

15 Riverview Drive

1040

SFR

RECEIVED SEP 12 1979

Permit No. 1040

Date August 17, 1979

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

RECEIVED SEP 12 1979

This application must be accompanied by three sets of complete plans, to scale, (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 Joseph G. Chappelle Present address 2440 SE Ocean Blvd.
Phone 287-0784 Stuart, Florida 33494

General contractor Robert L. Loomis Inc. Address P.O. Box 2197
Phone 286-2320 Stuart, Florida 33494

Where licensed State License No. CGCA11125

Plumbing contractor Daves Plumbing Inc. License No. 30 287-8128

Electrical contractor Alltec Electric License No. 54

Air-conditioning contractor C & R A/C License No. 00346

Describe the building, or alteration to existing building New construction
Single family residential

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

Subdivision Riverview Lot No. 17 Area 23220

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2078

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 69,500.00

Cost of permit \$ 380 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, the South Florida Building Code, and the State of Florida Model Energy Efficiency 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.

And the State of Florida Model Efficiency Building Code. Contractor Robert L. Loomis

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 Joseph G. Chappelle

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

TOWN RECORD Date submitted
Approved by Building Inspector (date) JAM Inspector's initials 9/13/79

Approved by Town Commissioner (date) 14 Sep '79 Commissioner's initials JGJ

Certificate of Occupancy issued (date) Feb. 25, 1980

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.

1040

TYPE

ENERGY CODE COMPLIANCE CHECKLIST FOR BUILDING DESIGN BY COMPONENT PERFORMANCE APPROACH

TO BE FILED WITH BUILDING PERMIT APPLICATION. TYPICAL WALL AND CEILING SECTIONS SHALL SUPPLEMENT THIS FORM.

THIS BUILDING

CODE COMPLIANCE VALUES

Zone B

BUILDING INFORMATION

GROSS SQUARE FEET CONDITIONED/HEATED FLOOR SPACE
WALL AREAS: TOTAL OPAQUE AREA - Aw
TOTAL GLASS AREA - Ag
TOTAL DOOR AREA - Ad
GROSS WALL AREA (TOTAL OF ABOVE) A
ROOF AREAS: TOTAL OPAQUE AREA - Aw
TOTAL SKYLIGHT AREA - Ag

2052
1363.03
363.24
73.34
1799.61
2052
0

U VALUE CALCULATION

Uw = U OF OPAQUE AREA = 1.052
Ug = U OF GLASS AREA = 1.185
Ud = U OF DOOR AREA = 1.026
Uo = U OF OVERALL WALL/GLASS/DOOR = 1.273
Uw = U OF CEILING/ROOF AREA = 1.162
Ug = U OF SKYLIGHT AREA = 0
Uo = U OF OVERALL CEILING/ROOF = 1.054
Uo = U OF FLOOR OVER UNHEATED SPACE = 0.30

.273
.054
.30

.30
*.05
.30

NOTE: SUPPLEMENTAL INFORMATION IS NECESSARY TO SHOW TRADE-OFF BETWEEN CEILING/ROOF ASSEMBLY AND WALL/GLASS/DOOR ASSEMBLY OVERALL U VALUES.

*See Footnote 2, Table 5-1.

WINDOW AND DOOR INFILTRATION

WINDOW INFILTRATION RATES
WINDOW MFR. & MODEL # Pop American

DOOR INFILTRATION RATES
DOOR MFR. & MODEL #

.5
Table 5-3

MECHANICAL SYSTEMS

REHEAT COMPLIANCE WITH CODE (503.3)

HVAC EQUIPMENT PERFORMANCE
EER OR COP (UNDER 65,000 BTU/HR.)
EER OR COP (65,000 BTU/HR. & OVER)
MFR. & MODEL # FREDRICK - GREENBRICK

EER 8.2

Tables 5-4, 5-5, 5-7 or 5-8.

AIR TRANSPORT FACTOR
CHECK HVAC CONTROLS FOR COMPLIANCE
DUCT SYSTEM INSULATION R VALUES
PIPING INSULATION THICKNESS

8.2
8
3/8

8.0
R = Δt/15
Table 5-8.

SERVICE WATER HEATING

CHECK PERFORMANCE EFFICIENCY
SWIMMING POOL CONTROL COMPLIANCE
CONSERVATION OF HOT WATER (SHOWER FLOW RATE)

NA
NA
3.6 PM

504.2
504.2(b) 3
3 GPM

ELECTRICAL POWER AND LIGHTING (NON RESIDENTIAL)

CHECK COMPLIANCE OF:
POWER FACTOR CORRECTION
VOLTAGE DROP
LIGHTING SWITCHING

□
□

Sect. 505.2
" " "
" " "

I CERTIFY THAT THIS BUILDING COMPLIES WITH THE STATE OF FLORIDA MODEL EFFICIENCY BUILDING Code SEE ATTACHED CALCULATIONS

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED AGENT

"U" VALUE CALCULATIONS FOR SUB ASSEMBLIES

SUB ASSEMBLY	CONC. BLOCK		FRAME		CEILING		R VALUE FRAMING	R VALUE CAVITY
	R VALUE FRAMING	R VALUE CAVITY	R VALUE FRAMING	R VALUE CAVITY	R VALUE FRAMING	R VALUE CAVITY		
FILM EXTERIOR			.17	.17	.68	.68		
SURFACE TREATMENT			.78	.78	—	—		
OUTER SHEATING			—	—	—	—		
FRAMING			4.35	—	4.35	—		
CAVITY: A. INSULATION			—	11.0	—	19.0		
B. AIR SPACE			—	—	—	—		
EXTERIOR SURFACE			.45	.45	.45	.45		
AIR FILM INSIDE			.68	.68	.68	.68		
OTHER								
R_v = TOTAL			6.43	13.08	6.16	20.81		
U_o = 1/R TOTAL			.155	.076	.162	.048		

U_o (OVERALL "U" VALUE (ENVELOPE CALCULATIONS))

TYPE OF ASSEMBLY	DESCRIPTION	ARES	GROSS AREA RATIO	"U" VALUE	"U" X RATIO
GROSS WALL	1799.61				
	REG.	219.72	.122	.110	.134
GLASS	WINDOWS/DOORS SPACE	143.52	.079	.65	.051
DOORS	WOOD	73.34	.040	.65	.026
BLOCK WALL	FUR CAVITY				
FRAME WALL	STUDS	136.30	.075	.155	.011
	CAVITY	1226.73	.681	.076	.051
		TOTAL WALL "U" VALUE =			.273
CEILING	TRUSS	123.12	.06	.162	.009
GROSS / 2052	CAVITY	1928.88	.94	.048	.045
		TOTAL CEILING "U" VALUE =			.054
THIS CODE HOUSE	WALLS	1999.61	.467	.273	.127
GROSS/GROSS 3851.61	CEILING	2052	.532	.054	.028
		TOTAL CODE HOUSE "U" VALUE =			.155
		THIS HOUSE COMPLIES LESS THAN			.166

Application/Permit
No. HD 79-201

Martin County Health Department

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

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

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

Individual Sewage Disposal Facilities Well MUST be installed BEFORE a Final approval is issued.

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.

5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

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

Section II - Information:

1. Property Address (Street & House No.)
 Lot 17 Block _____ Subdivision River View
 Date Recorded 3-6-75 Directions to Job _____

2. Owner or Builder Robert Loomis
 P.O. Address 2197 Stuart, FL 33494

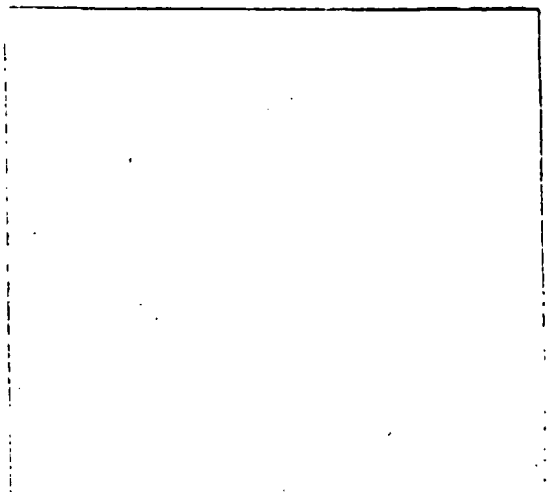
3. Specifications

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

Scale 1" = 50'

(Rear)

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



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

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

(Front)

(Name of Street or State Road)

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

Applicant: ROBERT L. LOOMIS
Please Print

Signature: Robert Loomis

Date: _____

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

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

By: Robert Washam County Health Dept. MARTIN Date 8-30-79

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

1701

POOL

RECEIVED

Permit No. 1701

APR 24 1984

Date 4-24-84

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 J. G. CHAPPELLE Present Address 13 RIVERVIEW DR

Phone 287-0784

Contractor Louden Pools Address 4306 So. US #1 Ft. Pierce

Phone 286-5760

Where licensed State - County - Sewall Pt. License number CPCO 11421

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: Swimming Pool & Patio

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

13 River View DR.

Subdivision SEWALLS PT. Lot number 17 Block number _____

Contract price \$ 12,200.⁰⁰ Cost of permit \$ 65^{XX}

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

Date submitted 4/1/84 Approved: [Signature] Building Inspector Date 4/20/84

Approved: [Signature] Commissioner Date 5/3/84 Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____

SP1282 Steel & Grounding 6/19/84 Date 6/19/84
Patio Steel OK Jan 6/20/84 Permit No. 1701
JLM Final check 8/10/84

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.

Not completed as of 7/1/84

[Signature]

1722

SCREEN

ENCLOSURE

RECEIVED

Date 7/6/84

Permit No. 1722

JUL - 6 1984

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 J.G. Chappelle Present Address 13 River View Dr.

Phone 287-2784 SEWALLS PT.

Contractor CLIMATROL Address 3718 Interstate Park Rd. N.

Phone 283-8070 Riviera Bch, FL

Where licensed _____ License number CR001786

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: POOL SCREEN ENCLOSURE

State the street address at which the proposed structure will be built: 13 RIVERVIEW DRIVE

Subdivision SEWALLS PT RIVERVIEW Lot number 17 Block number _____

Contract price \$ 2884.00 Cost of permit \$ 15.00

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.

Contractor Bataan muna

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 J.G. Chappelle

TOWN RECORD

Date submitted 7/6/84 Approved: D. Maguire 6/9/84
Building Inspector Date

Approved: J.C. Stuber 7/9/84 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

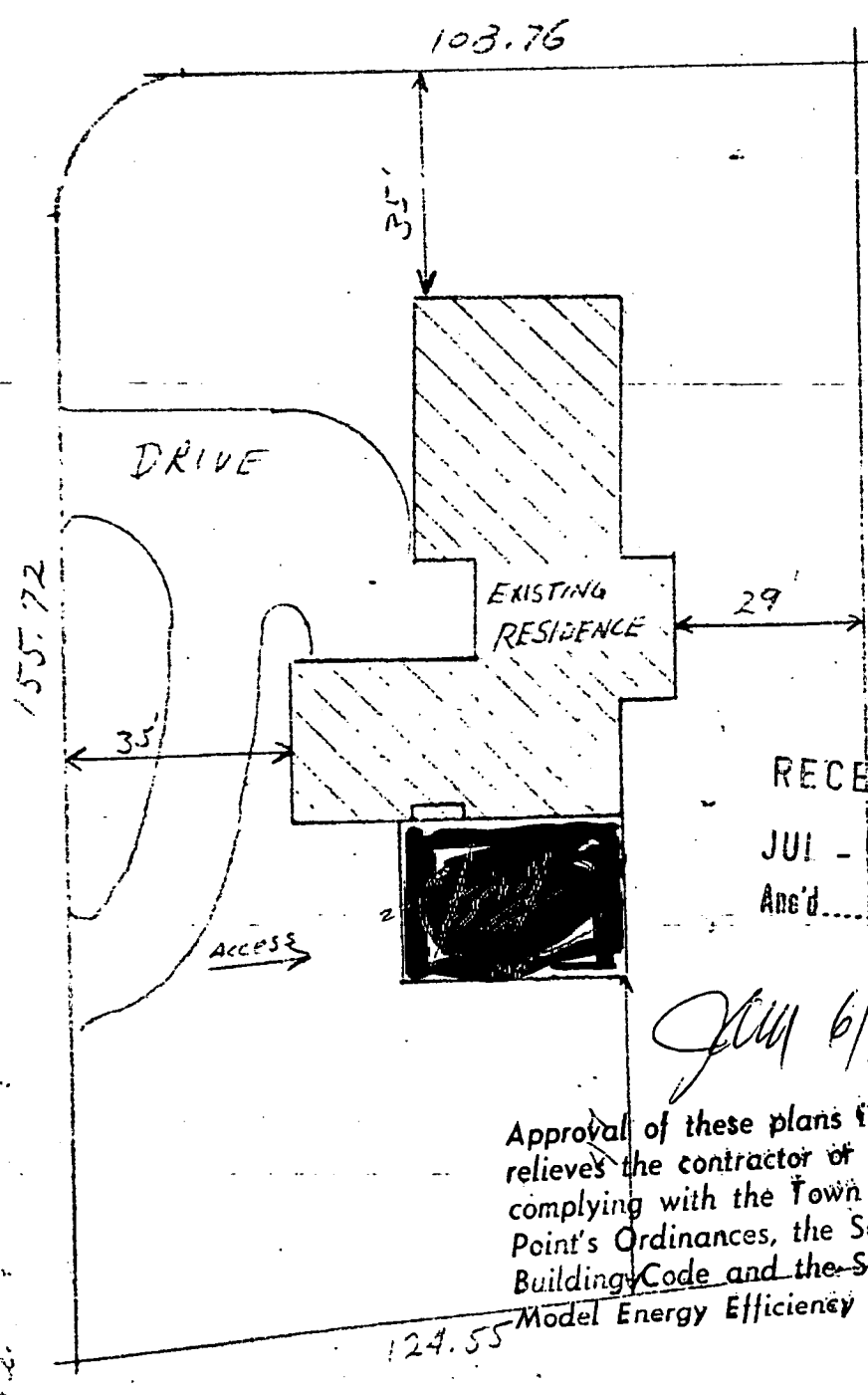
SP1282 Final Check
8/10/84 JAM

Permit No. 1722

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.

(initials)

Built - Unrecorded



RECEIVED
 JUL - 6 1984
 Ans'd

Jim 6/9/84

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

Louden

**BONDED POOLS
 CONSTRUCTION CO., INC.**

465-2700 569-1740 286-5760

TELEPHONE NOS. 227 - 0784 JOB NO. 56

11-24 1984 **SWIMMING POOL
 FOR**

Job Name MR + MRS CHAPPELLER # 3242

Job Address 13 RIVERVIEW DR

Lot _____ Block _____

Subdivision SEWALL'S PT

Date Issued 6-25-84

Date Wanted 7-16-23-84

Beams 1 x 602 BOX

Color Roof 18+14

Sides 18+14

Ch. RI. AS INDICATED

RATE _____

Installed by _____

Date Completed _____

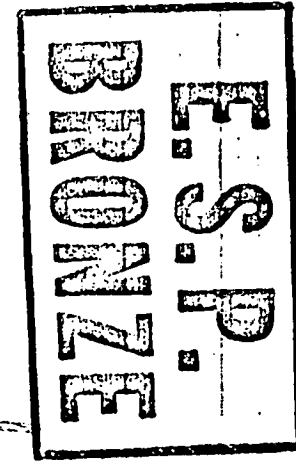
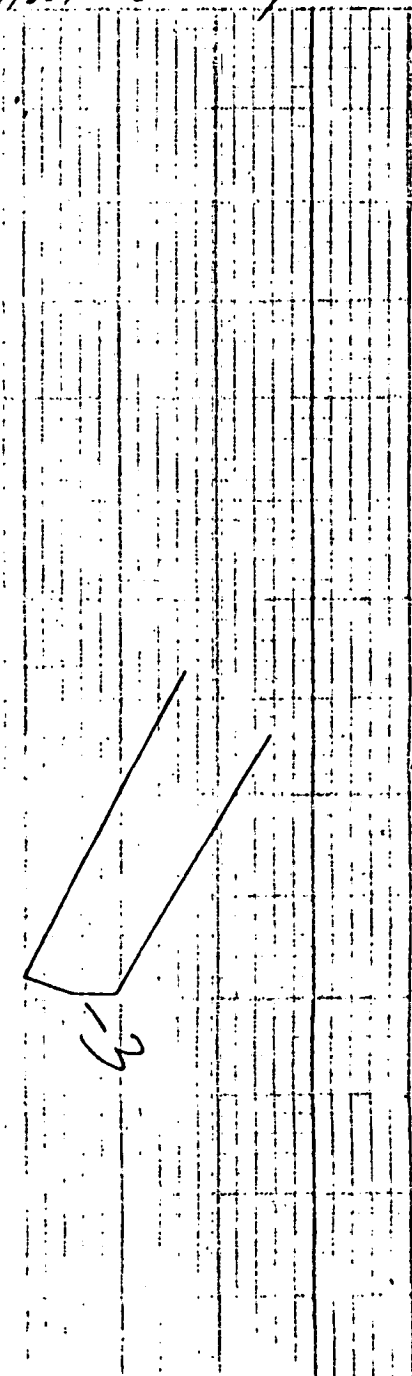
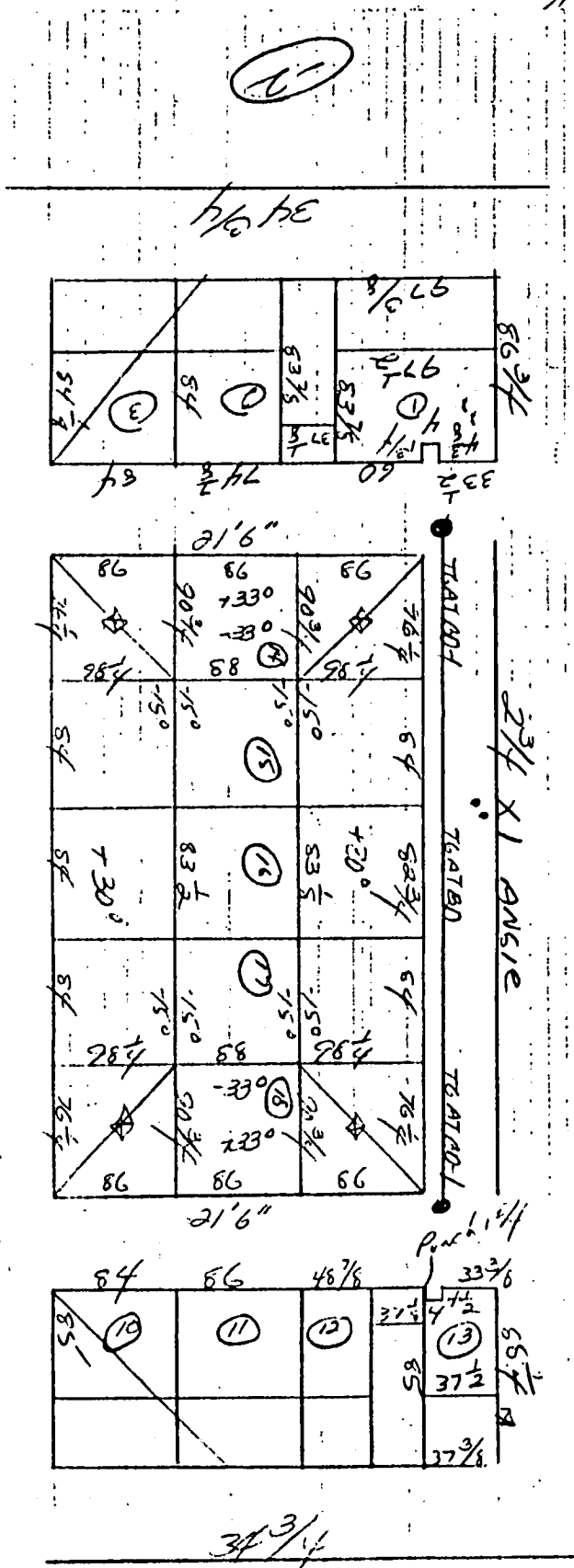
Date MEASURED 6-27-84

11 LAYOUT 6-28-84

SKETCH

NOT TO SCALE

BEAM SPAN 21'6"
55° EST. GUTTER W/O/D
20S OS
35° 2 3/4 X ANGLE



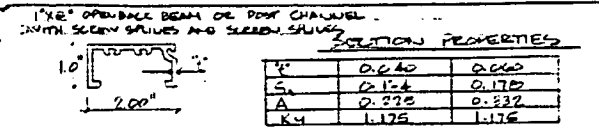
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code

Handwritten signature and date: 6/28/84
7/19

RECEIVED
 JUL - 6 1984
 Ans'd

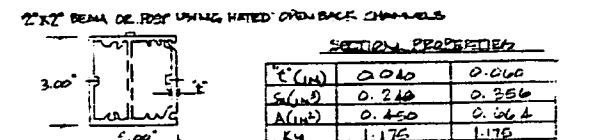
Circled numbers: (1), (2)

EXTRUDED ALUMINUM SECTIONS (1/2" SCALE)
ALLOY 6063 T6



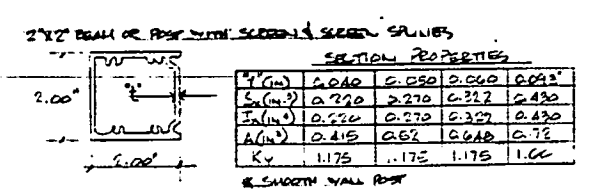
SECTION PROPERTIES

S _x (IN ²)	0.240	0.240
S _y (IN ²)	0.170	0.170
A (IN ²)	0.332	0.332
K _y	1.175	1.175



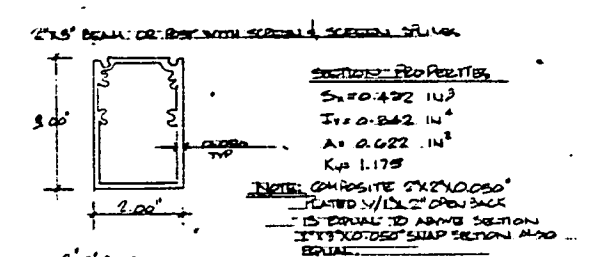
SECTION PROPERTIES

S _x (IN ²)	0.240	0.240
S _y (IN ²)	0.250	0.250
A (IN ²)	0.364	0.364
K _y	1.175	1.175



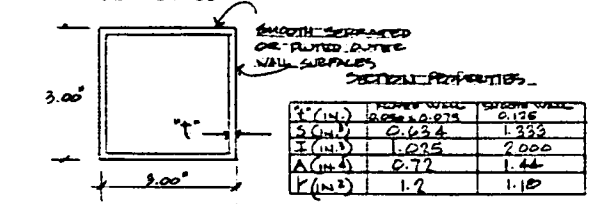
SECTION PROPERTIES

S _x (IN ²)	0.240	0.240
S _y (IN ²)	0.270	0.270
A (IN ²)	0.327	0.327
K _y	1.175	1.175



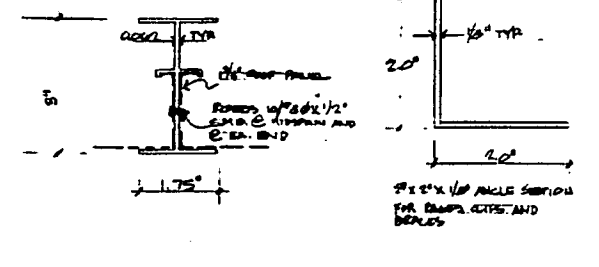
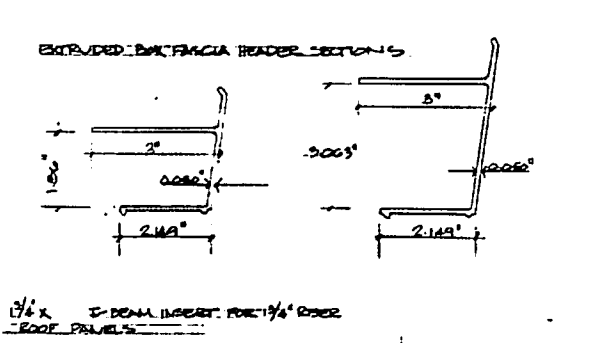
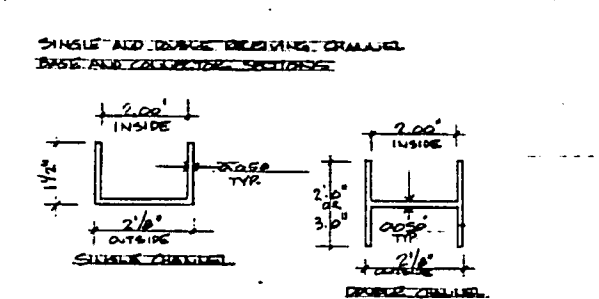
SECTION PROPERTIES

S _x (IN ²)	0.432	0.432
S _y (IN ²)	0.242	0.242
A (IN ²)	0.622	0.622
K _y	1.175	1.175

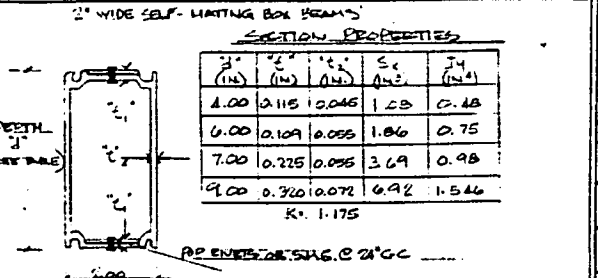


SECTION PROPERTIES

S _x (IN ²)	0.634	0.634
S _y (IN ²)	0.275	0.275
A (IN ²)	0.72	0.72
K _y	1.2	1.2

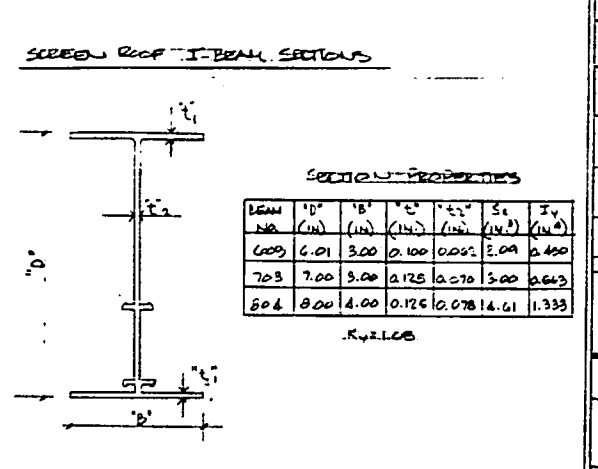


EXTRUDED ALUMINUM BEAM SECTIONS (1/2" SCALE)
ALLOY 6063 T6



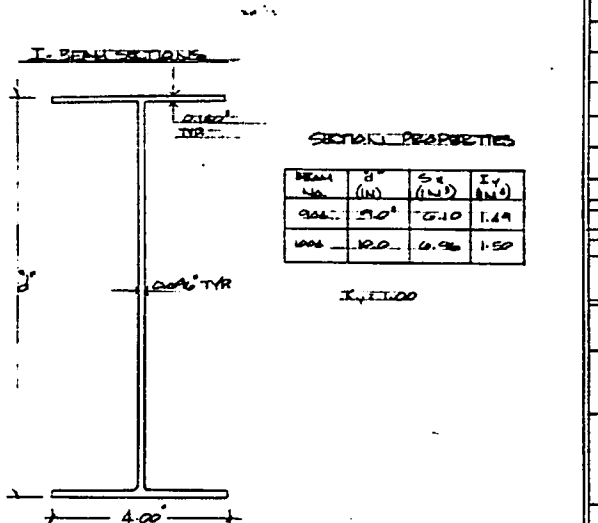
SECTION PROPERTIES

S _x (IN ²)	0.115	0.045	1.28	0.48
S _y (IN ²)	0.104	0.055	1.00	0.75
A (IN ²)	0.225	0.055	3.69	0.98
K _y	0.320	0.072	6.92	1.546



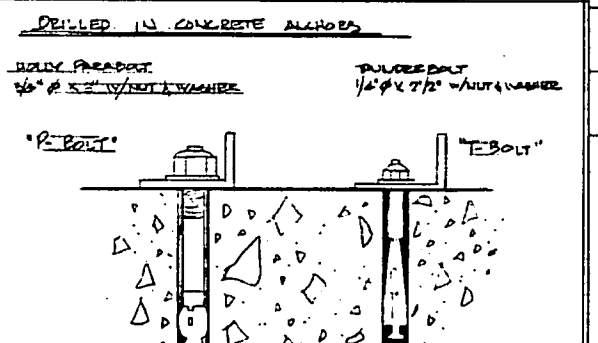
SECTION PROPERTIES

BEAM NO.	1"	1 1/2"	2"	2 1/2"	3"	3 1/2"	4"
S _x (IN ²)	0.01	3.00	0.100	0.050	2.09	0.400	0.400
S _y (IN ²)	7.00	3.00	0.125	0.270	3.00	0.643	0.643
K _y	8.00	4.00	0.125	0.078	14.61	1.333	1.333



SECTION PROPERTIES

BEAM NO.	2"	3"	4"	5"
S _x (IN ²)	5.0	10.0	15.0	20.0
S _y (IN ²)	1.0	1.0	1.0	1.0
K _y	1.0	1.0	1.0	1.0



ANCHORS TO BE SET TO MAXIMUM POSSIBLE DEPTH
SINCE ANCHORS ARE TO BE SET INTO CONCRETE, THE ANCHORS SHOULD BE SET INTO THE CONCRETE TO THE MAXIMUM POSSIBLE DEPTH.

ROOF AND BEAM SPAN TABLES

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

BEAM SIZE	MAXIMUM CLEAR BEAM SPANS FOR CONTINUOUS EDGE BEAMS BY ROOF PANEL SPANS HEADED FROM					MINIMUM ROOF SIZE AND NUMBER OF BASE ANCHOR BOLTS REQ'D.
	10 FT.	11 FT.	12 FT.	13 FT.	14 FT.	
2" x 2" x 0.060"	6'-7"	5'-4"	5'-2"	5'-0"	4'-10"	4'-0"
2" x 3" x 0.060"	6'-5"	6'-2"	6'-0"	5'-10"	5'-7"	5'-5"
2" x 4" S.U. BEAM	11'-0"	10'-7"	10'-3"	9'-10"	9'-6"	9'-4"
2" x 6" S.U. BEAM	18'-6"	19'-11"	19'-5"	19'-0"	18'-7"	18'-2"
2" x 7" S.U. BEAM	20'-0"	19'-2"	18'-6"	17'-10"	17'-4"	16'-10"
I-BEAM # 603	15'-3"	14'-0"	14'-2"	13'-0"	13'-0"	12'-6"
I-BEAM # 703	18'-9"	17'-6"	16'-11"	16'-5"	15'-11"	15'-5"
I-BEAM # 804	22'-0"	21'-7"	20'-9"	20'-3"	19'-0"	19'-0"
I-BEAM # 904	24'-3"	23'-0"	22'-0"	21'-11"	20'-5"	19'-9"
I-BEAM # 1004	25'-10"	24'-6"	23'-7"	22'-7"	21'-10"	21'-0"
2" x 4" S.U. BEAM	27'-11"	26'-0"	25'-11"	24'-6"	23'-6"	22'-9"

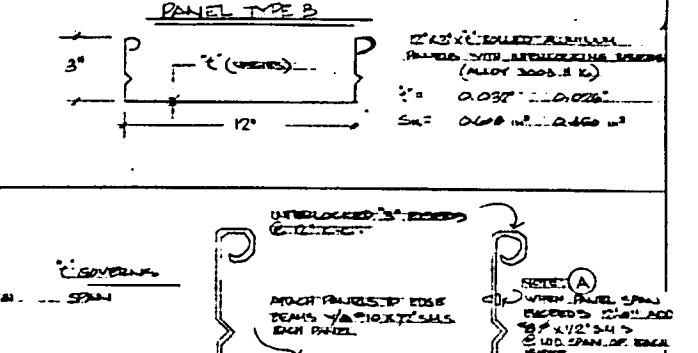
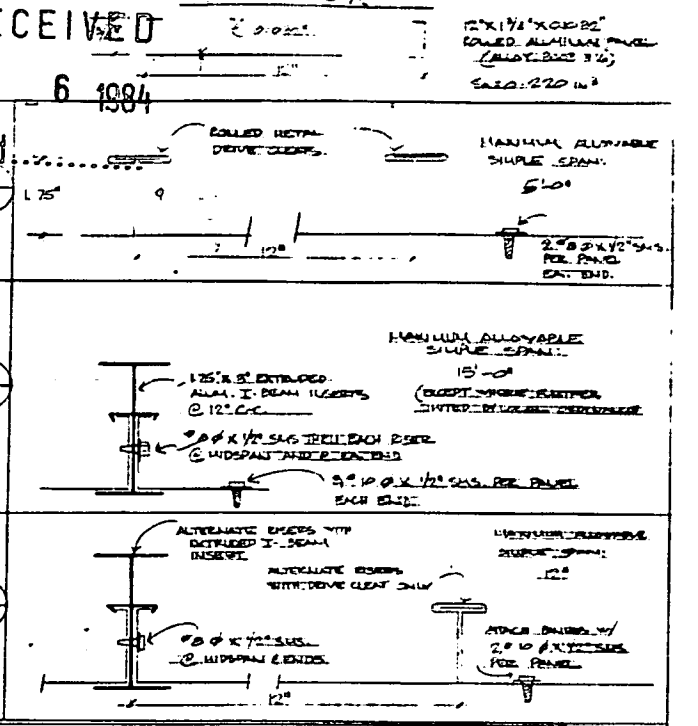
TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS @ VARIOUS BEAM SPACINGS							
	2'-0" C.C.	3'-0" C.C.	3'-6" C.C.	4'-0" C.C.	4'-6" C.C.	5'-0" C.C.	6'-0" C.C.	8'-0" C.C.
2" x 4" S.U. BEAM	25'-0"	22'-0"	21'-6"	20'-0"	19'-0"	18'-0"	17'-11"	17'-0"
2" x 6" S.U. BEAM	37'-10"	31'-0"	28'-3"	26'-0"	25'-0"	24'-4"	23'-0"	22'-10"
I-BEAM # 603	34'-9"	31'-4"	30'-0"	27'-9"	26'-0"	25'-9"	24'-10"	24'-2"
I-BEAM # 703	41'-0"	37'-0"	36'-0"	33'-0"	31'-0"	31'-0"	28'-11"	28'-1"
I-BEAM # 804	50'-0"	46'-0"	44'-0"	41'-0"	39'-0"	38'-4"	37'-0"	36'-0"
I-BEAM # 904	55'-0"	44'-0"	42'-0"	40'-0"	38'-0"	37'-3"	36'-0"	35'-9"
I-BEAM # 1004	61'-0"	53'-0"	50'-0"	48'-0"	46'-0"	45'-2"	43'-0"	42'-9"

TABLE 3 - ROOF LENGTHS AND SPACING IN SCREENED OR SOLID ROOFS

ROOF TYPE	MINIMUM SPAN HEIGHT	SCREENED ROOF SPACING	SOLID ROOF SPACING
2" x 2" x 0.060"	7'	4'-3"	2'-7"
2" x 3" x 0.060"	7'	4'-0"	2'-0"
2" x 4" x 0.060"	7'	4'-0"	NOT APPLICABLE
2" x 6" x 0.060"	7'	4'-5"	3'-2"
2" x 8" x 0.060"	7'	4'-0"	3'-2"
2" x 10" x 0.060"	7'	7'-0"	3'-2"
2" x 12" x 0.060"	7'	7'-0"	2'-10"
2" x 14" x 0.060"	7'	4'-0"	2'-10"
2" x 16" x 0.060"	7'	5'-0"	2'-10"
2" x 18" x 0.060"	7'	5'-0"	2'-10"
2" x 20" x 0.060"	7'	5'-0"	2'-10"
2" x 22" x 0.060"	7'	5'-0"	2'-10"
2" x 24" x 0.060"	7'	5'-0"	2'-10"
2" x 26" x 0.060"	7'	5'-0"	2'-10"
2" x 28" x 0.060"	7'	5'-0"	2'-10"
2" x 30" x 0.060"	7'	5'-0"	2'-10"
2" x 32" x 0.060"	7'	5'-0"	2'-10"
2" x 34" x 0.060"	7'	5'-0"	2'-10"
2" x 36" x 0.060"	7'	5'-0"	2'-10"
2" x 38" x 0.060"	7'	5'-0"	2'-10"
2" x 40" x 0.060"	7'	5'-0"	2'-10"
2" x 42" x 0.060"	7'	5'-0"	2'-10"
2" x 44" x 0.060"	7'	5'-0"	2'-10"
2" x 46" x 0.060"	7'	5'-0"	2'-10"
2" x 48" x 0.060"	7'	5'-0"	2'-10"
2" x 50" x 0.060"	7'	5'-0"	2'-10"
2" x 52" x 0.060"	7'	5'-0"	2'-10"
2" x 54" x 0.060"	7'	5'-0"	2'-10"
2" x 56" x 0.060"	7'	5'-0"	2'-10"
2" x 58" x 0.060"	7'	5'-0"	2'-10"
2" x 60" x 0.060"	7'	5'-0"	2'-10"

RECEIVED 6 1984



PERFORMANCE OF ALUMINUM ROOF PANELS UNDER VARIOUS LOAD CONDITIONS AND ASSEMBLY ARRANGEMENTS HAS BEEN VERIFIED BY LOAD TESTS CONDUCTED UNDER SUPERVISION OF THIS REGISTERED ENGINEER.

DEAD LOADS + 10 PSF. WIND LOAD (A.F. 1/30 MAX) 120 MPH WIND VELOCITY PRESUMED.

ADHERE TO LOCAL ORDINANCES WHICH IMPOSE FURTHER OR PROTECTIVE SPANS AND LOAD CONDITIONS. THIS SPAN HAS SPECIFICALLY DESIGNED ALSO TO CALIFORNIA E. PALM BEACH COUNTY CODE WHEN OTHER RESTRICTIONS ARE REFERRED TO.

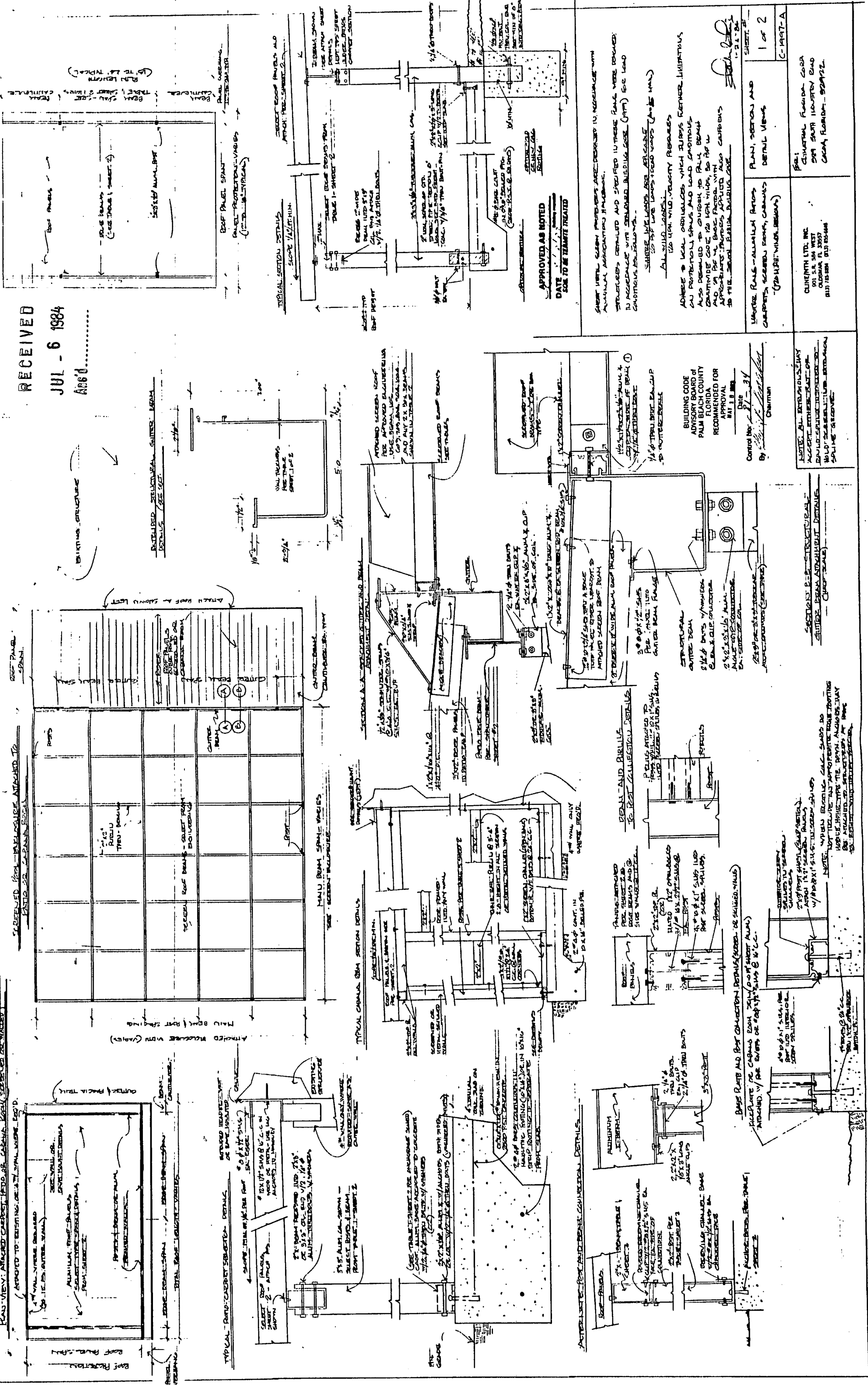
SHEET METAL SEAM FASTENER HOLDING CAPACITIES ARE CALCULATED PER ALUMINUM ASSOCIATION STANDARDS. DESIGNED ALSO TO MEET PALM BEACH COUNTY WIDE SIDE 30 PSF. WIND AND 10 PSF. BACK WIND WITH APPROPRIATE FACTORS APPLIED. ALSO CONFORMS TO THE 1981 FLORIDA BUILDING CODE, 1981 EDITION.

APPROVED AS NOTED

CLINE/INTL LTD., INC.
301 S.R. 584 WEST
OLDSMAR, FL 33557
(813) 715-8234 (813) 855-6448

DATE TO BE TERMINATED
QUARTER PALM BEACH COUNTY
520 SOUTH INDUSTRY ROAD
CALOIA, FLORIDA 32922

RECEIVED
JUL - 6 1984
ADD.....



APPROVED AS NOTED
DATE 11/1/83

SEEK THESE COLUMN PROPERTIES ARE REQUIRED IN ACCORDANCE WITH
ANNUAL SPECIFICATIONS. THESE
STRUCTURES DETAIL AND SPECIFIED IN THESE PLANS WERE REVIEWED
IN ACCORDANCE WITH ENHANCED BUILDING CODE (ABC) EYE LOAD
CONDITIONS AS FOLLOWS:
- SHEAR LIVE LOADS ARE PERMISSIBLE
- ALL WIND LOADS
- 120 MPH WIND VELOCITY REQUIRES
ADHERE TO LOCAL ORDINANCES WHICH SUPERS EDITIONS
ON PERMISSIBLE SPANS AND LOAD CAPACITY
- ALSO REFERRED TO CONSULT TO PALM BEACH
COUNTY CODE 120 FOR WIND, AS PER U
AND 19 FOR WIND BASE FACTOR WITH
APPROPRIATE FACTORS APPLIED ALSO CAPACITIES
TO THE SEVERAL BUILDING CODES

UNLESS RAISED - ALL OTHER APPLICABLE
COLUMNS, BEAMS, ROOF, CEILING
(BY PLAN, SECTION AND
DETAIL VIEWS)

CLIENT: LTD. INC.
901 S.W. 104 WEST
OLDSMAN FL 33057
813 765 8888 813 765 4466

NOTE: ALL DIMENSIONS MAY
VARY FROM THE DRAWING OR
FIELD MEASUREMENTS. ALL
WELDING SHALL BE IN ACCORDANCE
WITH THE AISC CODE.

Control No. 87-34
Date 11/1/83
By [Signature]
Chairman

BUILDING CODE
ADVISORY BOARD OF
PALM BEACH COUNTY
RECOMMENDED FOR
APPROVAL
MAY 18 1983

SECTION 101 - STRUCTURE
SECTION 102 - BEAM ATTACHMENT DETAILS
(BY PLAN)

NOTE: WHEN BEARING CALC. SHOWS DO
NOT INCLUDE THE APPROPRIATE ROOF TRIMMING
BE ATTACHED TO STRUCTURE BY PLAN
OR SECTION.

BASE PLATE AND JOIST CONNECTION DETAILS (SEE - DE SHOWN VALUE)
APPROVED FOR COLUMNS WITH JOIST (DO NOT SHOW AUM)
ATTACHED TO JOIST BEAMS OR JOIST TRUSS (120 WIND)

CONCRETE TO BE
CAST IN PLACE
WITH REINFORCING
BARS AND
WELDED TO
STEEL BEAM
AS SHOWN

NOTE: WHEN BEARING CALC. SHOWS DO
NOT INCLUDE THE APPROPRIATE ROOF TRIMMING
BE ATTACHED TO STRUCTURE BY PLAN
OR SECTION.

CONCRETE TO BE
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STEEL BEAM
AS SHOWN

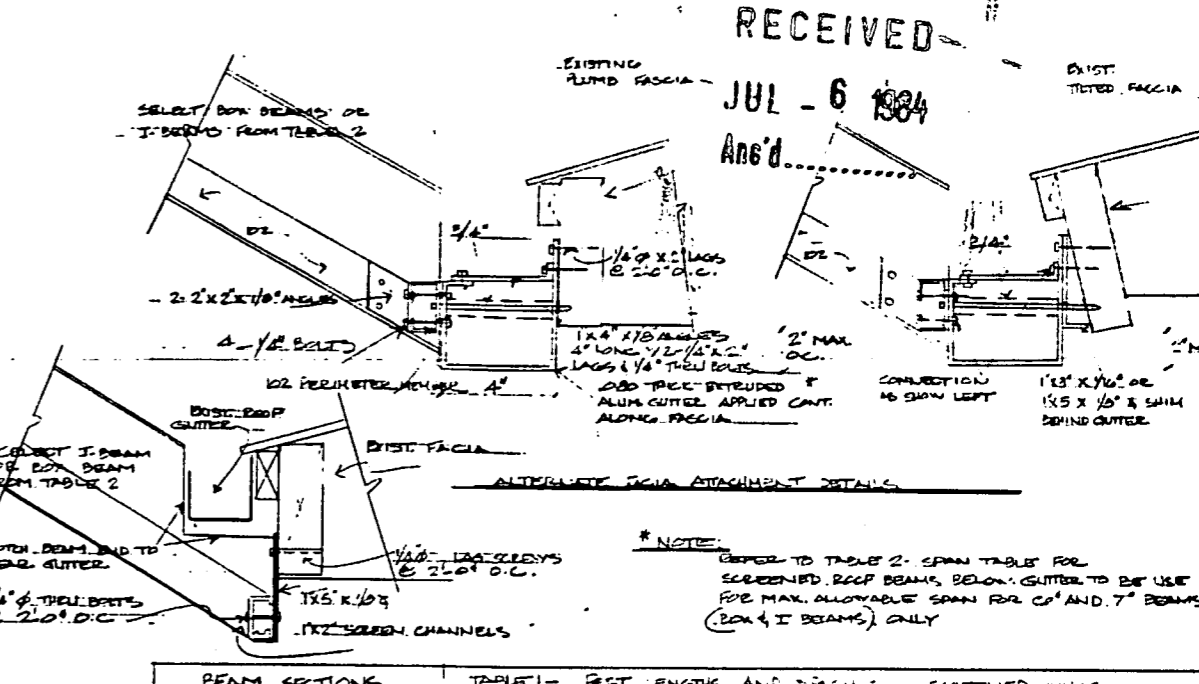
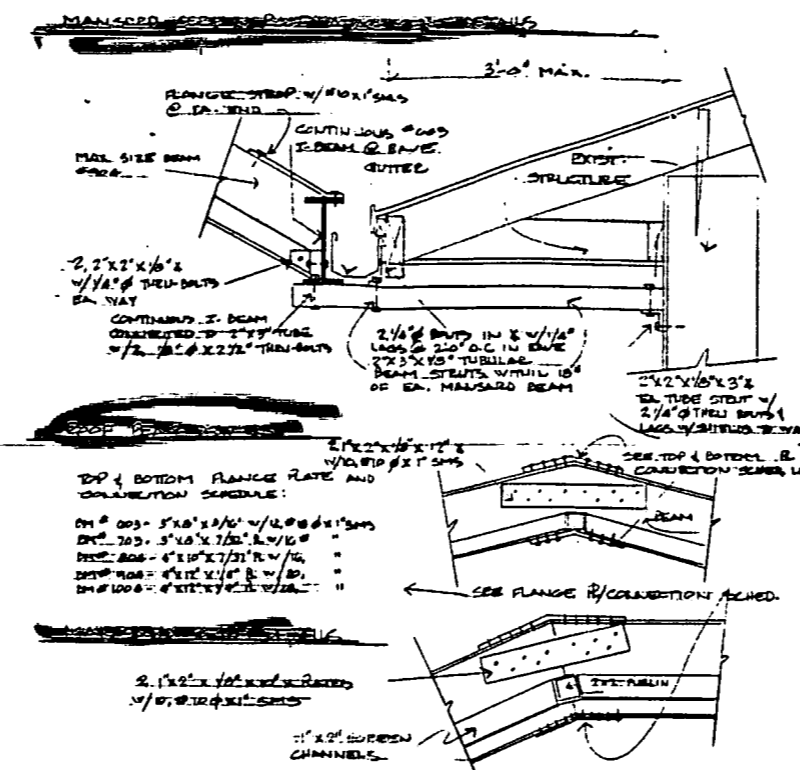
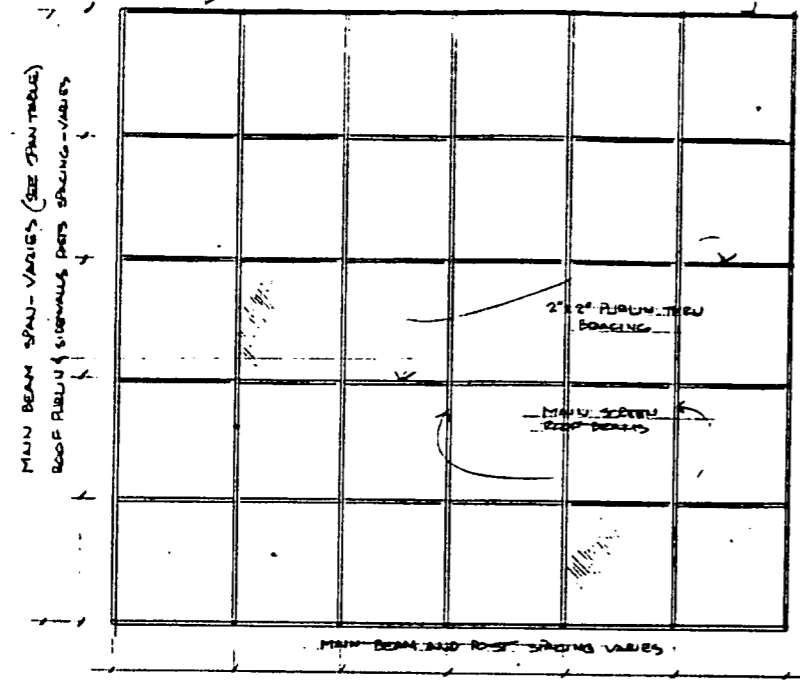
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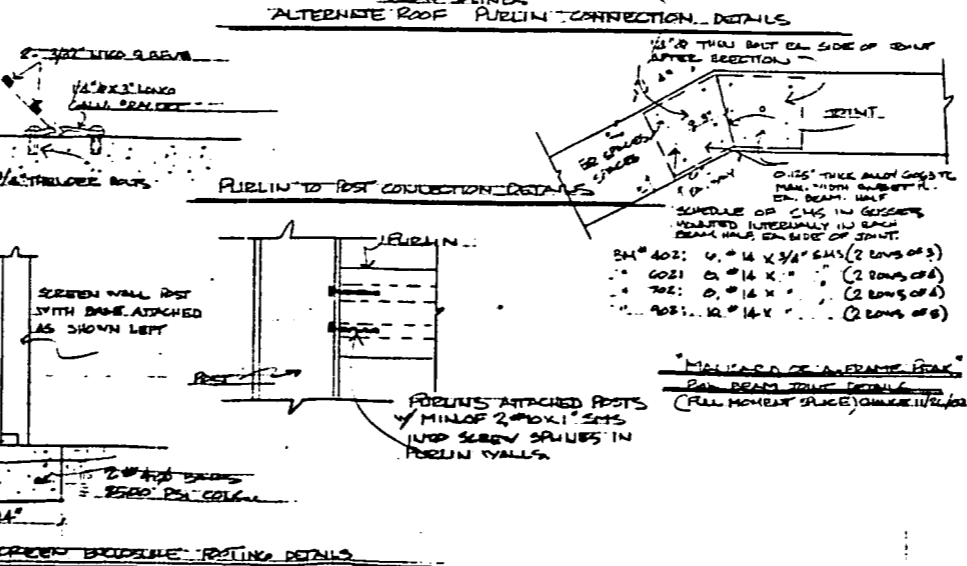
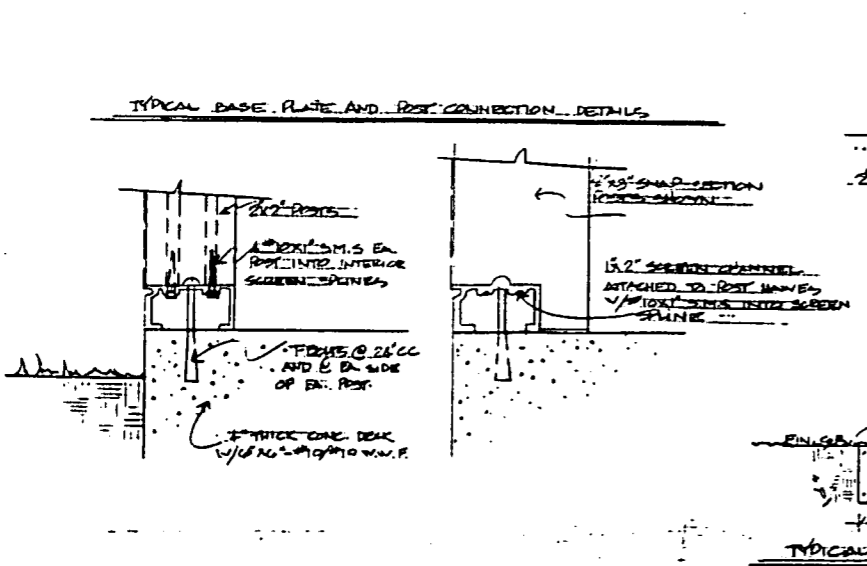
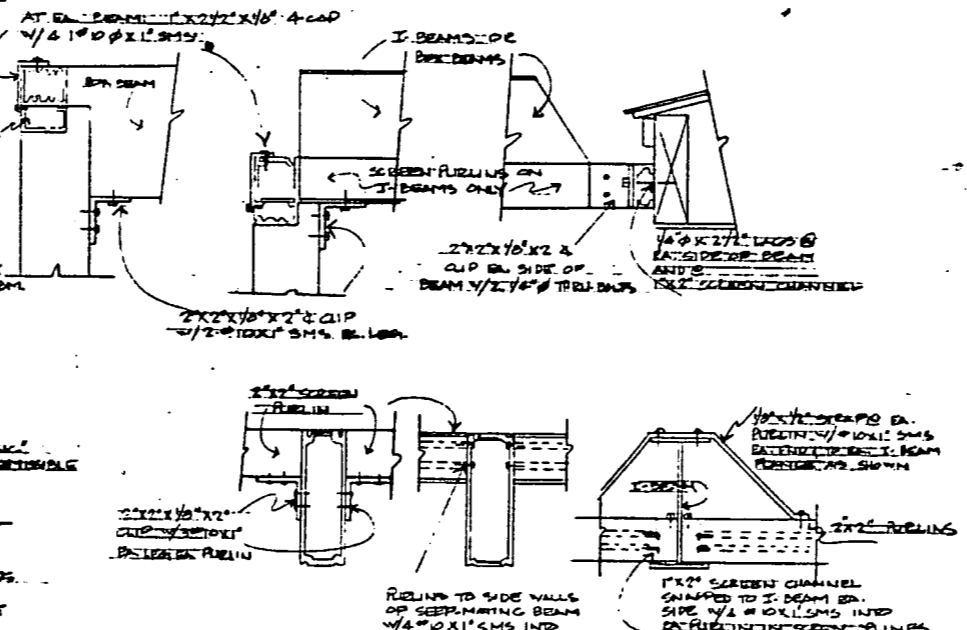
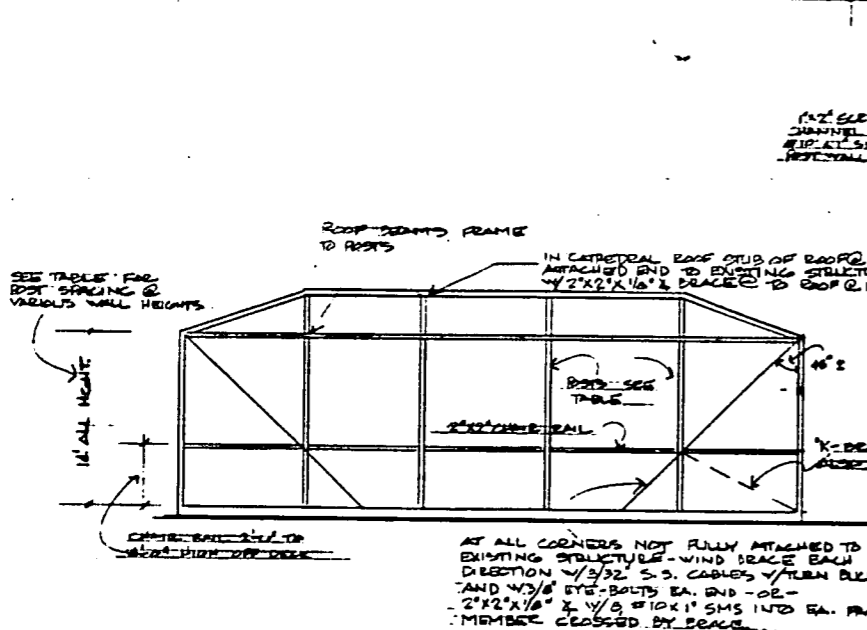
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CAST IN PLACE
WITH REINFORCING
BARS AND
WELDED TO
STEEL BEAM
AS SHOWN

ATTACH TO EXISTING HOUSE, MOBILE HOME OR APPROVED ALUM. 2110 OR RASPED SCREEN ROOM



RECEIVED
JUL - 6 1984
Ang'd



BEAM SECTIONS
ALLOY 6063 T5
SELF MATING BOX BEAMS

SECTION PROPERTIES	d		t		S _x	I _x
	(IN)	(IN)	(IN)	(IN)		
400	4.15	4.00	.18	.18	1.00	1.00
600	6.10	6.00	.20	.20	1.60	1.60
800	8.10	8.00	.22	.22	3.00	3.00
1000	10.10	10.00	.24	.24	5.00	5.00

TABLE 1 - POST LENGTHS AND SPACING - SCREENED WALLS

NOMINAL WALL HEIGHT	POST SIZES AND SPACING BY SCREENED WALL HEIGHT							
	4\"/>							
7'-0"	5'-3"	4'-0"	4'-6"	7'-3"	8'-0"	8'-2"	—	—
8'-0"	4'-0"	4'-0"	4'-0"	5'-10"	6'-0"	6'-2"	17'-0"	—
9'-0"	—	—	—	4'-9"	5'-0"	4'-10"	13'-0"	—
10'-0"	—	—	—	—	—	3'-11"	11'-0"	—
11'-0"	—	—	—	—	—	—	—	9'-0"
12'-0"	—	—	—	—	—	—	—	7'-0"

TABLE 2 - SPAN TABLE FOR SCREENED ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACING									
	4'-0"	5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"	8'-6"	9'-0"
2\"/>										

SECTION PROPERTIES

BEAM NO	SPACING	W	D	T	S _x
1003	4'-0"	3.00	4.10	6.00	3.00
703	7'-0"	3.00	4.10	6.00	3.00
504	4'-0"	3.00	4.10	6.00	4.61
704	7'-0"	4.00	4.10	6.00	4.10
1004	10'-0"	4.00	4.10	6.00	4.10

SPECIFICATIONS

- CONCRETE: F_c 2000 PSI.
- SHEET METAL SCREENS (5M) GALVANIZED STEEL OR STAINLESS.
- BOULTS: ALUM. ALLOY 2024 T3 (2) STAINLESS OR GALVANIZED STEEL.
- MADE BEAMS: ALUM. ALLOY 6063 T5.
- POSTS, PURLINS, CHANNELS AND ANGLES: ALUM. ALLOY 6063 T5.

NOTES: ALL EXTENSIONS MAY ACCEPT EITHER FLAT OR ROUND SPRING. INSTALLED TO HOLD SCREEN INTO EXTENSION SPRING GROOVE.

SHEET METAL SCREEN FASTENERS ARE DESIGNED IN ACCORDANCE WITH ALUMINUM ASSOC. HANDBOOK. STRUCTURES DETAILED AND SPECIFIED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE (SBC) FOR 120 M.P.H. WIND ZONES. BUILDING CODE ADVISORY BOARD OF PALM BEACH COUNTY FLORIDA RECOMMENDED FOR APPROVAL MAY 18 1984. DATE 12-19. APPROVED AS NOTED. DATE 12-19. CONTROL NO. 12-19. BY [Signature] CHAIRMAN. MASTER PLANS - ALUMINUM SCREEN ENCLOSURES. 120 M.P.H. WIND REGIONS. FOR: CLIMATEFLORIDA.COM 529 SOUTH INDUSTRY ROAD COCOA, FLORIDA 32922. CLIMATEFLORIDA.COM 901 S.W. 584 WEST OLSBERG, FL 33557 (813) 735-8824 (813) 855-6645.

2019

FENCE

2019

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date 10/23/86

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

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

Owner J. Chappelle Present Address 13 RIVERVIEW DR.
 Phone 787-0781 SEWALL'S POINT
 Contractor PROPERTY GUARD CORP. Address 1501 DECKER AVE.
 Phone 288-3555 E-501, STUART FL 33494
 Where licensed MARTIN, ST. LUKE, PALM BEACH License number 00574 M.C.
 Electrical contractor _____ License number _____
 Plumbing contractor _____ License number _____
 Roofing contractor _____ License number _____
 Air conditioning contractor _____ License number _____

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

6 FT HIGH PRIVACY FENCE, ALL P.T. PINE, POSTS IN CONCRETE.
State the street address at which the structure will be built: _____

13 RIVERVIEW DR.

Subdivision _____ Lot number _____ Block number _____

Contract price \$ 800.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Hub. M. Wilho, Pres.

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 J. Chappelle

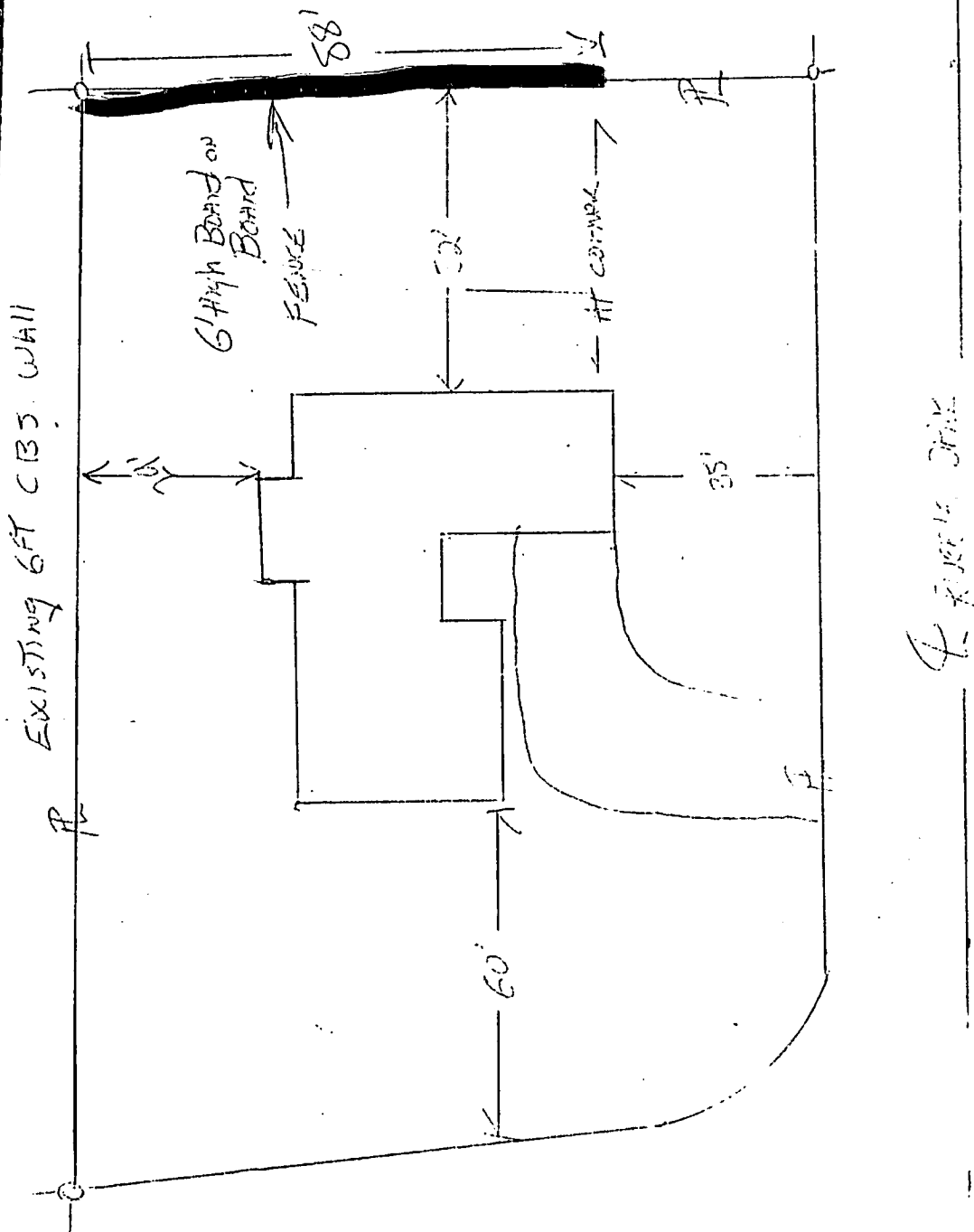
TOWN RECORD

Date submitted _____ Approved _____
Building Inspector _____ Date _____

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

Certificate of Occupancy issued (if applicable) _____
Date _____

1. POSTS IN CONCRETE
2. FINISHED SIDE (IN)



PROPERTYGUARD

LOT # _____

BLOCK _____

SUBD. _____

PARCEL # 13 RIVER DRIVE, STUART, FL 33494

CHAIN LINK FENCE
WOOD FENCE
STEEL FABRICATION

288-3555

1501 DECKER AVE., E-501 • STUART, FL 33494

10/15/11 DATE

SCALE

LOG

DRAWN

Jobsite address J. CHAPPELLE
13 RIVERVIEW DR
SEWALL'S POINT, FL

Directions _____

Phone _____

Fencework: Total footage 88'

Height 6 FT Type BOARD ON BOARD

Material 1/2 X 6 P.T. PINE

Special _____

Terminal post _____

Wood Pos: 4x4x8

Line post _____

Gate Post _____

Top rail _____

Framework 2x4

Brace rail _____

Truss rod _____

Tension wire _____

Barb wire _____

Gates: Total gates _____

Opening _____

Gate material _____

Special _____

Hardware _____

Other _____

Special tools _____

Special Instructions SET POSTS 3" HIGHER THAN NORMAL
TO ALLOW FOR SPACE AT BOTTOM

Repair _____

Remove _____

Concrete ALL POSTS

Notes _____

Set crew _____

Finishers _____

OFFICE USE ONLY

_____ Cable location	date _____	log # _____
_____ Building permit	# _____	log # _____
_____ Material order	date _____	del. _____
_____ Job schedule	begin _____	finish _____
_____ Job inspection	date _____	initial _____

Jobsheet copies
_____ Installation-1
_____ Customer-1
_____ bldg. dept.-2
Office-original

2379

GLASS

ENCLOSURE

2379

APPLICATION FOR 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 Mr. & Mrs Geo. Lumb Present Address 13 Riverview, Seawalls Pt Phone 220-1551

Contractor Jensen Beach Aluminum Address 1720 NW Federal Hwy, Stuart, Fl Phone 692-0090

Where licensed Martin County License number SP00073

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: Change screen room to glass enclosure

State the street address at which the proposed structure will be built: 13 Riverview

Subdivision Lot number Block number

Contract price \$ 1800.00 Cost of permit \$ 10XX

Plans approved as submitted Plans approved as marked

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

Contractor Stephen J. Mulla

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 George H. Lumb

TOWN RECORD

Date submitted Approved: Dale B... 5/24/88 Building Inspector Date

Approved: Commissioner Date Final Approval given: Date

**Aluminum Association of Florida
Treasure Coast Chapter**

P.O. BOX 2058 • STUART, FLORIDA 33495

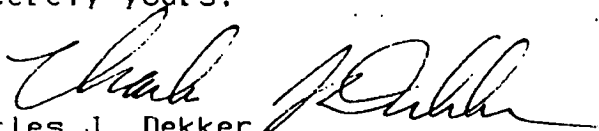
Martin Co. Building Dept.
50 Kindred St.
Stuart, FL. 34994

September 25, 1987

This is a Letter of Authorization for Mr. Stephen Grella to use our engineer print for the purpose of obtaining Building Permits.

This authorization will be valid until 12/31/88, unless notified in writing. On the above date (12/31/88), another letter will be issued.

Sincerely yours,


Charles J. Dekker
President

CJD/pam

Jensen Beach Aluminum
% Mr. Stephen Grella
1720 NW Federal Highway
Stuart, FL. 33494

MARCH 1988

TREASURE COAST CHAPTER, INC
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



PREPARED BY:

NASH ENGINEERING, INC.
810 SATURN ST. SUITE 16
JUPITER, FLORIDA 33477
(305)747-7254

ROOF PAN (ALLOY 3003 H-18)	PAN THICKNESS	Sx	MAX. SPAN @ WIND VELOCITIES SHOWN		
1.75" PAN W/ .032 CLEAT	.032	.236h ³	100MPH	110MPH	120MPH
					10'
CLEAT ALTERNATIVES FOR 1-3/4" PAN					
T-BAR 	.032				11'
T-BAR 	.032				11'
EXTRUDED "T" CLEAT 	.032				13'

NOTE:
PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.

ROOF PAN (ALLOY 3003 H-18)	PAN THICKNESS	Sx	MAX. SPAN @ WIND VELOCITIES SHOWN		
7" INTERLOCKING PANEL	.024	.450h ³	100MPH	110MPH	120MPH
					13'-4"
	.032	.608h ³			15'-6"
	.032	.346h ³			11'-0"

NOTE:
PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.

1"x2" OPEN BACK
ALLOY 6063-T5

A = 0.233h²
WT = 0.280#/L.F.
I = 0.1425h⁴
Sx = 0.1425h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	6'-6"	7'-4"	4'-6"	4'-0"
4'	7'-4"	6'-2"	3'-10"	3'-8"
5'	6'-7"	5'-2"	3'-6"	3'-2"
6'	6'-0"	5'-0"	3'-2"	2'-10"
7'	5'-8"	4'-8"	2'-11"	2'-8"
8'	5'-2"	4'-4"	2'-9"	2'-6"
9'	4'-10"	4'-2"	2'-6"	2'-4"
10'	4'-8"	3'-10"	2'-5"	2'-3"

2"x2" PATIO BEAM
ALLOY 6063-T5

A = 0.412h²
WT = 0.484#/L.F.
I = 0.2133h⁴
Sx = 0.2133h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	10'-5"	8'-8"	5'-8"	5'-0"
4'	9'-0"	7'-6"	4'-9"	4'-4"
5'	8'-0"	6'-9"	4'-3"	3'-10"
6'	7'-4"	6'-2"	3'-10"	3'-8"
7'	6'-10"	5'-8"	3'-8"	3'-4"
8'	6'-4"	5'-4"	3'-4"	3'-0"
9'	6'-0"	5'-0"	3'-2"	2'-11"
10'	5'-8"	4'-9"	3'-0"	2'-9"

CLEATED ROOF PANS

INTERLOCKING ROOF PANS

1"x2" OPEN BACK

2"x2" PATIO BEAM

2"x3" PATIO BEAM
ALLOY 6063-T5

A = 0.65h²
WT = 0.78#/L.F.
I = 0.741h⁴
R_x = 1.068h³
S_x = 0.435h³
S_y = 0.57h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	16'-5"	13'-9"	8'-8"	8'-0"
4'	14'-3"	11'-11"	7'-6"	6'-11"
5'	12'-9"	10'-8"	6'-9"	6'-2"
6'	11'-8"	9'-9"	6'-2"	5'-7"
7'	10'-9"	9'-1"	5'-8"	5'-2"
8'	10'-1"	8'-5"	5'-4"	4'-10"
9'	9'-6"	7'-11"	5'-0"	4'-7"
10'	9'-1"	7'-8"	4'-9"	4'-4"

2"x3" PATIO BEAM

2"x4" SELF MATING BEAM
ALLOY 6063-T6

WALL = .050
FLANGE = .120

A = 0.950h²
WT = 1.14#/L.F.
I = 2.45h⁴
S_x = 1.25h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	25'-0"	20'-11"	13'-3"	12'-0"
4'	21'-8"	18'-1"	11'-5"	10'-5"
5'	19'-4"	16'-2"	10'-3"	9'-4"
6'	17'-8"	14'-9"	9'-4"	8'-8"
7'	16'-4"	13'-8"	8'-8"	7'-11"
8'	15'-3"	12'-10"	8'-0"	7'-4"
9'	14'-4"	12'-0"	7'-8"	7'-0"
10'	13'-8"	11'-5"	7'-3"	6'-7"

2"x4" SELF MATING BEAM

2"x6" SELF MATING BEAM
ALLOY 6063-T6

A = 1.396h²
WT = 1.67#/L.F.
I = 8.46h⁴
S_x = 2.82h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	37'-10"	31'-8"	20'-0"	18'-3"
4'	32'-9"	27'-5"	17'-4"	15'-10"
5'	29'-4"	24'-8"	15'-8"	14'-2"
6'	26'-9"	22'-5"	14'-2"	12'-11"
7'	24'-9"	20'-8"	13'-1"	12'-0"
8'	23'-2"	19'-5"	12'-3"	11'-2"
9'	21'-10"	18'-3"	11'-6"	10'-8"
10'	20'-9"	17'-4"	11'-0"	10'-0"

2"x6" SELF MATING BEAM

2"x9" SELF MATING BEAM
ALLOY 6063-T6

A = 2.630 S.I.
WT = 1.578#/L.F.
S_x = 7.21h³

MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACING

5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"
---	---	52'-6"	50'-0"	48'-8"	47'-0"	45'-8"

2"x9" SELF MATING BEAM

2"x7" SELF MATING BEAM
ALLOY 6063-T6

A = 1.782h²
WT = 2.14#/L.F.
I = 17.139h⁴
S_x = 4.89h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	49'-4"	41'-4"	28'-2"	23'-10"
4'	42'-9"	35'-9"	22'-8"	20'-8"
5'	38'-3"	32'-0"	20'-3"	18'-5"
6'	35'-0"	29'-2"	18'-5"	16'-10"
7'	32'-4"	27'-0"	17'-1"	15'-7"
8'	30'-3"	25'-3"	16'-0"	14'-7"
9'	28'-6"	23'-10"	15'-0"	13'-9"
10'	27'-0"	22'-8"	14'-4"	13'-0"

2"x7" SELF MATING BEAM

DATE	BY	DESCRIPTION
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	J.C.	ADDED SPAN DEFINITION SHIT 5

REVISIONS

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA

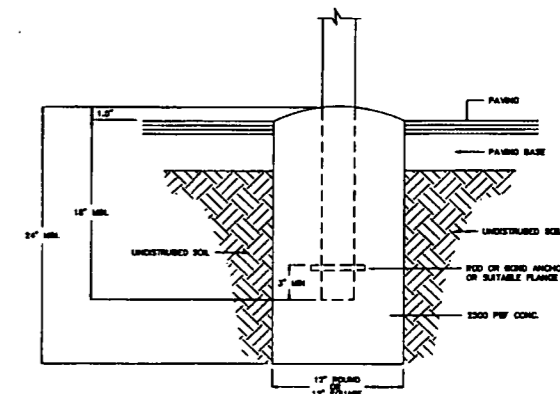
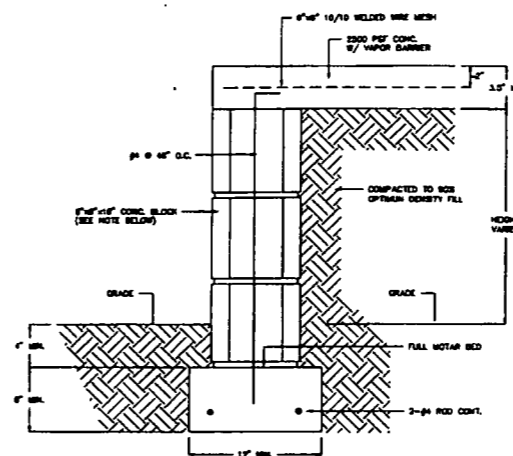
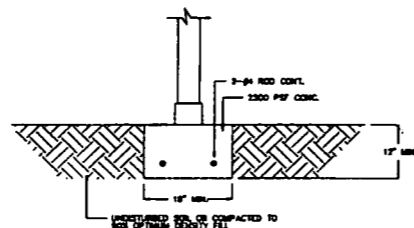
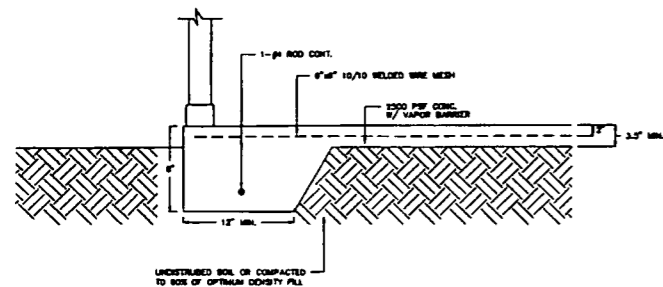


ALUMINUM CONSTRUCTION
DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	N.T.S.
DATE	MARCH 1988
JOB NO.	88010

SEAL

SHEET
1
OF FIVE SHEETS



(NEW) SLAB ON GRADE

ALUMINUM SCREEN ROOMS, GLASS ROOMS, PATIO COVERS AND CARPORTS

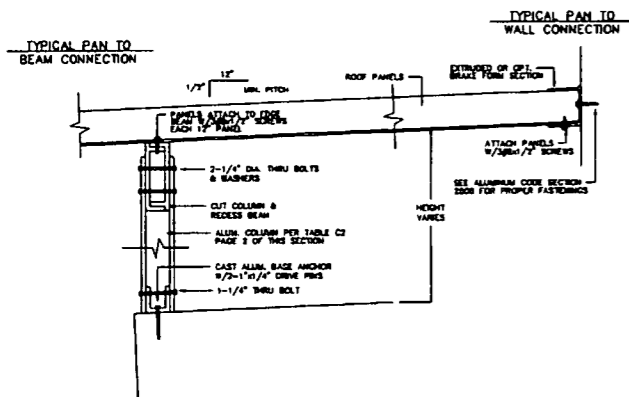
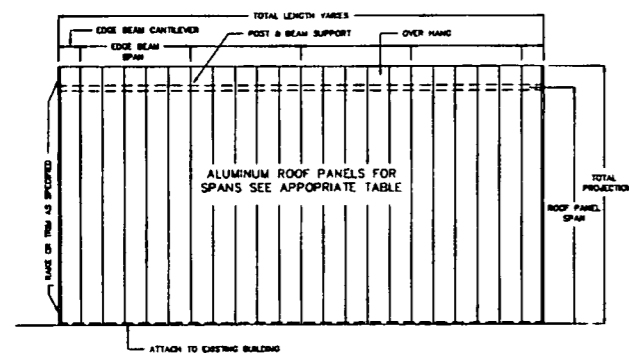
CONTINUOUS WALL FOOTING

FOR ALUMINUM ENCLOSURES WITH SOLID ALUMINUM ROOFS

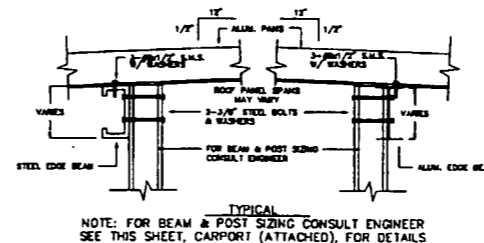
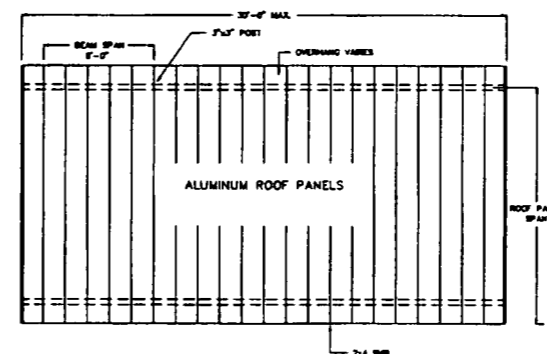
RAISED SLAB

WITH 8" CONC. BLOCK FOR ALUMINUM SCREEN ROOMS, GLASS ROOMS AND PATIO COVERS

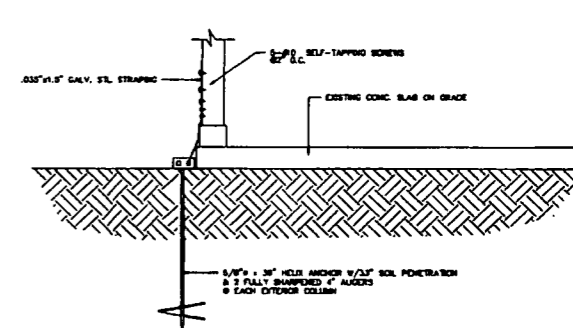
PIER TYPE FOOTING



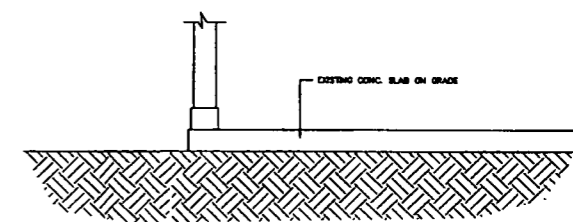
BEAM SIZE AND SHAPE	MAXIMUM CLEAR BEAM SPANS CONT. EDGE BEAM FOR ROOF SPANS BELOW					TYPICAL POST SIZE & NO. OF BASE ANCHORS
	10'	12'	14'	15'	16'	
2"x2"x.040"	4'-10"	4'-5"	4'-0"	3'-11"	3'-10"	2"x2"x.040" POST 8/32" DIA. ANCHORS
2"x3"x.020"	6'-4"	5'-10"	5'-4"	5'-0"	5'-0"	FLAT POST 8/32" DIA. ANCHORS
1.5"x3"x.020"	5'-0"	5'-0"	4'-6"	4'-5"	4'-3"	
2"x4" S.M. BEAM	10'-0"	8'-1"	8'-4"	8'-3"	8'-0"	2"x3"x.020" OR 2"x3" POST 8/32" DIA. ANCHORS 4-25" BOLTS
2"x4" S.M. BEAM W/INVERT	12'-0"	11'-0"	10'-1"	9'-8"	9'-0"	
2"x6" S.M. BEAM	13'-3"	12'-1"	11'-3"	10'-3"	10'-0"	
2"x6" S.M. BEAM	20'-0"	18'-3"	17'-0"	16'-4"	15'-0"	2"x3" POST 8/32" DIA. ANCHORS 4-25" ANCHOR BOLTS
2"x6" S.M. BEAM W/INVERT	22'-0"	20'-10"	19'-3"	18'-0"	16'-0"	
2"x7" I BEAM	17'-6"	16'-0"	14'-10"	14'-4"	14'-0"	
2"x7" I BEAM W/INVERT	18'-3"	16'-8"	15'-8"	15'-3"	15'-0"	
4"x6" I BEAM W/INVERT	20'-0"	18'-1"	16'-10"	16'-3"	15'-0"	



NOTE: FOR BEAM & POST SIZING CONSULT ENGINEER SEE THIS SHEET, CARPORT (ATTACHED), FOR DETAILS



WITH SOLID ALUMINUM ROOF



WITH SCREEN ROOF

CARPORT
(ATTACHED)

EDGE BEAM & POST SPAN TABLE C-1
(ATTACHED ROOFS ONLY)

CARPORT
(FREE STANDING)

EXISTING SLAB ON GRADE
(ALL ALUMINUM CONSTRUCTION ENCLOSURE)

DATE	BY	DESCRIPTION
3-24-88	JC	DETAILS 2-1, 2-2, 2-3, 2-4 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 3 PAGES
4-25-88	JL	ADDED SPAN DEFINITION SHTS
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



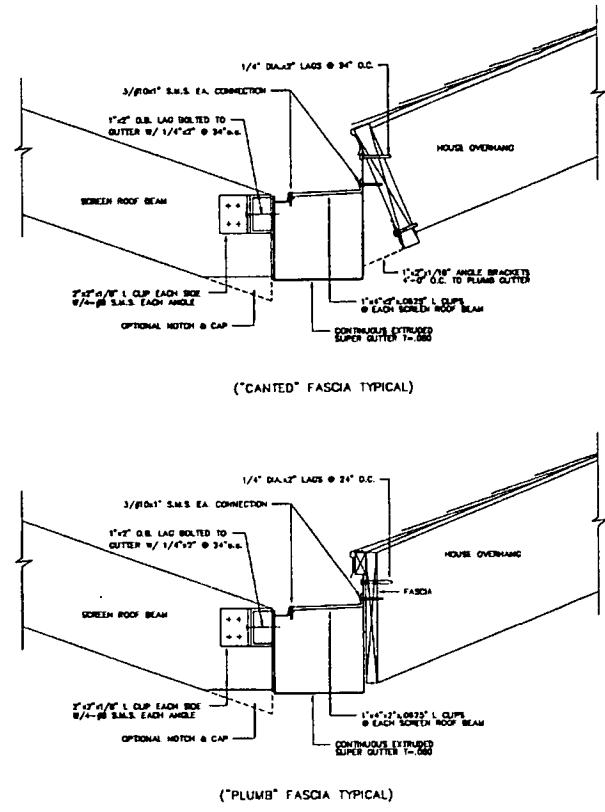
810 SATURN ST., SUITE 16 JUPITER FL. 33477 (305)747-7254

ALUMINUM CONSTRUCTION
DETAILS

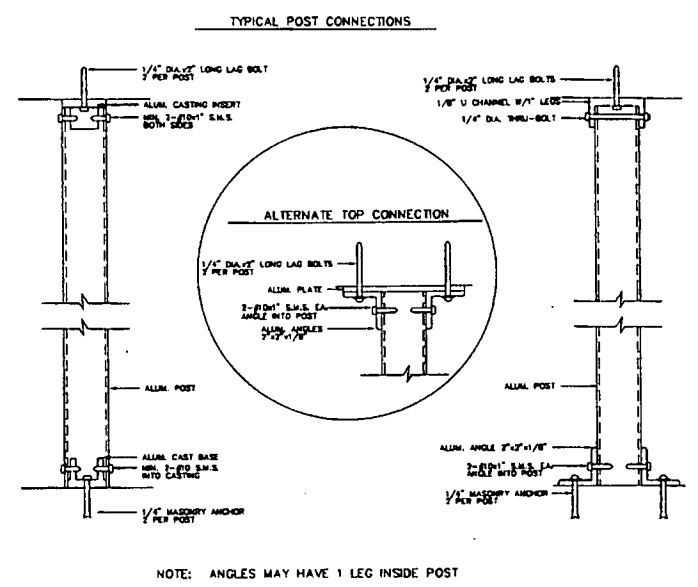
DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	68018

SEAL
4/27/88

SHEET
2
OF FIVE SHEETS

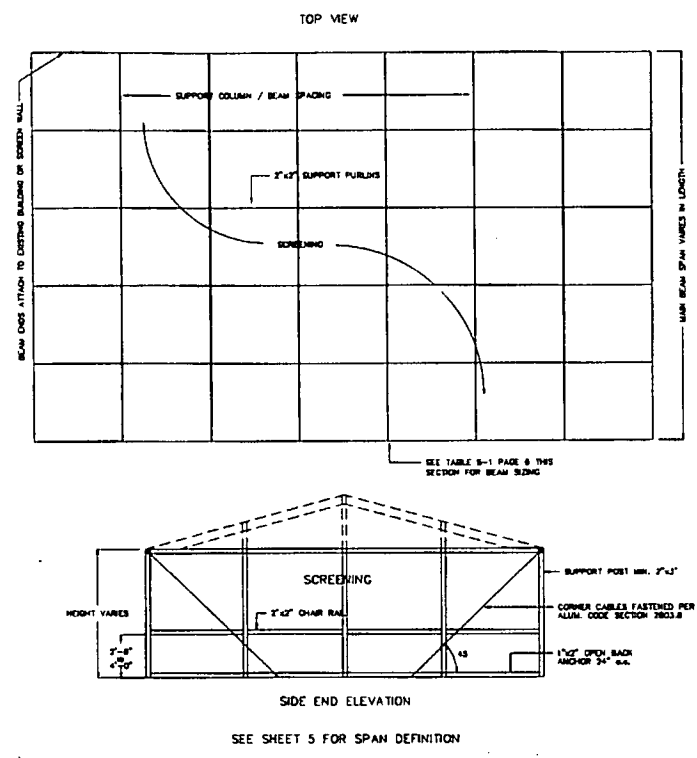


SUPER GUTTER - FASCIA ATTACHMENT

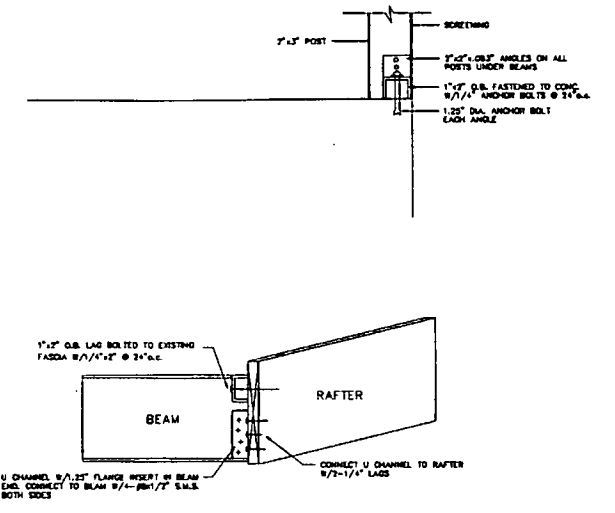


NOTE: ANGLES MAY HAVE 1 LEG INSIDE POST

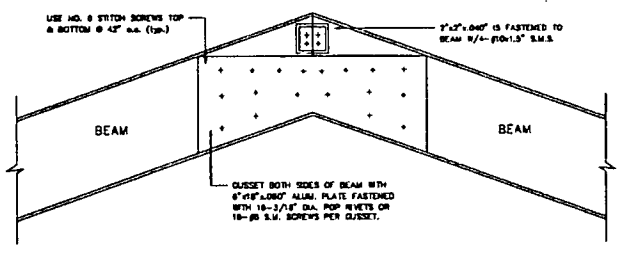
SCREEN ROOM (UNDER WOOD ROOF)



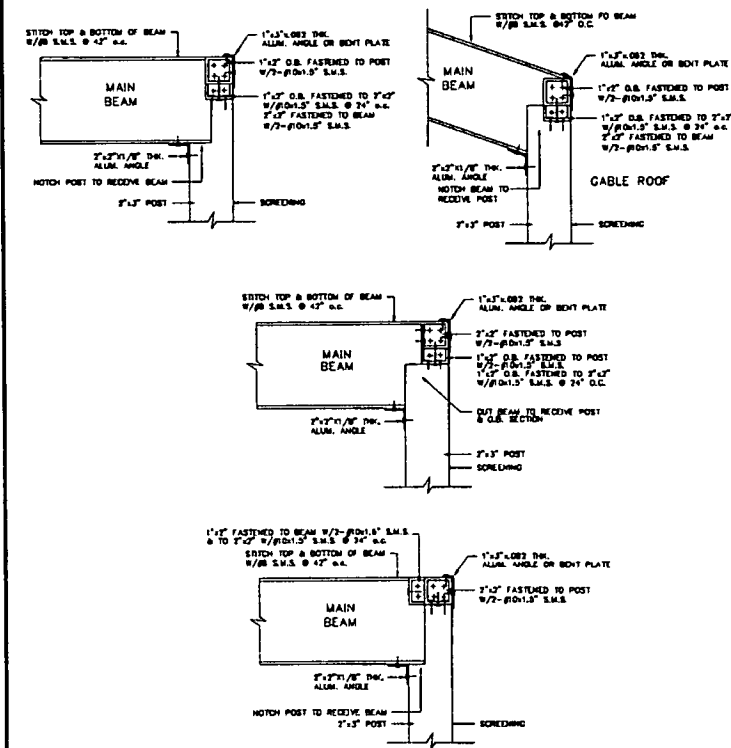
POOL ENCLOSURE (TYPICAL)



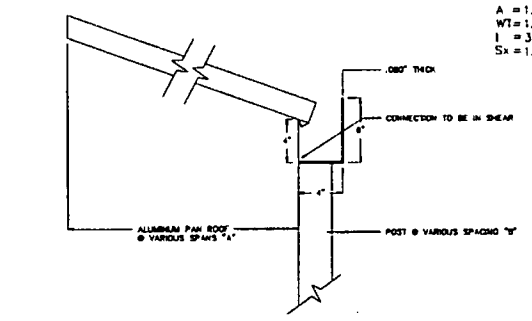
POOL ENCLOSURE & SCREEN ROOM WITH SCREEN ROOF



POOL ENCLOSURE (CONNECTION TYPICALS)



POOL ENCLOSURE (POST TO BEAM TYPICALS)



SPAN TABLE - FOR SUPER GUTTER AS EDGE BEAM

GUTTER/EDGE BEAM SPAN B	VARIOUS SPANS OF PAN ROOF A				
	8'	10'	12'	14'	16'
	13'-9"	12'-4"	11'-3"	10'-5"	9'-9"

SUPER GUTTER AS EDGE BEAM SPAN TABLE C-2

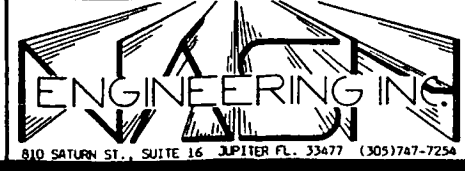
BEAM SIZE	MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS @ VARIOUS SPACING							
	4'-0" C-C	5'-0" C-C	6'-0" C-C	8'-0" C-C	10'-0" C-C	12'-0" C-C	14'-0" C-C	16'-0" C-C
2"x4" S.M. BEAM S _x = 1.25	21'-8"	19'-4"	18'-6"	17'-8"	17'-0"	16'-4"	15'-10"	15'-3"
2"x4" S.M. BEAM W/ INSERT S _x = 1.765	25'-5"	22'-9"	21'-9"	20'-9"	20'-0"	19'-3"	18'-8"	18'-0"
2"x6" S.M. BEAM S _x = 3.03	32'-9"	29'-4"	28'-0"	26'-9"	25'-9"	24'-9"	24'-0"	23'-2"
2"x7" S.M. BEAM S _x = 4.88	42'-9"	38'-3"	36'-7"	35'-0"	33'-8"	32'-4"	31'-4"	30'-3"
2"x7" S.M. BEAM W/ INSERT S _x = 6.35	49'-2"	44'-0"	42'-0"	40'-2"	38'-8"	37'-2"	36'-0"	34'-9"
3"x7" I BEAM W/ SNAP S _x = 3.08	25'-10"	25'-0"	24'-3"	23'-7"	23'-0"	22'-5"	21'-11"	21'-5"
3"x7" I BEAM W/ SNAP S _x = 3.19	34'-10"	31'-1"	29'-10"	28'-8"	27'-5"	26'-4"	25'-5"	24'-8"
4"x8" I BEAM W/ SNAP S _x = 4.83	42'-10"	38'-4"	36'-8"	35'-0"	33'-9"	32'-5"	31'-5"	30'-4"
2"x9" S.M. BEAM S _x = 3.21	--	--	--	52'-6"	50'-0"	48'-8"	47'-0"	45'-6"

NOTE: THIS TABLE IS BASED ON:
WINDLOAD OF 120 MPH LIVELOAD = 7 LBS/SQ. FT. SCREEN MESH 18x14

SCREEN ROOF BEAM - SPAN TABLE S-1

DATE	BY	DESCRIPTION
3-24-88	JC	DETAIL 3-4 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JC	ADDED SPAN DEFINITION TO SHT. 5
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



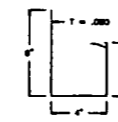
ALUMINUM CONSTRUCTION
DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	88017

Signature: *Jim Nash*
4/24/88
SEAL

SHEET
3
OF FIVE SHEETS

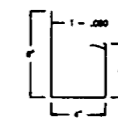
SUPER GUTTER
ALLOY 6063-T6
A = 1.20in²
WT = 1.44#/L.F.
I = 3.946in⁴
Sx = 1.973in³



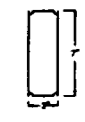
2"x6" S.M.B.
ALLOY 6063-T6
A = 1.396in²
WT = 1.87#/L.F.
I = 8.46in⁴
Sx = 2.82in³



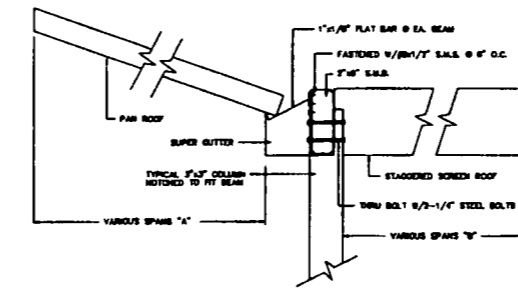
SUPER GUTTER
ALLOY 6063-T6
A = 1.20in²
WT = 1.44#/L.F.
I = 3.946in⁴
Sx = 1.973in³



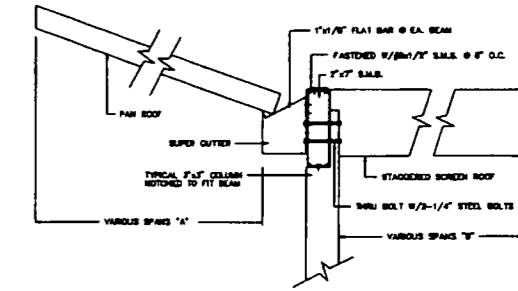
2"x7" S.M.B.
ALLOY 6063-T6
A = 1.782in²
WT = 2.14#/L.F.
I = 17.13in⁴
Sx = 4.89in³



COMBINATION Sx = 4.80in³



COMBINATION Sx = 6.87in³



SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2"x6" S.M.B.

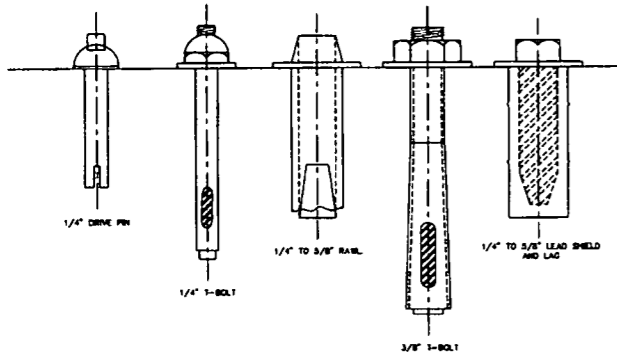
VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"											
	18'	20'	22'	24'	26'	28'	30'	32'	34'	36'	40'	42'
4'-0"	20'-6"	18'-10"	18'-4"	18'-10"	18'-4"	17'-10"	17'-4"	18'-0"	18'-6"	18'-2"	18'-10"	18'-4"
6'-0"	18'-6"	18'-0"	17'-6"	17'-2"	18'-10"	18'-4"	18'-2"	18'-10"	18'-4"	18'-11"	18'-10"	18'-4"
8'-0"	17'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
10'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
12'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
14'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"

SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2"x7" S.M.B.

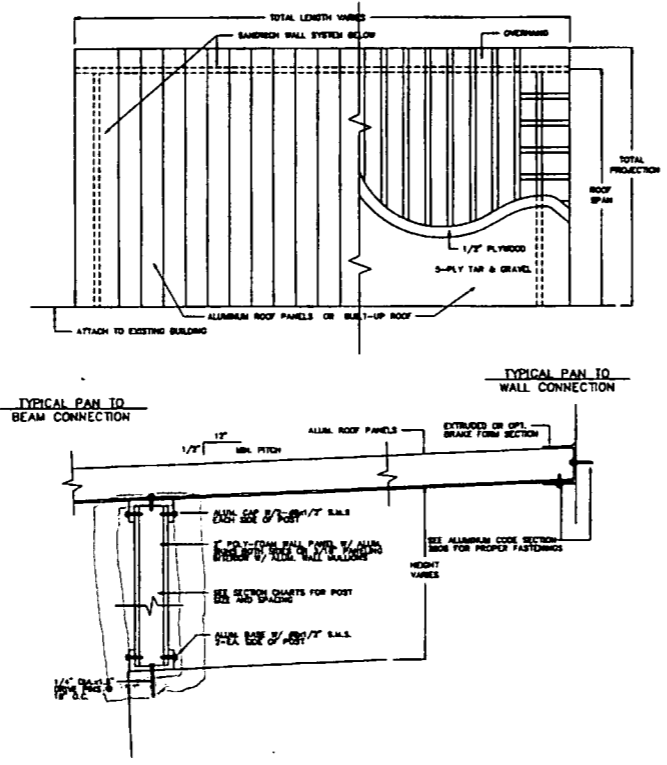
VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"											
	18'	20'	22'	24'	26'	28'	30'	32'	34'	36'	40'	42'
4'-0"	20'-6"	18'-10"	18'-4"	18'-10"	18'-4"	17'-10"	17'-4"	18'-0"	18'-6"	18'-2"	18'-10"	18'-4"
6'-0"	18'-6"	18'-0"	17'-6"	17'-2"	18'-10"	18'-4"	18'-2"	18'-10"	18'-4"	18'-11"	18'-10"	18'-4"
8'-0"	17'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
10'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
12'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"
14'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"	18'-0"

CARRIER BEAM - SPAN TABLE S-2
(SUPER GUTTER + 2"x6" S.M.B.)

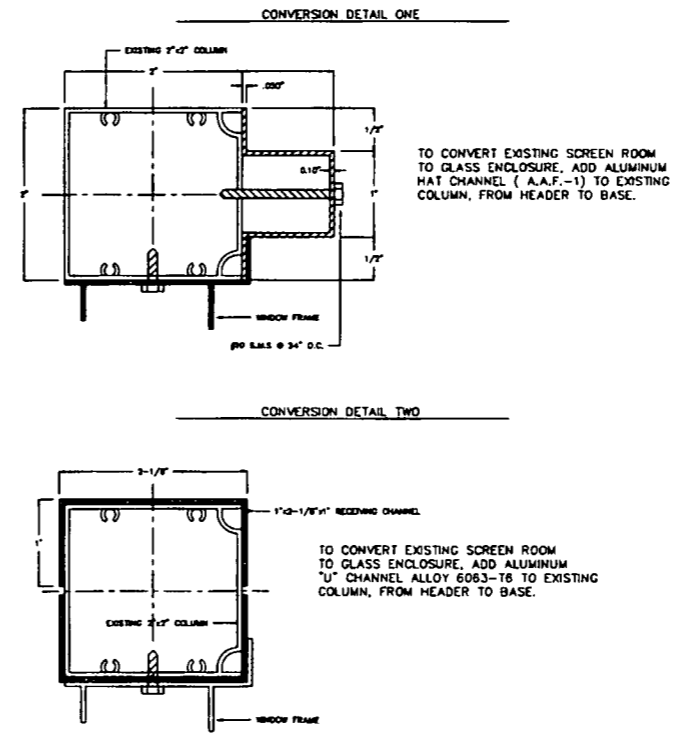
CARRIER BEAM - SPAN TABLE S-3
(SUPER GUTTER + 2"x7" S.M.B.)



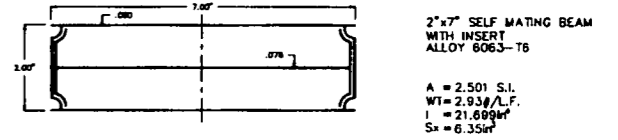
MASONRY - CONCRETE FASTENERS



GLASS ROOMS
(SANDWICH SYSTEM)



GLASS ROOM "HAT"
(REINFORCEMENT OF .040 POST)



SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	56'-9"	47'-0"	30'-0"	27'-5"
4'	49'-2"	41'-2"	26'-0"	23'-9"
5'	44'-0"	36'-10"	24'-3"	21'-3"
6'	40'-2"	33'-6"	21'-3"	19'-4"
7'	37'-2"	31'-1"	19'-8"	17'-11"
8'	34'-9"	29'-0"	18'-5"	16'-0"
9'	32'-9"	27'-5"	17'-4"	15'-10"
10'	31'-0"	26'-0"	16'-5"	15'-0"

2"x7" S.M.B. WITH INSERT

DATE	BY	DESCRIPTION
3-23-88	JC	DETAILS 4-1, 4-2, 4-6 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JL	ADDED SPAN DEFINITION SHIT S
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA

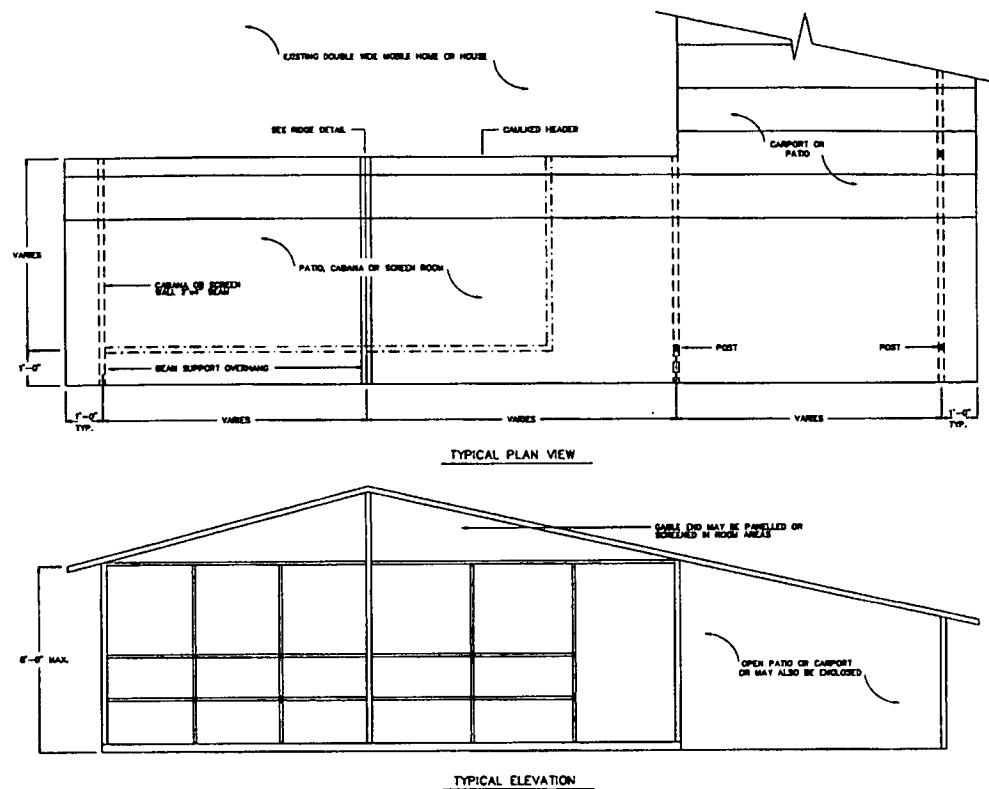


ALUMINUM CONSTRUCTION
DETAILS

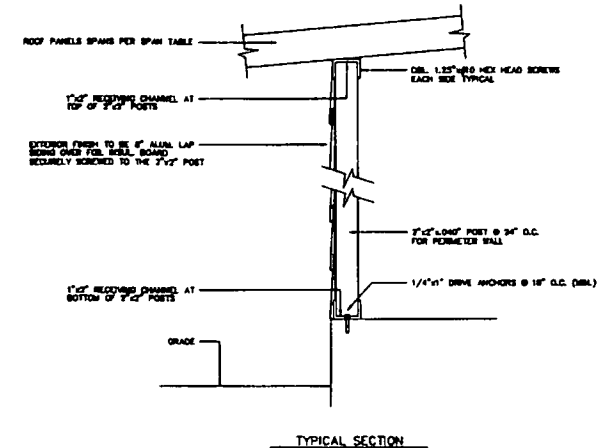
DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	8808

Seal and signature of Tom Nash dated 4/27/88.

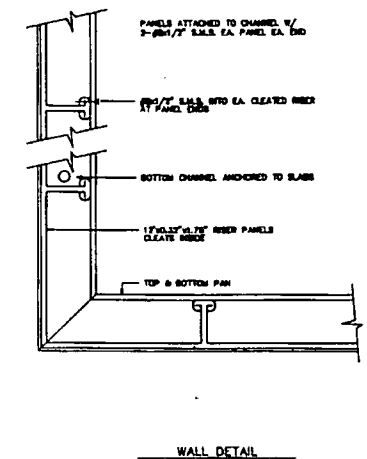
SHEET
4
OF FIVE SHEETS



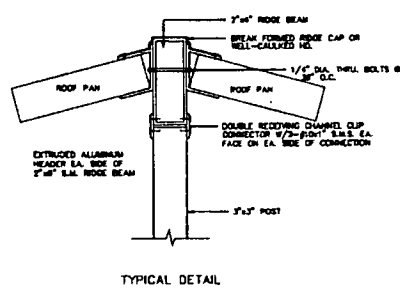
ATTACHED A-FRAME COMBINATION PATIO-CABANA OR CARPORT



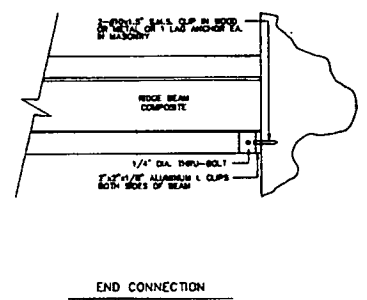
TYPICAL UTILITY ROOM



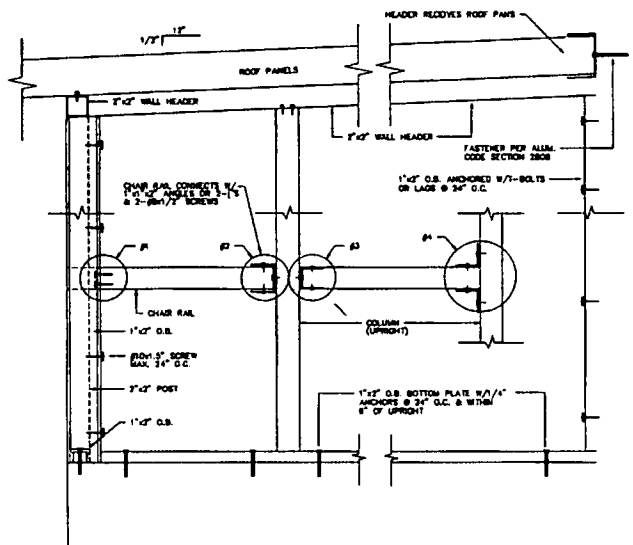
TYPICAL UTILITY ROOM



RIDGE BEAM

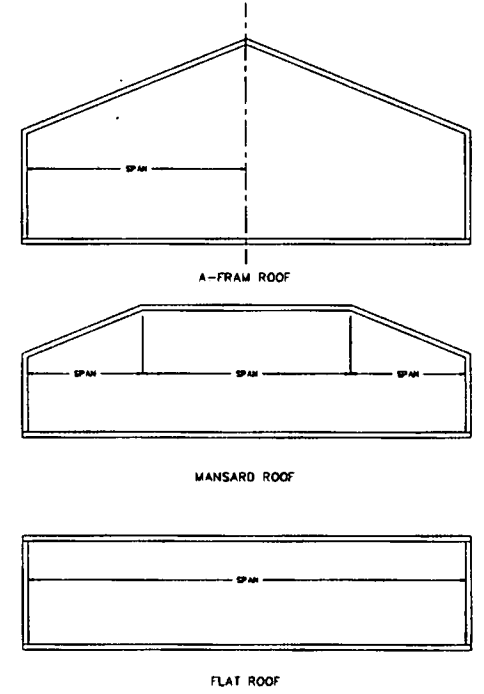


RIDGE BEAM



CHAIR RAIL CONNECTION ALTERNATIVES (PER CHAP. XXVII SECTION 2803.)
 1. INTERNAL SCREWS
 2. EXTERNAL SCREWS
 3. INTERNAL "U" CHANNEL
 4. EXTERNAL ANGLES

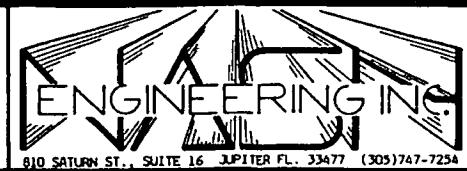
SCREEN ROOM (WITH ALUMINUM ROOF)



SPAN DEFINITION

DATE	BY	DESCRIPTION
3-23-88	JC	DETAIL 5-6 UPDATED & DETAIL 5-7 ADDED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JC	ADDED SPAN DEFINITION TO SHT. 5
REVISIONS		

TREASURE COAST CHAPTER, INC.
 OF THE ALUMINUM ASSOCIATION
 OF FLORIDA



ALUMINUM CONSTRUCTION
 DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	88018

Jim Nash
 4/27/88
 SEAL

SHEET
 5
 OF FIVE SHEETS

2694

ACCESSORY

STRUCTURE

Permit No. _____

Date _____

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

2694

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 M/m Lumb Present Address 13 Riverview Rd.

Phone 220-1551

Contractor Foundation GC Inc Address PO Box 7216 PSV 34985

Phone 337 2588

Where licensed State GC License number CGC 16983

Electrical contractor Not yet determined License number -

Plumbing contractor " " " License number -

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

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

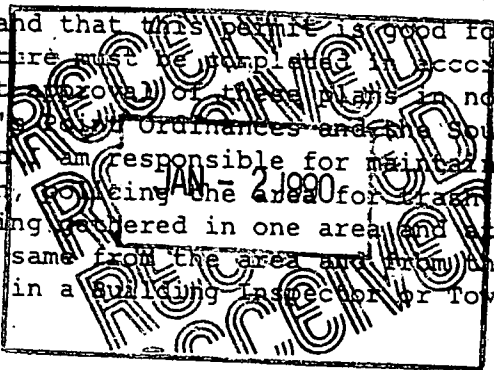
13 Riverview Rd Sewells Point

Subdivision Riverview Lot number _____ Block number _____

Contract price \$ 12,000.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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



Contractor Tom Covel 1.3.89

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 George H. Funch

TOWN RECORD

Date submitted _____ Approved: Dale Brown 1/2/90
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____
Date _____

SP1282

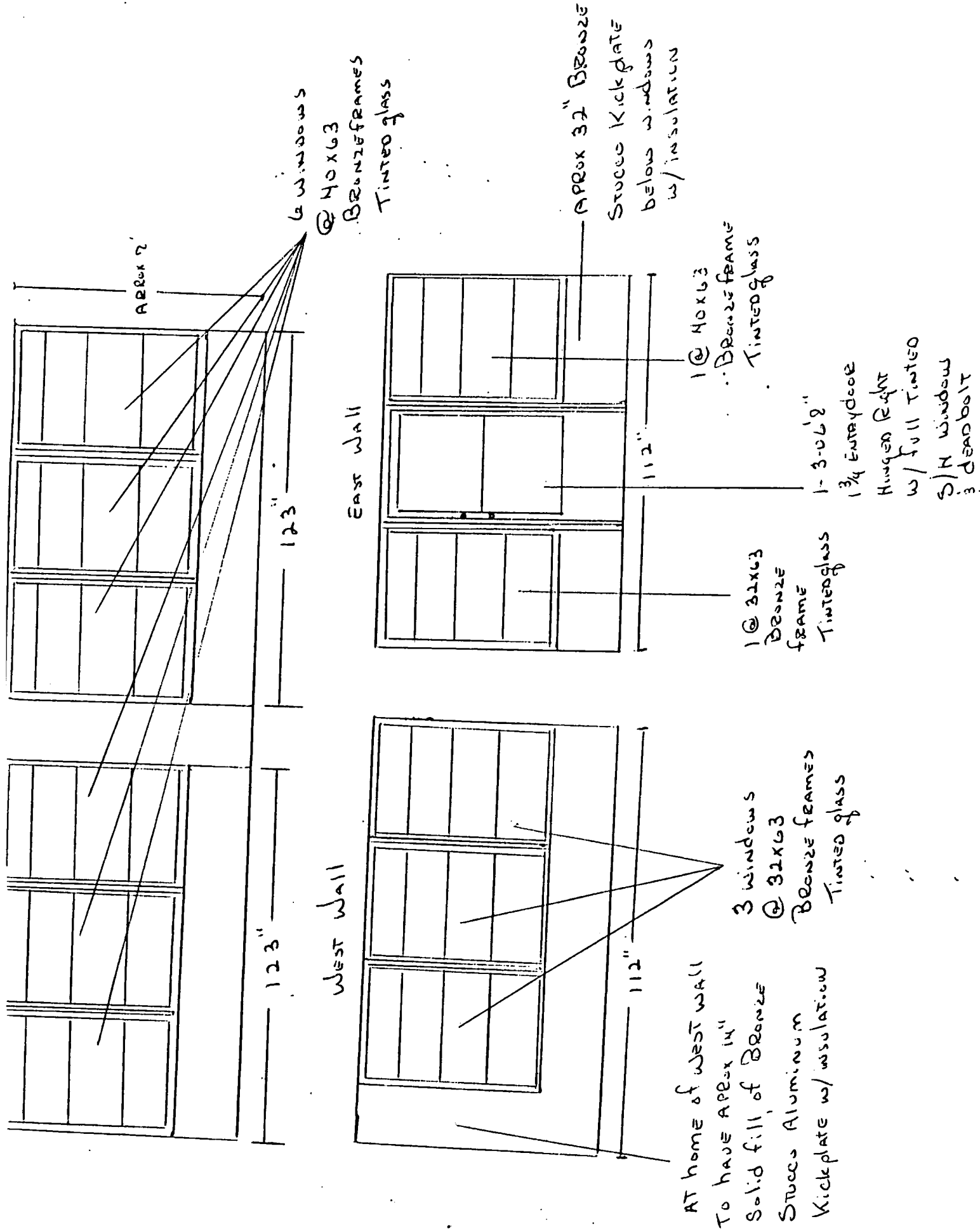
Permit No. _____

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

DESCRIPTION

SCREEN ROOM CONVERSION
TO GLASS WINDOWS,
ON EXISTING CONCRETE
UNDER EXISTING ROOM
WALL LINES WILL NOT

CHANGE



OWNER:

MR. & MRS. GEORGE ZUMB
18 RIVERVIEW
SEAWALLS PT.

PHONE 220-1551

CONTRACTOR:

HANSON BENCH ALUMINIUM
1722 N.W. FEDERAL HWY
STUART FLA.

PHONE # 692-0090

SP#00013

2811

RE-ROOF

Permit No. _____

Date _____

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

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.

2811

Owner MR & MRS LUMB Present Address 13 RIVERVIEW DR.

Phone _____

Contractor MARTIN COUNTY QUALITY ROOFING Address P.O. BOX 148 BET SALERNO FLA

Phone 334-7788 34992

Where licensed MARTIN CO, ST. LUCIE CO, License number SP00414

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: RE-ROOF

13 RIVERVIEW DR.

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

Subdivision RIVERVIEW Lot number 17 Block number _____

Contract price \$ 11,400.⁰⁰ Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Jeff Peave V.P. MCQR Inc.

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

Owner George H. Lumb
Ron M. Lumb

TOWN RECORD

Date submitted 7-9-90 Approved: Dale Brown
Building Inspector _____ Date _____

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

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

5410

RE-ROOF

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 6/19/01

BUILDING PERMIT NO. 5410

Building to be erected for GERALDINE WITTMAN

Type of Permit REEROOF (SHINGLE/MTL)

Applied for by A & W RFG (Contractor)

Building Fee _____

Subdivision RIVERVIEW Lot 17 Block _____

Radon Fee _____

Address 13 RIVERVIEW DR.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

12-38-41-001-000-0017.0-20000

Roofing Fee \$120.00

Amount Paid \$120.00 Check # 3049 Cash _____ Other Fees (_____)

Total Construction Cost \$ 11,200.00

TOTAL Fees \$120.00

Signed 

Signed 

Applicant

Town Building Inspector OFFICIAL

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE 10/15/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



Town of Sewall's Point
BUILDING PERMIT APPLICATION

RECEIVED
 JUN - 7 2001

Bldg. Permi Number: 5410

Owner or Titleholder's Name Wittman, GERMAINE Phone No. () 270-4103
 Street: 13 RIVERVIEW DR. City STUART State: FL Zip 34996

Legal Description of Property: RIVERVIEW S/A LOT 17 Parcel Number: 12-38-41-001-000-0017.0-20000

Location of Job Site: 13 Riverview Dr.

TYPE OF WORK TO BE DONE: RE-ROOF SHINGLE TO METAL

CONTRACTOR/Company Name: A:W Roofing Phone No. (561) 263-8100
 Street: 3301 SE SLATER ST. City STUART State: FL Zip 34997
 State Registration: FLORIDA State License: CCC 057 686

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: N/A Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: N/A Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: N/A Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 11,200.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

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

Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: A:W Roofing State: FL License # CCC057686

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

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

OWNER OR AGENT SIGNATURE (Required)
Germaine Wittman

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

[Signature]
 Notary Public

My Commission Expires: APRIL 22, 2003
 (Seal) No. DD 000630
 Personally Known () Other ()

CONTRACTOR SIGNATURE (Required)
Kristopher Ashenback

Contractor
 State of Florida, County of: MARTIN On this the 4th day of JUNE, 2000, by KRISTOPHER ASHENBACK who is personally known to me or produced _____ as identification.

[Signature]
 Notary Public

My Commission Expires: _____
 (Seal) No. CC 786551
 Personally Known () Other ()

TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

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

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

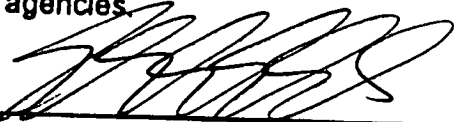
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

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

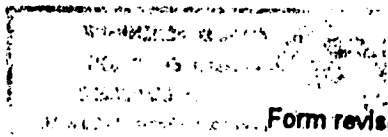
ADDITIONAL Required Documents are:

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

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

Approved by Building Official:  Date: 6/11/01

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



PERMIT # _____

TAX FOLIO # 12-38-41-001-000-0017.0-20000

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 THE NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):
RIVERVIEW S/O LOT 17 13 Riverview Dr.

GENERAL DESCRIPTION OF IMPROVEMENT Re-roof

OWNER: Wittman, GERALDINE

ADDRESS 13 RIVERVIEW DR. STUART, FL 34996

PHONE #: 220-4103

CONTRACTOR: A&W Construction Roofing Division

ADDRESS 3301 SE Slater Ave. Stuart, FL 34997

PHONE #: 561-283-8100 FAX #: 561-283-0292

SURETY COMPANY (IF ANY) _____

ADDRESS _____

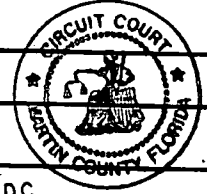
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY [Signature] D.C.
DATE 6/6/07
FAX #: _____



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

NAME: _____

ADDRESS: _____

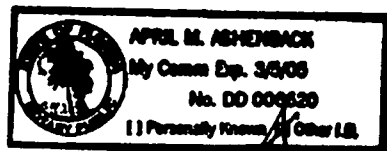
PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 1 DAY OF June

20 07 BY [Signature]

[Signature]
NOTARY SIGNATURE

OR PERSONALLY KNOWN _____
PRODUCED ID [Signature]
TYPE OF ID DR. LIC

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR MR
AFCO-3

DATE (MM/DD/YY)
02/15/01

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

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
AWR of the Treasure Coast, Inc
A & W Construction Inc
A & W Roofing Division
3301 SE Slater Street
Stuart FL 34994

INSURER A: **Employers SIF**

INSURER B: **Auto Owners Insurance Co**

INSURER C:

INSURER D:

INSURER E:

RECEIVED
FEB 15 2001

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. 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	082100021004	07/16/00	07/16/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	4130139500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> 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

Roofing - Residential

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWNS-1

Town of Sewalls Point
1 S Sewalls Point Road
Stuart FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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

Cabot W. Lord, CIC.

ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE
 VC2-47002-34085
 12/20/00 7:40:33 AM

in Bates & Associates
 4 Walnut Hill Lane #1081
 Dallas, TX 75231
 214-346-1501 fax: 425-671-4667

FILE
 LICENS.

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
 A & W CONSTRUCTION - ROOFING DIVISION
 3301 SE SLATER ST.
 STUART, FL 34997
 561-283-8100 fax: 561-283-0292

INSURER A: American Casualty Co. of Reading Pennsylvania
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC247859437	10/20/00	9/1/01	X WC STATUTORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	OTHER				LIMIT	\$
					LIMIT	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. Certificate holder is provided with a Waiver of Subrogation for Workers Compensation 2. Project Information 3. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

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

RECEIVED
SEP 26 2000
BY: *[Signature]*

FILE
he/mis

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

DATE	BATCH NUMBER	LICENSE NBR
8/15/2000	00004460	CB - C054504

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002



ASHENBACK, KRISTOPHER TODD
A & W CONSTRUCTION INC
3301 SLATER ST
STUART FL 34997

JEB BUSH
GOVERNOR

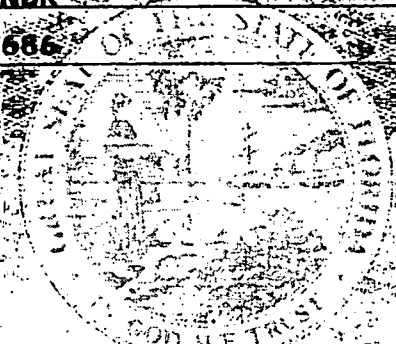
DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

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

DATE	BATCH NUMBER	LICENSE NBR
8/15/2000	00004460	CC - C057686

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002



ASHENBACK, KRISTOPHER TODD
A & W CONSTRUCTION
3301 SLATER ST
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

MARTIN COUNTY ORIGINAL
2000 COUNTY OCCUPATIONAL LICENSE 2001

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5804

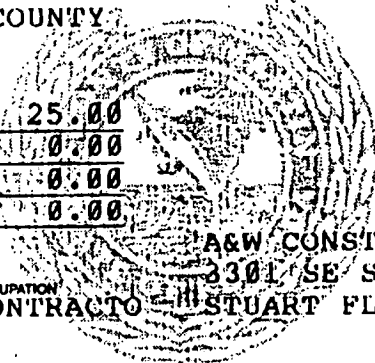
LICENSE 1999 513 020 CERT CCC57686

PHONE 561 283 810 BC NO 1761

LOCATION:
5186 SLATER ST SE

CHARACTER COUNTS IN MARTIN COUNTY:

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



A&W CONSTRUCTION ROOFING DIV
4301 SE SLATER STREET
STUART FL 34997

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

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

8 DAY OF **SEPTEMBER** 2000
AND ENDING SEPTEMBER 30. **2001**

RECEIPT OF PAYMENT
9000
L.C. O'STEEN, T.C.
99 09/08/2001 0CC NORMAL
199951300
022000090305123CK
\$25.00



FILE

Ref us



BUSINESS SOLUTIONS FOR THE CONSTRUCTION INDUSTRY
Insurance & Administrative Services

February 16, 2001

To whom it may concern:

A & W construction & Roofing Division's Workers Compensation coverage includes both phases of construction and roofing.

Construction # cbc054507
Roofing # ccc057686

TEXAS

2306 Doreon Street
Grand Prairie, TX 75050
888-799-6001
972-206-7995
972-602-1633 FAX

FLORIDA

605 Crusert Executive Court
Suite 300
Lake Mary, FL 32746
888-799-6001
877-602-1633 FAX

CALIFORNIA

14776 Ramona Ave.
Suite 410
Chino Hills, CA 91710
888-393-2586
909-393-4100
909-393-4432 FAX

Thank You

Patsy Burns

Patsy Burns

WEBSITE

www.amspeo.com

EMAIL

ams@amspeo.com

PROOF OF NOTICE:
SUBDIVISION REVIEW/APPROVAL

To: Building Official, Town of Sewall's Point
FROM: Permit Applicant
RE: Subject structure described as follows:

OWNER: Geraldine Wittman ; ADDRESS: 13 RIVERVIEW DR.

PROJECT ADDRESS: Same ; LEGAL DESCRIPTION: LOT _____ BLK _____ SUB _____

GENERAL CONTRACTOR: A-W Roofing ; Lic/CERT No. CC057680

ADDRESS: 3301 SE SLATER ST. STUART, FL 34997 ; TEL 283-8100 FAX 283-0292

ARCHITECT OR ENGINEER: N/A ; Lic/REG No. _____

ADDRESS: _____ ; TEL _____ ; FAX _____

PERMIT NO: _____ ; DATE OF ISSUE: _____ ; DATE OF THIS STATEMENT: _____

The proposed project is located in the located in _____ Subdivision.

In compliance with permit application review requirements, please be advised as follows:

SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS NOT REQUIRED.

SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS REQUIRED.

APPROVAL DOCUMENTATION IS ATTACHED

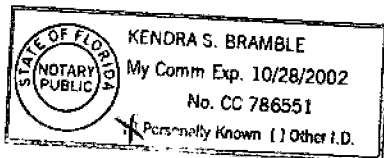
NOTICE OF THE ABOVE PROPOSED CONSTRUCTION WAS PROVIDED TO THE SUBDIVISION/ASSOCIATION ON _____

Executed at A-W Roofing, this 4 day of June, 2001.
NAME: April Ashenback ; SIGNATURE: [Signature] ; Lic. No: CC057680

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 4th day of JUNE, 2001, by APRIL ASHENBACK, who is personally known to me or who has produced _____ as identification and who did not take an oath.

(NOTARY SEAL)



Kendra S. Bramble
Name KENDRA S. BRAMBLE
I am a Notary Public of the State of Florida and my commission expires: 10/28/02

A&W

ROOFING

DIVISION

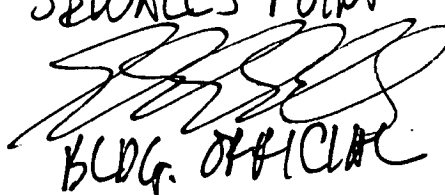
CONSTRUCTION

EST. 1982

SCOPE OF WORK

- Complete removal and disposal of existing roof down to substrate.
- Install 30# ASTM felt fastened to code.
- Install 24 ga. 1" Profile Standing Seam metal roof system fastened to code with 1" Pan Head screws every 16" as per code.

* ALL WORK TO BE IN COMPLIANCE
(METHODS & MATERIALS) W/ S.F.B.C. /
S.F.B.C. ROOFING PROTOCOLS & PROD APPR. (ATTACHED)
00-0201.03

6/11/01 TOP OF SEWALL'S POINT
REVIEW: 
BLDG. OFFICIAL

FILE

TOWN COPY
13 RIVERVIEW DR.

PN 5410



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Co., Inc.
11801 Industry Drive
Jacksonville FL 32226

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

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

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

Your application for Product Approval of:

Sem-Lok-Snap-Lok-Standing-Seam-Metal-Roofing-Panel

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 00-0201.03

Expires: 03/24/2003

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 03/24/2000

1 of 5



**PRODUCT CONTROL NOTICE OF ACCEPTANCE
ROOFING SYSTEM APPROVAL**

Applicant:

Southeaster Metal Manufacturing Co. Inc.
11801 Industry Drive
Jacksonville, FL 32218

Product Control No.: 00-0201.03
Approval Date: March 24, 2000

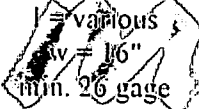
Expiration Date: March 24, 2003

Category: Prepared Roofing
Sub-Category: Panels
Type: Non-Structural
Sub-Type: Metal

System Trade Names:

Southeaster Metal Manufacturing Co. Inc.
"SEM-Lok Snap-Lok Standing Seam"

**TRADE NAMES OF PRODUCTS MANUFACTURED OR
LABELED BY APPLICANT**

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
"SEM-Lok Snap-Lok Standing Seam"		PA 110 & PA 125	Corrosion resistant, galvanized, preformed, standing seam, coated, prefinished, metal panels.
Trim Pieces	l = varies w = varies min. 26 ga.	PA 110	Standard flashing and trim pieces. Manufactured for each panel width.

EVIDENCE SUBMITTED

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Hurricane Test Laboratories, Inc.	0041-0703-98	UL -580 test PA 125	07/10/98
Celotex Corporation Testing Services	520504	PA 100	12/21/99



Frank Zuloaga, RRC
Roofing Product Control Examiner

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5022	SMLTT 133 S. RIVER RD MACARI BLDG.	PLUMB'G - GRD. RGT	Passed	11:00
S (11)				INSPECTOR: J 8/22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5410	WELTMAN 13 RIVERVIEW DR. A & W RFG.	SWEATING	Passed	
S (4)				INSPECTOR: J 8/22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5312	ENRIQUEZ 1 KINGSTON CT. DRIFTWOOD HOMES	INSULATION	Passed	
S (5)				INSPECTOR: J 8/22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5494	ROEMER ORIGINALS 3752 SE OCEAN (HARBOR BAY) THE ROOSTH CO.	RGT PLUMB'G	PASSED	
N (10)		(BILLY HAMER: 260-5994)		INSPECTOR: J
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu August 29, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5068	WINER (285-4600)	T/I + METAL	Passed	
S (2)	19 RIDGELAND DR. LEAR DEV.	WINDOW BUCKS	Passed	INSPECTOR: J 8/24
✓ 5410	WITTMANN	T/I + METAL	Passed	
S (1)	73 RIVERVIEW DR. A+W ROOFING (APRIL 283-0292)			INSPECTOR: J 8/24
✓ 5473	LIPPISCH	DEPTH OF DITCH		DOCK: PN 5279
S (7)	22 S. SPR HOSS ELECT.	(DOCK ELECT. SERV.)		INSPECTOR:
✓ 5488	JUSTICE	STEEL	Passed	FORMWORK SUKBY RCD
S (6)	18 MIDDLE RD. TWIN POOLS	Coverage to be improved		- FIELD COM TO SITE INSPECTOR: J 8/24
✓ 5294	LEHMAN	INSULATION	Passed	
S (3)	6 RIDGELAND GRIBBEN			INSPECTOR: J 8/24
✓ 5302	NOHETL	TIE BM	Passed	
S (4)	6 N. RIDGEVIEW (POD RAYMOND) (216-1188)	(PRIVATE WAY)		INSPECTOR: J 8/24
✓ 5426	DEMOKEST	FRAMING/INSUL	Passed	
S (5)	92 S. RIVER RD. COMM'L. CONST. (TIM: 260-2060)	(ENTRY ENCL.) EL. ✓		INSPECTOR: J 8/24

OTHER: 101 N. SPR (PN 5358) DELIVER PRODUCT CONTROL NOTICE OF ACCEPT. TO JOB

~~102 ABABE CT. (PN 5228) - VERIFY SHUTTER PLACEMENT~~

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~October 10~~, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S 5556	Henry 8 E. Highpoint Heritage	meter change out final called FPL Wayne 374 4675 242 0474	Passal 1145	11:00 Stucco no permit Windows/AC/cond/Surv INSPECTOR: JLB/15
S 5540	Herman 6 Middle Rd. Pacific Roofing	Shoathing	Passal	9:30? INSPECTOR: JLB/15
S 5471	ALMSTRONG 41 W. HIGH POINT. RD.	FINAL SHUTTER	Passal	9:00 — 10:00 A.M. INSPECTOR: JLB/15
S 5410	FOUNTAIN 18 ROBERTSON DR.	FINAL ROOF	Passal	INSPECTOR: JLB/15
S 5514	ALLMAN. 5501 3 SUMMER LANE Roy ALLMAN (521-6017)	Temp pole ELEC. + PLUMBING UNDERGROUND wood water meter	Passal ⊕ ! 2 ⊕	wood drainage plan prior to slab !! INSPECTOR: JLB/15
N 5526	Parr 61 N. River Rd. O/B	Insulation	Passal	(Owner will create 2" gap around (rec. cases)) INSPECTOR: JLB/15
	Smith 133 S. River Rd.	Roofing (Broadway)	Passal	INSPECTOR: JLB/15

OTHER: _____

5973

REMODEL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9-16-02

BUILDING PERMIT NO. 5973

Building to be erected for George Wittman

Type of Permit Tile Replacement

Applied for by Brush Building + Remodeling (Contractor)

Building Fee 35.00

Subdivision RIVERVIEW Lot 17 Block _____

Radon Fee _____

Address 13 Riverview Dr.

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1238410010000017620000

Plumbing Fee _____

Amount Paid 35.00 Check # 425 Cash _____ Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 2,495.00

TOTAL Fees 35.00

Signed E. Danner Bush
Applicant

Signed Gene Simmons (den)
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: George Withman City: _____ State: FL Zip: _____

Legal Description of Property: 13 RIVER VIEW Parcel Number: _____

Location of Job Site: Owner's Residence Type of Work To Be Done: Replace tile in shower

Replace drywall in shower with cement board like material

CONTRACTOR/Company Name: BRUSH BUILDING + REMODELING, Inc. Phone Number: 772-486-5010

Street: 4496 S.W. 96th St City: Palm City State: FL Zip: 34990

State Registration Number: _____ State Certification Number: CGC 013769 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: 2495 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ 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. _____

Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: Martin

This the 11th day of Sept. 200 2

by E.N. Brush who is personally

known to me or produced Fl. & I.

As identification. Joan H. Barrow

Notary Public

My Commission Expires: _____

COMMISSION # CC763645 EXPIRES November 30, 2002 BONDING THRU TROY FAIR INSURANCE INC.



Seal

Seal

01-17-2002

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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

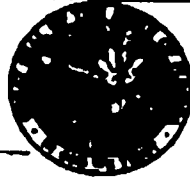
This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE 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

F
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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.

ACORD CERTIFICATE OF LIABILITY INSURANCE

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

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

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

INSURERS AFFORDING COVERAGE

INSURER A: Northern Ins. Co. of NY
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.

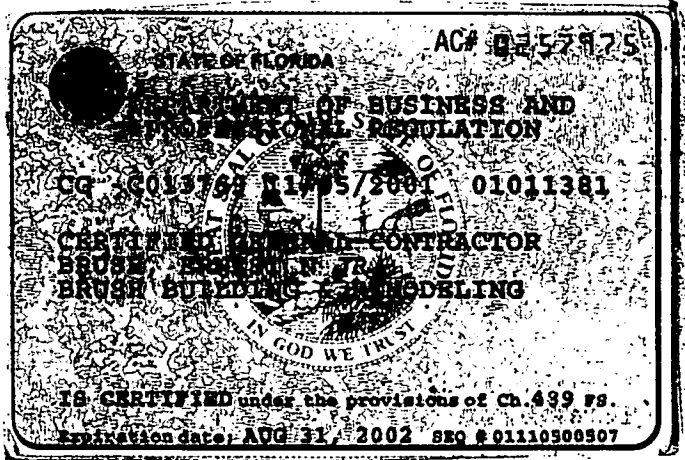
INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	SCP38755881	08/28/2002	08/28/2003	EACH OCCURRENCE	\$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 300,000
					GENERAL AGGREGATE	\$ 600,000
					PRODUCTS - COMPROP AGG	\$ 600,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

CERTIFICATE HOLDER	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 <u>10</u> 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 <i>Lee Carroll</i>

ACORD 25-S (7/97) FAX: 220-4765

©ACORD CORPORATION 1988



STATE OF FLORIDA

AC# 0257875

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CG 0011768 R1005/2001 01011381

CERTIFIED GENERAL CONTRACTOR
BRUSH BUSHBY TR
BRUSH BUILDING & MODELING



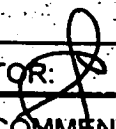

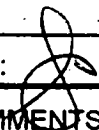
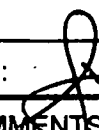
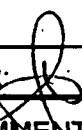
IS CERTIFIED under the provisions of Ch. 499 FS.

Expiration date: AUG 31, 2002 SEQ # 01110300307

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-16-02, 2002; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5914	Abesada-Terk 8 Morgan Circle Harbour Bk	Steel/Bond/Plumb	Passed	INSPECTOR: 
5636	FRANCIS 5 S. River Rd Wilberding	Window Buck	Passed	INSPECTOR: 
5965	Thompson 95 S. Sewall's Pt Rd Rhodes	Sheating Dry - In Metal	Passed	Notes: If Possible 10-11 ⁰⁰ INSPECTOR: 
TREE	BEVAN 46 N. River Rd	TREE	Passed	INSPECTOR: 
5873	Wittman 13 Riverview Dr. Brush Bldg	Wall -	Passed	Close 12 ⁰⁰ INSPECTOR: 
				INSPECTOR:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/25/02, 2001; Page 7 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5713	Wittman	Final Tile Repair	Passed	
⑦	13 Riverview Dr. Brush			INSPECTOR: <u> </u>
6007	HANTMAN	Final Fence	Passed	
⑥	12 Riverview Dr. Brush			INSPECTOR: <u> </u>
5991	GEARY	Roof Final	Passed on 10/18/02	
⑤	10 RIVERVIEW DR PACIFIC			INSPECTOR: <u> </u>
5875	MAXON	SONO TUBE	FAILED	CALL IN Temp Elct.
②	9 RIVER ROAD (S) KNEPPER			INSPECTOR: <u> </u>
5755	DEGRAF	Plumbing/A/c	Passed	
④	9 CASTLE HILL O/B	A/c 1	FAILED	INSPECTOR: <u> </u>
5960	LEWIS	WALL FTG	Passed	
	41 Rio Vista Dr DUFFWOOD			INSPECTOR: <u> </u>
5541	MYLORD	Bldg Final	Passed	
③	144 N. SEWALLS PT. RD O/B			INSPECTOR: <u> </u>

OTHER: 30 Rio Vista Trl OK for issue

6873

REMODEL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/27/04

BUILDING PERMIT NO. 6873

Building to be erected for WITTMAN

Type of Permit Interior Door Removal

Applied for by DAVID J. BATTON (Contractor)

Building Fee 35.00

Subdivision RIVERVIEW Lot 17 Block _____

Radon Fee _____

Address 13 RIVERVIEW DR

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1238410010000017020000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ 250.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED

APR 28 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLE HOLDER NAME: George W. Withman Phone (Day) 220-4103 (Fax) 220-2448

Job Site Address: 13 Riverview Dr. City: Sewalls Point State: FL Zip: 34996

Legal Description of Property: Riverview lot 17 Parcel Number: 123 84100 10000017020000

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

Description of Work To Be Done: Removal of 30" doors, Fun Tamb as well as 4" of wall on latch side

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

CONTRACTOR/Company: David J. Patton Phone: 834-2473 Fax: 225-5566

Street: 921 NE Sandalwood Pl. City: Jensen Beach State: FL Zip: 34957

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CNS3661

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 250.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: _____

This the _____ day of _____, 2004

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN

This the 28th day of APRIL 2004

by DAVID JOEL PATTON who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires LAURA L. O'BRIEN MY COMMISSION # DD 205961 EXPIRES: April 28, 2007 Bonded Thru Notary Public Underwriters

Seal



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

NON STRUCTURAL HOME IMPROVEMENT

License Number CNS3661 Expires: 30-SEP-04

BATTON, DAVID J

D B'S HOME IMPROVEMENT

921 NE SANDALWOOD PLACE

JENSEN BEACH, FL 34957



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

NON STRUCTURAL HOME IMPROVEMENT

License Number CNS3661 Expires: 30-SEP-04

BATTON, DAVID J

D B'S HOME IMPROVEMENT

921 NE SANDALWOOD PLACE

JENSEN BEACH, FL 34957



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 07/27/2004 ** EXPIRATION DATE: 07/27/2006

PERSON: BATTON DAVID J

FEIN: 234317327

BUSINESS NAME AND ADDRESS: DB'S HOME IMPROVEMENT LLC
921 NE SANDALWOOD PLACE
JENSEN BEACH FL 34957


REISSUANCE REQUIREMENTS

SCOPE OF BUSINESS OR TRADE: 1- CONTRACTOR

IMPORTANT: 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 .

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE: 07/27/2004
** EXPIRATION DATE: 07/27/2006

PERSON: BATTON DAVID

FEIN: 234317327

BUSINESS NAME AND ADDRESS: DB'S HOME IMPROVEMENT LLC
921 NE SANDALWOOD PLACE
JENSEN BEACH FL 34957

SCOPE OF BUSINESS OR TRADE:
1- CONTRACTOR

REISSUANCE REQUIREMENTS

F O L D

IMPORTANT

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 .

QUESTIONS? (850) 413-1609

CUT HERE

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

ISSUE DATE 25-2004

PRODUCER
 GREAT FLORIDA INS OF JEN
 1514 NE JENSEN BEACH BLVD
 JENSEN BEACH, FL 34957

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

COMPANIES AFFORDING COVERAGE

INSURED
 DAVID BATTON
 DB HOME IMPROVEMENT
 921 SANDLEWOOD PLACE
 JENSEN BEACH FL 34957

COMPANY LETTER	A	PENN AMERICA Insurance Company
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

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

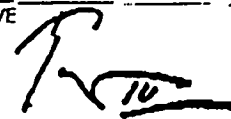
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	PAC6338131	10/08/2003	10/08/2004	GENERAL AGGREGATE	200,000
					PRODUCTS-COM/OP AGG.	100,000
					PERSONAL & ADV. INJURY	100,000
					EACH OCCURRENCE	100,000
					DAMAGE TO PREMISES RENTED	50,000
					MED. EXPENSE (Any one person)	5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per Accident)	
	EXCESS LIABILITY				PROPERTY DAMAGE	
					EACH OCCURRENCE	
					AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE-POLICY LIMIT	
					DISEASE-EACH EMPLOYEE	

DESCRIPTION OF OPERATIONS / VEHICLES / SPECIALTY ITEMS
 HANDYMAN

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

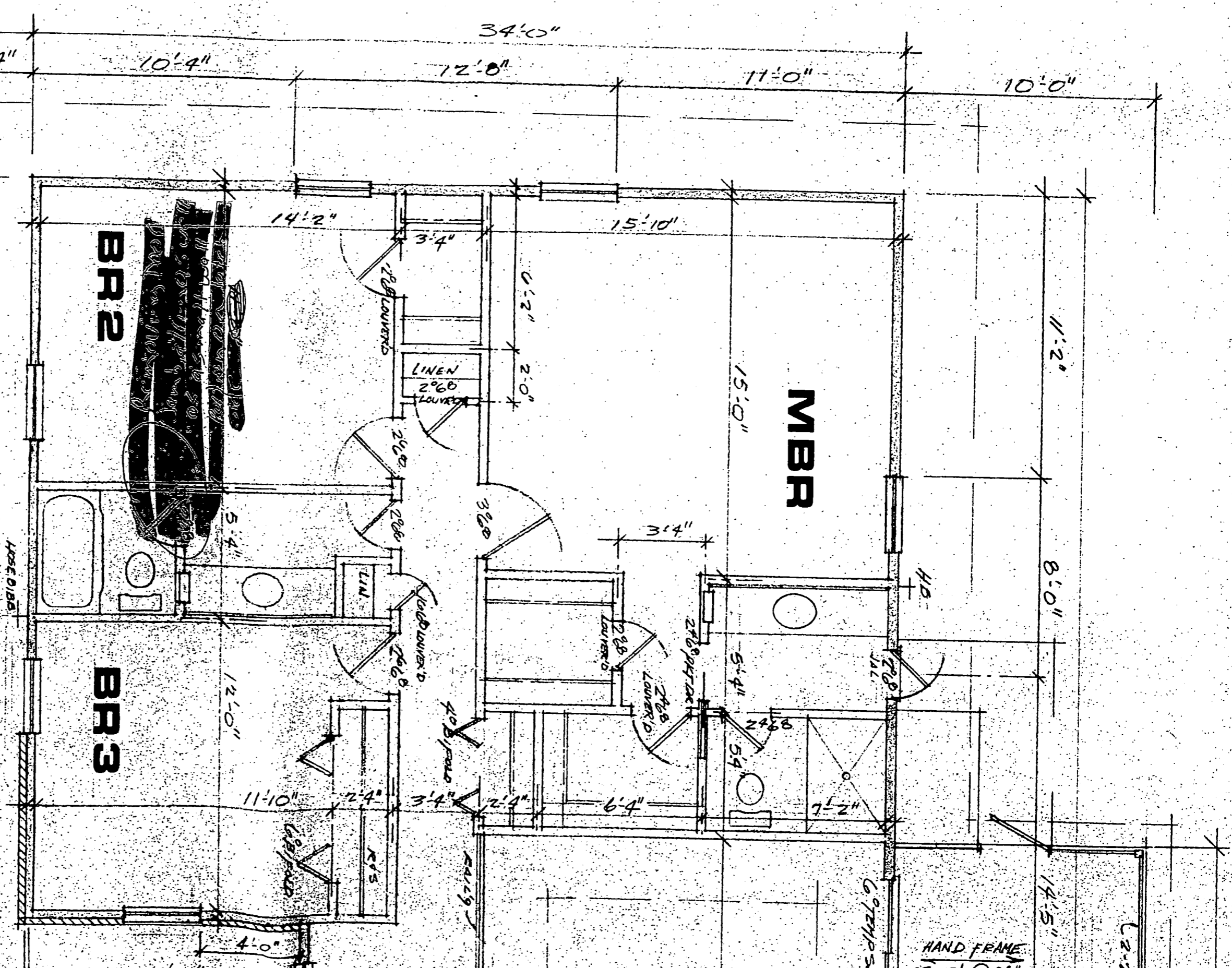
Should any of the above described policies be cancelled before the expiration date, the company shall endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents, or representatives.

AUTHORIZED REPRESENTATIVE



FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 4/28/04

 BUILDING OFFICIAL
 Gene Simmons



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/27, 2007 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6813	WILKINSON	FINAL INTERIOR	PASS	CLOSE
5	13 RIVERVIEW O/B	REMODEL		INSPECTOR:
8945	O'DONNELL	HURRICANE SHUTTERS	PASS	CLOSE
8	17 PERRIWINKLE CRT CHOICE ALUMINUM			INSPECTOR:
	ZAMBO	PRE DRYWALL	PASS	KEY ABOVE
3	46 S. SEWALL'S PT O/B			MAIL ROOM DAMAGE INSPECTOR:
6413	POWERS	PARTIAL ELEC.	PASS	
4	70 S. SEWALL'S PT FLORIDA'S FINEST			INSPECTOR:
6753	RADER	SLAB	PASS	
2	5 HERITAGE WAY AD P CONST.	STEM WALL (GAM PLEASE?)		INSPECTOR:
6719	DONAHUE	STEEL-STAIRWAYS		NOT READY
6	163 S. SEWALL'S PT HALL-SAMMONS	LAST PLEASE		INSPECTOR:
6396	MUFSON	ROUGH PLUMBING	FAIL	
1	17 S. RIVER RD BUFORD			INSPECTOR:

OTHER: _____

6955

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/18/04

BUILDING PERMIT NO. 6955

Building to be erected for WITTMAN

Type of Permit FENCE REPAIR

Applied for by O/B

(Contractor)

Building Fee 30.00

Subdivision RIVERVIEW Lot 17 Block _____

Radon Fee _____

Address 13 RIVERVIEW DRIVE

Impact Fee _____

Type of structure FENCE

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1238410010000017020000

Roofing Fee _____

Amount Paid 30.00 Check # 275 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 500.00

TOTAL Fees 30.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

RECEIVED

OCT 18 2004
Date: Oct. 18, 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: G. WITTMAN Phone (Day) 220 4103 (Fax) _____

Job Site Address: 13 Riverview Drive City: Sewall's Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIVERVIEW LOT 17 Parcel Number: 1238410010000017020000

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

Description of Work To Be Done: FENCE REPAIR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 500.
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
[Signature]

CONTRACTOR SIGNATURE (required)

State of Florida, County of: MARTIN

On State of Florida, County of: _____

This the 18th day of OCTOBER, 2004

This the _____ day of _____, 200

by GEORGE WITTMAN who is personally

by _____ who is personally

known to me or produced

known to me or produced _____

as identification: [Signature]

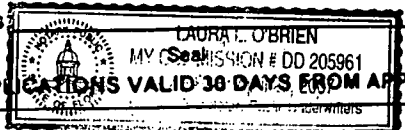
As identification. _____

Notary Public

Notary Public

My Commission Expires: _____

My Commission Expires: _____



Seal

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

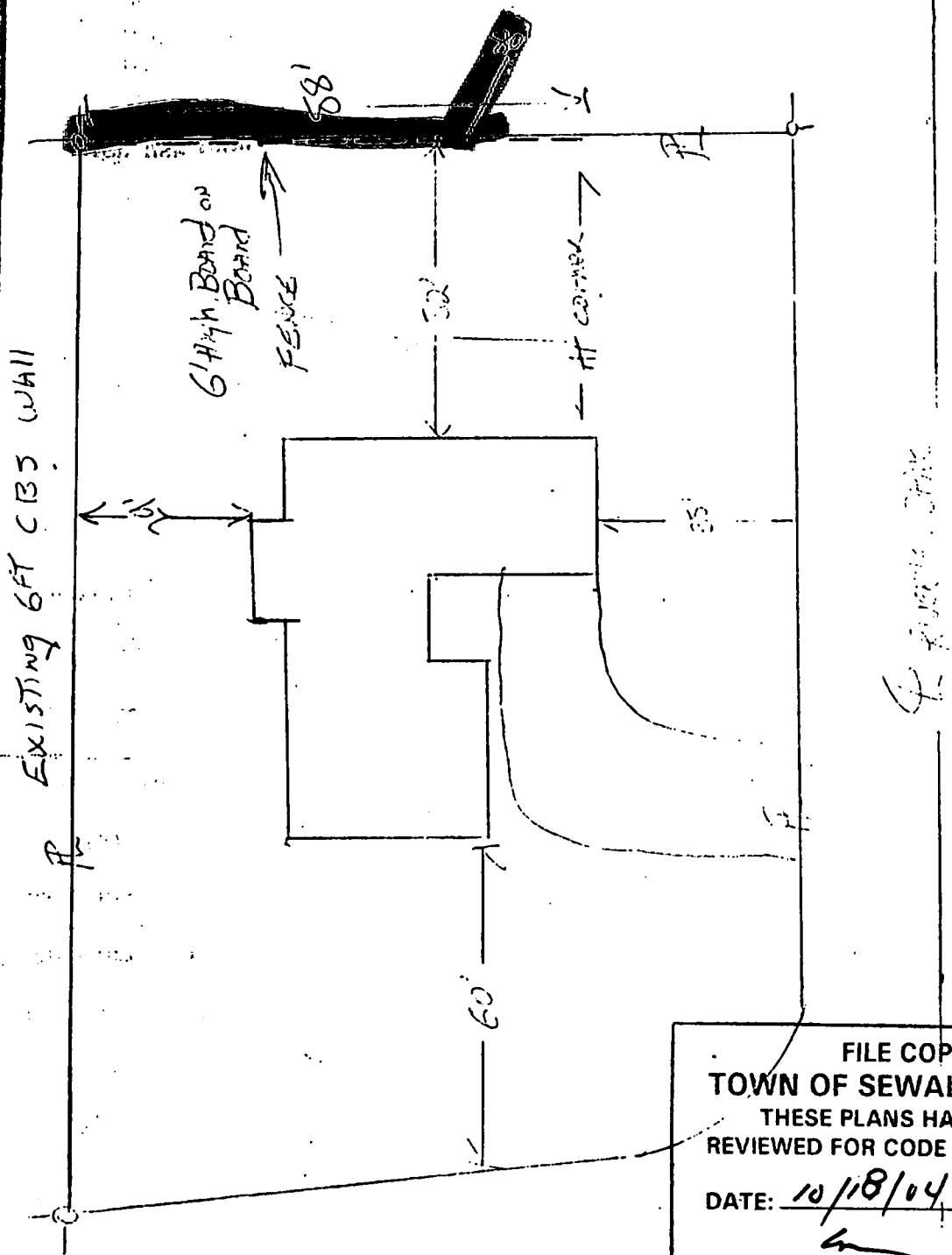
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri DEC 1, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7043	SWEENEY	ROOF SHEATHING	FAIL	
7	4 S. VIA LUCINDIA O/B			INSPECTOR:
7051	SCHERVENA	Pool Plumbing IN	FAIL	
4	110 ABBIE COURT ADVANTAGE POOLS			INSPECTOR:
6955	WITTMAN	FENCE	PASS	CLOSE
8	13 RIVERVIEW O/B	PERMIT ON FRONT DOOR		INSPECTOR:
7029	SCHERER	FENCE REPAIR	PASS	CLOSE
9	2 COPAIDE O/B			INSPECTOR:
6551	LANGER	LATH	PASS	
12	3 LOFTING WY			INSPECTOR:
TREE	GREENICZ/WOOD	TREE	PASS	
5	15 LANPANA			INSPECTOR:
4812	MADER	UNDERGROUND		WILL RESCHEDULE
3	106 ABBIE CT. PARADIGM PLUMBING	SEWER LINE TO TANK.		INSPECTOR:
OTHER: _____				

1. POSTS IN CONCRETE
2. FINISHED SIDE (IN)



FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 10/18/04

 BUILDING OFFICIAL
 Gene Simmons

PROPERTYGUARD

CHAIN LINK FENCE
 WOOD FENCE
 STEEL FABRICATION
 288-3555

1501 DECKER AVE., E-501 • STUART, FL 33494

LOT # _____
 BLOCK _____
 SUBD. _____
 PARCEL # 13

DATE _____
 SCALE _____
 LOG _____
 DRAWN _____

8471

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-8-06

BUILDING PERMIT NO. 8471

Building to be erected for Office Type of Permit Fence

Applied for by Adrian Tencer (Contractor) Building Fee 30

Subdivision Review Lot 17 Block _____ Radon Fee _____

Address 13 Review DR Impact Fee _____

Type of structure _____ A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

12-3841-001-000-00170-20000 Plumbing Fee _____

Amount Paid \$30 Check # 9384 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1560 TOTAL Fees 30

Signed [Signature]
Applicant

Signed John Adams
Town Building Official

1/3/08 - Screen - will call back

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 L FT | <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	_____

~~Permit # 2107-12/8/08-062/4/08-249315730~~

C

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-8-06

BUILDING PERMIT NO. 8471

Building to be erected for Coffin

Type of Permit Fence

Applied for by Adron Fence

(Contractor) Building Fee 30

Subdivision Reverview Lot 17 Block _____

Radon Fee _____

Address 13 Reverview DR

Impact Fee _____

Type of structure _____

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

12-38-41-001-000-00170-20000

Plumbing Fee _____

Amount Paid \$30 Check # 9384 Cash _____ Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 1560

TOTAL Fees 30

Signed [Signature]
Applicant

Signed John Adams
Town Building Official

ADRON FENCE COMPANY, INC.
PERMIT ACCOUNT
2762 N.W. 4TH STREET
OKEECHOBEE, FL 34972

63-515/670

9215

Date 2/1/08

Pay to the Order of Town of Sewall's Point

\$ 30.00

Thirty Dollars & 00/100

Dollars  Contains Security Features. Details on Back.

SEACOAST NATIONAL BANK
1409 S. PARROTT AVE.
OKEECHOBEE, FL 34974

For inspection
For Reinstall permit 8471/coffin Kass A Chamber MP

RECEIVED
12-4-06

City of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 11/30/06 Permit Number: _____

OWNER/TITLEHOLDER NAME: Martha Coffin Phone (Day) 301 310 9335 (Fax) _____

Job Site Address: 13 Riverview Dr City: Sewells Pt State: Fla Zip: 34996

Legal Desc. Property (Subd/Lot/Block): Riverview S/D LOT 17 Parcel Number: 12-38-41-001-000-

Owner Address (if different): 315 S Lake Dr City: Palm Bch State: Fla Zip: 33409

Description of Work To Be Done: Install 115' of 4' Green vinyl Chain Link

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1510⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: ADRON Fence Co Phone: 8002825172 Fax: 8677638404

Street: 2762 NW 4th St City: Okeechobee State: Fla Zip: 34972

State Registration Number: N/A State Certification Number: N/A Martin County License Number: SP03127

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)
Martha E. Coffin
State of Florida, County of: Palm Beach
This the 28th day of November 2006
by Martha E. Coffin who is personally

known to me or produced by _____ NOTARY PUBLIC STATE OF FLORIDA
as Identification. Laura K. Kisaoglu
My Commission Expires: Expires: MAY 30, 2010
BONDED THROUGH ATLANTIC BONDING CO., INC.

CONTRACTOR SIGNATURE (required)
Ross A. Chambers

On State of Florida, County of: Okeechobee
This the 30th day of November 2006
by Ross A. Chambers who is personally

known to me or produced by _____ NOTARY PUBLIC STATE OF FLORIDA
As Identification. AMY BAILESON
My Commission Expires: Comm. No. DD 372057
Comm. exp. Nov 15, 2008

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

Laura K. Kisaoglu

OKEECHOBEE
(863) 763-6255

VERO BEACH
(772) 562-0022

SEBRING
(863) 385-4493

JUPITER
(561) 744-1303

STUART
(772) 283-4540

BELLE GLADE
(561) 924-3419

FORT PIERCE
(772) 465-3890

(800) 282-5172
FAX: (863) 763-8404



"FENCING YOU IN SINCE 1962"
CC# FE-1535



2762 N.W. 4th Street
Okeechobee, FL 34972-2337

JOB NAME: Coffin, Missy

DATE: 11-14-06

JOB ADDRESS: 13 Riverway Dr

CONTACT: _____

CITY
 COUNTY

Seaside Point

PHONE: 561-310-9333

MAILING ADDRESS: _____

WORK: _____

PROP. I.D. #: _____

FAX: 561-655-1998

DEED RESTRICTIONS YES NO HOMEOWNER'S ASSOC. _____

JOB #: 114 MISLAN JSZ

DIRECTIONS: _____

[JOB includes permit]

CI OSFST INTERSECTING STREET: E Ocean Ave.

PERMIT #: _____

STYLE FENCE: Green Vinyl System

HEIGHT 4 FOOTAGE 115-19-106

HEIGHT _____ FOOTAGE _____

GAUGE 9X2 GRN

SELVAGE RIS

LINE POST 1 5/8 X 6 .065

CONCRETE

TERMINAL POST 2 1/2 X 6 .065

CONCRETE

TOP/BRACE/BOTTOM RAIL 1 3/8 .055

POST SPACE 10 O.C.

TENSION WIRE 1 ga smooth

BARBED WIRE

WALK GATE 1 SIZE 4 FRAME 1 3/8

WALK GATE 1 SIZE 5 FRAME 1 3/8

WALK GATE POST 2 1/2 X 6 .065

CONCRETE

DRIVE GATE _____ SIZE _____ FRAME _____

DRIVE GATE POST _____

CONCRETE

DRIVE GATE _____ SIZE _____ FRAME _____

DRIVE GATE POST _____

CONCRETE

CORE DRILL/ASPHALT

PRIVACY SLATS

PROP. LINES CLEARED By Owner

YES NO

PROP. MARKS VISIBLE 10

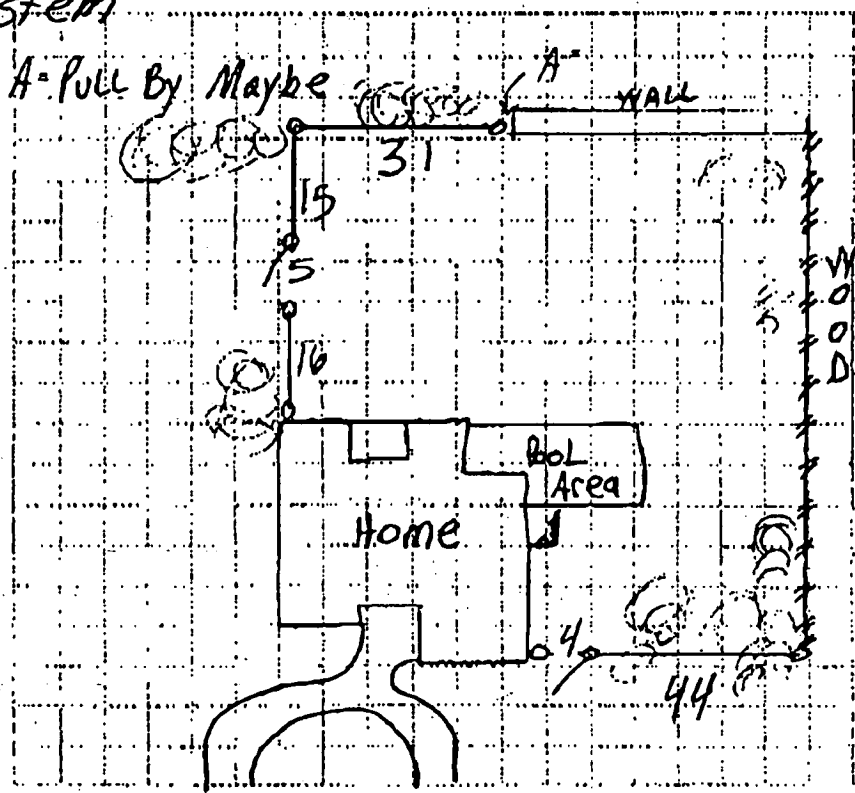
YES NO

SPECIAL INSTRUCTIONS Customer

To have fence line

cleared prior to install

Financing Available



CUSTOMER APPROVAL:

COST 1560.00 DEPOSIT 500.00 BALANCE 1,060.00

TERMS 1/3 down, Balance On Completion

THIS PRICE EFFECTIVE UNTIL 2 weeks

PERSONNEL Andy, Jim

INSTALLER _____ DATE _____

Udithe Gippi 11-17-06

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2005

PRODUCER (863)467-0600 FAX (863)467-5142
Lawrence Insurance Agency, Inc
P. O. Box 549
2020 S Parrott Ave
Okeechobee, FL 34973-0549
SURETY ADRON FENCE CO
2762 NW 4TH STREET
OKEECHOBEE, FL 34972-2337

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: American Economy Ins Co	19690
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.

INSURER	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"/> PROJECT <input type="checkbox"/> LOC	02CE12273701	12/31/2005	12/31/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	02CE12478701	12/31/2005	12/31/2006	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTHER \$ 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

Town of Sewell's Point
1 South Sewell Point
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

Ronnie Lawrence



ACORD™ CERTIFICATE OF LIABILITY INSURANCE						Date 1/23/2006
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holday, FL 34691 Phone: 727-938-5562 Fax: 727-937-2136			This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.			
Insured: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holday, FL 34691 Phone : (727)938-5562			Insurers Affording Coverage		NAIC #	
			Insurer A: Lion Insurance Company		11075	
			Insurer B:			
			Insurer C:			
			Insurer D:			
Insurer E:						
Coverages						
The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.						
INSR LTR	ADCL INSRD	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 General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident \$ Other Than EA Acc. \$ Auto Only: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence Aggregate
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2006	01/01/2007	X WC Statutory Limits OTH-ER E.L. Each Accident \$1000000 E.L. Disease - Ea Employee \$1000000 E.L. Disease - Policy Limits \$1000000
	Other 0945198	Adron Fence Co.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.			
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 11/21/2002 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Adron Fence Co. FAX# 863-763-8404 & 772-220-4765 / ISSUE 4-7-05 (JOM) / REISSUE 1-23-06 (JLM)						
Lion Insurance Company is A.M. Best Company rated A- (Excellent). A.M.B # 12616						
CERTIFICATE HOLDER			CANCELLATION			
TOWN OF SEWELL'S POINT 1 SOUTH SEWELL POINT RD STUART FL 34996			Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. 			



Martin County Building Department

2401 SE Monterey Road

Stuart, Fl 34996

(772) 288-5482

Fax (772) 288-5911

**CHAMBERS, ROSS A
ADRON FENCE COMPANY INC
2782 NW 4 ST
OKEECHOBEE, FL 34972**

NOTICE TO ALL CONTRACTORS


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

PROHIBITED ACTIVITIES:

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

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

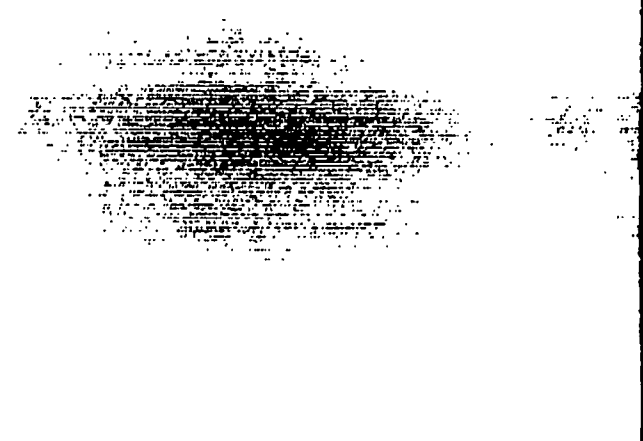
If you have any questions relating to the information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.

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

FENCE ERECTION

License Number SP03127 Expires: ~~30 SEP 07~~

**CHAMBERS, ROSS A
ADRON FENCE COMPANY INC
2782 NW 4 ST
OKEECHOBEE, FL 34972**



2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985
(772) 288-5804

1973-518-0106 RECEIPT & PAYMENT
LARRY C. O'STEEN
PHONE (800) 282-5172
LOCATION: 2762 NW 4TH ST
99 08/16/2006 NORMA
19730006180010
002 2005 0011341
ADRON FENCE COMPANY

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$.00 I.C. FEE \$
\$.00 PENALTY \$
\$.00 COL. FEE \$
\$.00 TRANSFER \$
TOTAL 25.00



ROSS A
FENCE COMPANY
4TH ST
ECHOBEE FL 34972

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF FENCE CONTR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF AUGUST 06
AND ENDING SEPTEMBER 20 2007



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

Site Provided by...
governmax.com T1.14

Summary

print Owner
1 of 5

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-001-000-00170-2	13 RIVERVIEW DR	27507	Owner	0	1

Summary

Property Location 13 RIVERVIEW DR
Tax District 2200 Sewall's Point
Account # 27507
Land Use 101 0100 Single Family
Neighborhood 120400
Acres

Legal Description
Property Information
 RIVERVIEW S/D LOT 17

Search By

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

Owner Information
Owner Information
 COFFIN, MARTHA E

Mail Information
 315 S LAKE DR
 PALM BEACH FL 33480

Assessment Info
 Front Ft. 0.00

Market Land Value \$319,000
Market Impr Value \$227,660
Market Total Value \$546,660

Site Functions

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

Recent Sale
Sale Amount \$618,000

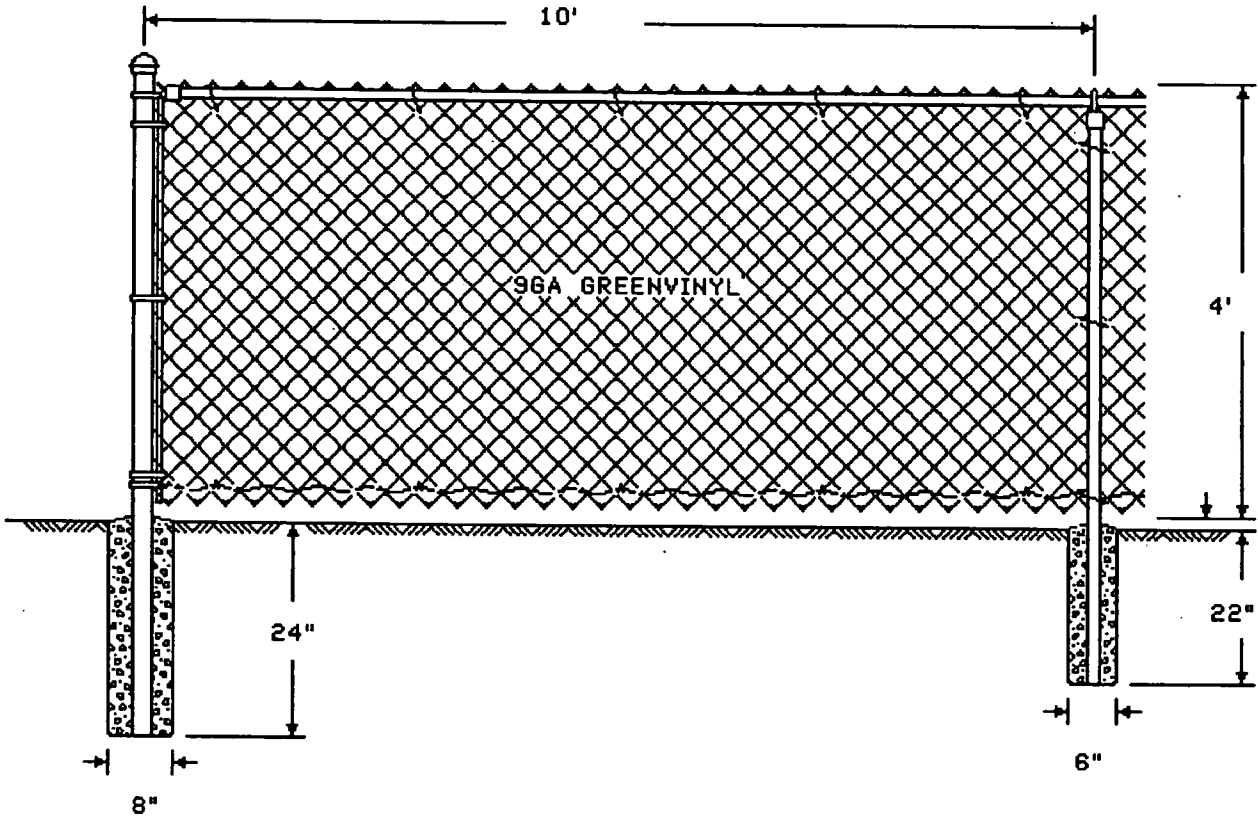
Sale Date 8/24/2006
Book/Page 2174 0713

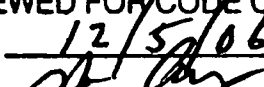
[Print](#) | [Back to List](#) | << [First](#) < [Previous](#) [Next](#) > [Last](#) >>

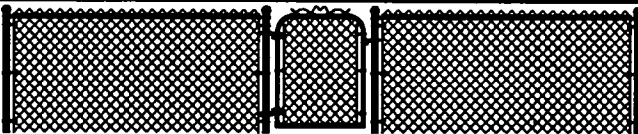
[Legal disclaimer / Privacy Statement](#)

Data updated on 10/24/2006





FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 12/5/06

BUILDING OFFICIAL



ADRON FENCE CO., INC.
 2762 N. W. 4th STREET
 OKEECHOBEE, FLORIDA 34972-2337
 (800) 282-5172

MISSY COFFIN
4' GREEN VINYL

DRAWN BY:	12/1/2006	SCALE: NONE	PAGE:
REVISED:	12/1/2006	FILE:	1 of 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-6, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8813	Hepworth	Footing	FAIL	
1 st	3 Riverview Sand Castle			INSPECTOR: <i>[Signature]</i>
CE		2 dead trees	OK	TREES OK
9	23 Castle Hill			INSPECTOR: <i>[Signature]</i>
8771	Coffey	Final	PASS	CLOSE
2	13 Riverview Adun Fence			INSPECTOR: <i>[Signature]</i>
8771	Am Ende	reinsp final	PASS	CLOSE
4	3 Wouch Ct O/B			INSPECTOR: <i>[Signature]</i>
8755	DURANTE	ROOF/EC TRUSS	PASS	NOT APPROVED
6	48. S.S.P.R. O/B.		FAIL	NOT APPROVED
				INSPECTOR: <i>[Signature]</i>
8808	Presley	Final		
8	100 N Sewall Roof Tech			Cancel
				INSPECTOR: <i>[Signature]</i>
CE		Removal of	OK	SAW NO
7	12 Riv Vista	trees & bushes		PROBLEM
		(see John)		INSPECTOR: <i>[Signature]</i>

OTHER:

10292

RE-ROOF



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:	10292	DATE ISSUED:	DECEMBER 3, 2012
SCOPE OF WORK:	REROOF FLAT ROOF & REPLACE 4 SKYLIGHTS		
CONTRACTOR:	ON SHORE ROOFING		
PARCEL CONTROL NUMBER:	123841001-000-001702	SUBDIVISION	RIVERVIEW - LOT 17
CONSTRUCTION ADDRESS:	15 RIVERVIEW DR		
OWNER NAME:	COFFIN		
QUALIFIER:	JOSEPH KOLINOSKI	CONTACT PHONE NUMBER:	283-1505

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

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

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

INSPECTIONS

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

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

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

Date: 11-13-12 Permit Number: 10292
 OWNER/LESSEE NAME: COFFIN, MARTHA E. Phone (Day) 561-310-9333 (Fax) _____
 Job Site Address: 1513 RIVERVIEW DR. City: SEWALLS Pt. State: FL Zip: _____
 Legal Description: RIVERVIEW S/D LOT 17 Parcel Control Number: 12-38-41-001-000-00170-2
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** RE-ROOF W/ 4 SKY LIGHTS

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

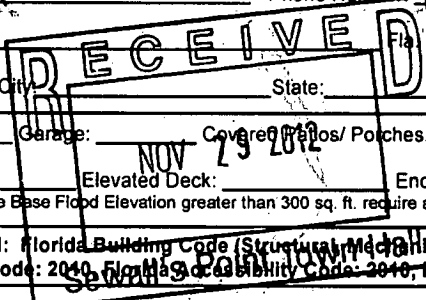
COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$6,200.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF 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: ONSHORE ROOFING Phone: 283-1505 Fax: 283-1557
 Qualifiers name: JOSEPH KOUNASKI Street: 1505 DECKER AVE #304 City: SEWALLS State: FL Zip: 32496
 State License Number: CCC1328994 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BONNIE LOUIT Phone Number: 283-1505
 DESIGN PROFESSIONAL: _____ Fla. license# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Porches/Poches: _____ 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.

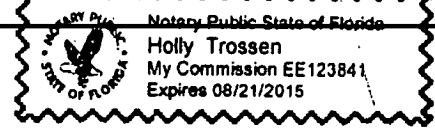
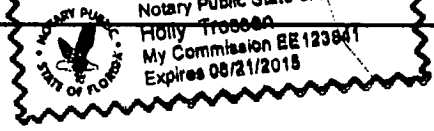
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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 Martha Coffin
 State of Florida, County of: Martin
 On This the 29 day of November 2012
 by Martha Coffin who is personally known to me or produced _____
 As identification: N/A
 Notary Public _____
 My Commission Expires: _____

CONTRACTOR/AGENCY - NOTARIZED SIGNATURE:
Joseph Kounaski
 State of Florida, County of: _____
 On This the 13th day of NOVEMBER 2012
 by Joseph Kounaski who is personally known to me or produced SIA
 As identification: _____
 Notary Public _____
 My Commission Expires: _____

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



NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 12-3841-001-000-00170-2

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 13 RIVERVIEW DR. RIVERVIEW SD LOT 17

GENERAL DESCRIPTION OF IMPROVEMENT: PE-ROOF (*FLAT ROOF ONLY)

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: COFFIN, MARTHA E.
ADDRESS: 13 RIVERVIEW DR, SEWALL'S PT.
PHONE NUMBER: 561-310-9333 FAX NUMBER:
INTEREST IN PROPERTY:

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

CONTRACTOR: ONSHORE ROOFING
ADDRESS: 1505 SE DECKER AVE #304 SWATT, FL 34994
PHONE NUMBER: 772-283-1505 FAX NUMBER: 772-283-1557

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

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

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) (b), FLORIDA STATUTES:

NAME:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE
THE TENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES:
PHONE NUMBER: FAX NUMBER: EXPIRATION DATE OF NOTICE OF COMMENCEMENT:

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

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

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

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

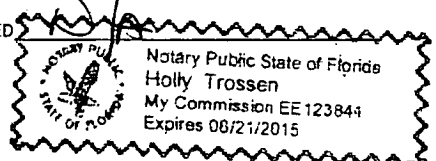
SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 29 DAY OF Nov 20 12

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

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE/ SEAL



BY DATE 11-29-12
MARSHA EWING, CLERK
AND CORRECT COPY OF THE ORIGINAL
FORGOING PAGES IS A TRUE
THIS IS TO CERTIFY THAT THE
RECORD IN MARTIN COUNTY
STATE OF FLORIDA

INSTR # 2363938 DR BK 2615 PG 76 RECD 11/29/2012 11:43:10 AM
(1 Pgs)
MARSHA EWING MARTIN COUNTY CLERK
DEED DOC \$0.00, MTG DOC \$0.00, INTANGIBLE \$0.00



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

RE-ROOF CERTIFICATION

PERMIT # _____
 CONTRACTOR'S NAME: Onshore Roofing PHONE #: 283-1505 FAX: 283-1557
 OWNER'S NAME: COFFIN, MARTHA E.
 CONSTRUCTION ADDRESS: 1505 DECKER AVE #304 CITY SMART STATE FL
 RE-ROOF: RESIDENTIAL (SINGLE FAMILY)
 COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO
 **...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO
 ** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION
 RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE: \$ _____

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: _____/12 SLOPE

ROOF DECK: * SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED
 RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF
 NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER
 FLORIDA BUILDING CODE "2004".
 SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-
 SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME
 SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK
 NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".
 EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: FLAT EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: FLAT (SAP/SAP)

MANUFACTURER: Polycrass PRODUCT NAME: SBS/SAP PRODUCT APPR # FL1654-R10

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

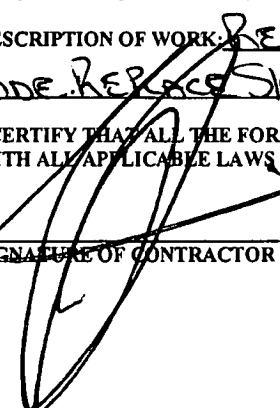
*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER _____

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: REMOVE FLAT ROOF DOWN TO DECK'S RE-NAIL TO CODE. REPLACE SKYLIGHTS. INSTALL 1 SAP'S 1 SAP UNDERLAYMENT.

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.

DATE: 11.13.12
 SIGNATURE OF CONTRACTOR _____




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

**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553.844)**

ALL RE-ROOFS REGARDLESS OF VALUE SHALL COMPLY WITH THE FOLLOWING:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

_____ All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

_____ Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

✓ _____ Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet.)

_____ Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-mopped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.



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

**LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS'
 REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT**

A RESIDENTIAL STRUCTURE VALUED AT \$300,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

- Roof to wall connections must be enhanced up to 15% additional cost of the reroofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

A RESIDENTIAL STRUCTURE VALUED AT \$750,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

When any activity requiring a building permit that is applied for on or after July 1, 2008, and for which the estimated cost is \$50,000 or more for a building that is located in the wind borne debris region as defined in s. 1609.2 of the Florida Building Code, Building: Opening protections as required within the Florida Building Code, Building or Florida Building Code, Residential for new construction shall be provided.

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000.00 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED _____ INSURED OR P.A. IMPROVED VALUE \$ _____
 DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary):

JOB SITE ADDRESS: _____

QUALIFIER NAME: _____ LICENSE NO.: _____

COMPANY NAME: _____ PHONE NO.: _____

X _____ X _____

Qualifier's Signature

Owner's Signature

Date: _____

Date: _____

Sworn to and subscribed before me

Sworn to and subscribed before me

this _____ day of _____ 20 _____

this _____ day of _____ 20 _____

By _____

By _____

Notary Public, State of Florida

Notary Public, State of Florida

Personally known to me _____

Personally known to me _____

Produced ID _____

Produced ID _____

Type: _____

Type: _____

**FLAT ROOF ONLY!*



EXTERIOR RESEARCH & DESIGN, LLC.
 Certificate of Authorization #9503
 353 Christian Street
 Oxford, CT 06478
 PHONE: (203) 262-9245
 FAX: (203) 262-9243

EVALUATION REPORT

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

Evaluation Report P9290.02.08-R8
 FL1654-R10
 Date of Issuance: 02/11/2008
 Revision 8: 12/06/2011

SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code. The product described herein has been designed to comply with the 2010 Florida Building Code sections noted herein.

DESCRIPTION: Polyglass SBS and APP Modified Bitumen Roof Systems

LABELING: Each unit shall bear labeling in accordance with the requirements of the Accredited Quality Assurance Agency noted herein.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity | ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

INSPECTION: Upon request, a copy of this entire Evaluation Report 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 Evaluation Report consists of pages 1 through 5, plus a 30-page Appendix.

Prepared by:

Robert J.M. Nieminen, P.E.

Florida Registration No. 59166, Florida DCA ANE1983

CERTIFICATION OF INDEPENDENCE:

1. Exterior Research & Design, LLC. d/b/a Trinity | ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Exterior Research & Design, LLC. d/b/a Trinity | ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 12/06/2011. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

**ROOFING SYSTEMS EVALUATION:****1. SCOPE:**

Product Category: Roofing
Sub-Category: Modified Bitumen Roof Systems
Compliance Statement: Polyglass SBS and APP Modified Bitumen Roof Systems, as produced by Polyglass USA, Inc., have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1504.3.1	Wind	FM 4474	2004
1504.7	Impact	FM 4470	1992
1507.11.2	Physical Properties	ASTM D6163	2000
1507.11.2	Physical Properties	ASTM D6164	2005
1507.11.2	Physical Properties	ASTM D6222	2002

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ERD (TST6049)	Physical Properties	P10490.10.08-2	10/30/2008
ERD (TST6049)	FM 4470/4474	P13760.09.09	09/10/2009
ERD (TST6049)	FM 4470/4474	P13770.09.09	09/10/2009
ERD (TST6049)	FM 4470/4474	P30540.11.09-R1	11/30/2009
ERD (TST6049)	FM 4470/4474	P30550.12.09	12/02/2009
ERD (TST6049)	Physical Properties	P33960.12.10	12/30/2010
ERD (TST6049)	FM 4470/4474	P33970	12/02/2009
FM Approvals (TST1867)	FM 4470	2W7A7.AM	08/04/1994
FM Approvals (TST1867)	FM 4470	0D3A3.AM	04/04/1997
FM Approvals (TST1867)	FM 4470	2D0A0.AM	12/23/1998
FM Approvals (TST1867)	FM 4470	2D5A9.AM	06/22/1999
FM Approvals (TST1867)	FM 4470	3006646	01/04/2000
FM Approvals (TST1867)	FM 4470	3001334	01/25/2000
FM Approvals (TST1867)	FM 4470	3001334	02/15/2000
FM Approvals (TST1867)	FM 4470	3000857	01/12/2000
FM Approvals (TST1867)	FM 4470	3004091	01/12/2000
FM Approvals (TST1867)	FM 4470	3006115	05/02/2001
FM Approvals (TST1867)	FM 4470	3012321	07/29/2002
FM Approvals (TST1867)	FM 4470	3014692	08/05/2003
FM Approvals (TST1867)	FM 4470	3014751	08/27/2003
FM Approvals (TST1867)	FM 4470	3007170	01/13/2004
FM Approvals (TST1867)	FM 4470	3019317	06/30/2004
FM Approvals (TST1867)	FM 4470	3020703	07/30/2004
FM Approvals (TST1867)	FM 4470/4474	3018332	01/31/2006
FM Approvals (TST1867)	FM 4470/4474	3023368	03/20/2006
FM Approvals (TST1867)	FM 4470/4474	3024594	05/23/2006
FM Approvals (TST1867)	FM 4470/4474	3023458	07/18/2006
FM Approvals (TST1867)	FM 4470/4474	3030668	09/12/2007
FM Approvals (TST1867)	FM 4470/4474	3032172	06/12/2009
PRI (TST5878)	Physical Properties	PUSA-062-02-01	12/04/2007
PRI (TST5878)	Physical Properties	PUSA-061-02-02	01/28/2008
PRI (TST5878)	Physical Properties	PUSA-064-02-02	02/27/2008
PRI (TST5878)	Physical Properties	PUSA-062-02-02	12/04/2008
UL (QUA1734)	Quality Control	UL File R14571	Exp. 11/30/2012
Miami-Dade (CER1592)	HVHZ Compliance	Various NOAs	Various
Miami-Dade (CER1592)	Proposal for Review	10-0823	10/12/2010



4. PRODUCT DESCRIPTION:

This Evaluation Report covers Polyglass Modified Bitumen Roof Systems installed in accordance with Polyglass USA, Inc. published Installation Instructions and the Limitations / Conditions of Use herein. The following Polyglass membranes make up the subject systems.

Table 1: Roll-Goods for Polyglass Modified Bitumen Roof Systems				
Type	Product	Specification		
		Reference	Grade	Type
Base Sheets	Polyglass G2 Base	ASTM D4601	N/A	II
	Modibase	ASTM D4601	N/A	II
SBS Membranes	Elastobase	ASTM D6163	S	I
	Elastoflex V	ASTM D6163	S	I
	Elastoflex SA V Base	ASTM D6163, Table 2	S	I
	Elastoflex SA V FR Base	ASTM D6163, Table 2	S	I
	Elastoflex SA V Plus	ASTM D6163	S	I
	Elastoflex SA V Plus FR	ASTM D6163	S	I
	Elastoflex SA V Vent	ASTM D6163	S	I
	Elastoflex SA V Vent FR	ASTM D6163	S	I
	Elastobase Poly	ASTM D6164	S	I
	Elastoflex S6	ASTM D6164	S	I
	Elastoflex S6 G	ASTM D6164	G	I
	Elastoflex S6 G FR	ASTM D6164	G	I
	Polyfresko MOP	ASTM D6164	S	I
	Polyfresko MOP FR	ASTM D6164	S	I
	Elastoshield TS G	ASTM D6164	S	I
	Elastoshield TS G FR	ASTM D6164	G	I
	Elastoflex SA P	ASTM D6164	G	I
	Elastoflex SA P FR	ASTM D6164	G	I
	Polyfresko SBS SAP	ASTM D6164	S	I
	Polyfresko SBS SAP FR	ASTM D6164	S	I
APP Membranes	Polyflex	ASTM D6222	S	I
	Polyflex G	ASTM D6222	G	I
	Polyflex G FR	ASTM D6222	G	I
	Polyfresko Torch	ASTM D6222	S	I
	Polyfresko Torch FR	ASTM D6222	S	I
	Polybond	ASTM D6222	S	I
	Polybond G	ASTM D6222	G	I
	Polyflex SA P	ASTM D6222	G	I
	Polyflex SA P FR	ASTM D6222	G	I
	Polyfresko APP SAP	ASTM D6222	S	I
	Polyfresko APP SAP FR	ASTM D6222	S	I
	Polykool	ASTM D6222	S	I
	Polyblanko	ASTM D6222	S	I

**5. LIMITATIONS:**

- 5.1 This Evaluation Report is not for use in HVHZ.
- 5.2 Refer to a current Roofing Materials Directory for fire ratings of this product.
- 5.3 For steel deck installations, foam plastic insulation shall be separated from the building interior in accordance with FBC 2603.4 unless the exceptions stated in FBC 2603.4.1 and 2603.6 apply.
- 5.4 Unless otherwise noted in Appendix 1, roof decking and its attachment shall be specified and installed to meet project design criteria to the satisfaction of the AHJ.
- 5.5 For recover installations, the existing roof shall be examined in accordance with FBC 1510.
- 5.6 For mechanically attached insulation or membrane or strip-bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16. Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
- 5.7 For fully-adhered insulation, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16. No rational analysis is permitted for these systems.
- 5.8 For mechanically attached insulation or membrane over existing roof decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
- 5.9 For bonded insulation or membrane over existing substrates in a re-roof (tear off) or recover installation, the existing deck or existing roof surface shall be examined for compatibility with the adhesive to be installed. If any surface conditions exist that bring system performance into question, field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124 shall be conducted on mock-ups of the proposed new roof assembly.
- 5.10 For bonded insulation or membrane over existing substrates in a recover installation, the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52 or TAS 124.
- 5.11 Metal edge attachment (except gutters), shall be designed and installed for wind loads in accordance with FBC Chapter 16 and tested for resistance in accordance with ANSI/SPRI ES-1 or RAS 111, except the basic wind speed shall be determined from FBC Figure 1609.
- 5.12 All products in the roof assembly shall have quality assurance audit in accordance with the FBC and F.A.C. Rule 9N-3.

6. INSTALLATION:

- 6.1 Polyglass Modified Bitumen roof systems shall be installed in accordance with Polyglass USA, Inc. published installation instructions, subject to the Limitations / Conditions of Use noted below.
- 6.2 System attachment requirements for wind load resistance are set forth in Appendix 1.



6.3 Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance. Refer to current Roofing Materials Directory for fire ratings associated with coating usage.

- > PG200 Non Fibered Roof Coating or Mule-Hide 111 Non-Fibrated Roof Coating;
- > PG300 Fibered Roof Coating or Mule-Hide 102 Fibrated Roof Coating;
- > PG600 Non-Fibered Aluminum Roof Coating or Mule-Hide 416 Standard Non-Fibrated Aluminum Roof Coating;
- > PG650 Fibered Aluminum Roof Coating or Mule-Hide 406 Standard Fibrated Aluminum Roof Coating;
- > PG700 White Reflective Roof Coating;
- > PG800 Non-Fibered Asphalt Emulsion Roof Coating or Mule-Hide 311 Emulsion Non-Fibrated;
- > PG850 Fibered Asphalt Emulsion Roof Coating or Mule-Hide 301 Emulsion Fibrated;
- > Polyplus 60 Premium Non-Fibered Aluminum Roof Coating or Mule-Hide 410 Premium Non-Fibrated Aluminum Roof Coating;
- > Polyplus 65 Premium Fibered Aluminum Roof Coating or Mule-Hide 401 Premium Fibrated Aluminum Roof Coating;
- > Polybrite 70 White Elastomeric Roof Coating.

7. BUILDING PERMIT REQUIREMENTS:

As required by the Building Official or Authority Having Jurisdiction in order to properly evaluate the installation of this product.

8. MANUFACTURING PLANTS:

Contact the noted QA agency for information on product locations covered for F.A.C. Rule 9N-3 QA requirements

9. QUALITY ASSURANCE ENTITY:

Underwriters Laboratories - QUA1743; (314) 578-3406, k.chancellor@us.ul.com

- THE 30-PAGES THAT FOLLOW FORM PART OF THIS EVALUATION REPORT -

APPENDIX 1: ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE

Table	Deck	Application	Type	Description	Page
1A-1	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	4
1A-2	Wood	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5
1B	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	6
1C	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	6
1D	Wood	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	7
1E	Wood	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	8-9
1F	Wood	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	9
2A	Steel or Conc.	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	10
2B	Steel or Conc.	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	10
2C	Steel or Conc.	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	11
3A-1	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	12-15
3A-2	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Temporary Roof, Bonded Insulation, Bonded Roof Cover	16
3B	Concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	17
4A	LWIC	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	18-19
4B	LWIC	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	19
4C	LWIC	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	20-23
5A	CWF	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	24
5B	CWF	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	25
5C	CWF	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	25
5D	CWF	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	26
5E	CWF	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	26
6A	Gypsum	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	27
6B	Gypsum	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	28
6C	Gypsum	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	28
6D	Gypsum	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	28
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	29-30
7B	Various	Recover	F	Non-Insulated, Bonded Base Sheet, Bonded Roof Cover	30

The following notes apply to the systems outlined herein:

- Roof decks shall be in accordance with FBC requirements to the satisfaction of the AHJ. Wind load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- Insulation / base sheet fasteners shall be of sufficient length for the following deck engagement:
 - > Wood: Minimum 0.75-inch penetration.
 - > Steel: Minimum 0.75-inch penetration and engage the top flute of the steel deck.
 - > Concrete: Minimum 1-inch embedment into pilot hole in accordance with fastener manufacturer's published installation instructions.
- Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, DensDeck, DensDeck Prime, DensDeck DuraGuard, SECUROCK Gypsum-Fiber Roof Board or SECUROCK Glass-Mat Roof Board that meets the QA requirements of F.A.C. Rule 9N-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC 2603.4.1 or 2603.6, when installed with the roof cover.



4. Minimum 200 psi, minimum 2-inch thick lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWIC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings.
5. Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application; the ribbons/beads shall expand as noted in the manufacturer's published instructions.
 - > HA (HA): Full coverage at 25-30 lbs/square.
 - > Dow Insta-Stk Roofing Adhesive (D-IS): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
 - > Millennium One Step Foamable Adhesive (M-OSFA): Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
 - > OMG OlyBond 500 (OB500): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c. (PaceCart or SpotShot). *Note: OlyBond Green may be used where OlyBond 500 is referenced.*
 - > OlyBond Classic (OB Classic): Full coverage at 1 gal/square.
 - > 3M CR-20: Continuous 2.5-3.5-inch wide ribbons, 12-inch o.c. *Note: TITSESET may be used where CR-20 is referenced.*
 - > *Note: When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, adhesive ribbons shall be staggered from layer-to-layer a distance of one-half the ribbon spacing.*
 - > *Note: The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.*
6. Unless otherwise noted, all insulations are flat stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables; rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table:
 - > Millennium One Step Foamable Adhesive (M-OSFA): MDP -157.5 psf (Min. 0.5-inch thick)
 - > OMG OlyBond 500 (OB500): MDP -45.0 psf (Min. 0.5-inch thick Multi-Max FA-3)
 - > OMG OlyBond 500 (OB500): MDP -187.5 psf (Min. 0.5-inch thick ISO 95+ GL)
 - > OMG OlyBond 500 (OB500): MDP -315.0 psf (Min. 0.5-inch thick ENRGY 3)
 - > OMG OlyBond 500 (OB500): MDP -487.5 psf (Min. 0.5-inch thick ACfoam II)
 - > 3M CR-20: MDP -117.5 psf (Min. 1.0-inch thick)
7. Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.
8. For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
9. For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.
10. For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
11. For existing substrates in a bonded recover installation, the existing roof system shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124.
12. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.

13. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

Table 1: Polyglass Roof Covers			
Reference	Layer	Material	Application
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base	Polyglass G2 Base, Modibase, FBC Approved ASTM D4601, Type II	HA at 20-40 lbs/square
	Ply	FBC Approved ASTM D2178, Type IV or VI or ASTM D4601, Type II	
SBS-AA (SBS, Asphalt-Applied)	Base or Ply	Elastobase, Elastobase Poly, Elastoflex V, Elastoflex S6	HA at 20-40 lbs/square
	Cap	Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko MOP, Polyfresko MOP FR	
SBS-TA (SBS, Torch-Applied)	Base or Ply	Elastoflex V, Elastoflex S6	Torch-Applied
	Cap	Elastoflex V, Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko MOP, Polyfresko MOP FR	
SBS-SA (SBS, Self-Adhering)	Base	Elastoflex SA V Base, Elastoflex SA V FR Base, Elastoflex SA V Plus, Elastoflex SA V Plus FR	Self-Adhering
	Cap	Elastoflex SA P, Elastoflex SA P FR, Polyfresko SBS SAP, Polyfresko SBS SAP FR	
APP-TA (APP, Torch-Applied)	Base or Ply	Polyflex, Polybond	Torch-Applied
	Cap	Polyflex, Polyflex G, Polyflex G FR, Polybond, Polybond G, Polyfresko Torch, Polyfresko Torch FR	
APP-SA (APP, Self-Adhering)	Cap	Polyflex SA P, Polyflex SA P FR, Polyfresko APP SAP, Polyfresko APP SAP FR, Polykool, Polyblanko	Self-Adhering

14. Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance. Refer to current Roofing Materials Directory for fire ratings associated with coating usage.

- > PG200 Non Fibered Roof Coating or Mule-Hide 111 Non-Fibrated Roof Coating;
- > PG300 Fibered Roof Coating or Mule-Hide 102 Fibrated Roof Coating;
- > PG600 Non-Fibered Aluminum Roof Coating or Mule-Hide 416 Standard Non-Fibrated Aluminum Roof Coating;
- > PG650 Fibered Aluminum Roof Coating or Mule-Hide 406 Standard Fibrated Aluminum Roof Coating;
- > PG700 White Reflective Roof Coating;
- > PG800 Non-Fibered Asphalt Emulsion Roof Coating or Mule-Hide 311 Emulsion Non-Fibrated;
- > PG850 Fibered Asphalt Emulsion Roof Coating or Mule-Hide 301 Emulsion Fibrated;
- > Polyplus 60 Premium Non-Fibered Aluminum Roof Coating or Mule-Hide 410 Premium Non-Fibrated Aluminum Roof Coating;
- > Polyplus 65 Premium Fibered Aluminum Roof Coating or Mule-Hide 401 Premium Fibrated Aluminum Roof Coating;
- > Polybrite 70 White Elastomeric Roof Coating.

15. The following represent priming requirements for gypsum-based coverboards:

- > DensDeck and DensDeck Prime shall be field-primed with PG100 prior to self-adhering or torch-applied membrane application. No priming is required for hot-asphalt membrane applications.
- > SECUROCK Gypsum-Fiber Roof Board or DensDeck DuraGuard do not require field priming for any membrane application.

16. "MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609.1.5 for determination of design wind loads.

TABLE 2A-12 WOOD DECKS - NEW CONSTRUCTION OR REROOF (Clear-Cut)
SYSTEM TYPE #2: MECHANICALLY ATTACHED ANCHORS SHEET, BONDED INSULATION, BONDED ROOF COVER

System No.	Roof Deck	Anchor/Sheek			Base Insulation			Top Insulation			Roof Cover			HDP (psf)
		Type	Fasteners	Attach	Type	Attach	Type	Attach	Base	Ply	Cap			
W-1	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 6d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, Certainteed Glassbe, Certainteed Fiberglas, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	3/8-inch diameter in caps with 11 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 8-inch o.c. in three, staggered center rows	(Optional) FBC Approved, ASTM C1289, Type II polyiso-cyanurate	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SEQRIDOCK Gyproc-Fiber Roof Board, Min. 0.75-inch Resound or min. 1.5-inch Studdeck HD Rutherford	HA	BR-AA or SRS-NA	(Optional) BR-AA or SRS-AA	SRS-AA, SRS-NA, APP-TA	-52.5		
W-2	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 6d common nails	Elastobase, Elastobase Poly, Polyglass G2 Base, Certainteed Glassbe, Firstone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	3/8-inch diameter in caps with 11 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 8-inch o.c. in three, staggered center rows	(Optional) FBC Approved, ASTM C1289, Type II polyiso-cyanurate	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SEQRIDOCK Gyproc-Fiber Roof Board, Min. 0.75-inch Resound or min. 1.5-inch Studdeck HD Rutherford	HA	SRS-SA	(Optional) One or more of SRS-SA, SRS-TA or APP-TA	SRS-SA, APP-SA, SRS-TA or APP-TA	-52.5		
W-3	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 6d common nails or 6-inch o.c. with #8 screws	Polyglass G2 Base, Certainteed Glassbe, Firstone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	3/8-inch diameter in caps with 11 ga. annular ring shank nails	8-inch o.c. in 4-inch lap and 8-inch o.c. in three, staggered center rows	(Optional) FBC Approved, ASTM C1289, Type II polyiso-cyanurate	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SEQRIDOCK Gyproc-Fiber Roof Board	HA	BR-AA or SRS-AA	(Optional) One or more of SRS-SA, SRS-TA or APP-TA	SRS-AA, APP-SA, SRS-TA or APP-TA	-60.0		
W-4	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 6d common nails or 6-inch o.c. with #8 screws	Polyglass G2 Base, Certainteed Glassbe, Firstone MB Base, JM Perma-Ply 28, Tamko Glass Base or GAFGLAS #75	3/8-inch diameter in caps with 11 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, staggered center rows	(Optional) FBC Approved, ASTM C1289, Type II polyiso-cyanurate	HA	Min. 0.25-inch DensDeck, DensDeck Prime, SEQRIDOCK Gyproc-Fiber Roof Board	HA	SRS-SA	(Optional) One or more of SRS-SA, SRS-TA or APP-TA	SRS-SA, APP-SA, SRS-TA or APP-TA	-60.0		
W-5	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 6d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	3/8-inch diameter in caps with 12 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, staggered center rows	Min. 2-inch AC foam II, III, H-Shell, H-Shell CS, Multi-Max FAS or ENRGV-3	D-15, D-30 or M-OSFA, atop fastener rows, 7-inch or	Min. 0.25-inch DensDeck, DensDeck Prime or SEQRIDOCK Gyproc-Fiber Roof Board	D-15, D-30, CR-20 or N-OSFA	BR-AA or SRS-AA	(Optional) BR-AA or SRS-AA	SRS-AA, APP-TA	-60.0		
W-6	Min. 19/32-inch plywood at max. 24-inch spans attached 4-inch o.c. with 6d common nails or 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	3/8-inch diameter in caps with 12 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, staggered center rows	Min. 2-inch AC foam II, III, H-Shell, H-Shell CS, Multi-Max FAS or ENRGV-3	D-15, D-30 or M-OSFA, atop fastener rows, 7-inch or	Min. 0.25-inch DensDeck, DensDeck Prime or SEQRIDOCK Gyproc-Fiber Roof Board	D-15, D-30, CR-20 or M-OSFA	SRS-SA	(Optional) One or more of SRS-SA, SRS-TA or APP-TA	SRS-SA, APP-SA, SRS-TA or APP-TA	-60.0		

Evaluation Report PS250.02-09-R8 for FL1654-R10
Revision 8: 12/06/2011
Prepared by: Robert Alenamy, PE-59166



NOTICE OF ACCEPTANCE (NOA)**Maxim Industries, Inc.**1630 Terre Colony Court
Dallas, TX 75212

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: Dade Curb Mount & Self-Flashing Skylight

APPROVAL DOCUMENT: Drawing No. DCM-1 & DSF-1, titled "Dade Curb Mount & Dade Self Flashing", sheets No. 1 and 2 of 2, prepared by Maxim Industries, Inc., dated 04/01/03 with no revisions, signed and sealed by Richard Boyette, P.E. on 04/10/2003, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and the approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large & Small Missile Impact

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

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 # 03-0224.11 and consists of this page 1, evidence submitted page E-1 as well as approval document mentioned above.

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

**MIAMI-DADE COUNTY
APPROVED***Helmy A. Makar*
04/24/2008NOA No: 08-0219.02
Expiration Date: 05/15/2013
Approval Date: 04/24/2008

Page 1

Maxim Industries, Inc.

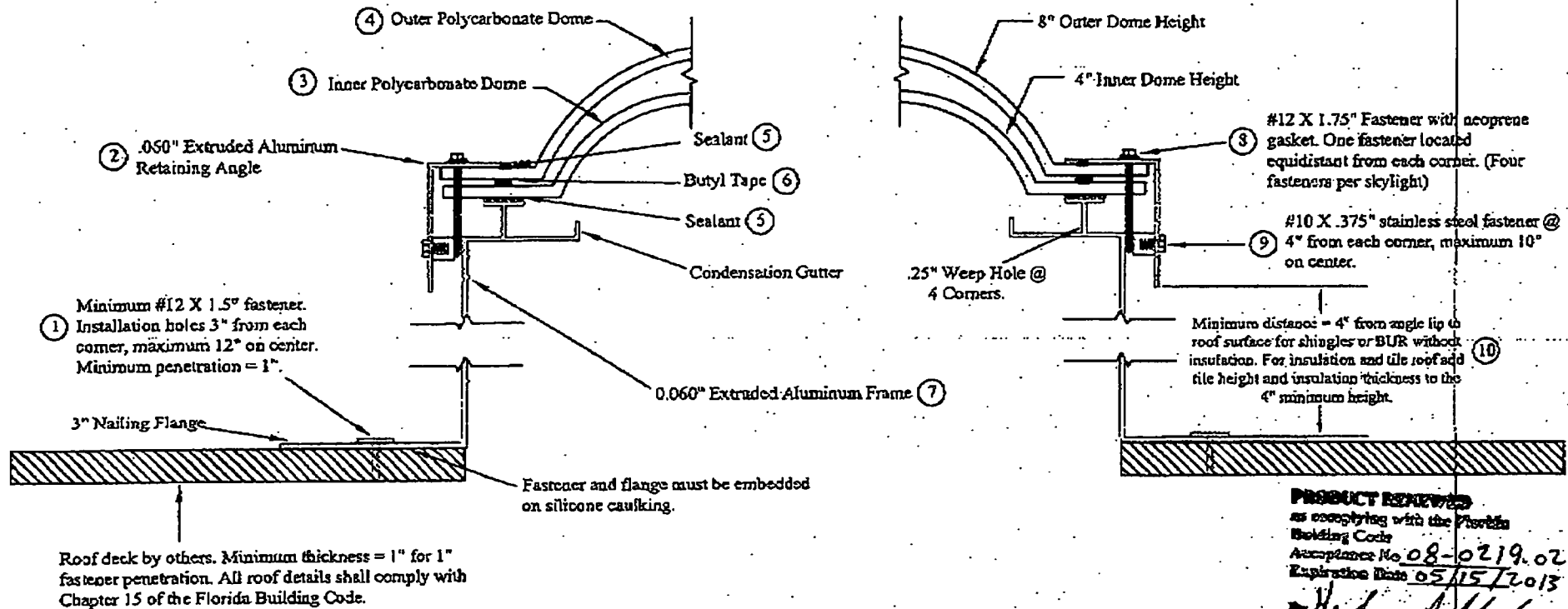
NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

- 1. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #03-0224.11**
 - A. DRAWINGS**
 1. *Drawing No. DCM-1 & DSF-1, sheet 1 and 2 of 2, titled "Dade Curb Mount & Dade Self Flashing", prepared by Maxim Industries, Inc, dated 04/01/03, with no revision, signed and sealed by R. Boyette, P.E.*
 - B. TESTS**
 1. *Test report on Large Missile Impact Test per TAS 201, Cyclic Load Test per TAS 203 and Uniform Static air Pressure Test per TAS 202 on "Dade Self-Flashing, Dade Curb mount", prepared by Architectural Testing, Inc, report No. 01-43381.01 issued on 01/29/03, signed and sealed by S. M. Uric, P.E.*
 - C. CALCULATIONS**
 1. *Anchor calculations prepared by Richard Burette, signed and sealed by R. Burette on 02/11/03*
 - D. MATERIAL CERTIFICATIONS**
 1. *Notice of Acceptance No. 01-0709.07 issued to Sheffield Plastics, Inc. on 08/23/01, expiring on 08/27/06.*
 - E. STATEMENTS**
 1. *Code compliance letter issued by Richard Burette, P.E. on 02/11/03, signed and sealed by R. Boyette, P.E.*
- 2. NEW EVIDENCE SUBMITTED**
 - A. DRAWINGS**
 1. *None.*
 - B. TESTS**
 1. *None.*
 - C. CALCULATIONS**
 1. *None.*
 - D. QUALITY ASSURANCE**
 1. *By Miami-Dade County Building Code Compliance Office.*
 - E. MATERIAL CERTIFICATIONS**
 1. *None.*


Henry A. Makar, P.E., M.S.

Product Control Examiner
NOA No. 08-0219.02
Expiration Date: 05/15/2013
Approval Date: 04/24/2008

- ① Minimum #12 X 1.5" fastener by others. Pre-punched installation holes 3" from each corner, maximum 12" on center. Minimum penetration = 1".
- ② .060" X 1.5" X 1.75" 6063-T6 extruded aluminum retaining angle. Aluminum angle mitered and welded @ 4 corners.
- ③ 49" X 97" X .118" Hyzod inner polycarbonate dome @ 4" height. NOA: #01-0709-07.
- ④ 49" X 97" X .118" Hyzod outer polycarbonate dome @ 8" height. NOA: #01-0709-07.
- ⑤ OSI PR 256 urethane sealant. Located between aluminum angle retainer and top dome & between bottom dome and aluminum frame.
- ⑥ Butyl tape: 1" X .125" located between top and bottom domes.
- ⑦ 6063-T5 Extruded Aluminum Frame. 0.060" shape mitered and welded @ 4 corners.
- ⑧ #12 X 1.75" Fastener. One fastener located equidistant from each corner. (Four fasteners per skylight)
- ⑨ #10 X .375" stainless steel fastener @ 4" from each corner, maximum 10" on center.
- ⑩ Minimum distance = 4" from angle lip to roof surface for shingles or BUR without insulation. For insulation and tile roof add tile height and insulation thickness to the 4" minimum height.
- ⑪ All units equal to or less than 32 square feet will be accepted under this NOA.



PRODUCT REVIEWED
 as complying with the Florida
 Building Code
 Acceptance No. 08-0219.02
 Expiration Date 05/15/2013
 By *Richard Boyette*
 Miami Dade Product Control
 Division

Dade Self Flashing Model

Date: 04/01/03 Draw. #DSF-1
 Drawing: Dade Self Flashing
 Sheet#: 2 of 2
 Design Pressure: 60psf +/-
 Max. Skylight ID: 48" X 96"

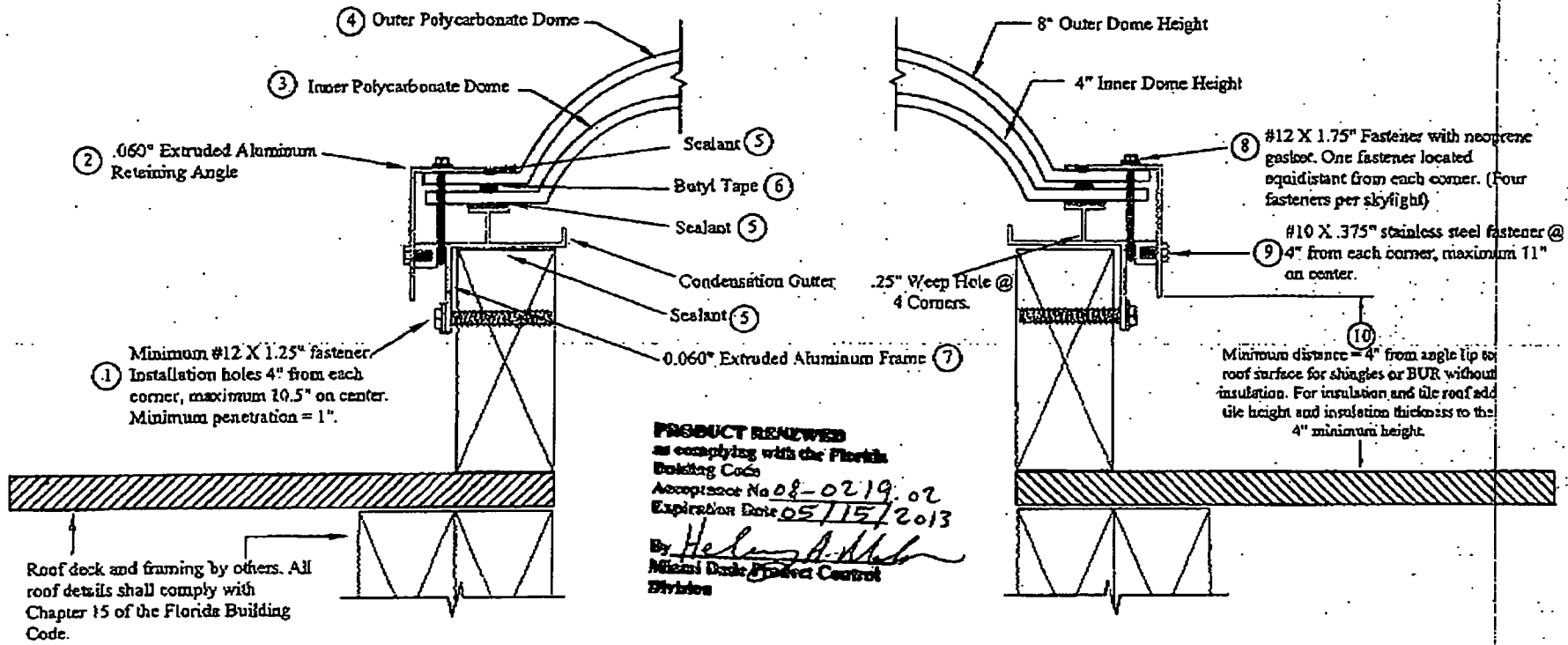
Approved as complying with the
 Florida Building Code
 Date: 02/15/03
 NOA # 03-0222-11
 Miami Dade Product Control
 Division

RICHARD BOYETTE
 FL PE # 42485
 4031 COCONUT BLVD
 ROYAL PALM BCH FL 334
 561-790-5766

MAXIM
INDUSTRIES, INC
 6170 Vanderbilt Avenue Dallas, TX 75214
 Phone: 214-824-1557 Fax: 214-371-7345

Richard Boyette
 4/15/03

- ① Minimum #12 X 1.25" fastener by others. Pre-punched installation holes 4" from each corner, maximum 10.5" on center. Minimum penetration = 1".
- ② .060" X 1.5" X 1.75" 6063-T6 extruded aluminum retaining angle. Aluminum angle mitered and welded @ 4 corners.
- ③ 52.5" X 100.375" X .118" Hyzod inner polycarbonate dome @ 4" height. NOA: #01-0709-07.
- ④ 52.5" X 100.375" X .118" Hyzod outer polycarbonate dome @ 8" height. NOA: #01-0709-07.
- ⑤ OSI PR 256 urethane sealant. Located between aluminum angle retainer and top dome & between bottom dome and aluminum frame.
- ⑥ Butyl tape: 1" X .125" located between top and bottom domes.
- ⑦ 6063-T5 Extruded Aluminum Frame. 0.060" shape. mitered and welded @ 4 corners.
- ⑧ #12 X 1.75" Fastener. One fastener located equidistant from each corner. (Four fasteners per skylight)
- ⑨ #10 X .375" stainless steel fastener @ 4" from each corner, maximum 11" on center.
- ⑩ Minimum distance = 4" from angle lip to roof surface for shingles or BUR without insulation. For insulation and tile roof add tile height and insulation thickness to the 4" minimum height.
- ⑪ All units equal to or less than 32 square feet will be accepted under this NOA.



Dade Curb Mount Model

RICHARD BOYETTE

Date: 04/01/03 Draw. #DCM-1
 Drawing: Dade Curb Mount
 Sheet#: 1 of 2
 Design Pressure: 60psf +/-
 Max. Skylight ID: 51.75" X 99.75"

Approved as complying with the Florida Building Code
 Date: 05/15/03
 NOA: 08-0219-02
 Miami Dade Product Control Division
 By: *[Signature]*

FL PE # 42485
 4031 COCONUT BLVD
 ROYAL PALM BCH FL 33411
 561-790-5766

[Signature]
 4/10/03

MAXIM INDUSTRIES, INC
 6170 Vanderbilt Avenue Dallas, TX 75214
 Phone: 214.824.1557 Fax: 214.371.7345

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

12-26-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10306	Rizzo 15 Rio Vista Gary Marso	Final roof	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10311	Beulitz 105 Via Lucinda Gulfstream Alum	in-progress Final SGD	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10150	Morris 64 S Sewalls Adam's A/C	Final A/C (copy of permit was failed)	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10292	REDACTED REDACTED ON SHORE ROOF	REDACTED REDACTED	Pass	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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-27-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10248	Bolner	sub/siding		
	2 N Sewalls			cancel schedule
	Renar			12-28
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10251	Tschannen	Final		
	15 Emmita Way	Fence	PASS	Close
	A Great Fence			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10151	Burkhard/Barley			
9-10	7 PERMINKLE CIRC	FINAL GAS	PASS	CLOSE
	Ferrell Gas			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10292	Coffey			
<i>PM</i>	15 [unclear]	ROOF FINISH	PASS	Close
	Onshore Roofing			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10284	Beulitz	door buck		
<i>PM</i>	10 Via ^{Said} Lucinda		PASS	
	Louis			INSPECTOR <i>[Signature]</i>

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

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

10899

FENCE

EXPIRED

NO FINAL

INSPECTION



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:	10899	DATE ISSUED:	6/16/2014
SCOPE OF WORK:	FENCE		
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	123841001000001702	SUBDIVISION	RIVERVIEW LOT 17
CONSTRUCTION ADDRESS:	15 RIVERVIEW DRIVE		
OWNER NAME:	COFFIN		
QUALIFIER:	CHESTER RICHMON	CONTACT PHONE NUMBER:	772 288-1151

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10899		
ADDRESS:	15 RIVERVIEW DR.		
DATE ISSUED:	6/16/2014	SCOPE OF WORK:	FENCE

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:	\$	\$ 1,800.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 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

*pd 6-16-14
 CK1229
 Covers Permits
 10897/10898/10899*

Stuart Fence & Bell South. Net

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: June 4 2014 Permit Number: 10899

OWNER/LESSEE NAME: M. Coffin Phone (Day) 561 310 9333 (Fax)
Job Site Address: 15 Ravenview Dr City: Sewalls Point State: FL Zip: 32996
Legal Description: Ravenview S/D Parcel Control Number: 1238 41 001 000 001 70 2
Fee Simple Holder Name: Address:
City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): FENCE

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: \$ 1800.00
(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: Stuart Fence Phone: 772 288 1157 Fax: 772 288 3035
Qualifiers name: Chester J Richmond Street: PO-Box 2636 City: Stuart State: FL Zip: 32995
State License Number: OR: Municipality: License Number: MCFE 3584
LOCAL CONTACT: Chester Richmond Phone Number: 772-288-1157

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:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. 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.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - 5.

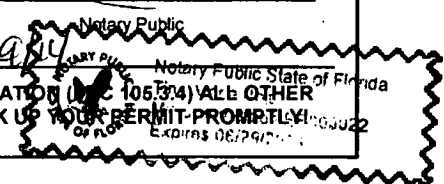
***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X
State of Florida, County of:
On This the day of 20
by who is personally
known to me or produced
As identification.
Notary Public
My Commission Expires:

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X
State of Florida, County of: Martin
On This the 4 day of June 20 14
by Chester J Richmond who is personally
known to me or produced
As identification.
Notary Public
My Commission Expires: 06/29/14

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



STUART FENCE COMPANY, INC.

(772) 288-1151

Fax (772) 288-3035

CFE3584

LICENSED & INSURED
BONDED

PROPOSAL - CONTRACT

P.O. Box 2636
Stuart, FL 34995

CUSTOMER'S NAME MISSY COFFIN			DATE 5-13-14
STREET 15 RIVERVIEW DR	CITY SEWALLS PT	STATE FL	ZIP 34996
HOME PHONE	BUSINESS PHONE	Fax #	MOBI/BEER# 561-310-9333
FENCE LINE CLEARED: Y / N N	SURVEY: MISSYCOFFIN@GMAIL.COM	TOTAL FOOTAGE: 90'	

CHAIN LINK

FENCE TYPE _____

TOP RAIL _____

LINE POST _____

CORNER POST _____

GATE POST _____

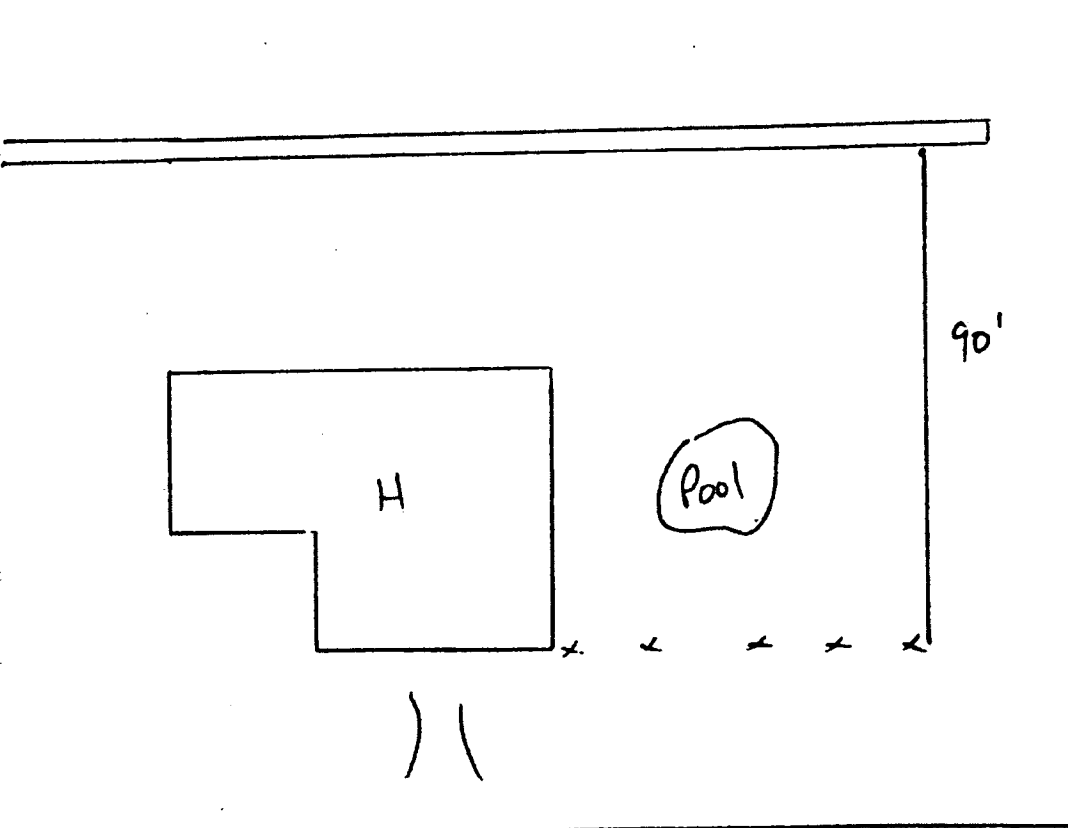
WALK GATE _____

D.D. GATE _____

WIRE GAUGE _____

TENSION WIRE _____

FURNISH AND INSTALL 90' OF 6' HIGH PRESSURE TREATED WOOD FENCE. REMOVE EXISTING FENCE AND DISPOSE OFF SITE. ALL POSTS SET IN CONCRETE. TOTAL INCLUDES ALL MATERIAL, LABOR & PERMIT FEES.



WOOD

FENCE STYLE B.O.B.

HEIGHT 6'

GOOD SIDE OUT

WALK GATES _____

D.D. GATES _____

LINE POSTS 4X4XB

GATE POSTS _____

SPECIAL INSTRUCTIONS

PVC/ALUMINUM

FENCE STYLE

WALK GATES

D.D. GATES _____

POOL FENCE Y / N

OPTION "B"	PROPOSAL / CONTRACT SALE PRICE	OPTION "A"
	CONTRACT PRICE	\$1800
	PERMIT	Inc.
	TOTAL	
	LESS DEPOSIT	900.00 m/c 5/23
	BALANCE DUE UPON COMPLETION	900.00

ACCEPTANCE OF PROPOSAL - CONTRACT The above prices, specifications and Terms/Conditions on reverse side are arbitrary and are hereby accepted. Stuart Fence Corp. is authorized to do the work specified. Payment will be made as outlined above. Upon signing by Purchaser this becomes a binding contract.

CUSTOMER'S SIGNATURE Missy Coffin 5-14-2014

SEE REVERSE SIDE FOR WARRANTY INFORMATION

APPROVED AND ACCEPTED DATE _____

SALES REP. Jason

STUART FENCE COMPANY, INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNMARKED IRRIGATION LINES

✓

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

FENCE ERECTION - MC

License #: MCFE3584 Expires: 09/30/2014

RICHMOND, CHESTER J III
STUART FENCE COMPANY INC
P.O. BOX 2636
STUART, FL 34995

CERTIFICATE OF LIABILITY INSURANCE

Date
1/3/2014

Producer: Lion Insurance Company
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

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: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurer A: Lion Insurance Company

11075

Insurer B:

Insurer C:

Insurer D:

Insurer E:

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ 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) \$																				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence Aggregate																				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2014	01/01/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 20%;">WC Statutory Limits</td> <td style="width: 5%;"></td> <td style="width: 10%;">OTH-ER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	X	WC Statutory Limits		OTH-ER			E.L. Each Accident			\$1,000,000		E.L. Disease - Ea Employee			\$1,000,000		E.L. Disease - Policy Limits			\$1,000,000
X	WC Statutory Limits		OTH-ER																							
	E.L. Each Accident			\$1,000,000																						
	E.L. Disease - Ea Employee			\$1,000,000																						
	E.L. Disease - Policy Limits			\$1,000,000																						

Other

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 34-65-485

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Stuart Fence Company, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

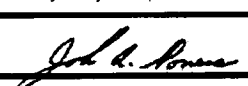
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

FAX: (772) 220-4765 / ISSUE 12-23-13 (ND) / REISSUE 01-03-14 (TLD)

Begin Date 5/10/2004

CERTIFICATE HOLDER	CANCELLATION
TOWN OF SEAWALLS POINT 1 S SEAWALLS POINTROAD STUART, FL 34996	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. <div style="text-align: right; font-family: cursive;">  </div>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2013

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 RICK CARROLL INSURANCE AGENCY 2160 NE Dixie Highway PO Box 877 Jensen Beach FL 34958-0877	CONTACT NAME: Carla Green	
	PHONE (A/C No. Ext): (772) 334-3181 FAX (A/C No.): (772) 334-7742 E-MAIL ADDRESS: carla@rickcarroll.com	
INSURED Stuart Fence Company Inc. and Stuart Retail PO Box 2636 Stuart FL 34995	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: First National Ins Co of Amer	
	INSURER B: American States Insurance	19704
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL13122305768

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			25CC1663017	8/18/2013	8/18/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV. INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 2,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			01CH3769388	12/20/2013	12/20/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			01SU41496650	8/18/2013	8/18/2014	Uninsured motorist combined \$ 100,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY. GENERAL LIABILITY CONTAINS ADDITIONAL INSURED ENDORSEMENTS ON A PRIMARY/NON CONTRIBUTORY BASIS - AND A WAIVER OF SUBROGATION (TRANSFER OF RIGHTS) ENDT, SEE ATTACHED.

CERTIFICATE HOLDER

(772) 220-4765

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Keith Carroll/DCH



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

Site Provided by...
 governmax.com 1,11

Summary



Tabs

Summary

Print View

Land

Improvements

Assessments &

Exemptions

Sales

Taxes ➡

NEW: Navigator

Parcel Map ➡

Notice of Prop.

Taxes ➡

Parcel ID	Account #	Unit Address	Market Total Value	Weight
12-38-41-001-000-00170-2	27507	15 RIVERVIEW DR, SEWALL'S POINT	\$307,160	5/2

Owner Information

Owner(Current)	COFFIN MARTHA E
Owner/Mail Address	15 RIVERVIEW DR STUART FL 34996
Sale Date	8/24/2006
Document Book/Page	2174 0713
Document No.	1955931
Sale Price	618000

Searches

Parcel ID

Owner

Address

Account #

Use Code

Legal Description

Neighborhood

Sales

Navigator

Maps ➡

Location/Description			
Account #	27507	Map Page No.	SP-
Tax District	2200	Legal Description	RIV S/D
Parcel Address	15 RIVERVIEW DR, SEWALL'S POINT		
Acres	.5310		

Parcel Type

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

Functions

Property Search

Contact Us

On-Line Help

County Home

Site Home

County Login

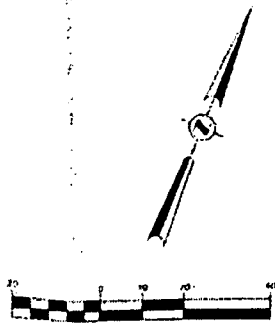
Assessment Information

Market Land Value	\$181,500
Market Improvement Value	\$125,660
Market Total Value	\$307,160

[Print](#) [Back to List](#) [First](#) [Previous](#) [Next](#) [Last](#)

Legal Disclaimer / Privacy Statement

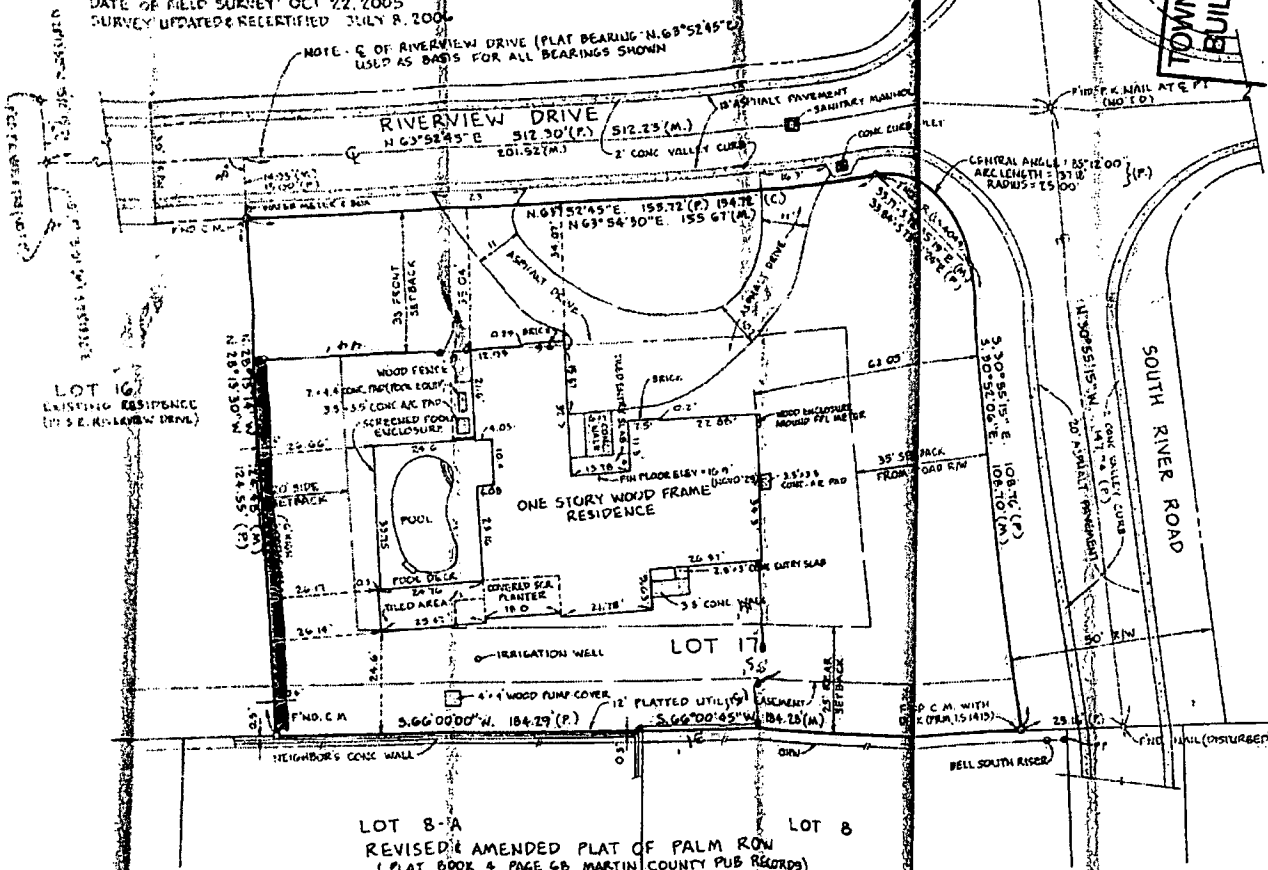




DATE OF FIELD SURVEY: OCT 22, 2005
 SURVEY UPDATED & RECERTIFIED: JULY 8, 2006

NOTE: C OF RIVERVIEW DRIVE (PLAT BEARING N.68°52'45"E)
 USED AS BASIS FOR ALL BEARINGS SHOWN

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



PROPERTY DESCRIPTION:
 LOT 17, RIVERVIEW SUBDIVISION, ACCORDING TO THE PLAT THEREOF RECORDED
 IN PLAT BOOK 6, PAGE 86, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA,
 SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS AND/OR RIGHTS OF WAY
 OF RECORD

LEGEND:
 FND - POLY CONC. - CONCRETE R/W - RIGHT OF WAY
 C.M. - 4"x4" CONC. MARKER (NO I.D.) C - CENTERLINE
 I.R. - 5/8" IRON ROD WITH I.D. CAP
 P.P. - WOOD POWER POLE OHW - CENTERLINE OF OVERHEAD WIRES
 P.F. - WOOD POWER POLE (C) - CALCULATED DATA
 (M) - MEASURED DATA
 (P) - DATA FROM PLAT OF "RIVERVIEW SUBDIVISION"

SURVEYOR'S NOTES:
 SUBJECT PROPERTY LIES IN FLOOD ZONE X ACCORDING TO F.E.M.A. FLOOD
 INSURANCE RATE MAP NO. 12085C0162F; EFFECTIVE DATE: OCT. 4, 2002.
 PROPERTY ADDRESS IS 13 RIVERVIEW DRIVE, SEWALL'S POINT, STUART, FL 34996

SURVEYOR'S CERTIFICATE:
 I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT
 REPRESENTATION OF A SURVEY MADE BY ME AND THAT SAID SURVEY IS
 ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THERE ARE NO
 APPARENT ABOVE GROUND PHYSICAL USES OTHER THAN THOSE SHOWN OR
 STATED HEREON

BY: *Arthur Speedy* 7-11-06
 ARTHUR SPEEDY, FLORIDA PROFESSIONAL SURVEYOR & MAPPER NO. 3343

THE PROPERTY DESCRIPTION SHOWN HEREON IS AS FURNISHED AND
 SAID LANDS HAVE NOT BEEN ABSTRACTED FOR RIGHTS OF WAY
 AND/OR EASEMENTS OF RECORD. THIS MAP OF SURVEY IS NOT VALID
 WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF THE FLORIDA
 LICENSED SURVEYOR AND MAPPER. THE SURVEY DEPICTED HEREON IS
 NOT COVERED BY PROFESSIONAL LIABILITY INSURANCE.

SURVEY IS CERTIFIED TO: MARTHA E. COFFIN; JOHN EDGAR SHERRARD,
 FA; TIGER TITLE INSURANCE COMPANY OF FLORIDA,
 J.P. MORGAN CHASE BANK, N.A. ITS SUCCESSORS AND/OR ASSIGNS, AT I/M A

SHEET
 1
 OF ONE

MAP OF SURVEY - Lot 17, RIVERVIEW SUBDIVISION,
 Town of Sewall's Point, Martin County, Florida
 Prepared for MARTHA E. COFFIN

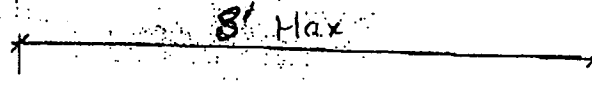
BOUNDARY SURVEY with
 LOCATION OF IMPROVEMENTS

NO. REVISION	DATE
DESIGNED BY	DATE OCT 2005
CHECKED BY	SCALE 1" = 20'

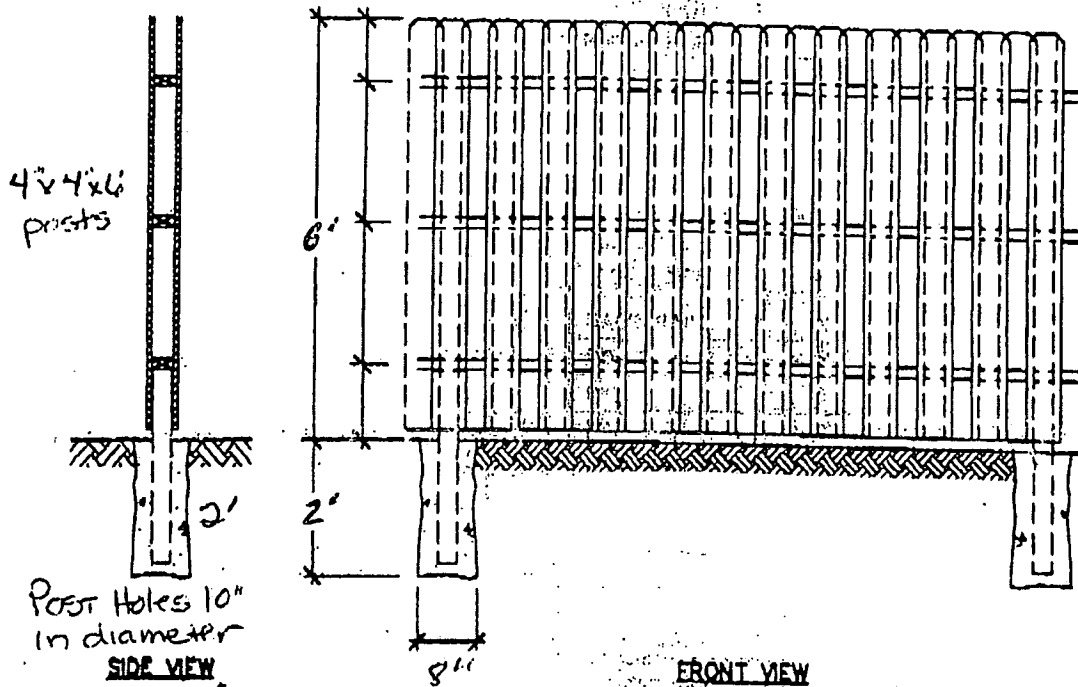
ARTHUR SPEEDY
 PROFESSIONAL SURVEYOR & MAPPER
 P.O. BOX 92...959 S. FEDERAL HWY...STUART, FLORIDA 34985



Pickets 1/2" x 6" x 6'



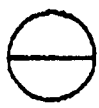
PLAN VIEW



4x4x6 posts

Post Holes 10" in diameter
SIDE VIEW

FRONT VIEW



6' BOARD ON BOARD FENCE DETAIL

STYLE : DOG EARED (W-12)

NOTES:

SPECIFICATIONS		
COMPONENT	DIMENSIONS	MATERIAL
BACK RAILS	X X	
POSTS	X X	
PICKETS	X X	
FOOTING	DIA X DEEP	
NAILS/SCREWS		
TOP DESIGN		

CORRESPONDENCE



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, FL 34996
Tel: 772-287-2455 Fax: 772-220-4765

Robert L. Kellogg
Town Manager

November 27, 2012

- ✓ SEWALL'S POINT POLICE DEPARTMENT
- ✓ SEWALL'S POINT TOWN CLERK
- ✓ STUART POST OFFICE - Eric 283-8056
- ✓ MARTIN COUNTY PROPERTY APPRAISERS OFFICE 221-7411
- ✓ STUART FIRE RESCUE - 288-5371 Elise

RE: 13 Riverview Drive, Sewall's Point, FL

Parcel ID# 12-38-41-001-000-00170-2

Riverview S/D - Lot 17

The current owner, Martha E Coffin has requested that her address be changed from 13 Riverview Dr to 15 Riverview Dr.

The Town of Sewall's Point has no objection to this request, since the address number 15 has never been issued on Riverview Dr.

Please make the appropriate changes.

Thank you,

TOWN OF SEWALL'S POINT


Robert Kellogg

Town Manager

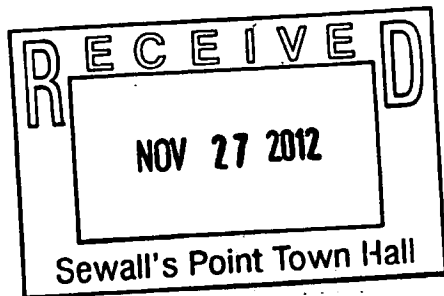
Nov. 27, 2012

To: Town of Sewall's Point
Attn. Valerie Meyer,

I have requested a change
of my house number from 13
Riverview Drive to 15 Riverview Drive.

Thank you very much for
your attention to this matter.

Sincerely,
Martha Coffin



DAN MORRIS
Mayor

JAMES W. CAMPO, CFP
Vice Mayor

VINCENT N. BARILE
Commissioner

PAUL LUGER
Commissioner

JACQUI THURLOW-LIPPISCH
Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
Town Manager

LAKISHA Q. BURCH, CMC
Town Clerk

TINA CIECHANOWSKI
Chief of Police

JOHN ADAMS
Building & Facilities Director

May 4, 2016

Missy Coffin
15 Riverview Drive
Sewall's Point, FL 34996

RE: 15 Riverview Drive, Sewall's Point, FL 34996

To Whom It May Concern:

This letter confirms that the address 13 Riverview Drive, Sewall's Point, FL 34996 was changed to 15 Riverview Drive Sewall's Point, FL 34996.

This change in address was approved by the Town of Sewall's Point. For your convenience, I have attached of the property summary from the Martin County Property Appraiser's Office, as well GIS Map of the property.

If you have any questions please feel free to contact the Town of Sewall's Point at 772-287-2455.

Sincerely,

Tina Ciechanowski
Chief of Police/Acting Town Manager

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

generated on 5/4/2016 12:47:27 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00170-2	27507	15 RIVERVIEW DR, SEWALL'S POINT	\$346,000	4/30/2016

Owner Information

Owner(Current)	COFFIN MARTHA E
Owner/Mail Address	15 RIVERVIEW DR STUART FL 34996
Sale Date	8/24/2006
Document Book/Page	<u>2174 0713</u>
Document No.	1955931
Sale Price	618000

Location/Description

Account #	27507	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 17
Parcel Address	15 RIVERVIEW DR, SEWALL'S POINT		
Acres	.5310		

Parcel Type

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

Assessment Information

Market Land Value	\$220,000
Market Improvement Value	\$126,000
Market Total Value	\$346,000

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

317

Permit # _____

Date Issued _____

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

Owner George Wittman Address 13 Riverview Dr. Phone 220-4103

Contractor _____ Address _____ Phone _____

Number of trees to be removed(list kinds of trees) _____

1 Hickory?

Number of trees to be relocated within 30 days(no fee)(list kinds of trees):

None

Number of trees to be replaced within 30 days(list kinds of trees):

None

Tree hit by lightning / Dead

Permit Fee \$ NONE (\$5.00 for first tree plus \$1.00 for each additional tree - not to exceed \$25.00)

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

Plans approved as submitted NA Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted 8/25/95

Approved by Building Inspector [Signature] Date 8/25/95

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

TOWN OF SEWALL'S POINT, FLORIDA

Date AUG. 19, 1999 TREE REMOVAL PERMIT No. 259

APPLIED FOR BY GEORGE WITTMAN (Contractor or Owner)

Owner 13 RIVERVIEW DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees 2 BAY (DISEASED/DEAD)

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS FIELD INSPECTION & VERIFICATION 8/18/99

SEE APP. SKETCH FOR LOCATION FEE \$ WAIVED

Signed, [Signature] Applicant

Signed, [Signature] Town Clerk BLING OFF

TOWN OF SEWALL'S POINT

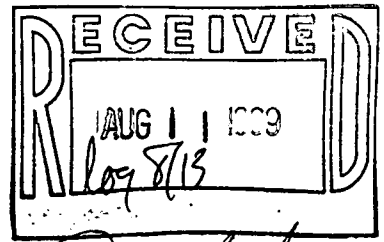
Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____



SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: Wittman SIGNATURE [Signature]

ADDRESS: 13 Riverview Drive

NUMBER & TYPE TREES TO BE REMOVED: One Bay Tree

CONTRACTOR: West Lawn Service

ADDRESS: _____

LICENSE NUMBER: _____

PHONE: _____ Owner _____ Contractor _____

CONTRACT PRICE: \$ _____

PERMIT FEE: \$ NONE (DISEASED/NEED) PAID: N/A Date _____

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

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

Tree Dying

APPLICANT SIGNATURE [Signature] DATE: 8/11/99


APPROVED: [Signature] Building Inspector [Signature] SEE REVERSE FOR INSPECTION REPORT Date: 8/18/99

DENIED: _____ Building Inspector Date: _____


_____ Building Commissioner Date: _____

REASON FOR DENIAL, IF APPLICABLE:

8/18/99

10 

Prop.hine

 Tree:

- Main trunk badly decayed
- no leaf growth on main branches
- potential property damage in future



Riverview Drive

Prop.hine

S River Rd.

TOWN OF SEWALL'S POINT, FLORIDA

Date OCTOBER 1 14 2003 TREE REMOVAL PERMIT No 2104

APPLIED FOR BY GEORGE WHITMAN (Contractor or Owner)

Owner 13 RIVERVIEW DR.

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 QUEEN PALM

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant FEE \$ 0
Signed, Gene Simmons (Signature)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for project details or notes.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner George Wittman Address 13 RIVERVIEW DR. Phone 220 4103

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Queen Palm ?

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

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

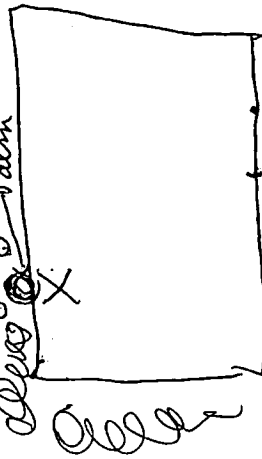
Written statement giving reasons: Dangerously close to house

Signature of Applicant [Signature] Date _____

Approved by Building Inspector: [Signature] Date 10/1/03 Fee: NO FEE

Plans approved as submitted _____ Plans approved as revised/marked: CLOSE PROXIMITY TO HOUSE

Kanban Area
Open
Palm



RIVERVIEW DR.

S. RIVER RD.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/1, 20003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6310	MERKIN 95 N. SEWALL'S Pt O/B	ELECTRICAL	FAIL	ROUGH INSPECTOR: PAUL
6185	MERKIN 95 N. SEWALL'S Pt FERRELL GAS	INSPECT GROUNDING	PASS PARTIAL	SLEEPING INSPECTOR: CAROLINA PAUL
5960	LEWIS 43 RIO VISTA	FINAL	FAIL	REMOVE DERRI'S INSPECTOR:
TREE	WHITMAN 13 RIVERVIEW	TREE	PASS	NO FEE CLOSE PROXIMITY TO HOUSE INSPECTOR:
6405	STEARNS 80 N. SEWALL'S Pt HOECKER SUCS	FINAL ROOF	FAIL	REMOVE FLASHING DERRI'S INSPECTOR: PAUL
TREE	POTSDAM 50 RIO VISTA	TREE		SEE NOTES INSPECTOR:
6370	RORIAN 14 COPPIN WOODWARD	FRAMING	PASS PARTIAL	FOR LETTER FILE/PLAN INSPECTOR:

OTHER:

TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 20 2005 TREE REMOVAL PERMIT No 2487

APPLIED FOR BY WITTMAN (Contractor or Owner)

Owner 13 RIVERVIEW DRIVE, Lot _____, Block _____

Sub-division _____, Kind of Trees _____

No. Of Trees: REMOVE 1-3 ? WITHIN 30 DAYS (NO FEE)

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

Signed, [Signature] FEE \$ 0
Town Clerk
BUILDING OFFICIAL

201-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TO

TOWN OF SEWALL'S POINT
TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner B. WITTMAN Address 13 Riverview Dr. Phone 220 4103

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1-3? Type: ?

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

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

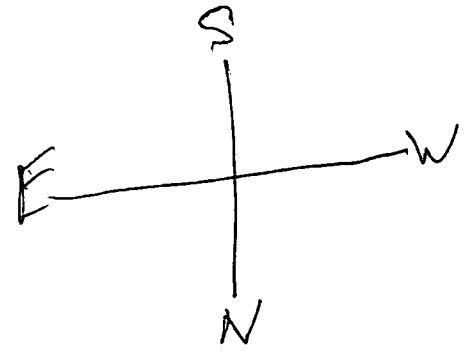
Written statement giving reasons: Hurricane danger

Signature of Property Owner [Signature] Date May 18, 05

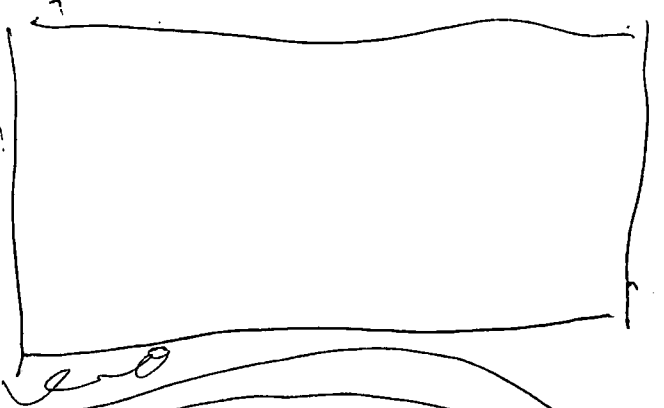
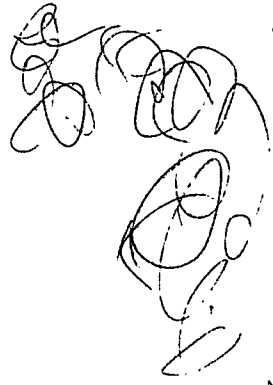
Approved by Building Inspector: [Signature] Date 5/20 Fee: 0

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

S River Rd.



[Handwritten signature]
100



Riverview Drive.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/20, 20015 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7432	MURPHY/BASSH	FENCE FINAL	PASS	CLOSE
8	8 HERON'S NEST O/B			INSPECTOR:
7285	ZYGMAN	ROOF FINAL	FAIL	
7	18 SIMARA ALL AMERICAN			INSPECTOR:
6839	WADE	BATHEN-BAUL	FAIL	
1	9 E. HIGH POINT PINE ORCH BLVD			INSPECTOR:
7527	GAUL	FINAL GAS	PASS	CLOSE
3	107 S. RIVER RD MARTIN CITY PROP.			INSPECTOR:
7537	DE SANTIS	WINDOW BREE	PASS	REWORK APPROX CLOSE
5	73 S. RIVER RD SPECIAL FORCES			INSPECTOR:
7566	WITTMAN	TREE	PASS	
6	13 RIVERVIEW DR			INSPECTOR:
7548	NORDEEN	IN GAS TANK LINES		CLOSE
	5 KINGSTON CT PROPANE DISCOUNTS			INSPECTOR:
OTHER:	7127 20 FIELDWAY CLIFFORD	ELEC. FINAL	PASS	CLOSE



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

[Handwritten signature]

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 Missy Coffin Address 13 Riverview Dr. Phone 772-221-8321

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE _____ Species: _____

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) doing some limbing of oak trees

Signature of Property Owner [Signature] Date Jan. 31st 2011

Approved by Building Inspector: [Signature] Date 2-2-11 Fee: N/C

NOTES: _____

