

12 Riverview Drive

Permit No. _____

RECEIVED

1486

Date

5-19-82

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

MAY 19 1982

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

Owner GEORGE SANDRA FEY Present address GREENYURKLE COVE

Phone 225 0981

General contractor BILL SCAMMELL Address 2713 SE INDIAN ST.

Phone 287 9120 STUART FLA

Where licensed STATE CRAT. License No. CGC 011250

Plumbing contractor WILKE License No. 60

Electrical contractor BALLENINE License No. _____

Air-conditioning contractor PATER POOL License No. _____

Describe the building, or alteration to existing building SINGLE FAMILY RES.
S/B #12 - 11 Riverwood Lane.

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

Subdivision RIVERVIEW Lot No. 9 Area _____

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2300

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 80,550
403430 = 433 70,000

Cost of permit \$ 433 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 Bill Scammell

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 George & Sandra Fey

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 Efficient Building Code.

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

TOWN RECORD Date submitted _____

Approved by Building Inspector (date) 6/1/82 Inspector's initials JM

Approved by Town Commissioner (date) 6/2/82 Commissioner's initials ES

Certificate of Occupancy issued (date) _____

Melody Lane #99.R. Road



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR SEPTIC TANK PERMIT
AND FINAL INSPECTION FORM

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

RECEIVED
MAY 19 1982

Authority:
Chapter 381, 386, 397, FS
Chapter 10D-6, FAC

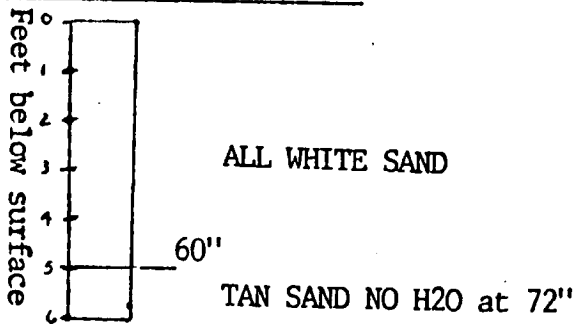
Permit Number HD 81-375

Name of Applicant Charles Andrews Ans'd..... Telephone 286-4933
Mailing Address of Applicant 1045 E Ocean Blvd Suite 1 Stuart, Fla. 33494
To be Installed at: (Give Street Address)*
Lot 9 Block N/A Subdivision Riverview Subdivision
Plat Book & Page P.B. 6 Page 86 Date Recorded 3/6/75
Residential: No. Living Units 1 Number Bedrooms 4
Commercial: Type of Business _____ Number People 5 Number Toilets 3
*Note: Attach site location map and other supportive documents.
Signature of Applicant Charles Andrews

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? NO
Is there a public well within 100 ft. of the proposed septic system? NO
Is there a public sewer within 100 ft. of the proposed lot? YES
Is there a lake, stream, canal or other body of water within 50 ft. of the proposed septic system? NO
Is there a septic system or other interference within 75 ft. of the proposed private well? N/A
Is the proposed or existing public water line within 10 ft. of the proposed septic system? NO
There is 1200 square feet of unobstructed land for future expansion of the drainfield.

SOIL PROFILE AND PERCOLATION DATA



Water table..... 72" +
Wet season water table... _____
Compacted fill of..... _____ required.
Compacted fill check by.. _____
Date..... _____

Certified by: Wendy Mathers
Florida Professional Number: 19658
Date: 5/28/81 Job Number 363 01 23
Percolation Rate .5 Minutes/Inch
Soil Identification: SANDY
Class SP Group I

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 1050 Gallons Absorption Bed Size 350 Square Ft.
Dosing Tank Capacity _____ Gallons Lateral Drainfield Size _____ Square Ft.
Grease Trap Capacity _____ Gallons Sand Filter Size _____ Square Ft.

Specifications:
3 BEDROOM 900 GALLON TANK
260 FT² DRAINFIELD

6-1-81
Date Processed
THIS PERMIT EXPIRES ONE (1)
YEAR FROM DATE OF ISSUANCE

Robert Washburn, P.S.
Signature of Sanitarian

MARTIN County Health Department

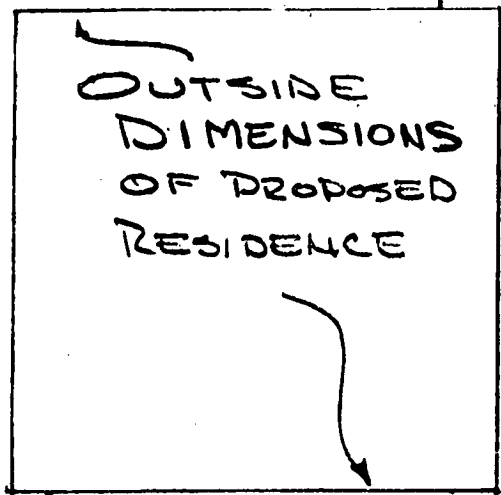
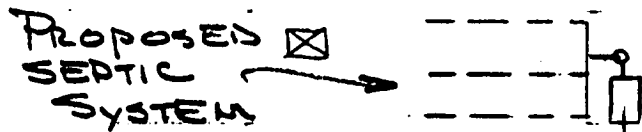
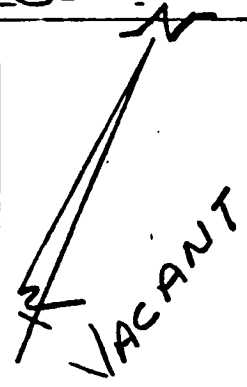
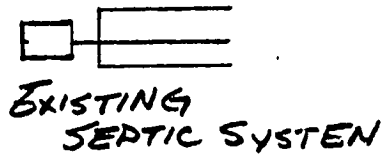
FINAL INSPECTION DATA

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

RECOMMENDATION: Approval _____ Disapproval _____
Rec'd #1 020232

Signature of Sanitarian

NOTE: PUBLIC WATER IS AVAILABLE



EXISTING SEPTIC SYSTEM IS GREATER THAN 15' FROM PROPERTY LINE

RIVER ROAD

WATER METER

RIVERVIEW DRIVE

W. Mathers

LEGEND

- EXISTING SEPTIC TANK AND DRAINFIELD
- PROPOSED SEPTIC TANK AND DRAINFIELD
- PROPOSED WATER SUPPLY WELL
- EXISTING WATER SUPPLY WELL
- SOIL BORING AND PERCOLATION TEST LOCATION

JOB No.

363

01

DATE:

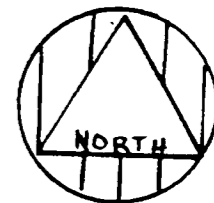
5/28/81

MATHERS

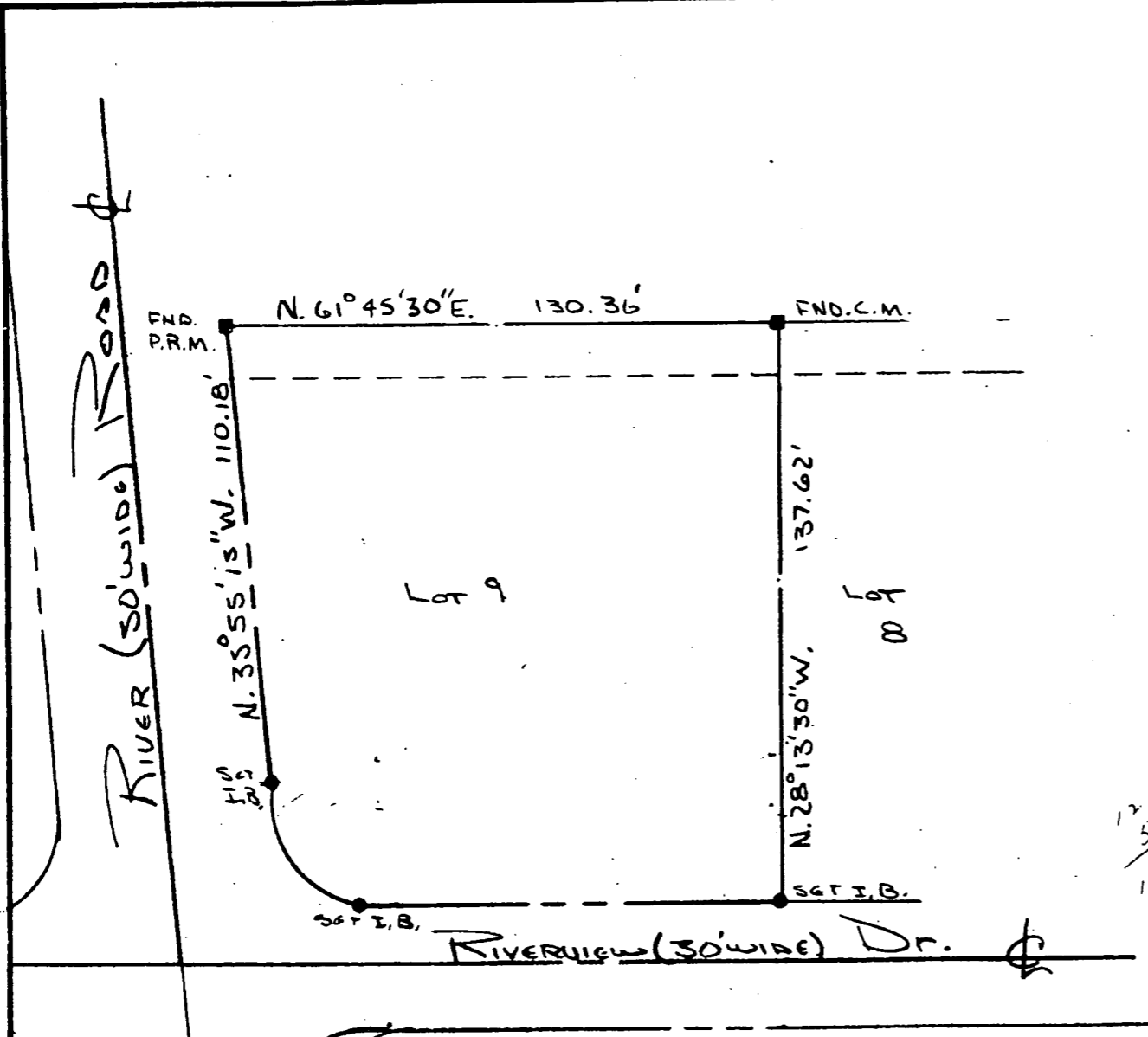
&

ASSOCIATES

ENGINEERS — SURVEYORS
 STUART, FLORIDA



BOUNDARY SURVEY



DESCRIPTION

KNOWN AS LOT 9 RIVERVIEW 5/0"
 AS RECORDED IN PLAT BOOK 6
 PAGE 86, PUBLIC RECORDS OF
 MARTIN COUNTY, FLA.

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

PREPARED FOR
EAST OCEAN CONSTRUCTION

ISSUED BY _____ DATE _____

Ronald J. Price
RONALD J. PRICE
 FLORIDA LICENSE NO. 2683

DRAWN: PTD SCALE: 1"=40' DATE: 2/18/81

W.O. NO. 1112 PROJECT NO. 81073

1486

To: The town of Sewells Pt., Town Manager
From: Martin County Health Department.

Be it known that the individual sewage disposal system(s) installed
on ~~10~~ Lot 9 River View S/O
for Key
has been found to be in compliance with Chapter 10D-6, Florida
Administrative Code, and therefore is granted final approval.

HD # 82 491 Revised By:
or
87 375

[Signature]
(Sanitarian)



FLORIDA MODEL ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

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

PROJECT NAME AND ADDRESS	<i>FCX RESIDENCE</i>	JURISDICTION
	<i>LOT 9 RIDGEVIEW</i>	BUILDING PERMIT NO.
BUILDER OWNER	<i>Bill Scammell & Son</i>	TO BE FILLED IN BY BLDG OFFICIAL TO BE FILLED IN BY DESIGNER
	<i>6600 E. ...</i>	

STATISTICAL DATA													
ZONE	JURISDICTION CODE	FLOOR AREA	GROSS WALL AREA	GLASS AREA	WALL INSUL R-VALUE	ROOF INSUL R-VALUE	EER OR SEER	COP	MAXIMUM ALLOWED EPI	EPI			
		2154	1720	394	11	19	7.5		100	85.23			
HEATING SYSTEM TYPE				HOTWATER SYSTEM TYPE				WALL CONSTRUCTION		NUMBER OF UNITS			
STRIP	HEAT PUMP	GAS	OIL	SOLAR	ELEC.	HEAT REC.	GAS	OIL	SOLAR	CBS	FRAME	THIS BUILDING	ENTIRE PROJECT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
THIS DATA TO BE SENT TO THE GOVERNOR'S ENERGY OFFICE BY THE BUILDING OFFICIAL UPON REQUEST													

BASE BUDGET	COMMON WALLS	COMMON ROOF	MAXIMUM ALLOWED
	X5	X12	
FROM APPENDIX E	FEWER TOTAL POINTS MEANS GREATER SAVINGS		EPI
CERTIFIED BY:	<i>Bill Scammell</i>	DATE:	EPI:
		<i>5-21-82</i>	<i>85.23</i>

9D	DESIGN CREDIT POINTS (CP)	
	CEILING FANS (IN COND. SPACE)	1 PER FAN 4
	MULTI ZONE A/C (SEPARATED BY OPERABLE DOOR)	5
	OPERABLE WINDOWS (ON 2 OR MORE SIDE OF ROOM)	1 PER ROOM 1
	WHOLE HOUSE FAN (1.5 CFM/SF)	5
	TOTAL	<i>5</i>

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

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

WINTER				GROSS WINTER POINTS	SUMMER				GROSS SUMMER POINTS
COMPONENT	AREA	X WPM	=		COMPONENT	AREA	X SPM	=	

WALLS	CONCRETE	R3-3.9		6.2		WALLS	CONCRETE	R3-3.9		16.6	
		R4-5.9		5.0				R4-5.9		15.0	
		R6 & UP		4.4				R6 & UP		13.9	
	FRAME OR BRICK OR VENEER	R11-18.9	1276	2.5	11736.4	R11-18.9	1276	13.9	11736.4		
		R19-25.9		1.5		R19-25.9		8.6			
		R26 & UP		1.1		R26 & UP		6.5			
	COMMON			5.5		COMMON			7.6		

DOORS	WOOD OR METAL	50	86.5	4325	DOORS	WOOD OR METAL	50	55.4	2770
	INSULATED		84.0			INSULATED		22.2	
	STORM DOOR		44.6			STORM DOOR		44.3	
	COMMON		43.3			COMMON		13.9	

CEILING	UNDER ATTIC	R11-18.9		2.9		CEILING	UNDER ATTIC	R11-18.9		13.3	
		R19-21.9	2154	1.9	4092.6			R19-21.9	2154	8.4	18093.6
		R22-29.9		1.7				R22-29.9		7.6	
		R30 & UP		1.5				R30 & UP		5.5	
	SINGLE ASSEMBLY (NO ATTIC)	R6-7.9		5.4			SINGLE ASSEMBLY (NO ATTIC)	R6-7.9		22.6	
		R8-9.9		4.0				R8-9.9		17.3	
		R10-11.9		3.5				R10-11.9		14.6	
		R12-18.9		2.5				R12-18.9		10.6	
		R19 & UP		1.9				R19 & UP		8.4	
		COMMON			3.4				COMMON		

FLOOR OVER UNCONDITIONED SPACE DO NOT ADD CARPETS	WOOD	R0-6.9		5.8		FLOOR OVER UNCONDITIONED SPACE DO NOT ADD CARPETS	WOOD	R0-6.9		6.6	
		R7-10.9		2.4				R7-10.9		2.9	
		R11-18.9		2.1				R11-18.9		2.3	
		R19 & UP		1.4				R19 & UP		1.5	
	CONCRETE	R0-2.9		6.8			CONCRETE	R0-2.9		8.2	
		R3-5.9		4.3				R3-5.9		5.7	
		R6-10.9		3.4				R6-10.9		3.6	
		R11-18.9		2.3				R11-18.9		2.9	
		R19 & UP		1.5				R19 & UP		1.9	
		COMMON			3.4				COMMON		

SLAB ON GRADE PERIMETER	EDGE INSULATION	PERIMETER	WPM	GWP
	R0 - 2.9	186	28.3	5263.8
	R3 - 5.9		20.4	
	R6 & UP		12.4	

GLASS
DO NOT APPLY INTERIOR SHADING

OR	AREA	SINGLE	DOUBLE	WOF	GWP
N	133	55.4	38.5	1.00	7368.2
NE		55.4	38.5		
E	14.2	55.4	38.5	.87	684.41
SE		55.4	38.5		
S	60.6	55.4	38.5	.87	2920.79
SW		55.4	38.5		
W	67.6	55.4	38.5	1.00	3745.04
NW		55.4	38.5		
H		22.6	6.8		
S	40	55.4		.84	1861.44
S	13.6	55.4		.92	693.16
N	65	55.4		1.00	3601

H = HORIZONTAL GLASS (SKYLIGHTS)

GLASS
DO NOT APPLY INTERIOR SHADING

OR	AREA	SINGLE		DOUBLE		SOF	GSP
		CLR	TIN	CLR	TIN		
N	133	204	176	163	139	.99	26860.68
NE		309	264	258	218		
E	14.2	425	360	362	304	.89	5371.15
SE		418	354	355	298		
S	60.6	346	294	287	242	.86	18032.13
SW		418	354	355	298		
W	67.6	425	360	362	304	.89	25569.7
NW		309	264	258	218		
H		720	605	627	524		
S	40	346				.98	13563.2
S	13.6	346				.76	3576.25
N	65	204				.97	12862.2

FOR TINTED GLASS SL ≠ 0.83 SEE SEC. 902.2d

TOTAL GROSS WINTER POINTS	37715.44	TOTAL GROSS SUMMER POINTS	144435.31
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DUCT INSULATION MULTIPLIER	1" FIBERGLASS	37745.44	1.18	43407.25	DUCT INSULATION MULTIPLIER	1" FIBERGLASS	144435.31	1.18	166100.6
	1.5" FIBERGLASS		1.12			1.5" FIBERGLASS		1.12	
	DUCT IN COND.SP.		1.00			DUCT IN COND.SP.		1.00	

HSM FROM TABLE 9A	43407.25 X 1.00	43407.25	CSM FROM TABLE 9B	166100.6 X .87	144507.52
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FLOOR AREA (DIVIDE)	43407.25 ÷ 2154	20.15	FLOOR AREA (DIVIDE)	144507.52 ÷ 2154	67.08
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WINTER POINTS (WP)	20.15	SUMMER POINTS (SP)	67.08
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FORM 900 AND 901 - 789					ZONES - 789	
WINTER POINTS	SUMMER POINTS	HOT WATER POINTS	CREDIT POINTS	PENALTY POINTS	85.23 EPI	
20.15	+ 67.08	- -	- 5	+ 3	=	
FEWER TOTAL POINTS ARE ENCOURAGE FOR MAXIMUM ENERGY SAVINGS						

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

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

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

9B		COOLING SYSTEM MULTIPLIER (CSM)										
ELECTRIC	SEER	6.8-6.99	7.0-7.49	7.5-7.99	8.0-8.49	8.5-8.99	9.0-9.49	9.5-9.99	10.0-10.49	10.5-10.99	11.0-11.99	12.0 & UP
	CSM	1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	0.62	0.59	0.54
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP				
	CSM	1.51	1.25	1.21	1.09	1.00	0.92	0.89				

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

9C		HOT WATER CREDIT POINTS (HWP)	
ELECTRIC	RESISTANCE HEATERS		0.0
GAS			7.0
SOLAR	MINIMUM CERTIFIED DCR OF 6,000 BTU PER BEDROOM AND 15 GALLON STORAGE PER BEDROOM		19.6
	MINIMUM CERTIFIED DCR OF 9,000 BTU PER BEDROOM AND 20 GALLON STORAGE PER BEDROOM		22.8
	MINIMUM CERTIFIED DCR OF 12,000 BTU PER BEDROOM AND 27 GALLON STORAGE PER BEDROOM		24.5
A/C HEAT RECOVERY UNIT	MINIMUM CERTIFIED RATING OF 1500 BTUH/TON MINIMUM HOT WATER STORAGE TANK 40 GALLONS		16.3
	MINIMUM CERTIFIED RATING OF 2500 BTUH/TON MINIMUM HOT WATER STORAGE TANK 40 GALLONS		17.4

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

TOWN OF SEWALL'S POINT, FLORIDA


CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 11/12/82

This is to request that a Certificate of Approval for Occupancy be issued to Mr. Fey
For property built under Permit No. 1486 Dated 6/3/8 when completed in
conformance with the Approved Plans.

Signed _____

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	<u>7/16/82</u>	
Rough plumbing	<u>7/16/82</u>	
Slab	<u>7/22/82</u>	
Perimeter beam		
Close-in, roof and rough electric	<u>9/18/82</u>	
Final Plumbing	<u>11/12/82</u>	
Final Electric	<u>11/12/82</u>	
<u>Insulation</u>	<u>9/21/82</u>	
Final Inspection for Issuance of Certificate for Occupancy.		
Approved by Building Inspector	<u>JLM</u>	<u>11/12/82</u> date
Approved by Building Commissioner	<u>Estrella</u>	date <u>11/19/82</u>
Utilities notified	<u>11/12/82</u>	date
Original Copy sent to	_____	

(Keep carbon copy for Town files)

Permit No. 1501

TOWN OF SEVILLA, FLORIDA

APR 23 1987

Date

APPLICATION FOR A PERMIT TO BUILD A DECK, FENCE, POOL, SOLAR HEATING TOWER, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE FOR A HOUSE OR A COMMERCIAL BUILDING.

This application must be accompanied by three sets of complete plans, to scale, including a plot plan showing setbacks, plumbing and electrical layouts, if applicable, and at least two elevations, as applicable.

Owner W. J. ... Present address ...

Phone ... Address ...

Contractor ... Address ...

Phone ... Address ...

Where licensed ... License number CPD 011921

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.

Const. of a 12' x 12' pool

State the street address at which the proposed structure will be built: 1111 ...

Subdivision ... Lot No. 92

Contract prices ... 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 Sevilla'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 Sevilla's Point. Failure to comply may result in a Building Inspector or a Town Commissioner "red-tagging" the construction project.

Contractor ...

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

TOWN RECORD

Date submitted

Approved: ... Building Inspector Date 8/27/87

Approved: ... Commissioner Date 9/3/87

Final Approval given: ... Date

Certificate of Occupancy issued: ... Date

SP/1-79

Handwritten notes and signatures at the bottom of the page.

1518

SCREEN

ENCLOSURE

#1518

RECEIVED

TOWN OF SEWALL'S POINT FLORIDA

OCT 11 1982

Permit No. _____

Ans'd Date 10-11-82

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

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

Owner George Fey Present address X River View Dr.

Phone _____

Contractor Climatroc Address 3918 Interstate Pk. W. N.

Phone 283-8070

Where licensed _____ License number CRC001786

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: SCREENED POOL ENCLOSURE

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

Subdivision River View Lot No. 9

Contract price \$ 3127 Cost of Permit \$ 16

Plans approved as submitted Plans approved as marked _____

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

Contractor Barbara Mance

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.

X Owner Sandra L. Fey

Approved: J. Morzucca Building Inspector Date 10/12/82

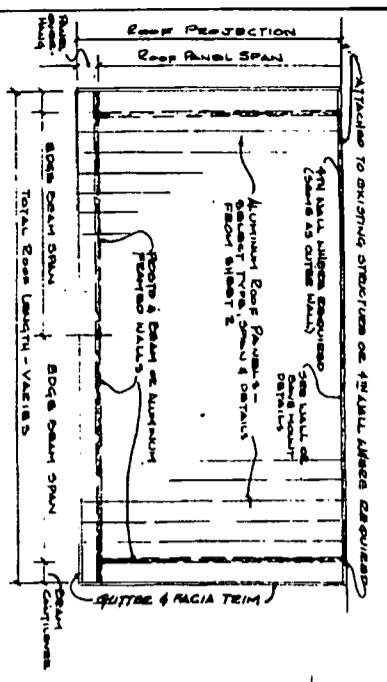
Approved: J.C. Strubell Commissioner Date 11/3/82

Final Approval given: 11/3/82 Jan Date

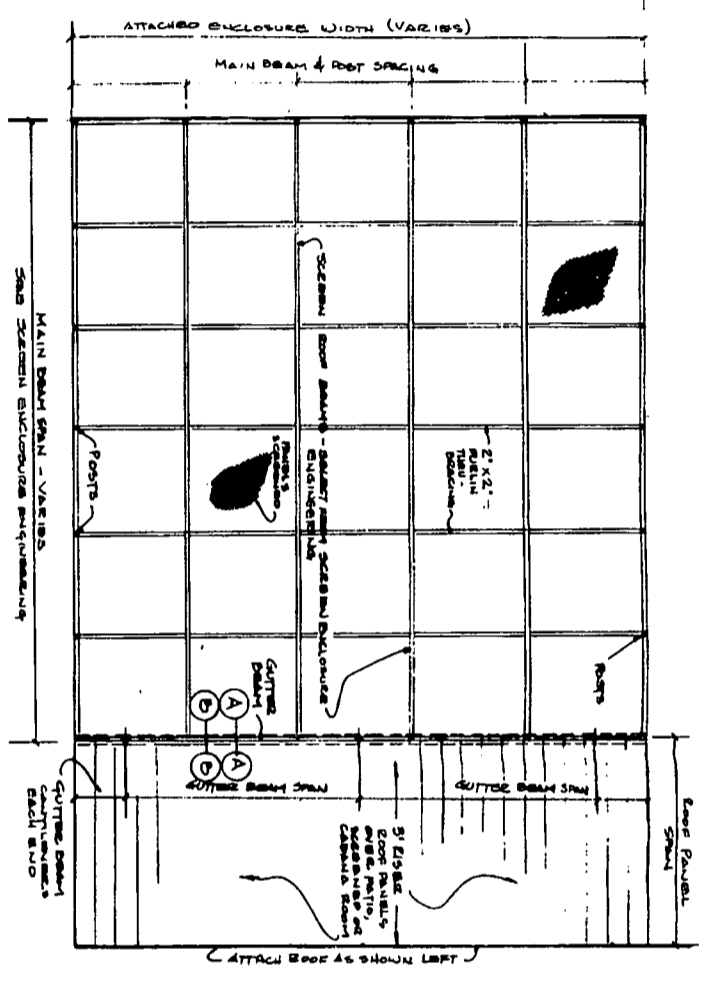
Certificate of Occupancy issued None Req. Date

#1518

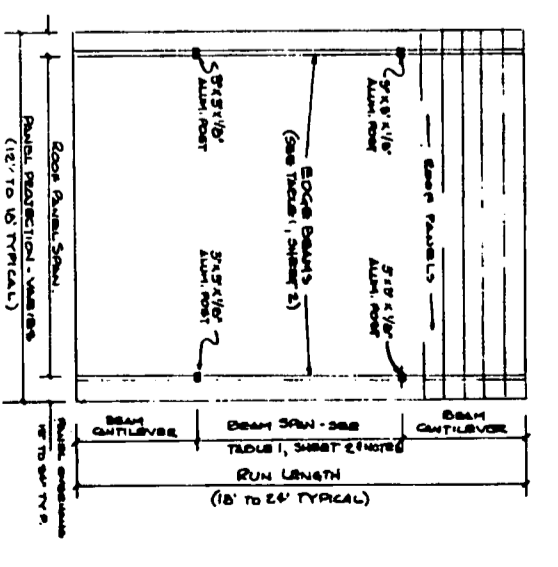
PLAN VIEW: ATTACHED GARPORT RATIO OR CANOPY ROOF (SEE SHEET 02 OR 03)



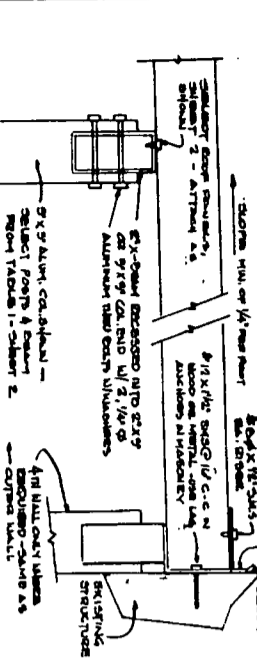
SCREENED POOL ENCLOSURE ATTACHED TO RATIO OR CANOPY A ROOF



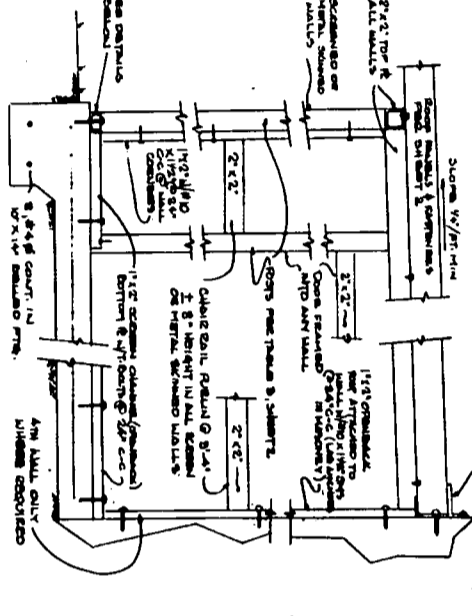
PLAN VIEW - FREE STANDING GARPORT



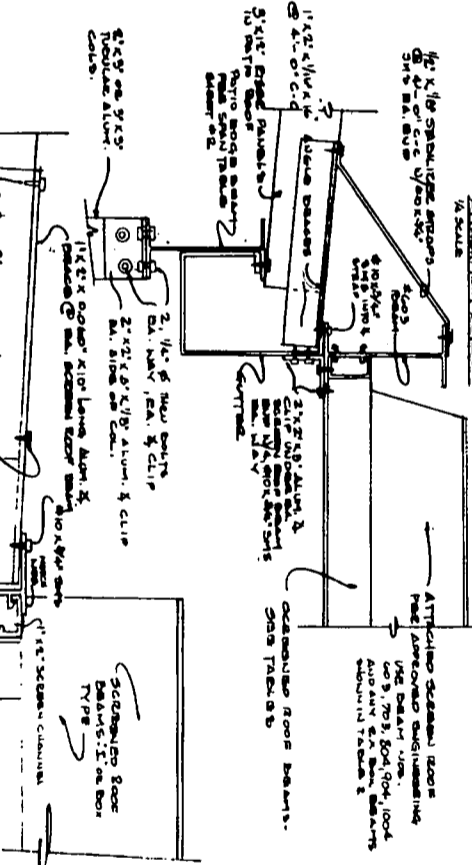
TYPICAL RATIO-CANOPY SECTION DETAILS



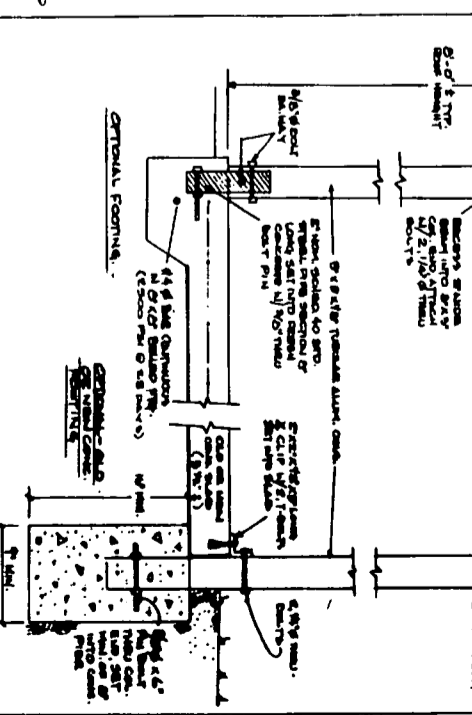
TYPICAL CANOPY ROOF SECTION DETAILS



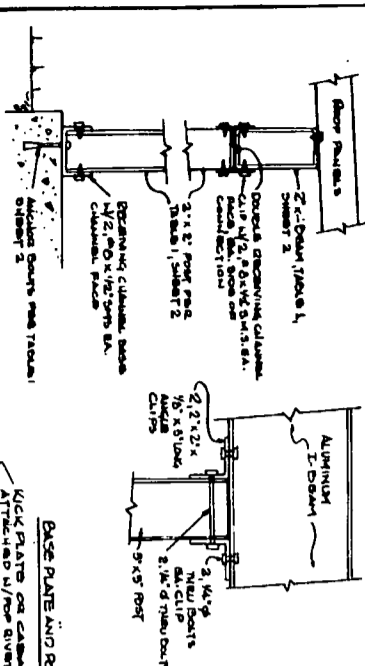
SECTION A-A: STRUCTURE GUTTERS AND GARD



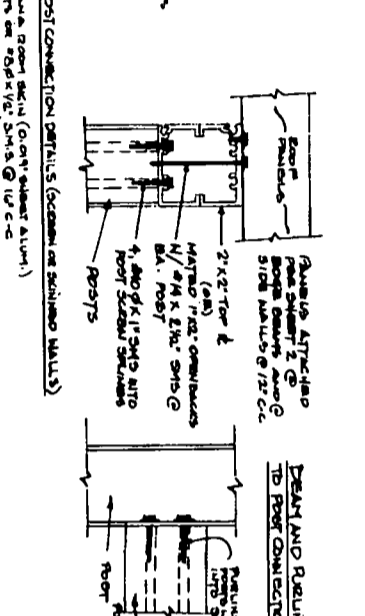
TYPICAL SECTION DETAILS



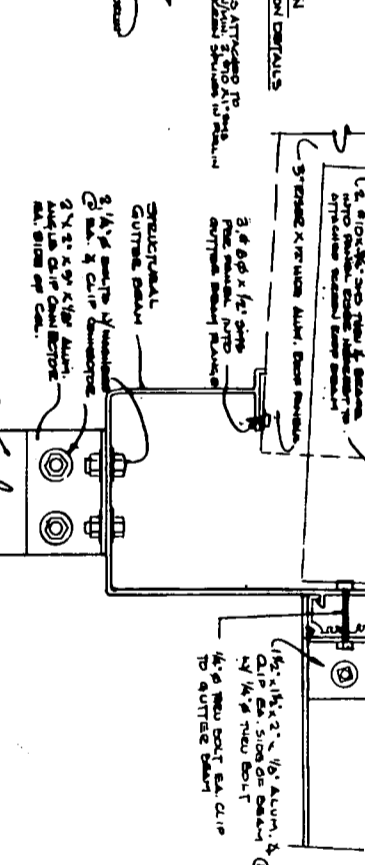
ALTERNATE ROOF AND BEAM CONNECTION DETAILS



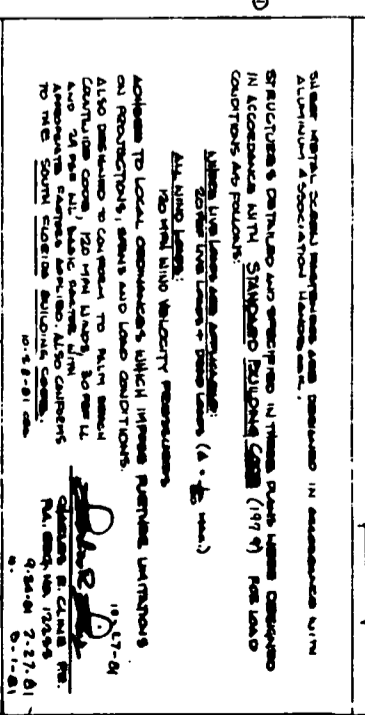
BEAM AND RIDGE CONNECTION DETAILS



SECTION B-B: STRUCTURAL GUTTER BEAM ATTACHMENT DETAILS



CRITICAL FORMING



MASTER PLANS - ALUMINUM RATIOS

PLAN, SECTION AND DETAIL VIEWS
1 of 2
C197.A

CLIENT ASSOCIATES

CLIENT ASSOCIATES
3801 U.S. HWY. 19 N.
PALM HARBOR, FL 34683
TEL: (813) 971-1111

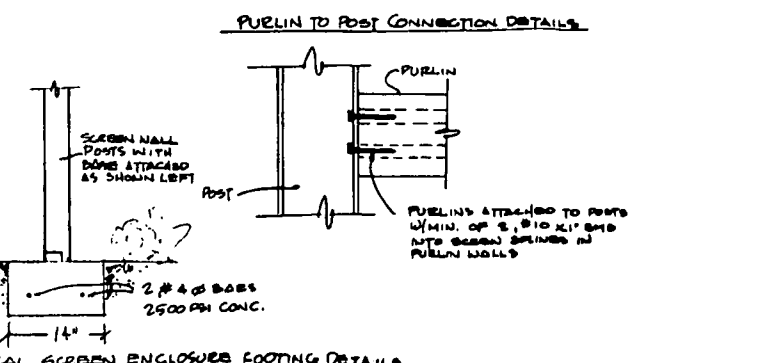
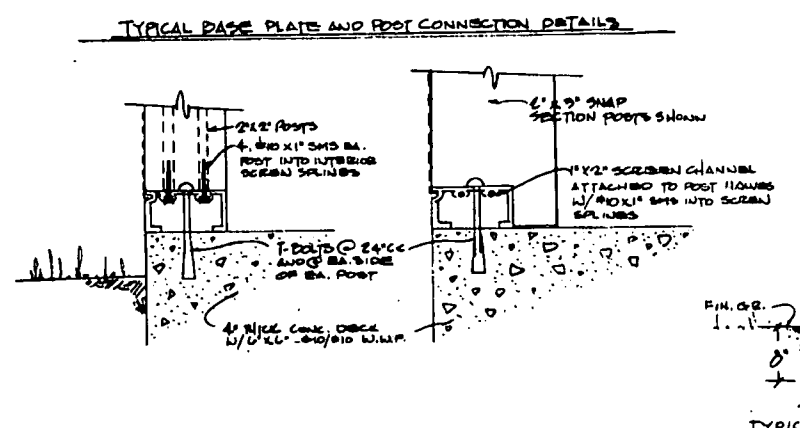
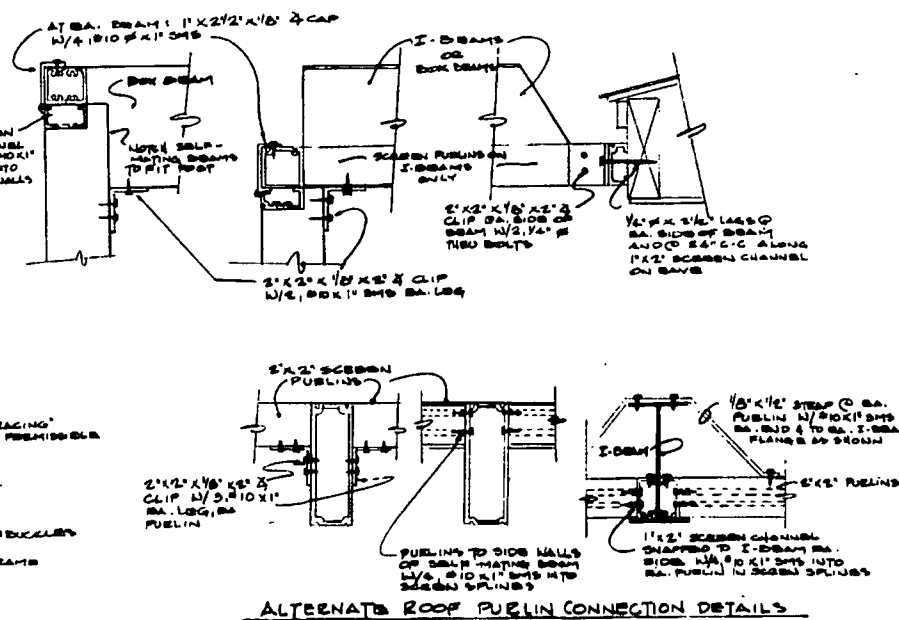
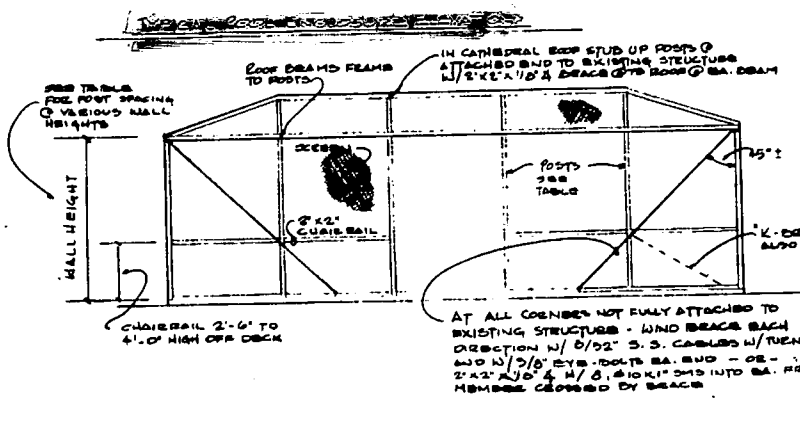
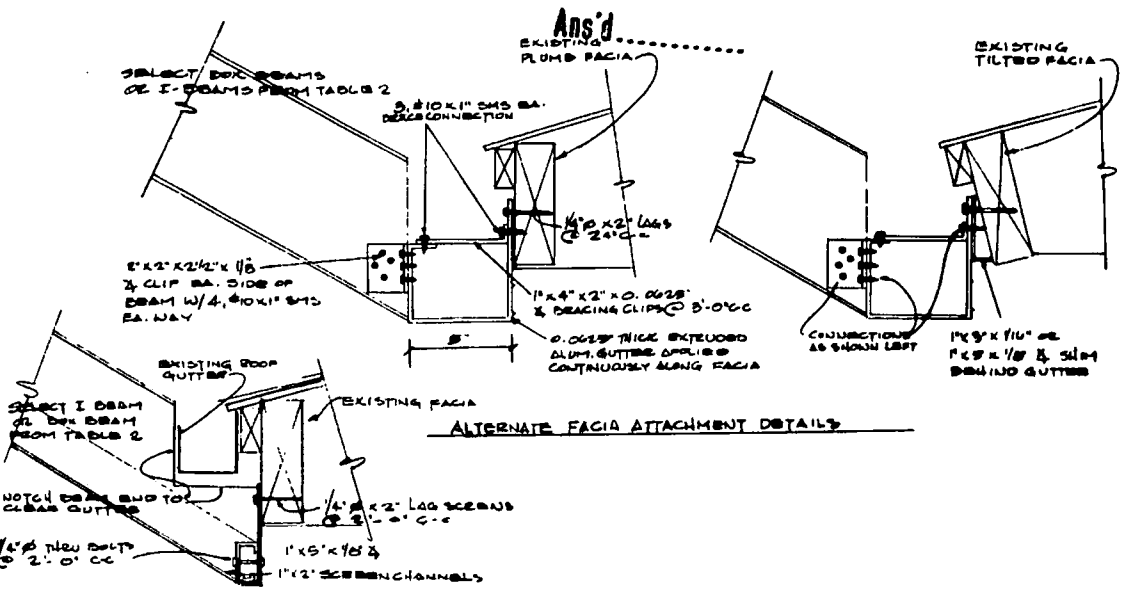
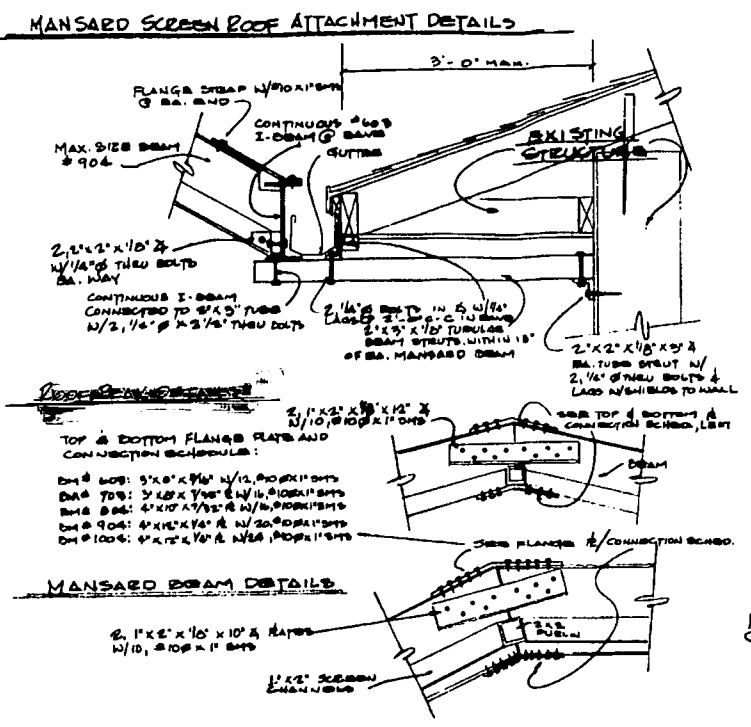
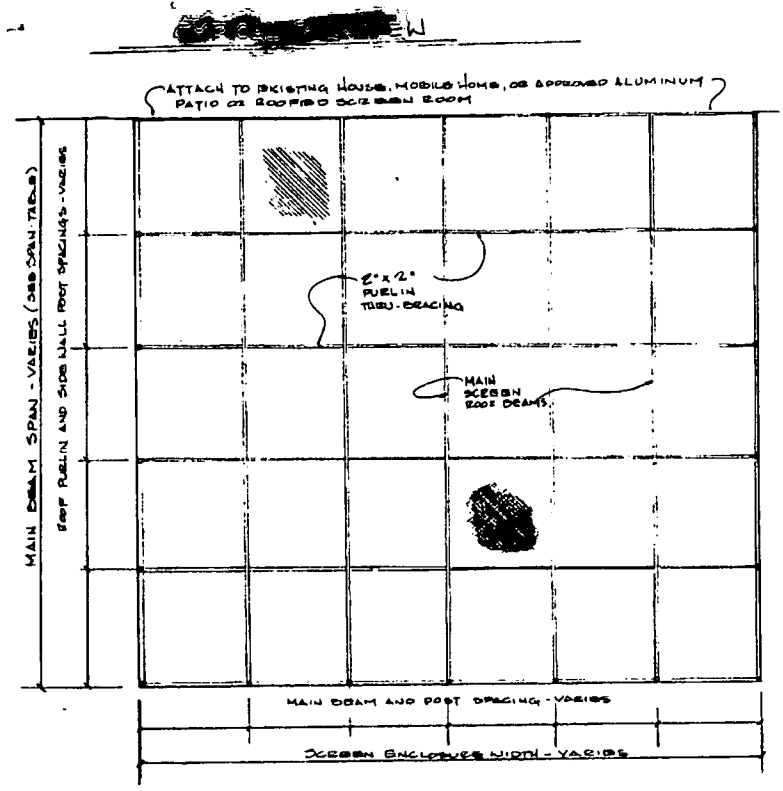
FILE:

FILE:
CLEARTECH FLORIDA OPERATIONAL
525 SOUTH INDUSTRY BLVD
COVINGTON, FLORIDA 32008

DATE:

DATE:
01.13.11 9:28:28 AM

RECEIVED
OCT 12 1982



NOMINAL WALL HEIGHT	POST SIZES AND SPACING BY SCREENED WALL HEIGHT					
	2" x 2" x 10' x 1/4"	2" x 2" x 10' x 1/4"	2" x 2" x 10' x 1/4"	2" x 2" x 10' x 1/4"	2" x 2" x 10' x 1/4"	2" x 2" x 10' x 1/4"
7'-0"	5'-5"	6'-0"	6'-5"	7'-0"	8'-0"	8'-2"
8'-0"	4'-0"	4'-6"	4'-8"	5'-10"	6'-6"	6'-2"
9'-0"	-	-	-	4'-9"	5'-0"	4'-10"
10'-0"	-	-	-	-	-	5'-11"
11'-0"	-	-	-	-	-	9'-0"
12'-0"	-	-	-	-	-	7'-8"

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACING					
	4'-0" OC	5'-0" OC	5'-6" OC	6'-0" OC	6'-6" OC	8'-0" OC
2" x 4" x 5/8" BEAM	25'-0"	22'-6"	21'-6"	20'-0"	19'-0"	17'-11"
2" x 6" x 5/8" BEAM	32'-10"	29'-6"	28'-5"	26'-0"	24'-6"	23'-10"
2" x 8" x 5/8" BEAM	46'-0"	41'-0"	39'-10"	36'-10"	34'-0"	32'-10"
I-BEAM #605	34'-9"	31'-4"	30'-0"	27'-9"	26'-8"	24'-10"
I-BEAM #705	41'-6"	37'-6"	36'-0"	33'-0"	31'-0"	28'-11"
I-BEAM #904	50'-0"	46'-0"	44'-6"	41'-0"	38'-6"	36'-0"
I-BEAM #1004	55'-0"	49'-5"	47'-6"	43'-4"	40'-5"	38'-9"
I-BEAM #1004	55'-0"	55'-0"	56'-6"	46'-6"	46'-8"	45'-2"
2" x 4" x 5/8" BEAM	-	-	-	52'-6"	50'-6"	48'-6"

SECTION PROPERTIES

BEAM NO.	d (IN.)	t _w (IN.)	t _f (IN.)	t _s (IN.)	S _x (IN. ³)
605	6.01	5.00	0.125	0.070	2.09
705	7.00	3.00	0.125	0.070	3.00
904	8.00	4.00	0.125	0.070	4.41
1004	10.00	4.00	0.140	0.070	6.12
1004	10.00	4.00	0.140	0.070	6.96

SPECIFICATIONS

- CONCRETE: f'_c = 2500 PSI
- SHEET METAL SCREENS: 505; CADMIUM PLATED OR STAINLESS
- BOLTS: ALUM ALLOY 2024 T-4 (OR) STAINLESS OR GALVANIZED STEEL
- WALL BEAMS:
- POSTS, PURLINS, CHANNELS AND ANGLES: ALUM. ALLOY 6061-T5

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

MASTER PLANS - ALUMINUM SCREEN ENCLOSURES	PLAN, SECTION AND DETAIL VIEWS AND TECHNICAL DATA	SHEET NO. 1 OF 1
100 MIM. MIN. REGION	FOR:	C-1992-A
CLINE ASSOCIATES ENGINEERING LABORATORIES 201 A US HWY 17 N. PALM HARBOR, FL 33563 TEL: (813) 725-1249	CLIMATEFLORIDA CORPORATION 929 SOUTH INDUSTRY ROAD COCOA FLORIDA 32909	

1526

SOLAR HOT
WATER HEATER

TOWN OF SEWALL'S POINT FLORIDA

1526

Permit No. _____

Date 12 Nov 82

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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

Owner Mr. Fey Present address 12 Riverview Dr

Phone _____

General contractor Seaman's Const White Pkg. Address PO Box 2632

Phone 351-6425 Stuart, Fla.

Where licensed _____ License No. _____

Plumbing contractor White Pkg. License No. 7160

Electrical contractor _____ License No. _____

Air-conditioning contractor _____ License No. _____

Describe the building, or alteration to existing building None Res.

Water Hot water 50 Gal with S/D T heater

Name the street on which the building, its front building line and its front yard will face S/B #12 Riverview Dr

Subdivision _____ Lot No. 9 Area _____

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

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 1500.00

Cost of permit \$ 15.00 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 Robert M. White

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 _____

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

TOWN RECORD

Date submitted _____

Approved by Building Inspector (date) 11/12/82

Inspector's initials Jaw

Approved by Town Commissioner (date) 11/18/82

Commissioner's initials JS

Certificate of Occupancy issued (date) not Req

completed 11/16/82

RESIDENTIAL

CLIMATE ZONES - 7,8,9

SOLAR WATER HEATER CALCULATION: FLAT PLATE SYSTEMS

COLLECTOR PERFORMANCE FACTORS: ATTACH FSEC TEST CERTIFICATION

RI = $\frac{\text{Intermediate Temperature Rating in BTU/day}}{\text{Area of Collector (in Square Feet)}} = \frac{(37,000)}{(40.67)} = 909.8$

Table 9-6 FACTORS FROM TESTS BY FLORIDA SOLAR ENERGY CENTER

RI of 900 and above, collector Class 1
 RI between 800 and 899, collector Class 2
 RI between 720 and 799, collector Class 3
 RI between 640 and 719, collector Class 4
 RI between 560 and 639, collector Class 5
 RI 559 and below, collector Class 6

Table 9-7 AREA OF COLLECTOR PER GALLONS OF HOT WATER DEMAND PER DAY

$\frac{AOC}{GPD} = \frac{(40.67)}{(30)} = 1.356$

AOC = Effective Area of Collector
 GPD = Hot Water Demand = 30 GPD for 1st Bedroom + 20 GPD per additional Bedroom

Table 9-8 SOLAR FRACTION "FS"

AOC / GPD	COLLECTOR CLASSES					
	1	2	3	4	5	6
0	0	0	0	0	0	0
0.1	.22	.19	.18	.16	.16	.12
0.2	.40	.34	.32	.29	.28	.22
0.3	.55	.46	.43	.39	.37	.30
0.4	.65	.57	.52	.45	.45	.37
0.5	.79	.66	.59	.56	.51	.43
0.6	.86	.74	.66	.62	.57	.49
0.7	.90	.80	.72	.68	.62	.54
0.8	.93	.85	.77	.74	.67	.59
0.9	.95	.88	.82	.78	.71	.63
1.0	.97	.91	.85	.82	.75	.67
1.1	.99	.92	.87	.85	.78	.71
1.2	1.00	.94	.89	.87	.81	.74
1.3	1.00	.96	.91	.89	.84	.77
1.4	1.00	.97	.92	.90	.85	.80
1.5	1.00	.98	.93	.92	.87	.83

Table 9-9 TILT ANGLE DEGRADATION FACTOR ("TDF")

TILT ANGLE	TDF
0	0.90
6	0.95
16	0.99
26	1.00
36	0.99
46	0.94
56	0.88
66	0.80
76	0.71
90	0.54

Table 9-10 ORIENTATION DEGRADATION FACTOR ("ODF")

ANGLE FROM SOUTH	ODF
0 (South)	1.00
10	0.98
20	0.97
30	0.95
40	0.93
50	0.91
60	0.88
70	0.84
80	0.78

Table 9-11 HEAT EXCHANGER COEFFICIENT (HEC)

DIRECT SYSTEM	1.00
SYSTEM WITH HEAT EXCHANGER	0.96

OVERALL SOLAR FRACTION (OSF)

OSF = (FS) X (TDF) X (ODF) X (HEC)
 = (.86) X (1.00) X (1.00) X (1.00) = 0.86

Building Permit Number: _____
 11 Riverview Dr.
 Sewalla Pt.
 Address of Solar Installation

Salon M. White 12 Nov 82
 Certified By (Solar Contractor) Date

Form Completion Checked By _____ Date _____
 (Building Official)

SUMMARY INFORMATION SHEET

FLORIDA SOLAR ENERGY CENTER

300 STATE ROAD 401, CAPE CANAVERAL, FLORIDA 32920, (305) 783-0300



October 1981
FSEC # 811735

MANUFACTURER

Solar Development Inc.
3630 Reese Avenue
Riviera Beach, FL 33404

Collector Model
SD7CRW (4x10)

This solar collector was evaluated by the Florida Solar Energy Center (FSEC) in accordance with prescribed methods and was found to meet the minimum standards established by FSEC. This evaluation was based on solar collector tests performed at Solar Energy Analysis Laboratory, San Diego, California. The purpose of the tests is to verify initial performance conditions and quality of construction only. The resulting certification is not a guarantee of long term performance or durability.

DESCRIPTION

Gross Length	3.066 meters	10.06 feet
Gross Width	1.232 meters	4.04 feet
Gross Depth	0.088 meters	0.29 feet
Gross Area	3.778 square meters	40.67 square feet
Transparent Frontal Area	3.563 square meters	38.35 square feet
Volumetric Capacity	2.5 liters	0.65 gallons
Weight (empty)	77.7 kilograms	171 pounds
Recommended Flow Rate	126 ml/s	2.0 gpm
Maximum Operating Pressure	1103 kPag	160 psig
Maximum Wind Load	2633 Pa	55 psf
Number of Cover Plates	One	
Flow Pattern	Parallel	
Number of Flow Tubes	Ten	

MATERIALS

Enclosure	Aluminum Frame
Glazing	AFG Sunadex (tempered glass 0.01% iron oxide content) 0.48cm thick
Absorber	Welded finned tube, copper
Absorber Coating	Nickel and black chrome coating
Insulation	Foil faced polyisocyanurate, 2.54cm thick

THERMAL PERFORMANCE

Tested per ASHRAE 93-77

Incident Angle Modifier $K_{\tau\alpha} = 1.0 - 0.22 \left(\frac{1}{\cos\theta} - 1 \right)$

Efficiency Equations

$$\eta = 77.7 - 531 (Ti-Ta)/I$$

$$\eta = 77.7 - 94 (Ti-Ta)/I$$

$$\eta = 77.0 - 433 (Ti-Ta)/I - 1615 [(Ti-Ta)/I]^2$$

$$\eta = 77.0 - 76 (Ti-Ta)/I - 50 [(Ti-Ta)/I]^2$$

Units of $Ti-Ta/I$ are $Watt/^{\circ}C \cdot m^2$

Units of $Ti-Ta/I$ are $Btu/^{\circ}F \cdot ft^2 \cdot hr$

RATING

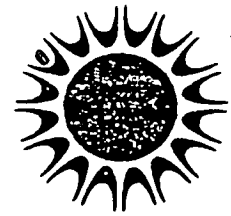
The collector has been rated for energy output on measured performance and an assumed standard day. Total solar energy available for the standard day is 5045 watt-hours/m² (1600 Btu/ft²) distributed over a 10 hour period.

Output energy ratings for this collector based on the second-order efficiency curve are:

Collector Temperature	Energy Output
Low Temperature, 35°C (95°F)	48,600 Kilojoules/day 46,100 Btu/day
Intermediate Temperature, 50°C (122°F)	39,000 Kilojoules/day 37,000 Btu/day
High Temperature, 100°C (212°F)	11,800 Kilojoules/day 11,200 Btu/day

FLORIDA SOLAR ENERGY CENTER

300 State Road 401, Cape Canaveral, Florida 32920, Telephone: (305) 783-0300



Approved Solar Energy System

FSEC # S2182

May 1982

DISTRIBUTOR

SYSTEM

Solar Development, Inc.
3630 Reese Avenue
Riviera Beach, FL 33404

Pacemaker 80

The system listed below was evaluated by the Florida Solar Energy Center (FSEC) in accordance with the Florida Standards Program for Solar Domestic Water and Pool Heating Systems (FSEC-GP-80-7) and was found to meet the minimum standards established by FSEC.

Description

Collector	Model	Units	Total Rating
	1 SDI SD6A(4x10)	1	39,800 Btu
	2 SDI SD7W(4x10)	1	31,200 Btu
	3 SDI SD6B(4x10)	1	38,300 Btu
	4 SDI SD7CRW(4x10)	1	37,000 Btu
	5 SDI SD7CR(4x10)	1	35,600 Btu

Tank	Model	Capacity
<input checked="" type="checkbox"/> Direct	1 Rheem 81V-80-1	80 gal.
<input type="checkbox"/> Int. Heat Exch.	2 Ruud RSPE-80-1	80 gal.
	3	
	4	

Pump	Model	Power Draw	Rated Power
	1 Taco 006B-2	75 Watts	1/40 H.P.
	2		
	3		
	4		

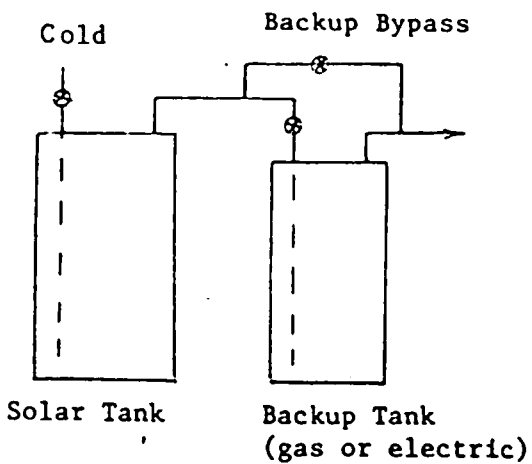
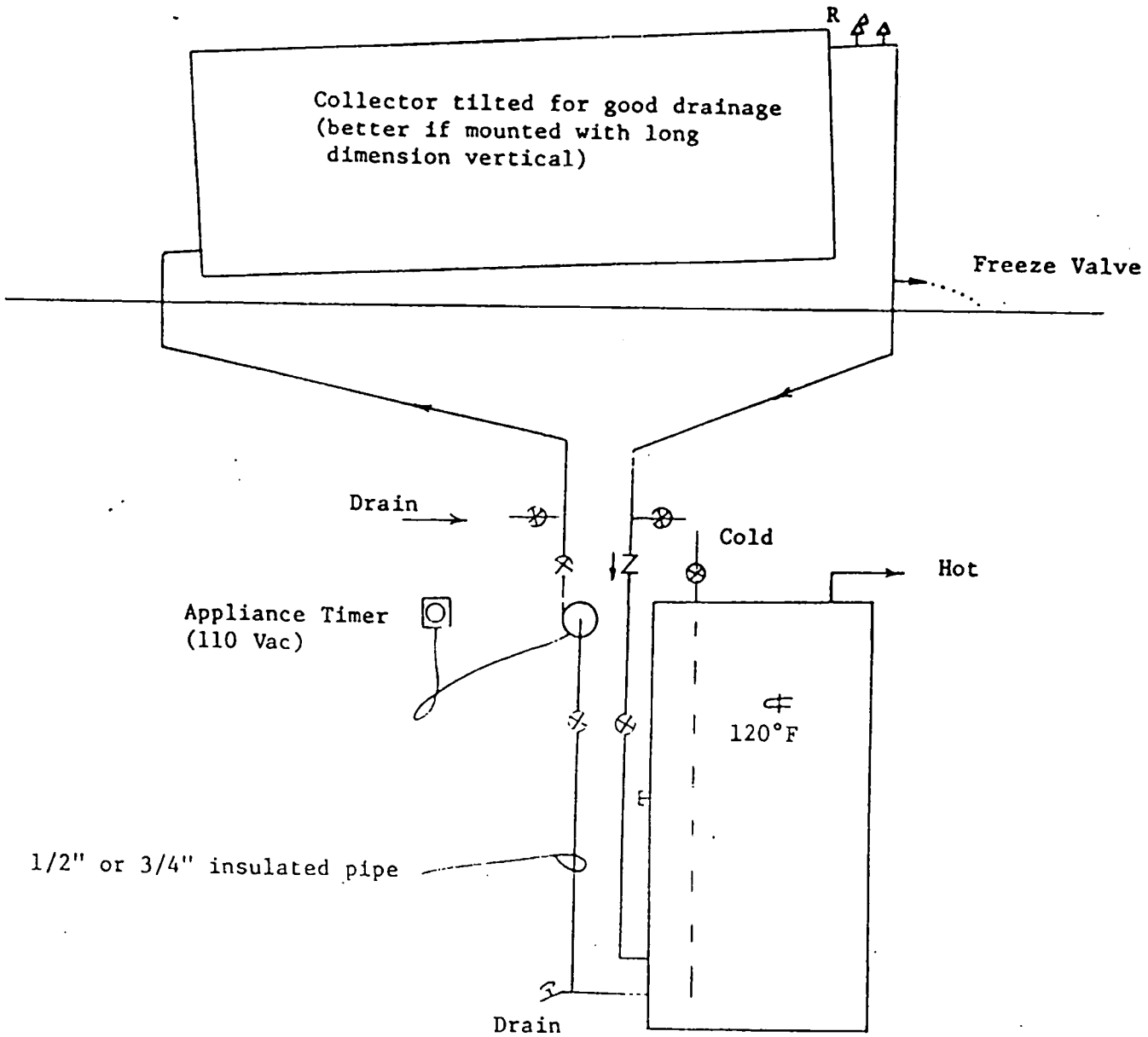
Controller	Model
<input type="checkbox"/> Differential Temperature	1 Dayton Timer 2E-274
<input type="checkbox"/> Absolute Temperature	2 U.L. listed appliance timer
<input type="checkbox"/> Thermosiphon	3
<input checked="" type="checkbox"/> Other Timer	4

Freeze protection by thermally operated freeze valve plus manual draindown.

Other			
Major Components in addition to above	1 Collector - SDI SD7CRW	2	32,600 Btu
	2 Collector - SDI SD6A	2	35,200 Btu
	3		
	4		

If further information is required you may contact the Florida Solar Energy Center at the above address.

Auto. Air Vent and
Pressure Relief



Schematic for
Pacemaker Systems

SOLAR DEVELOPMENT, INC.
3630 Reese Avenue
Riviera Beach, FL 33404
305/842-8935

3148

ADDITION

PERMIT NO. _____

Date 3/4/92

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 CARL and Jane Hartman Present Address 12 Riverview Road
South Sewall's Point Shrub, Fla

Phone 461-2834

Contractor Owner Address 12 Riverview Road - S. Sewall's Point
Shrub, Fla

Phone 461-2834

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

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

12 Riverview Rd. S. Sewall's Point

Subdivision South Sewall's Point Lot number 510.9 Block number _____
River View

Contract price \$ 4,726.00 Cost of permit \$ 140.00

Plans approved as submitted Plans approved as marked _____

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

287-2455

Contractor Jane Y. Hartman

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 Jane Y. Hartman

TOWN RECORD

Date submitted 3/1/92 Approved: Dale B... 3/6/92
Building Inspector Date

Approved: [Signature] 3/10/92 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. 3148

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.

MRT. MRS HANIMAN
210 E. 58TH ST.
NEW YORK, N.Y.
10022

Barry Mucklow
8305 PASO ROBLES BLVD.
FT. PIERCE FL. 34951
(407) 465-7336

PLEASE LET THIS LETTER NOTIFY YOU OF
MY INTENT TO PROVIDE CARPENTRY LABOR AND
MATERIALS, DRYWALL LABOR AND MATERIALS, PLUS
CLEAN UP RELATED TO THE ABOVE ITEMS.

LABOR - BASED ON HOURS X HOURLY RATE	= 2826. ⁰⁰
MATERIAL - " " RETAIL PRICE + 6% TAX	= 1900. ⁶³
TOTAL \$	= 4726. ⁶³

I UNDERSTAND THAT I AM TO WORK UNDER
THE JOINT SUPERVISION OF YOURSELVES, AND
MR. TED ENRIGHT IS TO BE MY CONTACT
IN CASE YOU ARE NOT AVAILABLE.

THANK YOU FOR THIS OPPORTUNITY

Barry Mucklow

1-2-92

FEED A/C TO ADDITION
W/ FLEX DUCT

BDR # 2

LOAD BEARING MEMBERS
TO BE LEFT UNDISTURBED

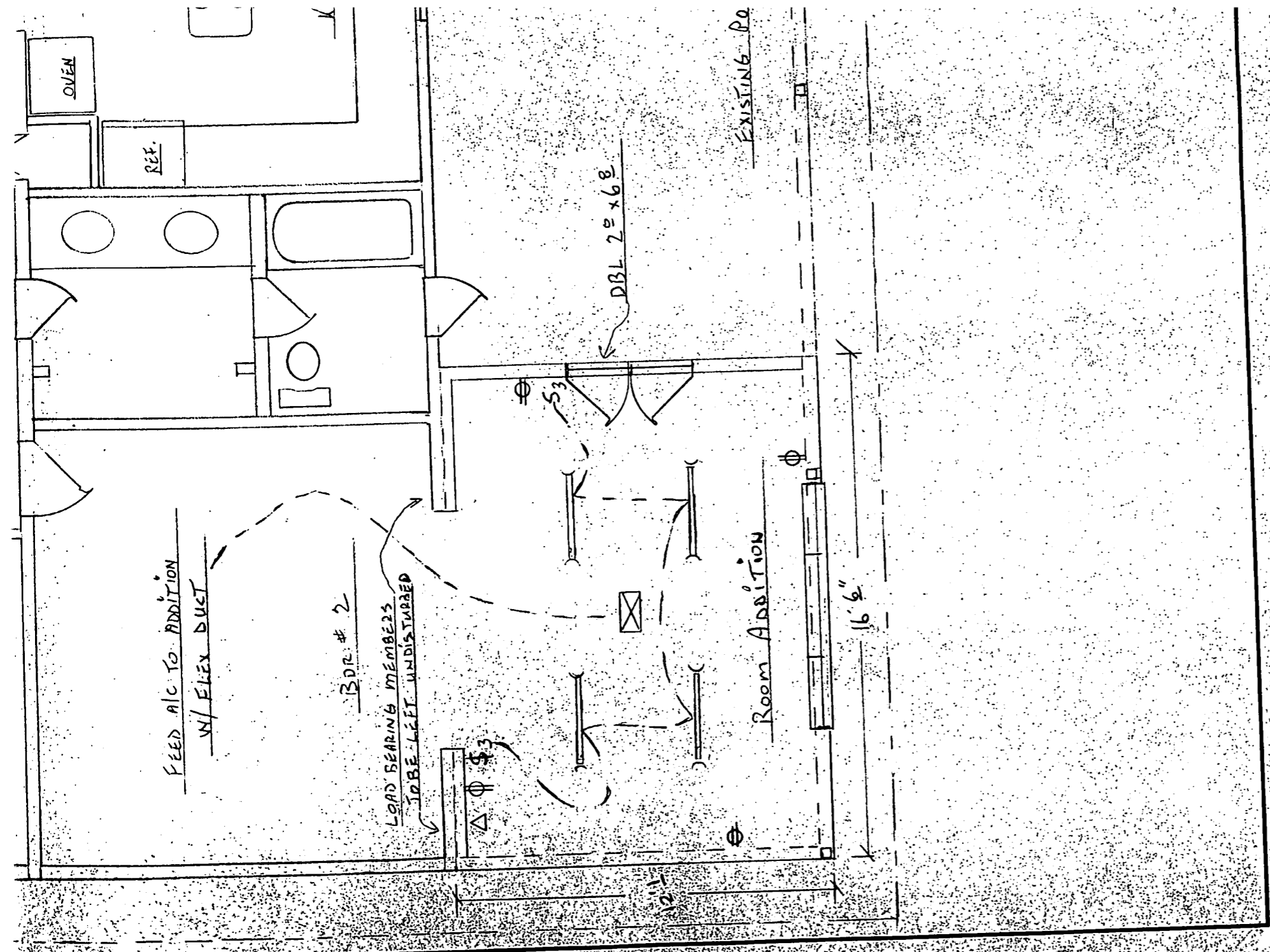
DBL 2" x 6"

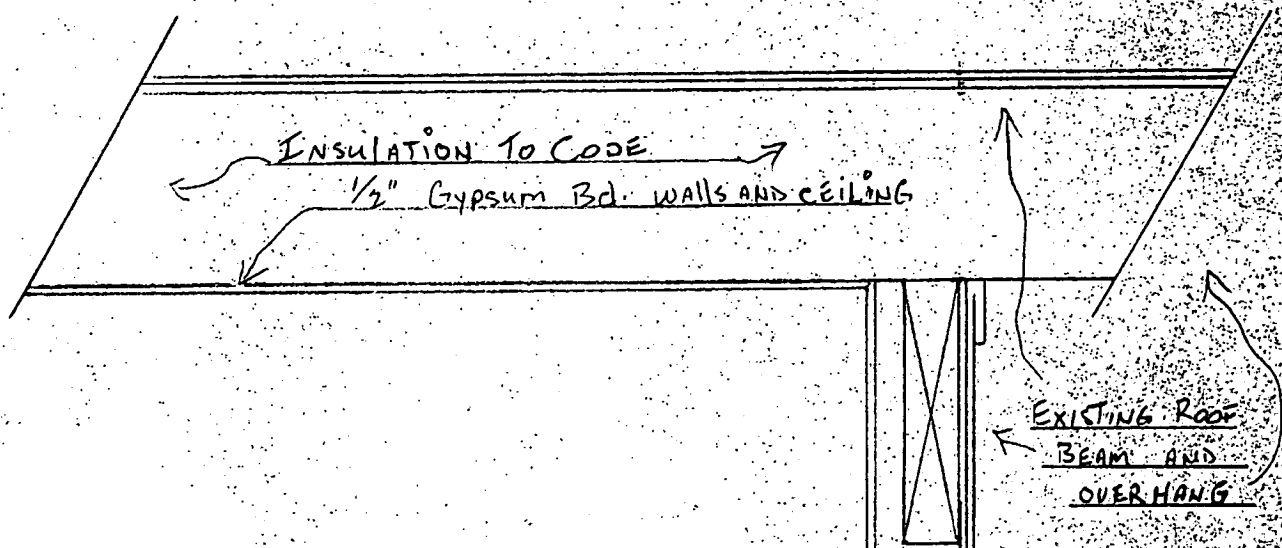
Room Addition

EXISTING RO

16' 6"

12' 11"





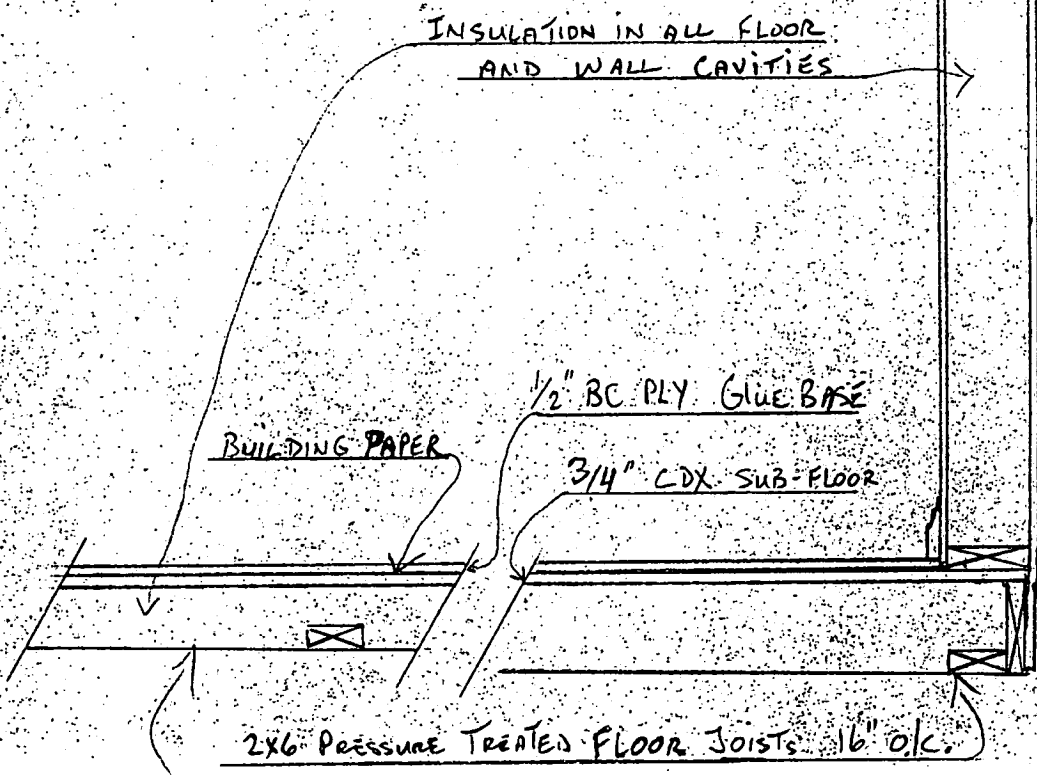
INSULATION TO CODE
 1/2" Gypsum Bd. WALLS AND CEILING

EXISTING ROOF
 BEAM AND
 OVERHANG

WALL AND FLOOR SECTION

2x6s - 16" o.c.
 1/2" CDX HORIZ.
 3/8" RS CEDAR

1x RS CEDAR
 TRIM TO
 MATCH



INSULATION IN ALL FLOOR
 AND WALL CAVITIES

BUILDING PAPER

1/2" BC PLY GLUE BASE
 3/4" CDX SUB-FLOOR

TRANSITE OR
 EQUIVALENT TO
 MATCH EXISTING
 FOUNDATION
 ELEVATION

2x6 PRESSURE TREATED FLOOR JOISTS 16" o.c.

GARAGE

#3

LAUNDRY

DINING

LIVING RM.

FOYER

EXISTING RESIDENCE

NEW OPENING CUT THRU
6" B. HEIGHT X 10' ± WIDTH
W/ DBL 2X12 1/2" PLY LAM. BEAM
TO CARRY PARTIAL BEARING TRUSSES

plc TO ADDITION

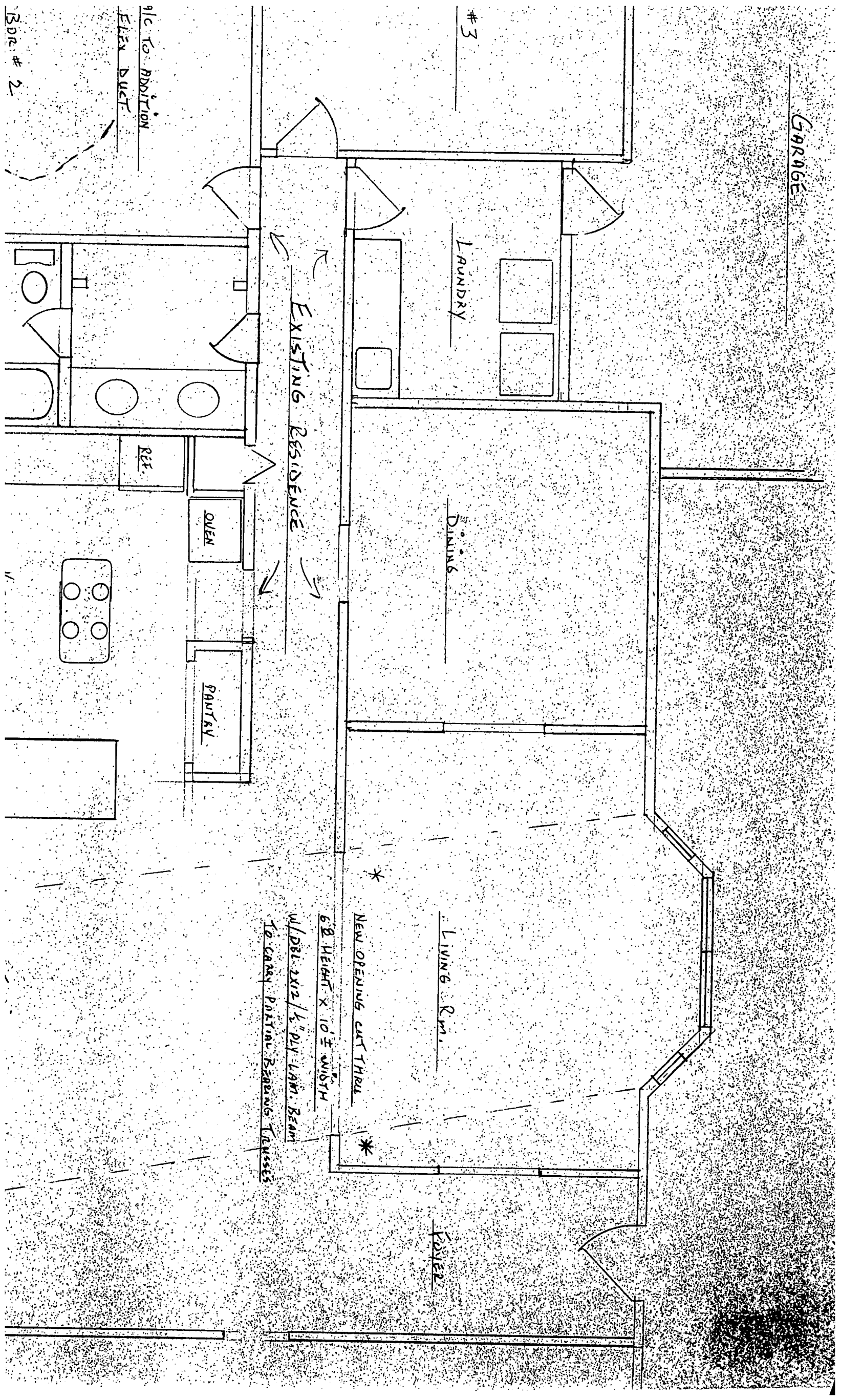
ELEV DUCT

R.F.F.

OVEN

PAUTRY

BDP# 2



4237

RE-ROOF

Town of Sewall's Point

P.I.N. 12-38-41-001-000-0009.0-90000

Date 6/26/97

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.
- OTHER: RE-ROOF

Owner's Name JANE HANTMAN

Owner's Address 12 RIVERVIEW DRIVE

Fee Simple Titleholder's Name (If other than owner) _____

Fee Simple Titleholder's Address (If other than owner) _____

City _____ State _____ Zip _____

Contractor's Name PACIFIC Roofing Corp.

Contractor's Address P.O. Box 2697

City STUART State FL Zip 34995

Job Name _____

Job Address _____

City _____ County _____

Legal Description RIVERVIEW 3/4 LOT 9

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Double Fee

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.



41237

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Jane Y. Hantman
Owner or Agent

6/26/97
Date

[Signature]
Contractor

6/26/97
Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 26th day of June, 1997, by JANE Y. HANTMAN, who: [] is/are personally known to me, or [] has/have produced Fl. D.L. as identification, and who did not take an oath.

Michelle Yvonne Hall
Name: MICHELLE YVONNE HALL
Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of _____

and my commission expires: _____

(NOTARY SEAL)
MICHELLE YVONNE HALL
My Comm Exp. 6/16/2001
Bonded By Service Ins No. CC656063
I Personally Know



STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199_, by _____, who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: _____
Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of _____

and my commission expires: _____

(NOTARY SEAL)

Certificate of Competency Holder

Contractor's State Certification or Registration No. CC-C056793

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY [Signature] Permit Officer 8/15/97



P.O. Box 2697
Stuart, Florida 34995

1501 Decker Avenue
Unit 303 & 304, Stuart, Florida 34994

Proposal No. _____

Sheet No. _____

Date 6/14/97

(561) 283-ROOF 1-800-226-3283 (EXT. 9056)
FAX (561) 283-9505 E-MAIL PRCORP@AOL.COM

PROPOSAL

Proposal Submitted To

Name JANE HANTMAN

Address 12 Riverview Drive
Stuart, FL 34997

Phone 561-287-1873

Work To Be Performed At

Address Same

Attention _____

Fax No. _____

We hereby propose to furnish all the materials and perform all the labor necessary for the completion of

- 1) Complete removal of existing roof to sub decking.
- 2) Complete installation 5/8 CDX plywood fasten to all codes.
- 3) Complete installation of 30 lb. felt fasten to all codes using round caps for fasteners.
- 4) Complete installation of 40 year fiberglass fungus resistant shingle.
- 5) Complete installation of a shingle over up to (80) feet.
- 6) All metals to be 26 gauge galvalume baked finish.

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of \$12,700 dollars.

With payments to be made as follows: 60% due on stocking on roof/40% due on completion

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Metal roofing warranty not valid within 500 feet of water. All damaged woodwork that is repaired will be billed at 30% over time and materials. All siding to be painted prior to setting panels. Roofing contractor not responsible after metal roof has been set. Not responsible for driveway cracks. If any client is in default in the payment of money due under this contract for a period of 30 days, Pacific Roofing Corp. shall charge client's account with a delinquency charge at the rate of 1½% per month on the unpaid balance which is an annual rate of 18% per year or the maximum rate allowable by law. Also if any client is referred to an attorney for collection, client agrees to pay all fees incurred in the collection of the amount due, plus all court costs and attorneys fees. Work will be scheduled upon written signature of client.

Respectfully Submitted Shawn Johnson

Note: This proposal may be withdrawn by us if not accepted within _____ days.

ACCEPTANCE OF PROPOSAL

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

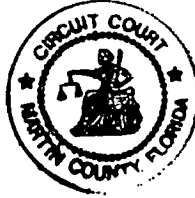
Accepted Carl E. Hantman Signature _____

Date 6/28/97 Signature _____

STATE OF FLORIDA
MARTIN COUNTY

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

BY T. COPUS D.C.
DATE 6-26-97



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # 12-38-41-001-066-009.0-70000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF MARTIN

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

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

RIVERVIEW S/D LOT 9

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: JANE HANTMAN

ADDRESS: 12 RIVERVIEW DRIVE

PHONE #: 561-297-1873 FAX #: _____

CONTRACTOR: PACIFIC ROOFING CORP

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

PHONE #: 561-283-7663 FAX #: 561-283-9505

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

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.

Jane L. Hantman
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 26th DAY OF June
19 97 BY JANE L. HANTMAN

Michelle Yvonne Hall
NOTARY SIGNATURE

OR PERSONALLY KNOWN _____
PRODUCED ID X
TYPE OF ID F. D. L.



MICHELLE YVONNE HALL
My Comm Exp. 6/16/2001
Bonded By Service Ins
No. CC656063
 Personally Known Other I.D.

6007

FENCE

TOWN OF SEWALL'S POINT

Date 10-14-02

BUILDING PERMIT NO. 6007

Building to be erected for JANE HANTMAN (CARL) Type of Permit FENCE

Applied for by Brush Building + Remodeling (Contractor) Building Fee 30.00

Subdivision Riverview Lot 9 Block _____ Radon Fee _____

Address 12 Riverview Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____
1238410010000009090000 Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____

Amount Paid 30.00 Check # 454 Cash _____ Other Fees (_____)

Total Construction Cost \$ 1000.00 TOTAL Fees 30.00

Signed E. Norman Bull
Applicant

Signed Gene Summers (son)
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 checked="" type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: JANE Hantman Building Permit Number:
City: Sewall's Pt. State: FL Zip:
Legal Description of Property: 12 RIVERVIEW Parcel Number:
Location of Job Site: Same Type of Work To Be Done: REMOVE EXISTING WOOD FENCE AND INSTALL SIMILAR WOOD FENCE
CONTRACTOR/Company Name: BRUSH BUILDING + REMODELING Phone Number: 772-486-5010
Street: 4496 S.W. 96th St City: PALM CITY State: FL Zip: 34990
State Registration Number: State Certification Number: Martin County 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:
Type Sewage: Septic Tank Permit Number From Health Dept. Well Permit Number:

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

COST AND VALUES Estimated Cost of Construction or Improvements: 1000.00 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION

Electrical: N/A State: License Number:
Mechanical: State: License Number:
Plumbing: State: License Number:
Roofing: State: License Number:

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

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

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of:
This the day of , 200
by who is personally
known to me or produced
as identification.

CONTRACTOR SIGNATURE (Required) [Signature]
On State of Florida, County of: Martin
This the 9th day of October 2002
by N. Brush who is personally
known to me or produced
As identification. [Signature]

Notary Public
My Commission Expires:

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

Seal

Seal

Proposal

Page # _____ of _____ pages

BRUSH BUILDING & REMODELING 772-486-5010

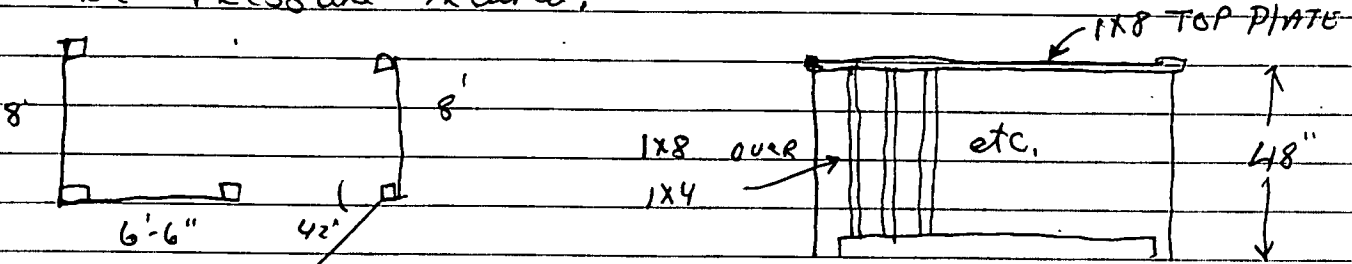
Proposal Submitted To: <u>Jane Hartman</u>		Job Name	Job #
Address: <u>12 River View</u>		Job Location	
<u>Sewall's Pt.</u>		Date: <u>10-9-02</u>	Date of Plans
Phone #: <u>287-3153</u>	Fax #	Architect	

We hereby submit specifications and estimates for:

Labor and material to-

- Remove old fence, Pour and finish concrete

+ Install wood fence with one 42" Gate, All wood to be Pressure Treated.



EXTRA: Install tile under oven
\$50⁰⁰

check # 293 Lucy
550⁰⁰

We propose hereby to furnish material and labor — complete in accordance with the above specifications for the sum of:

\$ 1,000⁰⁰ Dollars

with payments to be made as follows: 500⁰⁰ Down \$500⁰⁰ upon completion

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted

[Signature] Pres.

Note — this proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal

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

Signature

[Signature]

Date of Acceptance _____

Signature _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/11/2002

PRODUCER (772)287-2030 FAX (772)288-2481
 Deakins-Carroll Insurance Agency
 www.deakinscarroll.com
 P.O. Box 1597
 Pt. Salerno, FL 34992

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

INSURERS AFFORDING COVERAGE

INSURED Brush Building & Remodeling
 4496 SW 96 Street
 Palm City, FL-34990

INSURER A: Northern Ins. Co. of NY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

RECEIVED

SEP 13 2002

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SCP38755881	08/28/2002	08/28/2003	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
	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 LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

Lee Carroll/BW

Lee Carroll

01-17-2002

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

RECEIVED
SEP 12 2002
BY: _____

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

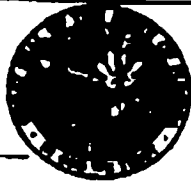
This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE 01/05/2002
EXPIRATION DATE 01/05/2004
EXEMPTED INDIVIDUAL NAME BRUSH ERNEST N
S.S. 267-98-1529
BUSINESS NAME BRUSH BUILDING & REMODELING INC
FEIN 651134242
BUSINESS ADDRESS 4496 SW 96TH STREET
PALM CITY FL 34990

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW
EFFECTIVE DATE 01/05/2002
EXPIRATION DATE 01/05/2004
EXEMPTED PERSON LAST NAME BRUSH
FIRST NAME ERNEST N
SOCIAL SECURITY NUMBER 267-98-1529
BUSINESS NAME BRUSH BUILDING & REMODELING IN
FEDERAL IDENTIFICATION NUMBER 651134242
BUSINESS ADDRESS 4496 SW 96TH STREET
PALM CITY FL 34990



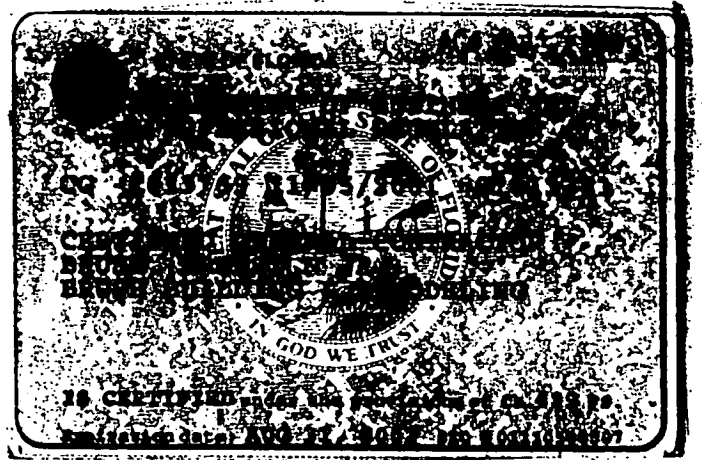
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NOTE: Pursuant to chapter 440.10(1)(g), 2 F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

CUT HERE

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



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5973	Wittman 13 Riverview Dr. Brush	Final Tile Repair	Passed	INSPECTOR: <u> </u>
⑦				
6007	WANTMAN 12 Riverview Dr. Brush	Final Fence	Passed	INSPECTOR: <u> </u>
⑥				
5991	GEARY 10 RIVERVIEW DR PACIFIC	Roof Final	Passed on 10/18/02	INSPECTOR: <u> </u>
⑤				
5875	MAXON 9 River Road (S) KNEPPER	Sono Tube	Failed	CALL IN Temp Elec. INSPECTOR: <u> </u>
②				
5755	DEGRAF 9 CASTLE Hill. O/B	Plumbing/A/C A/C 1	Passed Failed	INSPECTOR: <u> </u>
④				
5960	LEWIS 41 Rio Vista Dr DUFFWOOD	Wall FTG	Passed	INSPECTOR: <u> </u>
5541	MYLORD 144 N. SEWALLS Pt. Rd O/B	PLDG Final	Passed	INSPECTOR: <u> </u>
③				

OTHER: 30 Rio Vista Trce OK to issue

7598

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/3/05 BUILDING PERMIT NO. 7598

Building to be erected for HANTMAN Type of Permit REROOF

Applied for by COASTAL ROOFING (Contractor) Building Fee _____

Subdivision RIVERVIEW Lot 9 Block _____ Radon Fee _____

Address 12 RIVERVIEW DR Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Plumbing Fee _____

12384100100000090000 Roofing Fee 120.00

Amount Paid 120.00 Check # 3908 Cash _____ Other Fees (_____) 1

Total Construction Cost \$ 7200 TOTAL Fees 120.00

Signed D McDonald
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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



Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 5-31-05

Permit Number: _____

OWNER/TITLEHOLDER NAME: JANE HANTMAN

Phone (Day) 772-287-3153 (Fax) 772-283-~~883~~

Job Site Address: 12 RIVERVIEW DR.

City: SEWALL'S POINT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIVERVIEW DR.

Parcel Number: 12-38-41-001-000-00090-9

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Description of Work To Be Done: RB ROOF PATIO ROOF

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7,200 (Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 324,100

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

Method of Determining Fair Market Value: TAX APPRAISAL

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: COASTAL ROOFING + WATERPROOFING Phone: 772-287-2118 Fax: 772-283-5523

Street: 1659 S. OLD DIXIE HWY, PO BOX 1729 City: STUART State: FL Zip: 34994

State Registration Number: _____ State Certification Number: SCL-035802 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof: NA 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)

Jane Y. Hantman
State of Florida, County of: Martin
This the 31 day of May, 2005
by Jane Hantman who is personally known to me or produced F.I.D. as identification: Joan H. Arrow Notary Public

CONTRACTOR SIGNATURE (required)

Gordon M. Donald
On State of Florida, County of: Martin
This the 29th day of May, 2005
by Gordon M. Donald who is personally known to me or produced
As identification: Florida Driver License Minnie Patricia Wright Notary Public
My Commission Expires: Aug. 28, 2008

My Commission Expires: _____



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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AM
COAST-5

DATE (MM/DD/YYYY)
05/27/05

PRODUCER
HARBOR INSURANCE AGENCY - BR6
 Marketplace Shopping Center
 5270 Babcock Street NB, Suite 7
 Palm Bay FL 32905
 Phone: 321-952-0136

INSURED
 Coastal Roofing &
 Waterproofing, Inc.
 1065 27th Ave
 Vero Beach FL 32960

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: North Pointe Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC	2094109527	05/03/05	05/03/06	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMPROP AGG \$ 6,000,000
	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 <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

TOWNO-1
 Town of Sawalls Point
 Fax# 772-220-4765
 1 South Sewall Point Road
 Sawalls Point FL 34996

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

AUTHORIZED REPRESENTATIVE
 Tiffany Harrison *Tiffany Harrison*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
5/10/2005

ISSUER
ONDON MEEK
211 COURT STREET
LEARWATER, FL 33758

INSURED
CRUM RESOURCES II INC
30 S MISSOURI AVENUE
LEARWATER FL 33758

Serial # 056149

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

INSURERS AFFORDING COVERAGE	NAICS
INSURER A: FRANK WINSTON CRUM INSURANCE, INC.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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.

SER. NO.	ADDL. INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																												
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$																												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HOPIED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN SA ACC \$ AUTO ONLY AGG \$																												
		EXCESS - UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> DEDUCTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																												
A		WORKERS COMPENSATION AND LIABILITY ANY PROPRIETOR - PARTNER - EXECUTIVE OFFICER - MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 5 0000 0000	1/1/2005	1/1/2006	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">WC STATE COV. LIMITS</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">OTHER</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>E. EACH ACCIDENT</td> <td></td> <td></td> <td></td> <td>\$</td> <td>1,000,000</td> </tr> <tr> <td></td> <td>E. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td></td> <td>\$</td> <td>1,000,000</td> </tr> <tr> <td></td> <td>E. DISEASE POLICY LIMIT</td> <td></td> <td></td> <td></td> <td>\$</td> <td>1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATE COV. LIMITS	<input type="checkbox"/>	OTHER					E. EACH ACCIDENT				\$	1,000,000		E. DISEASE - EA EMPLOYEE				\$	1,000,000		E. DISEASE POLICY LIMIT				\$	1,000,000
<input checked="" type="checkbox"/>	WC STATE COV. LIMITS	<input type="checkbox"/>	OTHER																															
	E. EACH ACCIDENT				\$	1,000,000																												
	E. DISEASE - EA EMPLOYEE				\$	1,000,000																												
	E. DISEASE POLICY LIMIT				\$	1,000,000																												
		OTHER																																

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

THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING WITH CRUM RESOURCES II, INC. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS TO CRUM RESOURCES II, INC EFFECTIVE 03/05/2003, APPLIES TO 100% OF THE EMPLOYEES OF CRUM RESOURCES II INC LEASED TO CONTRACT SERVICE ENTERPRISES, INC. 772-770-0884

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

John H. [Signature]

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

BORKOWSKI, ROBERT DONALD
CONTRACT SERVICE ENTERPRISES INC DBA ROB'S ELECTRIC
927 18TH AVE SW FL 32962
VERO BEACH

STATE OF FLORIDA AC#1777217
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC13002383 12/06/04 040393659

CERTIFIED ELECTRICAL CONTRACTOR
BORKOWSKI, ROBERT DONALD
CONTRACT SERVICE ENTERPRISES INC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2006 L04120600115

DETACH HERE

AC#1777217

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ#L04120600115

DATE	BATCH NUMBER	LICENSE NBR
12/06/2004	040393659	EC13002383

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



BORKOWSKI, ROBERT DONALD
CONTRACT SERVICE ENTERPRISES INC DBA ROB'S ELECTRIC
927 18TH AVE SW FL 32962
VERO BEACH

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

COUNTY OCCUPATIONAL LICENSE TAX

*

2004-2005

INDIAN RIVER COUNTY, FLORIDA

ACCOUNT 000512-0001225

EXPIRES SEPT. 30. 2005

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 000512 CONTRACTOR-GENERAL/CERTIFIED
000232 RETAIL/WHOLESALE SALES

BUSINESS ADDRESS 927 SW 18TH AVENUE
IR - INDIAN RIVER

NAME MAILING ADDRESS CONTRACT SERVICE ENTERPRISES,
INC
PROFITT, DAVID CLAY, QUAL
927 18TH AVE SW
VERO BEACH FL 32962

SUPPLEMENTAL
RENEWAL
NEW LICENSE
TRANSFER -
ORIGINAL TAX

AMOUNT
PENALTY

TOTAL

CHARLES W. SEMBLER
TAX COLLECTOR
1705501 ADD 1 of 0002
DATE 90/12/04
OPER T1111
PAID 40.00
40.00
40.00

This license is in addition and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health and any other lawful authority. Licensee must notify the Tax Collector's Office of any changes in business name, ownership, location address or mailing address.

CHARLES W. SEMBLER
TAX COLLECTOR
INDIAN RIVER COUNTY, FLORIDA

CHARLES W. SEMBLER, TAX COLLECTOR
P.O. BOX 1509, VERO BEACH, FL 32961

000000000 0000004000 0000005120001225 1001 8

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):
RIVERVIEW SD LOT 9, 12 SE RIVERVIEW DR, SEWALL'S POINT, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: RE ROOF FLAT PATIO DECK

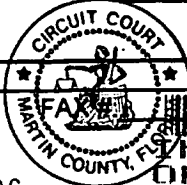
OWNER: CARL + JANE HANTMAN
ADDRESS: 12 SE RIVERVIEW DR, SEWALL'S POINT FL 34996
PHONE #: 772-287-3153 FAX #: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: COASTAL ROOFING AND WATERPROOFING, INC.
ADDRESS: P.O. BOX 1729 STUART, FL 34995
PHONE #: 772-237-2118 STATE OF FLORIDA FAX #: 772-233-5523
MARTIN COUNTY

SURETY COMPANY (IF ANY) THIS IS TO CERTIFY THAT THE
ADDRESS: _____ FOREGOING 1 PAGES IS A TRUE
PHONE # _____ AND CORRECT COPY OF THE ORIGINAL.
BOND AMOUNT: _____ MARSHA EWING, CLERK



INSTR # 1843829
OR BK 02019 PG 2375
RECORDED 06/01/2005 03:52:59 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

LENDER/MORTGAGE COMPANY: T Copus D.C.
ADDRESS: _____ DATE: 6-7-05
PHONE #: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTIO.

NAME: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

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

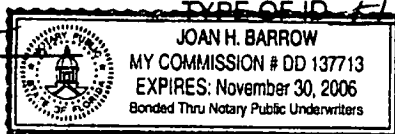
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Jane Hantman
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 31 DAY OF May 2005
BY Jane Hantman

PERSONALLY KNOWN _____
OR PRODUCED ID _____
TYPE OF ID: FL DL

Joan H. Barrow
NOTARY SIGNATURE





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

Site Provided by...
 governmax.com

Summary

Owner
 1 of 1

Parcel Info
Summary

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
12-38-41-001-000-00090-9	12 SE RIVERVIEW RD	27499	Owner	0	1

- Land
- Residential Improvement
- Commercial Image
- Transfer
- Taxes →
- Assessments →
- Parcel Map →
- Full Legal →

Summary
Property Location 12 SE RIVERVIEW RD
Tax District 2200 Sewall's Point
Account # 27499
Land Use 101 0100 Single Family
Neighborhood 120400
Acres

Search By

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

Legal Description
Property Information
 RIVERVIEW S/D LOT 9

Owner Information
Owner Information
 HANTMAN, CARL E
 "HANTMAN, JANE Y

Mail Information
 12 RIVERVIEW DR
 STUART FL 34996

Site Functions

- Property Search
- Feedback
- On-Line Help
- County Home
- Site Home
- County Login

Assessment Info
Front Ft. 0.00

Market Land Value \$154,000
Market Impr Value \$170,100
Market Total Value \$324,100

Recent Sale
Sale Amount \$255,000

Sale Date 10/7/1991
Book/Page 0926 2071



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 4/3/05

BUILDING OFFICIAL
 Greg Simmons

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)

Polythane Systems, Inc
2400 Spring-Stuebner Rd.
Spring, TX 77389

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: SH200 Polyurethane Foam & Evercoat 500/510 Coatings

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

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

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

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

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

This NOA renews NOA # 00-0512.13 and consists of pages 1 through 6.
 The submitted documentation was reviewed by Frank Zuloaga, RRC



NOA No 03-0819.06
 Expiration Date: 08/10/08
 Approval Date: Approval Date: 09/18/03
 Page 1 of 6

ROOFING SYSTEM APPROVAL

Category: Roofing
Sub-Category: Spray Applied Polyurethane Foam
Material: Polyurethane Foam
Deck Type: Recover
Maximum Design Pressure -83 psf
Fire Classification: See General Limitation #1

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Polythane PSI SH200-30	N/A	PA 110	Polyurethane spray applied foam that utilizes a HCFC blowing agent intended for roofing applications.
Evercoat 500/510	27 mil. thickness	PA 129	Elastomeric acrylic coating for application over polyurethane spray applied foam.
Evercoat 500	N/A	PA 129	White top base coat of 100% elastomeric acrylic latex coating for spray applied polyurethane foam.
Evercoat 510	N/A	PA 129	Gray base coat of 100% elastomeric acrylic latex coating for spray applied polyurethane foam.
Evercoat 100 Primer	N/A	N/A	Single component water based general purpose primer for spray applied polyurethane foam to various substrates.
Evercoat 102 Primer	N/A	N/A	Single component water based general purpose primer for spray applied polyurethane foam to various substrates.



EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Trinity Engineering, Inc.	#4680.11.95-1	PA 114	11/29/95
Underwriters Laboratories Inc.	R12134 (N)	Appendix "D" UL 1897	12/09/93
Underwriters Laboartories Inc.	90NK28403	UL 790	03/22/91
Center for Applied Engineering, Inc.	257497	PA 129 PA 143	06/06/96
Celotex Corporation Testing Services	257994	ASTM E 96 ASTM D 1623 ASTM C 273	04/23/97
Celotex Corporation Testing Services	528639	ASTM D 2842 ASTM D 2126 ASTM D 1621	10/12/98
Celotex Corporation Testing Services	520067	ASTM D 6083 ASTM D 522	11/11/98
Celotex Corporation Testing Services	520067	ASTM D 6083 ASTM D 2370	11/25/98
Celotex Corporation Testing Services	520067	ASTM D 6083 ASTM D 4798	05/10/99
Celotex Corporation Testing Services	520596	ASTM D 6083 ASTM C 794	04/17/00



AMBIENT HUMIDITY APPLICATION LIMITS SPRAYED POLYURETHANE FOAM:

Table 1

Maximum Wet Bulb and Relative Humidity for a Given Dry Bulb Reading						
Dry Bulb Temp. (°F)	Wet Bulb Temp. (°F)	R.H. (%)		Dry Bulb Temp. (°F)	Wet Bulb Temp. (°F)	R.H. (%)
45	43	81		73	69	82
46	44	81		74	70	82
47	45	81		75	71	82
48	46	81		76	72	82
49	47	81		77	73	82
50	48	81		78	73	82
51	48	81		79	74	82
52	49	81		80	75	82
53	50	81		81	76	82
54	51	81		82	77	82
55	52	81		83	78	82
56	52	81		84	79	82
57	53	81		85	80	82
58	54	81		86	81	82
59	55	81		87	82	82
60	56	81		88	83	82
61	57	81		89	84	82
62	58	82		90	85	82
63	59	82		91	86	82
64	60	82		92	87	82
65	61	82		93	88	82
66	62	82		94	89	82
67	63	82		95	90	82
68	64	82		96	91	82
69	65	82		97	92	82
70	66	82		98	93	82
71	67	82		99	94	82
72	68	82		100	95	82

NOTE: Spray polyurethane foam shall not be sprayed when environmental conditions are beyond the temperature and relative humidity limits listed in this Table, (see System Limitations 1).



APPROVED SYSTEMS:

Deck Type 7: Recover

Deck Description: Wood, Steel, Concrete, Granule Surfaced Modified Bitumen, Smooth Surface BUR

System Type: Sprayed polyurethane foam covered with an elastomeric acrylic coating.

All General and System Limitations apply.

Deck Requirements: Deck and attachment thereof shall be in compliance with the relevant decking Chapter of the South Florida Building Code.

Surface Preparation: For recover applications, existing roof shall be in compliance with Section 3401.8 of the South Florida Building Code and Section 7 of Miami-Dade County Roofing Application Standard RAS 109.

Substrate shall be free of loose dirt, grease, oil or other contaminants prior to priming or foam application. Remove loose dirt or debris by use of compressed air, vacuum or brooming. No washing shall be permitted. Oil, grease, release agents or other contaminants shall be removed with proper cleaning solutions.

Primers shall be applied in accordance with the manufacturers instructions. All primers must be thoroughly dry and cured prior to foam application.

Polyurethane Foam Application: The polyurethane foam shall be applied directly and uniformly over the entire surface at the specified thickness in compliance with the requirements set forth in Dade County Roofing Application Standard RAS 109. The sprayed polyurethane foam shall be feathered at the edges to produce a smooth transition.

Protective Coating Application: Evercoat 500/510 elastomeric acrylic coating shall be applied to achieve a minimum dry thickness of 27 mils.

Polyurethane foam surface shall be free of moisture, dust, debris, oils, tars, grease or other materials that will impair adhesion of the protective coverings. Any damage or defects to the polyurethane foam surface shall be repaired prior to the coating application. The base coat shall be applied the same day as the foam when possible. If more than 72 hours elapse prior to the application of the base coat, the polyurethane foam shall be inspected for UV degradation.

Maximum Design Pressure: -83 psf; (See General Limitation #4).

Maximum Fire Classification: See General Limitation #1.

Maximum Slope: See General Limitation #1.



SYSTEM LIMITATIONS:

- 1 Spray polyurethane foam shall not be sprayed when environmental conditions are beyond the temperature and relative humidity limits listed in Table 1 of this approval. Contractor shall monitor and record environmental conditions in job log in compliance with RAS 109. Job log shall be maintained at the job site and accessible to The Building Official.
- 2 Adhesion testing of foam to substrate and coating to foam shall be performed in compliance with Roofing Application Standard RAS 109.

GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. All work shall performed by a Polythane Systems' trained and approved applicator familiar with the details and specifications published by Polythane Systems.
3. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform with Roofing Application Standard RAS 111 and applicable wind load requirements.
4. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners).
5. 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.

END OF THIS ACCEPTANCE



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/29, 2005 Page 1 of

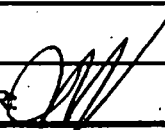
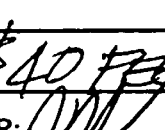
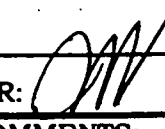



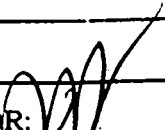
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7638	MONZON	DRY-IN	FAIL	
13	118 HILLCREST PACIFIC XXXXXXXX			INSPECTOR: <i>OW</i>
7598	HANTMAN	SHEATHING ROOF	PASS	
11	12 RIVERVIEW COASTAL ROOFING	IAS (late as poss. bk)		INSPECTOR: <i>OW</i>
7646	FARROW	DRY-IN	PASS	
16	47 N. RIVER ROAD CARDINAL R	SHEATHING	PASS	INSPECTOR: <i>OW</i>
7390	GOLDMAN	TEMP ELEC	PASS	CALL FPL TO SET METER
14	4 SUMMER LA O/B			INSPECTOR: <i>OW</i>
7214	ALTESLABEN	FINAL DOCK	PASS	CLOSE
15	7 N. RIVER ROAD O/B			INSPECTOR:
7570	ALTESLABEN	FINAL RETAINING WALL	PASS	CLOSE
15	7 N. RIVER RD O/B			INSPECTOR:
7663	Mr Hill	FINAL GARAGE DOOR	PASS	CLOSE
17	48 N. RIVER RD TREASURE COAST G.D.			INSPECTOR: <i>OW</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/12, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6889	GLOVER	FENCE FINAL	PASS	CLOSE
4	16 RIVERVIEW O/B			INSPECTOR: 
766	NICHOLS	FINAL SCREEN ENCL	FAIL	
8	17 PALMETTO DR PIONEER SCREEN			\$40 FEE INSPECTOR: 
7598	HANIMAN	FINAL ROOF	PASS	CLOSE
5	12 RIVERVIEW COASTAL ROOFING			INSPECTOR: 
6578	DUNN	POOL PUMPING	PASS	
10	31 N. RIVER OLYMPIC POOLS			INSPECTOR: 
7723	ZAVATKAN	DEM IN + METAL	PASS	
12	6 COPAIRE ROAD PROF. ROOFING	(last please)		INSPECTOR: 
7712	THORNE	DEM IN	PASS	
11	22 DEERWINKLE LA DURAN ROOFING			INSPECTOR: 
7503	LADD	ROUGH PUMPING	PASS	
7	21 SIMPSON ST HARVEY GRIFFIN			INSPECTOR: 

OTHER: _____

8299

A/C CHANGE OUT

Renewal for final \$3500
Pd 9/27/07 CK # 14043

Martin County SPOI-
MASTER PERMIT NO. 2006.00

TOWN OF SEWALL'S POINT

Date 6-29-30 BUILDING PERMIT NO. 8299
 Building to be erected for Hartman Type of Permit A/C Change
 Applied for by Flynn's AC (Contractor) Building Fee _____
 Subdivision Riverview Lot 9 Block _____ Radon Fee _____
 Address 12 Riverview Dr Impact Fee _____
 Type of structure SFR A/C Fee 35-
 Electrical Fee _____
 Plumbing Fee _____
 Parcel Control Number: 12-38-41-001-000-0009-090000 Roofing Fee _____
 Amount Paid \$35- Check # 580 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 4100 - TOTAL Fees 35-

Signed [Signature] Applicant
 Signed [Signature] Town Building Official Dept Cl

Flynn's Air Conditioning Service, Inc. 1323 S.W. THELMA STREET PALM CITY, FLORIDA 34990 (772) 283-4114	THIS CHECK IS IN PAYMENT OF THE FOLLOWING: <u>PN 6858 - POTSDAM</u> <u>8299 - HARTMAN</u> <u>7704 - CONNOLLY</u>		<u>14043</u>
	HARBOR FEDERAL PALM CITY, FL 34990		63-8419/2670
PAY <u>One hundred five dollars and 00/100</u>	DOLLARS		
TO THE ORDER OF <u>Town of Sewalls Point</u>	DATE <u>9-27-07</u>	CHECK NO. <u>14043</u>	AMOUNT <u>105.00</u>
<u>[Signature]</u> AUTHORIZED SIGNATURE			

TOWN OF SEWALL'S POINT

Date 6-29-30

BUILDING PERMIT NO. 8299

Building to be erected for Hartman

Type of Permit A/C Changeout

Applied for by Flynn's AC (Contractor)

Building Fee _____

Subdivision Reveriew Lot 9 Block _____

Radon Fee _____

Address 12 Reveriew Dr

Impact Fee _____

Type of structure SFR

A/C Fee 35

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

12-38-41-001-000-0009-090000

Roofing Fee _____

Amount Paid \$35 Check # 580 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 4100

TOTAL Fees 35

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official [Signature] Dept Clerk

4/25/07
Abandoned
\$35
will bring check
call in final

Kim - 6/21/07 spoke to Nick



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number:	SP01 - 20060066
Permit Type:	SEWALLS POINT
Date Issued:	27-JUN-06
Project:	
Scope of Work:	a/c change out emergency

Applicant/Contact:	FLYNN, JOSEPH B /		
Parcel Control Number:	12-38-41-001-000-0009.0-90000		
Subdivision:	RIVERVIEW - SEWALL'S POINT		
Construction Address:	12 SE RIVERVIEW RD		
Location Description:			
Owner Name:	HANTMAN, CARL E		
Prime Contractor:	FLYNN, JOSEPH B 1323 SW THELMA ST PALM CITY, FL 34990	FLYNN'S A/C SERVICE INC 772-283-4114	License No.: CAC055482

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

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

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

**MARTIN COUNTY
BUILDING PERMIT CONDITIONS**

Conditions

RECEIVED
6-21-06

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 6/21/06

OWNER/TITLEHOLDER NAME: HANTMAN

Phone (Day) 287-1873 (Fax) _____

Job Site Address: 12 Riverview Dr.

City: STUART State: FL Zip: 34997

Legal Desc. Property (Subd/Lot/Block) Riverview Lot 9

Parcel Number: 123841-001-000-000 9090000

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Description of Work To Be Done: A/C CHANGED OUT "EMERGENCY"

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4100.00
(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: Flynn's A/C

Phone: 783-4114 Fax: 781-1307

Street: 1323 SW THALMA ST.

City: ST. PAUL CAY State: FL Zip: 34990

State Registration Number: _____

State Certification Number: ACO 83482 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

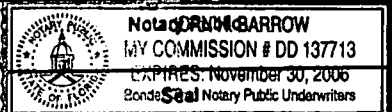
OWNER OR AGENT SIGNATURE (required)

Carl Hantman
State of Florida, County of: Martin
This the 21 day of June, 2006
by C. E. Hantman who is personally
known to me or produced Fl. d.d.
as identification. Donna Barrow

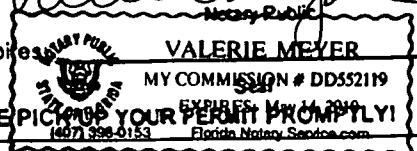
CONTRACTOR SIGNATURE (required)

Joseph B. Flynn
On State of Florida, County of: Martin
This the 21st day of June, 2006
by Joseph B. Flynn who is personally
known to me or produced FLDL#F450-482-67-227-0
as identification. Valerie Meyer

My Commission Expires: _____



My Commission Expires: _____



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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
FLYNA-1

DATE (MM/DD/YYYY)
10/28/05

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Flynn's A/C Service, Inc. 1323 SW Thelma Street Palm City FL 34990	INSURER A: Southern Owners	10190
	INSURER B: Auto Owners Insurance Co	18988
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	7	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20567737	10/31/05	10/31/06	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
A		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 _____	4165950800	10/31/05	10/31/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OT-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Air Conditioning Contractor - State of Florida

CERTIFICATE HOLDER TOWNS - 1 Town of Sewalls Point 220-4765 1 S Sewalls Point Road Stuart FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO PROVIDE NOTICE TO THE CERTIFICATE HOLDER NAMED TO THEM. THE INSURER IMPOSES NO OBLIGATION OR LIABILITY OF ANY KIND ON THE REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Joseph E. Coon</i>
--	---

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/08/2005

PRODUCER (863)688-5495 FAX (863)688-4344
 Herndon & Associates Insurance, LLC
 91 Lake Morton Dr.
 P O Box 3608
 Lakeland, FL 33802

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Bridgefield Employers Ins Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED FLYNN'S AIR CONDITIONING SERVICE INC
 1323 SW THELMA ST
 PALM CITY, FL 34990

COVERAGES

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

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Excl. auto-mech)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	083029595	01/01/2006	01/01/2007	X WC STATU-TORY LIMITS OTH-ER	
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

Town Of Sewalls Point
 1 South Sewalls Point Rd
 Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 Anthony Martinez/BELIND *Anthony Martinez*

AC# 1450814

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0406160000

DATE	SALES NUMBER	LICENSE NBR
06/16/2004	030726486	CAC055482

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

FLYNN, JOSEPH BRIAN
FLYNN'S A/C SERVICE INC
1323 SW THELMA STREET
PALM CITY FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

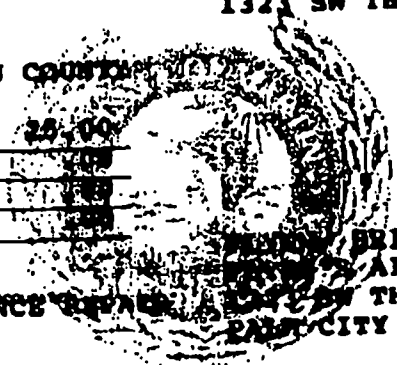
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34996
(772) 288-5804

LICENSE 1971-518-187 CERT 235118
PHONE (772)283-4114 SEC NO

LOCATION: 1321 SW THELMA ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



BRIAN
AIR CONDITIONING SERVICE
1321 SW THELMA STREET
PALM CITY FL 34990

RECEIPT OF PAYMENT
LARRY C. O'STEEN
99 09/19/2005 0001 NORMAL
197151000107006
02200509190070661X

HVAC CONTRACTING/APPLIANCE REPAIR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
16 DAY OF SEPTEMBER 05
AND ENDING SEPTEMBER 2006

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # SP01-20060066 TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF MARTIN

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

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

1238410010000009090000 Riverview S/P LOT 9

GENERAL DESCRIPTION OF IMPROVEMENT: A/C CHANGEOUT

OWNER: KARL & LAWE HARTMAN

ADDRESS: 12 RIVERVIEW DR.

PHONE #: 287-1873 FAX #: 772-283-4114

CONTRACTOR: FLYNN'S A/C

ADDRESS: 1323 S.W. THURMAST.

PHONE #: 283-4114 FAX #: 888-781-1307

SURETY COMPANY (IF ANY)

STATE OF FLORIDA
ADDRESS: _____ MARTIN COUNTY

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

BOND AMOUNT: _____

LENDER: _____ BY Phoenix D.C.

ADDRESS: _____ DATE 6-21-06

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(1XA)7., FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

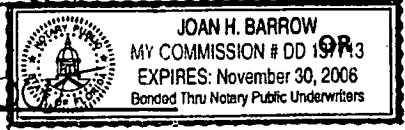
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1XB), FLORIDA STATUTES.

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.

Carl E. Hartman
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 DAY OF JUNE 192006 BY C.E. Hartman



PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID Fl. D.T.

NOTARY SIGNATURE

INSTR # 1942349 OR BK 02154 PG 2776 RECD 06/21/2006 12:25:10 PM
Pg 2776; (1P9)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix



MC
0066

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 12 RIVERVIEW

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

A/C CHANGE OUT

CKT BREAKERS FOR COMP/COND
UNITS EXCEED MAX

ALLOWABLE PER MANUFACTURER

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: 02/30

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-30, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8159	Luloh	Pool steel + main drain	PASS	
2	20 E. High Pt Advantage Pool			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8012	Tranter	Final	FAIL	
3	9 Middle Rd Larks		PASS	REINSPECTED INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8088	Mader	tank in line	FAIL	\$40 FEE ✓
4	106 Abbie Ct Feneless			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
13	22 SSRR	n/o permit on roof	X	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC		FINAL ROOF	PASS	C
7	16 N. RIDGEVIEW			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC		SPA STEEL	PASS	
8	85 S. RIVER RD			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC		n/o comment	FAIL	INSPECTOR:
6	12 RIVERVIEW FLYN'S A/C			INSPECTOR: <i>OM</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed

~~THURS~~ **THURS** 10-4, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8299	Hartman	Final	PASS	CLOSE
4	12 Riverview Dr Flynn	(see file)		INSPECTOR: <i>OM</i>
8679	Walthers	window + door	FAIL	
1	70 N River Rd HG	Final		INSPECTOR: <i>OM</i>
8655	Moscattello	gas final +	FAIL	
7	1 Worth Ct O/B	electrical		INSPECTOR: <i>OM</i>
8440	Idubio	Final	FAIL	
6	12 Cranes Nest ATG Pools			INSPECTOR: <i>OM</i>
8124	Kendall	Final	PASS	CLOSE
5	8 Kingston Ct Coast Gas			INSPECTOR: <i>OM</i>
8512	Valdes	pour block	FAIL	
2	107 N Sewalls TCE	0900 A.M. call contractor to meet		INSPECTOR: <i>OM</i> 215-7023
8441	Dressler	rough electric	FAIL	
3	12 Island Rd Harbor Course	rough A/C ft window + doors	FAIL FAIL	INSPECTOR: <i>OM</i>
OTHER:				

10222

GARAGE DOOR



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10222	DATE ISSUED:	SEPTEMBER 18, 2012
SCOPE OF WORK:	GARAGE DOOR		
CONTRACTOR:	J HOWEN INC		
PARCEL CONTROL NUMBER:	123841001-000-000909	SUBDIVISION	RIVERVIEW - LOT 9
CONSTRUCTION ADDRESS:	12 RIVERVIEW DR		
OWNER NAME:	HANTMAN		
QUALIFIER:	JUSTIN HOWEN	CONTACT PHONE NUMBER:	561-856-5081

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 9/03/2012

Permit Number: 10222

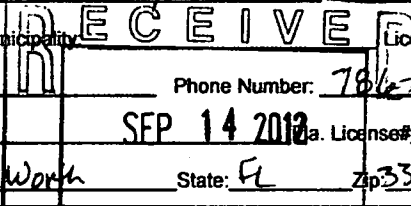
OWNER/LESSEE NAME: JANE HARTMAN Phone (Day) 646-584-2906 (Fax) NA
 Job Site Address: 12 Riverview Drive City: Sewalls Point State: FL Zip: 34996
 Legal Description Riverview Subdivision Lot 9 Parcel Control Number: 12-38-41-001-000-00090-9
 Fee Simple Holder Name: same Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 1100
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 ___ X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: J HOWEN INC Phone: 561-856-5081 Fax: 561-439-5237
 Qualifiers name: Justin Howen Street: 7225 Brickyard Circle City: Lakeland State: FL Zip: 33467
 State License Number: CG61515113 OR: Municipality _____ License Number: _____
LOCAL CONTACT: ANNIE NETTY Phone Number: 781-285-3214
DESIGN PROFESSIONAL: Carmelo Giglio SEP 14 2012 License# _____
 Street: 1329 "S" N street City: Lakewood State: FL Zip: 33460 Phone Number: 561-582-1733



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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

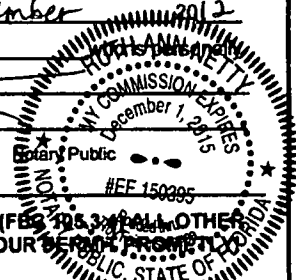
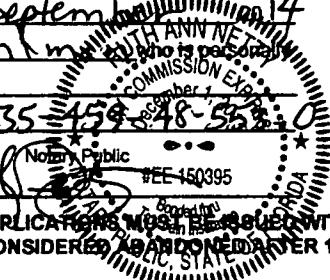
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:
 X Jane J. Hartman
 State of Florida, County of: Palm Beach
 On This the 13 day of September 2012
 by Jane J. Hartman who is personally known to me or produced _____
 As identification: FL DL #535-459-548-553
 My Commission Expires: _____ #EE 150395

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: Palm Beach
 On This the 7th day of September 2012
 by Justin Howen who is personally known to me or produced _____
 As identification: _____
 My Commission Expires: _____ #EE 150395

SINGLE FAMILY PERMIT APPLICATIONS MUST BE COMPLETED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT FROM TOWN OF SEWALL'S POINT



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

generated on 9/17/2012 9:16:02 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00090-9	27499	12 RIVERVIEW DR, SEWALL'S POINT	\$307,420	9/15/2012

Owner Information

Owner(Current)	HANTMAN CARL E HANTMAN JANE Y
Owner/Mail Address	12 RIVERVIEW DR STUART FL 34996
Sale Date	10/7/1991
Document Book/Page	0926 2071
Document No.	
Sale Price	255000

Location/Description

Account #	27499	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 9
Parcel Address	12 RIVERVIEW DR, SEWALL'S POINT		
Acres	.3930		

Parcel Type

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

Assessment Information

Market Land Value	\$192,500
Market Improvement Value	\$114,920
Market Total Value	\$307,420



GIGLIO GROUP, INC.

STRUCTURAL ENGINEERING CONSULTING SERVICES

September 13, 2012

J. Howen, Inc.
Attn: Justin Howen
7225 Brickyard Circle
Lake Worth, FL 33467

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Regarding: Jane Hantman
12 Riverview Drive
Sewalls Point, FL 34996
PCN: 12-38-41-001-000-00090-9

Subject: Garage Door Wind Pressures

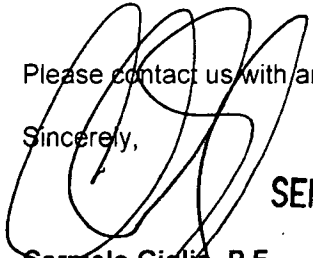
Mr. Howen:

Pursuant to your request we have provided wind pressure information for a new garage door at the above referenced address. The specs are as follows:

- Garage Door Size: 16' x 7'
 - Single Story
 - Wind Speeds: $V_{ult}=170\text{mph}$, $V_{asd}=132\text{mph}$
 - $I=1.0$
 - Exposure C
 - Wind Pressures:
 - Zone 4: +37.32psf/-41.11sf
 - Zone 5: +37.32psf/-45.11psf
- **Use Zone 5 pressures for garage doors within three (3) feet of corner of house.

Please contact us with any questions at 561-582-1733.

Sincerely,



Carmelo Giglio, P.E.
FL P.E. License # 63822

SEP 13 2012



DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY
AFFAIRS (PERA)
BOARD AND CODE ADMINISTRATION DIVISION

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

www.miamidade.gov/pern/

NOTICE OF ACCEPTANCE (NOA)

DAB Door Company, Inc.
12195 NW 98th Avenue
Hialeah Gardens, FL 33018

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

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

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

DESCRIPTION: Hurricane Master® Model 824/811 Steel Sectional Garage Door 16'-2" Wide x 16'-0" High (Reinforced) with Window Lite Option

APPROVAL DOCUMENT: Drawing No. 98-05, titled "24 GA. Roll Formed Steel Sectional Garage Door", dated 02/23/1998, with last revision H dated 10/13/2011, sheets 1 through 6 of 6, prepared by Al-Farooq Corporation, signed and sealed by Javad Ahmad, P.E., bearing the Miami-Dade County Product Control revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: A permanent label with the manufacturer's name or logo, manufacturing address, model/series number, the positive and negative design pressure rating, indicate impact rated if applicable, installation instruction drawing reference number, approval number (NOA), the applicable test standards, and the statement reading 'Miami-Dade County Product Control Approved' is to be located on the door's side track, bottom angle, or inner surface of a panel.

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 # 11-0414.13 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

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



[Signature]
02/22/2012

NOA No. 12-0110.08
Expiration Date: July 21, 2015
Approval Date: March 1, 2012
Page 1

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Drawing No. 98-05, titled "24 GA. Roll Formed Steel Sectional Garage Door", dated 02/23/1998, with last revision H dated 10/13/2011, sheets 1 through 6 of 6, prepared by Al-Farooq Corporation, signed and sealed by Javad Ahmad, P.E.

B. TESTS "Submitted under NOA # 11-0414.13"


1. Test Report on Uniform Static Air Pressure Test, Loading and Forced Entry Test per FBC, TAS 202-94, of "DAB 824 Sectional Residential Garage Door" prepared by Hurricane Engineering & Testing Inc., Report No. HETI-07-4267, dated 06/29/2007, signed and sealed by Candido F. Font, P.E.
2. Test Report on Large Missile Impact Test per FBC, TAS 201-94 and Cyclic Wind Pressure Test per FBC, TAS 203-94, of "DAB 824 Sectional Residential Garage Door", prepared by Hurricane Engineering & Testing Inc., Report No. HETI-11-3206, dated 02/10/2011, signed and sealed by Candido F. Font, P.E.
3. Test Report on Tensile Test per ASTM E8-08 of "Sectional Residential Door (skin)", prepared by Hurricane Engineering & Testing Inc, Report No. HETI-11-T101, dated 01/29/2011, signed and sealed by Candido F. Font, P.E.

"Submitted under NOA # 05-0217.02"

4. Test Report on Large Missile Impact Test and Cyclic Wind Pressure Test, of "Sectional Residential Door with Windows" prepared by Hurricane Engineering & Testing Inc., Test Report No. HETI 03-1328, dated 07/15/2003, signed and sealed by Rafael E. Droz-Seda, PE.
5. Test Report on Uniform Static Air Pressure Test, of "Sectional Residential Door" prepared by Hurricane Engineering & Testing Inc., Test Report No. HETI 03-1329, dated 07/15/2003 signed and sealed by Rafael E. Droz-Seda, P.E.
6. Test Report on Tensile Test per ASTM E-8 of "Sectional Residential Door (skin)" prepared by Hurricane Engineering & Testing Inc, Test Report No. HETI 03-T078, dated 10/31/2003, signed and sealed by Rafael E. Droz-Seda, P.E.

"Submitted under NOA # 03-0210.04"

7. Test report on Salt Spray (Corrosion) Test per ASTM B 117 of a painted G-40 steel panels, prepared by Celotex Corporation, Test Report No. 258592, dated 08/17/1998, signed by W. A. Jackson, P.E.


10/22/2012

Carlos M. Utrera, P.E.
Product Control Examiner
NOA No. 12-0110.08
Expiration Date: July 21, 2015
Approval Date: March 1, 2012

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

C. CALCULATIONS

1. Anchor verification calculations prepared by Al-Farooq Corporation, complying with F.B.C 2007, dated 04/05/2011, signed and sealed by Javad Ahmad, P.E.

"Submitted under NOA # 09-0128.01"

2. Anchor verification calculations prepared by Al-Farooq Corporation, complying with F.B.C 2007, dated 12/18/2008, signed and sealed by Humayoun Farooq, P.E.

D. QUALITY ASSURANCE

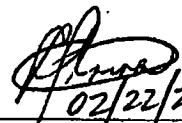
1. Miami-Dade Department of Permitting, Environment, and Regulatory Affairs (PERA)

E. MATERIAL CERTIFICATIONS

1. Notice of Acceptance No. **08-0305.02**, issued to SABIC Innovative Plastics, for their Lexan Sheet Products, approved on 04/24/2008 and expiring on 07/17/2013.
2. Notice of Acceptance No. **07-1016.07**, issued to Insulfoam, LLC, for their Insulfoam Expanded Polystyrene Insulation, approved on 11/29/2007 and expiring on 11/29/2012.
3. Notice of Acceptance No. **11-0926.07**, issued to Dyplast Products, LLC, for their Expanded Polystyrene Block Type Insulation, approved on 11/10/2011 and expiring on 01/11/2017.
4. Notice of Acceptance No. **11-0926.06**, issued to Dyplast Products, LLC, for their Dyplast ISO-C1 Polyisocyanurate Insulation, approved on 11/10/2011 and expiring on 01/11/2017.

F. STATEMENTS

1. Statement letter of code conformance to FBC 2010 and no financial interest issued by Al-Farooq Corporation, dated 10/25/2011, signed and sealed by Javad Ahmad, P.E.



02/22/2012

Carlos M. Utrera, P.E.
Product Control Examiner
NOA No. 12-0110.08
Expiration Date: July 21, 2015
Approval Date: March 1, 2012

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-25-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10083	White	Final electric	PASS	
10083	15 Ridgeland DR Tuscany Bay	FINAL A/E		
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10083	Handman	Final	PASS	
	76 Riverview J. Hawen Inc	Garage door		
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

11083

GATE



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	11083	DATE ISSUED:	November 13, 2014
SCOPE OF WORK:	Driveway Gate		
CONTRACTOR:	Accent Welding Co		
PARCEL CONTROL NUMBER:	01-38-41-006-004-00040-0	SUBDIVISION:	Homewood Lot 4 Blk D
CONSTRUCTION ADDRESS:	12 S Ridgeland Road		
OWNER NAME:	Cutsaimanis		
QUALIFIER:	Ray Hardisky	CONTACT PHONE NUMBER:	283-9304

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11083		
ADDRESS:	12 S Ridgeland Road		
DATE ISSUED:	11/13/2014	SCOPE OF WORK:	Driveway Gate

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	-----------------------	----	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 4,000.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$	100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

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

Permit Number: 11083

Date: _____
 OWNER/LESSEE NAME: MARCELA CAMBLOR CUTSAMANIS Phone (Day) _____ (Fax) _____
 Job Site Address: 12-S RIDGEVIEW RD City: STUART State: FL Zip: 34996
 Legal Description: LOT 4 BLACK D HOMEWOOD Parcel Control Number: 013841006004000400
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 4000.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: ACLENY WELDING CO. Phone: 772-283-9304 Fax: 283-9304
 Qualifiers name: RAY HARDISKY Street: 3201 SE SLATERS City: STUART State: FL Zip: 34992
 State License Number: _____ OR: Municipality: MARTIN License Number: MC00002377
 LOCAL CONTACT: RAY HARDISKY Phone Number: 772-283-9304
 DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

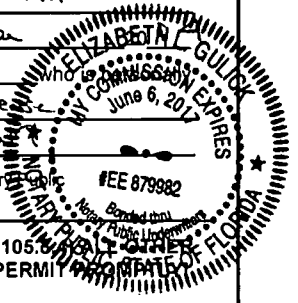
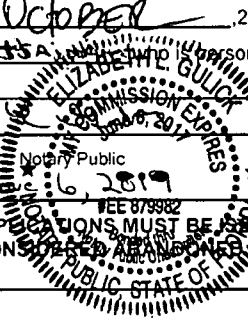
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:
MARCELA CAMBLOR-CUTSAMANIS
 State of Florida, County of: MARTIN
 On this the 31 day of OCTOBER, 2014
 by Marcela Cambior-Cut who is personally known to me or produced _____
 As identification: Elgab
 Notary Public
 My Commission Expires: June 6, 2019

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
[Signature]
 State of Florida, County of: Martin
 On this the 4th day of NOVEMBER
 by Raymond Glenn who is personally known to me or produced Drivers License
 As identification: Elgab & J...
 Notary Public
 My Commission Expires: 6-6-17

SINGLE FAMILY PERMIT APPLICATIONS MUST BE RECORDED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.8.3) - PLEASE PICK UP YOUR PERMIT AFTER 180 DAYS (FBC 105.3.2)

[Handwritten scribble]





Martin County Building Department

900 SE Ruhnke Street
Stuart, FL 34994
(772) 288-5482
Fax (772) 419-6935

HARDISKY, RAYMOND
ACCENT WELDING INC
3201 SE SLATER ST
STUART, FL 34997

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
Contractor's Licensing
Certificate of Competency

DECORATIVE METAL - MC

License #: MCDM02377 Expires: 09/30/2015
HARDISKY, RAYMOND
ACCENT WELDING INC
3201 SE SLATER ST
STUART, FL 34997



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Golden Rule Insurance Associates Rr 1 Box 2218 Patton, MO 63662 Phone (573) 866-2699 Fax (573) 298-6009		CONTACT NAME: Greg Rogers PHONE (A/C No. Ext): (573) 866-2699 FAX (A/C No.): (573) 298-6009 E-MAIL ADDRESS: greg@goldenruleia.com	
INSURED Accent Welding Inc 3201 South East Slater Street Stuart, FL 34997 772-263-3505		INSURER(S) AFFORDING COVERAGE INSURER A : Seneca Specialty Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			BAG-1013040	04/04/2014	04/04/2015	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Paul Jacquin & Sons Inc shall be named additional insured (includes products and completed operations).
A waiver of subrogation applies to general liability.

CERTIFICATE HOLDER**CANCELLATION**

	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
--	--



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT 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 DATE: 9/20/2013

EXPIRATION DATE: 9/20/2015

PERSON: HARDISKY

RAY

FEIN: 650192313

BUSINESS NAME AND ADDRESS:

ACCENT WELDING INC

3201 S.E. SLATER ST.

STUART

FL

34997

SCOPES OF BUSINESS OR TRADE:

WELDING OR CUTTING

FENCE INSTALLATION

NOC AND DRI

AND REPAIR-

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

2014-2015 **MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2000-275-0825 CERT _____
PHONE (772) 283-9304 SIC NO 811310

LOCATION: 3201 SE SLATER ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$	<u>.00</u>	LIC. FEE	\$	<u>26.25</u>
	\$	<u>.00</u>	PENALTY	\$	<u>2.63</u>
	\$	<u>.00</u>	COL. FEE	\$	<u>6.60</u>
	\$	<u>.00</u>	TRANSFER	\$	<u>.00</u>
		TOTAL			<u>35.48</u>



HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **WELDING SHOP**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

HARDISKY, RAY
ACCENT WELDING INC.
3201 SE SLATER ST.
STUART, FL 34997

30
DAY OF OCTOBER 20 14
AND ENDING SEPTEMBER 30. 2015

805 2014 00765.0001 PAID

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

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30TH, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

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

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

generated on 11/12/2014 11:01:52 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-006-004-00040-0	17667	12 S RIDGEVIEW RD, SEWALL'S POINT	\$341,670	11/8/2014

Owner Information

Owner(Current)	CUTSAIMANIS MARCELA CAMBLOR CUTSAIMANIS SERGIO C
Owner/Mail Address	12 S RIDGEVIEW RD STUART FL 34996
Sale Date	9/13/2013
Document Book/Page	<u>2681 2748</u>
Document No.	2421246
Sale Price	535000

Location/Description

Account #	17667	Map Page No.	SP-04
Tax District	2200	Legal Description	HOMEWOOD, LOT 4 BLK D OR 354/743
Parcel Address	12 S RIDGEVIEW RD, SEWALL'S POINT		
Acres	.3450		

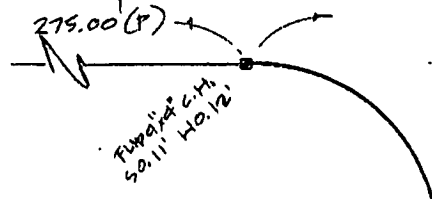
Parcel Type

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

Assessment Information

Market Land Value	\$175,000
Market Improvement Value	\$166,670
Market Total Value	\$341,670

RIDGEVIEW ROAD



LOT 1, BLOCK C

225.00' (P)

N62°49'30"E 75.00'

Florida C.S. (Prop. Sta.) 10+17 E.O.07

R=28.00'
=90°00'00"
L=39.27'

Florida C.S. (Prop. Sta.) 10+26 E.O.12

37.25'

35.46'

4' CONC. SIDEWALK

N27°27'30"W 103.16'

LOT 4

R=25.00'
=90°00'00"
L=39.27'

Florida C.S. (Prop. Sta.) 10+23 E.O.60

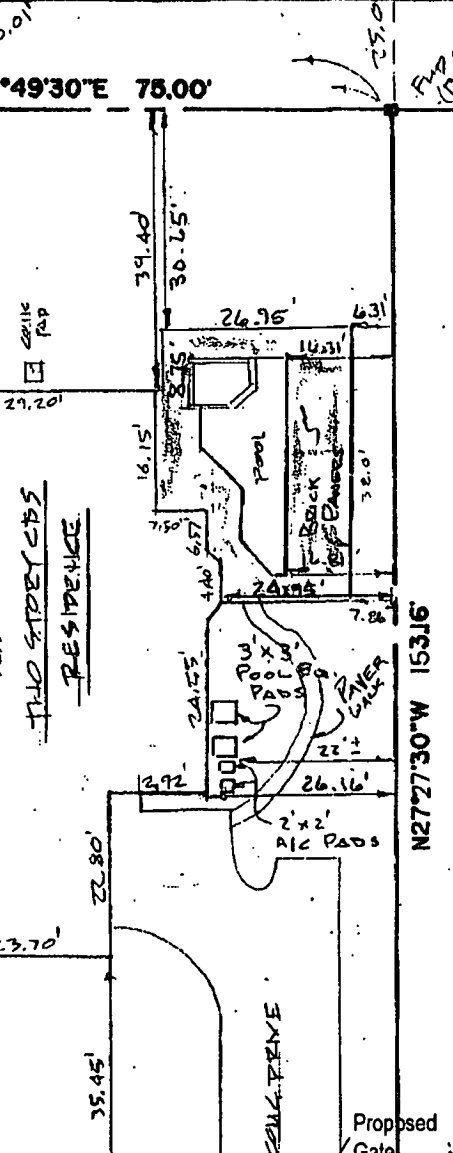


279.00' (P)

225.00' (P)

N62°49'30"E 75.00'

RIDGEVIEW ROAD

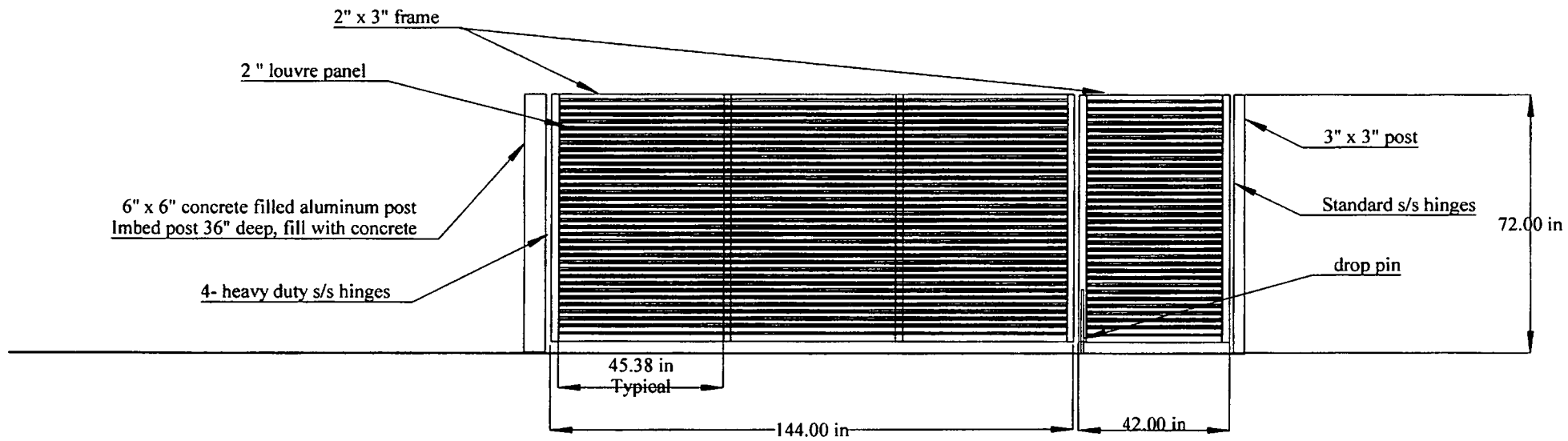


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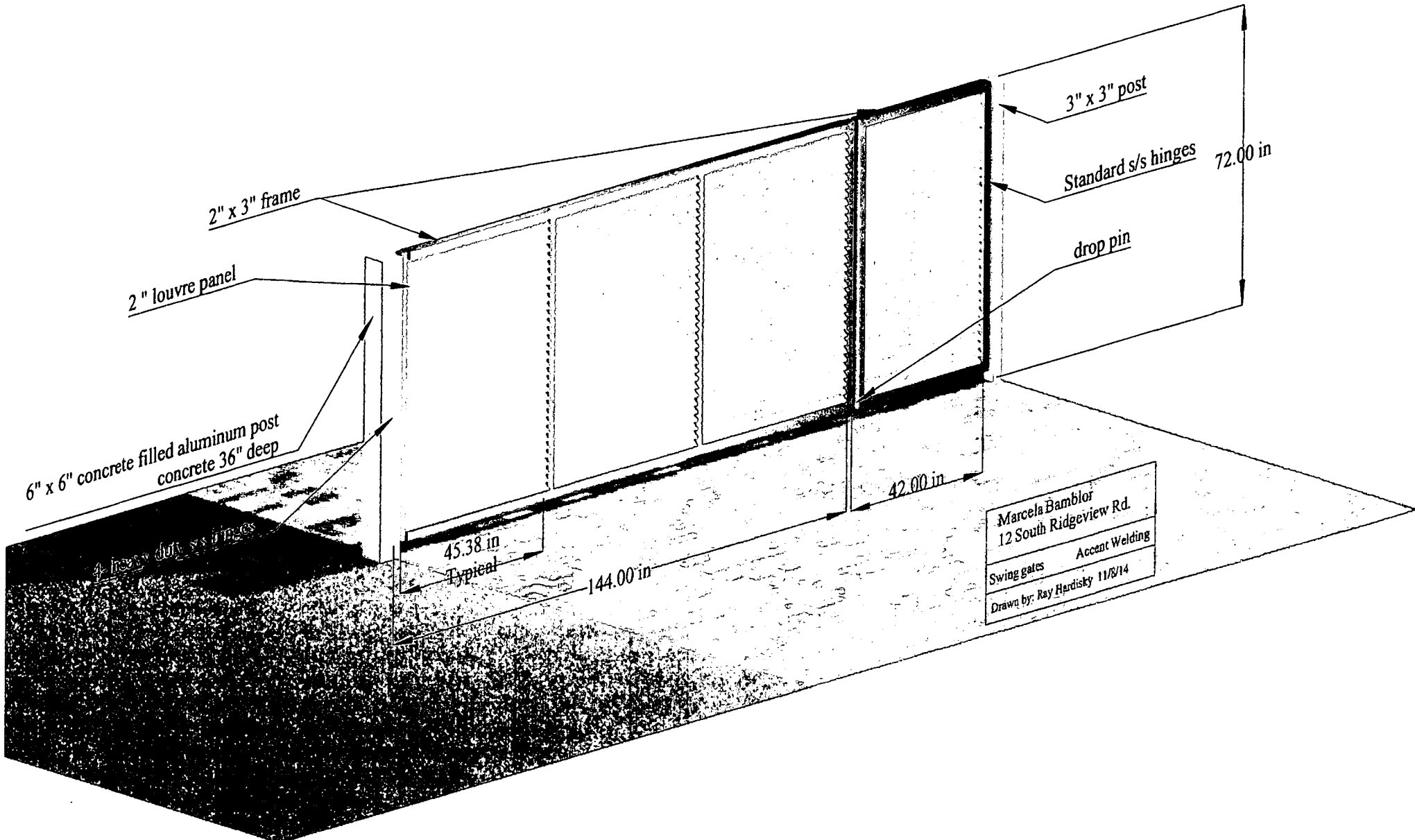
LEG
KNOW
AS RI
PUBL
FLOR

Lot 3
BLOCK D
12 S. RIDGEVIEW RD
STUART, FL.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



Marcela Bamblor 12 South Ridgeview Rd.	
Swing gates	Accent Welding
Drawn by: Ray Hardisky 11/8/14	



Marcela Bamblor
12 South Ridgeview Rd.
Swing gates Accent Welding
Drawn by: Ray Hardisky 11/8/14

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/18/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11099	Vantbosch			NOT PER PLANS
	8 Lagoon Island Court	Fence Final	FAIL	DIMENSIONS
	Stuart Fence			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10989	Farrow	Door/Window		
AM Requested	47 N River Rd	Final	PASS	CLOSE
	MV Custom Homes			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
	Winslow	Courtesy		
	10 S Sewalls Pt Rd	Visit	OK	
	Green Building			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11082	Cutsaimanis	Final		
	2210 S. BAYVIEW DR ROSELAND	Driveway Gate	OK	CLOSE
	Accent Welding			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10887	PONN			BOND ONE POOL
	49 W High Pt. Rd.	Final Pool	FAIL	HEATED
	Van Kirk + Sons			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS

INSPECTOR



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

OK

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 Jane Hartman Address [REDACTED] Phone 646 584 2906

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Palm Tree - Coconut

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

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

Signature of Property Owner Jane Y. Hartman Date 8/22/2011

Approved by Building Inspector: [Signature] Date 8-24-11 Fee: N/C

NOTES: _____

