

17 Riverview Drive

663

SFR

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

RECEIVED
JAN 13 1977

Permit No. 663

Date 1/17/77

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

Owner Anthony Scianna + LOUISE T. Present Address 1723 No. E. 24th St. Jensen Beach, Fla. Ph 334-1138

General Contractor Gene & Bob Foster Bldrs. Address 1660 Cypress Dr. Jupiter Ph 746-5177
Palm Beach Co. L-9507

Where licensed Martin County License No. 118

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on Riverview Drive

Subdivision Riverview Lot No. 16 Area _____

Building area, inside walls (excluding garage, carport, porches) Sq ft 1800

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 48,000.00

Total cost of permit \$ 260⁰⁰

240⁵⁰
10

Plans approved as submitted _____ Plans approved as marked [initials]

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

[Signature]
Signed by General Contractor

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

[Signature]
Signed by Owner

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

TOWN RECORD

Date submitted 1/17/77 [Signature]

Date approved 1/14/77 [Signature]

Certificate of Occupancy issued 5/13/77 11:00 AM [Signature] Date

#663

BUILDING PERMIT REQUIREMENTS

Permit No. 663

Date Issued 1/17/77

REQUEST FOR PERMIT TO BUILD: RESIDENCE

COPY OF DEED: O.R. Book 410 Page 1279

THREE COPIES PLANS Received 1/13/77

CERTIFIED BY Besemer (Julian Field) Date 1/11/77
(If necessary re deed restrictions)

COUNTY SEWAGE DISPOSAL PERMIT #HD 77-23

REQUEST FOR CERTIFICATE OF OCCUPANCY 1/17/77

#663

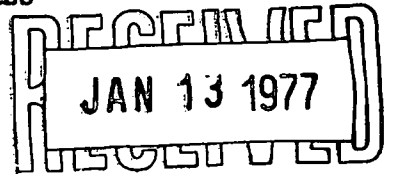
SCIANNA
FOSTER BLDGS.

Application/Permit No. HD 77-23

MARTIN County Health Department

THIS PERMIT EXPIRES ONE (1) DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES YEAR FROM DATE OF ISSUANCE

DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities



Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

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

Section II - Information:

1. Property Address (Street & House No.) Riverview Drive, Sewalls Point
Lot 16 Block ----- Subdivision Riverview Subdivision, Sewalls Point
Date Recorded 1975 Directions to Job South on Sewalls Point Road to Riverview Drive, West on Riverview Drive
2. Owner or Builder Anthony Scianna
P.O. Address 1723 NE 24th St Jensen Beach
3. Specifications _____

Tank	Drainfield
Gals. _____	ft. of 6" clay tile or 5" perforated plastic drain in a 3' trench or
<u>1050</u> Gals. <u>340</u>	ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench

Scale 1" = 50'

(Rear)

REMOVE ALL IMPERVIOUS MATERIALS TO A DEPTH OF 6' AND BACKFILL WITH A GOOD GRADE OF SAND IN ENTIRE AREA OF DRAINFIELD.

SEE

ATTACHED SHEET

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

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

(Front)

(Name of Street or State Road)

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

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

Applicant: Anthony Scianna
Please Print

Signature: Miss Anthony Scianna Date: January 11, 1977

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: Trenches, if possible

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: John S. Cole, R.S. County Health Dept. MARTIN Date 1/12/77

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No
Date: _____ By: _____
FHA No. _____ VA No. _____

#663

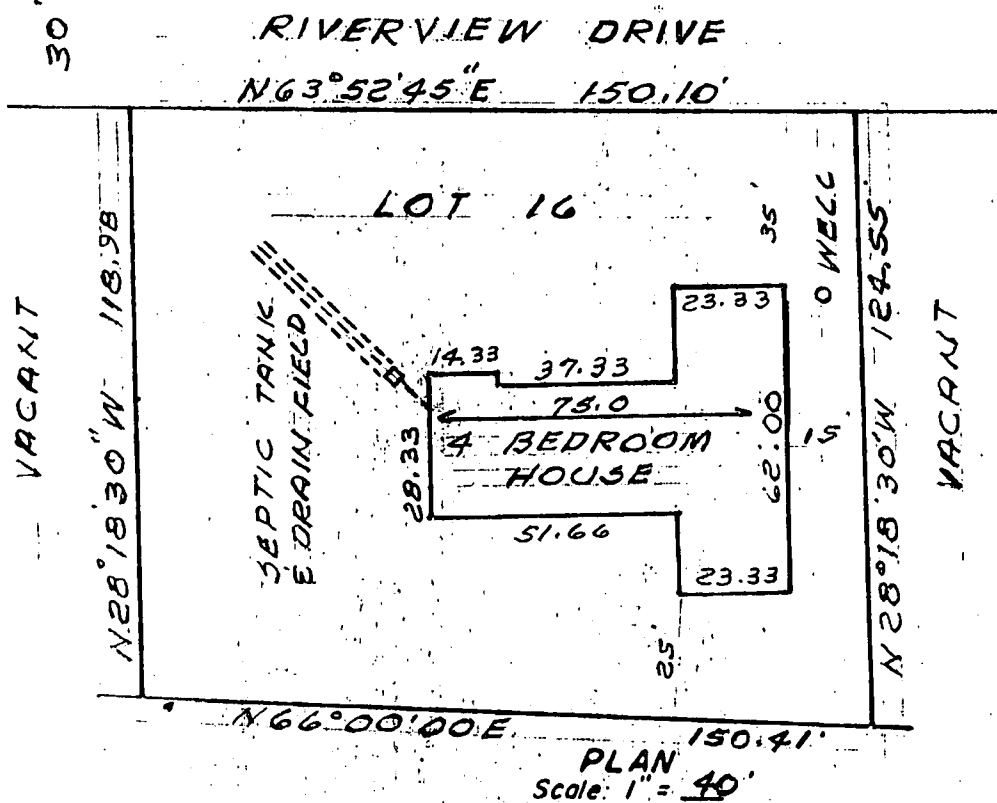
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

RECEIVED
JAN 13 1977

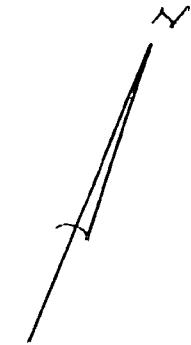
INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET

Location: Riverview S/D Applicant: Anthony Scianna
Sewall's Point County: Martin

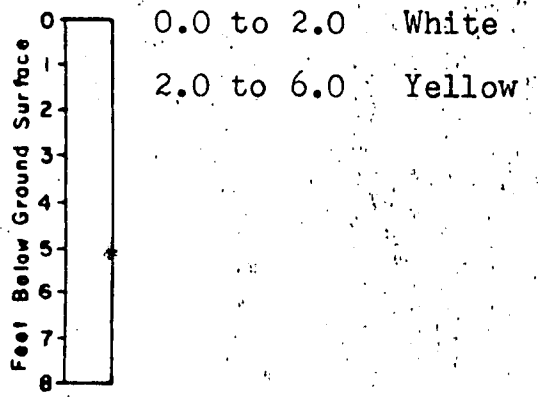
NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



Plot plan must show all data required in 10B-6.03 2(a) and all other pertinent data.



SOIL DATA



LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SP
Soil Characteristics _____

Percolation Rate 1 min/inch 1 inch in 12 seconds

Water Table Depth No water to 6 feet

Water Table Depth During Wet Season Below 6 feet

Compacted Fill Of None Req'd

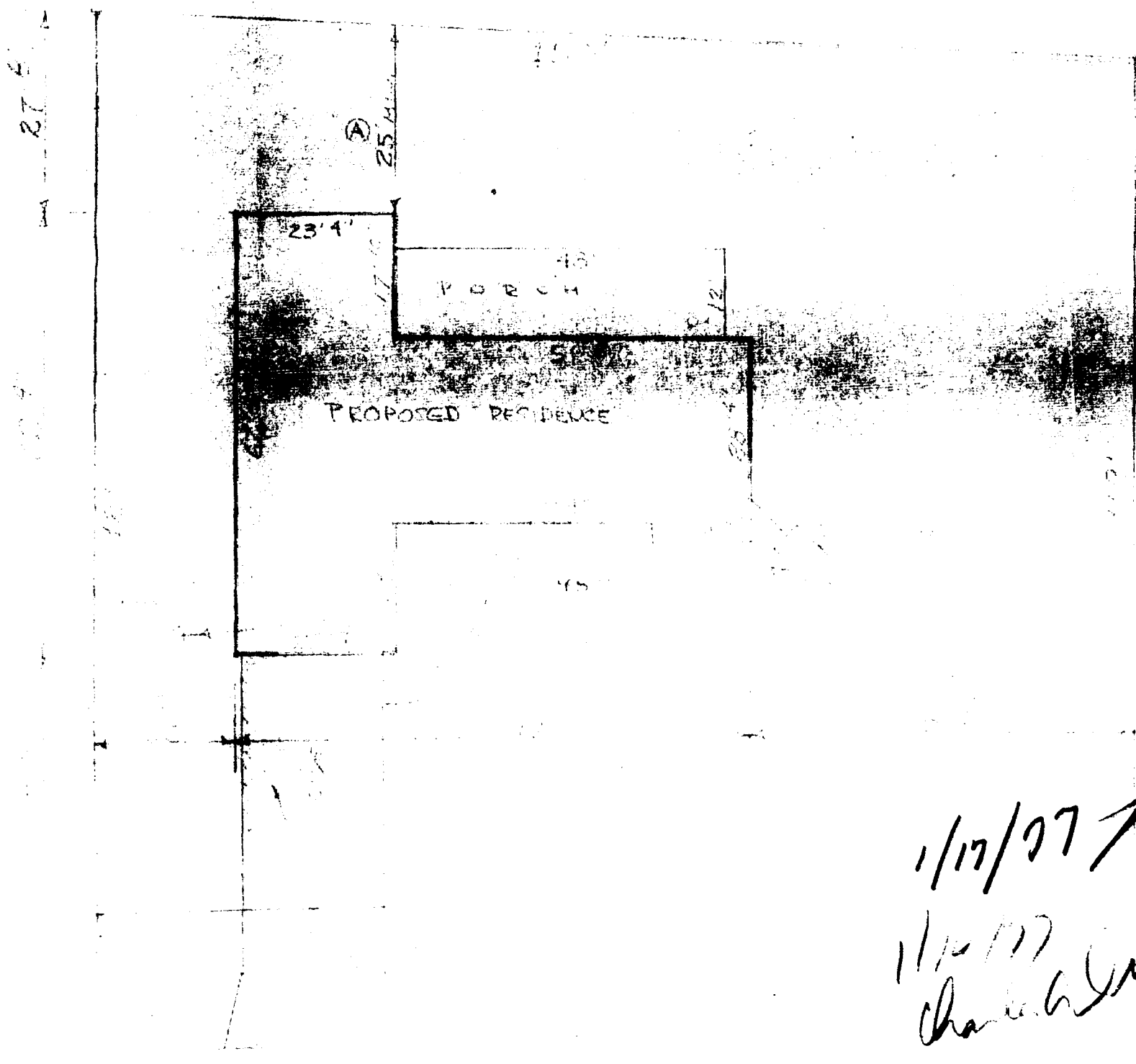
Compacted Fill Checked By: _____

Date _____

CERTIFIED BY: W.P. Berry
FLORIDA PROFESSIONAL No. 1446
Date Jan. 11, 1977 Job No. _____

LOT 10, INTERVIEW, ...
GEORGE ...

Approval of these plans in NO-WAY
relieves the contractor or builder of
complying with the Town of Sewall's
Point's Ordinances and the South
Florida Building Code.



1/17/27 *[Signature]*
1/14/27 *[Signature]*
#663

APPROVED
LESSEMER SECURITIES CORPORATION
BY *[Signature]*
DATE 1/11/27

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to SCIAMMA *Business 207 16*

For property built under Permit No. 663 Dated _____

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	2/16/77	
Rough plumbing	2/11/77	
Perimeter beam	2/24/77	
Rough electric	2 3/22/77	
Close in		
Final plumbing	5/13/77	
Final electric		

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Charles A. Duplex date _____

Approved by Town Commission _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

1400

FENCE

TOWN OF SEWALL'S POINT FLORIDA

1400

Permit No. _____

Date 9/8/81

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

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

Owner DR. HEILC BOLAND JR. Present address 17 Riverview Dr.

Phone 286-7848 H 287-5590 Bus.

Contractor Martin Fence Co. Address 1125 Old Dixie Hwy.

Phone 848-2666

Where licensed Martin Co. License number #00056

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: 4' Chain link fence 155' + 6' Vert. Shadow Br 16'

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

above

Subdivision Riverview Lot No. 16

Contract price \$ 700.- Cost of Permit \$ 5.00

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 a Town Commissioner "Red-tagging" the construction project.

X 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 Stella B. Boland

TOWN RECORD

Date submitted _____

Approved: [Signature] Building Inspector Date 9/16/81

Approved: [Signature] Commissioner Date 9/23/81

Final Approval given: 10/26/81 Date [Signature]

Certificate of Occupancy issued [Signature] Date [Signature]

1400

MARTIN FENCE CO.

Serving: Martin, Palm Beach, St. Lucie Counties

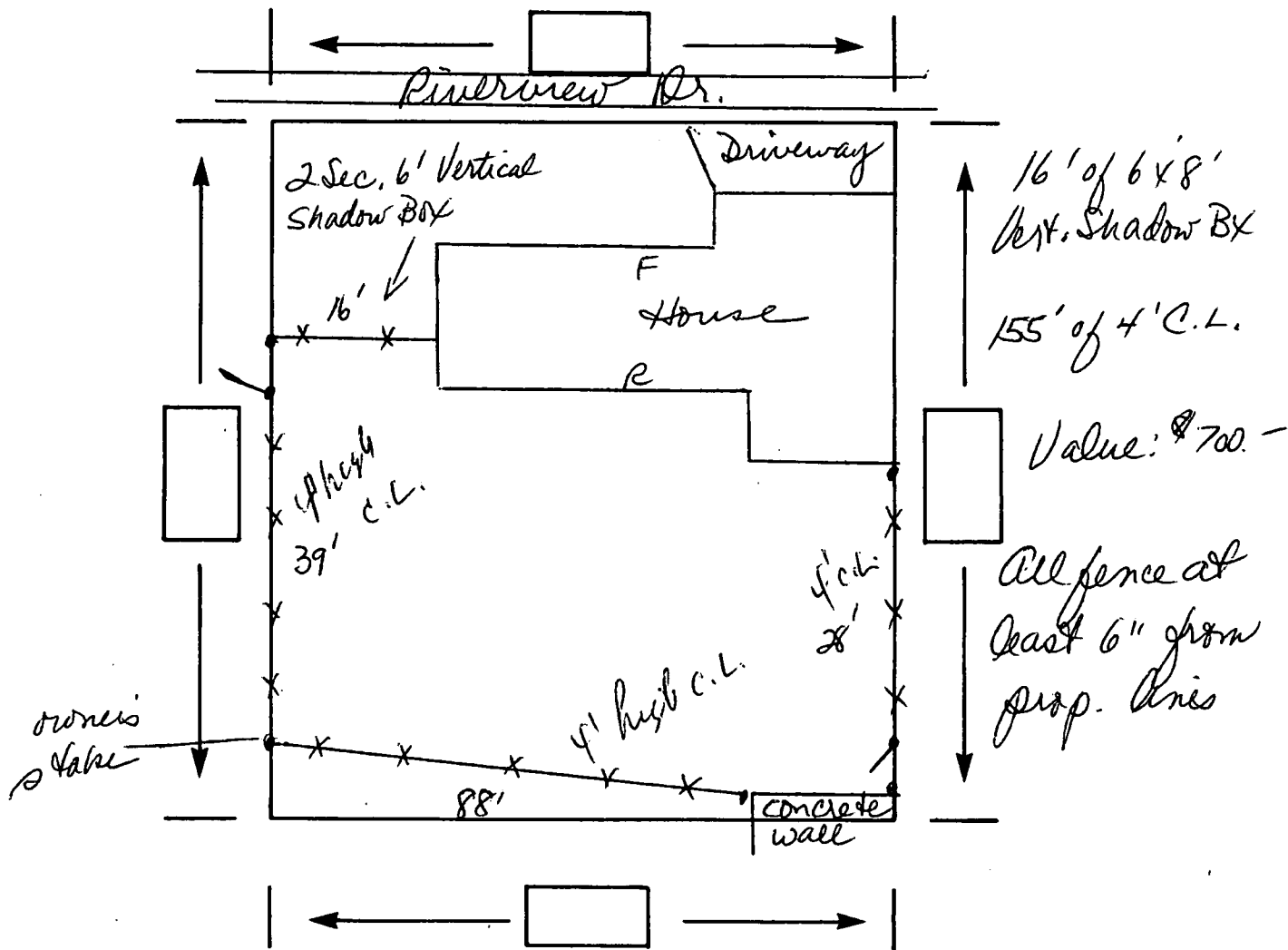
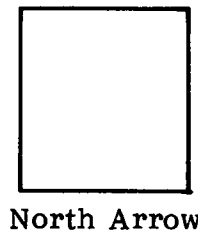
1125 OLD DIXIE HWY., LAKE PARK, FLORIDA 33403

Palm Beach 848-2666
Martin/St. Lucie 334-0000

Plans drawn by: Judy Tonon

Name of Property Owner: Neil C. Boland Jr.

BUILDING & ZONING ADMINISTRATION
Plot Plan



17 Riverview Dr. ST., TERR., AVE., CT., PL.

No Scale

Legal: Lot No. 16 Block No. _____
Subdivision Riverview
Section 12 Twp 36 Rq 41
6 Plat Book and Page No. 86

- Note:
1. Show existing buildings and additions.
 2. Show distance from property lines to buildings and/or new additions.

1662

ADDITION

RECEIVED

Permit No. 1662

JAN 16 1984

Date 1-16-84

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 Neil C & Stella B. Boland Present Address 17 Riverview Dr.

Phone 286-7848 Street, 33494

Contractor LEAR DEVELOPMENT CORP. Address 5154 OKEECHOBEE BLVD.

Phone (305)-689-5507 WEST PALM BEACH, FL 33409

Where licensed FLORIDA License number CGC 019595

Electrical contractor J. D. HARMON License number 00092

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: ONE ROOM ADDITION + FENCE

17 RIVERVIEW DR

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

Subdivision RIVERVIEW Lot number 17 Block number _____

Contract price \$ 8500- Cost of permit \$ 42⁰⁰ + 10 = 52.50

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]
LEAR DEVELOPMENT CORP

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 Stella B. Boland

TOWN RECORD
Date submitted 1/16/84 Approved: [Signature] 1/17/84
Building Inspector Date

Approved: [Signature] 1/17/84 Date Final Approval given: 3/30/84 Date

Certificate of Occupancy issued (if applicable) 3/30/84 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.

Sample

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date April 23, 1984

This is to request that a Certificate of Approval for Occupancy be issued to _____
For property built under Permit No. 1662 Dated 1/16/84 when completed in
conformance with the Approved Plans.

Item		
1. LOT STAKES/SET BACKS	<u>1/19/84</u>	Signed _____
2. TERMITE PROTECTION	<u>1/19/84</u>	Approved by _____
3. FOOTING - SLAB	<u>1/19/84</u>	
4. ROUGH PLUMBING		
5. ROUGH ELECTRIC	<u>1/31/84 , 2/2/84</u>	
6. LINTEL		
7. ROOF	<u>1/31/84</u>	
8. FRAMING	<u>1/31/84</u>	
9. INSULATION	<u>2/2/84</u>	
10. A/C DUCTS		
11. FINAL ELECTRIC	<u>3/30/84</u>	
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION	<u>3/30/84</u>	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Mayzusa date _____

Approved by Building Commissioner _____ date _____

Utilities notified Not Required date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

3125

POOL

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 plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

3125

Owner STELLA AND NEIL BOLAND Present Address 17 RIVERVIEW DR

Phone 256-6264

SEWALL'S POINT

Contractor SUN COUNTRY POOLS INC Address 665 SW SEA HOLLY TER PSL

Phone 240-4260

Where licensed STATE License number CPC 052507

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 AND PATIO

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

Subdivision _____ Gov. Lot number 2 Block number _____

Contract price \$ 16,850.00 Cost of permit \$ 200.00

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 T. Paul Langley

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 Stella Boland

TOWN RECORD

Date submitted _____ Approved: Dale Brown 1/21/92
Building Inspector Date

Approved: [Signature] 1/22/92
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.

Prepared by Sun Country
Return to: 665 SW Sea Holly Ter
Port St Lucie FL 34984

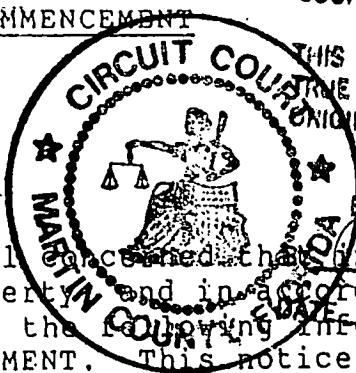
PERMIT
3125

922532

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

STATE OF FL
COUNTY OF MARTIN



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

MARSHA STILLER, CLERK

The undersigned hereby informs all concerned that improvements
will be made to certain real property and in accordance with
Section 713.13, Florida Statutes, the following information is
stated in this NOTICE OF COMMENCEMENT. This notice shall be
void and of no force and effect if construction is not commenced
within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: SWIMMING POOL AND PATIO

Owner: STELLA B AND NEIL G BOLLAND
Address: 17 RIVERVIEW DR, SEWALL'S POINT

Owner's interest in site of the improvement: _____

Contractor: SUN COUNTRY POOLS INC
Address: 665 SW SEA HOLLY TER, PSL FL 34984

Surety (if any): NA
Address: NA
Amount of Bond: NA

Lender: BARNETT BANK
Address: 900 SOUTH PEN HWY, STUART 34994

Name of person within the State of Florida designated by owner
upon whom notices or other documents may be served:

Name: NA
Address: NA

In addition to himself, owner designates the following person to
receive a copy of the Lienor's Notice as provided in Section
713.06(2)(b), Florida Statutes:

Name: NA
Address: NA

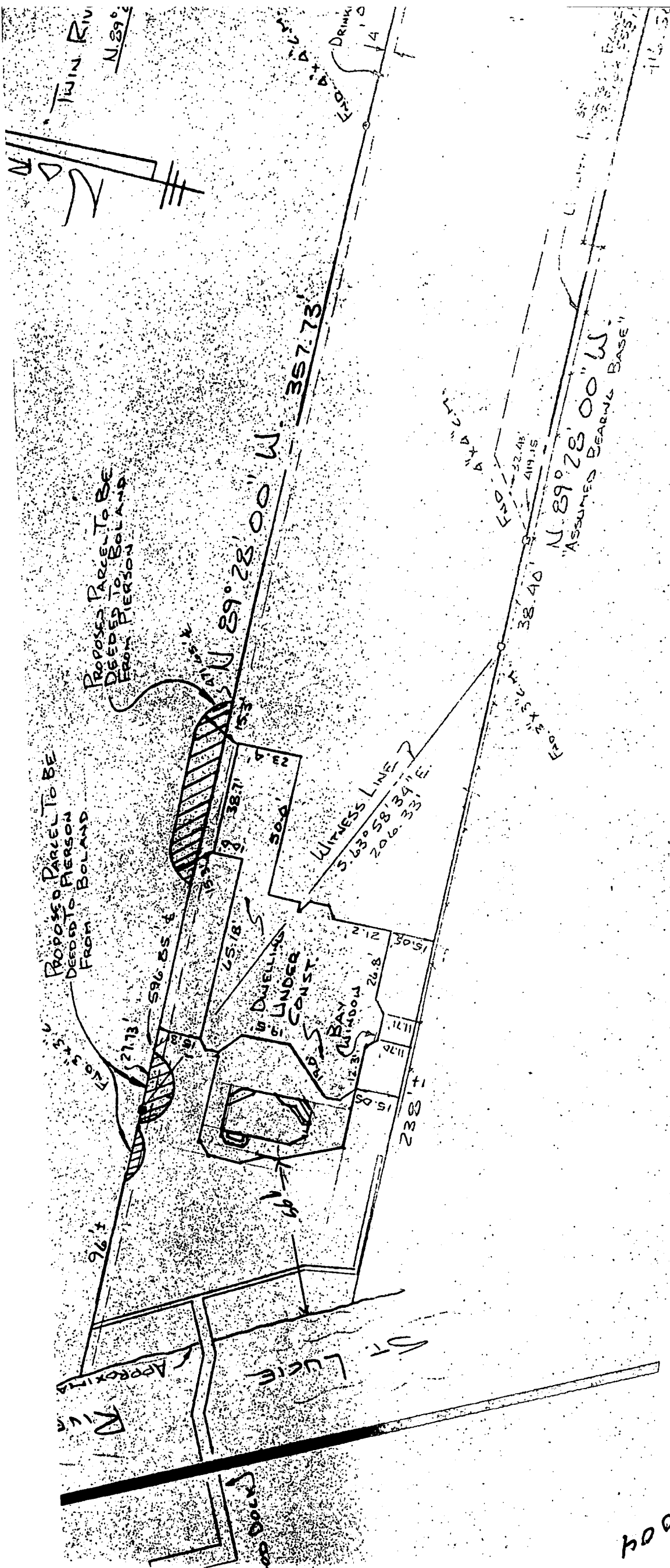
STELLA BOLLAND
Stella Bolland

Sworn to and subscribed before me this 31 day
of JANUARY, 1992

(NOTARY SEAL)

Barbra J. Scrupski
BARBRA J. SCRUPSKIS
I am a Notary Public of the
STATE OF FL AT LARGE, and
My Commission Expires:

Notary Public
State of Florida at Large
My Commission Expires:
January 1, 1994



3005

6636

ACCESSORY

STRUCTURE

TOWN OF SEWALL'S POINT

Date 3/16/04

BUILDING PERMIT NO. 6636

Building to be erected for LIENHARDT

Type of Permit SATELLITE DISH

Applied for by O/B

(Contractor) Building Fee 70.00
WORK w/o PERMIT \$35x2 =

Subdivision RIVERVIEW Lot 16 Block _____

Radon Fee _____

Address 17 RIVERVIEW DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee _____

1238410010000016040000

Roofing Fee _____

Amount Paid 70.00 Check # 1490 Cash _____ Other Fees (_____)

Total Construction Cost \$ 0 TOTAL Fees 70.00

Signed Robert J. Lienhardt
Applicant

Signed Gene Simmons (R26)
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 type="checkbox"/> ADDITION |
| | | <input checked="" type="checkbox"/> SATELLITE DISH |

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

MAR 15 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Call 286-7794

OWNER/TITLEHOLDER NAME: David Lienhardt Phone (Day) 215-3900 (Fax) 419-0145

Job Site Address: 17 Riverview DR. City: Sewalls Point State: FL Zip: 34996

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

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

Description of Work To Be Done: INSTALLATION of Satellite Service

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

CONTRACTOR/Company: Dish Network Phone: _____ Fax: _____

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 0 (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: _____

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.

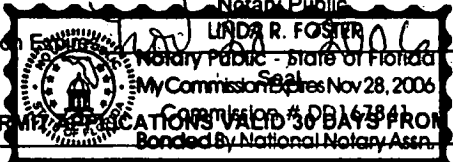
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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)
David Lienhardt
State of Florida, County of: Martin
This the 8 day of March 2004
by Linda Foster who is personally
known to me or produced _____
as identification. _____

CONTRACTOR SIGNATURE (required)

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

Notary Public
My Commission Expires: _____

Linda R. Foster
Notary Public - State of Florida
My Commission Expires Nov 28, 2006
Bonded By National Notary Assn.

Notary Public
My Commission Expires: _____
Seal

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

TOWN OF SEWALL'S POINT

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

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

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

DISCLOSURE STATEMENT

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

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

Name: Robin Lienhardt Date: 3/16/04

Signature: Robin J Lienhardt

Address: 17 Riverview Drive

City & State: Stuart Fl

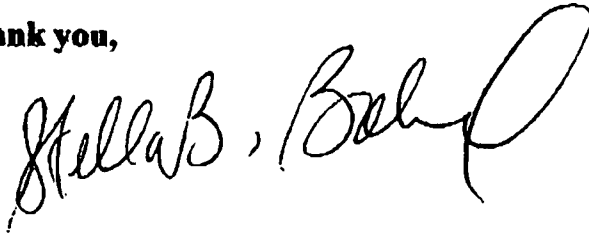
Permit No. _____

**Building Permit
17 Riverview Drive
Sewall's Point, Florida
220-4765**

**Building Department
Sewall's Point, Florida**

David Linehardt is currently renting my property located at 17 Riverview Drive in Sewall's Point. He has my permission to install a satellite dish and to apply for a building permit from Sewall's Point. He as my permission to sign as my agent for this permit.

Thank you,

A handwritten signature in black ink, appearing to read "Stella B. Behr". The signature is written in a cursive style with a large, looping flourish at the end.



Date: 3/12/04

To whom it may Concern,

This letter is in regards to the Dish Network installation completed for David Lienhardt by our company on 2/13/04.

During the installation it was determined that in order for Mr. Lienhardt to receive the best possible service from his Dish Network system the Dish antenna had to be placed in its present location. No other location on Mr. Lienhardt's property would have afforded him the reception quality that is required for the Dish Network system.

If you have any further questions regarding the installation or placement of the Dish Network system please feel free to contact our company at the number below.

Thank you,

Donald Lawson
Digital Reception Services, Inc.
813-623-2999

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MARCH 17, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6609	MINNET	ROUGH GAS	PASS	
7	8 PEREWINKLE LA PROPANE SCOUTING			INSPECTOR: <i>[Signature]</i>
6666	REILLY	TIN TAG METAL	FAIL	
4	78 S SEWALLS Pt PACIFIC			#20 FEE INSPECTOR: <i>[Signature]</i>
6610	KING	ROOF IN PROGRESS	FAIL	
1	35 W HIGH POINT CARDINAL ROOFING			INSPECTOR: <i>[Signature]</i>
6513	DUNN	PUMPING PUMP	FAIL	
5	31 N. RIVER RD WHITE PUM			INSPECTOR: <i>[Signature]</i>
5734	ABERDIA-TEEL	PERM FINAL 90	FAIL	CHECK ON SADD IN
2	8 MORGAN CIRCLE CONWAY	(705)		INDEX CHANGE INSPECTOR: <i>[Signature]</i>
6608	FOWLER	DOOR BUCK	PASS	CLOSE
6	18 FIELDWAY O/B			INSPECTOR: <i>[Signature]</i>
6636	CLERMONT	STRUCTURE DSU	PASS	CLOSE
3	17 RIVERVIEW DR O/B			INSPECTOR: <i>[Signature]</i>
OTHER: Please check scope				
	7 COPIRE	←	PUT ON STOP WORK ORDER	
	BRACKEN			
TREE	4 DELANO LA	TREE	PASS	INSPECTION LOG.xls

10139

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:	10139	DATE ISSUED:	JULY 5, 2012
SCOPE OF WORK:	REROOF		
CONTRACTOR:	ON SHORE ROOFING		
PARCEL CONTROL NUMBER:	123841001-000-001604	SUBDIVISION	RIVERVIEW - LOT 16
CONSTRUCTION ADDRESS:	17 RIVERVIEW DR		
OWNER NAME:	LIENHARDT		
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 GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEM-WALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TIE DOWN /TRUSS ENG	_____	INSULATION	_____
WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF DRY-IN/METAL	_____	ROOF TILE IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	METER FINAL	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____

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

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

Permit Number: 10139

Date: _____
 OWNER/LESSEE NAME: David and Robin Lienhardt Phone (Day) (22) 418-2030 (Fax) _____
 Job Site Address: 17 Riverview Dr City: Stuart State: FL Zip: 34996
 Legal Description: Riverview S/D Lot 16 Parcel Control Number: 12-38-41-001-000-00160-4
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** RE-ROOF

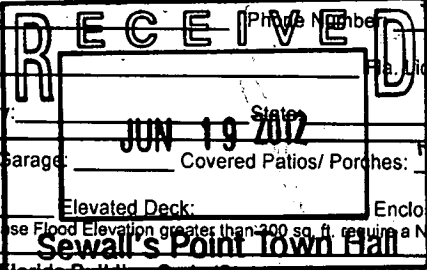
WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO X
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO X
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 17,750
 (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 Specialists, Inc Phone: (772) 283-1505 Fax: (772) 283-1557
 Qualifiers name: Joseph Kolinoski Street: 1501 SE Decker Ave #304 City: Stuart State: FL Zip: 34994
 State License Number: CLL1328994 OR: Municipality: _____ License Number: K452-495-78-409-0

LOCAL CONTACT: Joe Phone Number: 772-283-1505
 DESIGN PROFESSIONAL: _____ License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: 4850 Garage: _____ Covered Patios/ Porches: 750 Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 200 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.

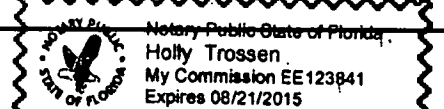
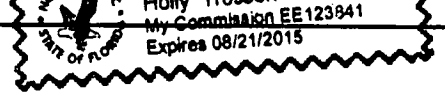
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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 David Lienhardt
 State of Florida, County of: Martin
 On This the 19 day of June, 2012
 by David Lienhardt who is personally known to me or produced DL 6563-172-61-791-0
 As identification, _____
 Notary Public _____
 My Commission Expires: _____

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
X _____
 State of Florida, County of: Martin
 On This the 19 day of June, 2012
 by JOSEPH KOLINOSKI who is personally known to me or produced N/A
 As identification, _____
 Notary Public _____
 My Commission Expires: _____

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



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

generated on 6/20/2012 11:30:33 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00160-4	27506	17 RIVERVIEW DR, SEWALL'S POINT	\$305,550	6/18/2012

Owner Information

Owner(Current)	LIENHARDT DAVID & ROBIN
Owner/Mail Address	17 RIVERVIEW DR STUART FL 34996
Sale Date	7/27/2006
Document Book/Page	2166 1078
Document No.	1950331
Sale Price	0

Location/Description

Account #	27506	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 16
Parcel Address	17 RIVERVIEW DR, SEWALL'S POINT		
Acres	.4190		

Parcel Type

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

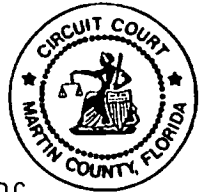
Assessment Information

Market Land Value	\$192,500
Market Improvement Value	\$113,050
Market Total Value	\$305,550

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

MARSHA EWING CLERK

BY Sharon Stalls D.C.
DATE 6/19/12



PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

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.

1. DESCRIPTION OF PROPERTY (Legal description of the property & street address, if available) TAX FOLIO NO.: _____
SUBDIVISION RIVERVIEW S/D BLOCK _____ TRACT _____ LOT 16 BLDG _____ UNIT _____
17 RIVERVIEW DR STUART FL 34996

2. GENERAL DESCRIPTION OF IMPROVEMENT:
RE-ROOF

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

a. Name and address: DAVID & ROBIN LIENHARDT 17 RIVERVIEW DR STUART FL 34996

b. Interest in property: OWNER

c. Name and address of fee simple titleholder (if different from Owner listed above): _____

4. a. CONTRACTOR'S NAME: JOSEPH KOLINOSKI

Contractor's address: 1501 SE DECKER AVE STE 304 STUART FL 34994 b. Phone number: 772-283-150

5. SURETY (if applicable, a copy of the payment bond is attached):

a. Name and address: _____

b. Phone number: _____ c. Amount of bond: \$ _____

6. a. LENDER'S NAME: _____

Lender's address: _____ b. Phone number: _____

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

a. Name and address: _____

b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: _____

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____, 20 _____

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 penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

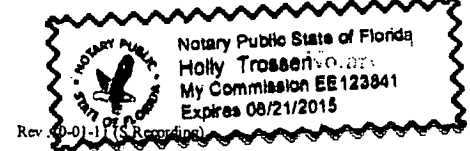
David Lee Lienhardt
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 19 day of June, 20 12
by David Lee Lienhardt as DL# L563-172-61-291-0
Abigail Lee (name of person) (type of authority, ... e.g. officer, trustee, attorney in fact)
(name of party on behalf of whom instrument was executed)

Personally Known or Produced Identification _____ Type of Identification Produced N/A



Abigail Lee
(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

INSTR # 2336943 DR BK 02583 PG 2410 RECD 06/19/2012 10:58:22 AM
Pg 2410: (109)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK G STALLS



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 # (772) 283-1905 FAX (772) 283-1557
 OWNER'S NAME: Joseph Kolinowski
 CONSTRUCTION ADDRESS: 17 Riverview Dr CITY Stuart 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: 5 /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: Shingle EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: 5-v metal / Flat roof SAV/SAP

MANUFACTURER Gulfcoast PRODUCT NAME 5-V PRODUCT APPR # _____

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

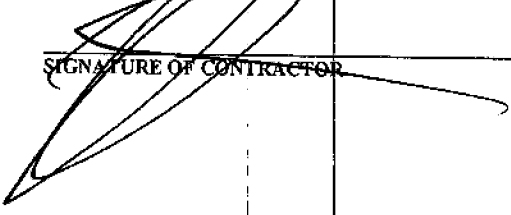
*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: main - remove existing roof, install titanium underlayment, galvanized accessories Flat SAV direct to deck SAP torch applied

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

SIGNATURE OF CONTRACTOR:  DATE: 6-19-12



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: 17 Riverview Dr. Stuart, FL 34996

QUALIFIER NAME: Joseph Molinoski LICENSE NO.: CC1328994

COMPANY NAME: Inshore Roofing Specialists, Inc PHONE NO.: (772) 283-1505

X _____ X David Lee
 Qualifier's Signature Owner's Signature

Date: 6-19-12 Date: 6-19-12

Sworn to and subscribed before me this 19 day of June 2012

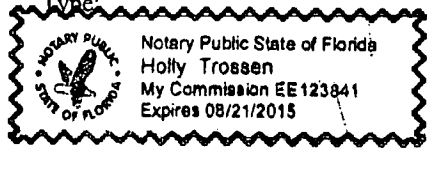
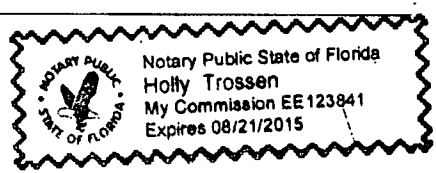
By JOSEPH MOLINOSKI By David Lee

Notary Public, State of Florida
 Personally known to me _____

Produced ID _____
 Type: _____

Notary Public, State of Florida
 Personally known to me L563-172-61-291-0

Produced ID _____
 Type: _____



Force Engineering & Testing Inc.
19530 Ramblewood Drive
Humble, TX 77338

Product Evaluation Report
GULF COAST SUPPLY & MANUFACTURING, LLC.

26 Ga. 5V Crimp Roof Panel over 15/32" Plywood

Florida Product Approval # 11651.13 R1

Florida Building Code 2010
Per Rule 9N-3
Method: 1 -D

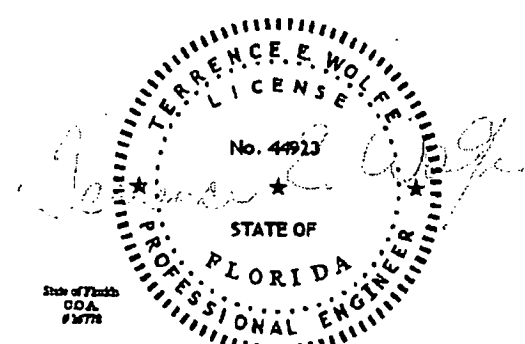
Category: Roofing
Subcategory: Metal Roofing
Compliance Method: 9N-3.005(1)(d)
NON HVHZ

Product Manufacturer:
GULF COAST SUPPLY & MANUFACTURING, LLC.
4020 S.W. 449th Street
Horseshoe Beach, Florida 32648

Engineer Evaluator:
Terrence E. Wolfe, P.E. # 44923
Florida Evaluation ANE ID: 1920

Validator:
Locke Bowden, P.E., FL #49704
9450 Alysbery Place
Montgomery, AL 36117

Contents:
Evaluation Report Pages 1 - 4



State of Florida
DBA
14778

FL# 11651.13 R1

February 22, 2012



Compliance Statement: The product as described in this report has demonstrated compliance with the Florida Building Code 2010, Sections 1504.3.2.

Product Description: SV Crimp Roof Panel, 26 Ga. Steel, 24" coverage, through fastened roof panel with fasteners in the panel flat over Min. 15/32" Plywood decking. Non-Structural Application.

Panel Material/Standards: Material: Min. 26 Ga. Steel, ASTM A792 or ASTM A653 G90 conforming to Florida Building Code 2010 Section 1507.4.3. Paint finish optional
Yield Strength: Min. 80.0 ksi
Corrosion Resistance: Panel Material shall comply with Florida Building Code 2010, Section 1507.4.3.

Panel Dimension(s): Thickness: 0.018" min.
Width: 24" Coverage
Rib Height: 3/8" major rib
Panel Rollformer: Metal Rollforming Systems

Panel Fastener: #9-15 x 1-1/2" Woodgrip with sealing washing in the flat of the panel or approved equal, 1/4" minimum penetration through plywood.
Corrosion Resistance: Per Florida Building Code 2010, Section 1506.6, 1507.4.4

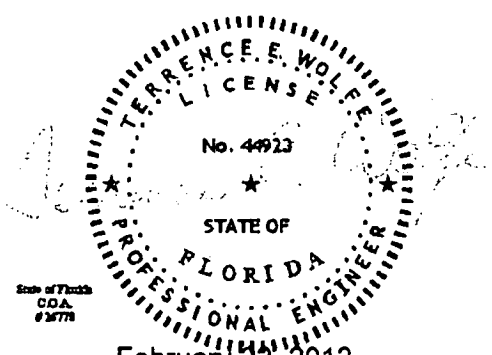
Substrate Description: Min. 15/32" thick, APA Rated plywood over supports at maximum 24" O.C.
Design of plywood and plywood supports are outside the scope of this evaluation. Must be designed in accordance w/ Florida Building Code 2010.

Design Uplift Pressures:

Table "A"

Maximum Total Uplift Design Pressure:	94.25 psf	131.0 psf
Fastener Pattern:	12"-12"	9.5"-2"-9.5"
Fastener Pattern:	16" O.C.	16" O.C.

*Design Pressure includes a Safety Factor = 2.0.




Force Engineering & Testing Inc.
19530 Ramblewood Drive
Humble, TX 77338

Code Compliance: The product described herein has demonstrated compliance with The Florida Building Code 2010, Section 1504.3.2.

Evaluation Report Scope: The product evaluation is limited to compliance with the structural wind load requirements of the Florida Building Code 2010, as relates to Rule 9N-3.

Performance Standards: The product described herein has demonstrated compliance with:

- UL 580-06 - Test for Uplift Resistance of Roof Assemblies
- UL 1897-04 - Uplift Test for Roof Covering Systems

Reference Data:

1. UL 580-94 / 1897-98 Uplift Test
Force Engineering & Testing, Inc. (FBC Organization # TST-5328)
Report No. 117-0053T-05 & 117-0331T-08
2. Certificate of Independence
By Terrence E. Wolfe, P.E. (No. 44923) @ Force Engineering & Testing, Inc.
(FBC Organization # ANE ID: 1920)

Test Standard Equivalency:

1. The UL 580-94 test standard is equivalent to the UL 580-06 test standard.
2. The UL 1897-98 test standard is equivalent to the UL 1897-04 test standard.

Quality Assurance Entity: The manufacturer has established compliance of roof panel products in accordance with the Florida Building Code and Rule 9N-3.005 (3) for manufacturing under a quality assurance program audited by an approved quality assurance entity.

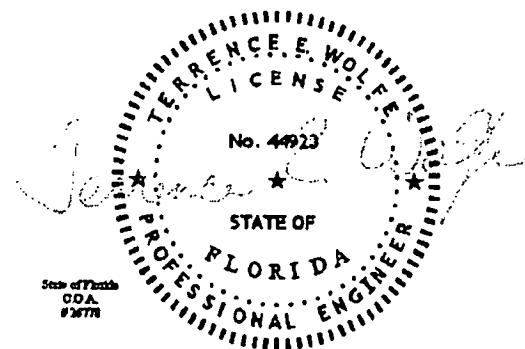
Minimum Slope Range: Minimum Slope shall comply with Florida Building Code 2010, including Section 1507.4.2 and in accordance with Manufacturers recommendations. For slopes less than 3:12, lap sealant must be used in the panel side laps.

Installation: Install per manufacturer's recommended details.

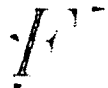
Underlayment: Per Manufacturer's installation guidelines per Florida Building Code 2010 Section 1507.4.5.

Roof Panel Fire Classification: Fire classification is not part of this acceptance.

Shear Diaphragm: Shear diaphragm values are outside the scope of this report.



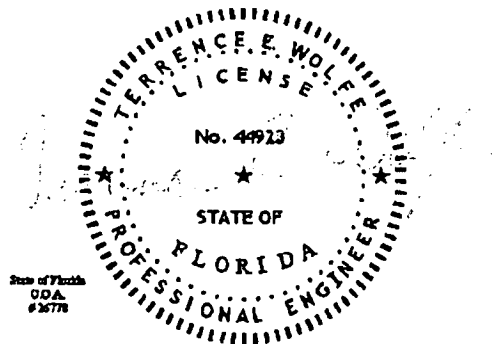
State of Florida
C.O.A.
#24778



Force Engineering & Testing Inc.
19530 Ramblewood Drive
Humble, TX 77338

Design Procedure:

Based on the dimensions of the structure, appropriate wind loads are determined using Chapter 16 of the Florida Building Code 2010 for roof cladding wind loads. These component wind loads for roof cladding are compared to the allowable pressure listed above. The design professional shall select the appropriate erection details to reference in his drawings for proper fastener attachment to his structure and analyze the panel fasteners for pullout and pullover. Support framing must be in compliance with Florida Building Code 2010 Chapter 22 for steel, Chapter 23 for wood and Chapter 16 for structural loading.





EXTERIOR RESEARCH & DESIGN, LLC.
Certificate of Authorization #9503
353 CHRISTIAN STREET, UNIT #13
OXFORD, CT 06478
PHONE: (203) 262-9245
FAX: (203) 262-9243

EVALUATION REPORT

Interwrap, Inc.
32923 Mission Way
Mission, BC V2V-6E4
Canada

Evaluation Report I11980.11.08-R1
FL11602-R1
Date of Issuance: 11/03/2008
Revision 1: 04/30/2009

SCOPE:

This Evaluation Report is issued under Rule 9B-72 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 and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2007 Florida Building Code sections noted herein.

DESCRIPTION: Titanium™ Roof Underlayments

LABELING: Each unit shall bear labeling in accordance with the requirements 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.

Prepared by:

Robert J.M. Nieminen, P.E.
Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 04/30/2009. 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.

CERTIFICATION OF INDEPENDENCE:

1. 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. 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.



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 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.

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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



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.

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.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-18-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027 PM	Gondis 25 Skinner Rd Team Parks	slab garage rebar basement Basement walls prepour	RESERVED FOR AM TRUMP	INSPECTOR
10030 PM 10/21/12	Bauer 1 Tuscan La Seagate	rough plumbing rough electric rough framing rough AC FINAL ROOF	PASS	INSPECTOR <i>[Signature]</i>
9909 9:30	Twokey 112 Henry Sewall Seagate	meter final	PASS	Ready for FPL INSPECTOR <i>[Signature]</i>
9969 AM	FRISOLI 50 S. SPT RD DRIFTWOOD HOMES	ROOF SHEATHING	PASS	INSPECTOR <i>[Signature]</i>
9991 AM	BURKHARD 106 S. SPT RD DRIFTWOOD HOMES	PREPOUR STAIRS STRAPPING & ENG.	PASS Fair	NOT READY INSPECTOR <i>[Signature]</i>
10027	106 S. SPT RD DRIFTWOOD HOMES On Shore	REBAR DRIFTWOOD HOMES DRIFTWOOD HOMES	PASS PASS PASS	NOT READY - NEED ENG ON STRUCTURAL REPAIRS INSPECTOR <i>[Signature]</i> SEE PHOTO
	\$ Rio Vista + S.S.P.R.	obstruction from trees		INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

8-21-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10139	Lienhardt	15x20	Pass	Pass
	17 Riverview Dr	new	Pass	Pass
	On Shore Roof			INSPECTOR <i>GB</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10175	Lienhardt	Final	Fail	NOT READY
	17 Riverview Dr	beam		
	Country Const			INSPECTOR <i>JA</i>

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

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

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

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

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

10175

STRUCTURAL

BEAM



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:	10175	DATE ISSUED:	AUGUST 1, 2010
SCOPE OF WORK:	STRUCTURAL BEAM		
CONTRACTOR:	COUNTRY CONSTRUCTION		
PARCEL CONTROL NUMBER:	123841001-000-001604	SUBDIVISION	RIVERVIEW - L 16
CONSTRUCTION ADDRESS:	17 RIVERVIEW DR		
OWNER NAME:	LIENHARDT		
QUALIFIER:	JEAN TREVOR	CONTACT PHONE NUMBER:	409-7821

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

Date: _____ BUILDING PERMIT APPLICATION Permit Number: 10175

OWNER/LESSEE NAME: DAVID LIENHARDT Phone (Day) _____ (Fax) _____

Job Site Address: 17 RIVERVIEW DR. City: SEWALL'S PT State: FL. Zip: 34996

Legal Description 12-38-41-001-000-001604 Parcel Control Number: _____

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

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

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: \$ 2,000.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ _____ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: COUNTRY CONSTRUCTION CORP Phone: 772-409-7821 Fax: 863-467-2592

Qualifiers name: SEAN TREVOR Street: 4038 SW 27th ST. City: DICKENSON FL. Zip: 34974

State License Number: CGC045463 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: GEORGE STUBER Phone Number: 772-486-4730

DESIGN PROFESSIONAL: _____ Fla. License# _____

Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

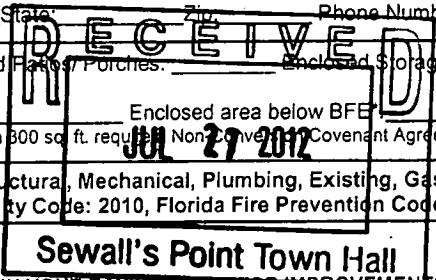
AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Porches: _____ Enclosed Storage: _____

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 Non-Development 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.

AGENT/LESSEE - NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 27 day of July, 2012 by DAVID LIENHARDT who is personally known to me or produced N/A As identification: [Signature] Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 27 day of July, 2012 by JEAN TREVOR who is personally known to me or produced N/A As identification: [Signature] Notary Public

My Commission Expires: _____ SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL THROUGH THIS APPLICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) MY PERMIT IS VOID UPON EXPIRE OF YOUR PERMIT PROMPTLY! My Commission EE123841 Expires 08/21/2015

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

FROM: STEVEN G. WOOD, P.E.
FL PROF ENGINEER No. 34398
950 SULTAN DR
PORT ST LUCIE, FL 34953
(772-878-7324)

JULY 24, 2012

TO: SEWALL'S POINT BUILDING DEPT

SUBJECT: BEAM REPAIR SPECIFICATIONS

REFERENCE: PERMIT # ~~4444~~ 10175
LIENHARDT RESIDENCE @
17 RIVERVIEW DR
SEWALL'S POINT, FL 34996

SG Wood
7/24/12

BUILDER: ONSHORE ROOFING

THE PURPOSE OF THIS LETTER IS TO PROVIDE REPAIR SPECIFICATIONS FOR THE PORCH ROOF CARRIER BEAM AND ROOF RAFTERS AT THE ABOVE REFERENCED ADDRESS.

DURING RE-ROOF CONSTRUCTION OF THE FLAT DECK PORCH ROOF, THE EXISTING CARRIER BEAM WAS FOUND TO HAVE WATER DAMAGE AND WOOD ROT. A FEW ROOF RAFTERS ALSO EXHIBITED WATER DAMAGE AND WOOD ROT.

THE NEW CARRIER BEAM REPAIR SPECIFICATIONS FOLLOW:

- SEE ATTACHED SKETCH FOR NEW BEAM SIZE AND CONSTRUCTION DETAILS.
- THE EXISTING ALUMINUM COLUMNS (@ 10 FT CENTERS MAX) WILL BE RE-ATTACHED TO THE NEW CARRIER BEAM USING EXISTING POST CAP HARDWARE.
- RAFTERS TO RE-ATTACHED OR STRAPPED TO NEW CARRIER BEAM USING SIMPSON MTS16 STRAPS OR EQ.
- DAMAGED RAFTERS MAY BE REPAIRED VIA 'SISTERING' NEW MEMBERS AS REQUIRED.

THE CARRIER BEAM REPAIR SPECIFICATIONS AS DESCRIBED HEREIN ARE IN COMPLIANCE WITH THE 2010 FLORIDA BUILDING CODE FOR 170 MPH WIND ZONE (Vult - 3 SEC GUST) AND EXPOSURE 'C' CLASSIFICATION.

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 7/27/2012 3:49:51 PM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-001-000-00160-4	27506	17 RIVERVIEW DR, SEWALL'S POINT	\$305,550	7/21/2012

Owner Information

Owner(Current)	LIENHARDT DAVID & ROBIN
Owner/Mail Address	17 RIVERVIEW DR STUART FL 34996
Sale Date	7/27/2006
Document Book/Page	2166 1078
Document No.	1950331
Sale Price	0

Location/Description

Account #	27506	Map Page No.	SP-05
Tax District	2200	Legal Description	RIVERVIEW S/D LOT 16
Parcel Address	17 RIVERVIEW DR, SEWALL'S POINT		
Acres	.4190		

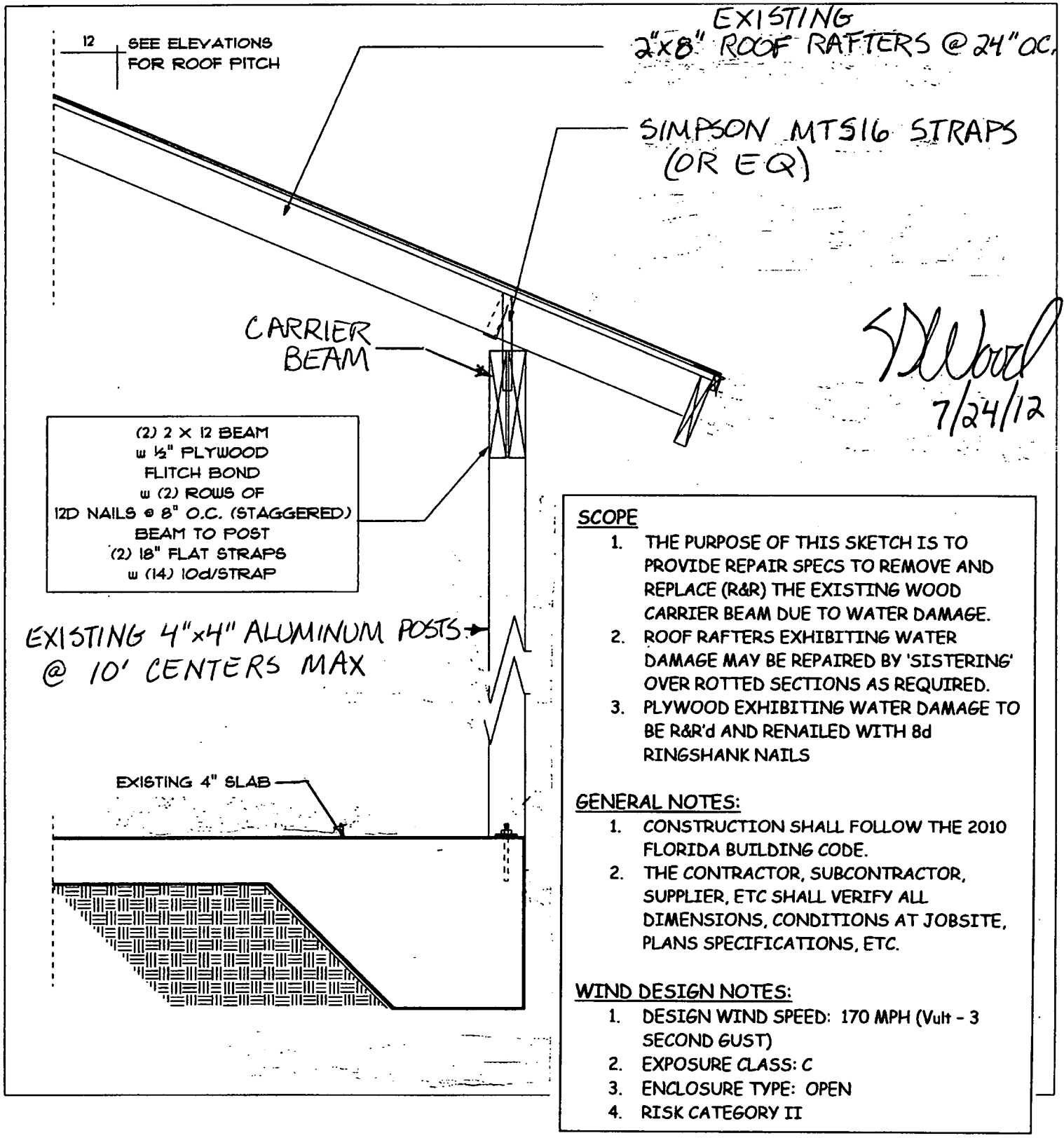
Parcel Type

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

Assessment Information

Market Land Value	\$192,500
Market Improvement Value	\$113,050
Market Total Value	\$305,550

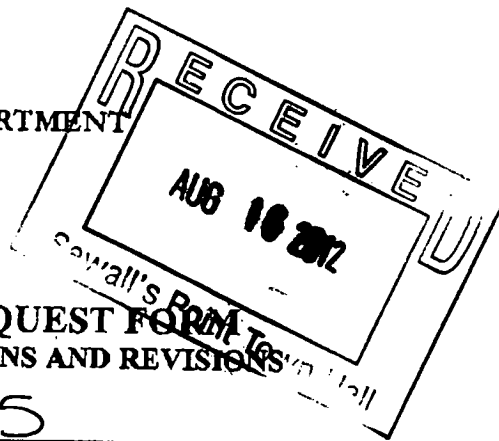
LIENHARDT RES.



STEVEN G. WOOD, P.E.
FL LICENSE 34898
850 SULTAN DR
PORT ST LUCIE, FL



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



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

DATE: 8-15-12 PERMIT NUMBER: 10175

JOB ADDRESS: 17 Riverview DR

PLEASE CHECK ONE OF THE FOLLOWING:

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

******ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING******

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

DESCRIPTION OF REVISION(S): changing pitch to flat roof AS BUILT DRAWING REVISION

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

CONTACT NAME: Holly Trossen SIGNATURE: [Signature]

PHONE NUMBER: 772-283-1505 FAX NUMBER: _____

FOR OFFICE USE ONLY:

Reviewed by: _____ Date: _____ Approve _____ Deny _____

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

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

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

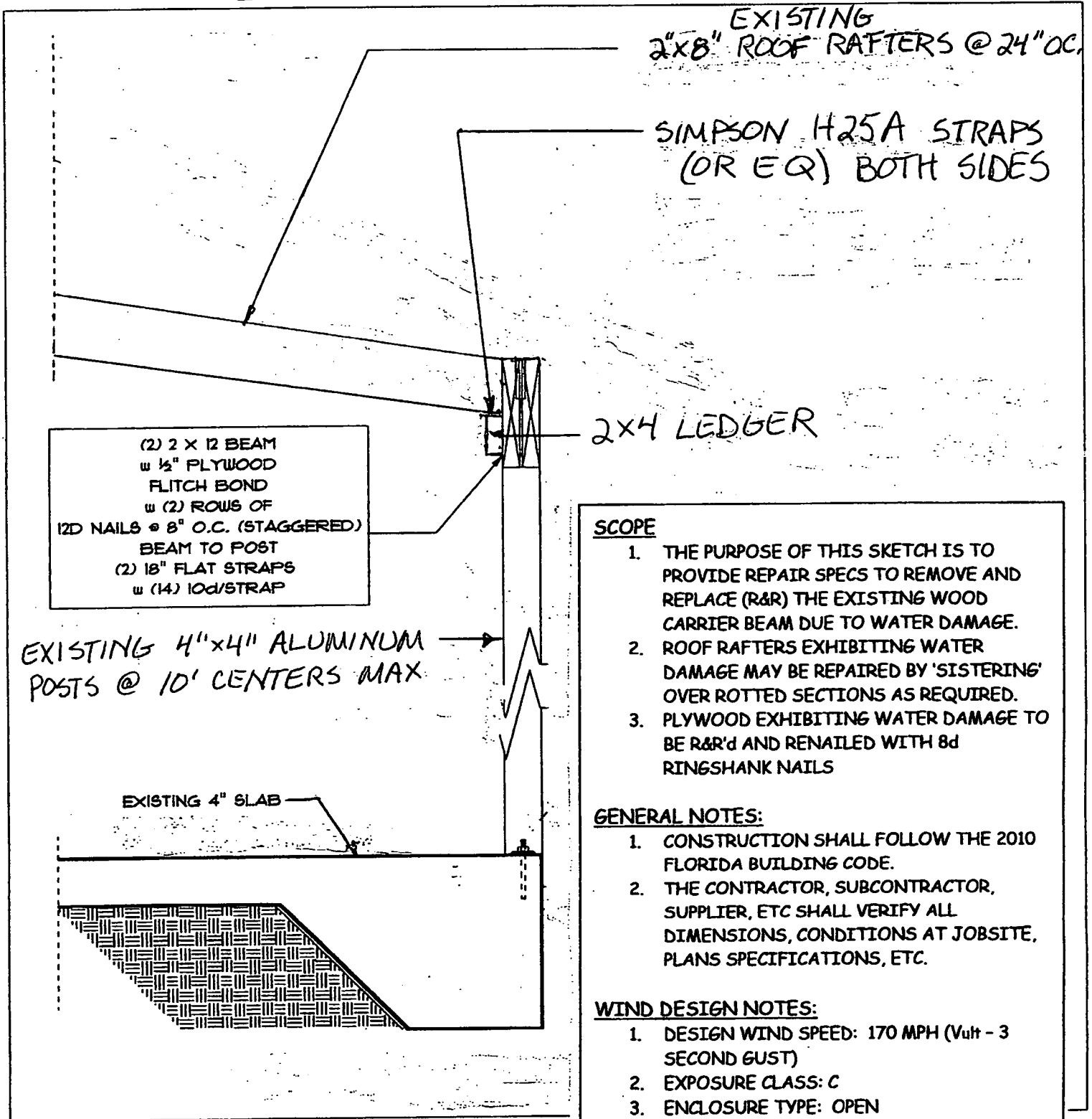
Other additional fees: _____ Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ _____

Applicant notified by: _____ Date: _____

LIENHARDT RES.



EXISTING
2"x8" ROOF RAFTERS @ 24" OC.

SIMPSON H25A STRAPS
(OR EQ) BOTH SIDES

2x4 LEDGER

(2) 2 X 12 BEAM
w 1/2" PLYWOOD
FLITCH BOND
w (2) ROWS OF
12D NAILS @ 8" O.C. (STAGGERED)
BEAM TO POST
(2) 18" FLAT STRAPS
w (14) 10d/STRAP

EXISTING 4"x4" ALUMINUM
POSTS @ 10' CENTERS MAX.

EXISTING 4" SLAB

- SCOPE**
1. THE PURPOSE OF THIS SKETCH IS TO PROVIDE REPAIR SPECS TO REMOVE AND REPLACE (R&R) THE EXISTING WOOD CARRIER BEAM DUE TO WATER DAMAGE.
 2. ROOF RAFTERS EXHIBITING WATER DAMAGE MAY BE REPAIRED BY 'SISTERING' OVER ROTTED SECTIONS AS REQUIRED.
 3. PLYWOOD EXHIBITING WATER DAMAGE TO BE R&R'd AND RENAILED WITH 8d RINGSHANK NAILS

- GENERAL NOTES:**
1. CONSTRUCTION SHALL FOLLOW THE 2010 FLORIDA BUILDING CODE.
 2. THE CONTRACTOR, SUBCONTRACTOR, SUPPLIER, ETC SHALL VERIFY ALL DIMENSIONS, CONDITIONS AT JOBSITE, PLANS SPECIFICATIONS, ETC.

- WIND DESIGN NOTES:**
1. DESIGN WIND SPEED: 170 MPH (Vult - 3 SECOND GUST)
 2. EXPOSURE CLASS: C
 3. ENCLOSURE TYPE: OPEN
 4. RISK CATEGORY II

STEVEN G. WOOD, P.E.
FL LICENSE 34398
950 SULTAN DR
PORT ST LUCIE, FL

S. G. Wood
8/14/12

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **8-16-12** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10138	DEMARKATION			
1st	19 CASTLE HILL ASSOC A/C	FINAL A/C	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10095	GOULD 48 SPTM CANNIST CONST	GAS RUGH	FAIL	370 4024 NEED PANK FLEDMAN \$ BTU RATING ON F.P INSPECTOR <i>[Signature]</i>
10174	Gage 5 E High Pt Tropical Roof	Final Roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
tree	1325 Levee Rd	Tree	N.G.	INSPECTOR
10115	19 RIVERVIEW	Country Const	PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-21-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10139	Lienhardt 17 Revereview Dr On Shore Roof	Final roof	PASS	CASE INSPECTOR <i>GB</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10135	Lienhardt 17 Revereview Dr County Const	Final beam	PASS	NOT INSPECTED INSPECTOR <i>A</i>

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

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

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

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

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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-22-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9969	Fusuli	dry-in/metal		
2:00	50 S Sewalls Driftwood	framing all trades plumbing, electric etc	PASS	INSPECTOR <i>[Signature]</i>
9991	Burkard 106 S Sewalls Driftwood	dry-in/metal	PASS	INSPECTOR <i>[Signature]</i>
10241	BELSON 7 COPRIARE RD FERRER GAS	GAS ROUGH	PASS	INSPECTOR <i>[Signature]</i>
10175	Country Coast Country Coast	beam beam	PASS PASS	CLOSE INSPECTOR <i>[Signature]</i>
10144	Paksh 8 Herons Nest Mowrie	TEMP I BEAM Removal		Pierwicks INSPECTOR
10241	Besson 7 Copaire Ferris Gas	gas rough pressure	DUPLICATE	INSPECTOR
				INSPECTOR

579

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

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 R. G. Luffman Address 14 Riverside Phone _____

Contractor Shelwood Fabun Address 6225W Rustling Phone 283-4375

Number of trees to be removed (list kinds of trees) 2 (Two) Delonix & Rose wood

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

Number of trees to be replaced _____ (list kinds of trees): _____

Discarded Rosewood in proximity to pool enclosure

Permit Fee \$ _____ (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted 5-12-94

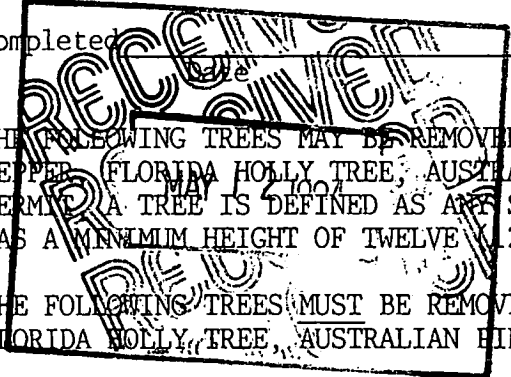
Approved by Building Inspector [Signature] Date 5/12/94

Approved by Building Commissioner [Signature] Date 5/13/94

Completed _____ 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 1/23/ ~~2003~~ **TREE REMOVAL PERMIT** No. 461

APPLIED FOR BY BOLAND / LIVING WATERS (Contractor or Owner)

Owner 17 RIVER VIEW

Sub-division RIVERVIEW, Lot _____, Block _____

Kind of Trees 1 QUEEN PALM - top falling out

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, [Signature] Applicant FEE \$ 0
Signed, [Signature] Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty lined box for notes or additional information]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

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 Boland Address 17 River View Phone _____

Contractor Brian McMahon Living Nature Address 5 Melody Phone 370-0572

Number of trees to be removed (list kinds of trees) 1 Queen Palm

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):
0

Number of trees to be replaced: _____ (list kinds of trees): _____

Permit Fee \$ 0
\$15.00

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant [Signature] Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: _____

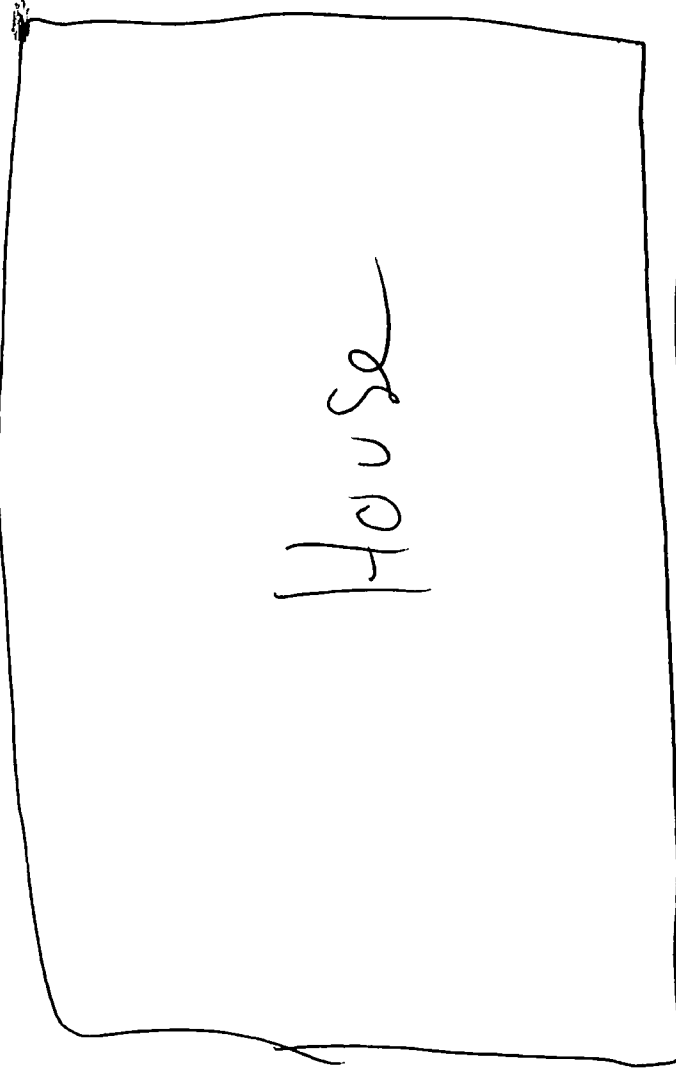
Completed 1/23/03
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. 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.

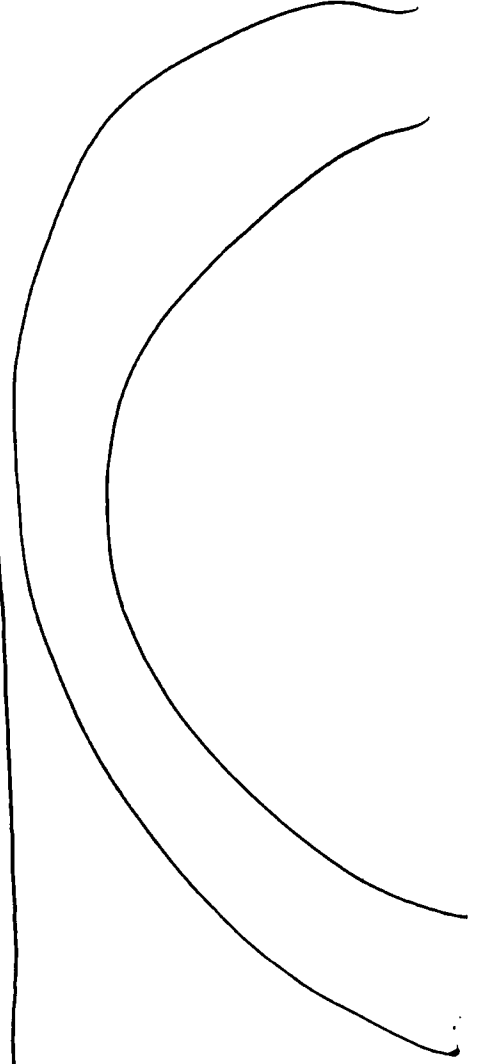
THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

See attached Tree Species List

Queen Palm
top coming off



Gods
have



TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 3 2004 TREE REMOVAL PERMIT No 2248

APPLIED FOR BY HORVITZ (Contractor or Owner)

Owner 17 RIVERVIEW

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 4 FICUS, GUMBO LIMBO

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed Gene Simmons (GWS) Town Clerk

Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

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 ADAM HERUTZ Address 17 RIVERVIEW Phone _____

Contractor NATURAL BALANCE Address 26 E 6th ST Phone 287-5149

No. of Trees: REMOVE 4 Type: FICUS, GUMBO LIMBO

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

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

Written statement giving reasons: WOOD ROT, HAZARD TO HOME'S PROPERTY

Signature of Applicant [Signature] Marilyn Houst Date 4.29.04

Approved by Building Inspector: [Signature] Date 5/3 Fee: -0-

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