:** (504) 674-2042
- 5. **Length and Location (front, rear, side) of Encroachment (if more than one, please list separately):**

Side (west) 14.30' in 15' side set back

- 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:



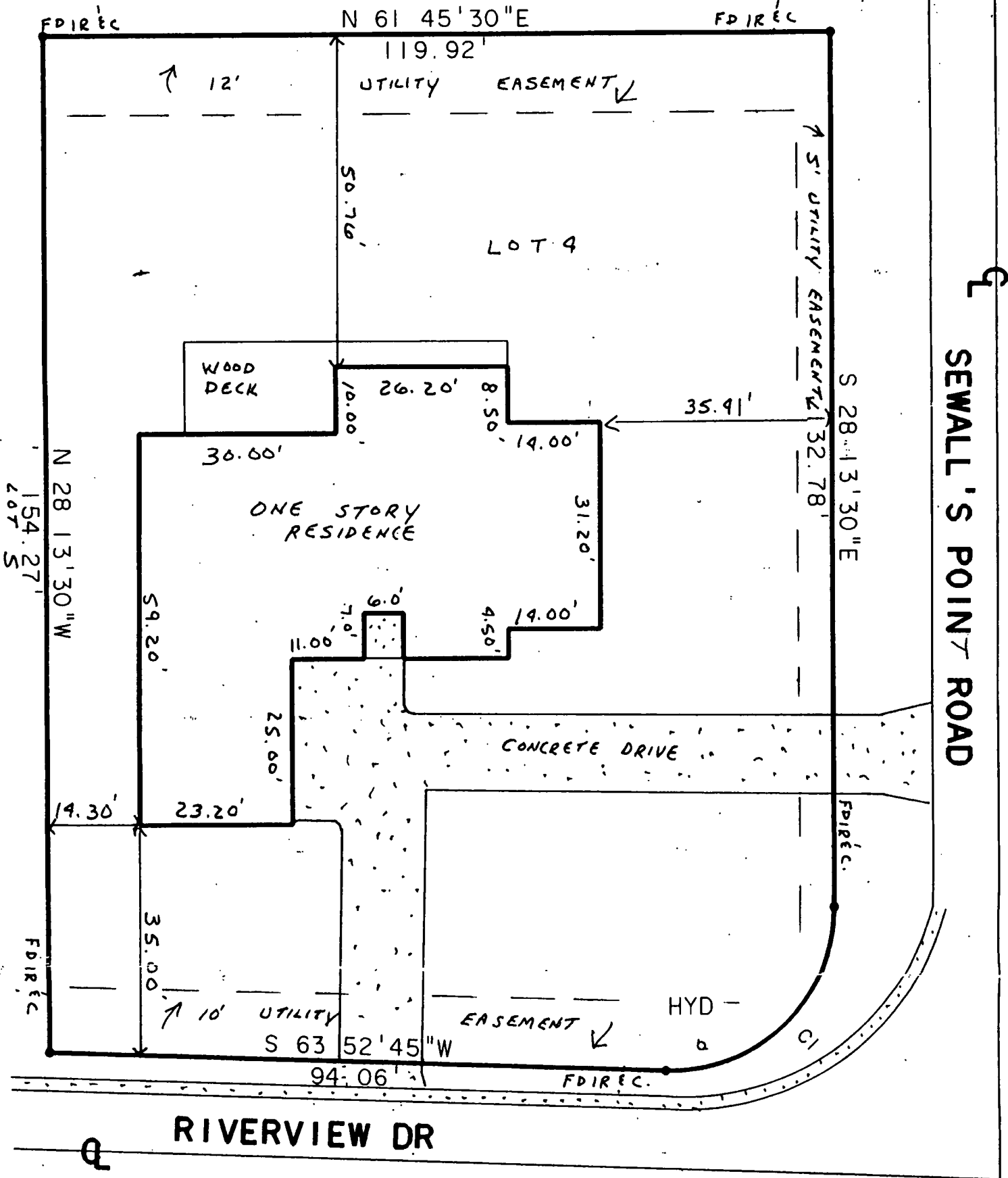
Applicant Christopher J. Twohey
Attorney for Applicants

Dated this 29th day of September, 199 2000.

FLOOD ZONE A10 ELEV. = 10
 FIRM PANEL 120164 0002
 DATED APRIL 3, 1984

CURVE DELTA ANGLE RADIUS ARC
 C 1 92 05'36" 25.00' 40.19'

LOT 25
 ARBELA



- LEGEND
- A-ARC
 - ASPH. = ASPHALT
 - C = CALCULATED
 - CH = CHORD
 - C/L = CENTERLINE
 - CN = CONCRETE MONUMENT
 - Δ = DELTA
 - D = DESCRIPTION
 - D.E. = DRAINAGE EASEMENT
 - FD. = FOUND
 - G.W. = GUY WIRE
 - I.P. = IRON PIPE
 - I.R. & C. = IRON ROD & CAP
 - L.P. = LIGHT POLE
 - M = MEASURED
 - N & W = NAIL & WASHER
 - O.E. = OVERHEAD ELECTRIC
 - P. = PLAT
 - PAVT. = PAVEMENT
 - P.C. = POINT OF CURVE
 - P.C.C. = POINT OF COMPOUND CURVE
 - P.P. = POWER POLE
 - P.R.C. = POINT OF REVERSE CURVE
 - P.T. = POINT OF TANGENT
 - P.C.P. = PERMANENT CONTROL POINT
 - P.R.M. = PERMANENT REFERENCE MARKER
 - R = RADIUS
 - ROW = RIGHT OF WAY
 - U.E. = UTILITY EASEMENT
 - H.P. = HIGH POINT
 - BLK. = BLOCK
 - B.M. = BENCHMARK
 - F.P. = FINISHED FLOOR
 - SET I.R. & C. = SET IRON ROD & CAP LB & GNS
 - CONC. = CONCRETE
 - NTS = NOT TO SCALE

DESCRIPTION

LOT 4, RIVERVIEW, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 6, PAGE 86, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

SAID LANDS SITUATE IN MARTIN COUNTY, FLORIDA.

STREET ADDRESS: 2 RIVERVIEW DRIVE
 SURVEYOR'S CERTIFICATE:

THIS CERTIFIES THAT A SURVEY OF THE PROPERTY DESCRIBED HEREON WAS MADE UNDER MY SUPERVISION AND THAT THE SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES. AND, THAT THE SKETCH HEREON IS A TRUE AND ACCURATE REPRESENTATION THEREOF TO THE BEST OF MY KNOWLEDGE AND BELIEF. SUBJECT TO NOTES AND NOTATIONS SHOWN HEREON.

NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.

CERTIFIED TO:

BANK OF AMERICA, N.A., IT'S SUCCESSORS AND/OR ASSIGNS
 FIRST AMERICAN TITLE INSURANCE COMPANY
 DAVID & SANDRA ROBINSON

NOTES:

- 1) REPRODUCTIONS OF THIS SKETCH ARE NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYORS SEAL.
- 2) LANDS SHOWN HEREON WERE NOT ABSTRACTED BY THIS OFFICE FOR RIGHTS-OF-WAY, EASEMENTS OF RECORD, OWNERSHIP, MURPHY ACT DEEDS, OR ADJOINING DEEDS.
- 3) LAND DESCRIBED SHOWN HEREON WAS PROVIDED BY THE CLIENT OR HIS/HER AGENT.
- 4) NO ATTEMPT WAS MADE BY THIS OFFICE TO LOCATE SUBSURFACE IMPROVEMENTS OR ENCROACHMENTS OTHER THAN THOSE SHOWN HEREON.
- 5) UNDERGROUND FOUNDATIONS NOT LOCATED.
- 6) BASE OF BEARINGS IS THE CENTERLINE OF RIVERVIEW DRIVE AS SHOWN ON THE PLAT OF RIVERVIEW RECORDED IN PLAT BOOK 6, PAGE 86, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

DATED 9-12-2000

Gerald W. Tansky
 GERALD W. TANSKY

PROFESSIONAL REGISTRATION NO. 4464

AS BUILT SURVEY PREPARED FOR: BANK OF AMERICA

DRAWN: G.W.T.
 CHECKED: G.W.T.
 DATE: 9-12-2000
 SCALE: 1" = 20'
 JOB #: 60-444
 SHEET 1 OF 1

TREASURE COAST LAND SURVEYORS
 LB # 6453 PROFESSIONAL LAND SURVEYORS
 3250 CANDICE AVE.
 PHONE # 334-2663
 JENSEN BEACH, FLORIDA 34957

REVISIONS	BY	DATE

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:** David J. Robinson and Sandra H. Robinson

2. **Legal Description of Property:**

Lot 4, RIVERVIEW SUBDIVISION, according to the Plat thereof,
recorded in Plat Book 6, Page 86, Public Records of Martin
County, Florida.

3. **Date of Administrative Variance Application:** 9/27/00

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

Town of Sewall's Point
Administrative Variance Approval
Page Two

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 18th day of October, 2000.

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

By: Thomas P. Bausch
Its: **Building Commissioner**

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 18th day of October, 2000,
by Thomas P. Bausch, as Building Commissioner of the Town of Sewall's
Point, a Florida municipal corporation, who is personally known to me or who has produced
Fl. d.l. as identification and who did not take an oath.

(NOTARY SEAL)

Joan H. Barrow
Name: Joan H. Barrow
I am a Notary Public of the
State of Florida and my
commission expires:

tbw/tsp/approve.frm



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

CERTIFICATE OF OWNERSHIP

For: Town of Sewall's Point

I HEREBY CERTIFY that **DAVID J. ROBINSON** and **SANDRA H. ROBINSON**, whose address is 2 Riverview Drive, Stuart, Florida 34996, are the apparent title holders of the parcel of land being described as:

Lot 4 of RIVERVIEW SUBDIVISION, a subdivision of the Town of Sewall's Point, Florida, according to the Plat thereof recorded in Plat Book 6, Page 86, Public Records of Martin County, Florida.

DATED this 29 day of September, 2000.



CHRISTOPHER J. TWOHEY
Attorney for Applicants
BAUER & TWOHEY, P.A.
312 Denver Avenue
Stuart, Florida 34994
(561) 221-8221

CERTIFICATE OF ADJACENT OWNERS

For: Town of Sewall's Point

Following is a list of all properties adjacent to a parcel of land owned by **DAVID J.**

ROBINSON and **SANDRA H. ROBINSON**, being described as:

Lot 4 of RIVERVIEW SUBDIVISION, a subdivision of the Town of Sewall's Point, Florida, according to the Plat thereof recorded in Plat Book 6, Page 86, Public Records of Martin County, Florida.

Find that the apparent tile holders of adjacent property owners are:

- * *Nicholas A. Vincenzo*
4 Riverview Drive
Stuart, Florida 34996

- * *Paul Smith*
1111 South Sewall's Point Road
Stuart, Florida 34996

DATED this 21 day of September, 2000.



CHRISTOPHER J. TWOHEY
Attorney for Applicants
BAUER & TWOHEY, P.A.
312 Denver Avenue
Stuart, Florida 34994
(561) 221-8221

FORM LETTER OF NO OBJECTION

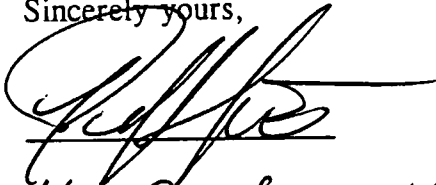
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, Florida 34996

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

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by M/M Robinson 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,



111 SO Sewall Pt Rd

FORM LETTER OF NO OBJECTION

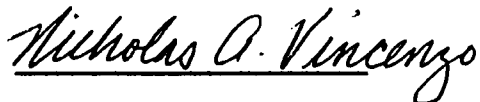
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, Florida 34996

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

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by M/M Robinson 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,

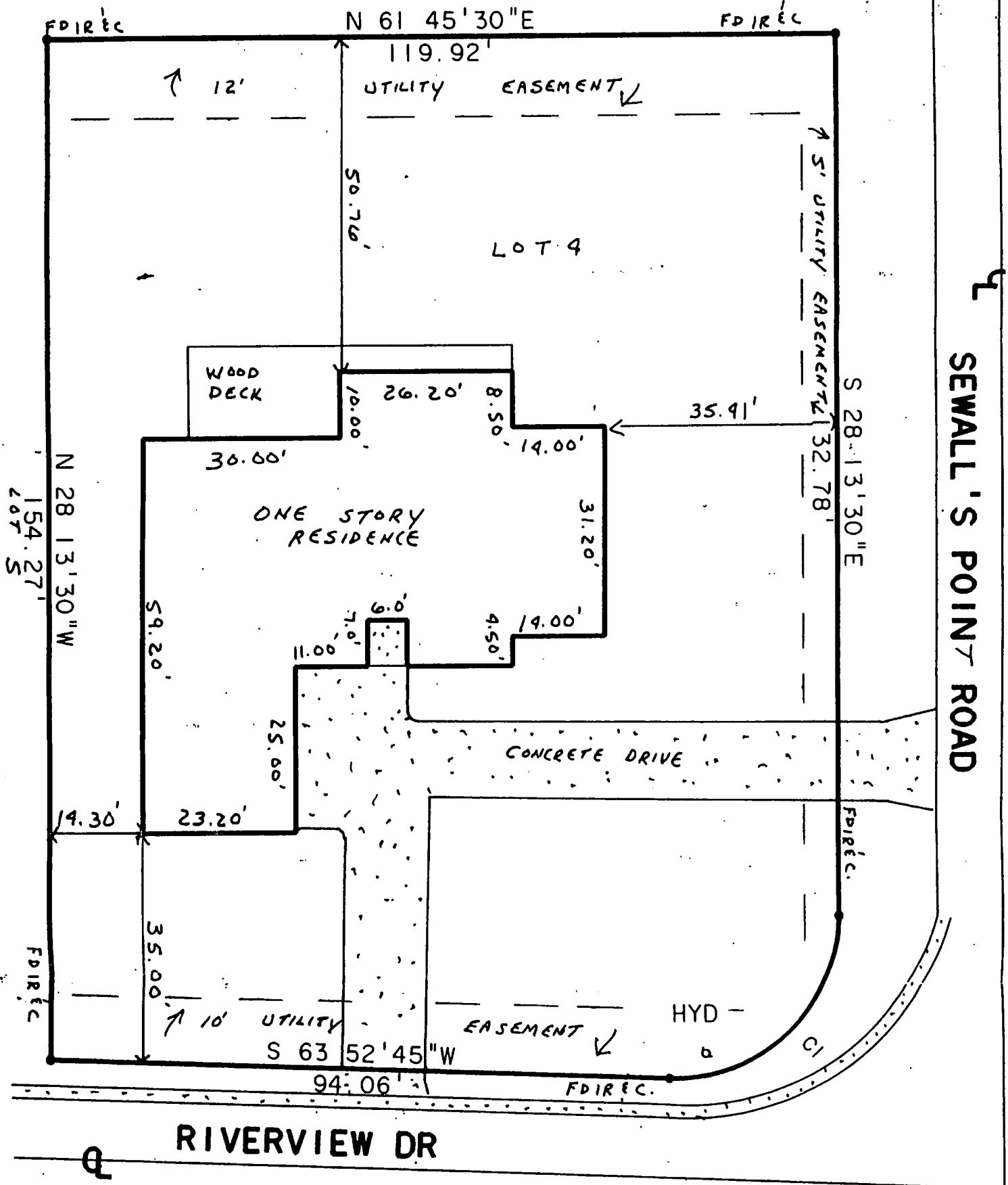


4 Riverview Drive

10 ELEV. = 10
 20164 0002
 3, 1984

CURVE DELTA ANGLE RADIUS ARC
 C 1 92 05'36" 25.00' OR BK 01512 PG 1840

LOT 25
 ARBELA



ERVIEW, ACCORDING
 HEREOF AS RECORDED IN
 6, PAGE 86, PUBLIC
 MARTIN COUNTY, FLORIDA.

SITUATE IN MARTIN
 ORIDA.

RESS: 2 RIVERVIEW DRIVE
 SURVEYOR'S CERTIFICATE:

THIS CERTIFIES THAT A SURVEY OF THE PROPERTY DESCRIBED HEREON
 WAS MADE UNDER MY SUPERVISION AND THAT THE SURVEY MEETS THE
 MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF
 PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-6, FLORIDA
 ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA
 STATUTES. AND, THAT THE SKETCH HEREON IS A TRUE AND ACCURATE
 REPRESENTATION THEREOF TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 SUBJECT TO NOTES AND NOTATIONS SHOWN HEREON.

CERTIFIED TO:

BANK OF AMERICA, N.A., IT'S
 SUCCESSORS AND/OR ASSIGNS
 FIRST AMERICAN TITLE INSURANCE
 COMPANY
 DAVID & SANDRA ROBINSON

NOTES:

- 1) REPRODUCTIONS OF THIS SKETCH ARE NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
- 2) LANDS SHOWN HEREON WERE NOT ABSTRACTED BY THIS OFFICE FOR RIGHTS-OF-WAY, EASEMENTS OF RECORD, OWNERSHIP, MURPHY ACT DEEDS, OR ADJOINING DEED.
- 3) LAND DESCRIBED SHOWN HEREON WAS PROVIDED BY THE CLIENT OR HIS/HER AGENT.
- 4) NO ATTEMPT WAS MADE BY THIS OFFICE TO LOCATE SUBSURFACE IMPROVEMENTS OR ENCROACHMENTS OTHER THAN THOSE SHOWN. HEREON.
- 5) UNDERGROUND FOUNDATIONS NOT LOCATED.
- 6) BASE OF BEARINGS IS THE CENTERLINE OF RIVERVIEW DRIVE AS SHOWN ON THE PLAT OF RIVERVIEW RECORDED IN PLAT BOOK 6, PAGE 86, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.

TOWN OF SEWALL'S POINT, FLORIDA

Date AUGUST 15 2005 TREE REMOVAL PERMIT No 2549

APPLIED FOR BY KIMES (Contractor or Owner)

Owner 2 RIVERVIEW

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 4 DEAD PINE TREES

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Jane Simmons (X) Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box with horizontal lines, likely for site plan or drawing]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberrry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea 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 Mrs. Kimes Address Driverview Phone 286-2213

Contractor Livingwater Address _____ Phone 201-8787

No. of Trees: REMOVE 4 Type: Dead Pine Trees

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

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

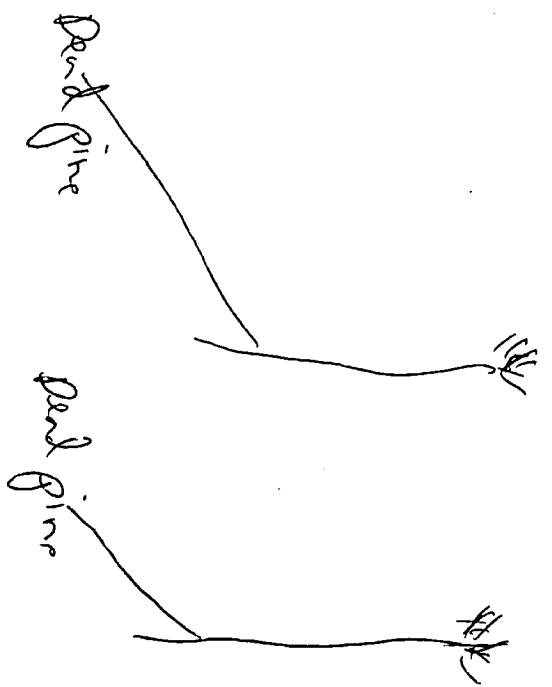
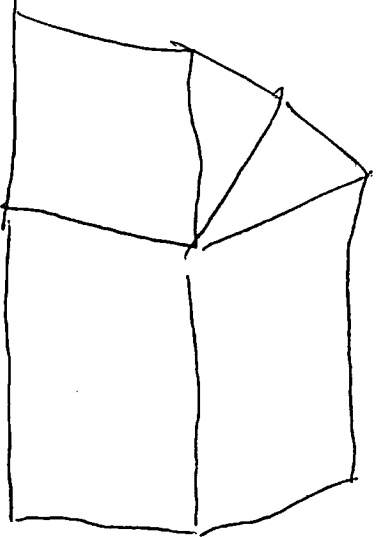
Written statement giving reasons: _____

Signature of Property Owner [Signature] Date 9/12/05

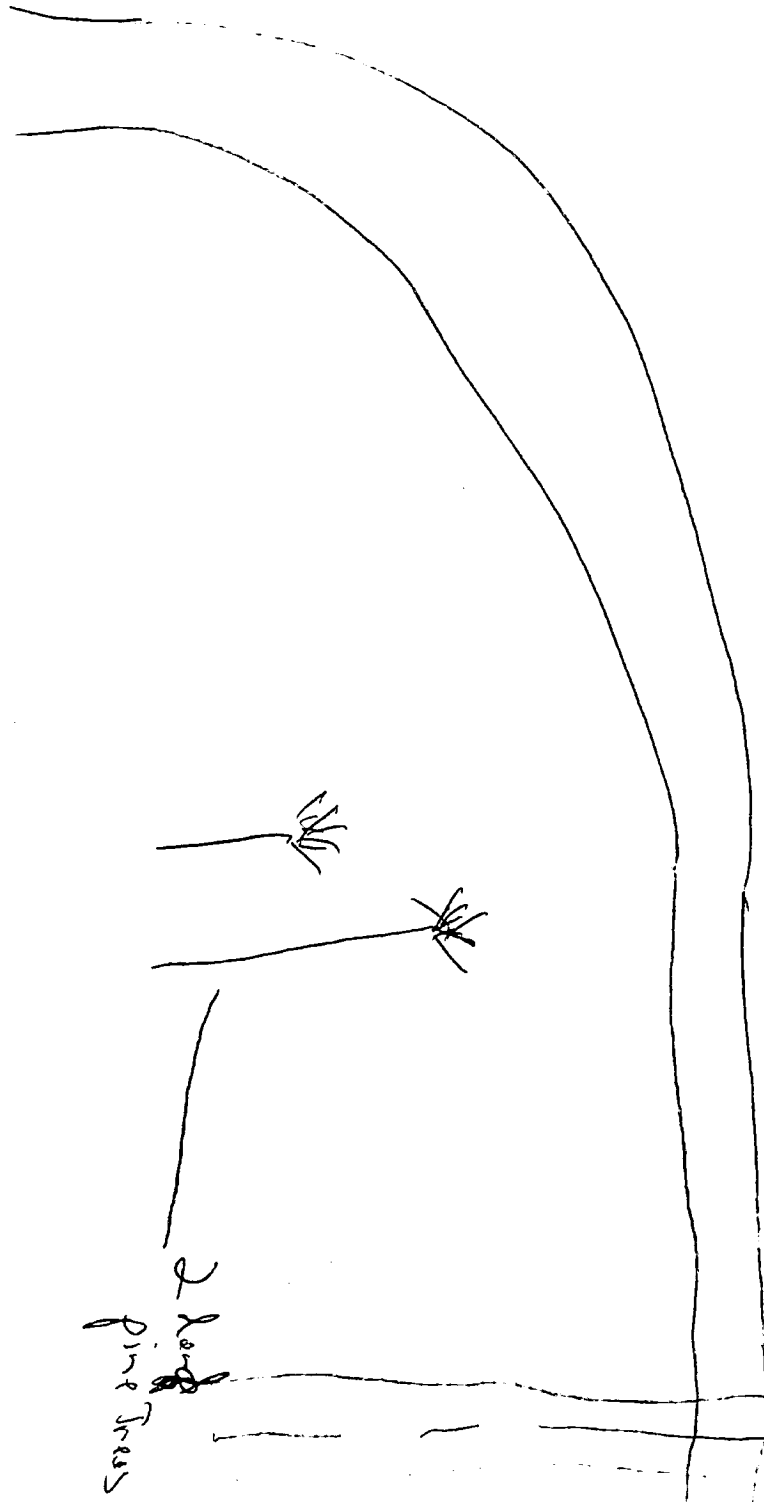
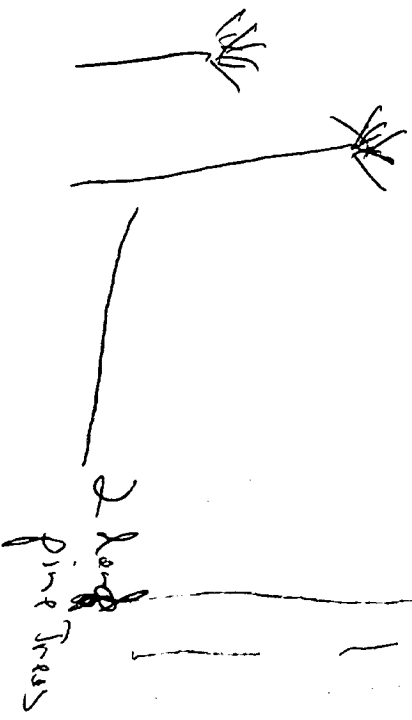
Approved by Building Inspector: [Signature] Date 9/15 Fee: 0

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

2 river view



road =



TREE REMOVAL & RELOCATION

PERMIT APPLICATION PACKAGE

DOCUMENTS CONTAINED IN PACKAGE

- 1. Tree Removal/Relocation Application
& Requirements**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/15, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7689	HARTE	FRAMING	FAIL	
1	3 E. HIGH POINT		PASS	
	FIRST FLORIDA			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7689	KIMES	TREE	PASS	
3	2 RIVERVIEW			
				INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7219	COOPER	STEEL-CAP	PASS	
2	33 W. HIGH POINT			
	WILCO CONSTR.			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7225	KEZEPICZ	FINAL SCREEN ENCL.	FAIL	
5	10 RIO VISTA			
	SCREEN BUILDERS			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7576	SNAS	RGT PLUMBING	PASS	
7	10 CASTLE HILL WY	PARTIAL 1ST FL		
	DAVE'S PLUMBING	(GATE = 4802)		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6551	LANGER	FIELD CONSULT	PASS	
8	3 LOFTING WAY	FRAMING		
	FLORIDA'S FINEST	COORDEY / INSP.		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7390	GOLDMAN	TIE BEAM	PASS	
6	4 SUMMER	2ND FLOOR		
	O/B			INSPECTOR: <i>OM</i>

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date FEBRUARY 3 16 2006 TREE REMOVAL PERMIT No 2635

APPLIED FOR BY KUEMS (Contractor or Owner)

Owner 2 RIVERVIEW RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3 QUEEN PALMS

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons (App)

Town Clerk
BUILDING OFFICIAL

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

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

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

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

Application procedures:

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

Owner Mr & Mrs Kliems Address 2 river view Phone 285-5298

Contractor M TREES Address 2302 SE Calcutta Phone 201-8787

No. of Trees: REMOVE 3 Type: Queen palms

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

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

Written statement giving reasons: Hazardous to property

Signature of Property Owner [Signature] Date 1-31-06

Approved by Building Inspector: [Signature] Date 2/3 Fee: 0

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/27, 20013 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6389	CICORIA	PRE POUR	Passed	
(2)	126 N. Sewall's Pt LYNN'S CONCRETE	CONCRETE		INSPECTOR: <i>[Signature]</i>
Tree	POTSDAM	TREE	Passed	
(7)	50 RIO VISTA DE			INSPECTOR: <i>[Signature]</i>
5981	PRAWNBROKER	FINAL	Passed	
(1)	3754 SE OCEAN SUPERIOR	A/C REPLACEMENT (First thing please)		INSPECTOR: <i>[Signature]</i>
Tree	GH1070	TREE	Passed	
(9)	107 S. Sewall's Pt			INSPECTOR: <i>[Signature]</i>
Tree	KINGS	TREE	Passed	
(6)	2 RIVERVIEW			INSPECTOR: <i>[Signature]</i>
Tree	BARCIK	TREE	Passed	
(8)	24 N VIA LUCINDIA			INSPECTOR: <i>[Signature]</i>
436	FRANCIS	TIE BEAM		<i>[Signature]</i>
	5 S. RIVER RD WILBERDING	(late as possible)		INSPECTOR: <i>[Signature]</i>
OTHER:				



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

02

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Kimes Address 2 Riva Road Dr Phone 772-286-2213
 Contractor Shade Tree Address _____ Phone _____
 No. of Trees: REMOVE 1 Species: Fine tree
 No. of Trees: RELOCATE _____ Species: _____
 No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) _____

Signature of Property Owner [Signature] Date 9.11.09

Approved by Building Inspector: [Signature] Date 9-14-09 Fee: 15.00

NOTES: TREE IS ADJACENT TO SEPTIC DRAIN FIELD
- MANY DEAD BRANCHES

SKETCH:

pine tree located on northeast back
 of lot. center trunk looks like
 it struck by lightning.
 Roots are also invading
 drain field for septic tank.

9-17
 [Signature]