

11 Riverview Drive

#1568

TOWN OF SEWALL'S POINT FLORIDA

RECEIVED

Permit No. _____

APR 18 1983

Date _____

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three sets of complete plans, to scale, (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections; plumbing, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

1897 GREENWOOD AVE
PORT ST. LUCIE FLA
33452

Owner WALTER W. MCGLYNN Present address _____

Phone 335-2762

General contractor SAME (OWNER) Address _____

Phone _____

Where licensed N/A License No. N/A

Plumbing contractor NORTON'S PLUMBING License No. A00056

Electrical contractor RIVERSIDE ELECTRIC CO. License No. CACA16122 A00056

Air-conditioning contractor PETER A. POOL AIR COND. License No. CACA16122

Describe the building, or alteration to existing building NEW SINGLE STORY

3 B.R., 2 BTH, CBS HOUSE

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

11 RIVERVIEW DRIVE

Subdivision RIVERVIEW Lot No. 18 Area SEWALL'S POINT

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2483.2340

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 81900

Cost of permit \$ 410 + 30 = 440 Plans approved as submitted or, as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor Walter W. McGlynn

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

Owner Walter W. McGlynn

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

TOWN RECORD

Date submitted 4/18/83

Building Inspector (date) 4/25/83

Inspector's initials JLW

Town Commissioner (date) 4/25/83

Commissioner's initials BS

Occupancy issued (date) _____

#1568

378896

35,500.
1/2. Rev.

This instrument was prepared by: ktg
LARRY E. BUCHANAN
CRARY, BUCHANAN & MEGINNISS
Attorneys at Law
555 Colorado Avenue, Suite 1
STUART, FLORIDA 33494

Warranty Deed

(STATUTORY FORM—SECTION 689.02 F.S.)

This Indenture, Made this 20th day of June 1980, Between

RICHMOND M. HARMAN and DIANE W. HARMAN, his wife,

of the County of Martin, State of Florida, grantor*, and

WALTER W. McGLYNN and MARY B. McGLYNN, his wife,

whose post office address is 706 Shore Drive, Boynton Beach, Florida 33435

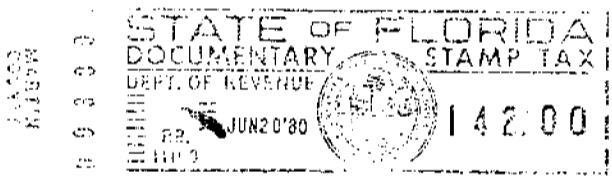
of the County of Florida, State of Florida, grantee*.

Witnesseth. That said grantor, for and in consideration of the sum of
-----TEN AND NO/100THS (\$10.00)-----

Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in MARTIN County, Florida, to-wit:

Lot 18, RIVERVIEW SUBDIVISION, a Subdivision in the Town of Sewall's Point, according to the Plat thereof, filed in Plat Book 6, Page 86, Martin County, Florida Public Records.

SUBJECT to easements, restrictions, reservations and road rights of way on record. ALSO SUBJECT to taxes for the year 1980 and subsequent years.



FILED FOR RECORD
MARTIN COUNTY, FLA.
JUN 20 P 3: 23
LOUISE V. EVANCS
CLERK OF CIRCUIT COURT
D.C.

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

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

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written. Signed, sealed and delivered in our presence:

Kathleen T. Greco

Richmond M. Harman (Seal)
Richmond M. Harman

Diane W. Harman (Seal)
Diane W. Harman

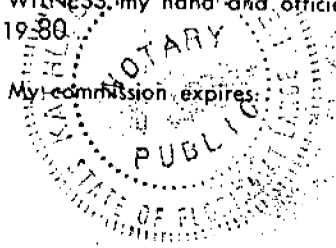
STATE OF FLORIDA
COUNTY OF MARTIN

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared RICHMOND M. HARMAN and DIANE W. HARMAN, his wife,

to me known to be the personS described in and who executed the foregoing instrument and acknowledged before me that t he y executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 20th day of June, 1980.

My commission expires: O P BOOK 498 PAGE 354



Kathleen M. Dietz Notary Public

Notary Public, State of Florida at Large
My Commission Expires Nov. 2, 1982
Bonded By American Fire & Casualty Company

MARTIN COUNTY HEALTH DEPT.
131 E. 7th Street
Stuart, FL 33497
287-2277

1568

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: WALTER Mc GYRE

LEGAL DESCRIPTION: LOT 18, BL RIVERVIEW

SEPTIC TANK PERMIT NUMBER: HD 83-159 (5E-AL DT)

The items noted below must be certified prior to the first Building Department inspection:

1. Building Permit number L 1568
2. I certify that the top of the lowest plumbing stubout is _____ feet above the crown of road.
3. I certify that an average depth of _____ feet of compacted fill presently exists above natural grade in the area of the proposed septic system. Surface area of fill observed in area of proposed septic system _____ square feet. A minimum of 150 square feet of filled surface area is required per bedroom. Date fill observed: _____
4. Has fill been compacted comparable to the surrounding natural soil? _____
5. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of _____ feet. I also certify that all severe limited soil has been replaced by a slight limited soil. Date observed: _____

NOTE: The septic tank must be at least 4" above top of stubout and the drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries.

RECEIVED

APR 18 1983

APR 18 1983 287-2277

CERTIFIED BY: _____

Florida Professional Number: _____

Date: _____ Job Number: _____

FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

MARTIN COUNTY HEALTH DEPT.

131 E. 7th Street

Stuart, Florida 33494

Robert B. Westman, P.E.
Signature of Sanitarian

4-28-83
Date

MARTIN COUNTY HEALTH DEPT.
131 E. 7th Street
Stuart, Fl 33497
287-2277

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: Charles McGlynn

LEGAL DESCRIPTION: Lot 18, BK 1, ...

SEPTIC TANK PERMIT NUMBER: MS 8 3-139

The items noted below must be certified prior to the first Building Department inspection:

- 1. Building Permit number: L
- 2. I certify that the top of the lowest plumbing stubout is _____ feet above the crown of road.
- 3. I certify that an average depth of _____ feet of compacted fill presently exists above natural grade in the area of the proposed septic system. Surface area of fill observed in area of proposed septic system _____ square feet. A minimum of 150 square feet of filled surface area is required per bedroom. Date fill observed: _____
- 4. Has fill been compacted comparable to the surrounding natural soil? _____
- 5. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of _____ feet. I also certify that all severe limited soil has been replaced by a slight limited soil. Date observed: _____

NOTE: The septic tank must be at least 4" above top of stubout and the drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries.

CERTIFIED BY: _____

Florida Professional Number: _____

Date: _____ Job Number: _____

FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

Signature of Sanitarian

Date



DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR SEPTIC TANK PERMIT AND FINAL INSPECTION FORM

Permit VOID if well or septic system is installed in a location other than area permitted.

Authority: PRIOR HEALTH DEPARTMENT Chapter 381, 386, 387, FS. REQUIRED Chapter 100-8, FAC

\$3500

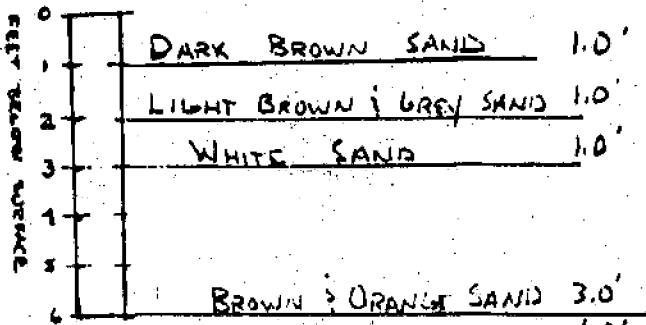
WELL FEE IF WELL NOT INSTALLED AT TIME OF SEPTIC SYSTEM INSPECTION

Permit Number HD-83-159
PREPARED BY: PRICE ENGINEERING COMPANY, P.O. BOX 2116 TELEPHONE: 287-5628
Name of Applicant WALTER Mc GLYNN Telephone 335-2762
Mailing Address of Applicant 1897 GREENWOOD AVE, P.S.L.
To Be Installed at: (Give Street Address)* RIVERVIEW DR 7 RIVER ROAD
Lot 18 Block - Subdivision RIVERVIEW 5/2
Plat Book & Page 6-86 Date Recorded 1975
Residential: No. living units 1 No. Bedrooms 3
Commercial: Type of Business No. People No. Toilets
*Note: Attach site location map and other supportive documents.
Signature of applicant Walter W. McGlynn

SITE INFORMATION

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

SOIL PROFILE AND PERCOLATION DATA



USDA soil type: JONATHAN SAND
USDA symbol # 41

NOTE:

If fill is required to obtain proper elevation, fill permit must be obtained from Martin County Building Division.

Signature of certifier

Certified by: Ronald J. Price
Fla. Professional No.: #17788
Date: 3-22-83 Job No. 83-095
Percolation Rate 1 Min/

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 900 Gallons Absorption Bed size 300 Squar
Dosing Tank Capacity Gallons Lateral Drainfield size Squar
Grease trap Capacity Gallons Sand Filter size Squar

Specifications:

4-11-83
Date Processed

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

Signature of Sanitarian

Martin County Health Dept

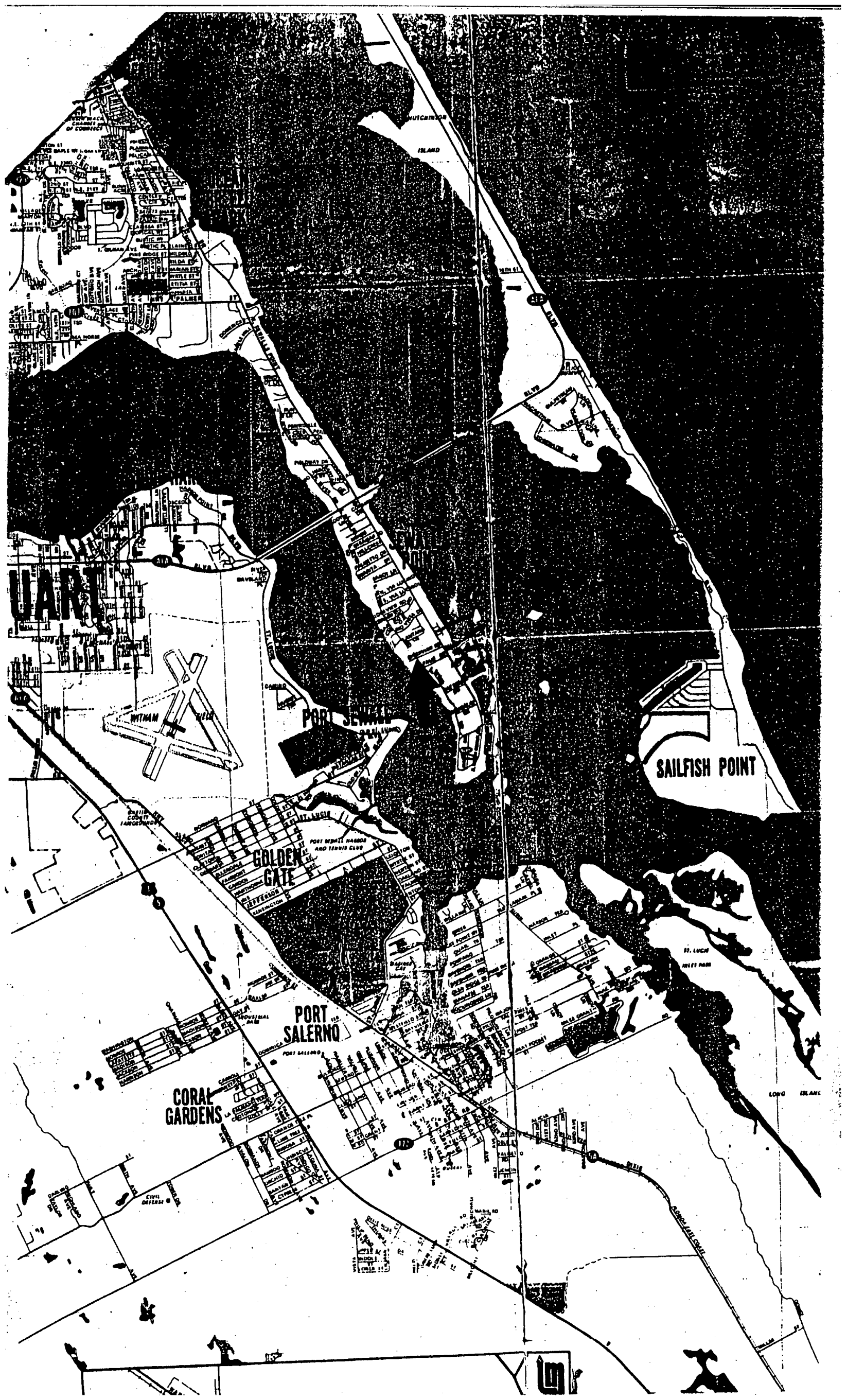
FINAL INSPECTION DATA

Date and Time of Inspection Type of Tank (Concrete, Fl glass, Etc.)
Size Tank Installed Drainfield Size
Dosing Tank Size Grease Trap Size Sand Filter Size
Who Made Installation

RECOMMENDATION: Approval Disapproval

Signature of Sanitarian

022-959



MUTCHINGS ISLAND

SAILFISH POINT

PORT SALERNO

GOLDEN GATE

PORT SALERNO

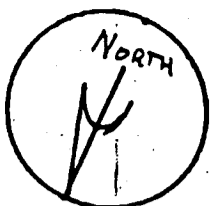
CORAL GARDENS

WYTHAM HILL

ST. LUCAE HILL PARK

LONG ISLAND

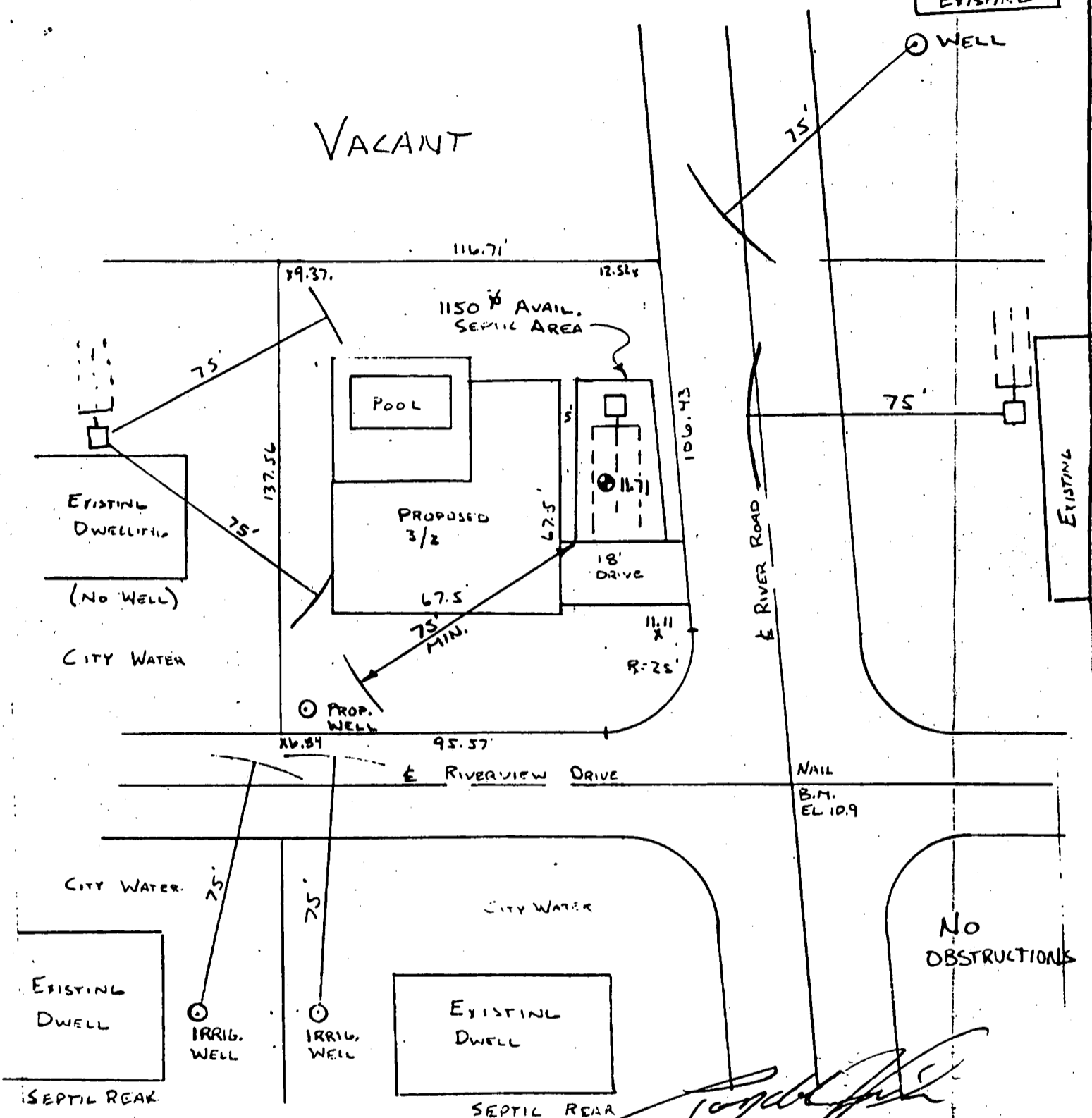




SCALE: 1" = 40'

EXISTING

VACANT



PREPARED BY:
 PRICE ENGINEERING CO.
 STUART, FLORIDA

PREPARED FOR:
 WALTER MCGLYNN

- PLOT PLAN -
 BEING KNOWN AS LOT 18
 "RIVERVIEW" 5/8 AS RECORDED
 IN PLAT BOOK 6, PAGE 86,
 PUBLIC RECORDS OF MARTIN
 COUNTY, FLORIDA.

DWG. BY: E.R.S. DATE: 3-22-93 ISSUED BY: _____ DATE: _____ JOB No. 87-095

SHEET 3 OF 3

MARTIN COUNTY HEALTH DEPT.
131 E. 7th Street
Stuart, Fl 33497
287-2277

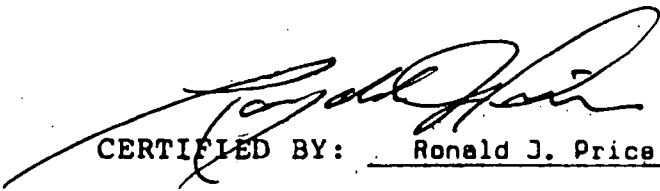
PREPARED BY: PRICE ENGINEERING COMPANY
P.O. BOX 2116
STUART, FLORIDA 33495
(305) 287-5628

SITE INFORMATION

APPLICANT: WALTER MCGLYNN

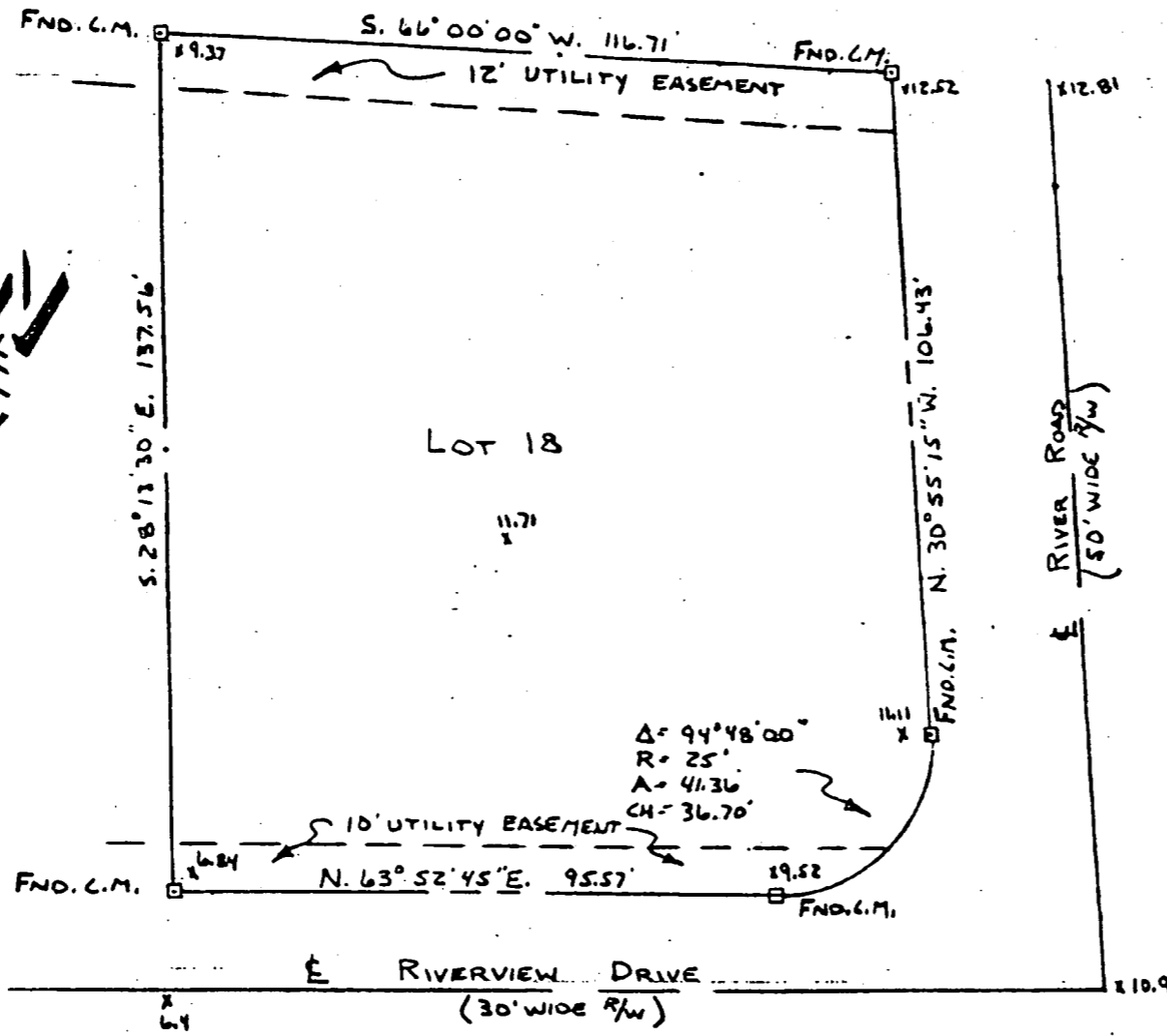
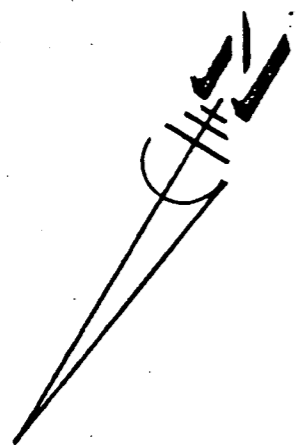
LEGAL DESCRIPTION: LOT 18 "RIVERVIEW" 3/0

1. Present water depth 6 feet below natural grade, not including fill.
2. Wet season water depth 5 feet below natural grade, not including fill.
3. Elevation of crown of road, midway between front lot boundary 10.9. If road is not paved, another permanent reference point must be noted. Show location on plot plan.
4. Elevation of natural grade at soil boring in area of proposed septic system 11.71.
5. Are all wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicants lot shown on plot plan? YES
6. Is there a storm water retention area within 15 feet of the proposed septic system? No
7. Is the septic system in an area proposed for paving? No
8. Attach site location map or explain directions to site below:


CERTIFIED BY: Ronald J. Price

Florida Professional Number: #17788

Date: 3-22-81 Job Number: 83-095



BOUNDARY SURVEY

DESCRIPTION

BEING KNOWN AS LOT 18
 "RIVERVIEW" 5/0 AS RECORDED
 IN PLAT BOOK 6, PAGE 86,
 PUBLIC RECORDS OF MARTIN
 COUNTY, FLORIDA.

X = EXISTING ELEVATIONS

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

PREPARED FOR
WALTER McGLYNN

RONALD J. PRICE

DRAWN: E.C.S. SCALE: 1" = 30' DATE: 3-22-83

ISSUED BY _____ DATE _____

FLORIDA LICENSE NO. 2683

W.O. NO. 2498 PROJECT NO. 83-095



**FLORIDA MODEL ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

FORM 902

BOB GRAHAM
GOVERNOR

SECTION 9/9H POINTS METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH **(189)**

PROJECT NAME AND ADDRESS	<i>Mr. & Mrs. Walter McGlynn</i> <i>1897 Greenway Ave. #21P 33452</i>	JURISDICTION ZONE
BUILDER		PERMIT NO.
OWNER	<i>Same</i>	JURISDICTION NO. <input type="text"/>

STATISTICS

<input type="checkbox"/> RENOVATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY	IF MULTI-FAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/>	GLASS AREA AND TYPE	
	(SEPARATE CALCULATIONS REQUIRED FOR EACH WORST CASE UNIT TYPE.) SEC. H901.1	CLEAR <input type="text"/> SGL <input type="text"/>	TINT OR FILM <input type="text"/> SGL <input checked="" type="checkbox"/>
		<input type="text"/> DBL <input type="text"/>	<input type="text"/> DBL <input type="checkbox"/>

GROSS WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL. ASSEMBLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R= <input type="text"/>	R= <input type="text"/>

COOLING SYSTEM <input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> NONE <input type="checkbox"/> UNITARY EER-SEER = <input type="text"/>	PRIMARY HEATING SYSTEM <input checked="" type="checkbox"/> STRIP <input type="checkbox"/> GAS <input type="checkbox"/> NONE <input type="checkbox"/> OIL <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT PUMP: COP = <input type="text"/> <input type="checkbox"/> OTHER: _____	PRIMARY HOT WATER SYSTEM <input type="checkbox"/> RESISTANCE <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> GAS <input type="checkbox"/> DED. HEAT PUMP: COP = <input type="text"/> <input type="checkbox"/> OTHER: _____
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MAX. E.P.I. ALLOWED (from 9A): <input type="text"/>	80.0	CALCULATED E.P.I.: <input type="text"/>	55.2
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CHECK IF COMPLYING BY "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11)*

CERTIFIED BY: <i>Roy Haugh</i> <small>(owner/agent)</small>	DATE: <i>11 Nov 1983</i>	FORM COMPLETION CHECKED BY: _____ <small>(building official)</small>	DATE: _____
--	--------------------------	---	-------------

THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.

*TREASURE COAST Ins. & P. Inc. 464-5510
ROY HAUGH*



**FLORIDA MODEL ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

FORM 902
BOB GRAHAM
GOVERNOR

SECTION 9/9H POINTS METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 789

PROJECT NAME AND ADDRESS	ZIP	JURISDICTION <i>SEWALL'S POINT</i>	ZONE <i>B</i>
BUILDER	PERMIT NO.		
OWNER	JURISDICTION NO. <i>53-300</i>		

STATISTICS

<input type="checkbox"/> RENOVATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY	IF MULTI-FAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/> <input type="text"/>	GLASS AREA AND TYPE	
	(SEPARATE CALCULATIONS REQUIRED FOR EACH WORST CASE UNIT TYPE.) SEC. H901.1	CLEAR	TINT OR FILM
		<input type="text"/> <input type="text"/> <input type="text"/> SGL <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> SGL <input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> DBL <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> DBL <input type="checkbox"/>		

GROSS WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL. ASSEMBLY
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/> <input type="text"/>	R= <input type="text"/> <input type="text"/> <input type="text"/>

COOLING SYSTEM	PRIMARY HEATING SYSTEM	PRIMARY HOT WATER SYSTEM
<input type="checkbox"/> CENTRAL <input type="checkbox"/> NONE <input type="checkbox"/> UNITARY EER-SEER = <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> STRIP <input type="checkbox"/> GAS <input type="checkbox"/> NONE <input type="checkbox"/> OIL <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> RESISTANCE <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> GAS <input type="checkbox"/> DED. HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____

MAX. E.P.I. ALLOWED (from 9A): <input type="text"/> <input type="text"/> <input type="text"/>	CALCULATED E.P.I.: <input type="text"/> <input type="text"/> <input type="text"/>
CHECK IF COMPLYING BY "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11)* <input type="checkbox"/>	
CERTIFIED BY: _____ DATE _____	FORM COMPLETION CHECKED BY: _____ DATE _____
(owner/agent) (building official)	
THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.	

9A	MAX. E.P.I. ALLOWED (CALCULATED E.P.I. MUST NOT EXCEED VALUE SHOWN BELOW)									
CONDITIONED FLOOR AREA	0-900	901-1100	1101-1300	1301-1500	1501-1700	1701-1900	1901-2100	2101-2300	2301 ABOVE	
BASE E P I	120	115	110	105	100	95	90	85	80	
DEDUCTIONS	A/C EFFICIENCY LESS THAN 8.0 EER/SEER (7.5 HEAT PUMP) (as of October 1, 1982) -10.0									
	IF MULTI-FAMILY: COMMON WALLS (maximum of 5 points) - 2.5									
	IF MULTI-FAMILY: COMMON CEILING and/or FLOOR (maximum of 12 points) - 6.0									
	TOTAL DEDUCTIONS									
COMPUTE MAX. E.P.I. ALLOWED	BASE E.P.I.			DEDUCTIONS			MAX. E.P.I. ALLOWED			
	=			=			<i>80</i>			

*RESIDENCES WHICH COMPLY WITH THIS CODE BY THE "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11) ARE REQUIRED TO MEET OR EXCEED ALL MINIMUM PRESCRIPTIVE LEVELS INDICATED BY SHADED BLOCKS ON THIS FORM, AND ALL OTHER APPLICABLE PRESCRIPTIVE REQUIREMENTS LISTED IN TABLE 9B. THE E.P.I. FOR A HOUSE COMPLYING UNDER THIS METHOD IS NOT CALCULATED BUT WILL BE THE MAXIMUM E.P.I. ALLOWED FOR THAT HOUSE SIZE AS SHOWN ON TABLE 9A. THE STATISTICS SECTION ABOVE SHALL BE COMPLETED AND SUBMITTED TO THE LOCAL BUILDING DEPARTMENT.

9B PRESCRIPTIVE MEASURES (CHECKLIST)	
INFILTRATION: windows/doors 903.1	HVAC DUCT CONSTRUCTION 903.5
WATER HEATER - ASHRAE LABEL 903.2	PIPING INSULATION 903.6
SWIMMING POOLS 903.3	HVAC CONTROLS 903.7
SHOWER FLOW RESTRICTORS 903.4	HVAC SYSTEM EFFICIENCY SECTION 903.8
	CEILING INSULATION 903.10

RESIDENTIAL CALCULATION

FORM 902

CLIMATE ZONES 7 8 9

COMPONENT			WINTER			SUMMER			
			AREA	x WPM	=	GROSS WINTER POINTS	AREA	x SPM	=
WALLS	CONCRETE	R 2.7 - 3.9	1240	6.6	8184	1240	17.5	21700.0	
		R 4-5.9		5.0			15.0		
		R 6 & UP		4.4			13.9		
	FRAME OR BRICK VENEER	R 11 - 18.9	150	2.5	375.0	150	13.9	2085.0	
		R 19-25.9		1.5			8.6		
		R 26 & UP		1.1			6.5		
	COMMON			2.7			3.8		
	DOORS	WOOD OR METAL		70	86.5	6055.0	70	55.4	3878.0
		INSULATED			84.0			22.2	
		STORM DOOR			44.6			44.3	
COMMON			21.6			6.9			
CEILING	UNDER ATTIC	R 19 - 21.9	2340	1.9	4446.0	2340	8.4	19656.0	
		R 22-29.9		1.7			7.6		
		R 30 & UP		1.5			5.5		
	SINGLE ASSEMBLY NO ATTIC	R 6-7.9		5.4			22.6		
		R 8-9.9		4.0			17.3		
		R 10-11.9		3.5			14.6		
		R 12-18.9		2.5			10.6		
		R 19 - 21.9		1.9			8.4		
	COMMON			1.7			2.0		
	FLOOR OVER UNCONDITIONED SPACE	WOOD	R 0-6.9		5.8			6.6	
R 7-10.9				2.4			2.9		
R 11 - 18.9				2.1			2.3		
R 19 & UP				1.4			1.5		
CONCRETE		R 0-2.9		6.8			8.2		
		R 3-5.9		4.3			5.7		
		R 6-10.9		3.4			3.6		
		R 11 - 18.9		2.3			2.9		
		R 19 & UP		1.5			1.9		
COMMON				1.7			2.0		
SLAB ON GRADE	EDGE INSULATION PERIMETER		130						
		R 0 - 2.9		28.3	5377				
		R 3-5.9		20.4					
		R 6 & UP		12.4					

2 27737.00

560.69

9F WINTER OVERHANG FACTOR (WOF)

FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	0.99	0.85	0.75	0.83	0.98	1.00	1.00
1-1.9	1.00	0.99	0.85	0.76	0.84	0.98	1.00	1.00
2-2.9	1.00	0.99	0.86	0.77	0.86	0.99	1.00	1.00
3-3.9	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00
4-4.9	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00
5-5.9	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00
6-6.9	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00
7-7.9	1.00	1.00	0.94	0.92	0.96	1.00	1.00	1.00
8-8.9	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00
9-9.9	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00
10-10.9	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00
11-11.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
12 UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

9F SUMMER OVERHANG FACTOR (SOF)

FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.9	1.00	1.00	0.99	0.99	0.98	0.99	0.99	1.00
2-2.9	1.00	0.98	0.95	0.93	0.92	0.93	0.95	0.98
3-3.9	1.00	0.95	0.89	0.87	0.86	0.87	0.89	0.95
4-4.9	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91
5-5.9	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88
6-6.9	0.99	0.85	0.76	0.72	0.72	0.72	0.76	0.85
7-7.9	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83
8-8.9	0.98	0.81	0.69	0.66	0.68	0.66	0.69	0.81
9-9.9	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79
10-10.9	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78
11-11.9	0.97	0.76	0.63	0.61	0.65	0.61	0.63	0.76
12 UP	0.97	0.76	0.62	0.59	0.64	0.59	0.62	0.76

9G HEATING SYSTEM MULTIPLIER (HSM)

HEAT PUMP	COP	2.2-2.3	2.4-2.5	2.6-2.7	2.8-2.9	3.0-3.1	3.2-3.3	3.4 & UP
	HSM		0.45	0.42	0.38	0.36	0.33	0.31
SOLAR HEATING SYSTEM	(BACKUP SYSTEM FRACTION) x (BACKUP SYSTEM HSM)							
ELECTRIC STRIP HEAT	1.00							
NATURAL GAS / PROPANE	1.0 (SEE TABLE 9D FOR CREDITS)							
OIL	1.0 (SEE TABLE 9D FOR CREDITS)							

9H COOLING SYSTEM MULTIPLIER (CSM)

ELEC.	EER/SEER	6.8-6.9	7.0-7.4	7.5-7.9	8.0-8.4	8.5-8.9	9.0-9.4	9.5-9.9	10.0-10.4	10.5-10.9	11.0-11.9	12.0-UP
	CSM		1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	0.62	0.59
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP				
	CSM	1.50	1.25	1.20	1.09	1.00	0.92	0.89				

*ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH MINIMUM AIR CONDITIONER EFFICIENCY LEVEL 8.0 SEER/EER FOR STRAIGHT COOL OR 7.5 FOR HEAT PUMPS.

NOTE: EER = COOLING MODE COP x 3.413 = ARI RATED COOLING OUTPUT IN BTUH ÷ TOTAL WATTS CONSUMED

9I HOT WATER CREDIT POINTS (HWCP)

ELECTRIC RESISTANCE WATER HEATER												0
GAS WATER HEATER												10
INSTANTANEOUS WATER HEATER	ELECTRIC BACKUP											4.5
	GAS BACKUP											12.6
HRU (A/C) WATER HEATER	ELECTRIC BACKUP											8.9
	GAS BACKUP											15.2
HRU (HP) WATER HEATER	ELECTRIC BACKUP											9.7
	GAS BACKUP											15.4
HEAT PUMP WATER HEATER (DEDICATED HEAT PUMP)	COP		1.60 - 1.89	1.90 - 2.19	2.20 - 2.49	2.50 - 2.79	2.80 - 3.00					
	CREDIT POINTS		9.0	11.4	13.1	14.4	15.4					
SOLAR HOT WATER	OVERALL SOLAR FRACTION*	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	
	ELECTRIC BACKUP	2.4	4.8	7.2	9.6	12.0	14.4	16.8	19.2	21.6	24.0	
	GAS BACKUP	11.4	12.8	14.2	15.6	17.0	18.8	19.8	21.2	22.6	24.0	

*PERCENT OF ANNUAL HOT WATER PROVIDED BY SOLAR SYSTEM ÷ 100 = OVERALL SOLAR FRACTION

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Sept 22, 1983
Mr. Mc Glynn

This is to request that a Certificate of Approval for Occupancy be issued to
For property built under Permit No. 1568 Dated 4/25/83 when completed in
conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings		
Rough plumbing	<u>5/5/83</u>	
Slab	<u>5/11/83</u>	<u>PORCH SLAB 5/18/83</u>
Perimeter beam	<u>5/24/83</u>	
Close-in, roof and rough electric	<u>6/21/83</u>	
Final Plumbing	<u>9/22/83</u>	
Final Electric	<u>9/22/83</u>	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] date

Approved by Building Commissioner [Signature] date 23 Sep

Utilities notified Sept 22, 1983 date

Original Copy sent to _____

(Keep carbon copy for Town files)

1595

POOL

#1595 Date 7-6-83

Permit No. _____

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

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

Owner WALTER MCGLYNN Present Address 1897-GREENDON AVE

Phone 335-2762 PT. ST. LUCIE

Contractor Louden Pools Address 4306-SO US1

Phone 286-5760 FT PIERCE, FLA.

Where licensed FLA. License number CPC-011421

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 15 X 30 - SWIM POOL AND PATIO

11 - SO. RIVERVIEW DRIVE - SEWALLS POINT,
State the street address at which the proposed structure will be built:

Subdivision RIVERVIEW Lot number 18 Block number _____

Contract price \$ 9800 Cost of permit \$ 49

Plans approved as submitted _____ Plans approved as marked

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

Contractor [Signature]

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

Owner Walter W. McGlynn

TOWN RECORD
Date submitted 7-6-83 Approved: [Signature] 7/8/83
Building Inspector Date

Approved: [Signature] 7/26/83 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (not if applicable) _____
Date

SP1282 Pool Steel 7/26/83 OK
Patio Steel 8/25/83 OK Permit No. _____
Jam Renal 9/14/83

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

#1595

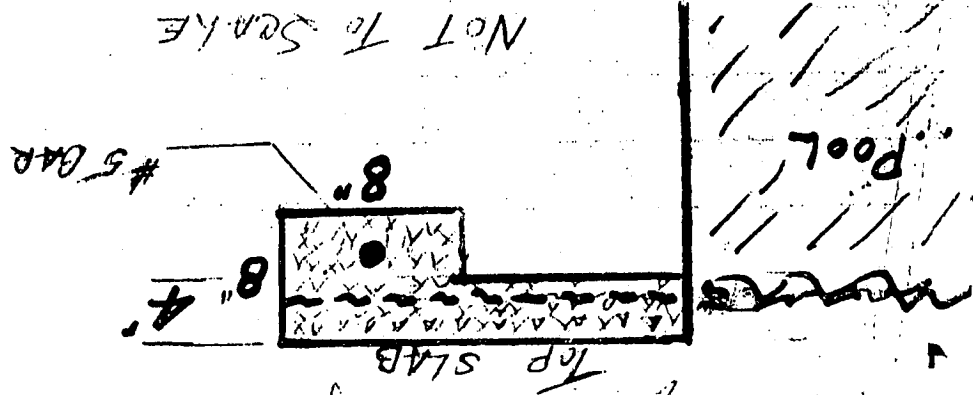
98.00
1.05

99.05

for future Mason Columns

The discontinuous edge of all slabs
surrounding swimming pools and floor slabs
of ocean piers and other slabs will be

of minimum 8" top
and wide and shall
be reinforced with
1 - continuous #5 bar



1625

SCREEN

ENCLOSURE

Permit No. 1625

RECEIVED

RECEIVED

SEP 8

SEP 8 1983

Date 9/6/83

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

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

Owner Walter McClynn Present Address _____

Phone 335-2762 _____

Contractor Herren Builders Address 710 Buck Henry Way

Phone 692-2248 Stuart, FL 33994

Where licensed Martin County License number 00342

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

39'-4" X 27'-0"
State the street address at which the proposed structure will be built:

11 So. Riverview Dr. Sewall's Point

Subdivision Sewall's Point Lot number 18 Block number _____

Contract price \$ 1800.00 Cost of permit \$ 10.⁰⁰/₁₀₀

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor William F. Appl

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

Owner Walter McClynn

TOWN RECORD
Date submitted _____ Approved: [Signature] 9/9/83
Building Inspector Date

Approved: [Signature] 9/9/83 Final Approval given: [Signature]
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____ Date _____

Final Inspection 11/8/83
of _____
SP1282 Permit No. 1625

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

SET TAB STOPS AT ARROWS

Certificate of Insurance

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

NAME AND ADDRESS OF AGENCY Taylor Ashley Agency, Inc. Box 987 Stuart, Fla. 33495	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER A	State Auto Mutual Ins. Co.
NAME AND ADDRESS OF INSURED Paul Henry Millington and/or BAB Enterprises, Inc. d/b/a Horizon Builders 800 East 14th St. Stuart, Fla. 33494	COMPANY LETTER B	
	COMPANY LETTER C	
	COMPANY LETTER D	
	COMPANY LETTER E	


This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	CIP 163 986	1/10/84	BODILY INJURY	\$ 300	\$ 300
				PROPERTY DAMAGE	\$ 50	\$ 50
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	RECEIVED SEP 8 1983 Abs'd.....		STATUTORY		\$ (EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

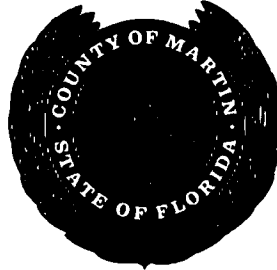
Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 Sewall's Point Bldg. Dept.
 Sewall's Point Town Hall
 1 Sewall's Point Rd.
 Stuart, Fla. 33494

DATE ISSUED: 9/6/83

 AUTHORIZED REPRESENTATIVE

BOARD OF COUNTY COMMISSIONERS
P. O. Box 626 • Stuart, Florida 33495

COUNTY OF MARTIN



STATE OF FLORIDA

COMMUNITY DEVELOPMENT DEPARTMENT

Phone (305) 283-6760 Ext. 280

JOSEPH BANFI, Director

HAROLD GLASS, Building Administrator
HARRY KING, Planning Administrator

GORDON B. HUNTER, Code Enforcement Administrator
VALERIE A. MESSIER, Contractors Licensing Administrator

September 6, 1983

RECEIVED

SEP 8 1983

Ans'd.....

Sewall's Point
Building Dept.

To Whom It May Concern:

This is to advise that William F. Nagel holds a certificate of competency as a Aluminum Contractor in Martin County. The Certificate was obtained by written examination on 5/27/78. The examination was prepared, proctored and graded by Block and Associates. All applicants must attain a minimum grade of 75% before certification in Martin County.

Sincerely,

A handwritten signature in cursive script that reads "Valerie A. Messier".

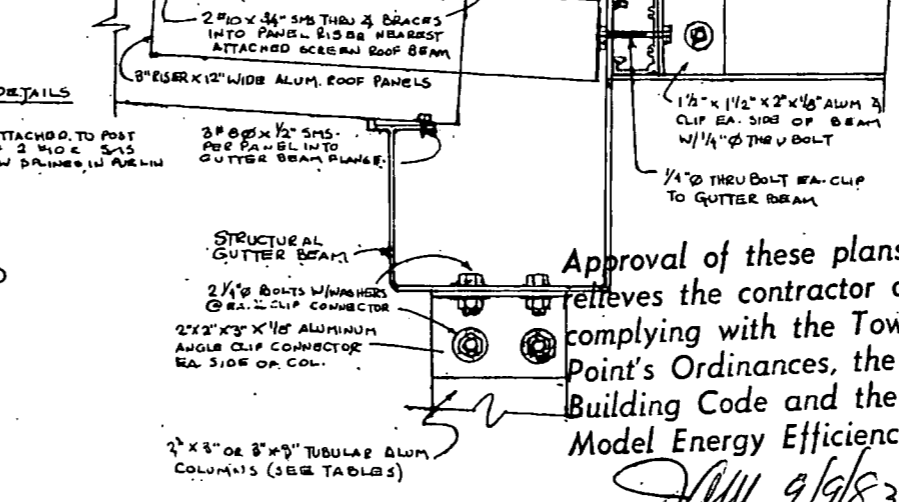
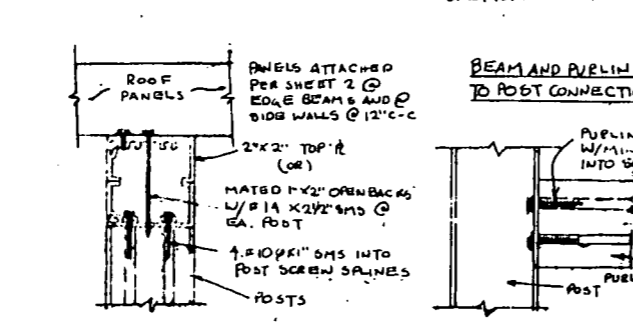
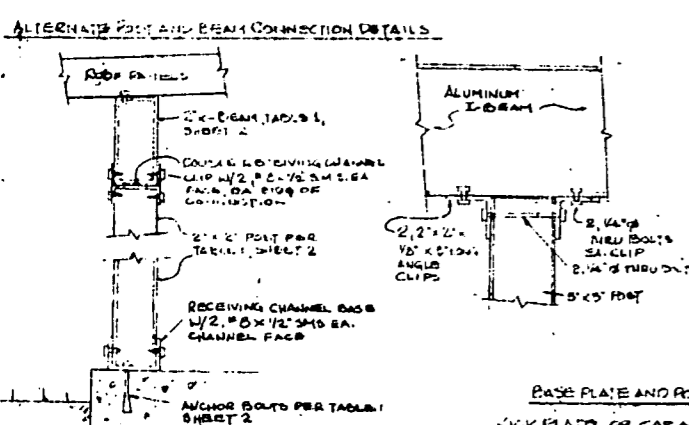
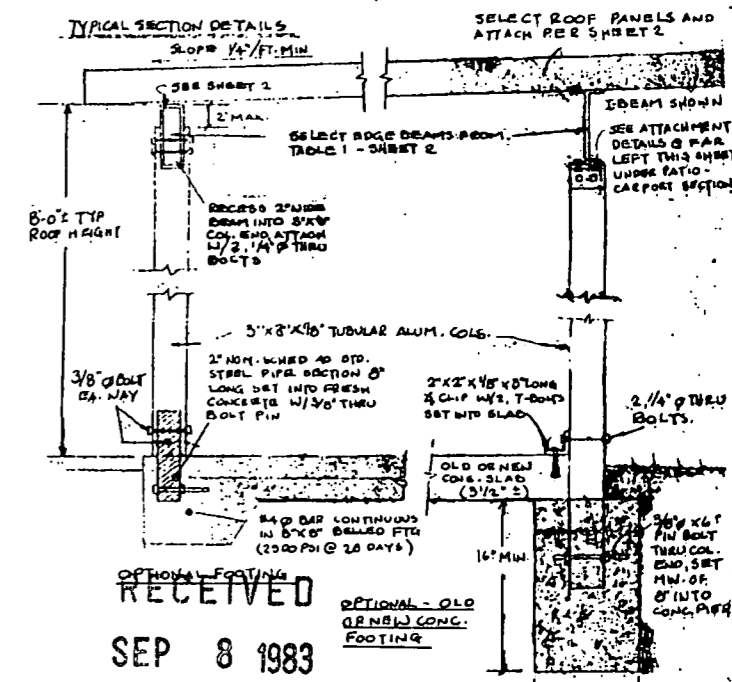
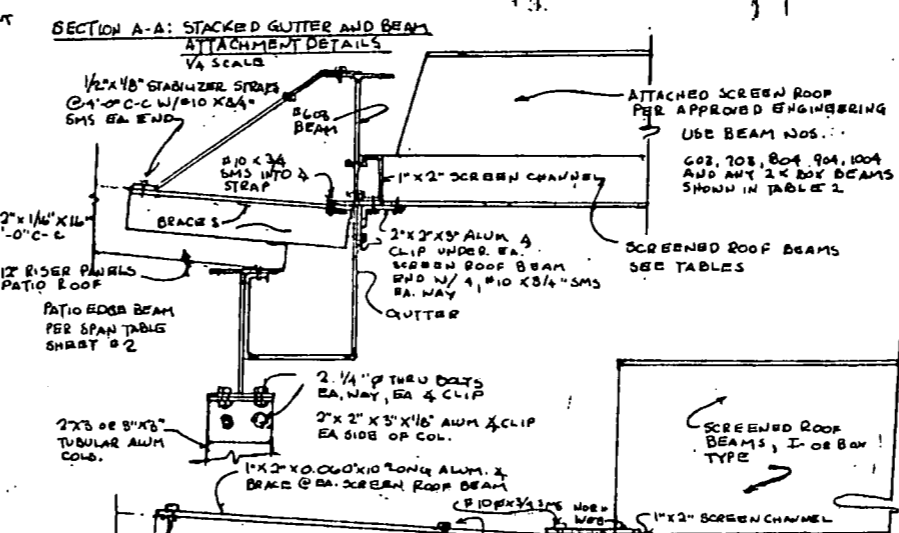
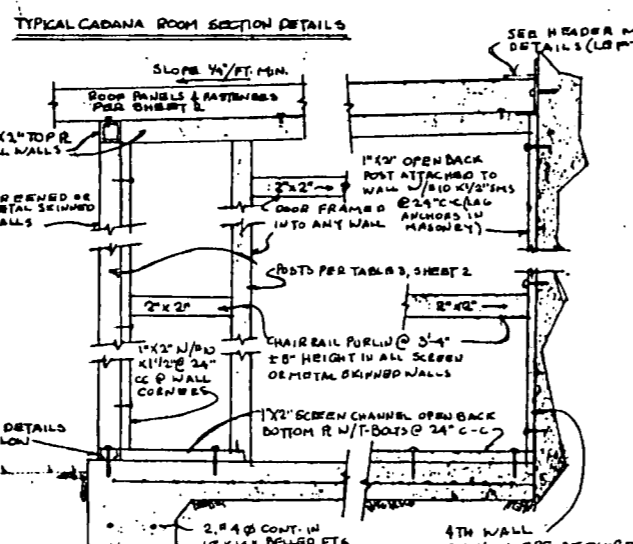
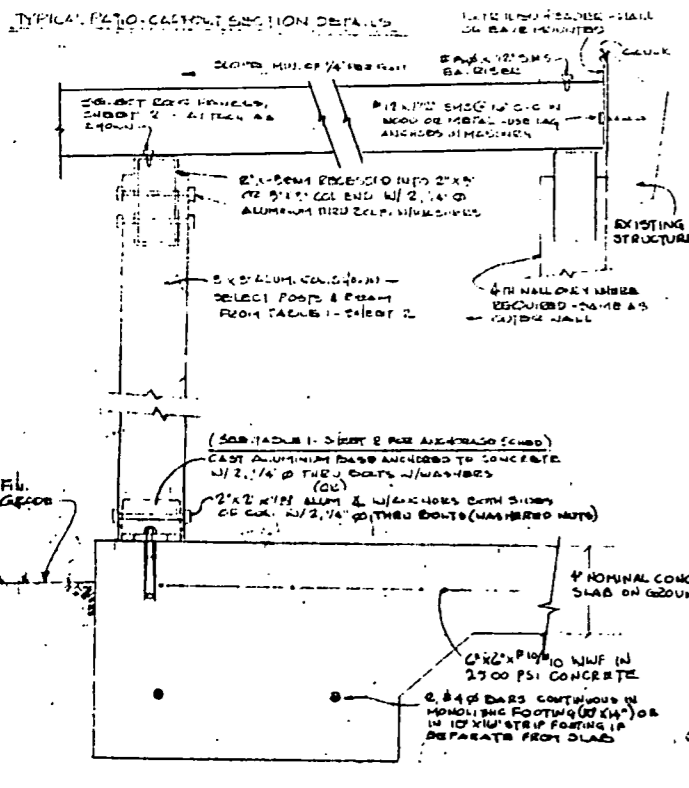
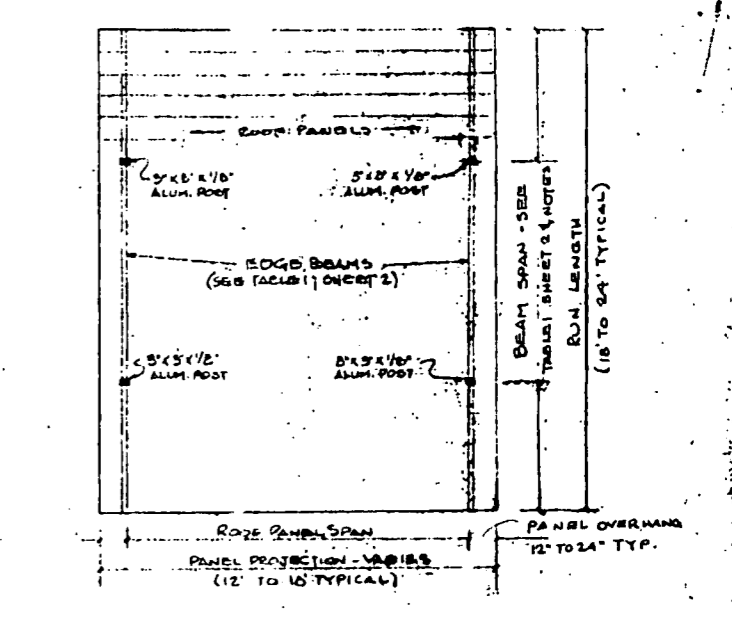
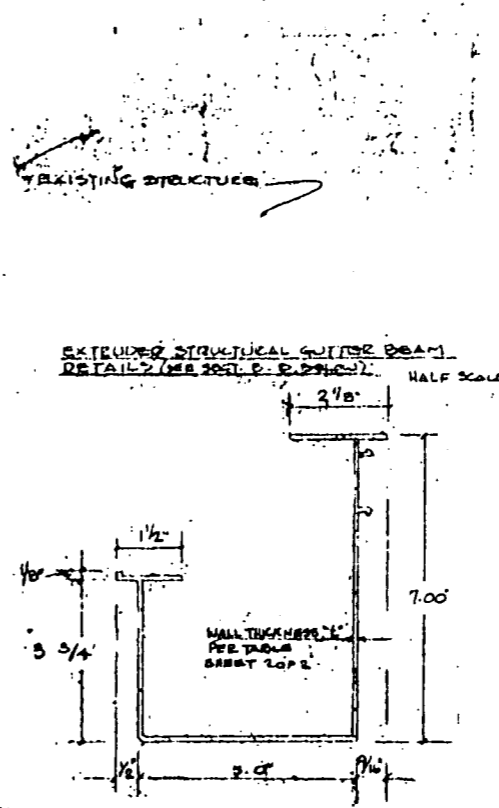
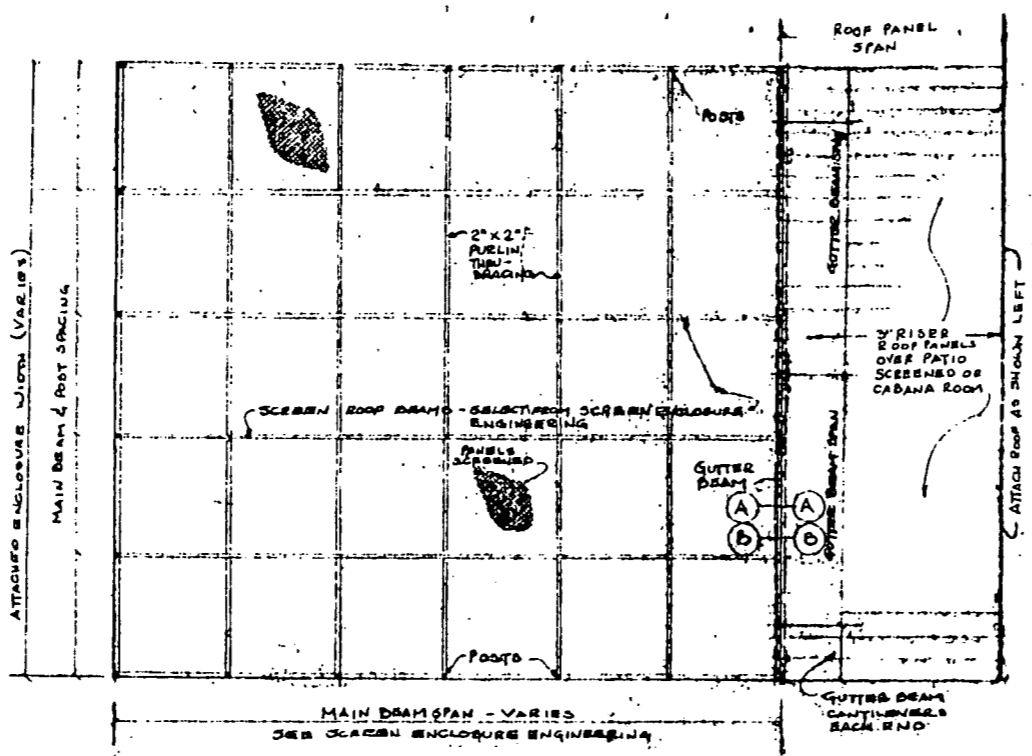
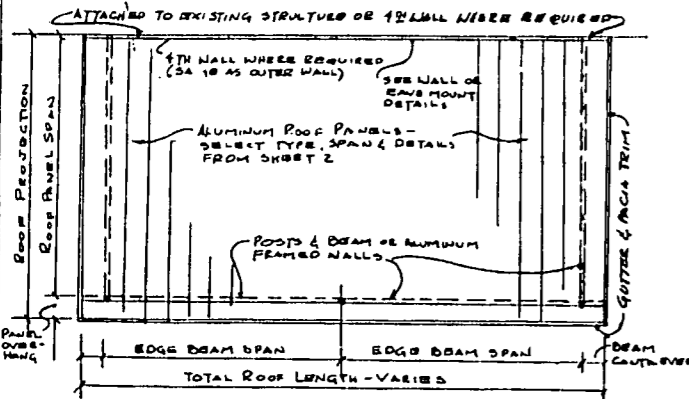
Valerie A. Messier
Licensing Administrator

VAM/csc

PLAN VIEW: ATTACHED CARPORT, PATIO, OR CABANA ROOM (SCREENED OR UNSCREENED)

SCREENED POOL ENCLOSURE ATTACHED TO PATIO OR CABANA ROOM

PLAN VIEW - FREE STANDING CARPORT



RECEIVED
SEP 8 1983

OPTIONAL - OLD OR NEW CONC. FOOTING

SHIELD METAL DEBRIS PROTECTIVE LAYER PROVIDED TO ACCORDANCE WITH ALUMINUM ASSOCIATION HANDBOOK...

STRUCTURE'S DETAILED AND SPECIFIED IN THESE PLANS WITH REQUIREMENTS IN ACCORDANCE WITH STANDARD BUILDING CODE (1973) FOR LOCAL CONDITIONS AS FOLLOWS:

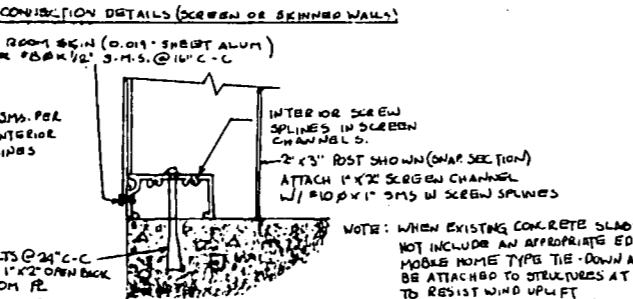
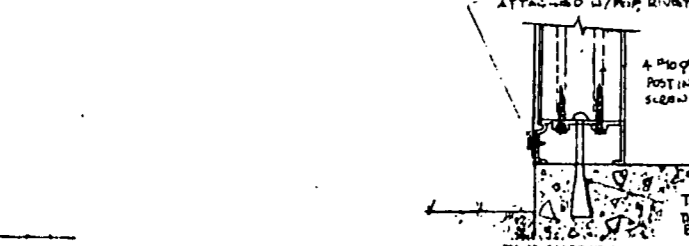
WHERE LIVE LOADS ARE APPLICABLE TO PER LIVE LOADS + DEAD LOADS (A-1/80 MAX.) ALL WIND LOADS: 120 MPH WIND VELOCITY PRESSURES

APPROVAL OF THESE PLANS IN NO WAY RELIEVES THE CONTRACTOR OR BUILDER FROM COMPLYING WITH THE TOWN OF SOUTH PALM POINT'S ORDINANCES, THE SOUTH PALM POINT BUILDING CODE AND THE STATE OF FLORIDA MODEL ENERGY EFFICIENCY BUILDING CODE.

APPROVED FOR THE TOWN OF SOUTH PALM POINT, FLORIDA BUILDING CODE...

DATE 2-28-83

FOR: HORIZON BUILDERS, G. BILL NAGEL, 2905 SOUTH WEST PERDUE AVE., PALM CITY, FLORIDA 33490.



NOTE: ALL EXTRUSIONS MAY ACCEPT EITHER FLAT OR ROOFED SPINE INSTALLED TO HOLD SCREEN

PLAN SECTION AND DETAIL VIEWS APPROVED AS NOTED

DATE 2-28-83

FOR: HORIZON BUILDERS, G. BILL NAGEL, 2905 SOUTH WEST PERDUE AVE., PALM CITY, FLORIDA 33490.

EXTRUDED ALUMINUM SECTIONS (1/2 SCALE)

ALLOY 6063 T5
1" X 2" OPENBACK BEAM OR POST CHANNEL WITH SCREW SPLINES AND SCREEN SPLINES

SECTION PROPERTIES

E _x (in ²)	0.040	0.060
S _x (in ³)	0.124	0.148
A _w (in ²)	0.382	0.382
K _y	1.175	1.175

2" X 2" BEAM OR POST USING MATED OPENBACK CHANNELS

SECTION PROPERTIES

E _x (in ²)	0.040	0.060
S _x (in ³)	0.248	0.296
A _w (in ²)	0.480	0.664
K _y	1.175	1.175

2" X 2" BEAM OR POST WITH SCREW AND SCREEN SPLINES

SECTION PROPERTIES

E _x (in ²)	0.040	0.050	0.060	0.095
S _x (in ³)	0.120	0.270	0.322	0.430
A _w (in ²)	0.320	0.370	0.322	0.480
K _y	0.415	0.52	0.648	0.72

2" X 3" BEAM OR POST WITH SCREW & SCREEN SPLINES

SECTION PROPERTIES

E _x (in ²)	0.132
S _x (in ³)	0.342
A _w (in ²)	0.622
K _y	1.175

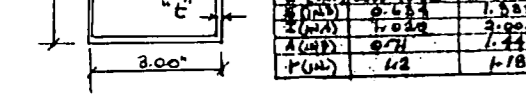
NOTE: COMPOSITE 2" X 2" X 0.080" PLATED W/ 1/2" X 2" OPENBACK IS EQUAL TO ABOVE SECTION 2" X 2" X 0.080" SHAP SECTION ALSO EQUAL.

3" X 3" POST SECTIONS

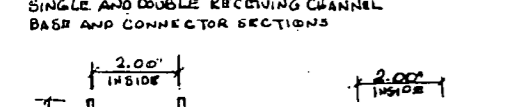
SECTION PROPERTIES

E _x (in ²)	0.118	0.118
S _x (in ³)	0.322	0.322
A _w (in ²)	0.71	0.71
K _y	1.18	1.18

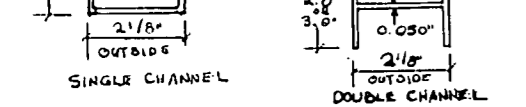
SINGLE AND DOUBLE RECEIVING CHANNEL BASE AND CONNECTOR SECTIONS



EXTRUDED BOX FACIA-HEADER SECTIONS



1 3/4" X 3" I-BEAM W/SET FOR 1 3/4" RISER ROOF PANELS

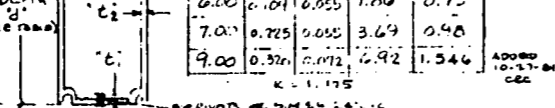


EXTRUDED ALUMINUM BEAM SECTIONS (1/2 SCALE)

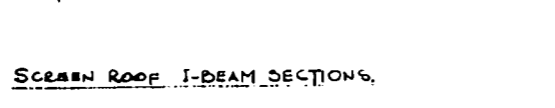
ALLOY 6063 T5
2" WIDE SELF-MATING BOX BEAMS

SECTION PROPERTIES

E _x (in ²)	0.115	0.045	1.00	0.48
S _x (in ³)	0.104	0.055	1.86	0.75
A _w (in ²)	0.725	0.055	3.69	0.98
K _y	0.326	0.072	2.92	1.346

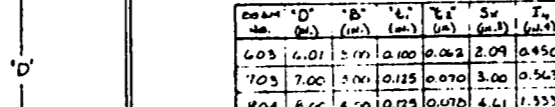


SCREEN ROOF I-BEAM SECTIONS



SECTION PROPERTIES

E _x (in ²)	0.100	0.115	0.070	0.421	1.335
S _x (in ³)	0.201	0.291	0.070	2.09	0.563
A _w (in ²)	7.00	7.00	0.125	0.070	3.00
K _y	0.60	0.70	0.070	0.070	1.335



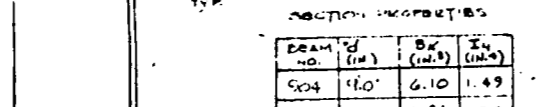
SECTION PROPERTIES

E _x (in ²)	0.100	0.115	0.070	0.421	1.335
S _x (in ³)	0.201	0.291	0.070	2.09	0.563
A _w (in ²)	7.00	7.00	0.125	0.070	3.00
K _y	0.60	0.70	0.070	0.070	1.335



SECTION PROPERTIES

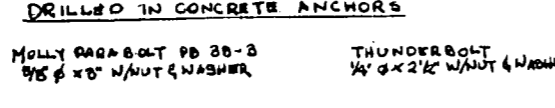
E _x (in ²)	0.100	0.115	0.070	0.421	1.335
S _x (in ³)	0.201	0.291	0.070	2.09	0.563
A _w (in ²)	7.00	7.00	0.125	0.070	3.00
K _y	0.60	0.70	0.070	0.070	1.335



DRILLED IN CONCRETE ANCHORS



MOLLY BOLT PD 38-3 1/8" X 3" W/ NUT & WASHER
THUNDERBOLT 1/4" X 2 1/2" W/ NUT & WASHER



P-BOLT T-BOLT



ANCHORS TO BE SET TO MAXIMUM POSSIBLE DEPTH WHICH ALLOWS ASSEMBLY OF WASHER & NUT SEE MANUFACTURER'S ASSEMBLY INSTRUCTIONS.

MISCELLANEOUS:
1. SHEET METAL SCREENS (C-CH) SHALL BE STAINLESS OR CADMIUM PLATED.
2. ALUMINUM BOLTS SHALL BE ALLOY 2024 T4 STEEL BOLTS BOLTS SHALL BE STAINLESS OR GALVANIZED.
3. IN LIEU OF DRILLED-IN ANCHORS, 3/8" X 3" J BOLTS SET INTO FRESH CONCRETE MIN. OF 8" MAY BE SUBSTITUTED AS FOLLOWS:
EACH 3/8" X 3" J-BOLT = 2, P-BOLTS
EACH 3/8" X 4" J-BOLT = 4, T-BOLTS

POST AND BEAM SPAN TABLES

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

BEAM SIZE	MAXIMUM CLEAR SPANS FOR CONTINUOUS EDGE BEAMS BY ROOF PANEL SPAN HEADS BELOW						MINIMUM POST SIZE AND NUMBER OF BASE ANCHOR BOLTS REQUIRED
	10 FT	11 FT	12 FT	13 FT	14 FT	15 FT	
2" X 2" X 0.060"	5'-7"	5'-4"	5'-2"	5'-0"	4'-10"	4'-8"	2" X 2" POSTS W/ MIN OF 2 T-BOLTS (PER POST)
2" X 3" X 0.080"	6'-5"	6'-2"	6'-0"	5'-9"	5'-7"	5'-5"	2" X 3" X 0.080" OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (PER POST) OR 4 T-BOLTS (PER POST)
2" X 4" S.M. BEAM	11'-0"	10'-7"	10'-5"	9'-10"	9'-6"	9'-4"	EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 6 T-BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 4 T-BOLTS (PER POST)
2" X 6" S.M. BEAM	14'-5"	13'-11"	13'-5"	13'-0"	12'-7"	12'-2"	EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 6 T-BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 4 T-BOLTS (PER POST)
2" X 7" S.M. BEAM	20'-0"	19'-2"	18'-6"	17'-10"	17'-4"	16'-10"	EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 6 T-BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 4 T-BOLTS (PER POST)
I-BEAM #603	15'-8"	14'-8"	14'-2"	13'-8"	13'-3"	12'-10"	EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 6 T-BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 4 T-BOLTS (PER POST)
I-BEAM #703	18'-3"	17'-6"	16'-11"	16'-5"	15'-11"	15'-5"	EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 6 T-BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 4 T-BOLTS (PER POST)
I-BEAM #804	22'-6"	21'-7"	20'-7"	20'-3"	19'-6"	19'-0"	EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 6 T-BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 4 T-BOLTS (PER POST)
I-BEAM #904	24'-5"	23'-0"	22'-0"	21'-11"	20'-5"	19'-9"	EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 6 T-BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 4 T-BOLTS (PER POST)
I-BEAM #1004	25'-10"	24'-6"	23'-7"	23'-7"	21'-10"	21'-0"	EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 6 T-BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/ MIN OF 2 P-BOLTS (OR) 4 T-BOLTS (PER POST)

REMARKS: INTERPOLATION BETWEEN VALUES IS PERMISSIBLE. BEAM ENDS MAY CANTILEVER UP TO 40% OF TYPICAL SPANS. FOR SIMPLE SPANS REDUCE TYPICAL VALUE BY 16%.

TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS BEAM SPACINGS							
	4'-0" C-C	6'-0" C-C	8'-0" C-C	10'-0" C-C	12'-0" C-C	14'-0" C-C	16'-0" C-C	18'-0" C-C
2" X 4" S.M. BEAM	28'-0"	22'-6"	21'-6"	20'-0"	19'-0"	18'-6"	17'-11"	17'-6"
2" X 6" S.M. BEAM	37'-10"	29'-6"	28'-3"	26'-0"	25'-0"	24'-4"	23'-6"	22'-10"
2" X 7" S.M. BEAM	46'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"	32'-10"	32'-0"
I-BEAM #603	34'-9"	31'-4"	30'-0"	27'-9"	26'-8"	26'-9"	24'-10"	24'-2"
I-BEAM #703	41'-6"	37'-6"	36'-0"	33'-0"	31'-10"	31'-0"	29'-11"	29'-1"
I-BEAM #804	50'-0"	46'-0"	44'-6"	41'-0"	39'-4"	38'-4"	37'-0"	36'-0"
I-BEAM #904	58'-0"	49'-8"	47'-6"	45'-4"	43'-7"	42'-8"	40'-10"	39'-9"
I-BEAM #1004	59'-0"	58'-0"	50'-6"	48'-6"	46'-8"	45'-2"	43'-7"	42'-4"

REMARKS: BEAM SPANS ASSUME LATERAL BRACING (3" X 3" @ 90° FRAMED ACROSS ROOF @ EACH POST IN SCREENED SIDE WALLS.

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

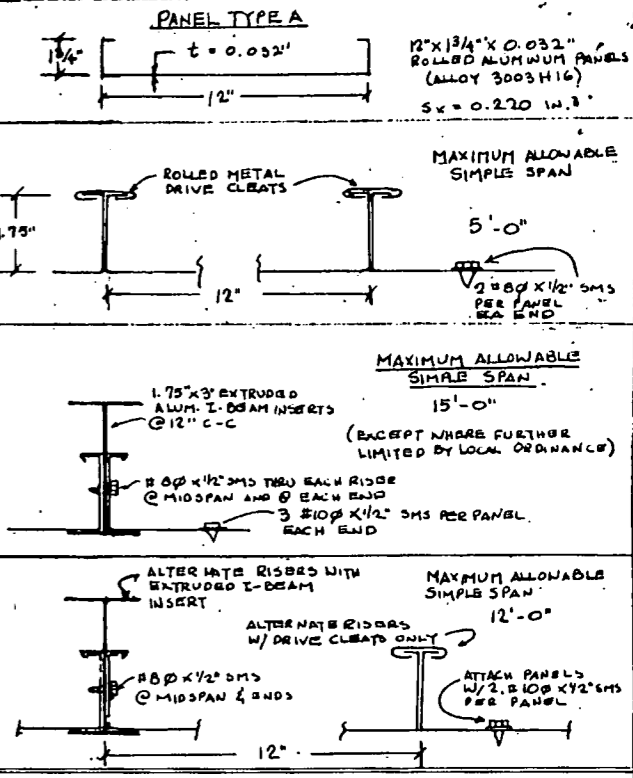
POST SIZE	NOMINAL WALL HEIGHT	SCREENED WALLS		METAL SKINNED WALLS	
		MAX. SPACING, C-C	MAX. SPACING, C-C	MAX. SPACING, C-C	MAX. SPACING, C-C
2" X 2" X 0.040"	7'	5'-3"	2'-7"	5'-3"	2'-7"
	8'	4'-0"	2'-0"	4'-0"	2'-0"
	9'	4'-0"	2'-0"	4'-0"	2'-0"
2" MATED OPEN-BACKS 1" X 2" X 0.040"	7'	6'-0"	NOT APPLICABLE	6'-0"	NOT APPLICABLE
	8'	4'-6"	APPLICABLE	4'-6"	APPLICABLE
	9'	4'-6"	APPLICABLE	4'-6"	APPLICABLE
2" X 2" X 0.080"	7'	6'-0"	2'-4"	6'-0"	2'-4"
	8'	4'-8"	2'-4"	4'-8"	2'-4"
	9'	4'-8"	2'-4"	4'-8"	2'-4"
2" X 2" X 0.060"	7'	7'-6"	3'-9"	7'-6"	3'-9"
	8'	5'-10"	2'-10"	5'-10"	2'-10"
	9'	4'-9"	2'-8"	4'-9"	2'-8"
2" MATED OPEN-BACKS 1" X 2" X 0.060"	7'	8'-6"	NOT APPLICABLE	8'-6"	NOT APPLICABLE
	8'	6'-6"	APPLICABLE	6'-6"	APPLICABLE
	9'	5'-0"	APPLICABLE	5'-0"	APPLICABLE
2" X 8" X 0.080" OR EQUIVALENT COMPOSITE SECTION	7'	8'-2"	4'-0"	8'-2"	4'-0"
	8'	6'-2"	2'-0"	6'-2"	2'-0"
	9'	4'-10"	2'-4"	4'-10"	2'-4"
2" X 4" S.M. BEAM SECTION USED AS POST	8'	17'-0"	NOT APPLICABLE	17'-0"	NOT APPLICABLE
	9'	13'-6"	APPLICABLE	13'-6"	APPLICABLE
	10'	11'-0"	APPLICABLE	11'-0"	APPLICABLE
2" X 6" S.M. BEAM SECTION USED AS POST	10'	17'-0"	NOT APPLICABLE	17'-0"	NOT APPLICABLE
	11'	13'-6"	APPLICABLE	13'-6"	APPLICABLE
	12'	11'-0"	APPLICABLE	11'-0"	APPLICABLE

TABLE 4 - SPAN TABLE FOR STRUCTURAL GUTTER BEAMS BY WALL THICKNESS AND EXTENSION ALLOY WHEN BEAM SUPPORTS ATTACHED ENCLOSURE

ROOF PANEL SPAN, FEET	WALL THICKNESS "t"	STRUCTURAL GUTTER BEAM SPAN BY EXTENSION ALLOY	
		ALLOY 6063 T5	ALLOY 6063 T6
5	0.080"	8'-10"	11'-8"
	0.062"	10'-0"	13'-5"
6	0.080"	8'-6"	11'-3"
	0.062"	9'-7"	12'-1"
7	0.080"	8'-3"	10'-10"
	0.062"	9'-8"	11'-9"
8	0.080"	11'-6"	14'-3"
	0.062"	11'-1"	13'-11"
9	0.080"	7'-8"	10'-1"
	0.062"	8'-8"	11'-8"
10	0.080"	10'-9"	13'-8"
	0.062"	8'-8"	11'-0"
11	0.080"	10'-2"	13'-6"
	0.062"	7'-10"	10'-8"
12	0.080"	9'-9"	13'-0"
	0.062"	7'-6"	11'-8"

APPROVED OF THESE PLANS IN NO WAY relieves the contractor or builder of complying with the Town of Sebring Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

ROOF PANEL SECTIONS AND ASSEMBLY DATA



PANEL TYPE B
12" X 3" X 3/8" ROLLED ALUMINUM PANELS W/ INTERLOCKING RIDGES (ALLOY 3003 H14)
t = 0.032" 0.024"
S_x = 0.608 in³ 0.450 in³

RECEIVED SEP 8 1983

NOTE (A): 12'-7" PLAIN IS 11'-6" (EXCEPT UNDER FURTHER LIMITED BY LOCAL ORDINANCES)
NOTE (B): 14'-9" PLAIN IS 13'-5" (EXCEPT UNDER FURTHER LIMITED BY LOCAL ORDINANCES)

PERFORMANCE OF ALUMINUM ROOF PANELS UNDER VARIOUS LOAD CONDITIONS AND ASSEMBLY ARRANGEMENTS HAVE BEEN VERIFIED BY LOAD TESTS CONDUCTED UNDER SUPERVISION OF THE UNDERSIGNS ENGINEER.

STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODES FOR LOAD CONDITIONS AS FOLLOWS:
DEAD LOADS + 20 PSF LIVE LOADS (Δ = L/80 MAX)
120 MPH WIND VELOCITY PRESSURES

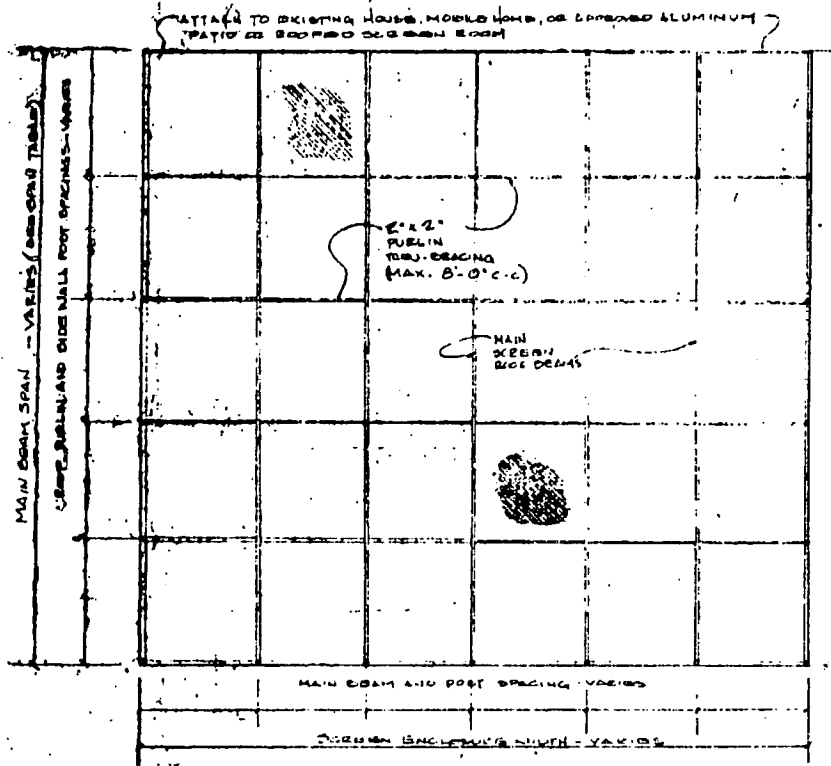
ADHERE TO LOCAL ORDINANCES IMPOSE FURTHER LIMITATIONS ON PROJECTIONS, OFFSETS AND LOAD CONDITIONS. THIS PLAN WAS SPECIFICALLY DESIGNED ALSO TO CONFORM TO PALM BEACH COUNTY CODE WHEN STATED RESTRICTIONS ARE ADHERED TO.

SHEET METAL DESIGN FASTENER HOLDING CAPACITIES ARE CALCULATED FOR ALUMINUM ASSOCIATION HANDBOOK DESIGNED ALSO TO MEET PALM BEACH COUNTY CODE (30 PSF LL AND 39 PSF DASH LL WITH APPROPRIATE FACTORS APPLIED). ALSO CONFORMS TO THE SOUTH FLORIDA BUILDING CODE, 1981 EDITION.

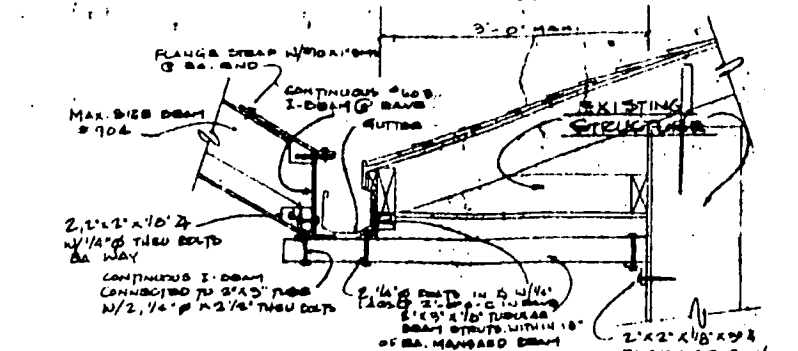
MASTER PLANS - ALUMINUM PARTS COMPONENT SECTIONS & DATA WITH SPAN TABLES AND POOL ENCLOSURES.
APPROVED AS NOTED
DATE 2-28-83
FOR

HORIZON BUILDERS
4/ BILL MAGEL
2905 SOUTHWEST PERDUE AVE.
PALM CITY, FLORIDA 33490

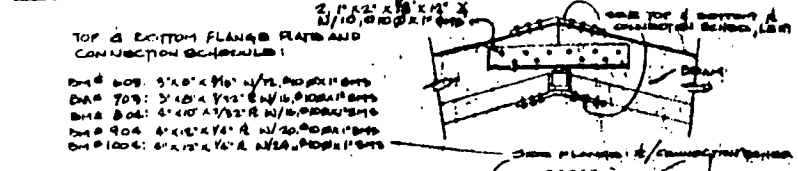
TYPICAL PLAN VIEW



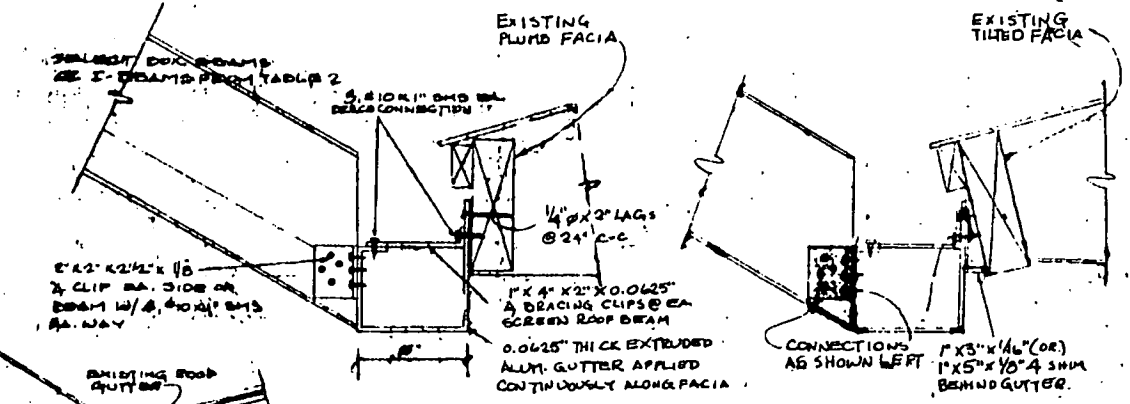
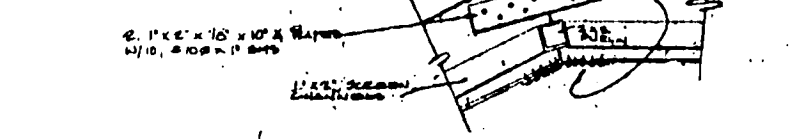
MANSARD SCREEN ROOF ATTACHMENT DETAILS



ROOF PEAK DETAILS

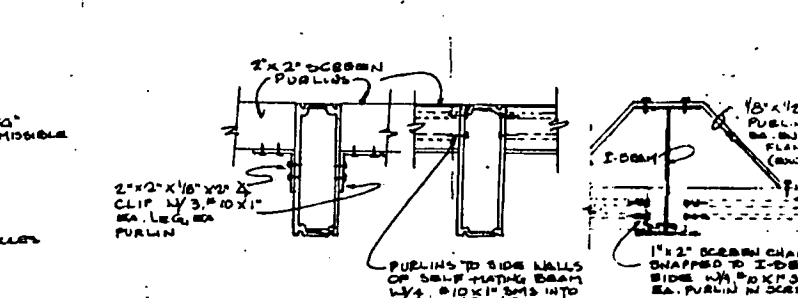
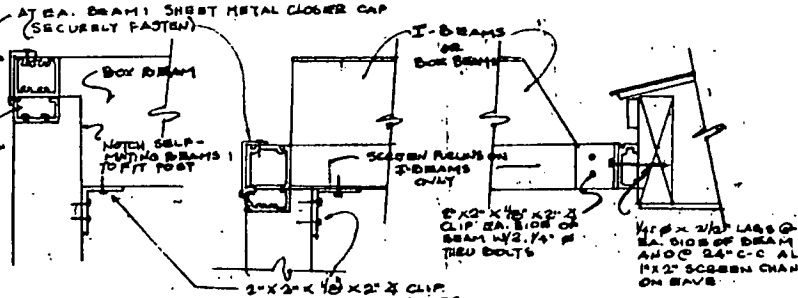
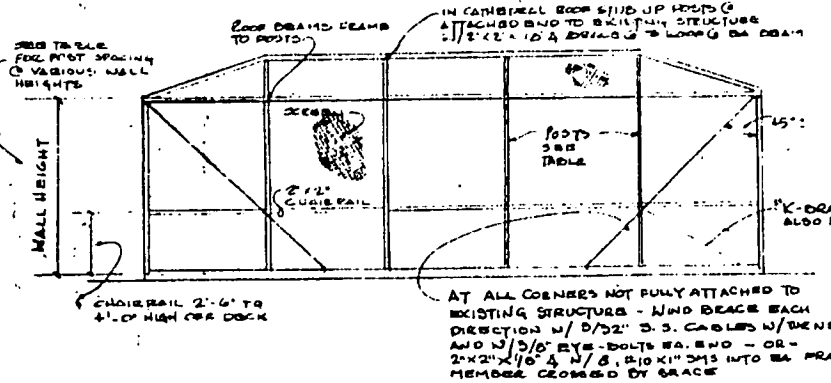


MANSARD BEAM DETAILS

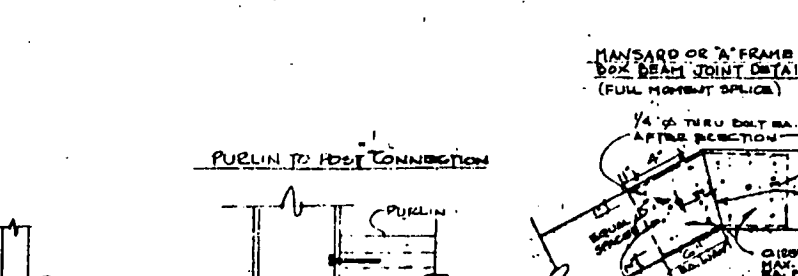


Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

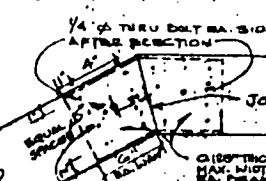
TYPICAL POOL ENCLOSURE ELEVATION



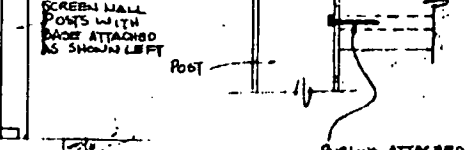
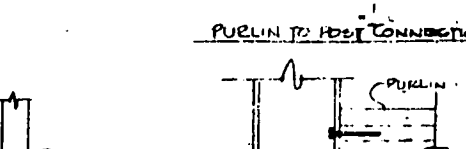
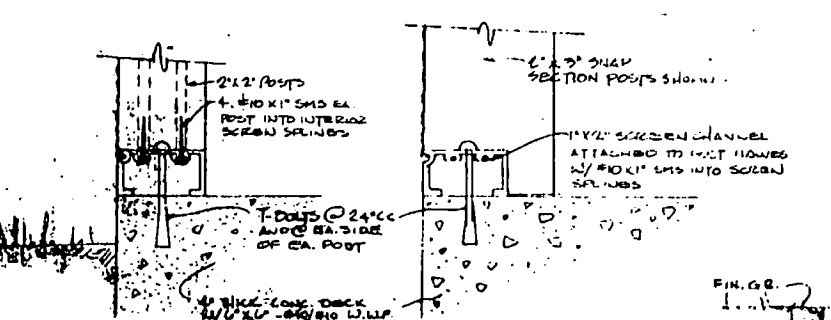
ALTERNATE ROOF PURLIN CONNECTION DETAILS



MANSARD OR A-FRAME PEAK BOX BEAM JOINT DETAILS (FULL MOMENT SPLICE)



TYPICAL BASE PLATE AND POST CONNECTION DETAILS

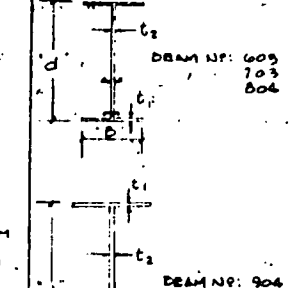


BEAM SECTIONS

ALUM. COULTC. SLOPE MAKING BOX BEAMS

SECTION PROPERTIES	d (IN.)	t ₁ (IN.)	t ₂ (IN.)	S _x (IN. ³)
603	6.00	0.119	0.045	1.08
703	6.00	0.119	0.058	1.86
804	7.00	0.129	0.055	3.41
1004	7.00	0.129	0.078	6.92

I-BEAM SECTIONS



SECTION PROPERTIES

BEAM NO.	d (IN.)	t ₁ (IN.)	t ₂ (IN.)	S _x (IN. ³)
603	6.01	3.00	0.100	0.262
703	7.00	3.00	0.129	0.070
804	8.00	4.00	0.129	0.078
904	7.00	4.00	0.140	0.091
1004	10.00	4.00	0.140	0.091

SPECIFICATIONS

- CONCRETE: f' = 2500 PSI
- SHEET METAL SCREENS (OMI) - ALUMINUM PLATED OR STAINLESS
- BOLTS: ALUM. ALLOY 2024 T-4 (OR) STAINLESS OR GALVANIZED STEEL
- MAJOR BEAMS: ALUM. ALLOY 6061
- POSTS, PURLINS, CHANNELS AND ANGLE: ALUM. ALLOY 6061

TABLE 1 - ROOF LENGTHS AND SPACING BY SCREENED WALL HEIGHT

NOMINAL WALL HEIGHT	2x2x1/8x10x2	2x2x1/8x10x2	2x2x1/8x10x2	2x2x1/8x10x2	2x2x1/8x10x2	2x2x1/8x10x2	2x2x1/8x10x2
7'-0"	5'-8"	6'-0"	6'-6"	6'-6"	7'-8"	8'-0"	8'-2"
8'-0"	4'-0"	4'-6"	4'-8"	5'-10"	6'-0"	6'-2"	17'-0"
9'-0"	-	-	-	4'-9"	6'-0"	4'-0"	18'-6"
10'-0"	-	-	-	-	-	3'-11"	11'-0"
11'-0"	-	-	-	-	-	-	9'-0"
12'-0"	-	-	-	-	-	-	7'-8"

TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACINGS							
	4'-0" C-C	5'-0" C-C	5'-6" C-C	6'-0" C-C	6'-6" C-C	7'-0" C-C	7'-6" C-C	8'-0" C-C
2x4x5.1 BEAM	26'-0"	22'-6"	20'-6"	20'-0"	19'-0"	18'-6"	17'-11"	17'-6"
2x4x3.1 BEAM	32'-10"	29'-6"	28'-5"	26'-0"	25'-0"	24'-4"	23'-6"	23'-10"
2x7x3.1 BEAM	46'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"	32'-10"	32'-0"
I-BEAM #603	31'-9"	31'-4"	30'-0"	27'-9"	26'-8"	25'-9"	24'-10"	24'-2"
I-BEAM #703	41'-6"	37'-6"	36'-0"	33'-0"	31'-0"	29'-11"	29'-1"	-
I-BEAM #804	50'-0"	46'-0"	44'-6"	41'-0"	39'-6"	38'-4"	37'-0"	36'-0"
I-BEAM #904	58'-0"	49'-0"	47'-6"	45'-0"	43'-7"	42'-3"	40'-10"	39'-9"
I-BEAM #1004	59'-0"	55'-0"	50'-6"	46'-6"	46'-5"	45'-2"	43'-7"	42'-4"
2x4x3.1 BEAM	-	-	52'-6"	50'-6"	48'-8"	47'-0"	45'-0"	45'-0"

SHEET METAL SCREEN FASTENERS ARE DESIGNED IN ACCORDANCE WITH ALUMINUM MARK HANDBOOK STRUCTURES DETAILED AND SPECIFIED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE FOR 20 MPH WIND ZONES.

DESIGNED ALSO TO CONFORM TO PALM BEACH COUNTY WIDE CODE AND THE SOUTH FLORIDA BUILDING CODE.

RECEIVED
SEP 8 1983
Ans'd.....

APPROVED AS NOTED
DATE 2-28-83
SOIL TO BE TERMITICIDED

MASTER PLANS - ALUMINUM SCREEN ENCLOSURES
120 MPH WIND REGIONS

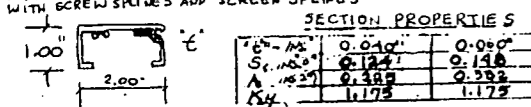
PLAN SECTION AND DETAIL VIEWS AND TECHNICAL DATA

SHEET NO. 1 OF 1
CN 1858

FOR
HORIZON BUILDERS
9% BILL NAGEL
2905 GOWNEST FERCE AVE
PALM CITY, FLORIDA 33490

EXTRUDED ALUMINUM SECTIONS (1/2 SCALE)

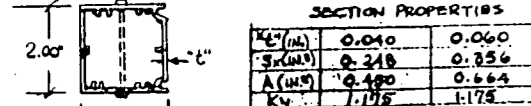
ALLOY 6063 T5
1 1/2" X 2" OPENBACK BEAM OR POST CHANNEL WITH SCREW SPLINES AND SCREEN SPLINES



SECTION PROPERTIES

S _x (IN ²)	0.124	0.148
S _y (IN ²)	0.388	0.292
A (IN ²)	1.175	1.175
K _x	1.175	1.175

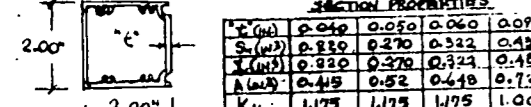
2" X 2" BEAM OR POST USING MATED OPENBACK CHANNELS



SECTION PROPERTIES

S _x (IN ²)	0.040	0.060
S _y (IN ²)	0.248	0.256
A (IN ²)	0.480	0.664
K _x	1.175	1.175

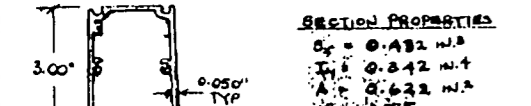
2" X 2" BEAM OR POST WITH SCREW AND SCREEN SPLINES



SECTION PROPERTIES

S _x (IN ²)	0.040	0.050	0.060	0.078
S _y (IN ²)	0.280	0.270	0.322	0.420
A (IN ²)	0.480	0.370	0.322	0.480
K _x	1.175	1.175	1.175	1.000

2" X 3" BEAM OR POST WITH SCREW & SCREEN SPLINES

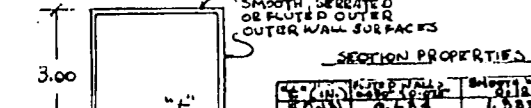


SECTION PROPERTIES

S _x	0.432	W.4
S _y	0.242	W.4
A	0.622	W.4
K _x	1.175	

NOTE: COMPOSITE 2" X 2" X 0.080" MATED W/ 1" X 2" OPENBACK IS EQUAL TO ABOVE SECTION. 2" X 3" X 0.080" SHIP SECTION ALSO EQUAL.

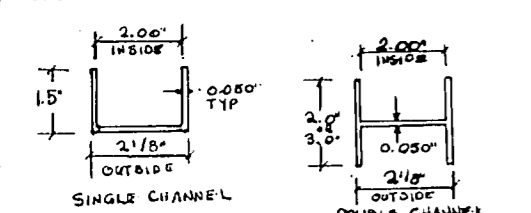
3" X 3" POST SECTIONS



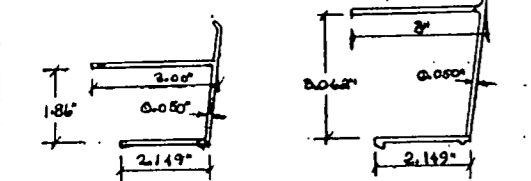
SECTION PROPERTIES

S _x (IN ²)	0.583	1.583
S _y (IN ²)	1.708	3.908
A (IN ²)	0.71	1.71
K _x	1.18	1.18

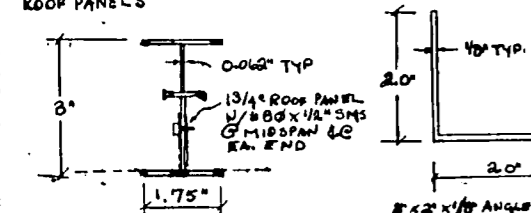
SINGLE AND DOUBLE RECEIVING CHANNEL BASE AND CONNECTOR SECTIONS



EXTRUDED BOX FACIA-HEADER SECTIONS

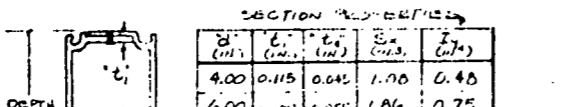


1 3/4" X 8" I-BEAM INSERT FOR 1 3/4" RISE R ROOF PANELS



EXTRUDED ALUMINUM BEAM SECTIONS (1/2 SCALE)

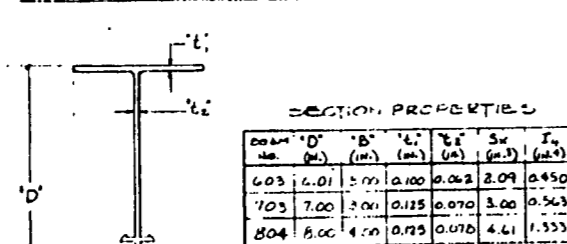
ALLOY 6063 T5
2" WIDE SELF-MATING BOX BEAM



SECTION PROPERTIES

S _x (IN ²)	0.115	0.045	1.00	0.48
S _y (IN ²)	0.101	0.055	1.86	0.75
A (IN ²)	0.725	0.055	3.69	0.98
K _x	0.320	0.072	2.92	1.346

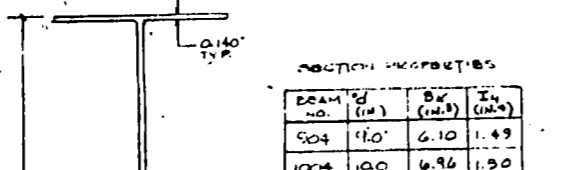
SCREEN ROOF I-BEAM SECTIONS



SECTION PROPERTIES

BEAM NO.	D (IN)	B (IN)	T (IN)	S _x (IN ²)	S _y (IN ²)	I _x (IN ⁴)	I _y (IN ⁴)
603	2.01	2.0	0.100	0.022	2.09	0.450	0.563
703	2.01	2.01	0.125	0.070	3.00	0.563	0.563
804	2.00	2.00	0.125	0.070	4.61	1.353	1.353

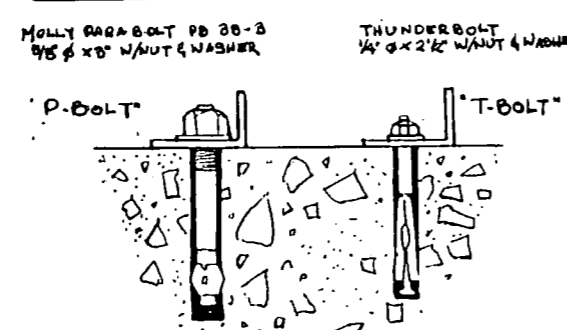
I-BEAM SECTIONS



SECTION PROPERTIES

BEAM NO.	D (IN)	B (IN)	T (IN)	I _x (IN ⁴)	I _y (IN ⁴)
904	1.0	6.10	1.49		
1004	1.00	6.96	1.50		

DRILLED IN CONCRETE ANCHORS



ANCHOR TO BE SET TO MAXIMUM POSSIBLE DEPTH WHICH ALLOWS ASSEMBLY OF WASHER & NUT. SEE MANUFACTURER'S ASSEMBLY INSTRUCTIONS.

- MISCELLANEOUS**
1. SHEET METAL SCREENS SHALL BE ALUM. OR STAINLESS OR CADMIUM PLATED.
 2. ALUMINUM BOLTS SHALL BE ANODIZED 2024 T4 STEEL BOLTS SHALL BE STAINLESS OR GALVANIZED.
 3. IN LIEU OF DRILLED-IN ANCHORS, 5/8" Ø J BOLTS SET INTO FRESH CONCRETE MIN. OF 8" MAY BE SUBSTITUTED AS FOLLOWS:
EACH 5/8" Ø J BOLT = 2 P. BOLTS
EACH 5/8" Ø J BOLT = 4 T. BOLTS

POST AND BEAM SPAN TABLES

TABLE 1 - SPAN TABLE FOR 8030 BEAMS IN CANOPY, ROOF STRUCTURES

BEAM SIZE	MAXIMUM CLEAR SPANS FOR CONTINUOUS EDGE BEAMS BY ROOF PANEL SPACING HEADS PER ROW						MINIMUM POST SIZE AND NUMBER OF BARS ANCHOR BOLTS REQUIRED
	10 FT.	11 FT.	12 FT.	13 FT.	14 FT.	15 FT.	
2" X 2" X 0.060"	5'-7"	5'-4"	5'-2"	5'-0"	4'-10"	4'-8"	2" X 2" POSTS W/MIN. OF 2 T. BOLTS (PER POST)
2" X 3" X 0.050"	6'-5"	6'-2"	6'-0"	5'-9"	5'-7"	5'-5"	2" X 3" X 0.050" OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (PER POST) OR 4 T. BOLTS (PER POST)
2" X 4" S.M. BEAM	11'-0"	10'-7"	10'-5"	9'-10"	9'-6"	9'-4"	EITHER 3" X 3" POST SECTION W/MIN. OF 3 P. BOLTS (OR) 4 T. BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (OR) 4 T. BOLTS (PER POST)
2" X 6" S.M. BEAM	14'-5"	13'-11"	13'-5"	13'-0"	12'-7"	12'-2"	EITHER 3" X 3" POST SECTION W/MIN. OF 3 P. BOLTS (OR) 4 T. BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (OR) 4 T. BOLTS (PER POST)
2" X 11" S.M. BEAM	20'-0"	19'-2"	18'-6"	17'-10"	17'-4"	16'-10"	EITHER 3" X 3" POST SECTION W/MIN. OF 3 P. BOLTS (OR) 4 T. BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (OR) 4 T. BOLTS (PER POST)
I-BEAM #603	15'-8"	14'-8"	14'-2"	13'-8"	13'-3"	12'-10"	EITHER 3" X 3" POST SECTION W/MIN. OF 3 P. BOLTS (OR) 4 T. BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (OR) 4 T. BOLTS (PER POST)
I-BEAM #703	18'-3"	17'-6"	16'-11"	16'-5"	15'-11"	15'-5"	EITHER 3" X 3" POST SECTION W/MIN. OF 3 P. BOLTS (OR) 4 T. BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (OR) 4 T. BOLTS (PER POST)
I-BEAM #804	22'-6"	21'-7"	20'-7"	20'-3"	19'-6"	19'-0"	EITHER 3" X 3" POST SECTION W/MIN. OF 3 P. BOLTS (OR) 4 T. BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (OR) 4 T. BOLTS (PER POST)
I-BEAM #904	24'-2"	23'-0"	22'-0"	21'-1"	20'-5"	19'-9"	EITHER 3" X 3" POST SECTION W/MIN. OF 3 P. BOLTS (OR) 4 T. BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (OR) 4 T. BOLTS (PER POST)
I-BEAM #1004	25'-10"	24'-6"	23'-7"	23'-7"	21'-10"	21'-0"	EITHER 3" X 3" POST SECTION W/MIN. OF 3 P. BOLTS (OR) 4 T. BOLTS (PER POST) OR EITHER 3" X 3" POST SECTION W/MIN. OF 2 P. BOLTS (OR) 4 T. BOLTS (PER POST)

REMARKS: INTERPOLATION BETWEEN VALUES IS PERMISSIBLE. BEAM ENDS MAY CANTILEVER UP TO 40% OF TABULAR SPANS. FOR SIMPLE SPANS REDUCE TABULAR VALUES BY 15%.

TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS BEAM SPACINGS							
	4'-0" C-C	5'-0" C-C	6'-0" C-C	6'-0" C-C	6'-0" C-C	7'-0" C-C	7'-0" C-C	8'-0" C-C
2" X 4" S.M. BEAM	25'-0"	22'-6"	21'-6"	20'-0"	19'-0"	18'-6"	17'-11"	17'-6"
2" X 6" S.M. BEAM	32'-0"	29'-6"	28'-3"	26'-0"	25'-0"	24'-4"	23'-6"	22'-10"
2" X 7" S.M. BEAM	46'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"	32'-10"	32'-0"
I-BEAM #603	34'-9"	31'-4"	30'-0"	27'-9"	26'-8"	26'-9"	24'-10"	24'-2"
I-BEAM #703	41'-6"	37'-6"	36'-0"	33'-0"	31'-10"	31'-0"	29'-11"	29'-1"
I-BEAM #804	50'-0"	46'-0"	44'-6"	41'-0"	39'-4"	38'-4"	37'-0"	36'-0"
I-BEAM #904	58'-0"	49'-8"	47'-6"	45'-4"	43'-7"	42'-8"	40'-10"	39'-9"
I-BEAM #1004	59'-0"	55'-0"	50'-6"	48'-6"	46'-8"	45'-2"	43'-7"	42'-4"

REMARKS: BEAM SPANS ASSUME LATERAL BRACING (1" X 2" @ 90° FRAMED ACROSS ROOF @ EACH POST IN SCREENED SHOR WALLS.

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

POST SIZE	NOMINAL WALL HEIGHT	SCREENED WALLS		METAL SKINNED WALLS	
		MAX. SPACING, C-C	MAX. SPACING, C-C	MAX. SPACING, C-C	MAX. SPACING, C-C
2" X 2" X 0.040"	7'	5'-3"	2'-7"	5'-3"	2'-7"
	8'	4'-0"	2'-0"	4'-0"	2'-0"
2" MATED OPEN-BACKS, 1" X 2" X 0.040"	7'	6'-0"	NOT APPLICABLE	6'-0"	NOT APPLICABLE
	8'	4'-6"	APPLICABLE	4'-6"	APPLICABLE
2" X 2" X 0.080"	7'	6'-0"	3'-2"	6'-0"	3'-2"
	8'	4'-8"	2'-4"	4'-8"	2'-4"
2" X 2" X 0.060"	7'	7'-8"	3'-9"	7'-8"	3'-9"
	8'	5'-10"	2'-10"	5'-10"	2'-10"
2" MATED OPEN-BACKS, 1" X 2" X 0.060"	7'	8'-6"	NOT APPLICABLE	8'-6"	NOT APPLICABLE
	8'	6'-6"	APPLICABLE	6'-6"	APPLICABLE
2" X 8" X 0.050" OR EQUIVALENT COMPOSITE SECTION	7'	8'-3"	4'-0"	8'-3"	4'-0"
	8'	6'-2"	3'-0"	6'-2"	3'-0"
2" X 4" S.M. BEAM SECTION USED AS POST	9'	4'-10"	2'-4"	4'-10"	2'-4"
	10'	8'-11"	NOT APPLICABLE	8'-11"	NOT APPLICABLE
2" X 6" S.M. BEAM SECTION USED AS POST	7'	17'-0"	NOT APPLICABLE	17'-0"	NOT APPLICABLE
	9'	13'-0"	APPLICABLE	13'-0"	APPLICABLE
2" X 8" S.M. BEAM SECTION USED AS POST	10'	11'-0"	-	11'-0"	-
	11'	9'-0"	-	9'-0"	-
2" X 10" S.M. BEAM SECTION USED AS POST	12'	7'-0"	-	7'-0"	-
	15'	10'-0"	-	10'-0"	-
2" X 12" S.M. BEAM SECTION USED AS POST	16'	8'-10"	-	8'-10"	-
	17'	7'-10"	-	7'-10"	-
2" X 14" S.M. BEAM SECTION USED AS POST	18'	7'-0"	-	7'-0"	-
	19'	6'-3"	-	6'-3"	-
2" X 16" S.M. BEAM SECTION USED AS POST	20'	5'-8"	-	5'-8"	-
	20'	5'-8"	-	5'-8"	-

NOTE: INTERPOLATION BETWEEN VALUES IS PERMITTED.

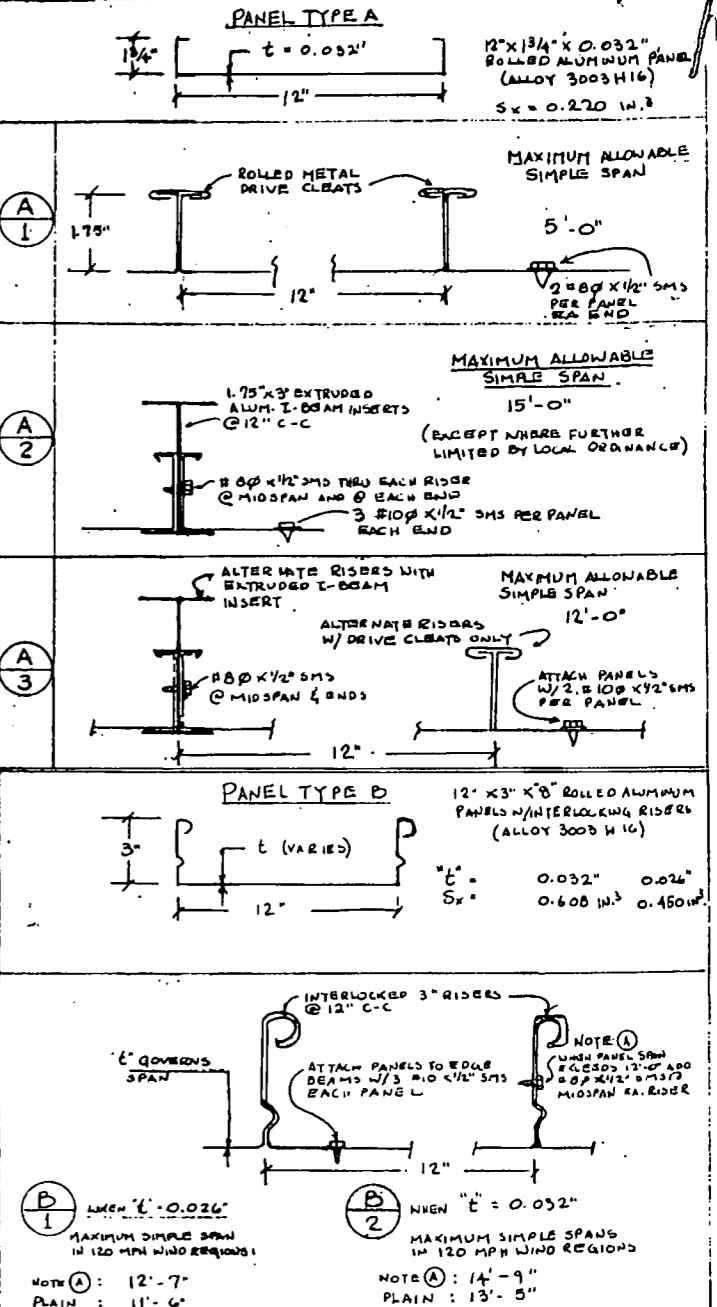
TABLE 4 - SPAN TABLE FOR STRUCTURAL GUTTER BEAMS BY WALL THICKNESS AND EXTRUSION ALLOY WHEN BEAM SUPPORTS ATTACHED ENCLOSURE

ROOF PANEL SPAN, FEET	WALL THICKNESS "t"	STRUCTURAL GUTTER BEAM SPAN BY EXTRUSION ALLOY	
		ALLOY 6063 T5	ALLOY 6063 T6
5	0.050"	9'-10"	11'-8"
	0.062"	10'-0"	11'-6"
6	0.060"	12'-5"	15'-8"
	0.062"	8'-6"	11'-3"
7	0.062"	9'-7"	12'-1"
	0.080"	11'-11"	14'-8"
8	0.050"	8'-3"	10'-10"
	0.062"	9'-8"	11'-9"
9	0.060"	11'-6"	14'-3"
	0.080"	11'-1"	15'-11"
10	0.050"	8'-0"	10'-0"
	0.062"	9'-0"	11'-6"
11	0.060"	10'-9"	15'-8"
	0.080"	11'-1"	15'-11"
12	0.050"	7'-8"	10'-1"
	0.062"	8'-8"	11'-5"
13	0.060"	10'-9"	15'-8"
	0.080"	11'-1"	15'-11"
14	0.050"	7'-0"	9'-0"
	0.062"	7'-10"	10'-8"
15	0.060"	9'-4"	13'-0"
	0.080"	10'-2"	14'-8"
16	0.050"	6'-9"	9'-0"
	0.062"	7'-6"	10'-8"
17	0.060"	9'-6"	13'-0"
	0.080"	10'-4"	14'-8"

SEE SECTION D-D, SHEET NO. 1 OF 2

Approval of these plans in no way relieves the contractor of his responsibility for complying with all applicable codes and ordinances of South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

ROOF PANEL SECTIONS AND ASSEMBLY DATA



PERFORMANCE OF ALUMINUM ROOF PANELS UNDER VARIOUS LOAD CONDITIONS AND ASSEMBLY ARRANGEMENTS HAVE BEEN VERIFIED BY LOAD TESTS CONDUCTED UNDER SUPERVISION OF THE UNDERSIGNED ENGINEER.

STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE FOR LOAD CONDITIONS AS FOLLOWS:

DEAD LOADS + 20 PSF LIVE LOADS (Δ = L/80 MAX) 120 MPH WIND VELOCITY PRESSURES

ADHERE TO LOCAL ORDINANCES IMPOSE FURTHER LIMITATIONS ON PROJECTIONS, SPANS AND LOAD CONDITIONS. THIS PLAN WAS SPECIFICALLY DESIGNED ALSO TO CONFORM TO PALM BEACH COUNTY CODE WHEN STATED RESTRICTIONS ARE ADHERED TO. SHEET METAL BEAM FASTENER HOLDING CAPACITIES ARE CALCULATED PER ALUMINUM ASSOCIATION HANDBOOK DESIGNED ALSO TO MEET PALM BEACH COUNTY CODE (30 PSF LL AND 13 PSF BASIC WIND) APPROPRIATE FACTORS APPLIED. ALSO CONFORMS TO THE 2001 FLORIDA BUILDING CODE, 1981 EDITION.

MASTER PLANS - ALUMINUM PARTS COMPONENT SECTIONS & DATA WITH SPAN TABLES APPROVED AS NOTED DATE 2-28-83 HORIZON BUILDERS 1/2 BILL NAGEL 2905 SOUTHWEST PERDUE AVE. PALM CITY, FLORIDA 33490

Permit No. _____

Date 3-6-90

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

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

Owner BACKER, Jill Present Address 11 RIVER VIEW Dr.

Phone 220-7456 STUART FL.

Contractor ALL AMERICAN FENCE Address 554 N.W. MARION AVE.

Phone 335 0928 PT. ST. LUCIE, FL

Where licensed MARTIN Co. License number S.P00872

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

6' HIGH WOOD FENCE

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

11 RIVERVIEW Dr. STUART, FL

Subdivision RIVERVIEW 18 Lot number _____ Block number _____

Contract price \$ 2200.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Mike Dempsey

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

Owner Jill Backer

TOWN RECORD

Date submitted _____ Approved: Dale Brown 3/9/90 Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

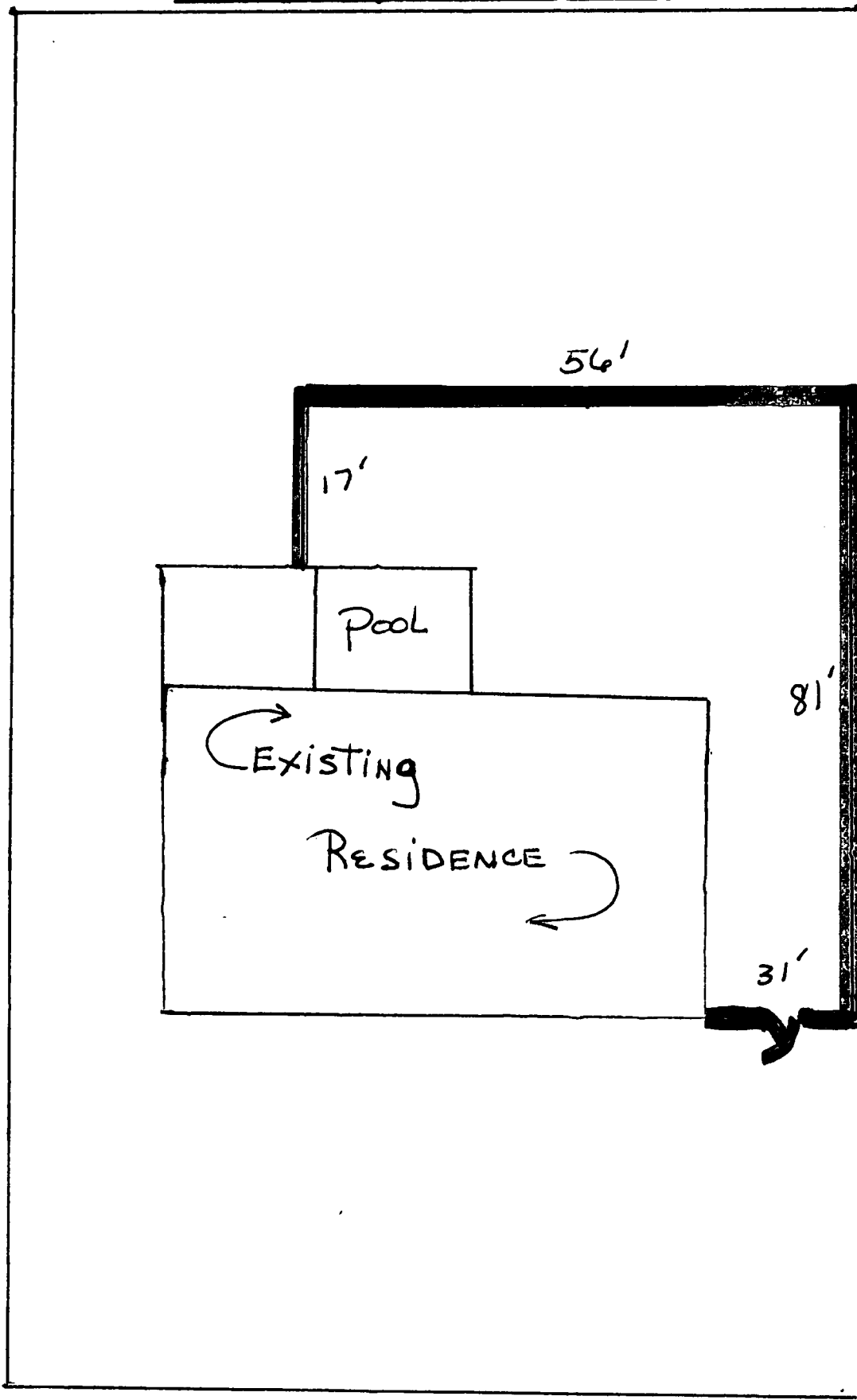
Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

FT. (LOT DIMENSIONS)



LOT DIMENSIONS — FT.

4 River View Dr. STREET NAME
Sewall's Pt

PLOT PLAN

6443

RENOVATION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9/30/03

BUILDING PERMIT NO. 6443

Building to be erected for SCHILLER

Type of Permit RENOVATION
TRAINING WALL/SPAC
Building Fee 9,600 Fee

Applied for by GB CONTRACTORS

(Contractor) 410K-9,600/1000

Subdivision RIVERVIEW Lot 18 Block _____

Radon Fee _____

Address 11 RIVERVIEW

Impact Fee _____

Type of structure SFR

AC Fee _____

Electrical Fee _____

Parcel Control Number:
1238410000018000000

Plumbing Fee _____

Roofing Fee _____

Amount Paid 211.20 Check # 5269 Cash

100% PLAN R
Other Fees (DBL FEE) 9.60
102 WORK WITH PERMIT 105.100

Total Construction Cost \$ 10,000

TOTAL Fees 211.20

Signed [Signature]

Applicant

Signed [Signature]

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 _____ |

6443

Date: Sept 29, 2003

Permit Number

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Gene Dutz, Holly Schuler Phone (Day) (772) 225-7080 (Fax) 225-7081

Job Site Address: 11 Riverside Drive City: Sewall's Point State: FL Zip: 34996

Legal Description of Property: Riverside S/P Lot 1R Parcel Number: 123841001

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

Description of Work To Be Done: Hose Renovation - Bohannon Rd, Repeating Pad

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

CONTRACTOR/Company: GB Contractors + Consultants Phone (772) 225-7080 Fax: 225-7081

Street: 5187 NE Shore Village Tr City: Sevast State: FL Zip: 34996

State Registration Number: _____ State Certification Number: CR 056841 Martin County License Number: 10741

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 10,000 (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: CSM Engineering / Roger Baber Phone Number: (772) 692-4910

Street: 304 N Flager Ave City: Sevast State: FL Zip: 34994

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

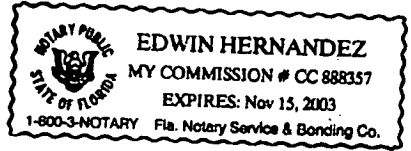
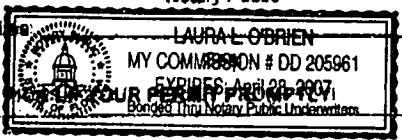
OWNER OR AGENT SIGNATURE (required)
Holly Schuler
State of Florida, County of: BOYDARD
This the 29 day of Sept 2003
by _____ who is personally
known to me or produced FLDL
as identification.

CONTRACTOR SIGNATURE (required)
Gene Dutz
On State of Florida, County of: MARTIN
This the 30th day of September 2003
by GENE PATRICK BEBLE, who is personally
known to me or produces FLDL B140-295-55-047-0
as identification.

My Commission Expires: _____
Notary Public
Seal

My Commission Expires: _____
Notary Public

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/6/2003

PRODUCER

R.V. Howard & Associates
8495 South US 1, Suite 13
Port St. Lucie FL 34952
772 343-9878

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

INSURED

Contracting Consultants & Inspections

5187 NE Shore Village Terr
Stuart, FL 34946
772 225-7080

INSURERS AFFORDING COVERAGE

INSURER A: The Burlington Insurance Co.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

NAIC#

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.

LINE	DESCRIPTION OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	167B001349	02/10/2003	02/10/2004	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WE BY STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

Town of Sewall's Point
Attn: Gene Simmons/Head Bldg. Official
Town Hall
1 So. 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

R. V. Howard
R. V. Howard

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW


CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	04/21/2002	EXPIRATION DATE	04/20/2004
PERSON	BEBBLE	GENE	
SSN	044-52-9225		
FEIN	260016320		
BUSINESS	G B CONTRACTORS & CONSULTANTS CORP 60 S SEWALLS POINT RD STUART FL 34996		

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF WORKERS' COMPENSATION</p> <p style="text-align: center;"></p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 04/21/2002 EXPIRATION: 04/20/2004</p> <p>PERSON: BEBBLE GENE SSN: 044-52-9225 FEIN: 260016320 BUSINESS: G B CONTRACTORS & CONSULTANTS 60 S SEWALLS POINT RD STUART FL 34996</p>	<p>F O L D H E R E</p>	<p>NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Woerks' Compensation Law may not recover benefits or compensation under Chapter 440.</p>
---	---	---

CUT HERE

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

AC# 0835313

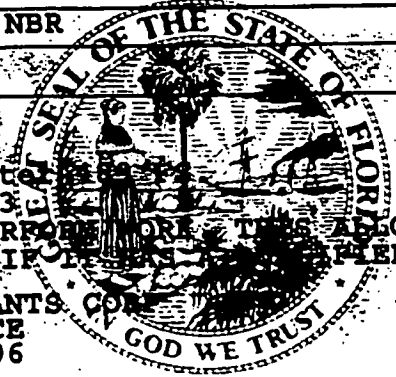
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L03031804775

DATE	BATCH NUMBER	LICENSE NBR
03/18/2003	000000000	QB24730

The BUSINESS ORGANIZATION
 Named below IS QUALIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2003
 (THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
 COMPANY TO DO BUSINESS ONLY IF THE LICENSEE IS A MEMBER.)



G & B CONTRACTORS & CONSULTANTS CORP
 5187 NE SHORE VILLAGE TERRACE
 STUART FL 34996

[Handwritten signature]
 3-18-03

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC# 0455676

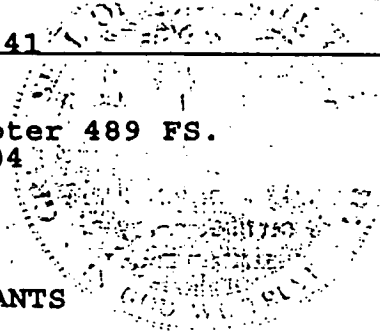
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L020613005

DATE	BATCH NUMBER	LICENSE NBR
06/13/2002	011133597	CRC056841

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



BEbble, GENE PATRICK
 G & B CONTRACTORS & CONSULTANTS
 60 S SEWALLS PT RD
 STUART, FL 34996

[Handwritten signature]
 3-18-03

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY SEYER
SECRETARY

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW


CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	04/21/2002	EXPIRATION DATE	04/20/2004
PERSON	BALDWIN	GARY	L
SSN	341-48-8348		
FEIN	260016320		
BUSINESS	G B CONTRACTORS & CONSULTANTS CORP 60 S SEWALLS POINT RD STUART FL 34996		

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF WORKERS' COMPENSATION</p> <p style="text-align: center;"></p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 04/21/2002 EXPIRATION: 04/20/2004</p> <p>PERSON: BALDWIN GARY SSN: 341-48-8348 FEIN: 260016320 BUSINESS: G B CONTRACTORS & CONSULTANTS 60 S SEWALLS POINT RD STUART FL 34996</p>	<p>F O L D H E R E</p>	<p>NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Woerks' Compensation Law may not recover benefits or compensation under Chapter 440.</p>
--	---	---

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

2002-10741

STATE OF FLORIDA
PALM BEACH COUNTY
OCCUPATIONAL LICENSE

OC-032
CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2003

G & B CONTRACTORS &
CONSULTANTS
BEBBLE GENE PATRICK

** LOCATED AT

300 NORFOLK ROAD
JUPITER FL 33469

CNTY \$26.25

TOTAL \$26.25

Is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:
BUILDING CONTRACTOR
CB C056841

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$26.25 OCC 004 12026 08-22-2002

JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY

**THIS LICENSE VALID ONLY WHEN RECEIPTED BY
TAX COLLECTOR**

GB Contractors & Consultants Corp..
License #CBC056841

November 20, 2003

Sewall's Point Building Department

ATTN: Gene Simmons

I, Gary Baldwin, Vice President of GB Contractors request a formal withdrawal for Permit #6443 at #11 Riverview in Sewall's Point.

The demolition has been completed and I believe we are in compliance with the Permit we filed up to this point.

After speaking with the investors from Miami and learning that there are many intentions of completing work that requires licensed and insured tradesmen without Permit, it is necessary to both alert the "Town" and to relieve corporation of any further liability.

Myself and Gene Bebble can be contacted at 225-7080 or my Cell 285-1637.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Baldwin". The signature is written in a cursive style with a large initial "G" and "B".

Gary Baldwin
Vice President

MC Property Appraiser
Laurel Kelly, C.F.A.

Important Dates
Address & Directions

Office Info
Searches

Features
Home

Lists
Site Map

owner :
address : 11 Riverview
date from :

date to :
price from :
price to :
accountnumber :
PCN :
SRC :

Millage Code :
STREET_NAME
STREET_NUMBER

select account_nbr, geo_nbr, street_nbr, street_sub_nbr, direction_cd, street_name,
owner_nm from testsimple where street_name ~'^RIVERVIEW.*' AND street_nbr = 11

Your Search returned 2 records in 0.0212 seconds

Value, Exemption and Tax amounts
are from the 2003 Preliminary Tax Roll. The tax amounts are ESTIMATED
Sale and Owner information is
current through September 26, 2003. Web site data updated on October 9, 2003

To get details on a record click on the underlined Owner Name.

Owner Name: SCHELLER, HOLLY

Account Number: 27508
Parcel/Geo Number: 12-38-41-001-000-00180-0
Address: 11 RIVERVIEW DR
Short Legal: RIVERVIEW S/D LOT 18

Owner Name: WEITZ, ILENE

Account Number: 27508
Parcel/Geo Number: 12-38-41-001-000-00180-0
Address: 11 RIVERVIEW DR
Short Legal: RIVERVIEW S/D LOT 18

Not getting any results or "too" few? look at these HINTS

[MC_Property Appraiser](#)
Laurel Kelly, C.F.A.

[Important Dates](#)
[Address & Directions](#)

[Office Info](#)
[Searches](#)

[Features](#)
[Home](#)

[Lists](#)
[Site Map](#)

This is Record 1 of 2. Tax Year 2003 Preliminary

[Basic Results](#) [Legal Desc](#) [Features](#) [Sales History](#)

PREVIOUS [NEXT](#)

Parcel Number: 12-38-41-001-000-00180-0
Account Number: 27508
Owner Name: WEITZ, ILENE
Second Owner: SCHILLER, HOLLY
Owner Mail Address: 1204 MANOR DR
City, State & Zip: WESTON , FL 33326
Location/Site Address: 11 RIVERVIEW DR
Sale Date: 08/05/2003
Sale Amount: 350000
OR Book & Page: 1799 / 1684
Land Value: \$110000
Improvement Value: \$163000
Mobile Home Value: \$0
Market Value: \$273000
Assessed Value: \$195669
Exemption Amount: \$25000
Taxable Value: \$170669 - **WARNING:** [Significant tax increases](#)
Taxes: \$2919.409 - [often occur when sold. \(Click here for more\)](#)
Millage Code: 2200
State Reporting Code: 101
Year Built: 1983
Short Legal: RIVERVIEW S/D LOT 18

PREVIOUS [NEXT](#)

[Basic Results](#) [Legal Desc](#) [Features](#) [Sales History](#)

This is Record 2 of 2. Tax Year 2003 Preliminary

[Basic Results](#) [Legal Desc](#) [Features](#) [Sales History](#)

[PREVIOUS](#) [NEXT](#)

Parcel Number: 12-38-41-001-000-00180-0

Account Number: 27508

Owner Name: WEITZ, ILENE

Second Owner: SCHILLER, HOLLY

Owner Mail Address: 1204 MANOR DR

City, State & Zip: WESTON , FL 33326

Location/Site Address: 11 RIVERVIEW DR

Sale Date: 08/05/2003

Sale Amount: 350000

OR Book & Page: 1799 / 1684

Land Value: \$110000

Improvement Value: \$163000

Mobile Home Value: \$0

Market Value: \$273000

Assessed Value: \$195669

Exemption Amount: \$25000

Taxable Value: \$170669 - **WARNING:** [Significant tax increases](#)

Taxes: \$2919.409 - [often occur when sold. \(Click here for more\)](#)

Millage Code: 2200

State Reporting Code: 101

Year Built: 1983

Short Legal: RIVERVIEW S/D LOT 18

[PREVIOUS](#) [NEXT](#)

[Basic Results](#) [Legal Desc](#) [Features](#) [Sales History](#)



Document Detail

Type: MTG

File Number 1681532

Date/Time: 8/8/2003 10:26:49

Book Type: O

Book/Page: 1799/1685

Pages: 15

Consideration: \$250,000.00

Legal: LT 18 RIVERVIEW

Grantors: WEITZ ILENE
SCHILLER HOLLY

Grantees: RISO ANTHONY

Copyright © 2003 by
NewVision Systems Corporation.
All rights reserved.

STOP WORK ORDER

DATE: 9/22

ADDRESS: 11 River View

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

Amelition

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.

Paul Chiotto

BUILDING OFFICIAL OR INSPECTOR

DO NOT REMOVE THIS NOTICE UNTIL PERMIT IS OBTAINED!

STOP WORK ORDER

DATE: 9/26/03

ADDRESS: 11 RIVERVIEW DR.

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

PRIOR STOP WORK REMOVED -
THIS CONSTITUTES A CODE VIOLATION

NO WORK IS TO BE DONE UNTIL
PERMIT HAS BEEN ISSUED.

DO NOT REMOVE THIS STICKER

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.

GENE SIMMONS.

BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**

STOP WORK ORDER

DATE: 10/21/03

ADDRESS: 11 RIVERVIEW

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

PERMIT CANCELED. - NO WORK TO
BE DONE WITHOUT RESUBMITTAL
FOR NEW PERMIT

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.

C. M. Smith

BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**

6487

RENOVATIONS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/05/03

BUILDING PERMIT NO. 6487

Building to be erected for SCHILLER

Type of Permit RENOVATIONS

Applied for by O/B

LHK # 9,600/1000 =
(Contractor) Building Fee 393.60

Subdivision RIVERVIEW Lot 18 Block _____

Radon Fee _____

Address 11 RIVERVIEW DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1238410010000018000000

Electrical Fee 35.00

Plumbing Fee 35.00

Amount Paid 628.70 Check # 1061 Cash _____

Roofing Fee 25% O/B 125.74

Other Fees 10% PLANET 39.36

Total Construction Cost \$ 41,000.00

TOTAL Fees 502.96

628.70

Signed Wally L. Schill
Applicant

Signed Gene Summers (2003)
Town Building Official

PERMIT

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

INSPECTIONS

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

Date: NOV 3, 2003

Permit Number: _____

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

OWNER/TITLEHOLDER NAME: Wehr-Schiller Phone (Day) 954 401-0100 (Fax) 954-385-6931

Job Site Address: 11 RIVERVIEW DR City: Sewall Pt State: FLA Zip: 34996

Legal Description of Property: RIVERVIEW S/LOT 18 Parcel Number: 123841001

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

Description of Work To Be Done: House Renovation according to PLAN

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

CONTRACTOR/Company: OWNER Phone: _____ Fax: _____

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 41,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: WATS ELECTRIC State: FLA License Number: EC 0001169

Mechanical: N/A State: _____ License Number: _____

Plumbing: DAVES PLUMBING State: FLA License Number: _____

Roofing: N/A State: _____ License Number: _____

ARCHITECT: OWNER Phone Number: _____

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

ENGINEER: OWNER Phone Number: _____

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

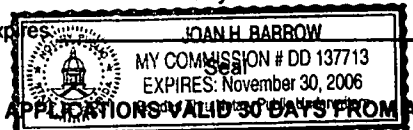
OWNER OR AGENT SIGNATURE (required)
M. Mangual
State of Florida, County of: Martin
This the 3rd day of November, 2003
by M. Mangual who is personally
known to me or produced H. d. f.
as identification: Joan H. Barrow

CONTRACTOR SIGNATURE (required)

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

My Commission Expires: _____
Notary Public

My Commission Expires: _____
Notary Public

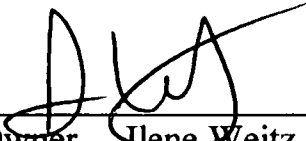


PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

Power of Attorney

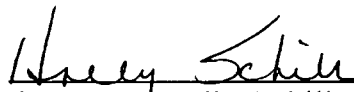
I hereby give Michael Mangual Power of Attorney to act as my agent of record, to pull any and all permits for our home residence at 11 Riverview Road Sewall's Point, Florida 34996. This Power of Attorney and Permission to be our Agent, will terminate upon obtaining a (C.O.) Certificate of Occupancy for my new home at 11 Riverview Road Stuart, Florida 34996.

I understand that work may commence on November 3, 2003 on my above residence.



Owner ~~Ilene Weitz~~
Date 11-03-03

Notary



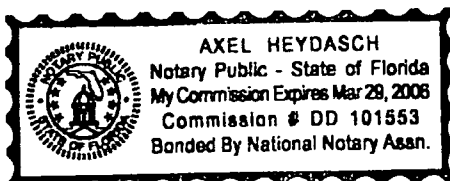
Owner (Holly Schiller)
Date 11-3-03

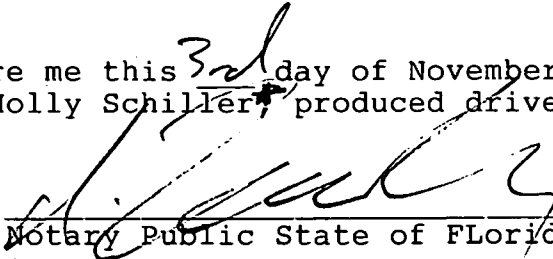
Notary

State of FLorida)
)SS
County of Dade)

SWORN AND SUBSCRIBED before me this 3rd day of November, 2003 and Affiants, Ilene Weitz and Holly Schiller, produced driver's licenses as identification.

My Commission Expires:





Notary Public State of FLorida At Large

*aka Hollis Lisa Schiller

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # 16487

TAX FOLIO # 1238410010000018000000

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):

LOT 18 RIVERVIEW SUBDIVISION

GENERAL DESCRIPTION OF IMPROVEMENT: SINGLE FAMILY RENOVATION

OWNER: ILENE WEITZ AND HOLLY SCHILLER

ADDRESS: 1204 MANOR DRIVE SO. WESTON, FL 33326 / 118 NOCKING CIRCLE WESTON FL 33326

PHONE #: 954-384-1644 / 954-384-8514 FAX #: 954-385-6931

CONTRACTOR: OWNER / HANDLER

ADDRESS: SITING AT HOME

PHONE #: _____

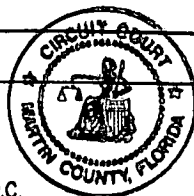
FAX #: STATE OF FLORIDA
MARTIN COUNTY

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
FAX #: _____
MARSHA EWING, CLERK



BOND AMOUNT: _____

BY T COPUS D.C.
DATE 11-5-03

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: _____

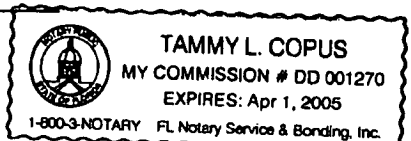
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Holly L. Schiller
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5 DAY OF NOV. 1903 BY Holly L. Schiller

Tammy L. Copus
NOTARY SIGNATURE

OR PERSONALLY KNOWN
PRODUCED ID FL02
TYPE OF IDS 460-332-55-546-0
exp. 12-28-08
2-6-04P



TOWN OF SEWALL'S POINT

ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: SCHILLER Date: 11/5/03

Signature: Haley R. Schiller

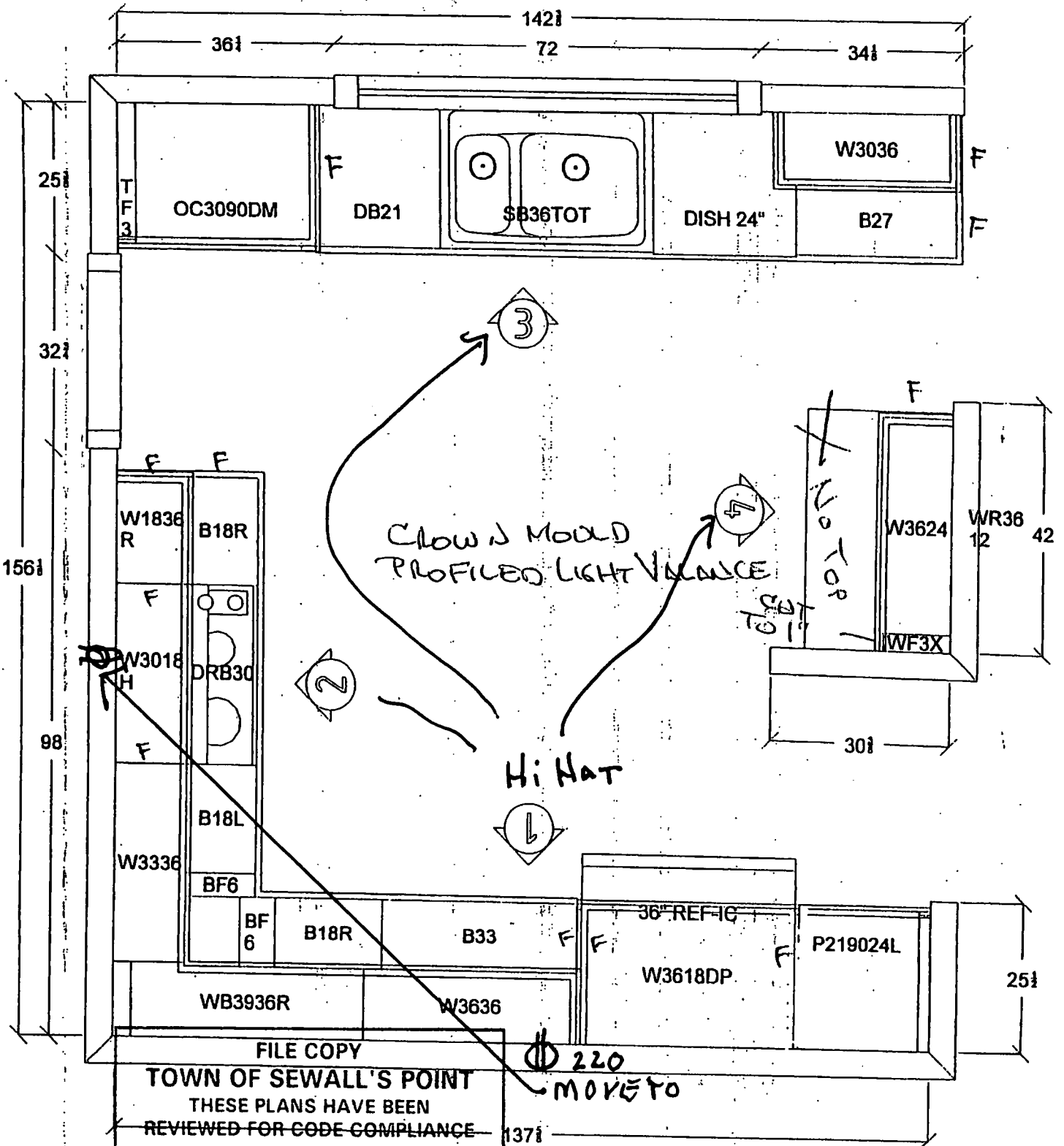
Address: 11 RIVERVIEW DR

City & State: SEWALL'S POINT, FL 34996

Permit No. 6487

This form is for all permits except electrical.

HOLLY SCHILLER SINGLE FAMILY RESIDENCE KITCHEN



FILE COPY

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

DATE: 11/05/03

[Signature]
BUILDING OFFICIAL
 Gene Simmons

CUSTOMER APPROVAL
 NOTE: ELEVATIONS AND SIZE OF CABINET MAY VARY DUE TO FIELD CONDITIONS AND STYLE OF CABINERY

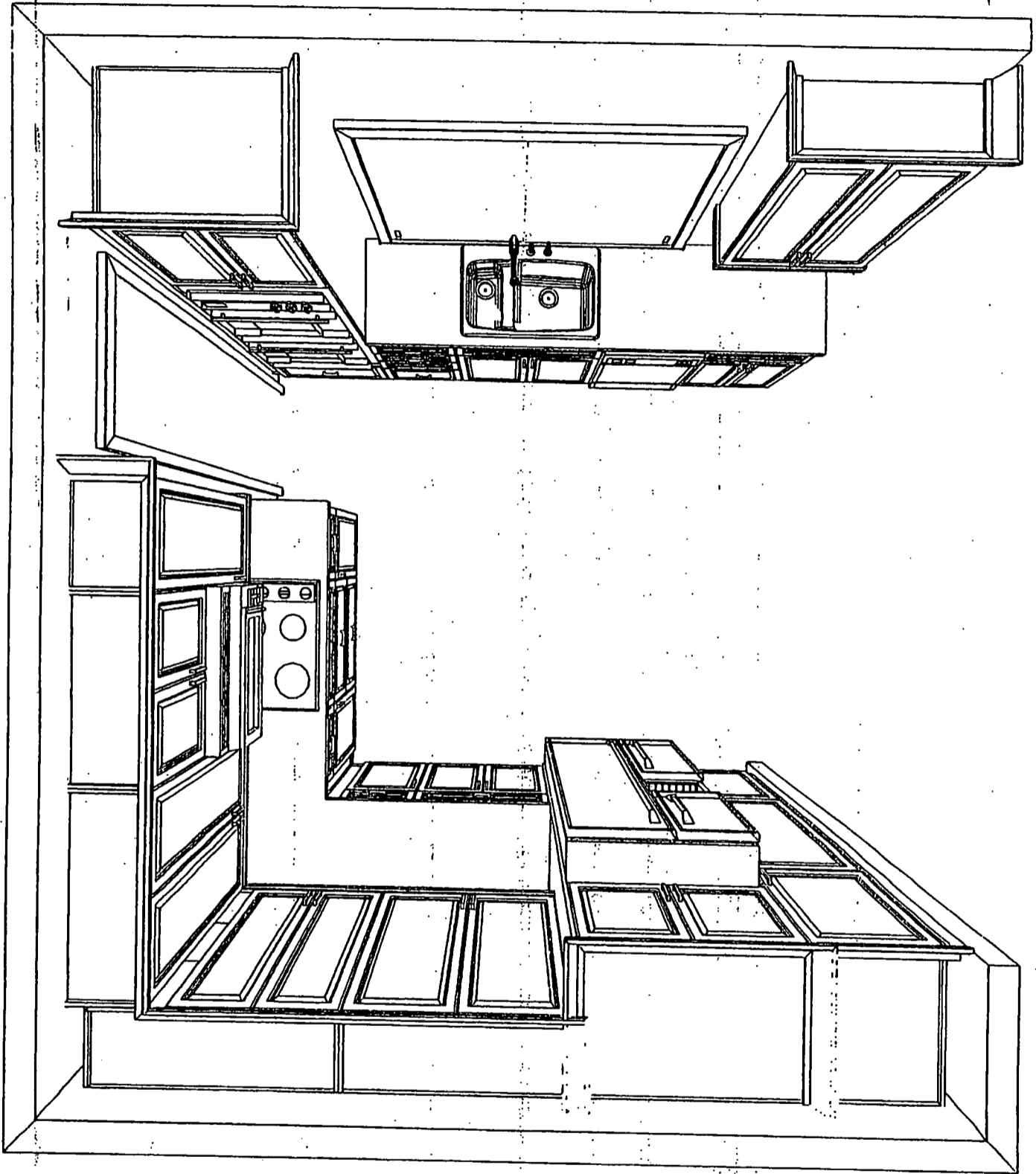
CONTRACTOR: _____
 JOB NAME: _____
 SIGNATURE: _____ DATE: _____
 NAME(PRINT): _____

NOTE: ALL DIMENSIONS FINISHED AND GUARANTEED BY BUILDER.
 ALL ANGLES @ 135°

All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.	This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	sspst3 Stuart Schiller Single Family Residence Port St. Lucie Kitchen	Scale: 1/2" = 1' Designer: KM	Design: 09/24/03 Date: 09/25/03	Dwg no.
--	--	--	----------------------------------	------------------------------------	---------

HPS

HOLLY SCHILLER SINGLE FAMILY RESIDENCE KITCHEN



CUSTOMER APPROVAL

NOTE: ELEVATIONS AND SIZE OF CABINET MAY VARY DUE TO FIELD CONDITIONS AND STYLE OF CABINTRY

CONTRACTOR: _____
 JOB NAME: _____
 SIGNATURE: _____ DATE: _____
 NAME(PRINT): _____

NOTE: ALL DIMENSIONS

**FINISHED AND
 GUARANTEED BY
 BUILDER.**

ALL ANGLES @ 135°

HRS

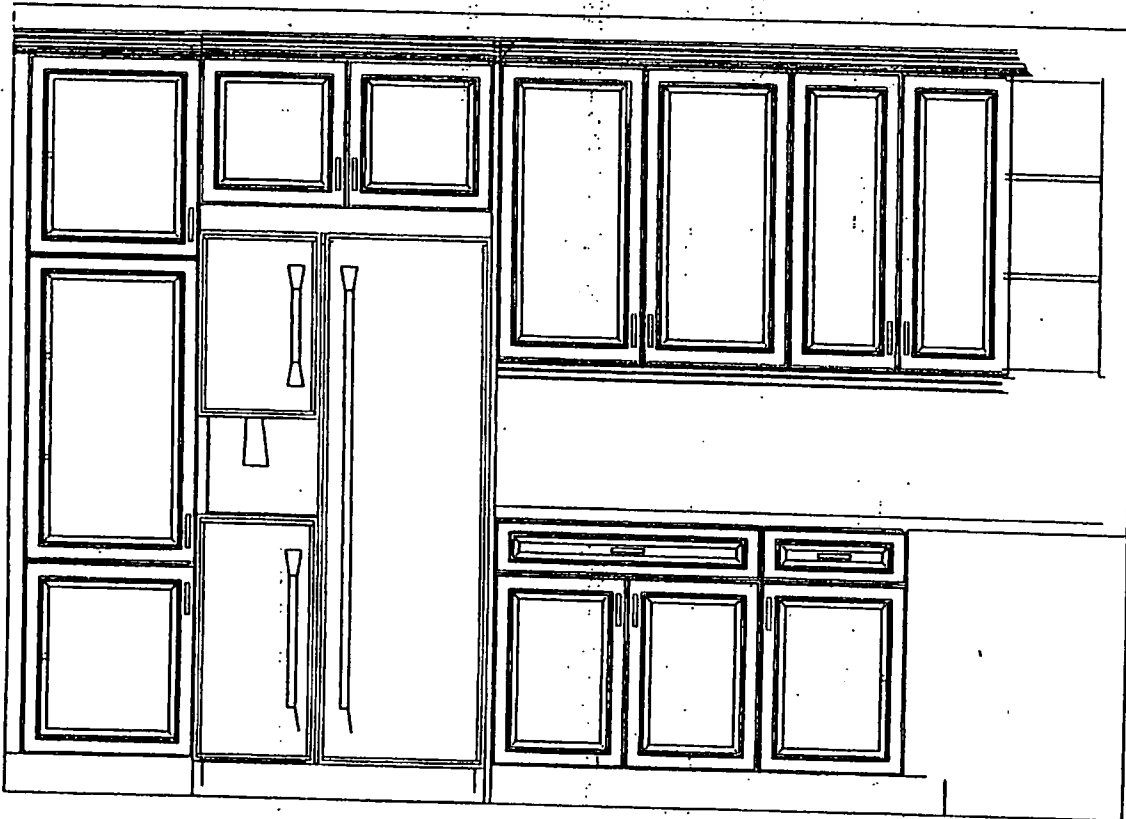
Note: This drawing is an artistic interpretation of the general appearance of the floor plan. It is not meant to be an exact rendition.

ssps13

Stuart Shiller
 Single Family Residence
 Port St. Lucie Kitchen

Dwg no.

HOLLY SCHILLER SINGLE FAMILY RESIDENCE KITCHEN



CUSTOMER APPROVAL
NOTE: ELEVATIONS AND SIZE OF CABINET MAY VARY DUE TO
FIELD CONDITIONS AND STYLE OF CABINERY

CONTRACTOR: _____
JOB NAME: _____
SIGNATURE: _____ DATE: _____
NAME(PRINT): _____

**NOTE: ALL DIMENSIONS
FINISHED AND
GUARANTEED BY
BUILDER.
ALL ANGLES @ 135°**

HPS

All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.

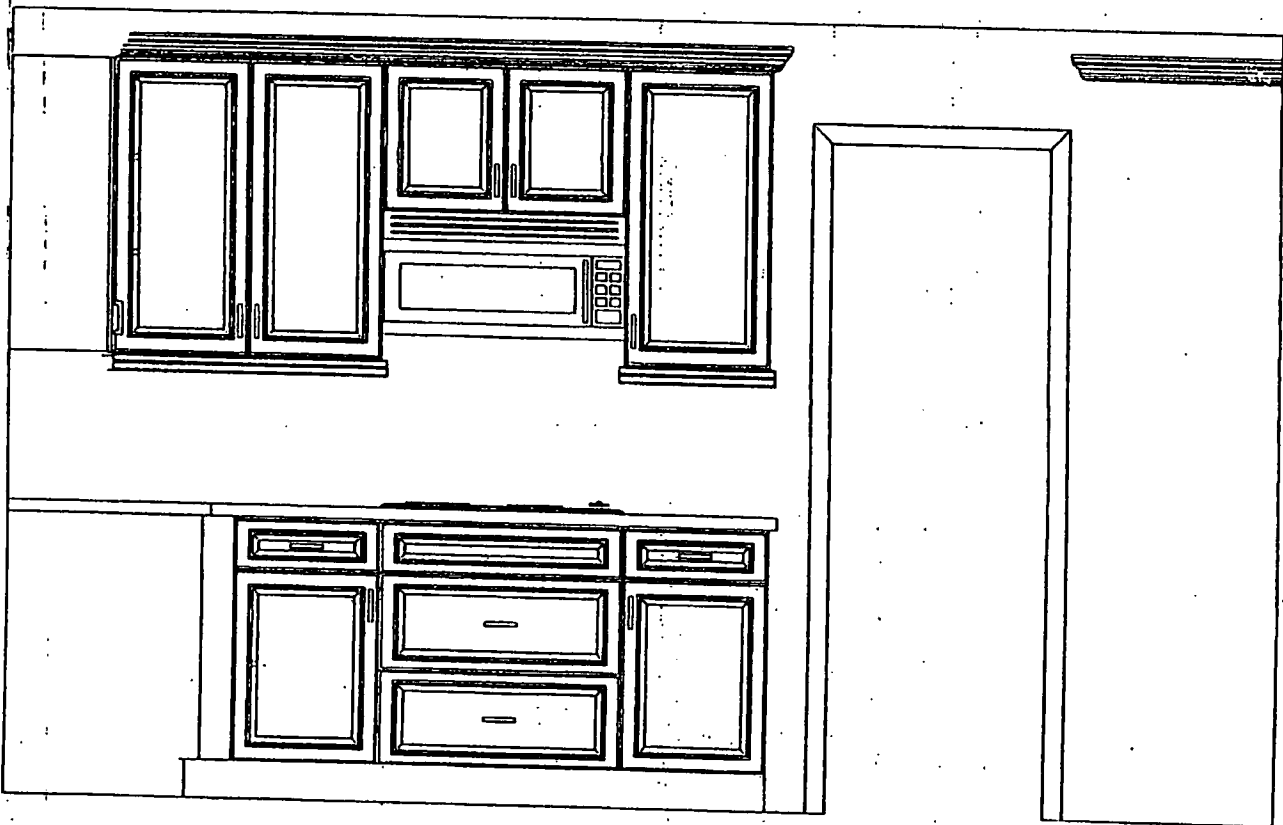
This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

ssps3
Stuart Schiller
Single Family Residence
Port St. Lucie Kitchen

Scale: 1/2" = 1'
Designer
KM
Wall/C Line # 2

Dwg no.

HOLLY SCHILLER SINGLE FAMILY RESIDENCE KITCHEN



②

CUSTOMER APPROVAL
NOTE: ELEVATIONS AND SIZE OF CABINET MAY VARY DUE TO
FIELD CONDITIONS AND STYLE OF CABINETS

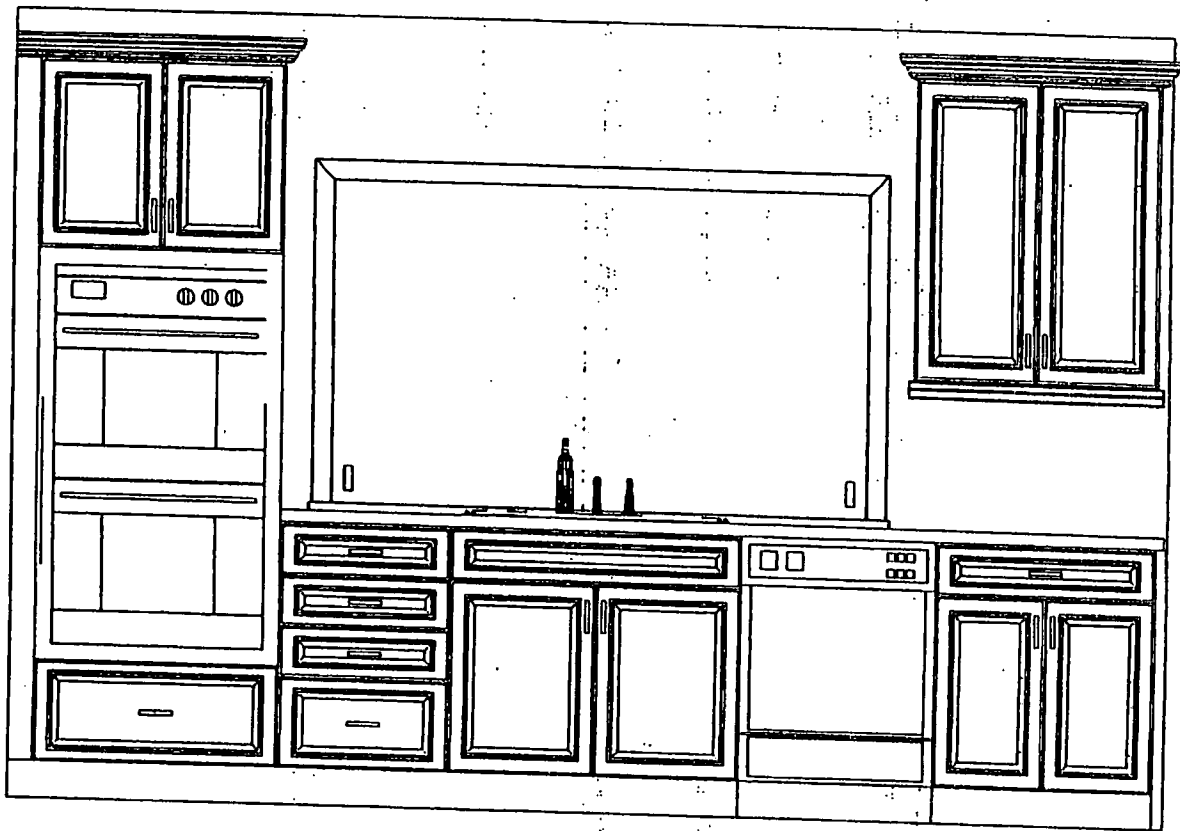
CONTRACTOR: _____
JOB NAME: _____
SIGNATURE: _____ DATE: _____
NAME(PRINT): _____

**NOTE: ALL DIMENSIONS
FINISHED AND
GUARANTEED BY
BUILDER.
ALL ANGLES @ 135°**

NRS

All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.		This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	ssps13 Stuart Schiller Single Family Residence Port St. Lucie Kitchen	Scale: 1/2" = 1' Designer KRM Wall/C Lins # 3	Dwg no. _____ _____ _____
--	--	--	--	--	------------------------------------

HOLLY SCHILLER SINGLE FAMILY RESIDENCE KITCHEN



3

CUSTOMER APPROVAL

NOTE: ELEVATIONS AND SIZE OF CABINET MAY VARY DUE TO FIELD CONDITIONS AND STYLE OF CABINETRY

CONTRACTOR: _____
 JOB NAME: _____
 SIGNATURE: _____ DATE: _____
 NAME(PRINT): _____

NOTE: ALL DIMENSIONS

**FINISHED AND
 GUARANTEED BY
 BUILDER.**

ALL ANGLES @ 135°

All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

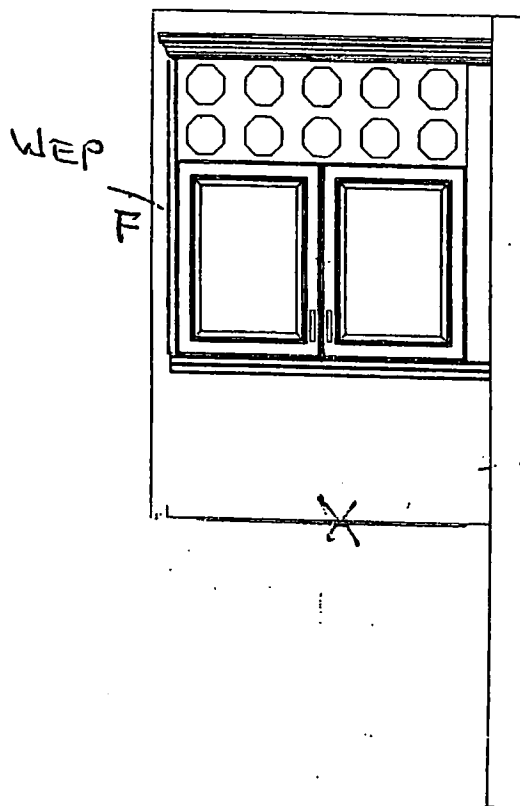
ssps13
 Stuart Schiller
 Single Family Residence
 Port St. Lucie Kitchen

Scale: 1/2" = 1'
 Designer
 KM
 Wall/C Line # 4

Dwg no.

HPS

HOLLY SCHILLER SINGLE FAMILY RESIDENCE KITCHEN



CUSTOMER APPROVAL

NOTE: ELEVATIONS AND SIZE OF CABINET MAY VARY DUE TO FIELD CONDITIONS AND STYLE OF CABINERY

CONTRACTOR: _____
 JOB NAME: _____
 SIGNATURE: _____ DATE: _____
 NAME(PRINT): _____

NOTE: ALL DIMENSIONS

**FINISHED AND
 GUARANTEED BY
 BUILDER.**

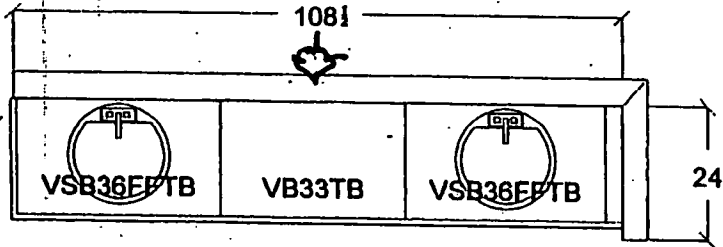
ALL ANGLES @ 135°

WPS

All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.	This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	SSPSL Stuart Schiller Single Family Residence Port St. Lucia Kitchen	Scale: 1/2" = 1'	Designer KM	Wall/C Line # 5	Dwg no.
--	--	---	------------------	----------------	-----------------	---------

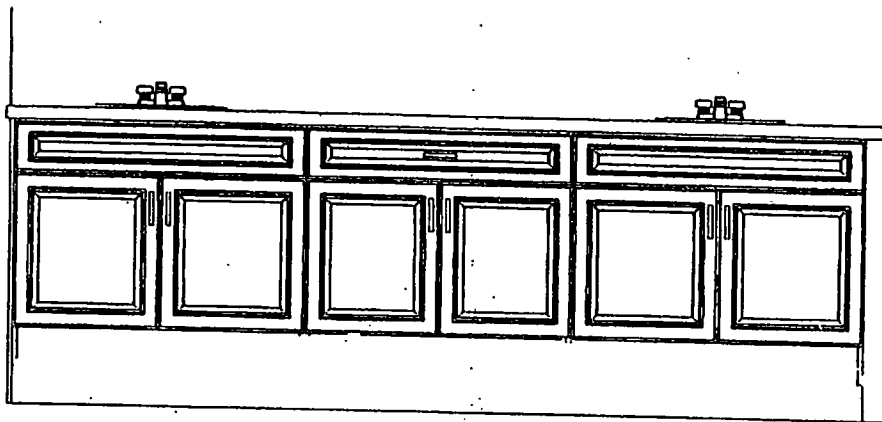
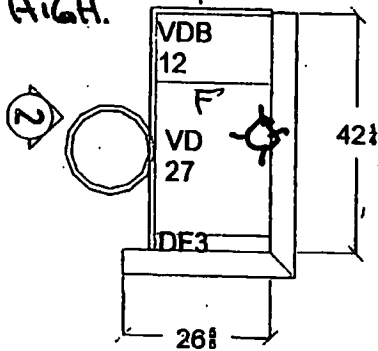
HOLLY SCHILLER SINGLE FAMILY RESIDENCE MASTER BATH

Master Bath



① MASTER BATH ALL VANITIES 34 1/2" HIGH WITH 9" TOES EXCEPT DESK AT 32" HIGH.

SPUNGE EDGE
MICA TOP
W/ 1/4" SPLASH



①

CUSTOMER APPROVAL

NOTE: ELEVATIONS AND SIZE OF CABINET MAY VARY DUE TO FIELD CONDITIONS AND STYLE OF CABINETRY

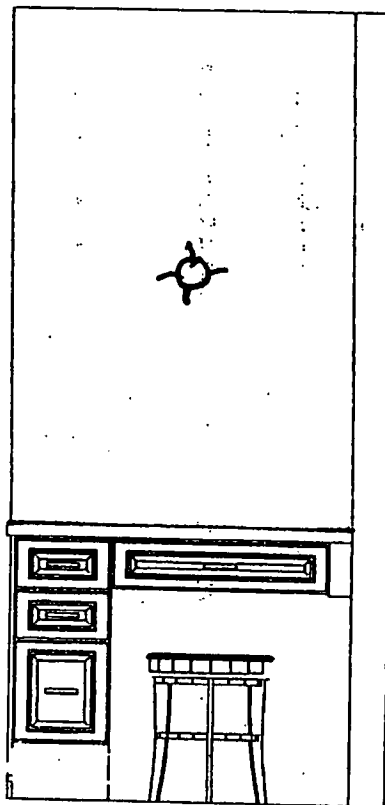
CONTRACTOR: _____
 JOB NAME: _____
 SIGNATURE: _____ DATE: _____
 NAME (PRINT): _____

**NOTE: ALL DIMENSIONS
FINISHED AND
GUARANTEED BY
BUILDER.
ALL ANGLES @ 135°**

HRS

All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.	This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	83PSLV Stuart Schiller Single Family Residence Port St. Lucie Vanities	Scale: 1/2" = 1'	Designer KM	Wall/C Line # 1	Dwg no.
--	--	---	------------------	----------------	-----------------	---------

HOLLY SCHILLER SINGLE FAMILY RESIDENCE MASTER BATH



②

CUSTOMER APPROVAL

NOTE: ELEVATIONS AND SIZE OF CABINET MAY VARY DUE TO FIELD CONDITIONS AND STYLE OF CABINetry

CONTRACTOR: _____
 JOB NAME: _____
 SIGNATURE: _____ DATE: _____
 NAME(PRINT): _____

NOTE: ALL DIMENSIONS FINISHED AND GUARANTEED BY BUILDER. ALL ANGLES @ 135°

16PS

All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.		This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.	SSPSLV Stuart Schiller Single Family Residence Port St. Lucie Vanities	Scale: 1/2" = 1" Designer: KM Wall/C Line # 3	Dwg no. _____ _____ _____
--	--	--	---	---	------------------------------------



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 11 Riverview

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

Plumbing Rough

Failed: move icemaker line
away from ferris
or install stud guard

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: 12/8/3

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/18, 2003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6111	GREENE	PLUMBING	Passed	6:00
(3)	26 ISLAND DR O/B	FINAL		INSPECTOR: <i>[Signature]</i>
6522	TOPPING	ROOF REPAIR	Passed	→ close
(6)	7 MIDDLE ROAD ROOF TILE SPEC			INSPECTOR: <i>[Signature]</i>
6519	TOPPING	CELINA REPAIR	Passed	→ close
(5)	7 MIDDLE ROAD SPECIAL FORCES			INSPECTOR: <i>[Signature]</i>
6396	MUFSON	SLAB	Passed	
(7)	17 S. RIVER ROAD BUFORD			INSPECTOR: <i>[Signature]</i>
6131	PEIFFER	DRIVEWAY	Passed	
(2)	104 HENRY SEWALL BUFORD			INSPECTOR: <i>[Signature]</i>
6436	LIZARS	FINAL FASCIA	Passed	
(4)	4 ISLAND ROAD TREASURE COAST CARP	& SOFFIT REPAIR		INSPECTOR: <i>[Signature]</i>
6487	SCHULER	ELECTRICAL	Passed	
	11 RIVERVIEW O/B	PLUMBING	Passed	INSPECTOR: <i>[Signature]</i>
OTHER:	64 H Sewall way	Pool corrective notice		<i>[Signature]</i>
	31 Field way	Civello 6476		
	11 Pecanville	Parents: Plum		<i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/15 2004 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6610	KING	IN PROGRESS		CANCELLED
3	35 W. HIGH POINT	ROOF		
	CARDINAL PEEKING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6261	SMITH	MISC STAIRS +	FAIL	\$40
	7 SIMARA	NAILING		\$40
1	SUNRISE CONST.	ROUGH PLUMB	FAIL	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6261	SMITH	ROUGH ELEC	FAIL	
1	7 SIMARA	ROUGH AC	FAIL	
	SUNRISE CONST.	FRAMING	FAIL	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6481	SCHILLER	BLDG FINISH	PASS	CLOSE
2	11 RIVERVIEW DR			
	SCHILLER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6413	POWER	BEAM + COLUMN	PASS	
	70 S. SE			
	FLORIDA'S PINGBY			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:

OTHER:

6510

PAVERS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/24/03

BUILDING PERMIT NO. 6510

Building to be erected for WEITZ + SCHILLER Type of Permit PAVERS OVER POOL DECK

Applied for by PERFECT PAVERS (Contractor) Building Fee 35.00

Subdivision RIVERVIEW Lot 18 Block _____ Radon Fee _____

Address 11 RIVERVIEW Impact Fee _____

Type of structure POOL DECK A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1238410010000018000000 Plumbing Fee _____

Amount Paid 35.00 Check # 2547 Cash _____ Other Fees (_____) _____ Roofing Fee _____

Total Construction Cost \$ 2400.00 TOTAL Fees 35.00

Signed Debra Bott
Applicant

Signed Gene Simmons (Seal)
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 checked="" type="checkbox"/> POOL/SPA/DECK PATIO |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

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

RECEIVED

NOV 19 2003

Permit Number: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

BY: _____

OWNER/TITLEHOLDER NAME: Elene Weitz & Holly Schiller Phone (Home) 954-384-8614 (Work) _____

Job Site Address: 11 Riverview Drive City: Sewall Point State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: _____

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

Description of Work To Be Done: PAVERS OVER POOL DECK

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

CONTRACTOR/Company Name: Perfect Pavers, Inc Phone Number: 772-778-1403

Street: 2686 US Hwy 1 City: Vero Beach State: FL Zip: 32960

State Registration Number: _____ State Certification Number: 017908 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2400.00 (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: _____
Carport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____

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

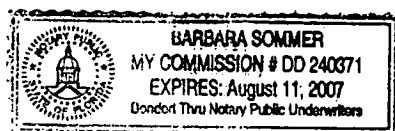
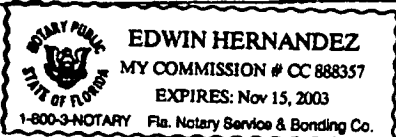
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)
Holly Schiller
State of Florida, County of: BROWARD
This the 10 day of NOV, 2003
by Holly Schiller who is personally
known to me or produced EDL
as identification. [Signature]
Notary Public
My Commission Expires: _____ Seal

CONTRACTOR SIGNATURE (required)
Debbie Bott
On State of Florida, County of: Indian River
This the 11th day of November 2003
by Debbie Bott who is personally
known to me or produced EDL
As identification. Barbara Sommer
Notary Public
My Commission Expires: _____ Seal

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



ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 11/21/03
PRODUCER Acordia Boca Raton Division P.O. Box 2490 Boca Raton, FL 33427	561-388-2777	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Perfect Pavers, Inc. 628 N. W. 1st Avenue Ft. Lauderdale FL 33301		INSURERS AFFORDING COVERAGE INSURER A: VALLEY FORGE INSURER B: American Casualty of Reading INSURER C: Transportation Ins Co - DB INSURER D: INSURER E:

RECEIVED
 NOV 21 2003
 BY:

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.

CLASS	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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	2064391560	6/25/03	6/25/04	EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMPYOP AGG \$ 2000000
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 GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	2064391595	6/25/03	6/25/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE 10000 RETENTION \$	BIND052221	11/17/03	6/25/04	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000 WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

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

CERTIFICATE HOLDER TOWN OF SEWALL'S POINT 1 SOUTH SEWALLS POINT SEWALLS POINT, FL 34996	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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
---	--	---

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

Named Insured(s):

Gevity HR Inc. and its wholly owned subsidiaries including Gevity HR, L.P.; Gevity HR IV, L.P.; Gevity HR IX, L.P.; Gevity HR X, L.P.

800 301 Boulevard West
Bradenton, Florida 34206

RECEIVED
NOV 20 2003
BY: _____

MARSH

Insurer Affording Coverage

American Home Assurance Co.,
Member of American International Group, Inc. (AIG)

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	Policy Number	Limits	
Workers' Compensation	1-1-2004	RMWC0977182 RMWC0977183 RMWC0977184 RMWC0977185 RMWC0977186	Employers Liability	
			Bodily Injury By Accident \$1,000,000	Each Accident
			Bodily Injury By Disease \$1,000,000	Policy Limit
			Bodily Injury By Disease \$1,000,000	Each Person

Other:

Employees Leased To:
12279. Perfect Pavers Inc

Effective Date: 01-JAN-2003

The above referenced workers' compensation policy provides statutory benefits only to employees of the Named Insured(s) on the policy, not to employees of any other employer.

If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: Should any of the policies described herein be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

Certificate Holder

Town of Sewalls Point
1 S Sewalls Point
Sewalls Point, FL 34996

Michael C. Weiss

Michael C. Weiss
Authorized Representative of Marsh USA Inc

(888)443-8488

Phone

20-NOV-2003

Date Issued

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

RECEIVED
NOV 20 2003
BY:

LEWIS, JOHN C
PERFECT PAVER INC
528 NW 1ST AVE
FT LAUDERDALE

FL 33301

CITY OF VERO BEACH - PLANNING DEPARTMENT
P.O. BOX 1989, 1089 80TH PLACE
VERO BEACH, FL 33981-1989

POSTAGE
U.S. POSTAGE
PAID
VERO BEACH, FL
PERMIT NO. 800
FIRST CLASS PERMITS ONLY

THIS IS NOT YOUR LICENSE. RETURN WITH BENEFITORS. MAKE CHECKS PAYABLE TO: CITY OF VERO BEACH
STATEMENT FOR CITY OCCUPATIONAL LICENSE TAX 10/01/03 - 09/30/04
ACCOUNT NO: 48146

TYPE LICENSE: PROFESSIONAL
CLASS NUMBER: 1149
LOCATION: 2888 US 1

LICENSE FEE: \$45.00
DUE & PAYABLE ON OR BEFORE
10/01/03

FIRM NAME: PERFECT PAVERS INC.
OWNER/MGR: PATRICIA L WHITE
ADDRESS: 2888 US 1
VERO BEACH FL 33900

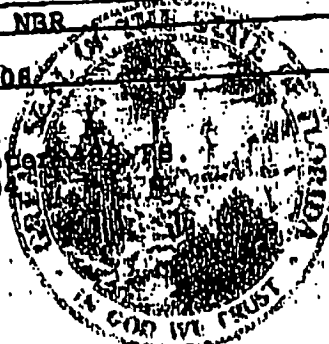


STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/20/2003	14091218	CBC017908

THE BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 488, F.S.
Expiration date: AUG 31, 2004



LEWIS, JOHN C
PERFECT PAVER INC
528 NW 1ST AVE
FT LAUDERDALE

FL 33301

JOHN BUSH

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/6, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6663	Barrett-Gandi	ROUGH ELECTRIC	PASS	
5	23 N. VIA LUCINDIA Ingram 772 473 8545			INSPECTOR:
6781	SANGRAJKA	HVAC ROUGH	FAIL	
5	20 S. VIA LUCINDIA AZTECA	ELEC ROUGH	FAIL	INSPECTOR:
6771	Aluman	FORMBOARD ADDITION	CANCEL	
	106 S. RIVER RD O/B			INSPECTOR:
6510	SCHILLER	FINAL Pool Deck Pavers	PASS	CLOSE
6	11 RIVERVIEW PERFECT PAVERS	Tracy Hill 335-7104		INSPECTOR:
7	11 RIO VISTA.	CHECK DAMAGE BY PACIFIC TO YARD NEXT DOOR E 15 RIO VISTA. CALL 287-4326 12/22		(SEE ME) INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/9/04

BUILDING PERMIT NO. 7.121

Building to be erected for WILCOX

Type of Permit FENCE

Applied for by O/B

(Contractor)

Building Fee 30.00

Subdivision RIVERVIEW Lot 18 Block _____

Radon Fee _____

Address 11 RIVERVIEW DR

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

123841001000001000000000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 30.00 Check # _____ Cash _____

Other Fees (_____)

Total Construction Cost \$ 2394.46

Roofing Fee _____

TOTAL Fees 30.00

Signed Matthew Wilcox
Applicant

Signed James Summers
Town Building Official

PERMIT

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

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

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

INSPECTIONS

UNDERGROUND PLUMBING _____

UNDERGROUND MECHANICAL _____

STEMWALL FOOTING _____

SLAB _____

ROOF SHEATHING _____

TRUSS ENG/WINDOW/DOOR BUCKS _____

ROOF TIN TAG/METAL _____

PLUMBING ROUGH-IN _____

MECHANICAL ROUGH-IN _____

FRAMING _____

FINAL PLUMBING _____

FINAL MECHANICAL _____

FINAL ROOF _____

UNDERGROUND GAS _____

UNDERGROUND ELECTRICAL _____

FOOTING _____

TIE BEAM/COLUMNS _____

WALL SHEATHING _____

LATH _____

ROOF-IN-PROGRESS _____

ELECTRICAL ROUGH-IN _____

GAS ROUGH-IN _____

EARLY POWER RELEASE _____

FINAL ELECTRICAL _____

FINAL GAS _____

BUILDING FINAL _____

RECEIVED

DEC 09 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 12/9/04

BY: MILTON L. WILCOX + SANDRA F. WILCOX Phone (Day) 772 781 8019 (Fax) 772-781-8019

Job Site Address: 11 RIVERVIEW DR City: SEWALLS POINT State: FL. Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIVERVIEW S/D LOT 18 Parcel Number: 12.38.41.001.000.00180.0.0000

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

Description of Work To Be Done: REPLACE WOODEN FENCE DAMAGED BY THE HURRICANE

WILL OWNER BE THE CONTRACTOR?:

(YES) NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2394.46
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$

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

Method of Determining Fair Market Value: INSURANCE ADJUSTOR

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

Street: _____ City: _____ 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: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required) Milton L. Wilcox

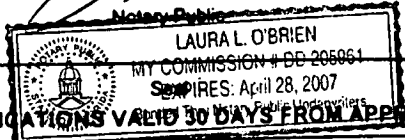
State of Florida, County of: MARTIN

This the 9th day of DECEMBER, 2004

by MILTON L. WILCOX who is personally

known to me or produced as identification. [Signature] x9/13/06

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____ 200

by _____ who is personally

known to me or produced

as identification. _____

My Commission Expires: _____

Notary Public

Seal

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

TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: MILTON L. WILCOX Date: 12/9/04

Signature: Milton L. Wilcox

Address: 11 RIVERVIEW DR.

City & State: SEWALLS POINT FL 34996

Permit No. _____

Prepared by
Gina Powers, an employee of
First American Title Insurance Company
729 South Federal Highway, Suite 103
Stuart, Florida 34994
(772) 286-0850

INSTR # 1746382
OR BK 01891 PG 0900
RECORDED 04/27/2004 02:50:34 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
DEED DOC TAX 4,130.00
RECORDED BY L Wood

Return to: Grantee

File No.: 1071-499505

WARRANTY DEED

This indenture made on **April 23, 2004** A.D., by

Ilene Weitz and Holly Schiller, both married persons
1204 Manor Drive S. Weston, Fla. 33326

whose address is: , 118 Dockside Circle Weston, Fl. 33327
hereinafter called the "grantor", to

Milton L. Wilcox and Sandra F. Wilcox, husband and wife
1721 S. E. FLINTLOCK ROAD PORT ST. LUCIE, FLORIDA 34952

whose address is: ~~11 Riverview Dr, Stuart, Fl 34996~~
hereinafter called the "grantee":

(Which terms "Grantor" and "Grantee" shall include singular or plural, corporation or individual, and either sex, and shall include heirs, legal representatives, successors and assigns of the same)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$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**, to-wit:

Lot 18 of RIVERVIEW SUBDIVISION, according to the Plat thereof as recorded in Plat Book 6, Page(s) 86, of the Public Records of Martin County, Florida.

Parcel Identification Number: **12-38-41-001-000-0018.0-0-0000**

Subject to all reservations, covenants, conditions, restrictions and easements of record and to all applicable zoning ordinances and/or restrictions imposed by governmental authorities, if any.

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

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

THIS IS NOT THE HOMESTEAD PROPERTY OF THE GRANTORS; NOR IS IT CONTIGUOUS THERETO.
ILENE WEITZ RESIDES AT 1204 MANOR DRIVE S. WESTON, FL. 33326
HOLLY SCHILLER RESIDES AT 118 DOCKSIDE CIRCLE WESTON, FL. 33327

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2003.

In Witness Whereof, the grantor has hereunto set their hand(s) and seal(s) the day and year first above written.

[Signature]
Ilene Weitz

[Signature]
Holly Schiller

Signed, sealed and delivered in our presence:
[Signature]
Witness Signature
Gina S. Powers
Print Name: _____

[Signature]
Witness Signature
Print Name: EVELYN M. FORTIER

State of **Florida**
County of **Martin**

The Foregoing Instrument Was Acknowledged before me on **April 23, 2004**, by **Ilene Weitz and Holly Schiller*** who is/are personally known to me or who has/have produced a valid driver's license as identification.

* both married persons

[Signature]
NOTARY PUBLIC
Gina S. Powers
Notary Print Name
My Commission Expires: _____



* INSURANCE ADJUSTOR'S ESTIMATED VALUE OF FENCE

	Repl. Cost	Depr.	ACV	OP RD
Screen Room Roof Total	\$3,873.20	\$690.00	\$3,183.20	

Exterior Front

		Repl. Cost	Depr.	ACV	OP RD
Remove Tree Off of House	20 LF @ \$15.00 ^w	\$300.00	\$0.00	\$300.00	
Remove Tree Debris	20 LF @ \$10.00 ^w	\$200.00	\$0.00	\$200.00	
Exterior Front Total		\$500.00	\$0.00	\$500.00	
Coverage - Building Totals		\$38,673.63	\$7,769.77	\$30,903.86	

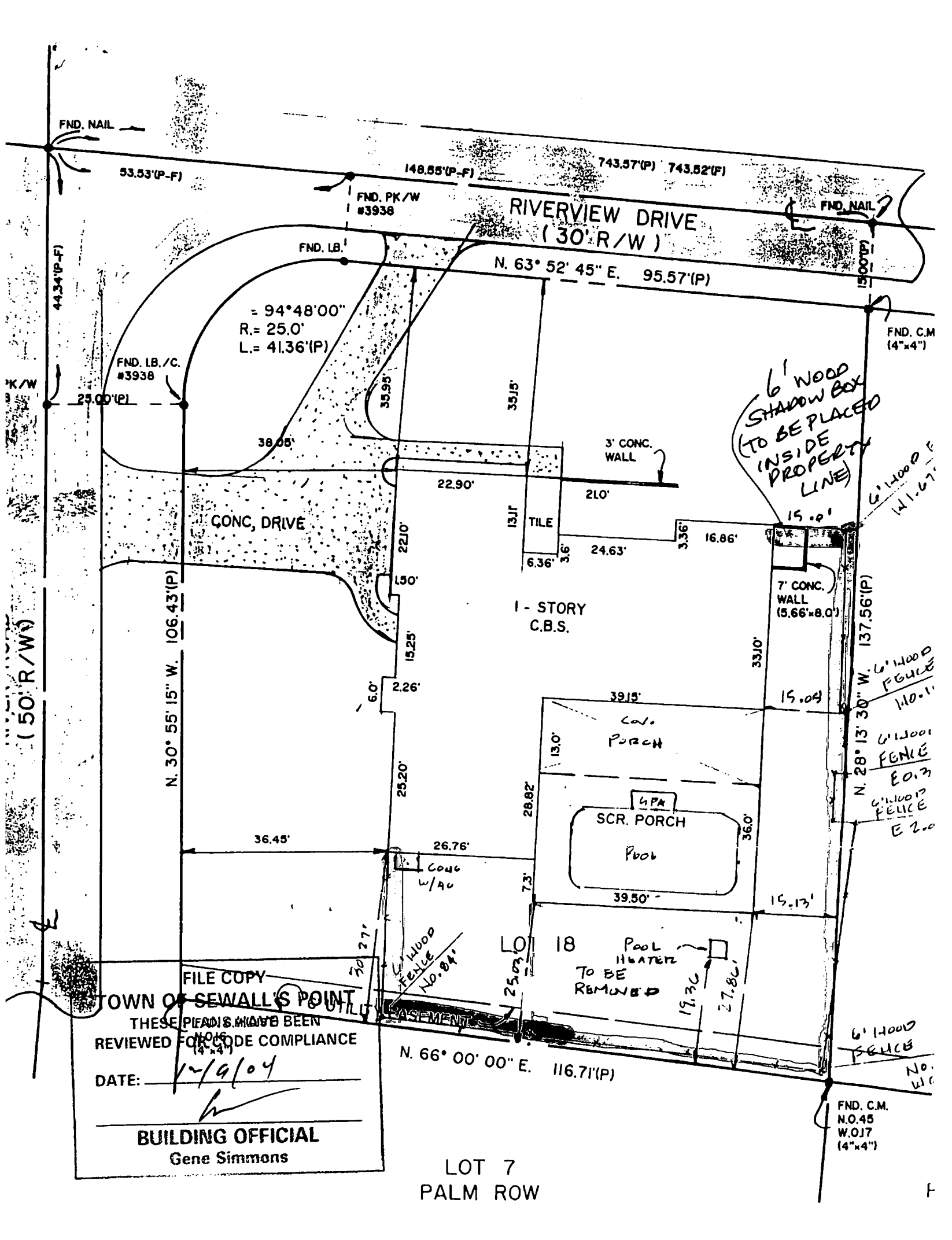
Coverage - APS

Exterior Rear		1,344 sf Wall	224 lf Floor	224 lf Ceiling				
right fence	32' x 6'	192 sf Wall	32 lf Floor	32 lf Ceiling				
rear fence	76' x 6'	456 sf Wall	76 lf Floor	76 lf Ceiling				
left fence	92' x 6'	552 sf Wall	92 lf Floor	92 lf Ceiling				
offset fence on left side	16' x 6'	96 sf Wall	16 lf Floor	16 lf Ceiling				
front fence	8' x 6'	48 sf Wall	8 lf Floor	8 lf Ceiling				
			Repl. Cost	Depr.	ACV	OP RD		
			224 LF @ \$2.00 *	\$448.00	\$0.00	\$448.00	N	
			224 LF @ \$12.20 *	\$2,732.80	\$409.92	\$2,322.88	N	
<div style="border: 1px solid black; padding: 2px;"> stockade fence with 4"x4" posts set at 8' o.c. Includes cross members, pickets, fasteners, and labor to install. </div>								
			224 LF @ \$4.40	\$985.60	\$147.84	\$837.76	N	
			Exterior Rear Total	\$4,166.40	\$557.76	\$3,608.64		

Exterior Front (11' 6" x 3' 3" x 8')		37 sf Floor	236 sf Wall	37 sf Ceiling	30 lf Floor	30 lf Ceiling	299 cf Volume		
					Repl. Cost	Depr.	ACV	OP RD	
					1 EA @ \$125.00 ^w	\$125.00	\$0.00	\$125.00	
					11.5 LF @ \$2.73	\$31.40	\$0.00	\$31.40	
					11.5 LF @ \$17.31	\$199.07	\$19.91	\$179.16	
					Exterior Front Total	\$355.47	\$19.91	\$335.56	
					Coverage - APS Totals	\$4,521.87	\$577.67	\$3,944.20	

LESS TEAR OUT (448.00)

\$ 4073.87



FND. NAIL

53.53'(P-F)

148.55'(P-F)

743.57'(P) 743.52'(F)

FND. PK/W #3938

RIVERVIEW DRIVE (30' R/W)

FND. NAIL

N. 63° 52' 45" E. 95.57'(P)

44.34'(P-F)

FND. LB.

= 94° 48' 00"
R. = 25.0'
L. = 41.36'(P)

FND. LB./C. #3938

25.00'(P)

FND. C.M. (4"x4")

6' WOOD SHADOW BOX (TO BE PLACED INSIDE PROPERTY LINE)

CONC. DRIVE

3' CONC. WALL

22.90'

35.15'

13.1'

TILE

1 - STORY C.B.S.

6.36' 3.6'

24.63'

3.36'

16.86'

7' CONC. WALL (5.66'x8.0')

N. 30° 55' 15" W. 106.43'(P)

22.10'

15.0'

15.25'

2.26'

25.20'

36.45'

26.76'

CONC. W/A

WOOD FENCE NO. 84

CALC. PORCH

SCR. PORCH POOL

18 POOL HEATER TO BE REMOVED

33.10'

15.04'

15.13'

N. 28° 13' 30" W. 137.56'(P)

6' WOOD FENCE 110.1'

6' WOOD FENCE E 0.7'

6' WOOD FENCE E 2.0'

6' WOOD FENCE

No. W.C.

FND. C.M. N.O.45 W.O.17 (4"x4")

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

DATE: 1-19-04

BUILDING OFFICIAL
Gene Simmons

N. 66° 00' 00" E. 116.71'(P)

LOT 7
PALM ROW

F

BOUNDARY SURVEY



$\Delta = 94^{\circ}48'00''$
 $L = 41.36'$
 $R = 25.00'$
 $CB = S16^{\circ}28'45''W$
 $C = 36.80'$

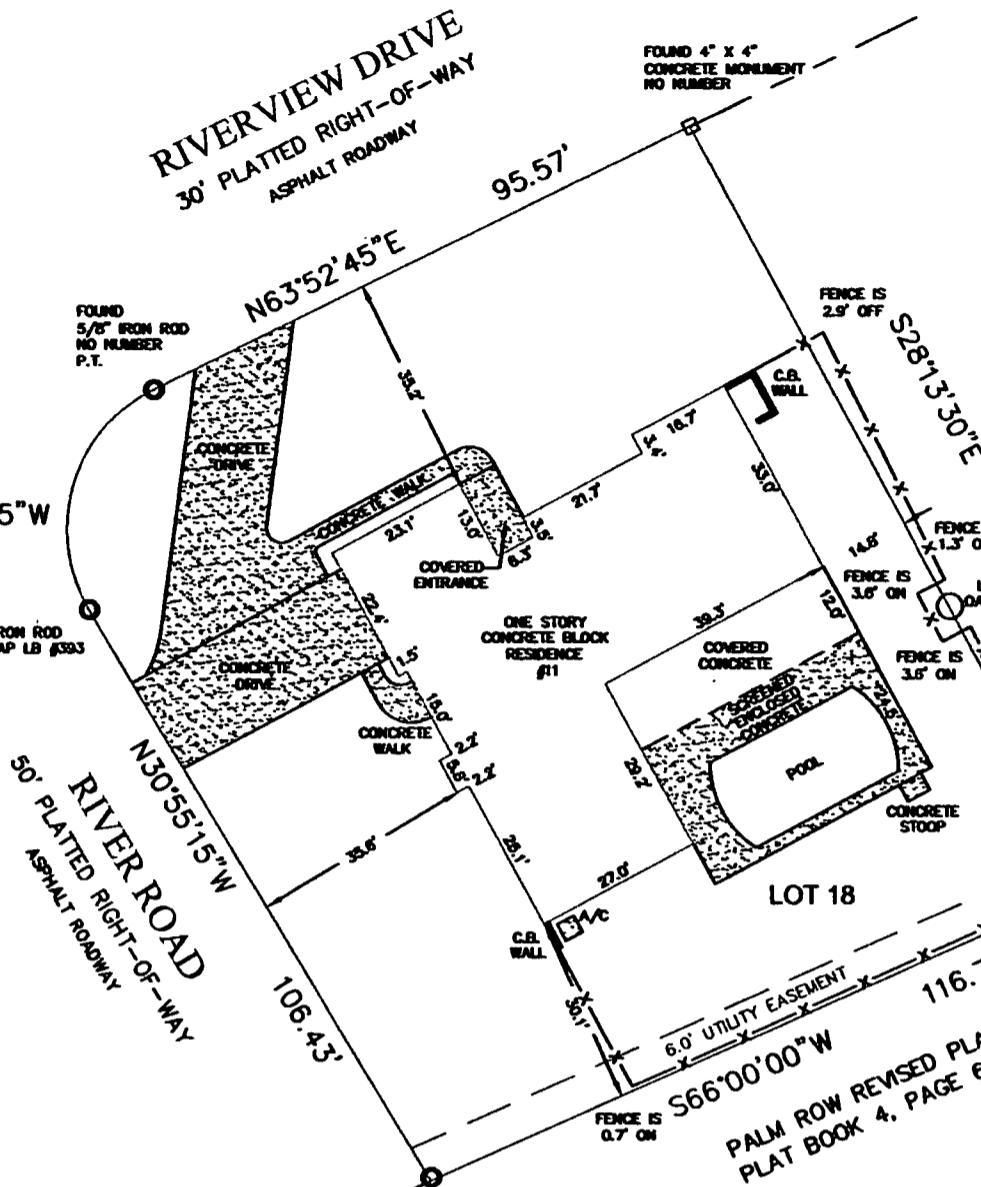
FOUND 5/8" IRON ROD AND CAP LB #393 P.C.

FOUND 5/8" IRON ROD NO NUMBER P.T.

FOUND 4" X 4" CONCRETE MONUMENT NO NUMBER

LOT 19

LOT 18



RIVERVIEW DRIVE
 30' PLATTED RIGHT-OF-WAY
 ASPHALT ROADWAY

RIVER ROAD
 50' PLATTED RIGHT-OF-WAY
 ASPHALT ROADWAY

PALM ROW REVERSED PLAT
 PLAT BOOK 4, PAGE 68

ADDRESS
 11 RIVERVIEW DRIVE
 STUART, FLORIDA 34996

LEGAL DESCRIPTION: (AS FURNISHED)

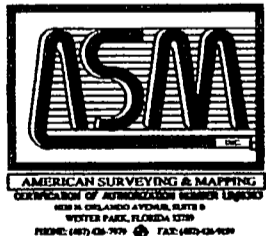
LOT 18, RIVERVIEW SUBDIVISION, ACCORDING TO THE PLAT THEROF,
 AS RECORDED IN PLAT BOOK 6, PAGE 86, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

BASIS OF BEARINGS: BEARINGS SHOWN HEREON ARE BASED ON THE NORTHERLY LINE OF LOT 18, BEING N 63°52'45" E, PER PLAT.

RLS #:	04-04-1072
CLIENT #:	1071-499505
FIELD DATE:	04/27/04
DRAFTER:	RSO
APPROVED:	GKB
SCALE:	1" = 30 FEET

LIST OF POSSIBLE ENCROACHMENTS:

SURVEYOR INFORMATION:



COORDINATED BY:

RESIDENTIAL
 LAND SERVICES, INC.
 621 24TH AVENUE S.W.
 NORMAN, OKLAHOMA 73069
 FAX: (405) 701-1027
 PHONE: (405) 701-1100
 WWW.RLSNOW.COM

PREPARED FOR:



PREPARED FOR:

SURVEYOR FILE NUMBER: 04-04-

CERTIFIED TO: (AS FURNISHED)

MILTON L. WILCOX
 SANDRA F. WILCOX
 FIRST AMERICAN TITLE INSURANCE COMPANY

NOTES

- THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE.
 - UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR OTHER UNDERGROUND STRUCTURES WERE NOT LOCATED BY THIS SURVEY.
 - UNLESS NOTED OR DEPICTED OTHERWISE, ALL PROPERTY CORNERS SHOWN HAVE NO LB OR LB IDENTIFICATION.
 - THE PURPOSE OF THIS SURVEY IS FOR USE IN OBTAINING TITLE INSURANCE AND FINANCING AND SHOULD NOT BE USED FOR CONSTRUCTION PURPOSES.
- THIS SURVEY IS PREPARED FOR THE EXCLUSIVE USE AND BENEFIT OF THE PARTIES LISTED HEREON. LIABILITY TO THIRD PARTIES MAY NOT BE TRANSFERRED OR ASSIGNED.

LEGEND

- | | |
|-------------------------------|--------------------------------------|
| A/C: AIR CONDITIONER | OHU: OVER-HEAD UTILITY LINE |
| BLOG: BUILDING | (P.): PLATTED |
| (C.): CALCULATED | P.C.: POINT OF CURVATURE |
| C.B.: CHORD BEARING | P.C.P.: PERMANENT CONTROL POINT |
| CBW: CONCRETE BLOCK WALL | P.I.: POINT OF INTERSECTION |
| C: CENTERLINE | P.O.B.: POINT OF BEGINNING |
| C.N.A.: CORNER NOT ACCESSIBLE | P.O.C.: POINT OF COMMENCEMENT |
| CONC.: CONCRETE | P.P.: POWER POLE |
| COV: COVERED | P.R.C.: POINT OF REVERSE CURVATURE |
| CS: CONCRETE SLAB | P.R.M.: PERMANENT REFERENCE MONUMENT |
| (D): DESCRIPTION | P.T.: POINT OF TANGENCY |
| DWV: DRIVEWAY | RAW: RIGHT OF WAY |
| ENC.: ENCROACHMENT | SAW: SIDEWALK |
| E.O.W.: EDGE OF WATER | CLF: CHAIN LINK FENCE |
| (M): MEASURED | WF: WOOD FENCE |
| MAS.: MASONRY | HWF: HOOG-WIRE FENCE |
| M&D: NAIL & DISK | |
| FND: FOUND | |

FLOOD ZONE

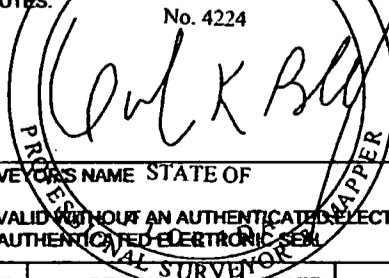
(FOR INFORMATIONAL PURPOSES ONLY)
 SUBJECT PROPERTY SHOWN HEREON APPEARS TO BE LOCATED IN FLOOD ZONE X, AREA OUTSIDE THE 100 YEAR FLOODING, PER F.L.R.M. PANEL NUMBER 120151 0154 F, LAST REVISION DATE 10/04/02
 THIS SURVEYOR MAKES NO GUARANTEES AS TO THE ACCURACY OF THE ABOVE INFORMATION. THE LOCAL F.E.M.A. AGENT SHOULD BE CONTACTED FOR VERIFICATION.

FOR ALL INQUIRIES CONTACT RESIDENTIAL LAND SERVICES, INC. AT (405) 701-1100

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE SURVEY REPRESENTED HEREON MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYS IN FLORIDA AS SET FORTH IN CHAPTER 61G 17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO CHARTER 472.027, FLORIDA STATUTES.

No. 4224



FOR THE FIRM

4/27/04

SURVEYOR'S NAME STATE OF

DATED:

NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL

DATE REVISION DATE REVISION

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MAY 2, 2004 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7486	TEVITT	A/C CHANGED OUT		CXL
	39 S. RIVER RD			
	FLYNN'S AC			INSPECTOR:
7516	FERRARO	ROUGH GAS	FAIL	
3	4 KINGSTON CT			\$40 FEE
	FERRER GAS			INSPECTOR: <i>[Signature]</i>
7242	KIPLINGER	AC PLUMBING	PASS	STILL NEEDS
2	143 S. RIVER RD	Free FINAL	PASS	ROOF FINAL FENCE
	CONSTRUCTURE			INSPECTOR: <i>[Signature]</i>
6812	MADER	UG PLUMBING	PASS	
1	106 ABBIE COURT			
	PURUCKER HOMES (First Phase)			INSPECTOR: <i>[Signature]</i>
7101	WILCOX	FENCE FINAL	PASS	CLOSE
5	112 RIVERVIEW			
	101B			INSPECTOR:
7449	FERRARO	ROUGH A/C	FAIL	
3	4 KINGSTON			
	CLASSIC GOULINA			INSPECTOR: <i>[Signature]</i>
7469	NORODGEN	POOL STEEL	PASS	
4	5 KINGSTON			
	OLYMPIC POOLS			INSPECTOR: <i>[Signature]</i>
OTHER: _____				

7490

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/15/05

BUILDING PERMIT NO. 7490

Building to be erected for WILCOX

Type of Permit REEROOF

Applied for by SOUTHERN COAST (Contractor)

Building Fee _____

Subdivision RIVERVIEW Lot 18 Block _____

Radon Fee _____

Address 11 RIVERVIEW DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

12384100100000180000

Roofing Fee 120.00

Amount Paid 120.00 Check # 31015 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 26,700

TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

BY:

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: Permit Number:

OWNER/TITLEHOLDER NAME: MILT WILCOX Phone (Day) 772-781-8019 (Fax)

Job Site Address: 11 Riverview Drive City: Sewells Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Riverview LOT 18 Parcel Number: 12-38-41-001-000-00180-0

Owner Address (if different): ~~Riverview Lot 18~~ City: State: Zip:

Description of Work To Be Done: Remove existing tile roof. Screen tile over Polyglass tile self-adhered to deck.

WILL OWNER BE THE CONTRACTOR?:

YES NO (circled)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$26,700.00 (Notice of Commencement needed over \$2500) Estimated Fair Market Value prior to improvement: \$

(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:

CONTRACTOR/Company: SOUTHERN COAST Phone: 954 426-3312 Fax: 954 426-5430

Street: 273 NW 1st Street City: DEERFIELD State: FL Zip: 33441

State Registration Number: State Certification Number: CC050451 Martin County License Number:

SUBCONTRACTOR INFORMATION:

Electrical: State: License Number:

Mechanical: State: License Number:

Plumbing: State: License Number:

Roofing: State: License Number:

ARCHITECT: N/A Lic.#: Phone Number:

Street: City: State: Zip:

ENGINEER: N/A Lic.#: Phone Number:

Street: City: State: Zip:

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

Carport: Total Under Roof 5200 - 3/12 Rafter Wood Deck: Accessory Building:

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required) Milt Wilcox

State of Florida, County of: Martin

This the 14th day of February, 2005

by MILTON WILCOX who is personally

known to me or produced as identification. Darleen Poggerale

Notary Public

My Commission Expires: Sept 24, 2006

Seal

CONTRACTOR SIGNATURE (required) Charles Barrett

On State of Florida, County of: Martin

This the 14 day of March 2005

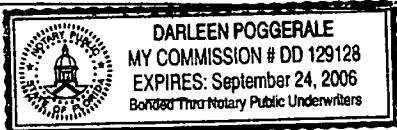
by Charles Barrett who is personally

known to me or produced as identification. Maryann Gragg



Comm# DD0259567 Expires 10/28/2007 Bonded thru (800) 432-4254 Florida Notary Assn., Inc

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



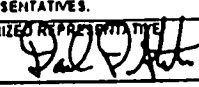
ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID: KC SOU005	DATE (MM/DD/YYYY) 02/18/05
PRODUCER Gateway Insurance Agency Surety Corp 2430 W. Oakland Park Blvd. Ft. Lauderdale FL 33311 Phone: 954-735-5500 Fax: 954-735-2852		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Southern Coast Enterprises, Inc. 273 N.W. 1 Street Deerfield Beach FL 33441		INSURERS AFFORDING COVERAGE	
		INSURER A First Mercury Insurance Co	
		INSURER B Hudson Specialty Insurance Co	
		INSURER C	
		INSURER D	
		INSURER E	

COVERAGES

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

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A			GENERAL LIABILITY	FMFL000216	10/31/04	10/31/05	EACH OCCURRENCE	\$ 1,000,000
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
			<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ EXCL
			<input checked="" type="checkbox"/> Blanket A/I				PERSONAL & ADV INJURY	\$ 1,000,000
			GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	\$ 2,000,000
			<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. ECT. <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
			AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
			<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
			<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
			<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
			<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS								
			GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
			<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC \$
							AGG \$	
B			EXCESS/UMBRELLA LIABILITY	CSPIUX00118	10/31/04	10/31/05	EACH OCCURRENCE	\$ 3,000,000
			<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 3,000,000
			<input type="checkbox"/> DEDUCTIBLE					\$
			<input type="checkbox"/> RETENTION \$					\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				W/C STATUTORY LIMITS	OTHER
			All PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT	\$
			If yes describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE	\$
			OTHER				E L DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER TOWSE01 Town of Sewalls Point Building Dept 1 South Sewalls Point Rd 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 <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--



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 Sewell's Point
One South Sewall's Point Rd.
Sewall's Point FL 34996

Southern Coast
Enterprises, Inc.
273 N.W. 1st Street
Deerfield Beach FL 33441

ATTN: To whom it may concern

Date: 02/18/2005

This is to certify that Southern Coast Enterprises, Inc.
273 N.W. 1st Street
Deerfield Beach FL 33441

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:	<u>870-033214</u>	<u>LIMITS</u>	
EFFECTIVE DATE:	<u>01/01/2005</u>	Workers' Compensation	Statutory - State of Florida
EXPIRATION DATE:	<u>01/01/2006</u>	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, except for non-payment of premium which will be a 10 day written notice.

Employers Liability Limits amended to:
\$1,000,000/\$1,000,000/\$1,000,000

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: Brett Stiegel
Brett Stiegel, Administrator
FRSA-SIF

By: Debbie Kemmerer
Debbie Kemmerer - Underwriting Manager
FRSA-SIF

Board of County Commissioners, Broward County Florida
BROWARD COUNTY OCCUPATIONAL LICENSE TAX

FOR PERIOD OCTOBER 1, 2004 THRU SEPTEMBER 30, 2005

FORM NO
401-280/AC 25 001

X RENEWAL TRANSFER SEC # 18 / 185
X NEW DATE BUSINESS OPENED 09/16/92
STATE OR COUNTY CERT/REG # FC 0050451

Business Location Address:
273 NW 1 ST
DEERFIELD BEACH 33441
BUSINESS PHONE: (954)426-3312

TAX	54.00
BACK TAX	
PENALTY	
TC FEE	
TRANSFER	
TOTAL	54.00

PENALTIES IF PAID	
OCT. - 10%	NOV. - 15%
DEC. - 20%	After DEC. 31 - 25%
* Plus Tax Collection Fee of up to \$25.00 Based on Cost of License if Paid On or After November 30, 2004	

ACCOUNT NUMBER	185-000068
----------------	------------

SOUTHERN COAST ENTERPRISES INC
CHARLES ALLEN BARRETT
273 NW 1 STREET
DEERFIELD BEACH FL 33441

REVENUE COLLECTION DIVISION
BROWARD COUNTY, FLORIDA
00000001 of 0001
Paid 9/16/04
\$4.00
8888 MIF T111 L04

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED
TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

Nicole Barrett
Nicole Barrett



TYPE OF LICENSE TAX PAID
ROOFING CONTRACTOR
18 UNITS

2004 - 2005

BROWARD COUNTY REVENUE COLLECTOR
115 S. Andrews Avenue, Governmental Center Annex
FORT LAUDERDALE, FL 33301

PAYMENT RECEIVED AS VALIDATED ABOVE

*SEE INSTRUCTIONS ON BACK OF LAST COPY.

STATE OF FLORIDA AC# 1546839
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CCC050451 08/17/04 040153610
CERTIFIED ROOFING CONTRACTOR
BARRETT, CHARLES ALLEN
SOUTHERN COAST ENTERPRISES INC
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L04081701548

DETACH HERE

AC#1546839 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L04081701548

DATE	BATCH NUMBER	LICENSE NBR
08/17/2004	040153610	CCC050451

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006



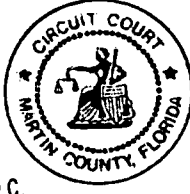
BARRETT, CHARLES ALLEN
SOUTHERN COAST ENTERPRISES INC
273 NW 1ST STREET
DEERFIELD BEACH FL 33441

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

STATE OF FLORIDA
 MARTIN COUNTY



INSTR # 1822871
 OR BK 01992 PG 1526
 RECORDED 03/17/2005 10:26:29 AM
 MARSHA EWING
 CLERK OF MARTIN COUNTY FLORIDA
 RECORDED BY M Ferschke

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

NOTICE OF COMMENCEMENT
 State of FL BY: M. Wilcox D.C.
 County of Martin DATE: 3/17/05

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:

Description of property: 12-38-41-001-000-00180-0 Riverview LOT 18
11 Riverview Drive Sewells Point FL
 General description of improvement: Roof

Owner Information:
 A. Name MILT Wilcox
 B. Address 11 Riverview Drive Sewells Point FL
 C. Interest in property OWNER
 D. Name and address of fee simple title holder _____

Contractor Information:
 A. Name Southern Coast Ent
 B. Address 273 NW 1st Street Oceanside Beach FL 33441

Surety:
 A. Name N/A
 B. Address _____

Lender Information:
 A. Name N/A
 B. Address _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(l)(a)(7), Florida Statutes: (name and address) ...
 In addition to himself, owner designates N/A

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

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

STATE OF FLORIDA
 COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 2-14-05 (Date)
 by Milton Wilcox (Name of Person Acknowledging)
 who is personally known to me or who has produced Dr. Ucenik
 as identification and who did/did not take an oath

MARYANN GRASS
 Comm# 000259567
 Expires 10/28/2007
 Bonded thru (800)432-4254
 Florida Notary Assn., Inc.

Mary Ann Grass
 (Signature of person taking acknowledgment)
Mary Ann Grass
 (Name of officer taking acknowledgment typed, printed or stamped)

 (Title or rank)

 (Serial number, if any)



CCC050451

273 N.W. 1st Street / Deerfield Beach, Florida 33441 / (954) 426-3312 / (800) 585-5132/ Fax (954) 426-5430

MARCH 15, , 2005

TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT RD.
SEWALL'S POINT, FL 34996

TO THE BUILDING DEPT. / PERMITTING

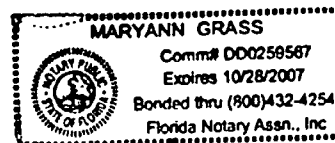
I, CHARLES BARRETT, AUTHORIZE FRANCIS CONNOLLY TO SIGN IN MY
ABSENCE FOR THE PULLING OF ROOF PERMITS AND REGISTERING SOUTHERN
COAST ENTERPRISES, INC. TO DO BUSINESS IN THE TOWN OF SEWALL'S POINT.

SINCERELY

CHARLES BARRETT

SWORN AND SUBSCRIBED BEFORE ME THIS 15TH DAY OF MARCH, 2005

NOTARY PUBLIC



“Committed to Quality and Exceeding Expectations”

ROOFING • WATERPROOFING

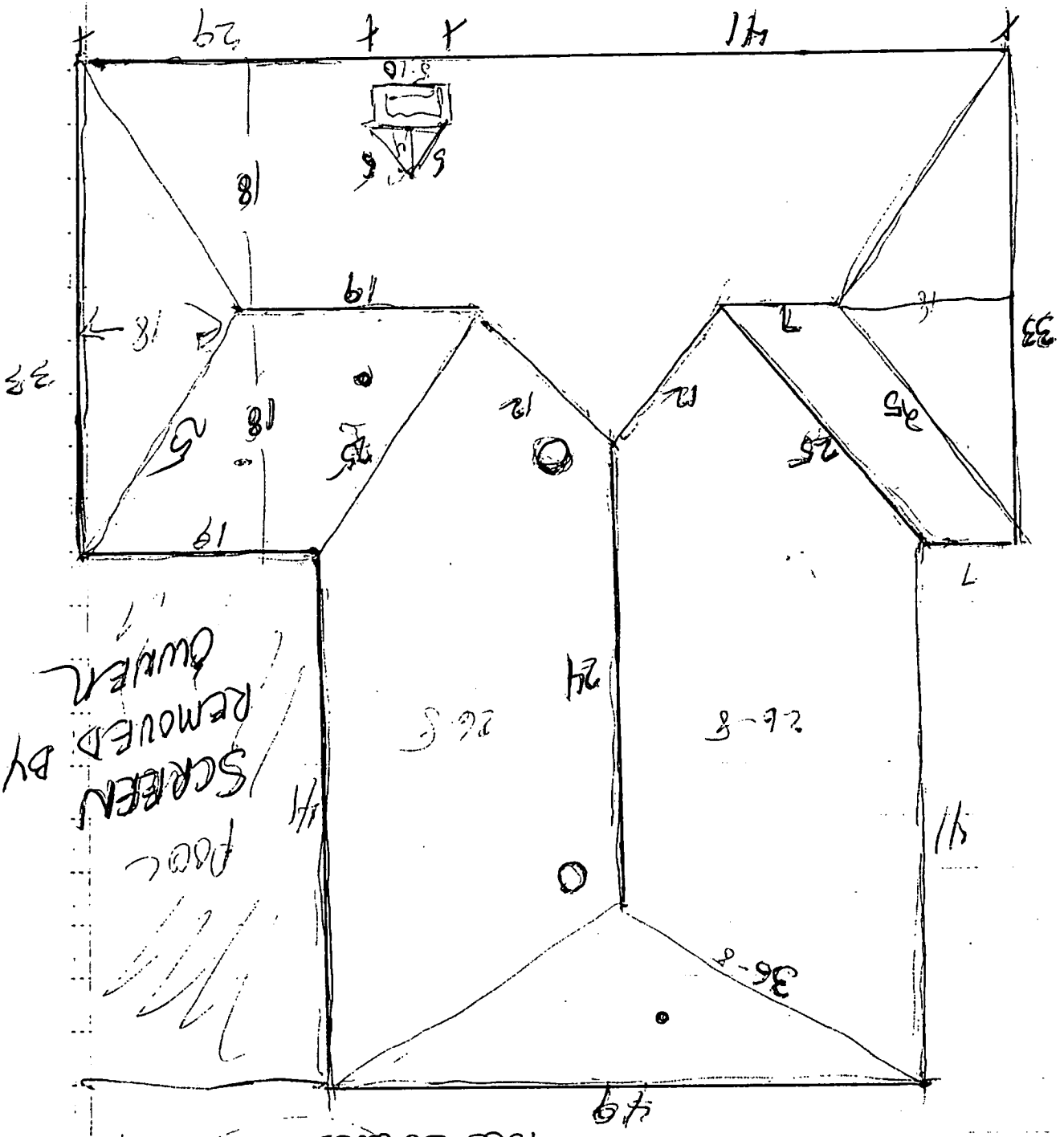
Mitl Wlcox

Roofing materials:

Polyglass Tu (modified tile underlayment)

Cement Tile

Tile Screws





BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: <u>3/21/05</u>
BUILDING OFFICIAL
Gene Simmons

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

NOTICE OF ACCEPTANCE (NOA)

Hanson Roof Tile d.b.a. Pioneer Concrete Roof Tile
1340 SW 34th Ave
Deerfield Beach, FL 33442

SCOPE:

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

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

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

DESCRIPTION: Palema Double Roll and Hacienda Double Roll Roof Tile

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

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

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

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

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

This NOA consists of pages 1 through 6.

The submitted documentation was reviewed by Frank Zuloaga, RRC

NOA No.: 02-0916.11
Expiration Date: 12/16/07
Approval Date:
Page 1 of 6

ROOFING ASSEMBLY APPROVAL

Category: Roofing
 Sub Category: Roofing Tile
 Material: Concrete

1. SCOPE

This renews a roofing system using Hanson 'Palema Double Roll and Hacienda\Roof Tile, as manufactured Hanson Roof Tile d.b.a. Pioneer Concrete Tile described in Section 2 of this Notice of Acceptance. For the locations where the pressure requirements, do not exceed the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

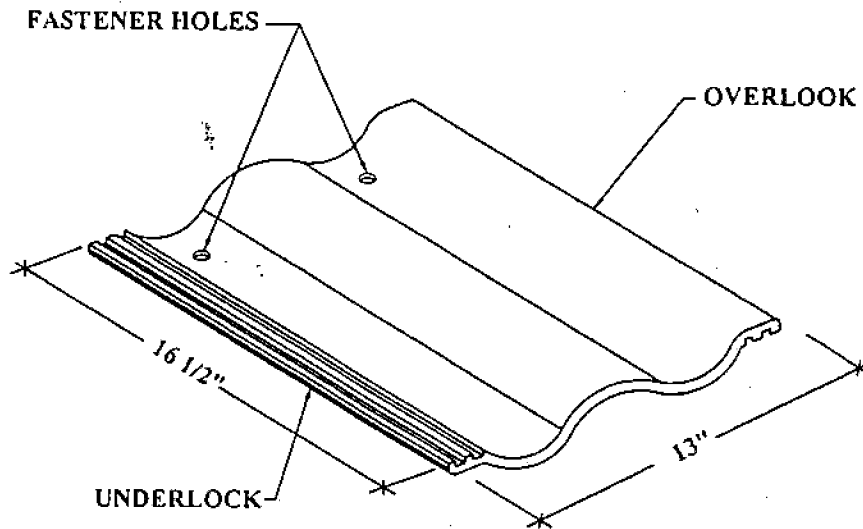
<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Hanson Palema Double Roll Tile	Length: 16½" Width: 13" ½" thick	TAS 112	Low profile, interlocking, extruded concrete roof tile equipped with two nail holes. For direct deck or battened nail-on, mortar or adhesive set applications.
Hanson "Hacienda"	Length: 17¼" Width: 13" ½" thick	TAS 112	Low profile, interlocking, extruded concrete roof tile equipped with two nail hole and double roll ribs. For direct deck or battened nail-on, mortar or adhesive set applications.
Trim Pieces	Length: varies Width: varies Varying thickness	TAS 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

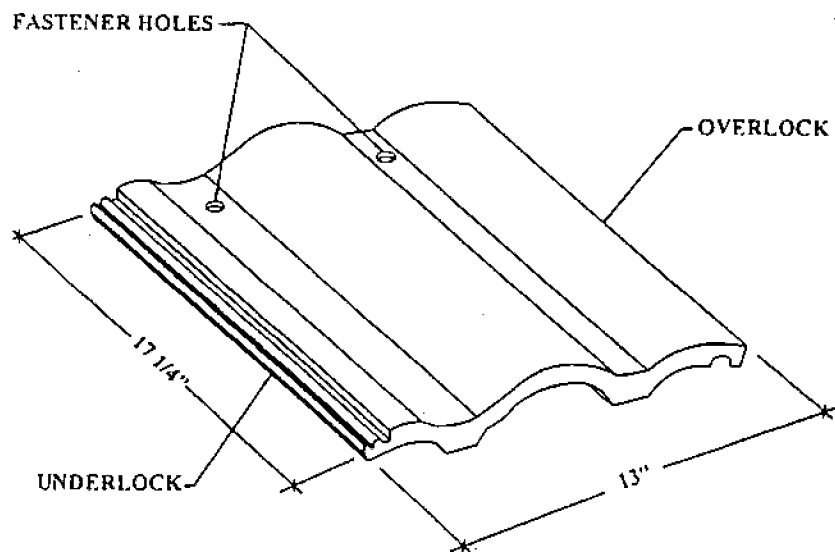
<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Wood Battens	<u>Vertical</u> Min. 1"x 4" <u>Horizontal</u> Min. 1"x 4" for use with vertical battens or Min. 1"x 2" for use alone	Wood Preservers Institute LP - 2	Salt pressure treated or decay resistant lumber battens	Generic (With current NOA)
Tile Nails	Min. 10dx 3"	TAS114 Appendix E	Corrosion resistant screw or smooth shank nails	Generic (With current NOA)

PROFILE DRAWINGS

HANSON PALEMA DOUBLE ROLL ROOF TILE



HANSON HACIENDA CONCRETE ROOF TILE



END OF THIS ACCEPTANCE

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Tile Screws	#8x 2 1/2" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread dia.	TAS 114 Appendix E	Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws	Generic (With current NOA)
Hurricane Clip & Fasteners	Clips Min. 1/2" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 1/4"	TAS 114 Appendix E	Corrosion resistant clips with corrosion resistant nails.	Generic (With current NOA)

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test in accordance with RAS 106 may be required, refer to applicable building code.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayment shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable building code.

4. INSTALLATION

- 4.1 Hanson 'Palema Double Roll and Hacienda' Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 118, 119, & 120.
- 4.2 Data For Attachment Calculations

Table 1: Aerodynamic Multipliers - λ (ft ³)		
Tile Profile	λ (ft ³)	λ (ft ³)
	Batten Application	Direct Deck Application
Hanson Palema Double Roll and Hacienda Tile	0.267	0.289

Tile Profile	3": 12"		4": 12"		5": 12"		6": 12"		7": 12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Hanson Palema Double Roll and Hacienda Tile	5.92	6.80	5.82	6.69	5.70	6.55	5.56	6.39	5.41	6.22

Tile Profile	Fastener Type	Direct Deck (Min 15/32" plywood)	Direct Deck (Min. 19/32" plywood)	Battens
Hanson Palema Double Roll and Hacienda Tile	2-10d Ring Shank Nails	27.8	37.4	28.8
	1-10d Smooth or Screw Shank Nail	8.8	11.8	4.1
	2-10d Smooth or Screw Shank Nails	16.4	21.9	7.1
	1 #8 Screw	25.8	25.8	22.9
	2 #8 Screw	47.1	47.1	49.1
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
	2-10d Ring Shank Nails ¹	43.0	67.5	50.9

¹ Installation with a 4" tile headlap and fasteners are located a min. of 2½" from head of tile.

Table 4: Attachment Resistance Expressed as a Moment M_r (ft-lbf) For Two Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Hanson Palema Double Roll and Hacienda Tile	Adhesive	26.1 ³
2 See manufactures component approval for installation requirements.		
3 Flexible Products Company TileBond Average weight per patty 11.4 grams. Polyfoam Product, Inc. Average weight per patty 8 grams.		

Table 4A: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) For Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Hanson Palema Double Roll and Hacienda Tile	Polyfoam PolyPro™	86.61 ⁴
	Polyfoam PolyPro™	45.5 ⁵
4 Large paddy placement of 54grams of PolyPro™.		
5 Medium paddy placement of 24grams of PolyPro™.		

Table 4B: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) For Mortar Set Systems		
Tile Profile	Tile Application	Attachment Resistance
Hanson Palema Double Roll and Hacienda Tile	Mortar Set ¹	20.60

5. **LABELING**

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".

6. **BUILDING PERMIT REQUIREMENTS**

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

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.



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

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

NOTICE OF ACCEPTANCE (NOA)

**Polyglass USA Inc.
150 Lyon Drive
Fernley, NV 89408**

SCOPE:

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

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

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

DESCRIPTION: Polystick P, IR/IRX, TU, TU Plus and MU Underlayments

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

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

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

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

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

This NOA revises NOA # 02-0603.08 and consists of pages 1 through 4.
The submitted documentation was reviewed by Frank Zuloaga, RRC



**NOA No 03-0818.03
Expiration Date: 09/13/06
Approval Date: 11/20/03
Page 1 of 5**

ROOFING COMPONENT APPROVAL

Category: Roofing
Sub-Category: Underlayment
Material: SBS , APP Self-Adhering Modified Bitumen

PRODUCTS DESCRIPTION:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Polystick P underlayment	Roll: 75' x 3' 40 mils thick	ASTM D 1970	A polyethylene top surface, self-adhering, SBS polymer modified bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield.
Polystick IR/IRX underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A fine granular/sand top surface self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield and as a flat roof tile underlayment.
Polystick TU underlayment	Roll: 32'10" x 3'3-3/8" 100 mils thick	TAS 103 and ASTM D 1970	A heavy granuled surface self adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as a a roof tile underlayment.
Polystick TU Plus underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced with a hight strength polyester fabric, bituminous sheet material for use an an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.
Polystick MU underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use an an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.



EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Exterior Research & Design, LLC	#11756.04.01-1	TAS 103	04/27/01
Exterior Research & Design, LLC	#11756.08.01-1	ASTM D 1970	08/14/01
PRI Asphalt Technologies	PRI01111	ASTM D 4977	04/08/02
PRI Asphalt Technologies	PUSA-005-02-01	ASTM D 4977	01/31/02
PRI Asphalt Technologies	PUSA-018-02-01	ASTM D 2523	07/14/03



INSTALLATION:

Deck Type 1:	Wood, non-insulated, new construction
Base Sheet:	One or more plies of ASTM D 226 Type II or ASTM D 2626.
Fastening:	Nails and tin caps 12" grid, 6" o.c. at laps. (for base sheet only)
Membrane:	Polystick membranes self-adhered.
Surfacing:	None

1. All nails in the deck shall be carefully checked for protruding heads. Re-fasten any loose decking panels, and sweep the deck thoroughly to remove any dust and debris prior to application.
2. Place the underlayment over metal drip edge in accordance with RAS 111.
3. Place the first course of membrane parallel to the eave, rolling the membrane to obtain maximum contact. Remove the release film as the membrane is applied. All side laps shall be a minimum of 3-½" and end laps shall be a minimum of 6." Roll the membrane into place after removing the release strip. Vertical strapping of the roof with Polystick is acceptable. Membrane shall be back nailed in accordance with applicable building code.
4. When applying the membrane in the valley, start at the low point and work to the high point, rolling the membrane from the center outward in both directions.
5. For ridge applications, center the membrane and roll from the center outward in both directions.
6. Roll or broom the entire membrane surface so as to have 100% contact with the surface, giving special attention to lap areas.
7. Flash vent pipes, stacks, chimneys and penetrations in compliance with Roof Assembly current Product Control Notice of Acceptance.
8. All protrusions or drains shall be initially taped with a 6" piece of underlayment. The flashing tape shall be pressed in place and formed around the protrusion to ensure a tight fit. A second layer of Polystick shall be applied over the underlayment.

LIMITATIONS:

1. Fire classification is not part of this acceptance.
2. Polystick P and IR/IRX may be used in asphaltic shingles, wood shakes and shingles, non-structural metal roofing, and quarry slate roof assemblies. Polystick P shall not be used as roof tile underlayment.
3. Deck requirements shall be in compliance with applicable building code.
4. Polystick membranes shall be applied to a smooth, clean and dry surface. The deck shall be free of irregularities.
5. Polystick membranes shall not be applied over an existing roof membrane.
6. Polystick P shall not be left exposed as a temporary roof for longer than 30 days after application. Polystick IR/IRX, MU, TU or TU Plus shall not be left exposed as a temporary roof for longer than 90 days after application.
7. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.



7. In roof tile application, data for the attachment resistance of roof tiles shall be as set forth in the roof tile manufacturer's Notice. Polystick TU, TU Plus and MU may be used in both adhesive set and mechanically fastened roof tile applications. Polystick IR/IRX is limited to mechanically fastened roof tile applications. The maximum roof slope for use as roof tile underlayment for (direct-to-deck) tile assemblies shall be as described below:

Tile Profile	Polystick IR/IRX	Polystick MU, TU Plus	Polystick TU
Flat Tile	5:12	No limitation	No limitation
Profiled Tile	Prohibited	5:12	No limitation

8. Care should be taken during the loading procedure to keep foot traffic to a minimum and to avoid dropping of tile directly on the underlayment.
9. Refer to prepared roofing system Product Control Notice of Acceptance for listed approval of this product with specific prepared roofing products. Polystick P, IR/IRX, TU, TU Plus & MU may be used with any approved roof covering Notice of Acceptance listing Polystick P, IR/IRX, TU, TU Plus & MU as a component part of an assembly in the Notice of Acceptance. If Polystick P, IR/IRX, TU, TU Plus & MU is not listed, a request may be made to the Authority Having Jurisdiction (AHJ) or the Miami-Dade County Product Control Department for approval provided that appropriate documentation is provided to detail compatibility of the products, wind uplift resistance, and fire testing results.

LABELING:

1. All membranes shall bear the imprint or identifiable marking of the manufacturer's name or logo, the Miami-Dade County logo or the following statement: "Miami-Dade County Product Control Approved".

BUILDING PERMIT REQUIREMENTS:

1. Application for building permit shall be accompanied by copies of the following:
- 1.1 This Notice of Acceptance.
 - 1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this materials.

END OF THIS ACCEPTANCE



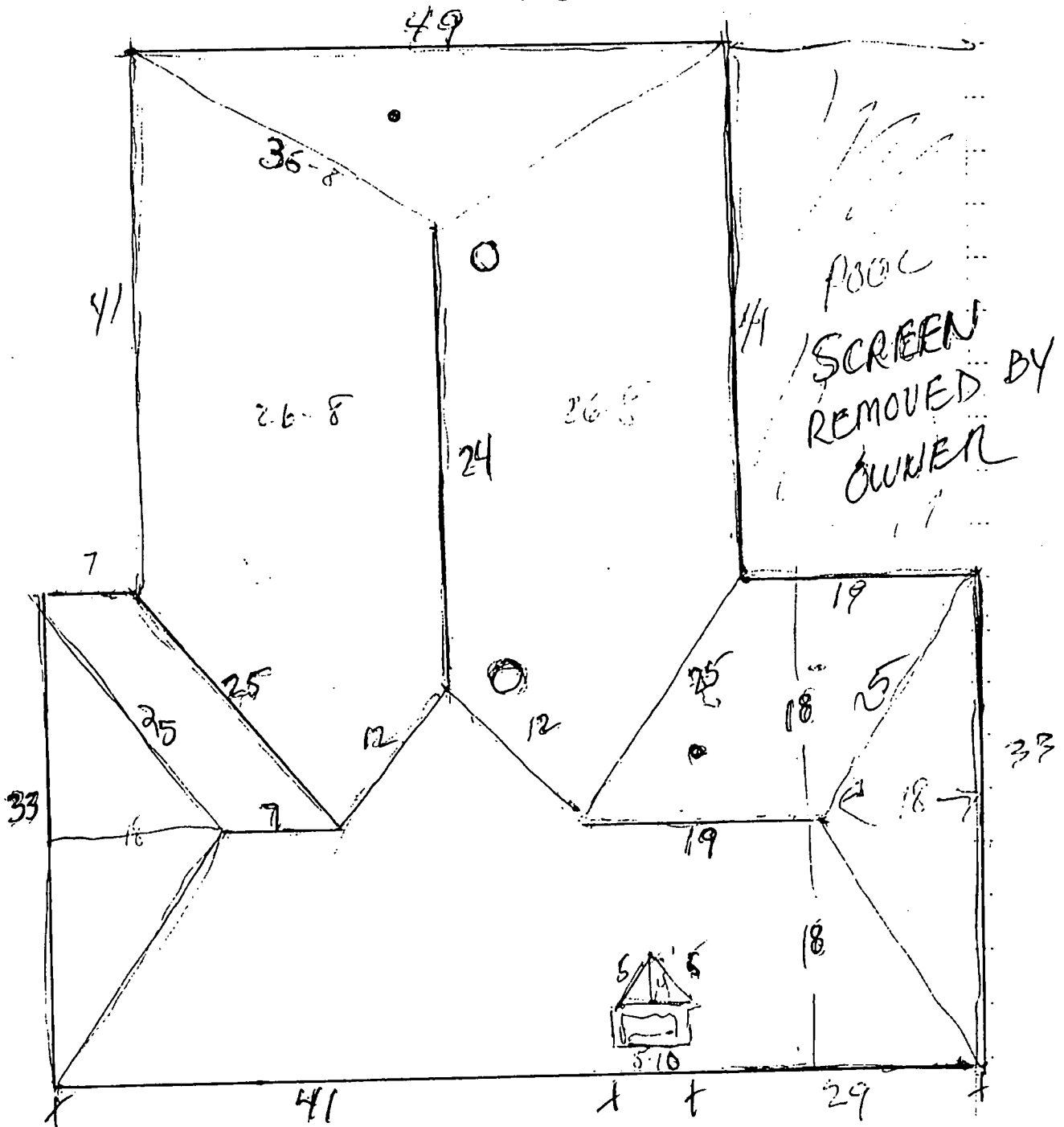
MILT Wilcox

Roofing materials:

Polyglass Tu (modified tile underlayment)




Cement Tile

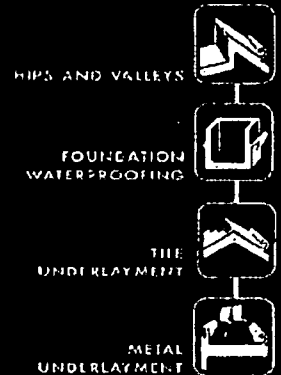
Tile Screws



Polystick TU

Self-Adhered Roofing and Waterproofing Underlayment

PRODUCT DESCRIPTION	<p>POLYSTICK TU is a homogeneous, rubberized asphalt waterproofing membrane, glass fiber reinforced, with a unique surface designed specifically for use as tile underlayment.</p> <p>POLYSTICK TU membranes are manufactured using patent-pending dual compound technology, whereby an APP compound is applied on the top layer and an aggressive self-adhesive compound on the bottom layer.</p> <p>Top surface of membrane is provided with mineral granules to provide maximum skid resistance.</p> <p>The rubberized asphalt seals around correctly installed nails on the weathering surface.</p> <p>Split release backing film aids in the easy positioning of sheets to maintain a proper line.</p> <p>The material is packaged in a roll of approx. 100 sq.ft. (finished roof coverage) weighing approx. 70 lbs. Material is packaged in patented box, EASYBOX™ that facilitates easy handling of rolls.</p>
QUALITY STANDARDS & APPROVALS	<div style="display: flex; align-items: center;">    </div> <ul style="list-style-type: none"> • ASTM D 1970 • MIAMI-DADE County Product Control Approved (NOA # 002-0603.08) • ICBO-ES ER# 5954
RECOMMENDED APPLICATION	<p>POLYSTICK TU uses include but are not limited to: tile underlayment, chimney flashings, skylight flashings, pipe penetrations, application at ridges and eaves, valley underlayments, and certain below grade waterproofing applications</p>
APPLICATION METHODS	<p>* Apply POLYSTICK TU directly to the roof deck. Do not apply to shingles or other roof coverings. Apply only when the weather is dry and material interface temperatures (air, roof deck, membrane) are 40°F and rising. Always start at the lowest point of the roof deck where possible. Cut POLYSTICK TU to a suitable, workable length (typically between 9 and 15 feet). Lay the material flat in place, starting at the lowest point. Overlap seams 3.5" minimum and endlaps 6" minimum. Peel half of the backing off the roll and apply firm, even pressure from the center to the outer edges. Remove the backing from the remaining half of the roll and apply pressure. In full roof coverage applications, proper venting of the structure is required.</p> <p>Consult a design professional for proper venting requirements. In steep slope applications (i.e. 3:12 slope or higher) where backnailing will be required, be sure that all nails are covered by the overlapping next sheet. POLYSTICK TU must be covered within 90 days of installation.</p>



WATERPROOFING MATERIALS AND INSULATING SYSTEMS

Adds value!



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 11 RIVERVIEW

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

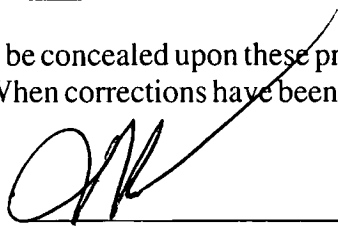
FINAL ROOF

NUMEROUS WEED HOLES ARE
OBSTRUCTED BY THE
FOAM ADHESIVE

PERMIT NOT POSTED

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: 9/12



INSPECTOR

DO NOT REMOVE THIS TAG

220-4765

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/12, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7723	ZAVATKAY	FINAL ROOF	FAIL	
4	6 LOPAIRE ROAD			INSPECTOR: <i>[Signature]</i>
	PROF. ROOFING			
7584	SCHECODNIC	Column	PASS	
3	12 S. SEWALLS Pt			INSPECTOR: <i>[Signature]</i>
	DRIFTWOOD HOMES			
7595	HOCHSTETTER	FINAL ROOF	PASS	CLOSE
1	72 S. RIVER RD			INSPECTOR: <i>[Signature]</i>
	QUADROS			
7662	HOCHSTETTER	FINAL GARAGE DOOR	PASS	CLOSE
1	72 S. RIVER RD			INSPECTOR: <i>[Signature]</i>
	QUADROS			
Tree	LESTER	TREE	PASS	
5	15 LOFTING WAY			INSPECTOR: <i>[Signature]</i>
7755	BARILE	FINAL ROOF	FAIL	
6	17 FIELDWAY			INSPECTOR: <i>[Signature]</i>
	SUPERIOR ROOFING			
7490	WILCOX	FINAL ROOF	FAIL	
2	11 RIVERVIEW			INSPECTOR: <i>[Signature]</i>
	SOUTHERN COAST			

OTHER:

220 4990 PROF SCHMIDT

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri SEP 19, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7030	MUFSON	FINAL GAS	FAIL	
4	17 S RIVER RD FERRELL GAS			INSPECTOR: <i>OW</i>
7774	MALONE	DRY-IN	PASS	
1	14 S. VIA LUCINDIA STUART ROOFING	FIRST THING PER PM		INSPECTOR: <i>EW</i>
7490	WILCOX	FINAL ROOF	PASS	CLOSE
2	11 RIVERVIEW SOUTHERN COAST	REINSPECT		INSPECTOR: <i>OW</i>
7380	BONIFACE	PARTIAL WINDOW	FAIL	
3	63 S. RIVER RD WILSON BLDG			INSPECTOR: <i>OW</i>
7576	SILAS	STEEL COLUMNS		WEST WALL OF
6	10 CASTLE HILL STATEWIDE	(POURED CONX) STEEL	PASS	GARAGE INSPECTOR: <i>OW</i>
7390	GOLDMAN	ROOF SHEATHING	FAIL	PASS LATE
5	4 SUMMER LA OLB	WALL SHEATHING	FAIL	MORNING INSPECTOR: <i>OW</i>
7727	SLATER	DEEP OVER SLAB	PASS	
7	4 LAGOON ISLAND CONWAY			INSPECTOR: <i>OW</i>

OTHER:


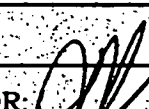

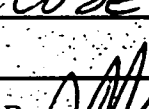
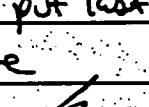
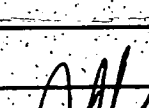
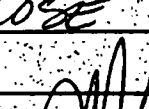
~~FRANKS BLDG. ABNORM. CT. TRUSS W/BL - CANCEL~~
8 MUFSON

5 EMARITA TREE (CROWN DRILL) PASS INSPECTION LOG.xls *OW*

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 9th, 2008 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
4	Wolcott	Final roods	FAIL	
	7 Island Road Pacific Roofing			INSPECTOR: 
7355	Reib	Final reroods	PASS	CLOSE
7	4 Baku Street			
	All Americ Roofing			INSPECTOR: 
7461	Ellist	Generator Hookup	PASS	CLOSE
15	8 NE Lagoon Island	Final		
	Kraws + Crane Electric			INSPECTOR: 
7353	Chontos	Final - Spa	PASS	CLOSE
9	83 S. Sewall's Pt			
	Advantage Pool			INSPECTOR: 
7537	Benhana	final Electrical	PASS	please put last on schedule
16	3602 SE Ocean			
	AE Electric			INSPECTOR: 
7490	Wilcox	Tin cap	PASS	
10	11 Riverview Dr.			
	Southern Coast			INSPECTOR: 
7525	Morales	Final Fence	PASS	CLOSE
11	10 N Ridgewood			
	Treasure Coast Fencing			INSPECTOR: 

OTHER: _____

8122

SCREEN

ENCLOSURE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3-22-06

BUILDING PERMIT NO. 8122

Building to be erected for WILCOX Type of Permit Reel Screen Enclosure

Applied for by ALUMINUM PRODUCTS (Contractor) Building Fee 250.00
Work w/o Permit

Subdivision RIVERVIEW Lot 18 Block _____ Radon Fee _____

Address 11 RIVERVIEW DR Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____
1238410010000018000000 Roofing Fee _____

Amount Paid 250.00 Check # 7424 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 7764.00 TOTAL Fees 250.00

Signed [Signature]
Applicant

Signed [Signature]
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 checked="" type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

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

PN 8122 - Final 4-7-04

STOP WORK ORDER

DATE: 3/6

ADDRESS: 11 RIVERVIEW

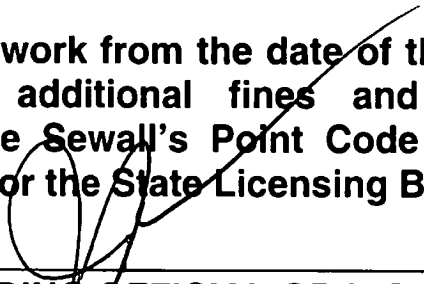
OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

SCREEN ENCL.

CONTACT GENE SIMMONS
@ BLDG. DEPT TO SET
COURSE OF ACTION

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 7-26-05
OWNER/TITLEHOLDER NAME: MILTON L. WILCOX Phone (Day) 772 7818019 (Fax) _____

Job Site Address: 11 RIVERVIEW DR City: SEWALL'S PT. State: FLORIDA Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 18 RIVERVIEW SUB DIV. PLOT BOOK 6 PAGE 86 Parcel Number: 17-38-41-001-000-0018-0-0-0000

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

Description of Work To Be Done: REPLACE EXIST. SCREEN ENCLOSURE

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7764.00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: ALUMINUM PRODUCTS Phone: 954-979-6222 Fax: 954-979-6212

Street: 1411 SW 30 AVE Bldg 9 City: Pompano State: FL Zip: 33069

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CAL4075

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 JOE POTTS Lic.# PE. 22656 Phone Number: 954-540-6731

Street: 4440 NE 13TH AVE. City: FT. LAUDERDALE State: FL Zip: 33334

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: 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)

Milton L. Wilcox

State of Florida, County of: MARTIN

This the 26th day of MAY, 2005

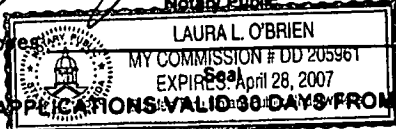
by Milton L. Wilcox who is personally

known to me or produced Eddy NY 22352-40-333-0

as identification. X 9/13/06

Notary Public

My Commission Expires



CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida, County of: Broward

This the 20 day of April, 2005

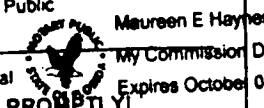
by Roger Calanese who is personally

known to me or produced

As identification.

Notary Public

My Commission Expires: 10-8-08



PERMIT APPLICATIONS VALID 90 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 03/22/06
PRODUCER Cypress Insurance Group PR/CL P.O. Drawer 9328 Fort Lauderdale, FL 33310-9328 954 771-0300	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Aluminum Products Of South Florida, & Roger Colangelo 19182 Eagles Way Court Loxahatchee, FL 33470	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Old Dominion Ins. Company	
	INSURER B: American Home Assurance Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	MPG64583	06/08/05	06/08/06	EACH OCCURRENCE \$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC670555	06/08/05	06/08/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				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
Workers Compensation applies to Florida employees and operations only.

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Donald S. Bond



Martin County Building Department

2401 SE Monterey Road
Stuart, FL 34996
(772) 288-5482
Fax (772) 288-5911

COLANGELO, ROGER M
ALUMINUM PRODUCTS OF S FL
1411 SW 30TH AVE BAY 9
POMPANO BCH, FL 33069

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



**MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency**

ALUMINUM/CONCRETE CONTRACTOR

License Number CAL4075 Expires: 30-SEP-06

COLANGELO, ROGER M
ALUMINUM PRODUCTS OF S FL
1411 SW 30TH AVE BAY 9
POMPANO BCH, FL 33069

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2003.

In Witness Whereof, the grantor has hereunto set their hand(s) and seal(s) the day and year first above written.

[Signature]
Ilene Weitz

[Signature]
Holly Schiller

Signed, sealed and delivered in our presence:
[Signature]
Witness Signature

Print Name: _____

[Signature]
Witness Signature

Print Name: FELYN M. FORTIER

State of **Florida**

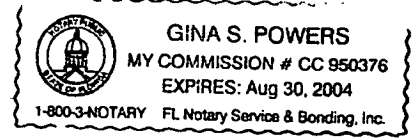
County of **Martin**

The Foregoing Instrument Was Acknowledged before me on **April 23, 2004**, by **Hene Weitz and Holly Schiller*** who is/are personally known to me or who has/have produced a valid driver's license as identification.

* both married persons

[Signature]
NOTARY PUBLIC
 Gina S. Powers

Notary Print Name
My Commission Expires: _____



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

Parcel ID
TAX FOLIO # 123841001000018000000

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):

LOT 18 RIVERVIEW

GENERAL DESCRIPTION OF IMPROVEMENT: REPLACE SCREEN ENCLOSURE

OWNER: MILTON L. WILCOX

ADDRESS: 11 RIVERVIEW DR. SEWALL'S PT. FL. 34996

PHONE #: 772-781-8019 FAX #: SAME

CONTRACTOR: ALUMINUM PRODUCTS OF SOUTH FLORIDA, INC.

ADDRESS: 1411 SW 30TH AVE BAY #9 POMPANO BEACH, FL. 33069

PHONE #: 954-979-6222 FAX #: _____

SURETY COMPANY (IF ANY) NONE

ADDRESS: _____ STATE OF FLORIDA

PHONE # _____ MARTIN COUNTY

BOND AMOUNT: _____ THIS 1 PAGE CERTIFY THAT THE

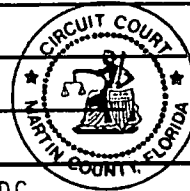
LENDER: NONE FOREGOING 1 PAGES IS A TRUE

ADDRESS: _____ AND CORRECT COPY OF THE ORIGINAL.

PHONE #: _____ DATE 5/26/05 BY [Signature] D.C.

STATE OF FLORIDA
MARTIN COUNTY

THIS 1 PAGE CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1XA)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(1XB), 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 26th DAY OF MAY 2005 BY MILTON L. WILCOX

[Signature]
NOTARY SIGNATURE



PERSONALLY KNOWN
PRODUCED ID W422-552-40-333-0
TYPE OF ID FDL x 9/13/06

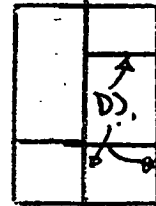
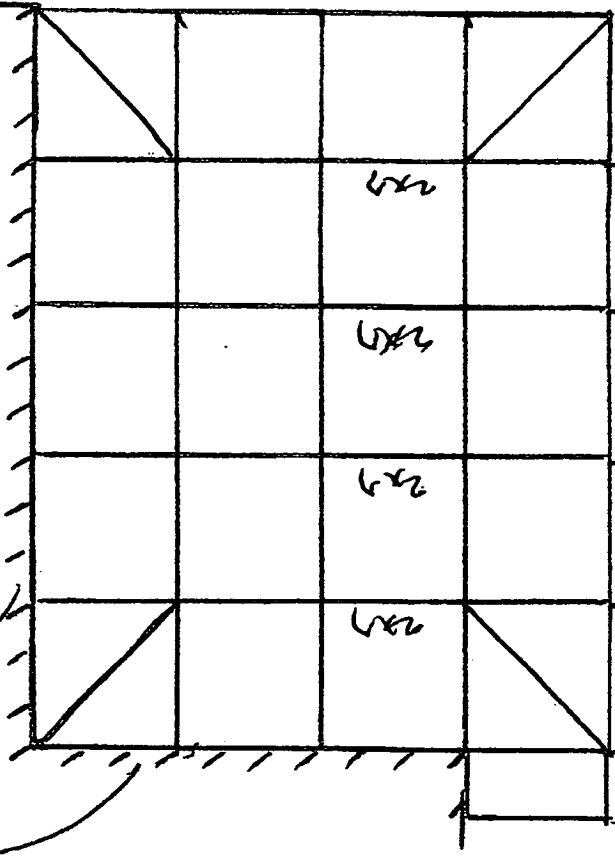
JOB: WILCOX
 11 RIVERVIEW
 STUART.

CONT. ALUM. PRODUCTS
 OF S.F.C

CONTACT ROVER 501.253.5043

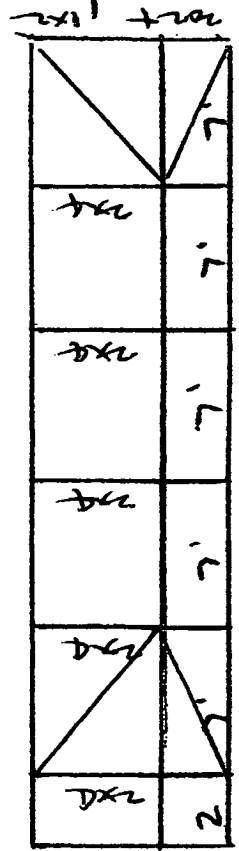
- NOTES: - THE EXISTING STRUCTURE AND SLAB
 & FR. IS ADEQUATE TO SUPPORT THE LOADS UP
 & DN.
 - PER PORTION ANALYSIS,
 - DOORS TO BE SET AS SELF WEIGHT.
 - DESIGNER FOR FULL SLAB

S SUPER
 CUTTER



7

EXISTING SLAB
 & FR



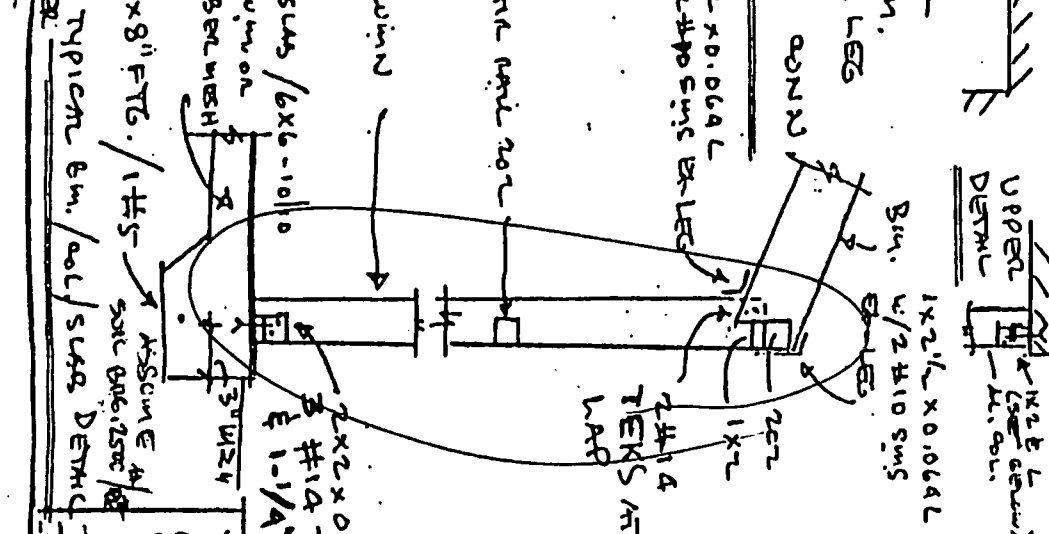
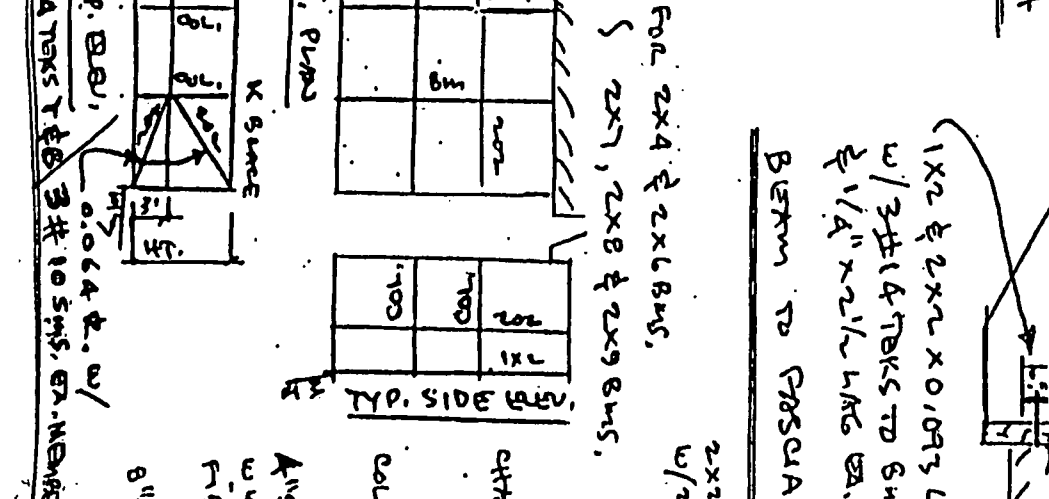
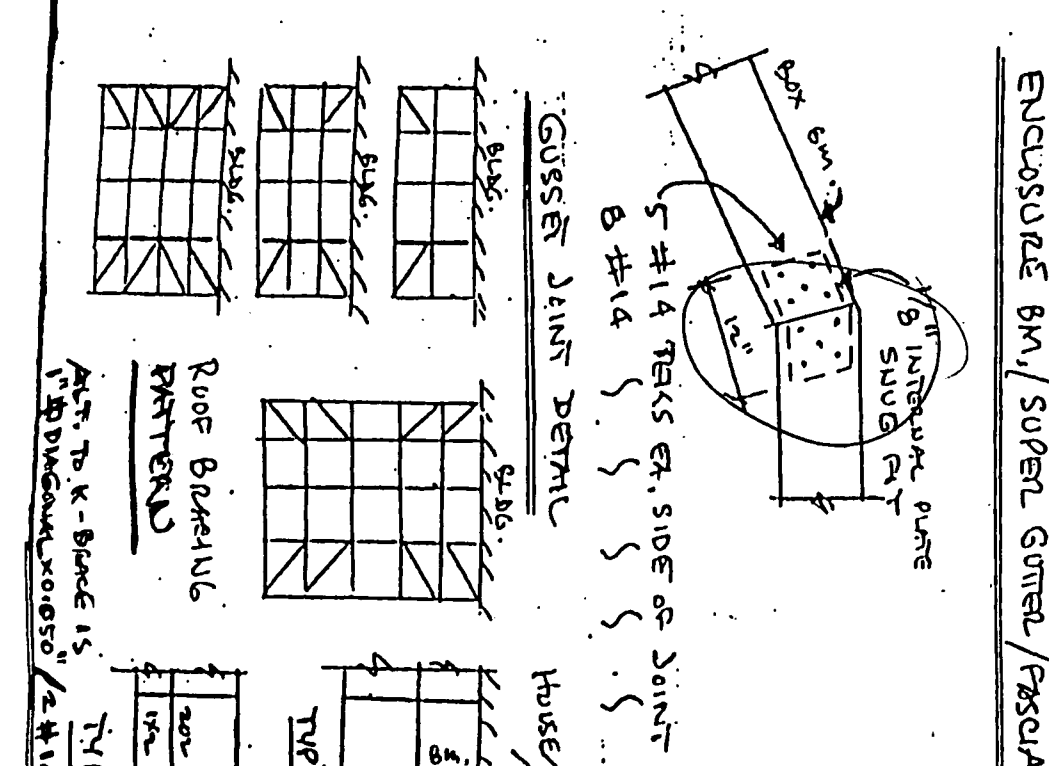
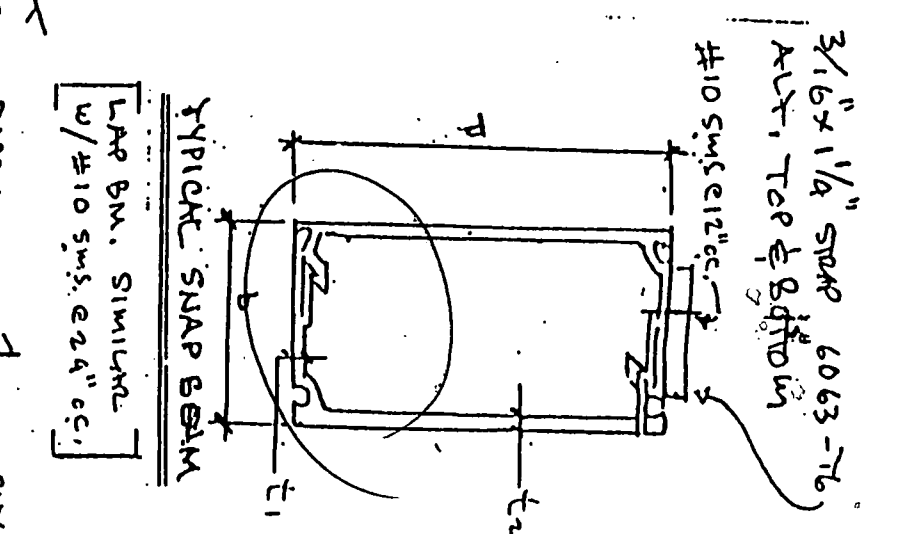
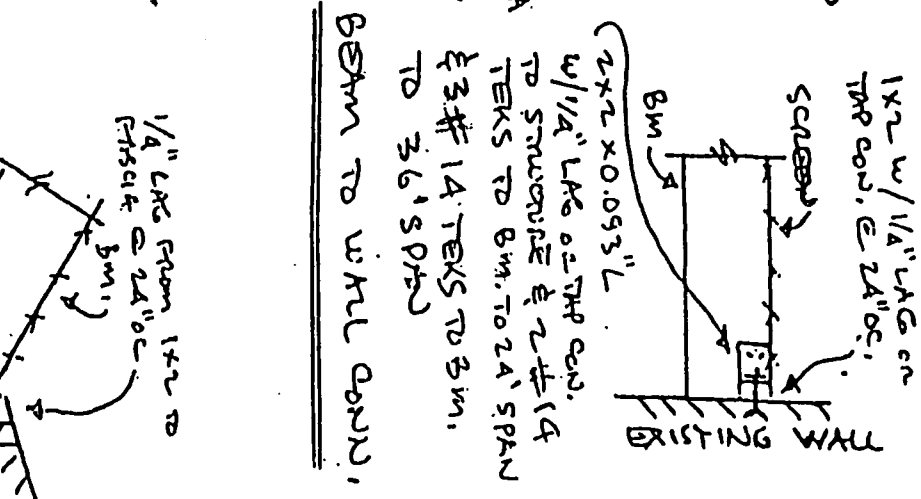
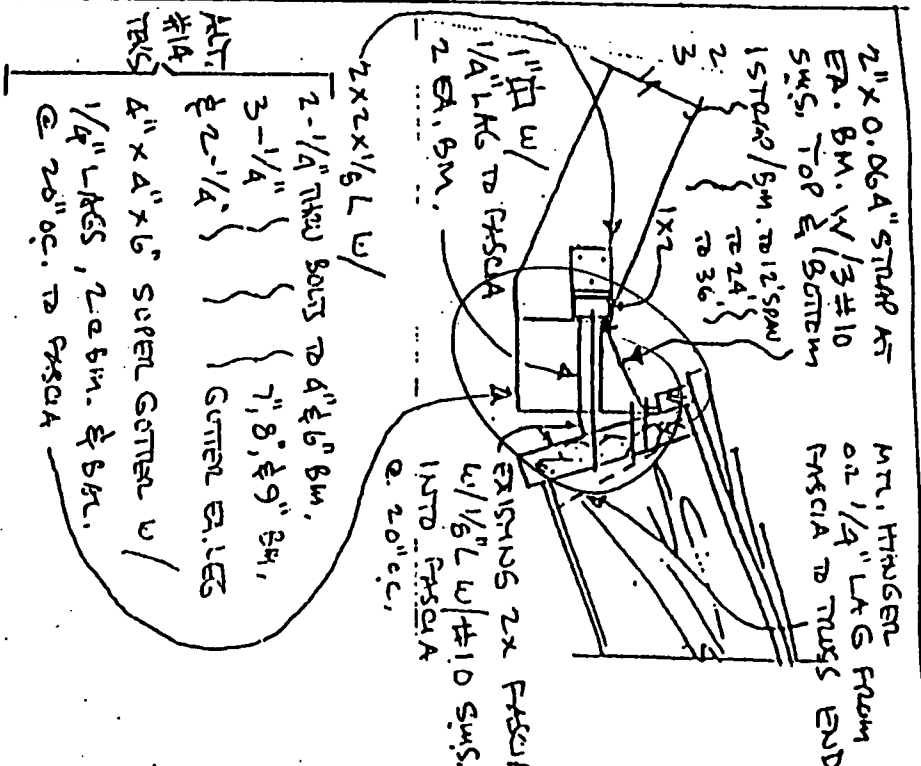
8' BEV.

main				
M				
DX2				

NS

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 5/26/05
 BUILDING OFFICIAL
 Gene Simmons

Joseph Potts
 3/17/05



COLUMN AND BEAM SCHEDULE SNAP OR LAP

MEMBER	SIZE	THICKNESS	MAX. BEAM SPAN SPACED O/C	
			t1	t2
2x2	2	.045	14'-0"	13'-0"
2x3	2	.055	17'-0"	16'-0"
2x4	2	.062	21'-0"	20'-0"
2x5 L	2	.062	25'-0"	24'-0"
2x6	2	.062	29'-0"	28'-0"
2x7	2	.062	33'-0"	32'-0"
2x8	2	.063	37'-0"	36'-0"
2x9	2	.063	41'-0"	40'-0"
2x4/3/6 T			19'-0"	18'-0"
2x4/3/6 T/B			21'-9"	20'-1"
2x6/3/6 T			25'-9"	25'-3"
2x6/3/6 T/B			31'-3"	29'-3"
2x7/3/6 T			34'-9"	32'-1"
2x7/3/6 T/B			36'-9"	34'-3"
2x7/3/6 T			36'-3"	33'-9"
2x7/3/6 T/B			41'-0"	38'-0"

THIS STRUCTURE HAS BEEN DESIGNED IN ACCORDANCE WITH THE REQUIREMENTS OF FAC. 2001 WIND LOADS OF 140 MPH, EXPOSED, AT. CONSTRUCTION MANUAL SPEC. 2000, AGC 1-98. THIS STRUCTURE HAS BEEN DESIGNED IN ACCORDANCE WITH THE REQUIREMENTS OF FAC. 2001 WIND LOADS OF 140 MPH, EXPOSED, AT. CONSTRUCTION MANUAL SPEC. 2000, AGC 1-98.

DATE: 3/24/03
 Jodi [Signature]
 3/19/03

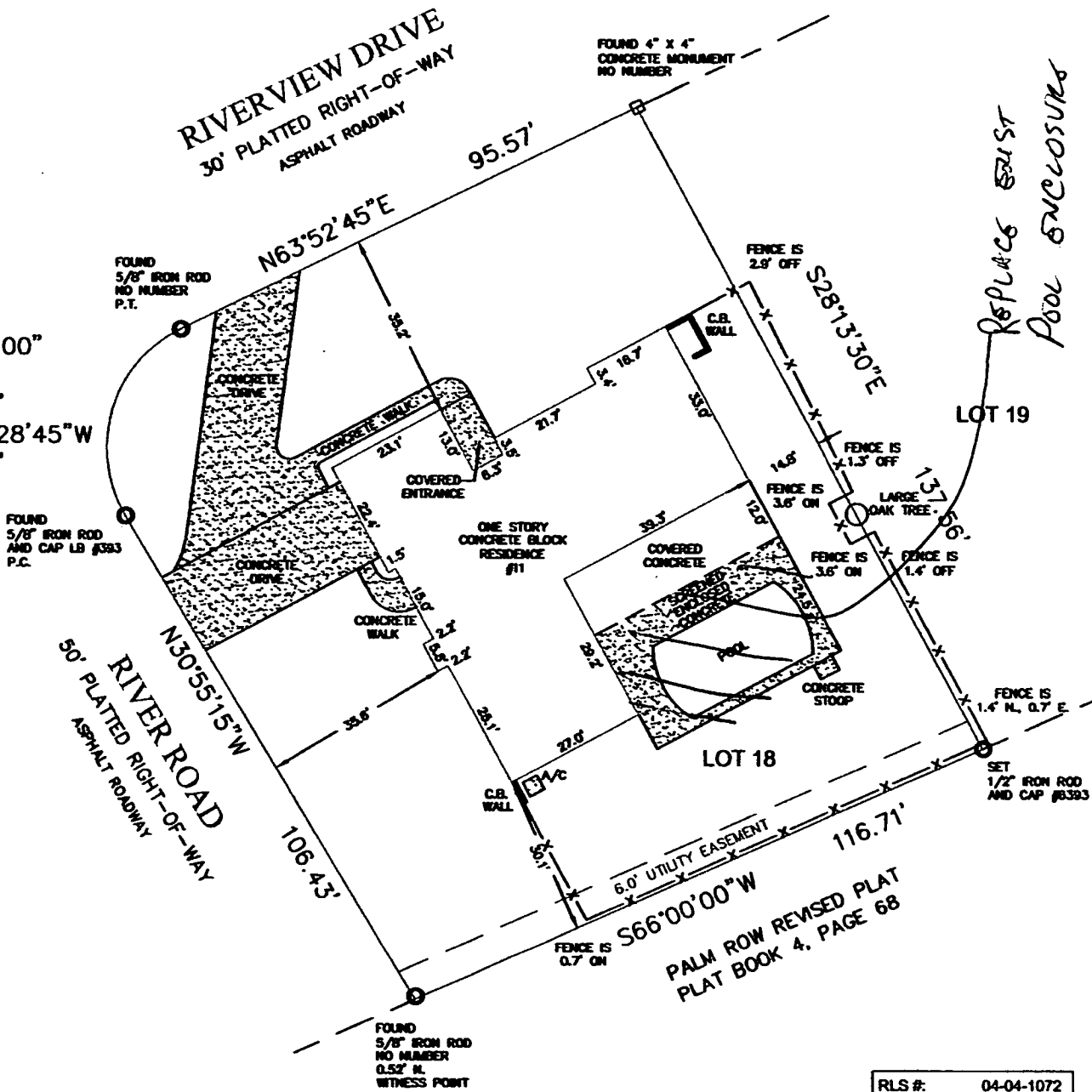
SCREEN ENCLOSURE DETAILS

ENCLOSURE BM./SUPER GUTTER/FASCIA
 1/4" LAG BOLTS TO 4" x 6" BM.
 3-1/4" } GUTTER EX. LEGS
 2-1/4" }
 #14 }
 1/4" LAGS, 2 ea BM. & BR.
 @ 20" OC. TO FASCIA

BOUNDARY SURVEY



$\Delta = 94^{\circ}48'00''$
 $L = 41.36'$
 $R = 25.00'$
 $CB = S16^{\circ}28'45''W$
 $C = 36.80'$



ADDRESS
 10 RIVERVIEW DRIVE
 SUITE 100
 SUITE 100
 SUITE 100



LEGAL DESCRIPTION: (AS FURNISHED)

LOT 18, RIVERVIEW SUBDIVISION, ACCORDING TO THE PLAT THEREOF,
 AS RECORDED IN PLAT BOOK 6, PAGE 86, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

BASIS OF BEARINGS: BEARINGS SHOWN HEREON ARE BASED ON THE NORTHERLY LINE OF LOT 18, BEING N 63°52'45" E, PER PLAT.

RLS #:	04-04-1072
CLIENT #:	1071-499505
FIELD DATE:	04/27/04
DRAFTER:	RSO
APPROVED:	GKB
SCALE:	1" = 30 FEET

LIST OF POSSIBLE ENCROACHMENTS:

<p>SURVEYOR INFORMATION:</p>  <p>AMERICAN SURVEYING & MAPPING CERTIFICATION OF AUTHORIZATION NUMBER 12893 4020 W. OAKLAND AVENUE, SUITE B WINTER PARK, FLORIDA 32789 PHONE: (407) 438-7979 FAX: (407) 438-4869</p>	<p>COORDINATED BY:</p> <p>RESIDENTIAL LAND SERVICES, INC. 621 24TH AVENUE S.W. NORMAN, OKLAHOMA 73069 FAX: (405) 701-1027 PHONE: (405) 701-1100 WWW.RLSNOW.COM</p>	<p>PREPARED FOR:</p>  <p>First American Title Insurance Company</p>	<p>PREPARED FOR:</p>																																											
<p>SURVEYOR FILE NUMBER: 04-04- CERTIFIED TO: (AS FURNISHED)</p> <p>MILTON L. WILCOX SANDRA F. WILCOX FIRST AMERICAN TITLE INSURANCE COMPANY</p>	<p>LEGEND</p> <table border="0"> <tr> <td>AC: AIR CONDITIONER</td> <td>CHL: OVERHEAD UTILITY LINE</td> </tr> <tr> <td>BLDG.: BUILDING</td> <td>(P.): PLATTED</td> </tr> <tr> <td>(C.): CALCULATED</td> <td>P.C.: POINT OF CURVATURE</td> </tr> <tr> <td>C.B.: CHORD BEARING</td> <td>P.C.P.: PERMANENT CONTROL POINT</td> </tr> <tr> <td>CBW: CONCRETE BLOCK WALL</td> <td>P.I.: POINT OF INTERSECTION</td> </tr> <tr> <td>CL: CENTERLINE</td> <td>P.O.B.: POINT OF BEGINNING</td> </tr> <tr> <td>C.N.A.: CORNER NOT ACCESSIBLE</td> <td>P.O.C.: POINT OF COMMENCEMENT</td> </tr> <tr> <td>CONC.: CONCRETE</td> <td>P.P.: POWER POLE</td> </tr> <tr> <td>CONV.: COVERED</td> <td>P.R.C.: POINT OF REVERSE CURVATURE</td> </tr> <tr> <td>CS: CONCRETE SLAB</td> <td>P.R.M.: PERMANENT REFERENCE MONUMENT</td> </tr> <tr> <td>(D.): DESCRIPTION</td> <td>P.T.: POINT OF TANGENCY</td> </tr> <tr> <td>DRW: DRIVEWAY</td> <td>RAW: RIGHT OF WAY</td> </tr> <tr> <td>ENC.: ENCROACHMENT</td> <td>S.W.: SIDEWALK</td> </tr> <tr> <td>E.O.W.: EDGE OF WATER</td> <td>CLF: CHAIN LINK FENCE</td> </tr> <tr> <td>(M.): MEASURED</td> <td>WF: WOOD FENCE</td> </tr> <tr> <td>MAS.: MASONRY</td> <td>HWF: HOOD-WIRE FENCE</td> </tr> <tr> <td>N&D: NAIL & DISK</td> <td></td> </tr> <tr> <td>FND: FOUND</td> <td></td> </tr> </table>	AC: AIR CONDITIONER	CHL: OVERHEAD UTILITY LINE	BLDG.: BUILDING	(P.): PLATTED	(C.): CALCULATED	P.C.: POINT OF CURVATURE	C.B.: CHORD BEARING	P.C.P.: PERMANENT CONTROL POINT	CBW: CONCRETE BLOCK WALL	P.I.: POINT OF INTERSECTION	CL: CENTERLINE	P.O.B.: POINT OF BEGINNING	C.N.A.: CORNER NOT ACCESSIBLE	P.O.C.: POINT OF COMMENCEMENT	CONC.: CONCRETE	P.P.: POWER POLE	CONV.: COVERED	P.R.C.: POINT OF REVERSE CURVATURE	CS: CONCRETE SLAB	P.R.M.: PERMANENT REFERENCE MONUMENT	(D.): DESCRIPTION	P.T.: POINT OF TANGENCY	DRW: DRIVEWAY	RAW: RIGHT OF WAY	ENC.: ENCROACHMENT	S.W.: SIDEWALK	E.O.W.: EDGE OF WATER	CLF: CHAIN LINK FENCE	(M.): MEASURED	WF: WOOD FENCE	MAS.: MASONRY	HWF: HOOD-WIRE FENCE	N&D: NAIL & DISK		FND: FOUND		<p>SURVEYOR'S CERTIFICATE</p> <p>I HEREBY CERTIFY THAT THE SURVEY REPRESENTED HEREON MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYS IN FLORIDA AS SET FORTH IN CHAPTER 61G 17-8, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO CHAPTER 472.027, FLORIDA STATUTES.</p> <p>No. 4224</p> <p><i>(Signature)</i></p> <p>DATE: 4/27/04 FOR THE FIRM</p> <p>SURVEYOR'S NAME STATE OF DATED:</p> <p>NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL</p> <table border="1"> <tr> <th>DATE</th> <th>REVISION</th> <th>DATE</th> <th>REVISION</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DATE	REVISION	DATE	REVISION				
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<p>NOTES</p> <p>1. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE.</p> <p>2. UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR OTHER UNDERGROUND STRUCTURES WERE NOT LOCATED BY THIS SURVEY.</p> <p>3. UNLESS NOTED OR DEPICTED OTHERWISE, ALL PROPERTY CORNERS SHOWN HAVE NO LS OR LB IDENTIFICATION.</p> <p>4. THE PURPOSE OF THIS SURVEY IS FOR USE IN OBTAINING TITLE INSURANCE AND FINANCING AND SHOULD NOT BE USED FOR CONSTRUCTION PURPOSES.</p> <p>THIS SURVEY IS PREPARED FOR THE EXCLUSIVE USE AND BENEFIT OF THE PARTIES LISTED HEREON. LIABILITY TO THIRD PARTIES MAY NOT BE TRANSFERRED OR ASSIGNED.</p>	<p>FLOOD ZONE (FOR INFORMATIONAL PURPOSES ONLY) SUBJECT PROPERTY SHOWN HEREON APPEARS TO BE LOCATED IN FLOOD ZONE X, AREA OUTSIDE THE 100 YEAR FLOODING, PER F.I.R.M. PANEL NUMBER 120101 0154 F, LAST REVISION DATE: 10/04/02. THIS SURVEYOR MAKES NO GUARANTEES AS TO THE ACCURACY OF THE ABOVE INFORMATION. THE LOCAL F.E.M.A. AGENT SHOULD BE CONTACTED FOR VERIFICATION.</p> <p>FOR ALL INQUIRIES CONTACT RESIDENTIAL LAND SERVICES, INC. AT (405) 701-1100</p>																																													



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 11 RIVERVIEW

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

FINAL SCREEN

BONDING WIRE IS MISSING
FOR ALUM. STRUCTURE,

CLAMP ON PUMP HAS
LOOSE BOND WIRE

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

DATE: 3/24

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

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

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/7, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8142	BUSSEY	INGR TANK & LINES	PASS	
8	1 PALMETTO DR AMERICAS			INSPECTOR: <i>[Signature]</i>
8161	RIMER	1 FOOTER	PASS	
7	29 S. RIVER RD LEAF DEVELOPMENT			INSPECTOR: <i>[Signature]</i>
80122	WILCOX	FINAL SCENE	PASS	CLOSE
5	11 RIVERVIEW DR ALUMINUM PRODUCTS			INSPECTOR: <i>[Signature]</i>
7801	COMMINGS	SLAB	FAIL	SCHEDULE REINSPECT FOR 4/16 MONDAY -
6	83 S. RIVER RD ELIAS MANAGEMENT			INSPECTOR: <i>[Signature]</i>
7557	LUTZ	FINAL SCENE	PASS	ALREADY CLOSED
4	6 RIVERVIEW			INSPECTOR: <i>[Signature]</i>
7584	SCHECODNIC	STRAPPING	WILL RESCHEDULE	
9	12 S. SARGIS PT. DRIFTWOOD HOMES			INSPECTOR: <i>[Signature]</i>
1999	MAJUR	PAUL BUCK	PASS	
2	106 ADLIE CT. BLUMFELD CONSTR.			INSPECTOR: <i>[Signature]</i>
OTHER: _____				

TOWN OF SEWALL'S POINT, FLORIDA

Date April 20 ~~12 2005~~ TREE REMOVAL PERMIT No 2464

APPLIED FOR BY WILCOX (Contractor or Owner)

Owner 11 RIVERVIEW DR

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 ? DYING

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed [Signature] Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

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, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

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

Owner MILTON H. WILCOX Address 11 RIVERVIEW DR Phone 772-781-8019

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: ?

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

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

Written statement giving reasons: BASE OF TREES IS ROTTEN AND WILL SOON FALL ON HOUSE.

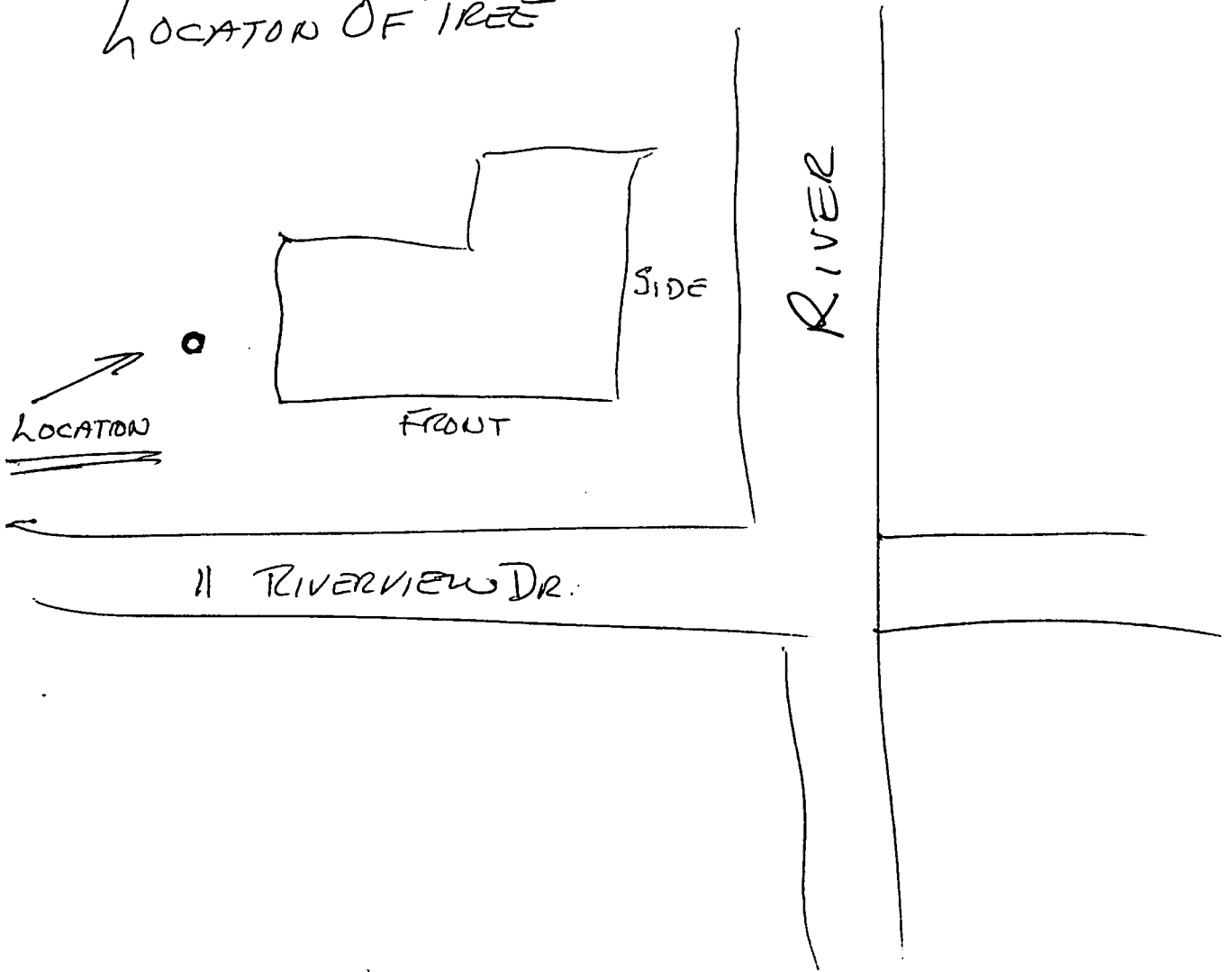
Signature of Property Owner [Signature] Date 4/18/05

Approved by Building Inspector: [Signature] Date 4/20 Fee: 0

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

NOTE: LOCATION OF TREE ON BACK OF APPLICATION

LOCATION OF TREE



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/20, 20015 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6917	SEYMOUR	FINAL RENOVATION	PASS	CLOSE
7	73 S. SEWALL ST O/B			INSPECTOR:
7420	JENKINS	FENCE	PASS	CLOSE
14	4 SABAL COURT O/B			INSPECTOR:
7209	MOSCATELLO	DRY IN	PASS	
4	6 PINEAPPLE LA ENERGY COATING			INSPECTOR:
7472	KALAYANNIS	FENCE REPAIR	PASS	CLOSE
6	80 S. RIVER RD O/B			INSPECTOR:
7430	MURPHY	FINAL DECK	PASS	CLOSE
10	8 HERON'S NEST O/B			INSPECTOR:
7487	GRASSAM	PRE DECKING	PASS	CLOSE
16	8 COPAIBERD O/B			INSPECTOR:
7487	WILCOX	TREE	PASS	
8	11 RIVERVIEW			INSPECTOR:

OTHER: _____

754-224-7306

SOUTHERN DROPING

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. Permit - No 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 MILTON WILCOX Address 11 RIVERVIEW DR Phone 772-781-8019

Contractor ACCURATE TREE SERVICE Address _____ Phone 772-215-4308

No. of Trees: REMOVE 4 Type: PALM

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

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

Written statement giving reasons: ALL 4 PALM TREES ARE DEAD

Signature of Property Owner *Milton Wilcox* Date 5/24/06

Approved by Building Inspector: *[Signature]* Date 5/26 Fee: 0

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

NOTE: TREES ARE LOCATED ON RIGHT SIDE OF PROPERTY ON S. RIVER RD. AND ARE IDENTIFIED WITH A BLUE TAPE



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Milto Willcox Address 11 River View Phone 781-8019

Contractor D.M.S. Landscaping Address Pobox 38 Phone 521-4440

No. of Trees: REMOVE 3 Species: queen palms

No. of Trees: ~~RELOCATE~~ 1 Species: Robelini

No. of Trees: ~~REPLACE~~ 1 Species: WAXAN TONIAN

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

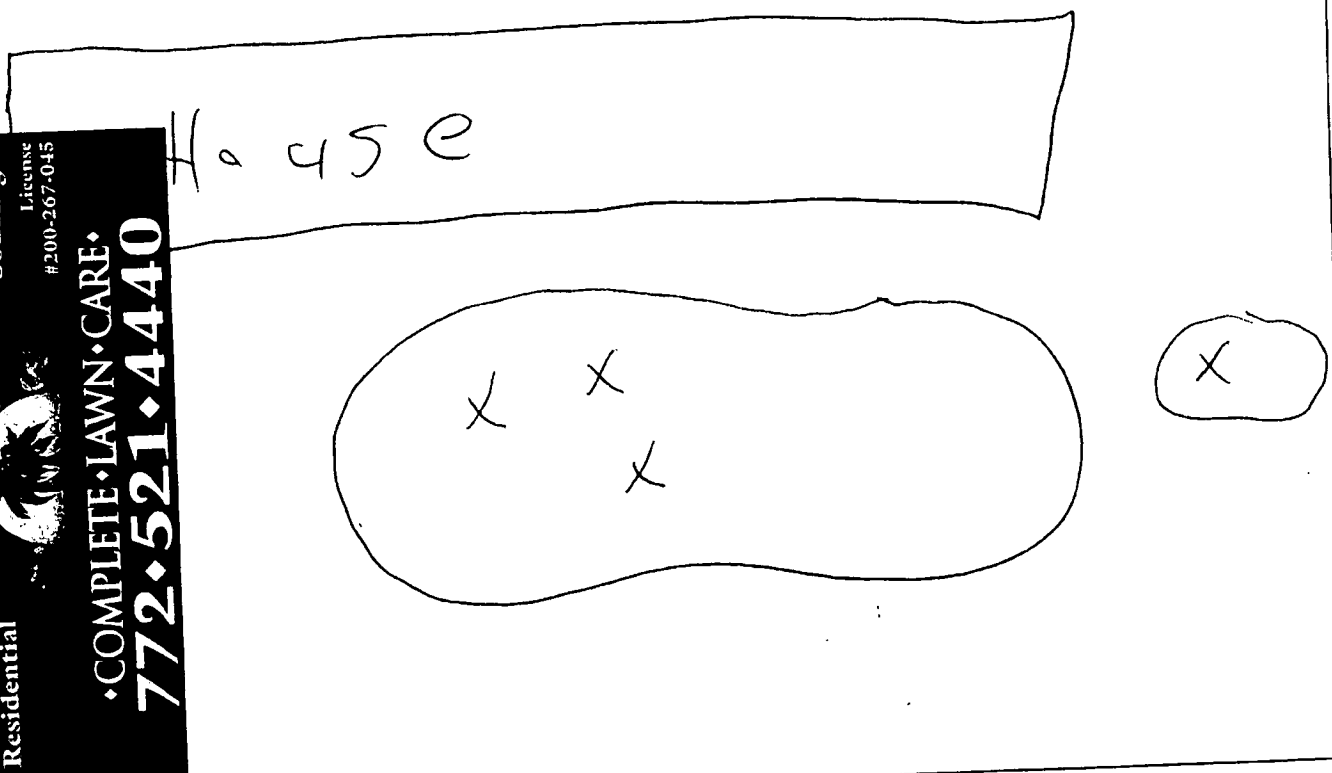
Reason for tree removal /relocation (See notice above) Disease/ Ganoderma

Signature of Property Owner [Signature] Date 5-15-12

Approved by Building Inspector: [Signature] Date 5-15-12 Fee: N/C

NOTES: ALL ARE DISEASED W/ FUNGUS

SKETCH:



♦ Licensed ♦ Insured ♦ Hedge Maintenance
 ♦ Free Estimates ♦ Tree Trimming
 ♦ Landscaping ♦ Trash Hauling
 ♦ Fertilization ♦ Mulching
 ♦ Commercial ♦ Cleanups
 ♦ Residential ♦ Sodding
 License #200-267-045
 • COMPLETE LAWN CARE •
772-521-4440