

4 Sable Court

2257

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Thomas Jenkins
CONTRACTOR John J Hill
LOT 5 BLOCK _____ SUB Ridge land
NO. 4 Sabal Court St. or Ave.

NO. 2257 Date Issued 3/11/88

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

TOWN OF SEWALL'S POINT BUILDING PERMIT

*ABSOLUTE
BEST
4-8-88*

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

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	OK 4/8/88	DJS
4. ROUGH PLUMBING	OK 4/6/88	DJB
5. ROUGH ELECTRIC	OK 4/25/88	DJS
6. LINTEL	OK 4/22/88	DJS
7. ROOF		
8. FRAMING	OK 4/25/88	DJS
9. INSULATION	OK 4/25/88	DJS
10. A/C DUCTS	OK 4/25/88	DJS
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

TO CONSTRUCT New Residence

REMARKS:

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

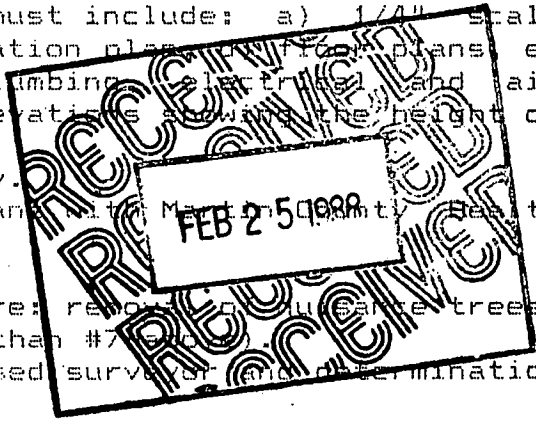
2257

2-22-88

PERMIT NUMBER: _____ DATE OF APPLICATION: 2-22-88

To obtain a permit the following are required:

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



Owner THOMAS E. & MELISSA JENKINS Current Address 13 PALM RD.
 Telephone 288-7393 STUART, FL.
 General Contractor JOHN J. HILL CONSTRUCTION Address 736 NW BUCK HENRY WAY
 Telephone 692-2889 STUART, FL 34994
 Where Licensed WILLIAM J. MCGRAW / STATE OF FLA. License Number CGC 024800
 Plumbing Contractor TROPIC PLUMBING, P.L.A. License Number CFC 032565
 Electrical Contractor SOUTH STAR ELEC. License Number MC 7747
 Roofing Contractor TURNER ROOFING License Number SP 00230
 A/C Contractor PERSONALIZED AIR License Number MC 160

Describe the building or alterations NEW SINGLE FAMILY RESIDENCE
 Name the street on which the building, its front building line and its front yard will face 4 SABAE COURT
 Subdivision RIDGE LAND Lot 5 Block _____

Building area (inside walls) 3369 sq ft Garage, porch, carport area 1444 sq ft
 Contract price (excluding carpet, land, appliances, landscaping) \$ 188,096.00
 Cost of permit \$ _____ Plans approved as submitted _____ as marked _____

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

Contractor's Signature John J. Hill Owner's Signature Melissa Jenkins
 Approval by Building Inspector John Hill Date 3/2/88
 Approval by Building Commissioner John Hill Date 3/2/88
 Certificate of Occupancy issued _____ Date _____

This instrument was prepared by:
WAXLER & SMITH
Suite 102, 844 East Ocean
Boulevard
Stuart, Florida 33494
(305) 286-4446

Warranty Deed

(STATUTORY FORM—SECTION 689.02 F.S.)

This Indenture, Made this 24th day of March 19 87, Between

WILLIAM F. SHANLEY and ELAINE T. SHANLEY, his wife as tenants by the entireties and not as tenants common with right of survivorship

of the County of Martin, State of Florida, grantor*, and THOMAS JENKINS and MELISSA JENKINS, his wife

whose post office address is 630 Emerald Way East, Deerfield, Florida

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

Witnesseth, That said grantor, for and in consideration of the sum of TEN and no/100-----

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

Lot 5, of RIDGELAND, a Subdivision of the Town of Sewall's Point, Florida, according to the Plat thereof as recorded in Plat Book 8, page 3, Martin County, Florida Public Records.

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

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

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

In Witness Whereof Grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

[Handwritten signatures of witnesses]

William F. Shanley (Seal)
WILLIAM F. SHANLEY
Elaine T. Shanley (Seal)
ELAINE T. SHANLEY

(Seal)

STATE OF
COUNTY OF
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared
WILLIAM F. SHANLEY and ELAINE T. SHANLEY, his wife
to me known to be the person S described in and who executed the foregoing instrument and acknowledged before me that
they executed the same.
WITNESS my hand and official seal in the County and State last aforesaid this 24 day of March
19 87.

My commission expires: NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. MAY 19, 1990
BONDED THRU GENERAL INS. UND.

[Handwritten signature of Notary Public]

Notary Public

NOTICE OF COMMENCEMENT

STATE OF Florida
COUNTY OF Martin

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: new single family residence

Owner: Thomas E. & Melissa Jenkins
Address: 13 Palm Road, Stuart, Florida 34996

Owner's interest in site of the improvement: _____

Contractor: John J. Hill Construction
Address: 736 NW Buck Hendry Way, Stuart, Florida 34994

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

Lender : Glendale Federal
Address: 2347 SE Federal Hwy. Stuart, FL 34994

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

Name: _____
Address: _____

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: _____
Address: _____

Thomas E. Jenkins

Sworn to and subscribed before me this 2nd day of February, 1988.

Linda W. Cruce

(NOTARY SEAL)

I am a Notary Public of the STATE OF Florida AT LARGE, and My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. DEC 11, 1989
BONDED THRU GENERAL INS. UND.

W86

STEPHEN J. BROWN, INC.
PROFESSIONAL LAND SURVEYOR
295 FLORIDA ST., STUART, FL
305-287-0525

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: HD87-488 JOHN J. HILL CONSTRUCTION 692-2889
NAME OF APPLICANT: ~~HERRLIND DENARD~~ HOME PHONE: 287-6000
MAILING ADDRESS OF APPLICANT: Box 397, Stuart, Fla. 33495
LOT 5 BLOCK - SUBDIVISION RIDGE LAND
PLAT BOOK 8 PAGE 3 DATE SUBDIVIDED 12/79
RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 4
HEATED OR COOLED AREA OF HOME 3369 SQUARE FEET
COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ NUMBER PEOPLE _____
Job No. 144-03

AFFIDAVIT

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

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

Deborah M. Hill
STEPHEN J. BROWN

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1200 GALLONS
DRAINFIELD SIZE 500 SQUARE FEET

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 5'

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF FINISH SOIL GRADE
* Not to exceed 18" of cover over Drainfield Rock

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

ISSUED BY: [Signature] DATE: 7/20/87
ENVIRONMENTAL HEALTH SPECIALIST

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

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

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

FINAL INSPECTION

CONSTRUCTION APPROVED BY: _____ DATE: _____
ENVIRONMENTAL HEALTH SPECIALIST

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? No
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 1300 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION N/A SHOW LOCATION ON PLOT PLAN.
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 7.62 SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 8.4
SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? No IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? _____ NGVD 1929 (ELEVATION OPTIONAL)

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

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO: 2049
DATE: 7/16/87 JOB NO: 114A-01

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

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



STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: ~~HERRIN DENARD~~ JOHN J. HILL CONSTRUCTION

LEGAL DESCRIPTION: Lot 5 RIDGELAND

SEPTIC TANK PERMIT NUMBER: HD37-988

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

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

Date Observed: _____

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

CERTIFIED BY: _____

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

Date: _____ Job Number: _____

Robert Smith
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

(Date)

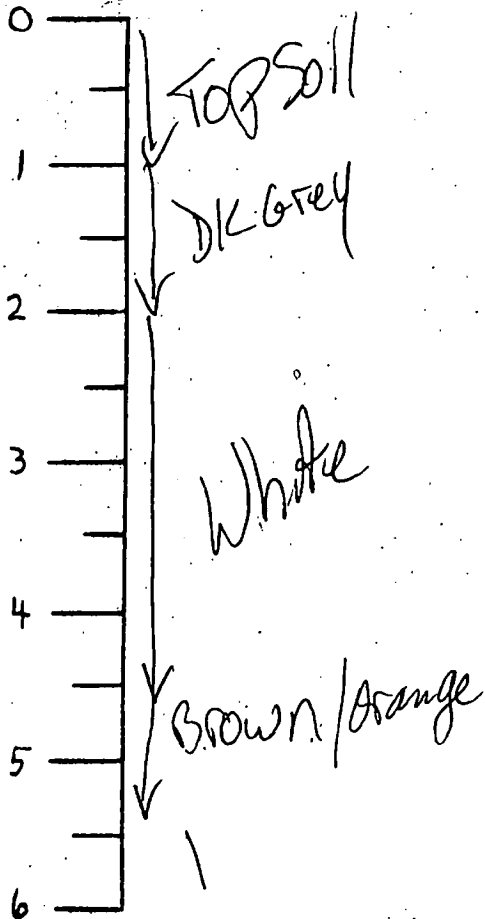
MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 34997
287-2277

SITE EVALUATION

APPLICANT: ~~HERRIN DENARD~~ JOHN J. HILL CONSTRUCTION

LEGAL DESCRIPTION: Lot 5 RIDGE LAND

SOIL PROFILE



USDA SOIL TYPE Paola
USDA SOIL NUMBER 6

Impervious soils are present at 76 below natural grade.

Present Water Depth Below Natural Grade 76'

Wet Season Range Per Soil Survey 76'

Estimated Wet Season Water Depth Below Natural Grade 67

Indicator Vegetation Present Braz Pepper, Live Oak, Cabbage Pom.

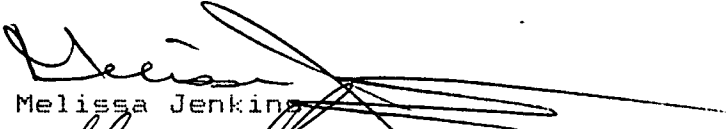
Is Benchmark Located on Plot Plan and Present on Site? Yes

Approximate Amount of Fill on Neighboring Lots N/A

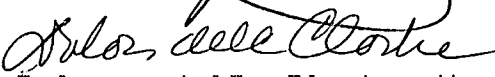
Other Findings:

EVALUATION BY: Jacqueline Kelly
DATE: 7-17-87

It is agreed that the ownership of 4 Sabal Court agrees that the Town of Sewall's Point assumes no liability for any damage to the above-captioned property by employees of the Town of Sewall's Point or its sub-contractor in the matter of relocating a catch basin and extending a drainage line 120' therefrom. Furthermore, the Town is held save harmless from any litigation relating to the above project. Additionally, the ownership of the property in question shall be held save hold harmless from any litigation on the part of the Town of Sewall's Point or its employees or sub-contractor if any person or persons should become injured on the property during the said project.


Melissa Jenkins


Thomas Jenkins


Dolores delC. Clarke, Mayor
TOWN OF SEWALL'S POINT

CERTIFICATION

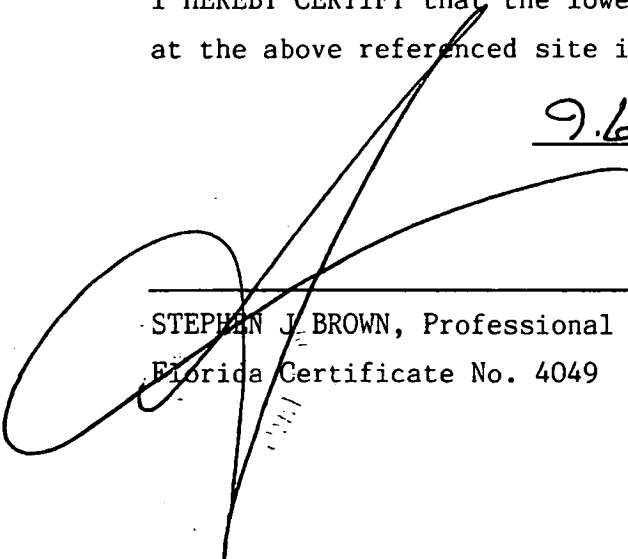
DATE: 11/10/88

TO: SEWALL'S POINT
BLDG. DEPARTMENT,

RE: LOT 5, RIDGELAND
SEWALL'S Pt, FLA.

I HEREBY CERTIFY that the lowest elevation of the finished floor
at the above referenced site is:

9.64 feet U.S.C. & G.S. datum, 1929



STEPHEN J. BROWN, Professional Land Surveyor
Florida Certificate No. 4049



STEPHEN J. BROWN, INC.
PROFESSIONAL LAND SURVEYORS

295 FLORIDA STREET
STUART, FLORIDA 33497
(305) 287-0525

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 11/14/88

This is to request that a Certificate of Approval for Occupancy be issued to Jan Kins
 For property built under Permit No. 2257 Dated 3/11/88 when completed in
 conformance with the Approved Plans.

Item	Date	Signed	Approved by
1. LOT STAKES/SET BACKS	<u>4/6/88</u>	<u>[Signature]</u>	
2. TERMITE PROTECTION	<u>4/8/88</u>		
3. FOOTING - SLAB	<u>4/8/88</u>		
4. ROUGH PLUMBING	<u>4/6/88</u>		
5. ROUGH ELECTRIC	<u>7/25/88</u>		
6. LINTEL	<u>4/22/88</u>		
7. ROOF			
8. FRAMING	<u>7/25/88</u>		
9. INSULATION	<u>7/28/88</u>		
10. A/C DUCTS	<u>7/25/88</u>		
11. FINAL ELECTRIC	<u>11/14/88</u>		
12. FINAL PLUMBING	<u>11/14/88</u>		
13. FINAL CONSTRUCTION	<u>11/14/88</u>		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 11/15/88 date

Approved by Building Commissioner Rolando L. Clarke 11/15/88 date

Utilities notified F.P.L. 11/15/88 date

Original Copy sent to John Hill - CONST

(Keep carbon copy for Town files)

2365

POOL

Permit No. _____

Date _____

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, ~~OR~~ 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 M/M JENKINS Present Address _____

Phone _____

Contractor ALLEN POOLS, INC Address 10110 S. US #1

Phone 335-5300 PORT ST LUCIE, FL

Where licensed STATE OF FLA License number CPCO 29630

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 & PATIO

#4 SABLE COURT, SEWALLS POINT
State the street address at which the proposed structure will be built:

Subdivision RIDGELAND Lot number 5 Block number _____

Contract price \$ 9,000.⁰⁰ 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, 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-tactizing~~ the construction project.

Contractor Richard L. Fa

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 Thom E. Jh

TOWN RECORD Approved: Dale Brown 8/10/88
Building Inspector Date

Date submitted 8-4-88
Approved: Dell Clarke 8/11/88
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.

2437

FENCE

Permit No. 2437

Date 11-18-88

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 Melissa Senkows Present address 4 Sabel Ct

Phone 288-7393

Contractor Martin Fence Co Address 1125 Old Pine Hwy

Phone 288-7393

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: 442' 4' green chain link fence

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

Subdivision Ridgeland Lot No. 5

Contract price \$ 2195.00 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 a 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 _____

Approved: Dale Brown TOWN RECORD Date submitted 11/21/88
Building Inspector Date

Approved: _____
Commissioner Date

Final Approval given: _____
Date

Certificate of Occupancy issued _____
Date

6070

GARAGE

DOOR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-17-02

BUILDING PERMIT NO. 6070

Building to be erected for Thomas + Melissa Jenkins

Type of Permit GARAGE DOOR

Applied for by TREASURE COAST GARAGE DOORS, INC (Contractor)

Building Fee 35.00

Subdivision Ridgeland Lot 5 Block _____

Radon Fee _____

Address 4 Sabal Ct

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

138410110000050800000

Amount Paid 35.00 Check # 5355 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2,200.00

TOTAL Fees 35.00

Signed Mark Wagner
Applicant

Signed Gene Simmon (TPO)
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
X GARAGE DOOR

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: Thomas & Melissa Jenkins Building Permit Number: _____
City: Sewall's Point State: FL Zip: 34996
Legal Description of Property: Ridgeland Lot #5 Parcel Number: 013841 011 000 0050800000
Location of Job Site: 4 SABAL CT Type of Work To Be Done: REPLACEMENT OF OVERHEAD GARAGE DOOR

CONTRACTOR/Company Name: TREASURE COAST GARAGE DOORS, INC. Phone Number: 899-0487
Street: 1421 SW 8th moor ST City: PORT ST. LUCIE State: FL Zip: 34983
State Registration Number: _____ State Certification Number: _____ Martin County License Number: SPD 2444

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: \$ 2,200.00 Estimated Fair Market Value (FMV) Prior
To Improvements _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO X

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) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code 2002 Florida Energy Code 2001
Florida Accessibility Code 2001

THEREBY 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) Mark Lequer CONTRACTOR SIGNATURE (Required) _____
State of Florida, County of: St. Lucie On State of Florida, County of: _____
This the 10 day of December, 2002 This the _____ day of _____, 200
by _____ who is personally by _____ who is personally
known to me or produced known to me or produced
as identification. Carmen M Mocerino As identification, _____
Notary Public Notary Public

My Commission Expires: _____ My Commission Expires: _____



Carmen M Mocerino
My Commission DD153647
Expires September 25 2008

Seal

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/29/2002

PRODUCER

Kretschmer Insurance Agency, Inc
800 Virginia Ave, Suite 56
Ft. Pierce, FL 34982
561-467-6656

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

- COMPANY A ZURICH GROUP-TAMPA
- COMPANY B BANKERS INSURANCE COMPANY
- COMPANY C FCCI INSURANCE
- COMPANY D

INSURED

TREASURE COAST GARAGE DOORS, INC.
1421 S.W. BILTMORE STREET
PORT ST. LUCIE, FLORIDA 34983

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	CFM28182252	02/21/02	02/21/03	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$300,000 MED EXP (Any one person) \$10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	09 0000945324 7 01	11/28/01	11/28/02	COMBINED SINGLE LIMIT \$300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CFM28182252	02/21/02	02/21/03	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL OTHER	BINDER #1958	06/26/02	06/26/03	WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$100,000 EL DISEASE - POLICY LIMIT \$500,000 EL DISEASE - EA EMPLOYEE \$100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

WORKER'S COMPENSATION- " FLORIDA OPERATIONS ONLY"- 30 DAYS NOTICE REQUIRED TO CANCEL.

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
ONE SOUTH SEWALLS POINT RD.
SEWALLS POINT, FL 34996
FAX-220-4745

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
A.C. Kretschmer III

RECEIVED

AUG 01 2002

BY: _____



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02444
Expires September 30, 2003

WAGNER, MARK J
TREASURE COAST GARAGE DOORS IN
1421 SW BILTMORE ST
PSL, FL 34983
GARAGE DOOR

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

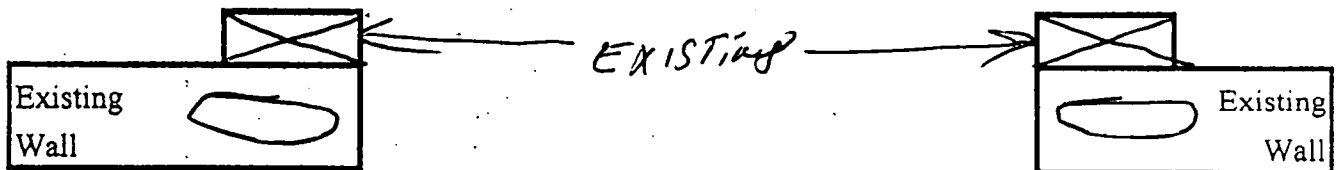
Field Survey

Date: 12-10-02	
Customer:	Phone: 288-7393
Owner: JENKINS, MELISSA	Phone: 1
Address: 4 SABAE CT.	Fax:
SEWALLS POINT	Cell: 201-1799

W x H	MFG	Model	Zone	Exp.	Design P.S.F	Test P.S.F
18 x 7	DAB	824	140	C	+45.01-50.0	+67.51-75.0
Building Style		SINGLE STORY				
Wall Construction		Vertical Jamb	Header		Spring Pad	
CMU / Wood		OK	OK		OK	
Required Anchors		PER MFG.	NA.		NA	
Remarks		USE 3/8" X 5" WEDGE ANCHORS @ 12" O.C.				

Floor Plan

Interior



Notes:



Attach tracks with _____ " x _____ " Lags & additional track brackets (as required) to secure thru existing _____ " x _____ " jamb with a minimum of 1 1/2" embedment into existing stud wall.

TABLE 1606.2B
COMPONENT AND CLADDING WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT
OF 30 FEET LOCATED IN EXPOSURE B (psf)

Zone ²	Effective wind area (ft ²)	Basic Wind Speed V (mph - 3 second gust)															
		85		90		100		110		120		130		140		150	
Roof Angle > 0-10 degrees																	
1	10.0	10.0	-13.0	10.0	-14.6	10.0	-18.0	10.0	-21.8	10.5	-25.9	12.4	-30.4	14.3	-35.9	16.5	-40.5
1	20.0	10.0	-12.7	10.0	-14.2	10.0	-17.6	10.0	-21.2	10.0	-25.2	11.8	-29.8	13.4	-34.4	15.4	-39.4
1	50.0	10.0	-12.2	10.0	-13.7	10.0	-16.9	10.0	-20.6	10.0	-24.4	10.8	-28.8	12.3	-33.2	14.1	-38.1
1	100.0	10.0	-11.9	10.0	-13.3	10.0	-16.5	10.0	-19.8	10.0	-23.7	10.0	-27.8	11.4	-32.3	13.0	-37.0
2	10.0	10.0	-21.8	10.0	-24.4	10.0	-30.2	10.0	-36.6	10.5	-43.5	12.4	-51.0	14.3	-59.2	16.5	-67.9
2	20.0	10.0	-19.6	10.0	-21.8	10.0	-27.0	10.0	-32.8	10.0	-38.8	11.6	-45.8	13.4	-52.9	15.4	-60.7
2	50.0	10.0	-18.4	10.0	-18.4	10.0	-22.7	10.0	-27.5	10.0	-32.7	10.8	-38.4	12.3	-44.5	14.1	-51.1
2	100.0	10.0	-14.1	10.0	-15.8	10.0	-19.5	10.0	-23.1	10.0	-28.0	11.4	-33.2	11.4	-38.2	13.0	-43.9
3	10.0	10.0	-32.8	10.0	-36.8	10.0	-45.4	10.0	-55.0	10.5	-65.4	12.4	-76.8	14.3	-89.0	16.5	-102.2
3	20.0	10.0	-27.2	10.0	-30.5	10.0	-37.8	10.0	-45.5	10.0	-54.2	11.8	-63.6	13.4	-73.8	15.4	-84.7
3	50.0	10.0	-19.7	10.0	-22.1	10.0	-27.3	10.0	-33.1	10.0	-39.9	10.6	-46.2	12.3	-53.5	14.1	-61.5
3	100.0	10.0	-14.1	10.0	-15.8	10.0	-19.5	10.0	-23.9	10.0	-28.1	10.0	-33.0	11.4	-38.2	13.0	-43.9
Roof Angle > 10-30 degrees																	
1	10.0	10.0	-11.9	10.0	-13.3	10.4	-16.5	12.5	-19.9	14.9	-23.7	17.5	-27.8	20.3	-32.3	23.3	-37.0
1	20.0	10.0	-11.6	10.0	-13.0	10.0	-16.0	11.4	-19.4	13.8	-23.0	16.0	-27.0	18.5	-31.4	21.3	-36.0
1	50.0	10.0	-11.1	10.0	-12.5	10.0	-15.4	10.0	-18.6	11.8	-22.2	13.9	-26.0	16.1	-30.2	18.5	-34.6
1	100.0	10.0	-10.8	10.0	-12.1	10.0	-14.9	10.0	-18.1	10.5	-21.6	12.4	-25.2	14.3	-29.3	16.5	-33.6
2	10.0	10.0	-25.1	10.0	-28.2	10.4	-34.8	12.5	-42.1	14.9	-50.1	17.5	-58.7	20.3	-68.1	23.3	-78.2
2	20.0	10.0	-22.8	10.0	-25.6	10.0	-31.5	11.4	-38.2	13.6	-45.4	16.0	-53.9	18.5	-61.8	21.3	-71.0
2	50.0	10.0	-19.7	10.0	-22.1	10.0	-27.3	10.0	-33.0	11.8	-39.3	13.9	-46.1	16.1	-53.5	18.5	-61.4
2	100.0	10.0	-17.4	10.0	-19.5	10.0	-21.1	10.0	-29.1	10.5	-34.7	12.4	-40.7	14.3	-47.2	16.5	-54.2
3	10.0	10.0	-25.1	10.0	-28.2	10.4	-34.8	12.5	-42.1	14.9	-50.1	17.5	-58.7	20.3	-68.1	23.3	-78.2
3	20.0	10.0	-22.8	10.0	-25.6	10.0	-31.5	11.4	-38.2	13.6	-45.4	16.0	-53.9	18.5	-61.8	21.3	-71.0
3	50.0	10.0	-19.7	10.0	-22.1	10.0	-27.3	10.0	-33.0	11.8	-39.3	13.9	-46.1	16.1	-53.5	18.5	-61.4
3	100.0	10.0	-17.4	10.0	-19.5	10.0	-21.1	10.0	-29.1	10.5	-34.7	12.4	-40.7	14.3	-47.2	16.5	-54.2
Roof Angle > 30-45 degrees																	
1	10.0	11.9	-13.0	13.3	-14.6	16.5	-18.0	18.9	-21.8	23.7	-25.9	27.8	-30.4	32.3	-35.3	37.0	-40.5
1	20.0	11.6	-12.3	13.0	-13.8	16.0	-17.1	19.4	-20.7	23.0	-24.6	27.0	-28.9	31.4	-33.5	36.0	-38.4
1	50.0	11.1	-11.5	12.5	-12.8	15.4	-15.9	18.6	-19.2	22.2	-22.8	26.0	-26.8	30.2	-31.1	34.6	-35.7
1	100.0	10.8	-10.8	12.1	-12.1	14.9	-14.9	18.1	-18.1	21.6	-21.5	25.2	-25.2	29.3	-29.3	33.6	-33.6
2	10.0	11.9	-15.2	13.3	-17.0	16.5	-21.0	19.9	-25.5	23.7	-30.3	27.8	-35.6	32.3	-41.2	37.0	-47.3
2	20.0	11.6	-14.5	13.0	-16.3	16.0	-20.1	19.4	-24.3	23.0	-29.0	27.0	-34.0	31.4	-39.4	36.0	-45.3
2	50.0	11.1	-13.7	12.5	-15.3	15.4	-18.9	18.6	-22.8	22.2	-27.2	26.0	-32.0	30.2	-37.1	34.6	-42.5
2	100.0	10.8	-13.0	12.1	-14.6	14.9	-16.0	18.1	-21.8	21.6	-25.9	25.2	-30.4	29.3	-35.3	33.6	-40.5
3	10.0	11.9	-15.2	13.3	-17.0	16.5	-21.0	19.9	-25.5	23.7	-30.3	27.8	-35.6	32.3	-41.2	37.0	-47.3
3	20.0	11.6	-14.5	13.0	-16.3	16.0	-20.1	19.4	-24.3	23.0	-29.0	27.0	-34.0	31.4	-39.4	36.0	-45.3
3	50.0	11.1	-13.7	12.5	-15.3	15.4	-18.9	18.6	-22.8	22.2	-27.2	26.0	-32.0	30.2	-37.1	34.6	-42.5
3	100.0	10.8	-13.0	12.1	-14.6	14.9	-16.0	18.1	-21.8	21.6	-25.9	25.2	-30.4	29.3	-35.3	33.6	-40.5
Wall																	
4	10.0	13.0	-14.1	14.8	-15.8	18.0	-19.5	21.8	-23.8	25.9	-28.1	30.4	-33.0	35.3	-38.2	40.5	-43.9
4	20.0	12.4	-13.5	13.9	-15.1	17.2	-18.7	20.8	-22.6	24.7	-26.9	29.0	-31.6	33.7	-36.7	38.7	-42.1
4	50.0	11.9	-12.7	13.0	-14.3	16.1	-17.6	19.5	-21.3	23.2	-25.4	27.2	-29.8	31.6	-34.6	36.2	-39.7
5	10.0	11.1	-12.2	12.4	-13.6	15.3	-16.8	18.6	-20.4	22.0	-24.2	25.9	-28.4	30.4	-32.9	34.4	-37.8
5	20.0	11.6	-11.7	12.5	-13.8	15.4	-16.9	18.7	-20.5	22.1	-24.3	26.0	-28.5	31.4	-33.9	36.0	-39.4
5	50.0	11.1	-11.1	12.1	-13.1	14.9	-15.9	18.1	-19.1	21.6	-23.7	25.2	-27.3	29.3	-31.4	34.6	-36.7
5	100.0	11.1	-10.8	12.1	-13.1	14.9	-15.9	18.1	-19.1	21.6	-23.7	25.2	-27.3	29.3	-31.4	34.6	-36.7

For SI: 1 ft² = 0.0929 m², 1 mph = 0.447 m/s, 1 psf = 47.88 N/m².

1 For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.

2 Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1606.2D.

3 See Figure 1606.2(c) for location of zones.

4 Plus and minus signs signify pressures acting toward and away from the building surfaces.

~~130.0~~

TABLE 1606.2C
ROOF OVERHANG COMPONENT AND CLADDING DESIGN WIND PRESSURES
FOR A BUILDING WITH MEAN ROOF HEIGHT OF 30 FEET LOCATED IN
EXPOSURE B (psf)

Zone	Effective Wind Area (ft ²)	Basic Wind Speed v (mph - 3 second gust)						
		90	100	110	120	130	140	150
Roof Angle > 0-10 degrees								
2	10	-21.0	-25.9	-31.4	-37.3	-43.8	-50.8	-58.3
2	20	-20.8	-25.5	-30.8	-36.7	-43.0	-49.9	-57.3
2	100	-19.8	-24.4	-29.5	-35.1	-41.2	-47.8	-54.9
3	10	-34.8	-42.7	-51.6	-61.5	-72.1	-83.7	-96.0
3	20	-27.1	-33.5	-40.5	-48.3	-56.8	-65.7	-75.4
3	100	-10.0	-12.2	-14.8	-17.6	-20.8	-23.9	-27.4
Roof Angle > 10 - 30 degrees								
2	10	-27.2	-33.5	-40.8	-48.3	-56.7	-65.7	-75.5
2	20	-27.2	-33.5	-40.8	-48.3	-56.7	-65.7	-75.5
2	100	-27.2	-33.5	-40.8	-48.3	-56.7	-65.7	-75.5
3	10	-45.7	-56.4	-68.3	-81.2	-95.3	-110.6	-128.9
3	20	-40.5	-50.0	-60.5	-72.0	-84.5	-98.0	-112.5
3	100	-28.4	-35.1	-42.4	-50.5	-59.3	-68.7	-78.9
Roof Angle > 30 - 45 degrees								
2	10	-24.7	-30.5	-36.9	-43.9	-51.5	-59.8	-68.6
2	20	-24.0	-29.8	-35.8	-42.8	-50.0	-58.0	-66.5
2	100	-22.2	-27.4	-33.2	-39.5	-46.4	-53.8	-61.7
3	10	-24.7	-30.5	-36.9	-43.9	-51.5	-59.8	-68.6
3	20	-24.0	-29.8	-35.8	-42.8	-50.0	-58.0	-66.5
3	100	-22.2	-27.4	-33.2	-39.5	-46.4	-53.8	-61.7

For SI: 1 psf = 47.88 N/m², 1 ft² = 0.0929 m², 1 mph = 0.447 m/s.

Note: For effective areas between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.

TABLE 1606.2D
HEIGHT AND EXPOSURE ADJUSTMENT COEFFICIENTS

Mean Roof Height	Exposure		
	B	B	D
15	1.00	1.21	1.47
20	1.00	1.20	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.56	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

Note: All table values shall be adjusted for other exposures and heights by multiplying by the above coefficients.

~~1.30.0 x 1.29 = 38.7~~
~~33.0 x 1.29 = 42.57~~

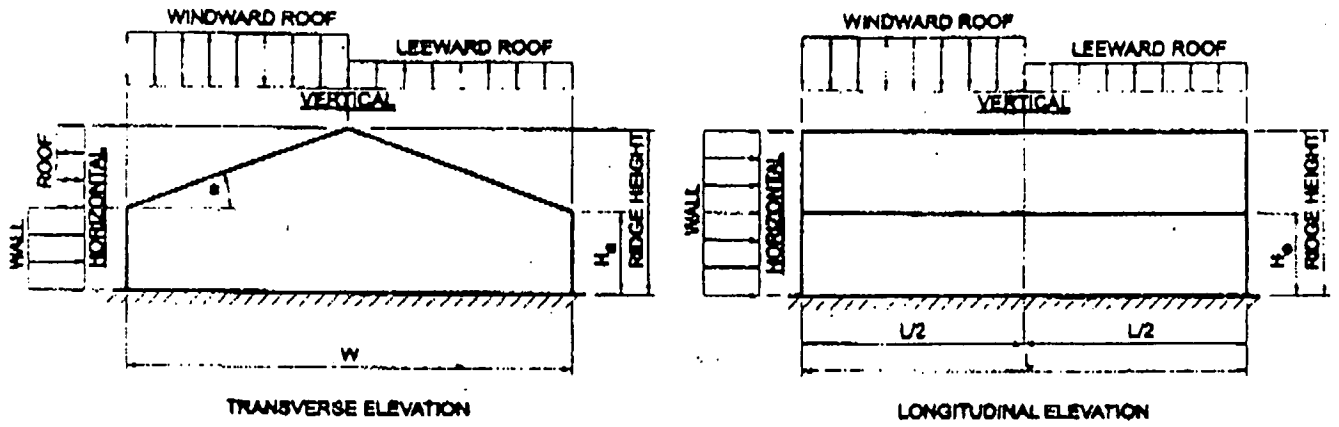


FIGURE 1606.2a
APPLICATION OF MAIN WIND FORCE RESISTING SYSTEM
LOADS FOR SIMPLE DIAPHRAGM BUILDINGS

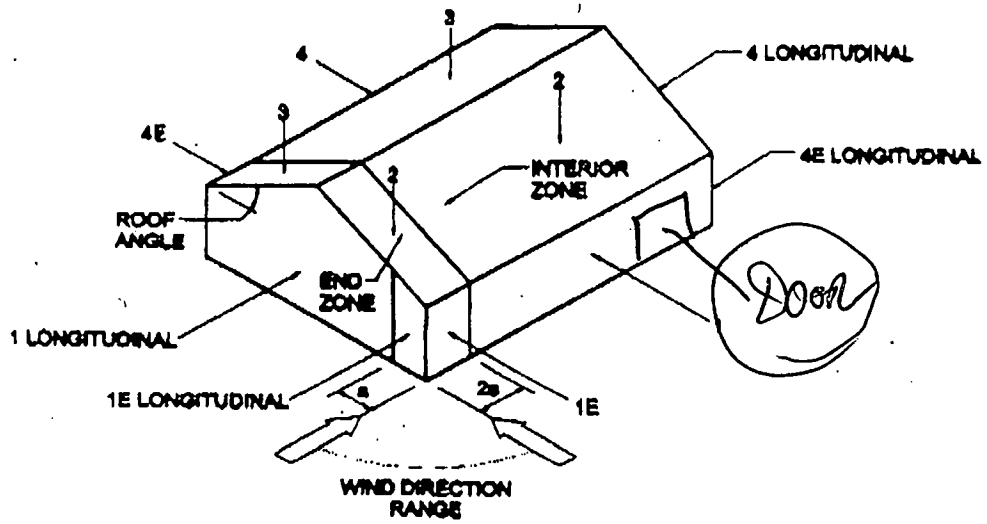


FIGURE 1606.2b
MAIN WIND FORCE LOADING DIAGRAM



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

DAB Door Company, Inc.
12195 NW 98th Avenue
Hialeah Gardens FL 33016

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:

Steel Overhead Garage Door

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. 99-120301

Expires: 03/10/2003

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: 03/10/2000

1 of 3



NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

This approves a sectional steel garage door 18'-2" wide x 6'-6" through 16'-0" high, as described in Section 2 of this Notice of Acceptance (NOA), designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County. For the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

The **DAB Door Model 824 Sectional Garage Door** and its components shall be constructed in strict compliance with the following documents: Drawing No. 99-24, titled "Sectional Residential Garage Door", prepared by DAB Doors, Inc., dated 09/22/99, with latest revision on 01/14/99, sheet 1 through 3 of 1, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County approved laboratory selected and paid by the manufacturer. Every 3 months, four times a year, the manufacturer shall mail to this office: a copy of the tested reports with confirmation that the specimens were selected from coils at the manufacturer production facilities. And a notarized statement from the manufacturer that only coils with yield strength of 35,000 psi or more shall be used to make door panels for Dade County under this Notice of Acceptance.

4. INSTALLATION


- 4.1 The sectional steel garage door and its components shall be installed in strict compliance with the approved drawings.
- 4.2 The installation of this door does **not require** a hurricane protection system.
- 4.3 Units with dimensions equal to or smaller than those shown in the approved drawing shall qualify under this approval.

5. LABELING

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

6. BUILDING PERMIT REQUIREMENTS


- 6.1 Application for building permit shall be accompanied by copies of the following:
 - 6.1.1 This Notice of Acceptance.
 - 6.1.2 Duplicate copies of the approved drawings as identified in Section 2 of this NOA, clearly marked to show the components selected for the proposed installation.
 - 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


Candido Font, PE. Sr. Product Control Examiner
Product Control Division

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documents, including test-supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approval", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a. There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes.
 - b. The product is no longer the same product (identical) as the one originally approved.
 - c. If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product.
 - d. The engineer, who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a. Unsatisfactory performance of this product or process.
 - b. Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
6. The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer needs not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

END OF THIS ACCEPTANCE


Candido Font, PE. Sr. Product Control Examiner
Product Control Division

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/8, 2008; ³ Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5880	HART 3 EAST HIGH POINT NAVARO-MAGGART	A/C FINAL ROOF FINAL	Pass	INSPECTOR: <i>[Signature]</i>
6076	JONES 14 HERON'S NEST O/B	Steel - retaining wall + ext. stairs	Pass	INSPECTOR: <i>[Signature]</i>
TREE	JONES 14 HERON'S NEST O/B	TREE	Pass	INSPECTOR: <i>[Signature]</i>
6086	NEILD 12 MIRAMAR RD PAULICK CONST	ROOF SHEATHING + TINTAB	Pass	INSPECTOR: <i>[Signature]</i>
6070	JINKINS 4 SABLE COURT (2100 Island) Treasure Coast GarDr.	Garage Door	Pass	INSPECTOR: <i>[Signature]</i>
6078	DICKER 1165 S. SEWALL'S PT RD PINCH A PENNY	POOL HEATER	Pass	INSPECTOR: <i>[Signature]</i>
5955	KNUDSON 13 S. VIA LUCINDIA ALMAR JACKSON POOL	FINAL POOL	Failed	P. Suva, / Affid. Pence gates ?? INSPECTOR: <i>[Signature]</i>

OTHER: TREE - TETTAMANTI
trim & 19 NE LOETING WAY
MONTY'S TREE SVC
~~19 E.~~
~~13 S. VIA LUCINDIA~~
~~4/17~~

7116

CHIMNEY

SIDING

REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/7/04

BUILDING PERMIT NO. 7.116

Building to be erected for JENKINS

Type of Permit CHIMNEY SIDING REPAIR

Applied for by O/B (Contractor)

Building Fee 3500

Subdivision RIDGELAND Lot 5 Block _____

Radon Fee _____

Address 4 SABAL COURT

Impact Fee _____

Type of structure SEK

A/C Fee _____

Parcel Control Number:

138410110000005080000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 1379 Cash _____ Other Fees (_____)

Total Construction Cost \$ 2400.00

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

RECEIVED 2004

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

Date: DEC 05 2004

OWNER/TITLEHOLDER NAME: Tom & MELISSA JENKINS Phone (Day) 288-7393 (Fax) 288-3839

Job Site Address: 4 SARAL COURT City: STUART 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: CHIMNEY SIDING REPAIR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$2,400⁰⁰
(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: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Melissa Jenkins

State of Florida, County of: MARTIN

This the 3RD day of DECEMBER, 2004

by MELISSA SUKINI JENKINS who is personally known to me or produced ADL JONES 547 56 807 FO

as identification. [Signature] 10/8/27/0

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

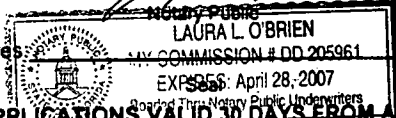
On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally known to me or produced _____

As identification. _____

My Commission Expires: _____



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: MELISSA JENKINS **Date:** 12/3/04

Signature: 

Address: 4 SABAL COURT

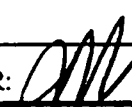




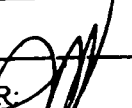
City & State: SWANEE, FL 34996

Permit No. _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/2, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6719	DONAHUE	FINAL SFR		
11	163 S. SEWALL HALL SAMMONS	LAST PLEASE		INSPECTOR:
7494	VAN'T BOSCH	FINAL GAS TANK + LINES	FAIL	
7	36 S. RIVER ROAD PROPANE DISCOUNTERS			INSPECTOR: 
7116	JENKINS	FINAL CHIMNEY	PASS	CLOSE
6	4 SABAL COURT O/B (OFF RIDGELAND)	SDING REPAIR		INSPECTOR: 
7643	MERRILL	LATH	PASS	
10	24 FIELDWAY O/B			INSPECTOR: 
7750	COOPER	INGR TANK	PASS	
2	33 W. HIGHT PT DELTA PETROLEUM			INSPECTOR: 
7734	CRANE	DRY-IN	FAIL	CANCEL \$40 FEE
3	2 TIMOR ST. PACIFIC ROOFING			INSPECTOR: 
Tree	MORALES	TREE	PASS	
5	10 N RIDGEVIEW			INSPECTOR: 

OTHER: _____

7300

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/11/05

BUILDING PERMIT NO. 7300

Building to be erected for JENKINS Type of Permit REEROOF

Applied for by GARY MARZO INC (Contractor) Building Fee _____

Subdivision RIDGEAND Lot 5 Block _____ Radon Fee _____

Address 4 SABAL COURT Impact Fee _____

Type of structure SFR A/C Fee _____

Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____

0138410110000005080000 Roofing Fee 120.00

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

Total Construction Cost \$ 48,465 TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

BY:

Town of Sewall's Point
BUILDING PERMIT APPLICATION Permit Number: _____
 Date: 2/9/05
 OWNER/TITLEHOLDER NAME: Jenkins Residence Phone (Day) 288-7393 (Fax) 288-3839
 Job Site Address: 4 Sabal Court City: Sewalls PT State: FL Zip: 34996
 Legal Desc. Property (Subd/Lot/Block) Ridgeland Lot 5 Parcel Number: 013841011000002508
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____
 Description of Work To Be Done: Remove existing cedar shakes and replace with

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 48,465.⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$ _____

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

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Gary Marzo Inc Phone: 871-2489 Fax: 465-8829
 Street: 861 A SW Lakehurst Dr City: PT ST LUCIE State: FL Zip: 34983
 State Registration Number: CC-C058193 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION: N/A

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 6800 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.

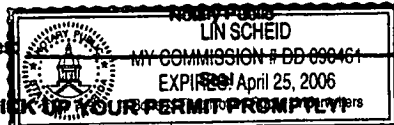
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
 National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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)
 State of Florida, County of Martin
 This the 9 day of February 2005
 by Melissa Jenkins who is personally
 known to me or produced
 as identification. Lynn Marzo
 Notary Public
 My Commission Expires: DD306715

CONTRACTOR SIGNATURE (required)
Gary Marzo
 On State of Florida, County of Martin
 This the 9 day of February 2005
 by Gary Marzo who is personally
 known to me or produced
 as identification. Lin Scheid
 My Commission Expires: _____

NOTARY PUBLIC
 LYNN MARZO
 PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY
 EXPIRES: April 9, 2006
 Bonded Thru Budget Notary Services



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BL
GARM001

DATE (MM/DD/YYYY)
10/18/04

PRODUCER
J.W. Edens & Company
Commercial Ins of Brevard, Inc
5005 Wickham Road
Melbourne FL 32940
Phone: 321-751-3737 Fax: 321-751-3738

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

Gary Marzo, Inc.
861 A-SW Lakehurst Drive
Port St. Lucie FL 34983

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Canal Indemnity Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	22221004	10/15/04	10/15/05	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 300,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

CERTIFICATE HOLDER

SEWALLS

Town of Sewall's Point
One South Sewall's Point Rd.
Stuart FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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
New/Theresa C. O'Brien *Theresa C. O'Brien*
ACORD CORPORATION 1988



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

SELF INSURERS FUND

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

CERTIFICATE OF INSURANCE

ISSUED TO:

COPY PROVIDED TO:

Town of Sewalls Point
1 South Sewalls Point Rd.
Stuart FL 34996

Gary Marzo, Inc.
861 A - S.W. Lakehurst Dr.
Port St. Lucie FL 34983

ATTN: To whom it may concern

Date: 12/07/2004

This is to certify that Gary Marzo, Inc.
861 A - S.W. Lakehurst Dr.
Port St. Lucie FL 34983

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

COVERAGE NUMBER:	<u>870-033210</u>	<u>LIMITS</u>	
EFFECTIVE DATE:	<u>01/01/2005</u>	Workers' Compensation	Statutory - State of Florida
EXPIRATION DATE:	<u>01/01/2006</u>	Employers' Liability	\$100,000 - Each Accident \$100,000 - Disease, Each Employee \$500,000 - Disease, Policy Limit

REMARKS: Non-cancelable without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

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

By: Brett Stiegel
Brett Stiegel, Administrator
FRSA-SIF

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

NOTICE OF COMMENCEMENT

Permit NO:
State Of: FLORIDA

Tax ID No: 013941011000000508
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 improvements: Ridgeland Lot:5

General description of improvements: Re-roof

Owner: Jenkins, Thomas
Address: 4 Sabal Court, Stuart, FL 34916
Owner's interest in site of improvement: Residence

Fee Simple Title holder (if other than owner):

Address:

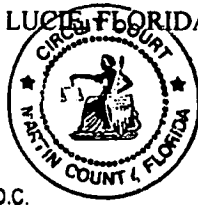
Return to Contractor: GARY MARZO, INC.

Address: 861 A-SWIMMERST DR., PORT ST. LUCIE, FLORIDA 34983 Phone # 465-2489 Fax # 465-8829

Surety:
Address:
Amount of Bond \$

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

MARSHA EWING, CLERK
BY [Signature]
DATE 02/07/05



Phone #

Fax #

Lender:
Address:

D.C.

Phone #

Fax #

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 7134.13 (1) (a) 7., Florida Statutes:

Name: _____ Phone # _____
Address: _____ Fax # _____

In addition to himself, owner designates _____ of _____ (Phone# _____ Fax # _____) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Expiration date of notice of commencement is one year from the date of recording unless a different date is specified. _____

[Signature]
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF:

The foregoing instrument was acknowledged before me this 4 day of Feb, 2005 by Thomas Jenkins who is personally known to me or who has produced identification

Seal



LYNN MARZO
MY COMMISSION # DD 306715
EXPIRES: April 5, 2008
Bonded Thru Budget Notary Services

[Signature]
Signature of Notary
Lynn Marzo
Print Name / Title: Notary Public
DD306715 Commission Number

INSTR # 1812367
OR BK 01979 PG 2492
RECORDED 02/07/2005 08:51:10 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Wood





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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Green River Log Sales Ltd.
33610 East Broadway Avenue
Mission Viejo ,BC V2V 4M4

Your application for Notice of Acceptance (NOA) of:

"Green River" Cedar, Shakes & Shingles

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 NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, 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 by 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. 00-1023-02
EXPIRES: 11/30/2005

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 Miami-Dade County, Florida under the conditions set forth above.

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
APPROVED: 11/30/2000 DATE: 2/11/05

BUILDING OFFICIAL
Gene Simmons

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. SCOPE

This approves roofing system using wood shingles and shakes as manufactured by Green River Log Sales Ltd. as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County.

Category: Roofing
Sub-Category: Shingle and Shake

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Cedar Plus Shakes	Widths= 4" to 14" Length= 24"	PA 110	Fire retardant and preservative tapered or non-tapered cedar .
Cedar Plus Shingles	Widths= 3" to 14" Length=16", 18" or 24"	PA 110	Fire retardant and preservative treated cedar, with both faces sawn.

3. LIMITATIONS

- 3.1. Fire classification is not part of this acceptance.
- 3.2. This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable Building Code.
- 3.3. Wood shingles and shakes shall not be installed on roof mean heights greater than 33 feet.

4 LABELING

- 4.1 Shingle/Shake bundles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County-Dade Product Control Approved".

5 BUILDING PERMIT REQUIREMENTS

- 5.1 Application for building permit shall be accompanied by copies of the following:
 - 5.1.1 This Notice of Acceptance.
 - 5.1.2 Any other documents required by the Building Official or the Building Code in order to properly evaluate the installation of this system.



Frank Zuloaga, RRC
Roofing Product Control Examiner

GREEN RIVER LOG SALES LTD.

ACCEPTANCE No. : 00-1023.02

APPROVED: November 30, 2000

EXPIRES: November 30, 2005

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

6. INSTALLATION

6.1 "Green River Log Sales Ltd. Cedar Plus Shake, Cedar Plus Shingle" and its components shall be installed in strict compliance with Roofing Application Standard RAS 130.

Fastener Pull Through Resistance	
Description	Maximum Pull Force (lbs)
Cedar Plus Shingle 16"	92
Cedar Plus Shingle 18"	105
Cedar Plus Shakes	196



Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documents, including test-supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approval", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a. There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes.
 - b. The product is no longer the same product (identical) as the one originally approved.
 - c. If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product.
 - d. The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a. Unsatisfactory performance of this product or process.
 - b. Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
6. The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer need not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1 through 3 and this last page 4.

END OF THIS ACCEPTANCE



Frank Zuloaga, RRC
Roofing Product Control Examiner



7300

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 4 SABAL COURT

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

DRY IN

DRIP EDGE NEEDS TO
BE NAILED @ 4" O.C.

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

DATE: 2/22

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 20015 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7300	JENKINS 4 SABAL COURT GARY MARZO	DRY IN	FAIL	DONE 2/22 INSPECTOR: <i>[Signature]</i>
		871-2482 WOULD LIKE TUES	BETW 8-9	
7323	SMITH 111 S. Sewall's Pt O/B	FOAM INSULATION FINAL		INSPECTOR:
TREE	DEMARCIAN 19 CASTLE WAY	TREE		INSPECTOR:
7105	CARLTON 6 PERRIWINKLE CIR GLENMARK HOMES	INSULATION	PASS	DONE 2/22 INSPECTOR: <i>[Signature]</i>
		341-2750 WOULD LIKE TUES PLEASE	BETW 8-9	
6807	FENSTERER 71 S. Sewall's Pt STUART ROOFING	DRY IN		INSPECTOR:
		LINDA 692.9854		
7309	BABKIE 101 S. Sewall's Pt TACHENY	DRY-IN SHEATHING TUES	PASS PASS	DONE 2/22 INSPECTOR: <i>[Signature]</i>
7256	SCHROEDER 4 EMARITA OLYMPIC	POOL STEEL		INSPECTOR:

OTHER:

LOT 1 RIDGEVIEW - 8:30 MEET W
OWNERS - DRAINAGE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7300	JENKINS	DRY IN	FAIL	ONE 2/22
	4 SABA COURT			
	GARY MAZZO	871-21482	3500	INSPECTOR: [Signature]
		WOULD LIKE TUES	2-9	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7323	SMITH	FOAM/INSULATION	FINAL PASS	CLOSE
4	11 S. Sewall's Pt			
	O/B			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	DEMARKARIAN	TREE	PASS	
11	19 CASTLE WAY			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7105	CARLTON	INSULATION	PASS	ONE 2/22
	6 PERRIWINKLE CIR			
	GLENMARK HOMES	341-2750	2-9	INSPECTOR: [Signature]
		WOULD LIKE TUES PLEASE		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6807	FENSTERER	DRY IN	PASS	
5	71 S. Sewall's Pt			
	STUART ROOFING	LINDA 692.9854		INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7309	BABKIE	DRY-IN	PASS	ONE 2/22
	101 S. Sewall's Pt	SHEATHING	PASS	
	TACHENY	TUES		INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7256	SCHRAOEN	POOL STEEL	FAIL	#40 FEET
8	4 EMARITA.			
	OLYMPIC			INSPECTOR: [Signature]

OTHER:

LOT 1 RIDGEVIEW - 8:30 MEET W/ OWNERS - DRAINAGE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/23, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7191	HECKENBURN	DOCK BEE	FAIL	
10	5 N.E. LAGOON ISLAND CT. O/B.			INSPECTOR: <i>[Signature]</i>
TREE	O'CONNOR	TREE	PASS	
12	16 FIELDWAY DR			INSPECTOR: <i>[Signature]</i>
7043	SWEENEY-GOLNIK	IN PROGRESS ROOF	PASS	
6	4 S. VIA LUCINDIA O/B			INSPECTOR: <i>[Signature]</i>
7272	H. BASSOC/MARTELO	ELEC W/PLUMB	PASS	
13	3758 SE OCEAN (ME) KRELMAN WAYNE 260-0949			INSPECTOR: <i>[Signature]</i>
7250		FENCE FINAL	PASS	CLOSE
3	135 S. RIVER RD STUART ROOFING			INSPECTOR: <i>[Signature]</i>
7186	LIPPS	FINAL ROOF	PASS	CLOSE
9	5 COPAIRE DR PVD DEVELOPMENT			INSPECTOR: <i>[Signature]</i>
1300	[REDACTED]	[REDACTED]	[REDACTED]	
9	[REDACTED]	[REDACTED]	[REDACTED]	INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/14, 20015 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7282	SHORT	ELEC ROUGH		CANCEL
	10 N. RIVER RD			
	O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1300	JENKINS	FINAL ROOF	PASS	CLOSE
3	4 SABAL COURT GARY MARZO	OFF RIDGE LAUD		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7314	MUIR	FINAL ROOF	PASS	
4	14 PERIWINKLELA AFTERMATH			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7278	LASKY	STEEL	PASS	REINSPECT LATE MORNING
1	27 W. HIGH PT WILCO CONST			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6812	MADER	FOOTING	FAIL	OK TO POUR GARY FOOTER
2	106 ABBIE COURT PUNCKER HOMES			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

7420

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/24/05

BUILDING PERMIT NO. 7420

Building to be erected for JENKINS

Type of Permit FENCE

Applied for by OIB

(Contractor) Building Fee 30.00

Subdivision RIDGE AND Lot 5 Block _____

Radon Fee _____

Address 4 SABAL COURT

Impact Fee _____

Type of structure FENCE

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

138410110000005080000

Roofing Fee _____

Amount Paid 30.00 Check # 1556 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 300.00

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 3/22/05 MELISSA d

OWNER/TITLEHOLDER NAME: Thomas E Jenkins Phone (Day) 288-7393 (Fax) 288-3839

Job Site Address: 4 SABAL COURT City: STUART 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: REPAIR FENCE

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 300.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Melissa Jenkins

State of Florida, County of: MARTIN

This the 22nd day of MARCH, 2005

by MELISSA JENKINS who is personally

known to me or produced

as identification. Laura L. O'Brien

Notary Public

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 2005

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

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


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

DISCLOSURE STATEMENT

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

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

Name: MELISSA JENKINS **Date:** 3/22/05

Signature: 

Address: 4 SABAL COURT

City & State: STUART FL 34996

Permit No. _____

135.30'

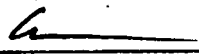
4' WOOD PICKET FENCE

SIDE ENTRY

20'

FRONT DOOR

SABAL COURT
51.0

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 3/23/05

BUILDING OFFICIAL
Gene S...

20'

GARAGE

4' WOOD PICKET FENCE

135.30'

~~5'~~ WOOD PICKET FENCE

510' 20'

SABAL COURT
51.0

FRONT DOOR

Revision 7420

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 3/30/05

[Signature]
 BUILDING OFFICIAL
 Gene Simmons

GARAGE

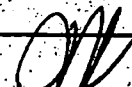
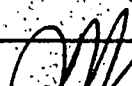
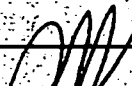
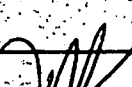
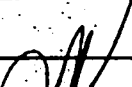
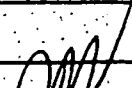
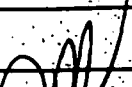
20'

~~5'~~ WOOD PICKET FENCE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/20, 2005 Page 1 of

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

OTHER: _____

754-224-7306

SOUTHERN TRADING

8213

DOORS &

SHUTTERS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4-25-06

BUILDING PERMIT NO. 8213

Building to be erected for Jenkins

Type of Permit Doors + Hurr. Panels

Applied for by O/B

(Contractor) Building Fee 35

Subdivision Ridgeland Lot 5 Block _____

Radon Fee _____

Address 4 Sabal Ct

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

138410110000005080000

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ 2450

TOTAL Fees 35

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/DOOR
- STEMWALL

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

INSPECTIONS

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

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

RECEIVED
4/21/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 4/21/06 Permit Number: _____

OWNER/TITLEHOLDER NAME: Tom & Melissa Jenkins Phone (Day) _____ (Fax) _____

Job Site Address: 4 Sabal Court City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Ridgeland Lot 5 Parcel Number: 138410110000005080000

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

Description of Work To Be Done: Replace front a cabana bath doors / cover w/ hurricane panels

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2,450.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

Method of Determining Fair Market Value: _____

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: _____

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

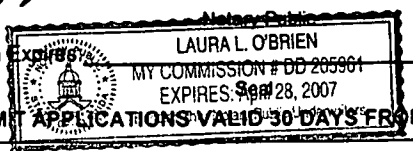
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
Melissa Jenkins
State of Florida, County of: MARTIN
This the 21st day of APRIL, 2006
by Melissa Jenkins who is personally
known to me or produced
as identification. [Signature]

CONTRACTOR SIGNATURE (required)

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

My Commission Expires _____



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: MELISSA JENKINS Date: 4/20/06

Signature: 

Address: 4 Sabal Court

City & State: Stuart, FL 34996

Permit No. _____

CRITIQUE

Owner: Tom & Melissa Jenkins
Contractor: Owner/Builder
Contractor's Phone Number:

Date: April 24, 2006

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR DOORS AND HURRICANE SHUTTERS LOCATED AT 4 SABLE COURT

Submittals (2 copies)

1. Product approvals (**current**) from Miami/Dade or other testing institutes approved by the Florida Building Code for the following items:
 - a. Exterior Doors product approval for specific doors used in 140 mph wind zone.
 - b. Hurricane shutter product approvals are incomplete – no connection detail sheets
2. Proof of Ownership



The Florida Department of Community Affairs Building Code Information System

SITE NAVIGATION

-  Home
-  Course Accreditation
-  Florida Building Code
-  Manufact. Buildings
-  Prototype Building
-  Surcharges
-  Training
-  Product Approval
-  License Search
-  Mailing List
-  Florida Building Commission

PRODUCT APPROVAL Product Type Detail

User: Public User - Not Associated with Organization -

Application #: FL419-R1
 Date Submitted: 09/15/2005
 Code Version: 2004

Product Manufacturer: Eastern Metal Supply
 Address/Phone/email: 4268 Westroads Drive
 West Palm Beach, FL 33407
 (561) 841-5480

Category: Shutters
 Subcategory: Storm Panels

Evaluation Method: Evaluation Report from a Florida Registered Architect or Florida Professional Engineer

Referenced Standards from the Florida Building Code:

Section	Standard	Year
1606.1.4	SSTD 12-99	2001

Florida Engineer or Architect Name: Walter A. Tillit, Jr.
 Florida License: PE-44167
 Quality Assurance Entity: National Accreditation and Management Institute

Validation Entity: John Henry Kampmann Jr.
 Authorized Signature: Bill Feeley
 bfeeley@easternmetal.com

Evaluation DATE: Reports Uploaded: 4/25/06

FILE COPY

TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN

REVIEWED FOR CODE COMPLIANCE

4/25/06

BUILDING OFFICIAL
 Gene Simmons

Installation Documents Uploaded:

Product Approval Method:

Method 1 Option D

Application Status:

Approved

Date Validated:

09/23/2005

Date Approved:

10/11/2005

Date Certified to the 2004 Code:

Page: Go

Page 1 / 1

App/Seq #	Product Model # or Name	Model Description	Limits of Use
419.1	05-270	0.050 Bertha Aluminum Storm Panel	Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined on section 1619.2 of the Florida Building Code.
419.2	05-271	24ga. Galvanized Bertha Steel Panel	Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined on section 1619.2 of the Florida Building Code.
419.3	05-276	Clear Bertha Storm Panel	Product to be installed only within NON HIGH VELOCITY HURRICANE ZONES as defined on section 1619.2 of the Florida Building Code.

Next



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**NAN YA PLASTICS CORPORATION / PLASTPRO, INC.
DISTINCTION FIBERGLASS DOOR
PRODUCT APPROVAL TEST RESULTS**

**INSWING: Opaque and Glazed
Max Door Size: 6'0" x 6'8"**

DESIGN PRESSURES

OPAQUE				GLAZED			
<u>Description</u>	<u>Door Size</u>	<u>Pressures</u>	<u>Drawing #</u>	<u>Description</u>	<u>Door Size</u>	<u>Pressures</u>	<u>Drawing #</u>
Double	4'0" x 6'8"	+74 -82	99-08	Double	4'0" x 6'8"	+74 -74	99-06
Double	4'8" x 6'8"	+64 -70	99-08	Double	4'8" x 6'8"	+64 -64	99-06
Double	5'0" x 6'8"	+60 -66	99-08	Double	5'0" x 6'8"	+60 -60	99-06
Double	5'4" x 6'8"	+56 -61	99-08	Double	5'4" x 6'8"	+56 -56	99-06
Double	6'0" x 6'8"	+50 -55	99-08	Double	6'0" x 6'8"	+50 -50	99-06

Configuration: XX

TESTS

<u>Test</u>	<u>Description</u>	<u>Test Location</u>	<u>Test Date</u>	<u>Test Report #</u>	<u>Certifying Florida Engineer and License Number</u>
ASTM E-330-90	Uniform Static	National Certified Testing Lab	10/03/1997	210-1993	Barry Portnoy
	Air Pressure	Orlando, Florida	04/01/1998	210-2024	P. E. No. 16258
AAMA 1302.5	Forced Entry	National Certified Testing Lab	10/03/1997	210-1993	Barry Portnoy
		Orlando, Florida	04/01/1998	210-2024	P. E. No. 16258
ASTM E283-91	Air Infiltration	National Certified Testing Lab	10/03/1997	210-1993	Barry Portnoy
		Orlando, Florida	04/01/1998	210-2024	P. E. No. 16258
ASTM E331-96	Water	National Certified Testing Lab	10/03/1997	210-1993	Barry Portnoy
	Penetration	Orlando, Florida	04/01/1998	210-2024	P. E. No. 16258

Product Acceptance/Label No: DDI-224

Barry Portnoy
01/15/98

Florida Building Code Online



The Florida Department of Community Affairs Building Code Information System

SITE NAVIGATION

- Home
- Florida Building Code
- Manufact. Buildings
- Building
- Searches
- Training
- Product Approval
- Licensure Search
- Meeting List
- Florida Building Code

PRODUCT APPROVAL

Overview Product Search Organization Search Product Application

User: Public User - Not Associated with Organization -

[Need Help ?](#)

Application #: FL20
 Date Submitted: 08/04/2003
 Product Manufacturer: Masonite International
 Address/Phone/email: One North Dale Mabry Suite 950 Tampa, FL 33609

Technical Representative: Steve Schreiber
 Technical Representative Address/Phone/email: 1 Fremdor Drive Dickson, TN 37055 (615) 441-4258 sschreiber@masonite.com

Category: Exterior Doors

Subcategory: Swinging

Evaluation Method: Certification Mark or Listing

Referenced Standards from the Florida Building Code:

Section	Standard	Year
	ASTM E1886	1997
	TAS202	1994
	ASTM E1996	2002

Certification Agency: Intertek Testing Services - ETL/Warnack Hersey

Quality Assurance Entity:

Validation Entity:

Authorized Signature: Steve Schreiber sschreiber@masonite.com

Performance level of the product and conditions or limitations of use: None Known

Florida Building Code Online

Evaluation/Test Reports Uploaded:
Installation Documents Uploaded:

Product Approval Method:

Method 1 Option A

Application Status:
Date Validated:

Approved
08/08/2003

Page 1 / 1

Page:

App/Seq #	Product Model # or Name	Model Description
20.1	Fiberglass Door Units	



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INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
8043	JENNINS	4 SABLE CT.	DOORS/AMERICAN PANELS	QW 5/15/08
8169	CARLTON	6 PERRIWINKLE CIR.	DOCK	QW 5/15/08
8086	BONIFACE	63 S. RIVER	PILINGS/BOATLIFT	QW 5/15/08
8084	MASSEY	1 MINORO	SCREEN ENCL. QW 5/15	WORK NOT DONE
7911	CLEMENTS	6 MIDDLE RD.	FENCE	QW 5/15/08
7915	KISSLING	4 MINORO ST.	DECK BOARDS	QW 5/15/08
7926	PAINS	62 S.S.P.R.	SIDING	WORK NOT DONE
7936	LEIGHTON	43 W. HIGH PT.	DOCK	WORK NOT DONE
7947	LANGER	3 N.E. LOFTING WAY	FENCE	QW 5/15/08
7981	SANDERS	3 MANDALAY	FENCE	QW 5/15/08
8001	HICKS	7 MANDALAY	FENCE	QW 5/15/08
8020	BARNHILL	4 N. RIVERVIEW	FENCE	WORK NOT DONE
7880	SERAFINI	21 N. VIA LUCINDIA	FENCE	WORK NOT DONE FENCE REMOVED
7881	FARROW	47 N. RIVER	DOCK	QW 5/15/08
7811	DEAN	2 HERITAGE WAY	FILL	QW 5/15
7674	LEIGHTON	43 W. HIGH POINT	FENCE	FENCE REMOVED WORK NOT DONE
7625	ARMSTRONG	41 W. HIGH POINT	FILL	QW PASS 5/15/08
7392	ALLMAN	106 S. RIVER	FENCE	QW 5/15/08

8214

PAVERS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4-25-06 BUILDING PERMIT NO. 8214
 Building to be erected for Jenkins Type of Permit Porero-Deck
 Applied for by OB (Contractor) Building Fee 67.20
 Subdivision Ridgeland Lot 5 Block _____ Radon Fee _____
 Address 4 Sabal Ct Impact Fee _____
 Type of structure SFR A/C Fee _____

Parcel Control Number: _____
138410110000005080000
 Amount Paid \$84 Check # 1721 Cash _____ Other Fees (2570 OB) 16.80
 Total Construction Cost \$ 7000 TOTAL Fees 84.00

Signed [Signature] Applicant
 Signed Gene Simmons Town Building Official

PERMIT

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

INSPECTIONS

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

TOWN OF SEWALL'S POINT
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: MELISSA JENKINS Date: 4/18/06

Signature: 

Address: 4 SABAL COURT

City & State: STUART, FL 34996

Permit No. _____

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 4/18/06 Permit Number: _____

OWNER/TITLEHOLDER NAME: THOMAS & MELISSA Phone (Day) 201-1799-288-7393 (Fax) 208-3839

Job Site Address: 4 SABEL COURT JENKINS City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Ridgeland Lot 5 Parcel Number: 1384101000005080000

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

Description of Work To Be Done: PAVES INSTALLED OVER EXISTING CONCRETE PATIO PORCH, GOLD DECK

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7,000.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: MARTIN

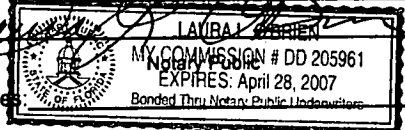
This the 21st day of APRIL, 2006

by MELISSA JENKINS who is personally

known to me or produced

as identification

My Commission Expires:



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 2006

by _____ who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____

Notary Public

Seal

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 138410110000005080000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

RIDGELAND LOT 5

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL PAVERS OVER EXISTING CONCRETE ON

OWNER: THOMAS & MELISSA JENKINS SCREENED POCCH, POOL DECK, & PATIO

ADDRESS: 4 SABAL COURT SUART FL 34996

PHONE #: 288-7393 / 201-1799 FAX #: 288-3839

CONTRACTOR: OWNER

ADDRESS: _____

PHONE #: _____ FAX #: _____

SURETY COMPANY(IF ANY) _____ STATE OF FLORIDA

ADDRESS: _____ MARTIN COUNTY

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

BOND AMOUNT: _____ MARSHA EWING, CLERK

LENDER: _____ BY: [Signature] D.C.

ADDRESS: _____ DATE: 4/21/06

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE #: _____ FAX #: _____

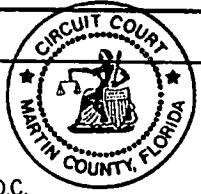
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 21st DAY OF APRIL 2006 BY MELISSA JENKINS

OR PERSONALLY KNOWN X PRODUCED ID _____ TYPE OF ID _____

NOTARY SIGNATURE



INSTR 4 1927333 OR BK 02135 PG 0128 RECD 04/21/2006 11:21:15 AM
Pg 0128 (109)
MARSHA EWING, MARTIN COUNTY CLERK
DEPUTY CLERK C. Walsh

20'
SIDE SETBACK

12' 6"

4'

23'

PROPOSED POOL

COOL DECK

EXISTING
12' x 12' CONC
PATIO

PAVING
OVER

53'

25' SETBACK

185.04'

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 4/24/04
 BUILDING OFFICIAL
 Gene Simmons

EASEMENT

ALLE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 7, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8104	Miraglia	Final roof	FAIL	
9	66 NSP Pacific Roof.	8:30 AM		INSPECTOR: <i>[Signature]</i>
Tree	Bruce	Tree	PASS	
5A	2 Kingston Ct OB			INSPECTOR: <i>[Signature]</i>
18214	Jenkins	Deck-Final	PASS	CLOSE
6	4 Sabal Ct OB (OFF RINGELAND)			INSPECTOR: <i>[Signature]</i>
8192	Frick	Final	PASS	CLOSE
5	21 Palm Rd Propane Disc.			INSPECTOR: <i>[Signature]</i>
7792	Mildenburger	Final-BOAT	PASS	CLOSE
2	8 E High Pt Tropic Marine	LIFT & PILING		INSPECTOR: <i>[Signature]</i>
8252	Frick	Cont'd Final	PASS	CLOSE
5	21 Palm Rd OB	Phil-burg permit		INSPECTOR: <i>[Signature]</i>
8183	Zigler 781-5640	FINAL roof.	PASS	CLOSE
1	M Emanuel Way Ralph Wilson	1st 8:30 Please		INSPECTOR: <i>[Signature]</i>

OTHER:

8 N. VIA LUCINDA
PAVEN BRICKS IN ROADWAY.
STOP WORK ORDER

ISSUED STOP
WORK ORDER

9196

SOLAR

WATER

HEATER



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:	9196	DATE ISSUED:	JULY 7, 2009
SCOPE OF WORK:	SOLAR FOR HOT WATER		
CONDITIONS:			
CONTRACTOR:	FLORIDA SOLAR EAST		
PARCEL CONTROL NUMBER:	013841011-000-000508	SUBDIVISION	RIDGELAND - LOT 5
CONSTRUCTION ADDRESS:	4 SABAL CT		
OWNER NAME:	JENKINS		
QUALIFIER:	ARTHUR WEST	CONTACT PHONE NUMBER:	321-631-8990

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

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

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

REQUIRED INSPECTIONS

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

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

REC'D
TOWN OF SEWALL'S POINT

Date: 6/29/09 Town of Sewall's Point 208 1800
BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Jenkins Phone (Day) 288-7393 (Fax) _____

Job Site Address: 4 Sabal Ct City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Ridgeland lot 5 Parcel Number: 01384101000000508

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

Scope of work: Solar for domestic hot water

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)

CONSTRUCTION VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2150
Notice of Commencement required when over \$2500 - prior to first inspection
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS 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

CONTRACTOR/Company: FL SOLAR EAST Phone: 3216818990 Fax: 3216819332

Street: 1743 Rockledge Lane City: Rockledge State: FL Zip: 32955
Huntington

State Registration Number: _____ State Certification Number: 00002501 Municipal License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

ENGINEER _____ Lic.#: _____ Phone Number: _____

AREA SQ. FOOTAGE: Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof: _____ Wood Decks/walkways: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2007 RW 2006 Rev
National Electrical Code: 2002 Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Code 2007

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY, OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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 AUTHORIZED AGENT SIGNATURE (required)
[Signature]

CONTRACTOR SIGNATURE (required)
[Signature]

State of Florida, County of: Martin

On State of Florida, County of: Brevard

This the 29 day of June, 2009

This the 29 day of June, 2009

by Kendrick Jenkins who is personally

by Arthur West who is personally

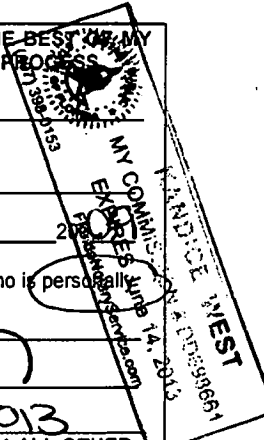
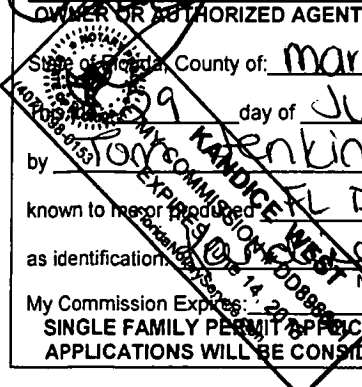
known to me or produced as identification: [Signature]

known to me or produced as identification: [Signature]

My Commission Expires: June 14, 2013

My Commission Expires: June 14, 2013

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



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

Site Provided by...
governmentmax.com T1.13

Summary

print [navigation icons] Owner 48 of 55

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-011-000-00050-8	4 SABAL CT	17785	Owner	0	1

Summary

Property Location 4 SABAL CT
Tax District 2200 Sewall's Point
Account # 17785
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.588

Legal Description
Property Information
 RIDGELAND LOT 5

Search By

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

Owner Information
Owner Information
 JENKINS, THOMAS & MELISSA

Mail Information
 4 SABAL CT
 STUART FL 34996

Assessment Info
Front Ft.

Market Land Value \$261,250
Market Impr Value \$313,810
Market Total Value \$575,060

Site Functions

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

Recent Sale
Sale Amount \$68,000

Sale Date 3/10/1988
Book/Page 0756 1298

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 6/22/2009



SALES REP D. WILSON DATE 6-26-09 () FAFCO () Eagle Sun
 Name THOMAS & MELISSA JENKINS Type: _____
 Address 4 SPAN CT New Tank: YES () Size 80 (NO ())
GRAND R 34946 Substrates () Yes () No
 Phone (H) 77-288-7393 (W) # of Users 3
 Special Schedules? _____
 Actions _____

INSTALL INFORMATION

Area available for install (closet size)

72' X (W) 40' X (H) 8'

() Comfort System () Tuner

Sec. Info PERACS

GD GAL EXHIST TANK

IN CLOSET

STRUCTURE INFORMATION

Roof Type CEDAR SHAKES

Roof Color BROWN

Exterior Wall Type STUCCO

Exterior Wall Color DRY

Height () Single () Two Pitch _____

Open Beam Ceiling () Yes () No

ADDITIONAL SYSTEM INFORMATION

Apprx. Pipe Run 40 Ft. Splices NO

Trenching Length N/A Ft. Banks _____

INDICATE SOUTH

FRONT OF HOUSE

CLOSET



SALES REP

DL

LEAD SOURCE

M

COLLECT PAYMENT

() Yes () No

AMOUNT

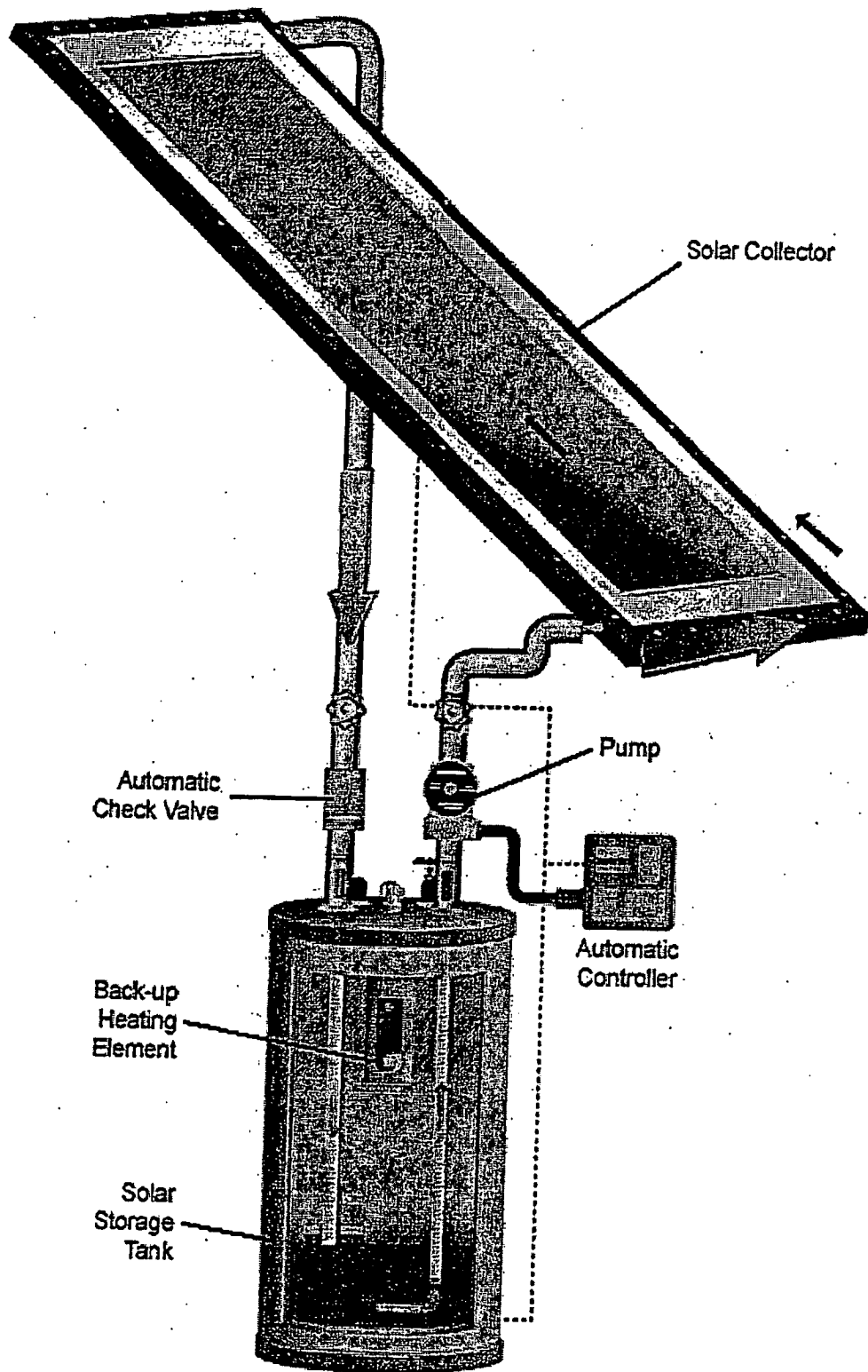
DATE: 6-28-09

OWNER OF SEWELL'S POINT

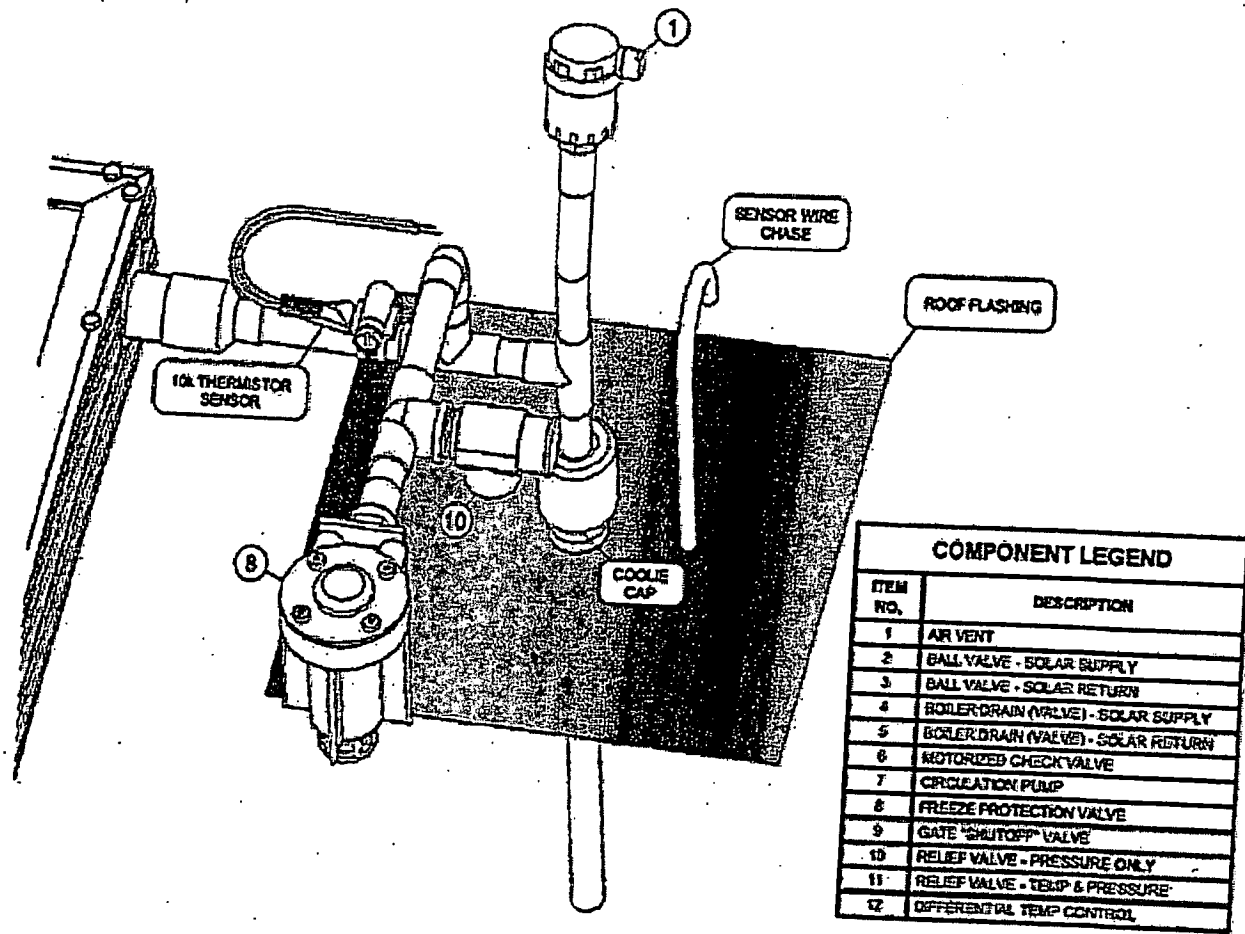
THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE.

BUILDING OFFICIAL

COST LEAVING FOR ORDERING NEXT WEEK
 USYTRU WORK OF 15' OF SUD
 CEDAR SHAKES - HIT TRUSSES

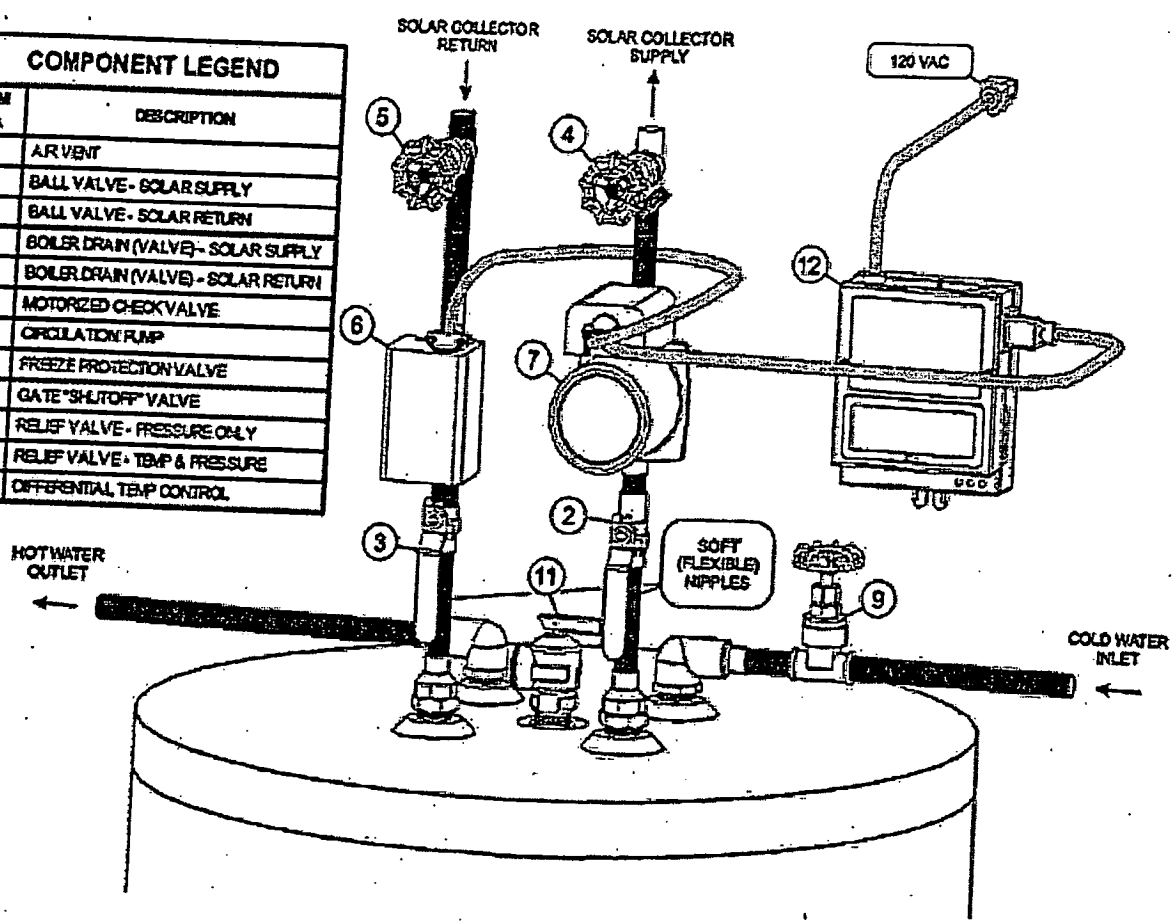


TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

COMPONENT LEGEND	
ITEM NO.	DESCRIPTION
1	AIR VENT
2	BALL VALVE - SOLAR SUPPLY
3	BALL VALVE - SOLAR RETURN
4	BOILER DRAIN (VALVE) - SOLAR SUPPLY
5	BOILER DRAIN (VALVE) - SOLAR RETURN
6	MOTORIZED CHECK VALVE
7	CIRCULATION PUMP
8	FREEZE PROTECTION VALVE
9	GATE SHUTOFF VALVE
10	RELIEF VALVE - PRESSURE ONLY
11	RELIEF VALVE - TEMP & PRESSURE
12	DIFFERENTIAL TEMP CONTROL



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



FLORIDA SOLAR ENERGY CENTER®

Creating Energy Independence

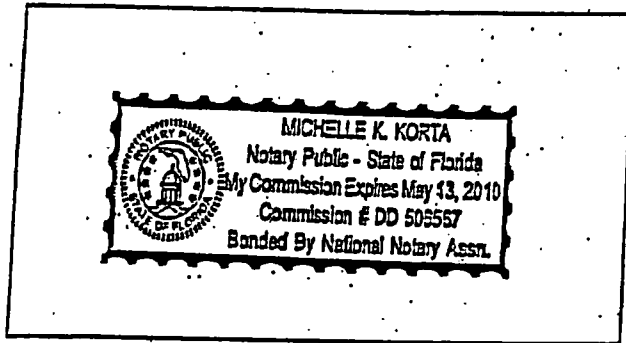
Approved Systems (A-G)

FSEC#	Company	Model	Collector	Gross Area (SqFt)	Tank Volume (Gal)	FEF North	FEF Central	FEF South
S8010	Abundant Energy, Inc.	Now 80P	SD7CRW4x8	31	80	3.3	3.5	3.5
S8011	Abundant Energy, Inc.	Now 120P	SD6A4x10	41	120	4.9	5.4	5.4
S9082	Advanced Energy Construction, Inc.	AEC SWAP One	EP-32	33	52	2.1	2.2	2.2
S9127	ACR Solar International Corp.	200131C50	Skyline 20-01	20	50	1.5	1.5	1.5
S9128	ACR Solar International Corp.	200132C50	Skyline 20-01	40	50	2.2	2.3	2.3
S9129	ACR Solar International Corp.	200133C50	Skyline 20-01	60	50	3.3	3.6	3.6
S9130	ACR Solar International Corp.	200133C80	Skyline 20-01	60	80	3.2	3.6	3.6
S9165	ACR Solar International Corp.	200132C80	Skyline 20-01	40	80	2.3	2.4	2.4
S9210	ACR Solar International Corp.	100133C50	Skyline 10-01	30	50	2.1	2.2	2.2
S9234	ACR Solar International Corp.	200152C80EX	Skyline 20-01	40	80	1.9	1.9	1.9
S9235	ACR Solar International Corp.	200153C80EX	Skyline 20-01	60	80	2.8	3.0	3.0
S9230	Allsolar Service Company	Elite 40.80	AE-40	40	80	2.8	3.0	3.0
S9231	Allsolar Service Company	Elite 64.120	AE-32	64	120	4.8	5.4	5.4
S9232	Allsolar Service Company	Elite 40.80 PV	AE-40	40	80	3.2	3.5	3.5
S9233	Allsolar Service Company	Elite 64.120 PV	AE-32	64	120	6.3	7.2	7.2
S9175	Alternate Energy Technologies LLC	IPV-80-40	AE-40	40	80	3.2	3.5	3.5
S9241	Alternate Energy Technologies LLC	D-80-40	AE-40	40	80	2.6	2.8	2.8
S9242	Alternate Energy Technologies LLC	D-120-64	AE-32	64	120	4.3	4.8	4.8
S9243	Alternate Energy Technologies LLC	DPV-80-40	AE-40	40	80	3.2	3.5	3.5
S9244	Alternate Energy Technologies LLC	DPV-120-64	AE-32	64	120	6.3	7.2	7.2
S9145	Alternate Energy Technologies LLC	DB-80-40	AE-40	40	80	2.1	2.2	2.2
S9142	Alternate Energy Technologies LLC	DB-80-52	AE-26	52	80	2.6	2.8	2.8
S9126	Alternate Energy Technologies LLC	DB-80-64	AE-32	64	80	3.1	3.4	3.4
S9125	Alternate Energy Technologies LLC	DB-120-80	AE-40	80	120	2.7	2.9	2.9
S9143	Alternate Energy Technologies LLC	DB-80-64/80E	AE-32-E	64	80	2.2	2.3	2.3
S9191	Alternate Energy Technologies LLC	DX-80-40	AE-40	40	80	1.9	2.0	2.0
S9192	Alternate Energy Technologies LLC	DX-80-52	AE-26	52	80	2.2	2.4	2.4
S9147	Alternate Energy Technologies LLC	DX-80-64/80E & STE	AE-32E	64	80	2.0	2.1	2.1
S9193	Alternate Energy Technologies LLC	DX-120-64	AE-32	64	120	2.8	3.1	3.1
S9194	Alternate Energy Technologies LLC	DX-120-80	AE-40	80	120	3.2	3.5	3.5
S9195	Alternate Energy Technologies LLC	DX-120-96	AE-32	96	120	4.2	4.5	4.5
S9009	American Solar Network, Ltd	ASN1(SS)	ASN-30-A	31	50	1.4	1.5	1.5
S9010	American Solar Network, Ltd	ASN2(SS)	ASN-45-A	47	66	1.8	1.8	1.8
S9016	American Solar Network, Ltd	ASN1(DC)	ASN-30-A	31	50	1.4	1.5	1.5
S9017	American Solar Network, Ltd	ASN2(DC)	ASN-45-A	47	50	1.8	1.8	1.8
S9018	American Solar Network, Ltd	ASN3(DC)	ASN-60-A	62	50	2.2	2.3	2.3
S9019	American Solar Network, Ltd	ASN3(SS)	ASN-60-A	62	50	2.2	2.3	2.3
S9206	Aquatherm Solar Supply	OL-D-80-40	AE-40	40	80	2.6	2.8	2.8
S9207	Aquatherm Solar Supply	OL-D-120-64	AE-40	80	120	5.5	6.1	6.1
S9208	Aquatherm Solar Supply	OL-PV-80-40	AE-40	40	80	3.2	3.5	3.5
S9209	Aquatherm Solar Supply	OL-PV-120-64	AE-40	80	120	9.0	10.8	10.8
S1120	Duke Solar Energy, LLC	TS-66-0	CPC 2000	24	66	1.6	1.6	1.6
S1121	Duke Solar Energy, LLC	TS-82-0	CPC 2000	48	80	2.6	2.8	2.8
S1122	Duke Solar Energy, LLC	TS-120-0	CPC 2000	72	120	3.9	4.4	4.4
S4166	Duke Solar Energy, LLC	TS-40-0	CPC 2000	24	40	1.5	1.5	1.5
S4167	Duke Solar Energy, LLC	TS-50-0	CPC 2000	24	50	1.5	1.5	1.5
S00128A	Enerworks Inc.	EWRA1-FL-E80	COL-4X8-TL-SGI-SD10-FL	32	80	2.2	2.9	3.0
S00128B	Enerworks Inc.	EWRA1-FL-E80	COL-4X8-TL-SGI-SD10-FL	64	80	4.2	6.6	6.9
S00150A	Enerworks Inc.	EWRA1ST-FL-E120	COL-4X8-TL-SGI-SD10-FL	32	120	3.0	4.2	5.0
S00150B	Enerworks Inc.	EWRA2ST-FL-E120	COL-4X8-TL-SGI-SD10-FL	32	120	6.3	11.7	14.1
			COL-4X8-TL-SGI-					

**TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY**

STATE OF FLORIDA
COUNTY OF BREVARD

On this 30 day of June, 2009, I attest that the preceding or attached document is a true, exact, complete, and unaltered photocopy made by me of a design statement, detailing the mounting and installation of solar panels on the roof as drawn by J.M.L. of Don Bolden Engineering, Inc. for Florida Solar East and presented to me by the document's custodian, Tammie A. Robbins, and/or The Permit Group, and, to the best of my knowledge, that the photocopied document is neither a vital record nor a public record.

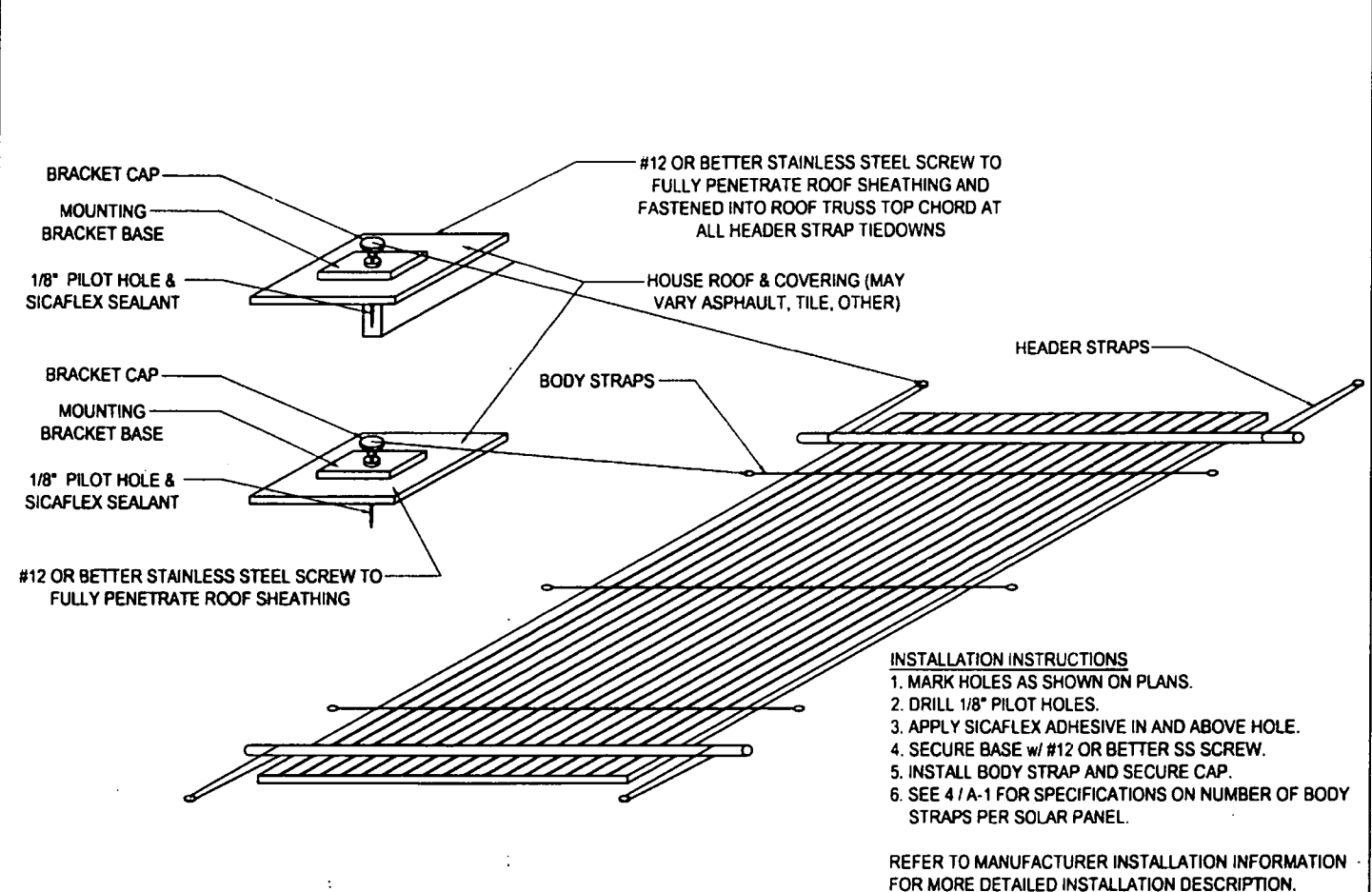
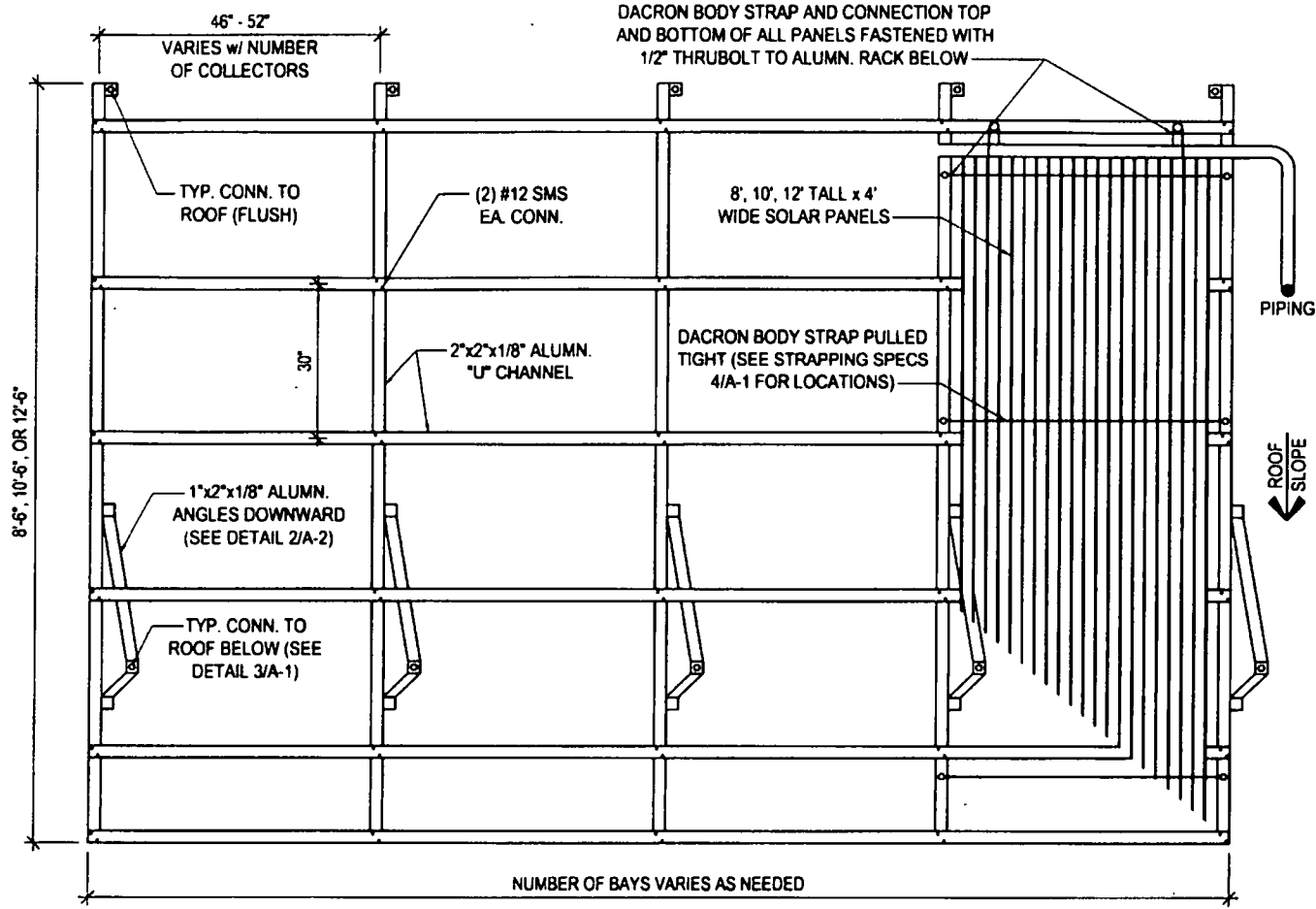


Official Notary Seal

Michelle K. Korta
Notary Signature

Michelle K. Korta, Commission # DD506567
Printed Name of Notary

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



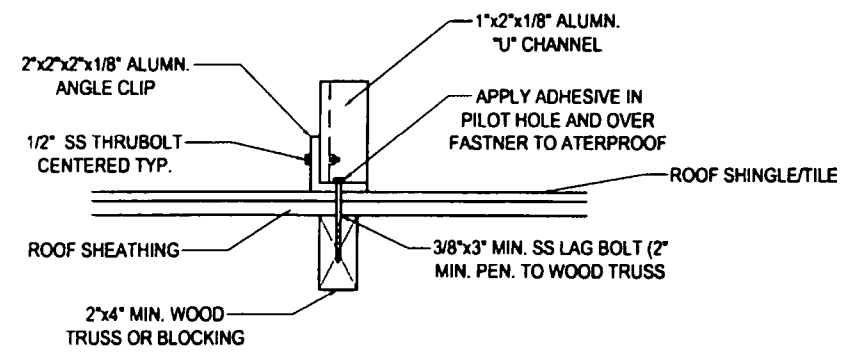
INSTALLATION INSTRUCTIONS

1. MARK HOLES AS SHOWN ON PLANS.
2. DRILL 1/8" PILOT HOLES.
3. APPLY SICAFLEX ADHESIVE IN AND ABOVE HOLE.
4. SECURE BASE w/ #12 OR BETTER SS SCREW.
5. INSTALL BODY STRAP AND SECURE CAP.
6. SEE 4 / A-1 FOR SPECIFICATIONS ON NUMBER OF BODY STRAPS PER SOLAR PANEL.

REFER TO MANUFACTURER INSTALLATION INFORMATION FOR MORE DETAILED INSTALLATION DESCRIPTION.

1 06FEB09 **SOLAR PANEL ROOF MOUNTING (ELEVATED)** SCALE: N.T.S.

5 06FEB09 **MOUNTING DETAIL (FLUSH MOUNT)** SCALE: N.T.S.



SCALE: N.T.S.

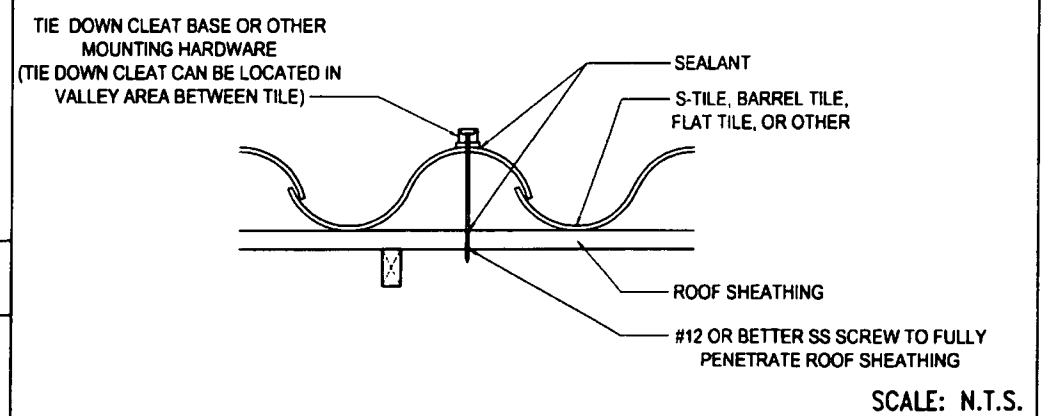
3 06FEB09 **ELEVATED SOLAR PANEL CONNECTION DETAIL**

STRAP QUANTITY AND SPACING		
ZONE 1 & 2		
UNIT LENGTH	STRAP QUANTITY	STRAP SPACING
8'-0"	3 DACRON BODY STRAPS	STRAPS TO BE EVENLY SPACED.
10'-0"	3 DACRON BODY STRAPS	END STRAPS TO BE WITHIN 12"
12'-0"	4 DACRON BODY STRAPS	FROM END OF PANEL.

4 06FEB09 **STRAPPING SPEC'S** SCALE: N.T.S.

THESE PLANS ARE NOT VALID FOR PERMITTING WITHOUT THE RAISED SEAL & SIGNATURE OF ENGINEER/ARCHITECT OF RECORD.

WRITTEN DIMENSIONS SHALL HAVE PRECEDENCE OVER SCALE DIMENSIONS. Contractors shall verify and be responsible for dimensions and conditions of the job and the owner must be notified in writing of any changes in the dimensions, conditions, and specifications appearing on these plans.



SCALE: N.T.S.

6 06FEB09 **MOUNTING HARDWARE OVER TILE ROOF**

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

[Handwritten Signature]

P.O. Box 530783
DeBary, FL 32753
(386) 747-7155
e_jbolden@hasko.com
License #97524
Cert. of Auth. #25020



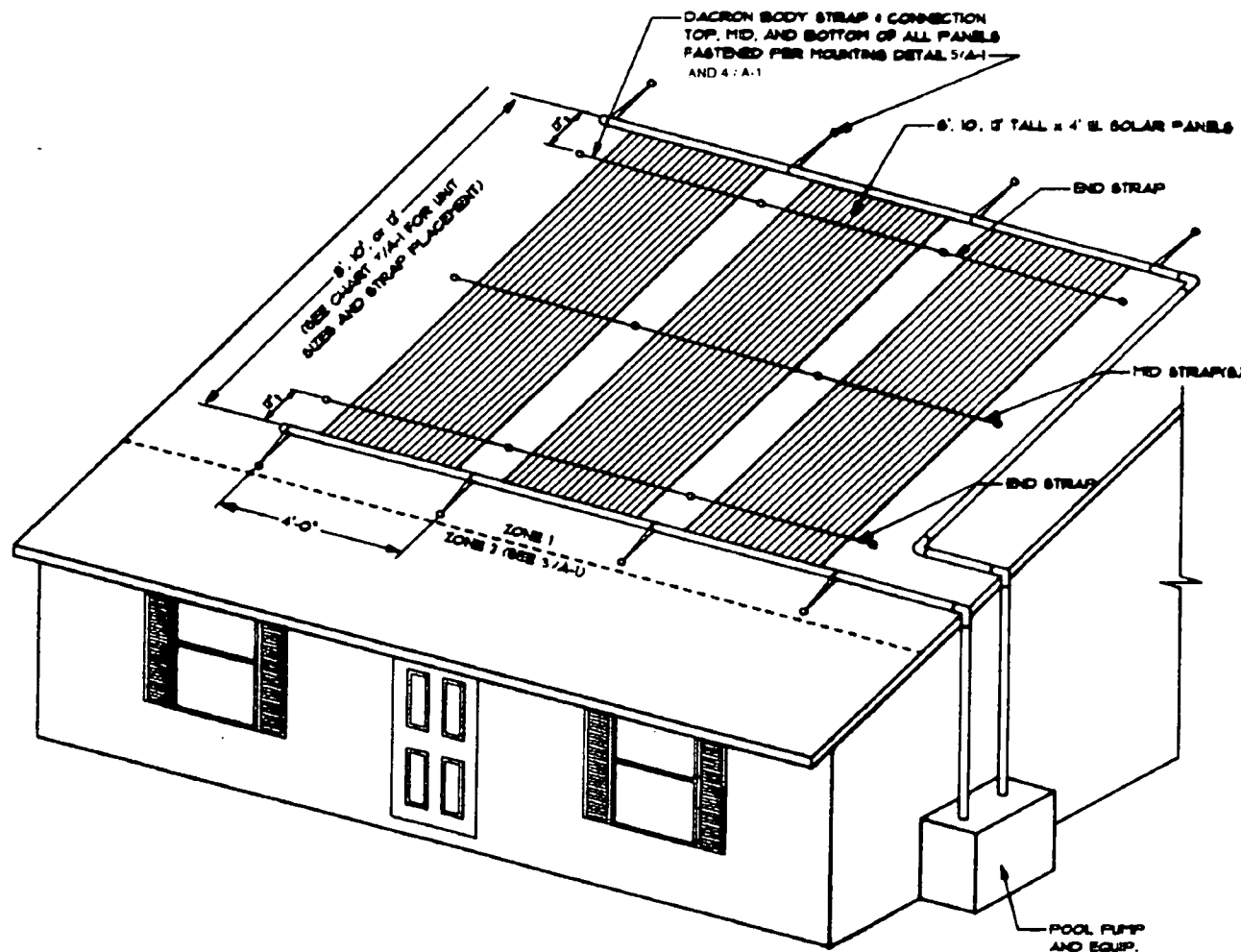
Project Info:

1743 Huntington Ln.
Rockledge, FL 32955
(800) 922-5099
www.FloridaSolarEast.net



Drawn By:
J.M.L.
Checked By:
D.B.
Date:
Scale:
As Noted
Job Number:
00-00003

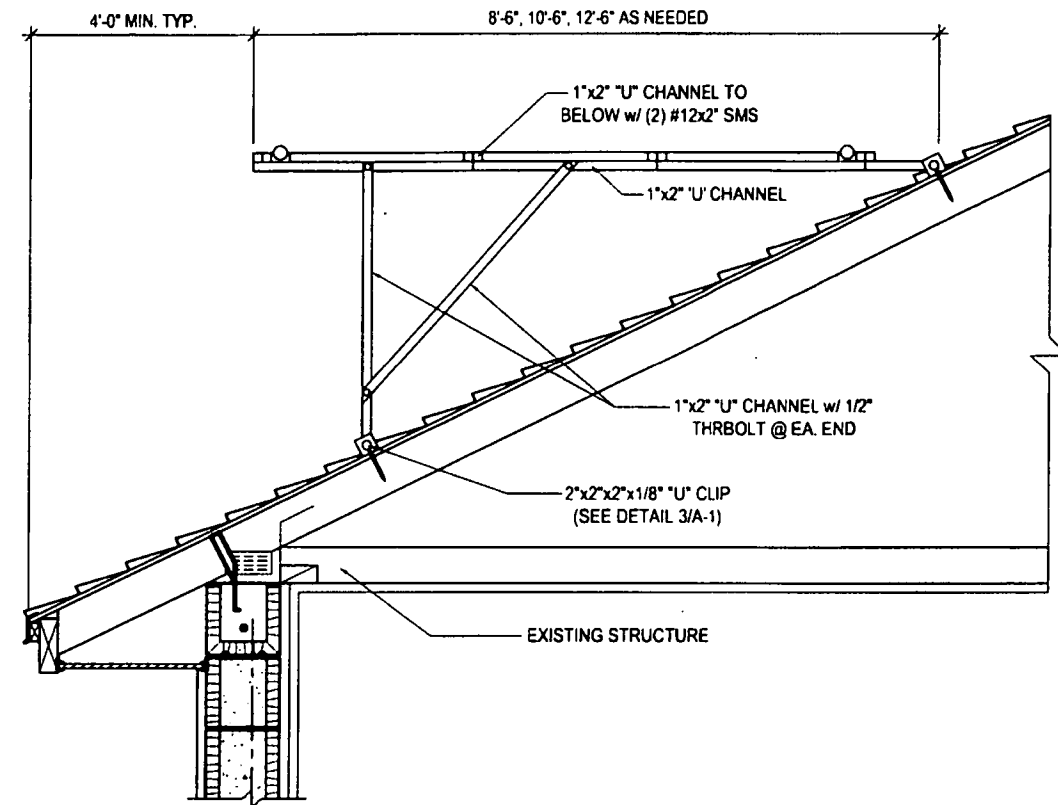
drawing no.
A-01
SOLAR DETAILS



SYSTEM HAS BEEN DESIGNED WITH THE FOLLOWING LIMITATIONS:

- A. UP TO 140MPH WINDS (3 SECOND GUSTS).
- B. ROOF HEIGHT NOT TO EXCEED 30' ABOVE GRADE.

(IF ANY OF THE ABOVE LIMITATIONS ARE EXCEEDED SPECIAL ENGINEERING WILL BE REQUIRED).



2 SOLAR PANEL SECTION (ELEVATED)

SCALE: N.T.S.

7 SOLAR ROOF MOUNTING PLAN (FLUSH)

SCALE: N.T.S.

DESIGN REQUIREMENTS

NOTE: THIS STRUCTURE HAS BEEN DESIGNED TO MEET OR EXCEED REQUIREMENTS OF THE FLORIDA BUILDING CODE 2007 WITH THE FLORIDA BUILDING CODE 2009 SUPPLIMENTS AND THE ASCE 7-05 REQUIREMENTS.

1. WIND EXPOSURE - CATEGORY (B)
2. BASIC WIND SPEED - 140MPH @ 3 SEC. GUSTS
3. WIND IMPORTANCE FACTOR - 1.0
4. INTERNAL PRESSURE COEFFICIENT - .18
5. MAXIMUM PRESSURE FOR COMPONENTS AND CLADDING, 25.9 p.s.f./34.7 p.s.f. UNLESS NOTED OTHERWISE.

DESIGN NOTES:

STRAPS SHALL BE DACRON BODY STRAPS AND HAVE A MINIMUM DESIGN TENSILE STRENGTH OF 1,600LBS.

SCREWS SHALL BE #12 OR BETTER STAINLESS STEEL AND SHALL FULLY PENETRATE 1/2" MIN. CDX. PLYWOOD SHEATHING AND BE HELD IN PLACE WITH SICAFLEX 1a CONSTRUCTION SEALANT APPLIED TO A 1/8" PILOT HOLE PRIOR TO AND AFTER PLACEMENT OF THE FASTNER AS SHOW HEREIN.

EACH PANEL SHALL HAVE A MINIMUM OF (5) MOUNTING POINTS WITH AN ADDITIONAL (5) ON ONE END OF THE ARRAY . A FOUR PANEL SYSTEM WILL HAVE (25) MOUNTING POINTS.

DETAIL VALID FOR HVHZ ZONES UP TO AND INCLUDING 140 MPH. THIS DETAIL NOT VALID IN DADE COUNTY.

GENERAL NOTES:

1. ENGINEERING VALID FOR SOLAR POOL HEATING AND DOMESTIC WATER HEATING APPLICATIONS.
2. ENGINEERING VALID FOR ALL PANEL ORIENTATIONS INCLUDING VERTICAL (SHOWN) AND HORIZONTAL.
3. CALCULATIONS VERIFIED FOR THE UPLIFT ONLY PER CODE. INSTALLERS SHALL USE CAUTION WHEN INSTALLING THE PANELS TO MINIMIZE AND DISTRIBUTE LOADING ACROSS THE ROOF SURFACE. NO WARRANTY, EXPRESSED OR IMPLIED IS OFFERED FOR THEINTEGRITY OF THE EXISTING STRUCTURE.
4. 1/2" MINIMUM EXTERIOR GRADE CDX PLYWOOD SHALL EXIST AS A CONNECTION SUBSTRATE.
5. NO CERTIFICATION IS OFFERED FOR PLUMBING OR ELECTRICAL WORK. THIS IS A STRUCTURAL CERTIFICATION ONLY FOR ANCHORAGE TO THE EXISTING ROOF STRUCTURE.

6. DIMENSIONS ARE SHOWN TO ISSUSTRATE DESIGN FORCES AND OTHER DESIGN CRITERIA. THEY MAT VARY SLIGHTLY. CONTRACTOR IS TO VERIFY ALL FIELD DIMENSIONS PRIOR TO INSTALLATION.

7. ENGINEER SEAL AFFIXED HERETO VALIDATES STRUCTURAL DESIGN AS SHOWN ONLY. USE OF THIS SPECIFICATION BY CONTRACTOR, et. al. INDEMNIFIES & SAVES HARMLESS THIS ENGINEER FOR ALL COST DAMMAGES INCLUDING LEGAL FEES & APPELATE FEES RESULTING FROM MATERIAL FABRICATION SYSTEM ERECTION, & CONSTRUCTION PRACTICES BEYOND THAT WHICH IS CALLED FOR BY LOCAL, STATE, & FEDERAL CODES, & FROM DEVIATIONS OF THIS PLAN.

8. SYSTEM HAS BEEN DESIGNED WITH THE FOLLOWING LIMITATIONS:
- A. UP TO 140MPH WINDS (3 SECOND GUST).
 - B. ROOF HEIGHT NOT TO EXCEED 30' ABOVE GRADE.

(IF ANY OF THE ABOVE LIMITATIONS ARE EXCEEDED SPECIAL ENGINEERING WILL BE REQUIRED).

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

NOTES

[Handwritten Signature]

SCALE: N.T.S.

P.O. Box 530783
DeBary, FL 32753
(386) 747-7155
c_bolden@earthlink.net
License #47524
Cert. of Auth. #26030



Project Info:

1743 Huntington Ln.
Rockledge, FL 32955
(888) 922-5099
www.FloridaSolarEast.net



Drawn By:
J.M.L.

Checked By:
D.B.

Date:

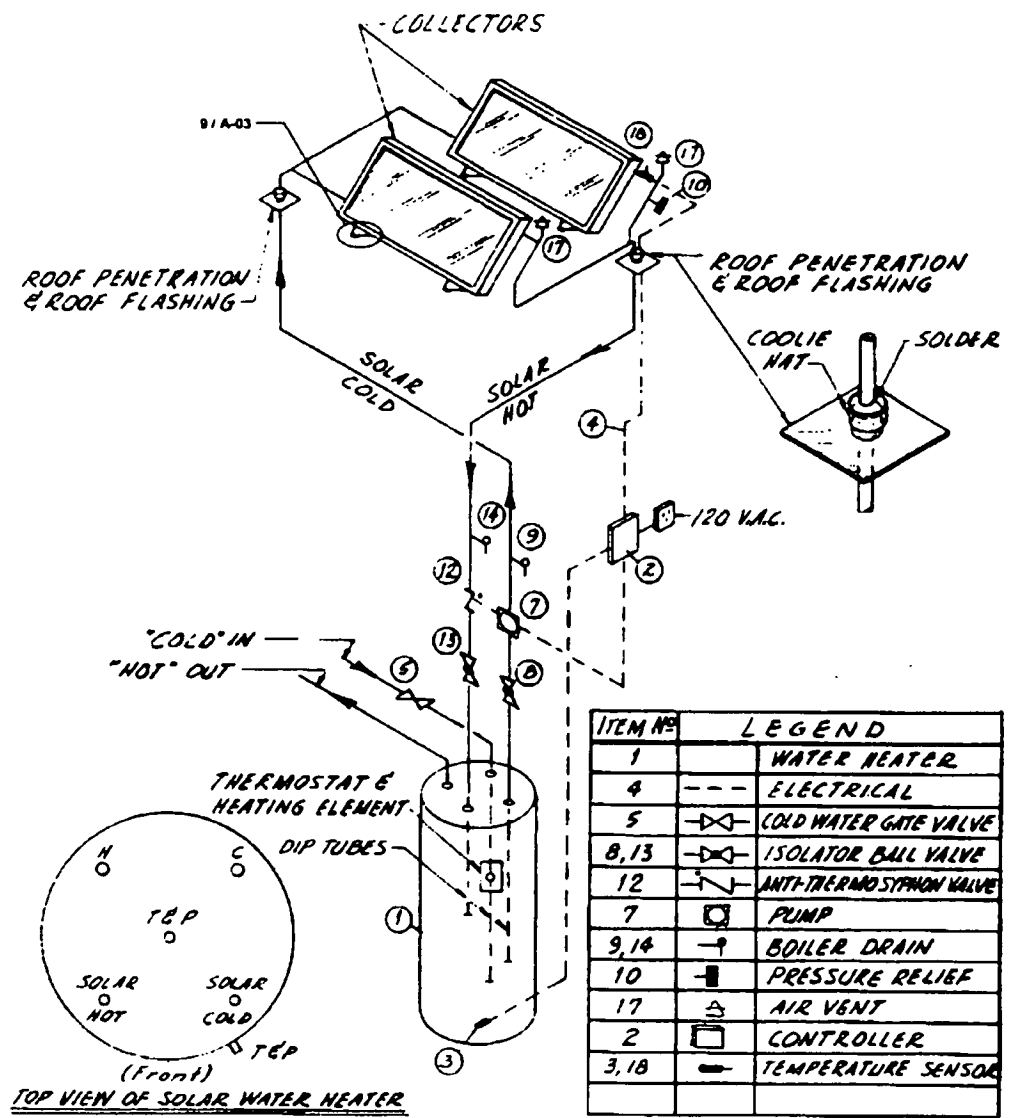
Scale:
As Noted

Job Number:
00-0000S

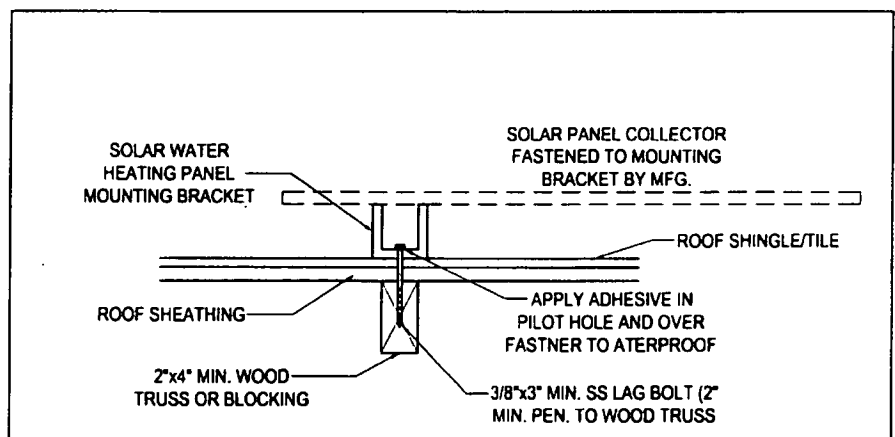
drawing no.

A-02

SOLAR DETAILS



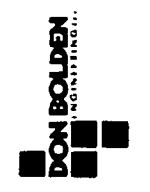
8 08FEB09 SOLAR WATER HEATING SYSTEM (OPT.) SCALE: N.T.S.



9 08FEB09 SOLAR W/H PANEL CONN. DETAIL

Handwritten signature

P.O. Box 530763
 DelRay, FL 32753
 (386) 747-7155
 d_bolden@delray.net
 License #47524
 Cert. of Auth. #26039



Project Info:

1743 Huntington Ln.
 Rockledge, FL 32955
 (800) 922-5099
 www.FloridaSolarEst.com



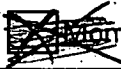
Drawn By:
 J.M.L.
 Checked By:
 D.B.
 Date:
 Scale:
 As Noted
 Job Number:
 00-0000S

drawing no.
A-03
 SOLAR DETAILS

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection


 Wed

 Thur

 Fri

7-20

2009

Page

1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9203	Truitt	Final		
933	395 River Rd Kamell	Doors	Pass	Close INSPECTOR <i>JF</i>
9142	Henners 4 Morgan Cir Gubben	retaining walls FINAL CONCRETE	Pass	INSPECTOR <i>JF</i>
CE	2 Via de Cristo	lawn again		INSPECTOR
9200	Conway 1st 4 Oakhill Way Conway (285-2673)	Final windows	Pass	Close INSPECTOR <i>JF</i>
9196	Jenkins 4 Sabal Ct 11 Solar East	Final	Pass	Close INSPECTOR <i>JF</i>
9195	Merkin 93 N Sewalls OB	Final concrete	Pass	Close INSPECTOR <i>JF</i>
9162	Ames 114 S Sewalls Jensen Beach Alum (code 1994)	Window buck	Pass	INSPECTOR <i>JF</i>

9380

AC

CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9380	DATE ISSUED:	MARCH 2, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	013841-011-000-000508	SUBDIVISION	RIDGELAND - LOT 5
CONSTRUCTION ADDRESS:	4 SABAL CT		
OWNER NAME:	JENKINS		
QUALIFIER:	JOHN CRANE	CONTACT PHONE NUMBER:	287-1224

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**

REQUIRED 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.

RECEIVED
12-21-09

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: **9380**

Date: _____
OWNER/TITLEHOLDER NAME: MELISSA JENKINS Phone (Day) 201-1799 (Fax) _____

Job Site Address: 4 SABAL COURT City: STUART State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

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

Scope of work (please be specific): AC Changeout

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: \$ 3,700
(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

CONTRACTOR/Company: KRAUSS & CRANE, INC Phone: 287-1227 Fax: 283-4455

Street: 904 S. DIXIE HWY City: STUART State: FL Zip: 34994

State License Number: CAC049286 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: JOHN CRANE Phone Number: 287-1227

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

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): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS 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 SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
John Crane

State of Florida, County of: Martin
This the 17 day of December, 2009

by John Crane who is personally known to me or produced as identification.

Juanita Platt
Notary Public

My Commission Expires: 11-11-12

CONTRACTOR SIGNATURE: (required)
Melissa Guarini Jenkins

On State of Florida, County of: MARTIN
This the 26th day of Feb, 2010

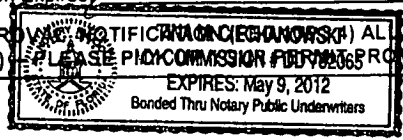
by Melissa Guarini Jenkins who is personally known to me or produced FLDL JS25-547-56807-0

As identification [Signature]
Notary Public

My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION ONCE AN OWNER HAS ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) PLEASE SEE PERMIT COMMISSION FOR MORE INFORMATION.

JUANITA A. PLATT
Comm# DD0836036
Expires 11/11/2012
Florida Notary Assn., Inc.





Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.13

Summary

print | | | | | Address
1 of 1

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-011-000-00050-8	4 SABAL CT	17785	Address	0	1

Summary

Property Location 4 SABAL CT
Tax District 2200 Sewall's Point
Account # 17785
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.588

Legal Description
Property Information
 RIDGELAND LOT 5

Search By

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

Owner Information
Owner Information
 JENKINS, THOMAS & MELISSA

Mail Information
 4 SABAL CT
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$185,250
Market Impr Value \$277,910
Market Total Value \$463,160

Site Functions

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

Recent Sale
Sale Amount \$68,000

Sale Date 3/10/1988
Book/Page 0756 1298

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 12/15/2009



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4-9-10** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9380	4 Seabrook Ct	Final	Pass	OFF RIDGELAND
1PM	Krauss & Crane			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9376	Marney 121 Hillcrest Dr JA Taylor	Final Roof	PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE	35 W. High St 23 Middle Rd 21 Middle Rd	overgrown trees, shrubs - too high Roof -complaintant - Joanne Marney 221-2157 look tree	TREES ARE OK INSPECTOR <i>[Signature]</i>	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9345	Kremer 15 th 23 Ridgeland Seaside Maine	Final Sewall	PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9381	Testabo Fastights 104 N Sewalls Demarest	UG plumbing UG Electric stem wall footer slab - PM	PASS PASS PASS PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9400	Brewer 12 Copaire Rd Stuart Roofing	Final Roof	CANCEL	PER CONTRACTOR INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9389	Morris 120 Hillcrest OB	Final Lamp Post	PASS	Close <i>[Signature]</i> INSPECTOR

9572

AC

CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9572	DATE ISSUED:	SEPTEMBER 15, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	ALL YEAR COOLING & HEATING		
PARCEL CONTROL NUMBER:	013841011-000-000508	SUBDIVISION	RIDGELAND – LOT 5
CONSTRUCTION ADDRESS:	4 SABAL CT		
OWNER NAME:	JENKINS		
QUALIFIER:	GRETA SMITH	CONTACT PHONE NUMBER:	954-566-4644

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**

REQUIRED 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: 9572

Date: 9-8-10

OWNER/TITLEHOLDER NAME: Melissa Jenkins 288-7393 Phone (Day) 772-859-2591 (Fax) _____

Job Site Address: 4 Sabal Court City: Stuart State: FL Zip: 34996

Legal Description Ridgeland Lot 5 Parcel Control Number: 01-38-41-011-000-00050-8

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

Scope of work (please be specific): Mechanical - Replace Central A/C System

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: \$ 3904.00
(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

CONTRACTOR/Company: All Year Cooling & Heating Phone: 954-566-4644 Fax: 954-667-1290
Street: 6781 W. Sunrise Blvd. City: Plantation State: FL Zip: 33313

State License Number: CAC058160 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Cheryl Morgan Phone Number: 954-661-1481

DESIGN PROFESSIONAL: N/A Lic# _____ Phone Number: _____

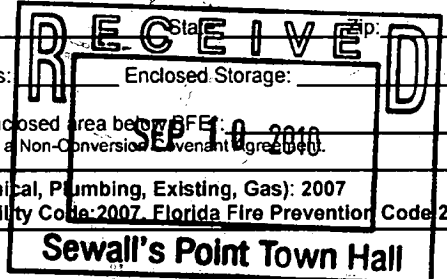
Street: _____ City: _____ State: _____ Zip: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____
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 Permit.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code: 2007

NOTICES TO OWNERS AND CONTRACTORS:

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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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

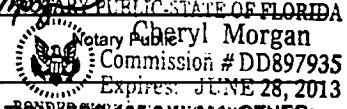
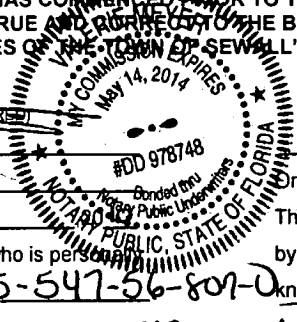


*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS 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 SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Melissa Jenkins
State of Florida, County of: Martin
This the 8 day of September
by Melissa Jenkins who is personally
known to me or produced FLDH# J 525-547-801-D
as identification. Cheryl Morgan
My Commission Expires: _____
Notary Public Cheryl Morgan
Commission # DD897935
Expires: JUNE 28, 2013

CONTRACTOR SIGNATURE: (required)
Greta B. Smith
State of Florida, County of: Broward
This the 8 day of September 20 10
by Greta B. Smith who is personally
known to me or produced _____
as identification. Cheryl Morgan
My Commission Expires: _____
Notary Public Cheryl Morgan
Commission # DD897935
Expires: JUNE 28, 2013



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

Valerie Meyer



CONTRACT

6781 W. Sunrise Boulevard, Plantation, Florida 33313
 Phone: (954) 566-4644 • Fax: (954) 667-1290
 www.ayc.com
 Est. 1973 with over 150,000 installations

053420

CONTRACT
 We hereby submit specifications for:
 Equipment Installation
 Indoor Air Quality
 Other
 All Year Cooling will furnish all parts, labor and equipment necessary to facilitate the service checked above in accordance with the conditions and specifications listed in this contract. Does not include electrical upgrade unless stated.

PURCHASER
 NAME: Melissa Jenkins
 ADDRESS: 4 SABA Court
 CITY/STATE/ZIP: Stuart, FL 34996
 E-MAIL: _____
 HOME PHONE: 772-859-2591 CELL PHONE: _____

INDOOR AIR IMPROVEMENT

Duct Cleaning & Sanitizing # _____ Vents # _____ of Duct Systems
 High Quality Air Filter _____ Location _____
 High Quality Air Cleaner _____ Location _____
 UV Light _____

RETURN & SUPPLY DISTRIBUTION

Modify/New Supply Duct(s) _____
 Modify/New Return Duct(s) _____
 New Return Air Grill Size _____ Qty _____
 New Supply Grill Size _____ Qty _____
 Seal Up Leaks In Ducts # _____
 Modifications of: Supply Plenum Return Air Plenum

NEW EQUIPMENT

Split System
 Package Unit
 Heat Pump
 Straight Cool
 Horizontal Application
 Other _____
 Electric Heat
 Heat Recovery Unit
 Of Systems _____
 Attic
 Vertical Application

MAKE	MODEL	SEER
<u>Cond 14</u>	<u>ATM36</u>	<u>16</u>
<u>MW</u>	<u>24LL3824</u>	

WIRING

Air Handler Breaker Wire Size: #6
 Use Existing Replace
 New Breaker _____ Brand _____
 Condenser Breaker Wire Size: _____
 Use Existing Replace
 New Breaker _____ Brand _____
 Electrical Disconnect Box
 Provided By Air Year Cooling
 Existing Electrical to Code

OTHER

Infinite Float Switch
 Auxiliary Float Safety Switch
 Type of Thermostat - Specify Type: Keypad
 Weather Resistant Vibration Isolation Pads Keypad
 1 Year 1 Visit Maintenance Agreement
 5 Year Extended Warranty 10 Year Extended Warranty

CONDENSATION & COPPER PIPING

Condensate Drain Hook-Up Primary Secondary
 New Condensate Pump Auxiliary Drain Pan
 Refrigerant Copper Liquid Line Size: _____
 Refrigerant Copper Suction Line with Insulation Size: _____
 Length of Run: _____
 New or Existing Copper Refrigerant Line Cover

OTHER

Liability and Workmen's Comp for Our Work Performed with Existing Codes
 Mounting Hardware of Stand for Air Handler
 Hurricane Code Strapping
 Smoke Detector Existing/New
 Slab
 Extend Slab
 Crane / Genie Lift
 New Slab
 Labor Needed _____

WARRANTIES

1-Year Warranty by All Year Cooling on work performed and manufacturer's warranty on equipment unless otherwise stated below
 Labor provided by seller in this period is Monday through Sunday.
 Manufacturers Warranties
 Compressor: 10 Years Labor: 1 Years
 Condenser: 10 Years Parts: 10 Years
 Evap. Coil: 10 Years

INVESTMENT BREAKDOWN

	UNIT 1	UNIT 2	UNIT 3
Subtotal	\$ 3700		
Permit	\$ +100		
Utility Rebate	\$ -580		
Man. Rebate	\$ +689		
Misc Credits	\$ 0		
Total Investment	\$ 3909		
Balance Due	\$		

DETAILS OF WORK PERFORMED

Drain pan
Remove old
Humidistat
& Seal 13 vents
Flt Rebate
& Duct test

TERMS: Any financing must be arranged prior to starting any work.
 Balance due to Technician Upon Completion of Job

Robert McCoy
 Date _____ Customer Signature _____ Date _____

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9572

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Jenkins

CONSTRUCTION ADDRESS: 4 Sabal Ct

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS
- ROOFING

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Wiring for A/C Changeout

VALUE OF CONSTRUCTION \$ _____

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

ALL YEAR ELECTRIC

Randy E. Miller
SIGNATURE OF LICENSED CONTRACTOR

6781 W Sunrise Blvd, Plantation, FL 33313
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: All Year Electric - Randy E. Miller
PLEASE PRINT

TELEPHONE NO: 954-566-4644 FAX NO: 954-667-1399

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: FR0012503

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

TitleBar

generated on 9/9/2010 3:19:35 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
01-38-41-011-000-00050-8	17785	4 SABAL CT, SEWALL'S POINT	\$462,880	9/4/2010 7

Owner Information

Owner(Current)	JENKINS THOMAS & MELISSA
Owner/Mail Address	4 SABAL CT STUART FL 34996
Transfer Date	03/10/1988
Document Number	
Document Reference No.	0756 1298

Location/Description

Account #	17785	Map Page No.	SP-04
Tax District	2200	Legal Description	RIDGELAND LOT 5
Parcel Address	4 SABAL CT, SEWALL'S POINT		
Acres	.5880		

Parcel Type

Land Use	0100 Single Family
Neighborhood	120200 Heritage P, Palmto Pk,Rdglnd,

Assessment Information

Market Land Value	\$207,000
Market Improvement Value	\$255,880
Market Total Value	\$462,880



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines ___ Yes No - Adding Refrigerant Drier ___ Yes No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: RHEEM Model# RHL3821
 Volts 230 CFM's _____ Heat Strip 8 Kw _____
 Min. Circuit Amps 35 Wire gauge 8/2
 Max. Breaker size 40 Min. Breaker size 35
 Ref. line size: Liquid 7/8 Suction 3/8
 Refrigerant type 410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) ATTIC
 Access: ACCESSIBLE

Condenser: Mfg: RHEEM Model# 14AJM36
 Volts 230 SEER/EER 16 BTU's 370A
 Min. Circuit Amps 25 Wire gauge 8/2
 Max. Breaker size 40 Min. Breaker size 25
 Ref. line size: Liquid 7/8 Suction 3/8
 Refrigerant type 410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location OUTSIDE / SIDE OF HOUSE

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: RHEEM Model# ADHL1707
 Volts 230 CFM's _____ Heat Strip 8 Kw _____
 Min. Circuit Amps 35 Wire gauge 8/2
 Max. Breaker size 40 Min. Breaker size 35
 Ref. line size: Liquid 7/8 Suction 3/8
 Refrigerant type 410A
 Location: Ext. New _____
 Attic/Garage/Closet (specify) ATTIC
 Access: ACCESSIBLE

Condenser: Mfg: RHEEM Model# RAKA037
 Volts 230 SEER/EER 16 BTU's 370A
 Min. Circuit Amps 35 Wire gauge 8/2
 Max. Breaker size 40 Min. Breaker size 35
 Ref. line size: Liquid 7/8 Suction 3/8
 Refrigerant type 410A
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location OUTSIDE / SIDE OF HOUSE

Certification:

I herby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

[Signature]
 Signature

9/10/10
 Date



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2010.

Certificate of Product Ratings

AHRI Certified Reference Number: 3805983 Date: 9/10/2010

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower
Outdoor Unit Model Number: 14AJM36
Indoor Unit Model Number: RHLL-HM3821+RCSL-H*3821
Manufacturer: RHEEM MANUFACTURING COMPANY
Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 37600
EER Rating (Cooling): 13.00
SEER Rating (Cooling): 16.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



©2010 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129286131374890319

Performance Data @ AHRI Standard Conditions—Cooling (con't.)

Model Numbers		80°F (26.5°C) DB/77°F (19.5°C) WB Indoor Air 95°F (35°C) DB Outdoor Air					Sound Rating dB	Indoor CFM (L/s)
Outdoor Unit 14AJM	Indoor Coil and/or Air Handler	Total Capacity BTU/H (kW)	Net Sensible BTU/H (kW)	Net Latent BTU/H (kW)	EER	SEER		
Rev. 7/1/10	RCQD-3624 (RGFD-12?RCM?)	37,600 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	16.00	77	1,225 [578]
	RCQD-3624 (RGFE-09?ZCM?)	37,600 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	15.50	77	1,200 [566]
	RCQD-3624 (RGFE-10?ZCM?)	37,400 [11.0]	27,500 [8.1]	9,900 [2.9]	13.00	15.50	77	1,225 [578]
	RCQD-3624 (RGFE-12?RCM?)	37,800 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	16.00	77	1,225 [578]
	RCQD-3624 (RGJD-09?ZCM?)	37,600 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	16.00	77	1,175 [554]
	RCQD-3624 (RGJD-10?ZCM?)	37,600 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	16.00	77	1,175 [554]
	RCQD-3624 (RGJD-12?RCM?)	37,800 [11.1]	27,850 [8.2]	9,950 [2.9]	13.00	16.00	77	1,225 [578]
	RCQD-3624 (RGJF-09?ZCM?)	37,600 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	16.00	77	1,225 [578]
	RCQD-3624 (RGJF-10?ZCM?)	37,600 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	16.00	77	1,200 [566]
	RCQD-3624 (RGJF-12?RCM?)	37,800 [11.1]	27,800 [8.1]	10,000 [2.9]	13.00	16.00	77	1,200 [588]
	RCQD-3624 (RGPE-07?BRD?)	37,000 [10.8]	26,250 [7.7]	10,750 [3.1]	13.00	16.00	77	1,050 [495]
	RCQD-3624 (RGPE-10?BRM?)	37,200 [10.9]	26,000 [7.8]	10,600 [3.1]	13.00	16.00	77	1,075 [507]
	RCQD-3624 (RGPE-12?ARM?)	37,200 [10.9]	26,550 [7.8]	10,650 [3.1]	13.00	16.00	77	1,075 [507]
	RCQD-3624 (RGPR-07?BRD?)	37,000 [10.8]	26,250 [7.7]	10,750 [3.1]	13.00	16.50	77	1,050 [495]
	RCQD-3624 (RGPR-10?BRM?)	37,200 [10.9]	26,000 [7.8]	10,600 [3.1]	13.00	16.00	77	1,075 [507]
	RCQD-3624 (RGPR-12?ARM?)	37,400 [11.0]	26,900 [7.9]	10,500 [3.1]	13.00	16.50	77	1,100 [519]
	RCQD-3624 (RGPT-07?BRQ?)	37,200 [10.9]	26,450 [7.7]	10,750 [3.1]	13.00	16.00	77	1,050 [495]
	RCQD-3624 (RGPT-10?BRM?)	37,200 [10.9]	26,550 [7.8]	10,650 [3.1]	13.00	16.00	77	1,075 [507]
	RCQD-3624 (RGPT-12?ARM?)	37,800 [11.1]	27,800 [8.1]	10,000 [2.9]	13.00	16.00	77	1,225 [578]
	RCQD-3624 (RGRM-07?YBG?)	36,600 [10.7]	28,000 [7.6]	10,600 [3.1]	12.50	15.00	77	1,050 [495]
	RCQD-3624 (RGRM-09?ZAJ?)	37,000 [10.8]	28,450 [7.7]	10,550 [3.1]	13.00	16.00	77	1,075 [507]
	RCQD-3624 (RGRM-10?ZAJ?)	37,200 [10.9]	27,050 [7.9]	10,150 [3.0]	13.00	15.50	77	1,150 [543]
	RCQD-3624 (RGRM-12?RAJ?)	37,000 [10.8]	26,400 [7.7]	10,600 [3.1]	13.00	16.00	77	1,075 [507]
	ROCA-070E03 (RCQD-3624)	37,400 [11.0]	27,500 [8.1]	9,900 [2.9]	13.00	15.50	77	1,200 [566]
	ROCA-070E04 (RCQD-3624)	37,400 [11.0]	27,500 [8.1]	9,900 [2.9]	13.00	15.50	77	1,200 [566]
	ROLA-070E03 (RCQD-3624)	37,600 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	16.00	77	1,175 [554]
	ROLA-070E04 (RCQD-3624)	37,600 [11.0]	27,650 [8.1]	9,950 [2.9]	13.00	16.00	77	1,175 [554]
	RDLA-115E05 (RCQD-3624)	37,800 [11.1]	27,800 [8.1]	10,000 [2.9]	13.00	16.00	77	1,200 [566]
	RHKL-HM3617 (RCSL-H*3617)	36,200 [10.8]	26,100 [7.6]	10,100 [3.0]	12.50	15.00	77	1,225 [578]
	RHLL-HM3617 (RCSL-H*3617)	36,200 [10.6]	25,950 [7.6]	10,250 [3.0]	13.00	15.50	77	1,200 [566]
	RHSL-HM3617 (RCSL-H*3617)	35,000 [10.3]	24,350 [7.1]	10,650 [3.1]	12.00	14.50	77	1,100 [519]
	RHSL-HM3621 (RCSL-H*3621)	35,000 [10.3]	24,350 [7.1]	10,850 [3.1]	12.00	14.50	77	1,100 [519]
	RHKL-HM3821 (RCSL-H*3821)	37,800 [11.1]	27,650 [8.1]	10,150 [3.0]	13.00	16.00	77	1,200 [566]
	RHLL-HM3821 (RCSL-H*3821)	37,600 [11.0]	27,250 [8.0]	10,350 [3.0]	13.00	16.00	77	1,175 [554]
	RHPN-HM3624 (RCSN-H*3624)	39,500 [11.6]	29,850 [8.7]	9,650 [2.8]	13.00	16.00	77	1,200 [566]
	RHPN-HM3624 (RCSN-H*3624A*)	39,500 [11.6]	29,850 [8.7]	9,650 [2.8]	13.00	16.00	77	1,200 [566]
RCFL-H*4821+RXMD-C04	40,500 [11.9]	29,750 [8.7]	10,750 [3.1]	12.00	14.50	77	1,425 [672]	
RCFL-A*3821 (RGLT-07?AME?)	40,000 [11.7]	28,850 [8.5]	11,150 [3.3]	12.00	14.50	77	1,350 [637]	
RCFL-A*3821 (RGLT-07?BRD?)	40,000 [11.7]	28,150 [8.2]	11,850 [3.5]	12.50	15.50	77	1,250 [590]	
RCFL-A*3821 (RGLT-10?BRM?)	40,500 [11.9]	28,650 [8.4]	11,850 [3.5]	13.00	15.50	77	1,250 [590]	
RCFL-A*3821 (RGPT-05?BMK?)	39,500 [11.8]	27,650 [8.1]	11,850 [3.5]	12.00	14.50	77	1,225 [578]	
RCFL-A*3821 (RGPT-07?AME?)	40,000 [11.7]	28,250 [8.3]	11,750 [3.4]	12.00	14.50	77	1,250 [590]	
RCFL-A*3821 (RGPT-07?BRD?)	40,500 [11.9]	28,600 [8.4]	11,900 [3.5]	13.00	15.50	77	1,250 [590]	
RCFL-A*3821 (RGPT-10?BRM?)	40,000 [11.7]	28,000 [8.2]	12,000 [3.5]	13.00	15.50	77	1,225 [578]	
ROCA-070E03 (RCFL-A*3821)	40,000 [11.7]	27,950 [8.2]	12,050 [3.5]	12.50	15.00	77	1,200 [566]	
ROCA-070E04 (RCFL-A*3821)	40,000 [11.7]	27,950 [8.2]	12,050 [3.5]	12.50	15.00	77	1,200 [566]	
ROLA-070E03 (RCFL-A*3821)	40,000 [11.7]	27,750 [8.1]	12,250 [3.6]	12.50	15.00	77	1,175 [554]	
ROLA-070E04 (RCFL-A*3821)	40,500 [11.9]	29,400 [8.6]	11,100 [3.3]	12.50	15.00	77	1,375 [649]	
RDLA-115E05 (RCFL-A*3821)	40,000 [11.7]	27,850 [8.2]	12,150 [3.6]	13.00	15.50	77	1,200 [566]	
RCFL-A*3824 (RGLT-07?BRD?)	40,000 [11.7]	28,150 [8.2]	11,850 [3.5]	12.50	15.50	77	1,250 [590]	
RCFL-A*3824 (RGLT-10?BRM?)	40,500 [11.9]	28,650 [8.4]	11,850 [3.5]	12.50	15.50	77	1,250 [590]	
RCFL-A*3824 (RGLT-12?ARM?)	41,000 [12.0]	29,850 [8.7]	11,150 [3.3]	12.50	15.50	77	1,375 [649]	
RCFL-A*3824 (RGPT-07?BRD?)	40,000 [11.7]	28,000 [8.2]	12,000 [3.5]	13.00	15.50	77	1,225 [578]	

⊕ Highest sales volume tested combination required by D.O.E. test procedures.

[] Designates Metric Conversions

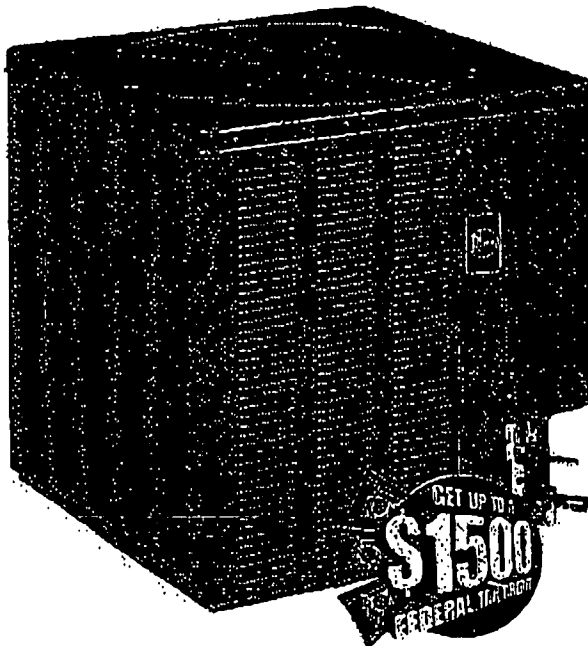


Featuring
Industry Standard
R-410A Refrigerant

R-410A



*efficient
to 17seer*



GET UP TO
\$1500
FEDERAL TAX CREDIT

Visit www.Rheem.com
for complete details.*

14.5 SEER VALUE SERIES CONDENSING UNITS

Features

- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

Applications

Outdoor condensing unit designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.

Accessories

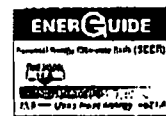
- Low Pressure Control (RXAC-A07)
- High Pressure Control (RXAB-A07)
- Low Ambient Control (RXAD-A08)
- Compressor Time Delay Control
- Crankcase Heater
- Sound Enclosure

14AJM-

14.5 SEER Models
Efficiencies up to 17 SEER/13.50 EER
Nominal Sizes 1½ to 5 Tons
[5.28 kW] to [17.6 kW]

Nine Models

Cooling Capacities
19,600 to 56,500 BTU/HR
[5.74 to 16.56 kW]



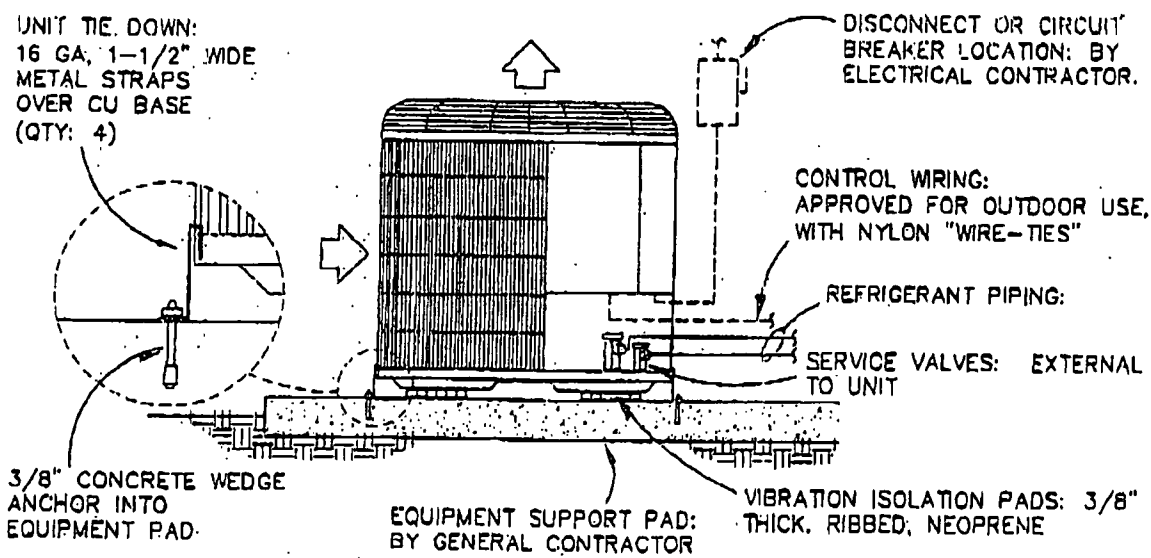
"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov."

NOTES:

x CUs ARE TO BE LOCATED ON 4" THICK PADS ABOVE THE AREA FLOOD PLANE. CONTRACTOR SHALL VERIFY REQUIRED ELEVATIONS WITH MUNICIPALITY OFFICIAL.

GROUND MOUNTED CONDENSING UNIT SECURING REQUIREMENTS (FMC 301.13.1)	
NO. OF SCREWS PER SIDE	CONDENSING UNIT HEIGHT
1	0" - 12"
2	12" - 24"
3	24" - 36"
ENGINEER SPECIFIED	GREATER THAN 36" OR MORE THAN 5 TON

SCREWS ARE TO BE #14 AND IN COMPLIANCE WITH ALL SUB-SECTIONS OF FMC 301.13.



CONDENSER MOUNTING DETAIL

DETAIL COMPLIES WITH FBC MECH. 301.12 AND ABLE TO WITHSTAND 140 MPH WIND



1640 N.W. BOCA RATON BLVD.
 BOCA RATON, FL 33432
 TEL: (561) 391-9292 FAX: (561) 391-9898
 CERTIFICATE OF AUTHORIZATION NO. 28107
 HAROLD R. TUBBLER, P.E. LICENSE #19315
 E-MAIL: INFO@FAECONSULTING.COM

CONTRACTOR: ALL YEAR COOLING
 PROJECT: _____

Handwritten signature and date:
 2-19-10

FLORIDA ENERGY STAR® RESIDENTIAL HVAC REBATE PROGRAM

Alternative Air Distribution System Test Report

Owner: Thomas & Melissa Jenkins

Address: 4 Sabal Ct,
Stuart, FL 34996

Alternative Air Distribution System Leakage Test Results

CFM25 Air Distribution System Leakage Test Values		
Line	System	Duct Leakage
1	System 1	<u>101</u> cfm25 _(out or tot)
2	System 2	_____ cfm25 _(out or tot)
3	System 3	_____ cfm25 _(out or tot)
4	System 4	_____ cfm25 _(out or tot)
5	Total House Duct System Leakage	Sum lines 1-4 <u>101</u> Divide by _____ = _____ (Qn, out or tot) (total conditioned floor area) (or) Divide by <u>1253</u> = <u>8.06</u> (% Leakage, out or tot) (total rated air handler flow) To qualify for the HVAC rebate program, Qn (out or tot) must be less than or equal to 0.10, or % leakage must be less than or equal to 15% of total rated air handler flow.

I hereby certify that the above duct testing has been performed in accordance with ASTM Standard E1554, Method A or Method D.

Signature: [Signature]

Printed Name: Rick Arneson


Rater Certification #: _____
 (or) Mechanical License #: CMCO56640

(or) T&B Certification #: _____

Date: 08/07/10

R. ARNESON

This test must be performed by a Class 1 Florida certified Energy Rater, Florida licensed Mechanical Contractor, or certified Test and Balance Agent.



Building Official: [Signature]
 Date: 8-27-10



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 4 SABAL CT

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

A/C FINAL MSP, FAIL

1. A/R UNIT IS SUSPENDED FROM TRUSS WEBS & NOT TOP CORDS

2. NO PLENUM ON A/R RETURN FLEX DUCT IS RESTRICTED

3. CARD BOARD PROTRUDING FROM SUPPLY DUCT ?

4. CONDENSER BREAKER IS 35A MAX ON LABEL - 40 IN PANELBOARD

NEED ELECTRICIAN TO CHANGE BREAKER

& VERIFICATION OF ELECTRICAL CONTRACTOR

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

UNIT IS LABELED 14.5 SEER NO 16 SEER

DATE: 9-15-10

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **9-15** 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9540	O'Brien 36 E High Pt Am B Garage	Final Garage Door	RECHECK	INSPECTOR
9051	Benihana 3602 S Ocean Comm Contracting	strapping	Pass	PENDING Revision Due INSPECTOR
9570	Botwinick 27 Emarter Cardinal Roof	In-progress	Pass	INSPECTOR
9572	JENKINS	A/R	Pass	See Connection Notice
	ALL YEAR COOLING	FINAL		INSPECTOR
9547	RASKIN 144 N SPT RD COAST LINE	FILL	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
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				INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

Date December 15 ~~18~~ 2004 TREE REMOVAL PERMIT No 2367

APPLIED FOR BY JENKINS (Contractor or Owner)

Owner 4 SABAL COURT

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 Carrotwood

No. Of Trees: RELOCATE 1 WITHIN 30 DAYS (NO FEE) GUAVA

No. Of Trees: REPLACE 5-6 WITHIN 30 DAYS OAK, PINK TABS, TI BUCHIRA
PALMS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

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

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 Oxeve, 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 THOMAS JENKINS Address 4 SABAL COURT Phone 288-7393

Contractor Self Address _____ Phone _____

No. of Trees: REMOVE 2 Type: CARROTWOOD, Hickory

No. of Trees: RELOCATE 1 WITHIN 30 DAYS Type: Guava

No. of Trees: REPLACE 5-6 WITHIN 30 DAYS Type: Oak, Pink Tabs, Tabuchina, Palms

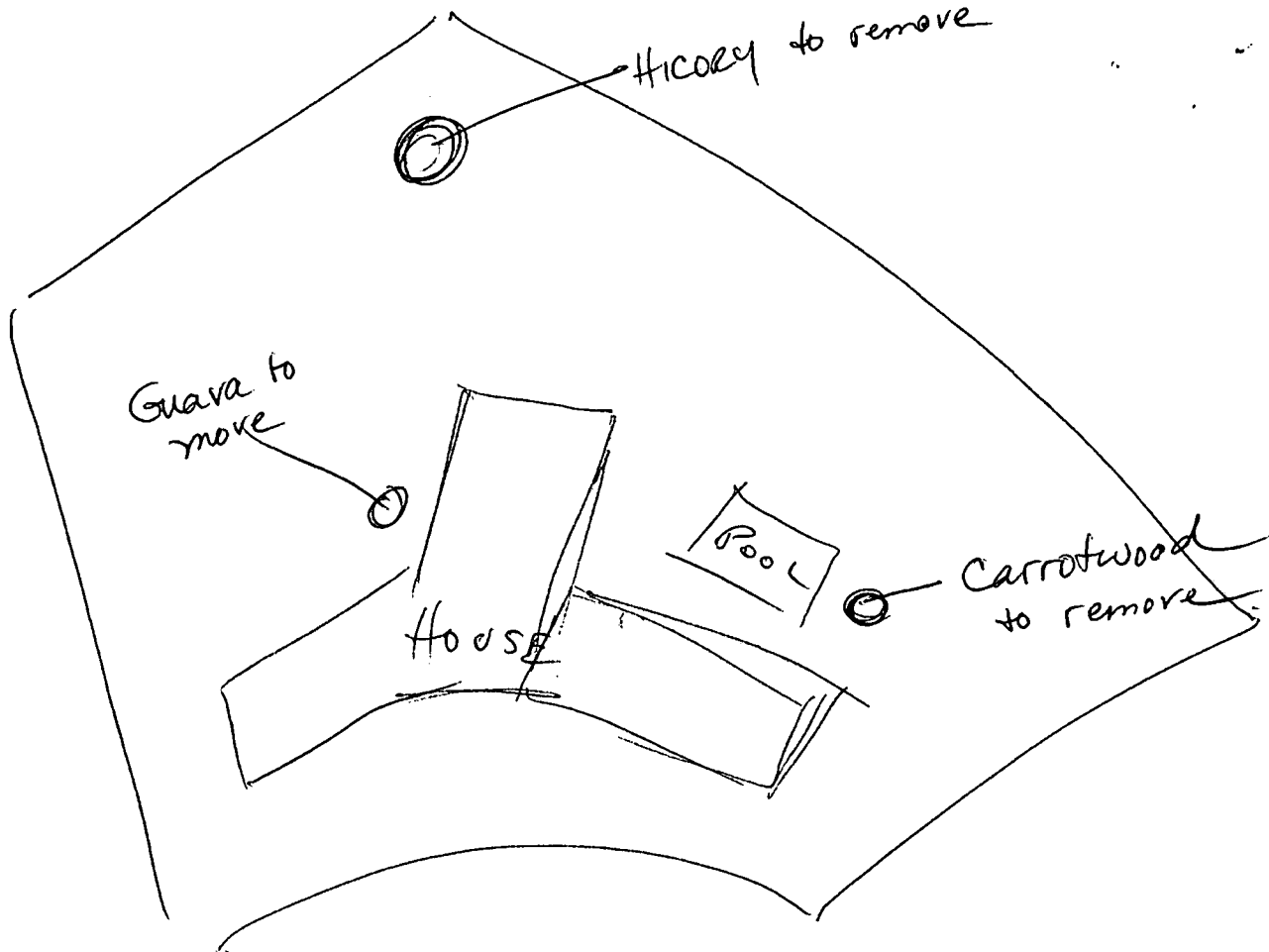
Written statement giving reasons: Hurricane Damage

Signature of Property Owner [Signature] Date 12/14/04

Approved by Building Inspector: [Signature] Date 12/15 Fee: -0-

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

CARROTWOOD IS NUISANCE SPECIES AND MAY BE REMOVED. THE HICKORY(S) MAY BE TRIMMED ONLY - THEY ARE ALIVE & WELL & NOT THREATENING TO PROPERTY. HICKORIES ARE NOT TO BE REMOVED (NATIVE SPECIES)





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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Toma Melissa Jenkins Address [REDACTED] Phone 288-7393^(h)

Contractor Jenkins Address Same Phone 201-1799 (cell)

No. of Trees: REMOVE 1 or 2 Type: Hickory - 1 dead, the other may be

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

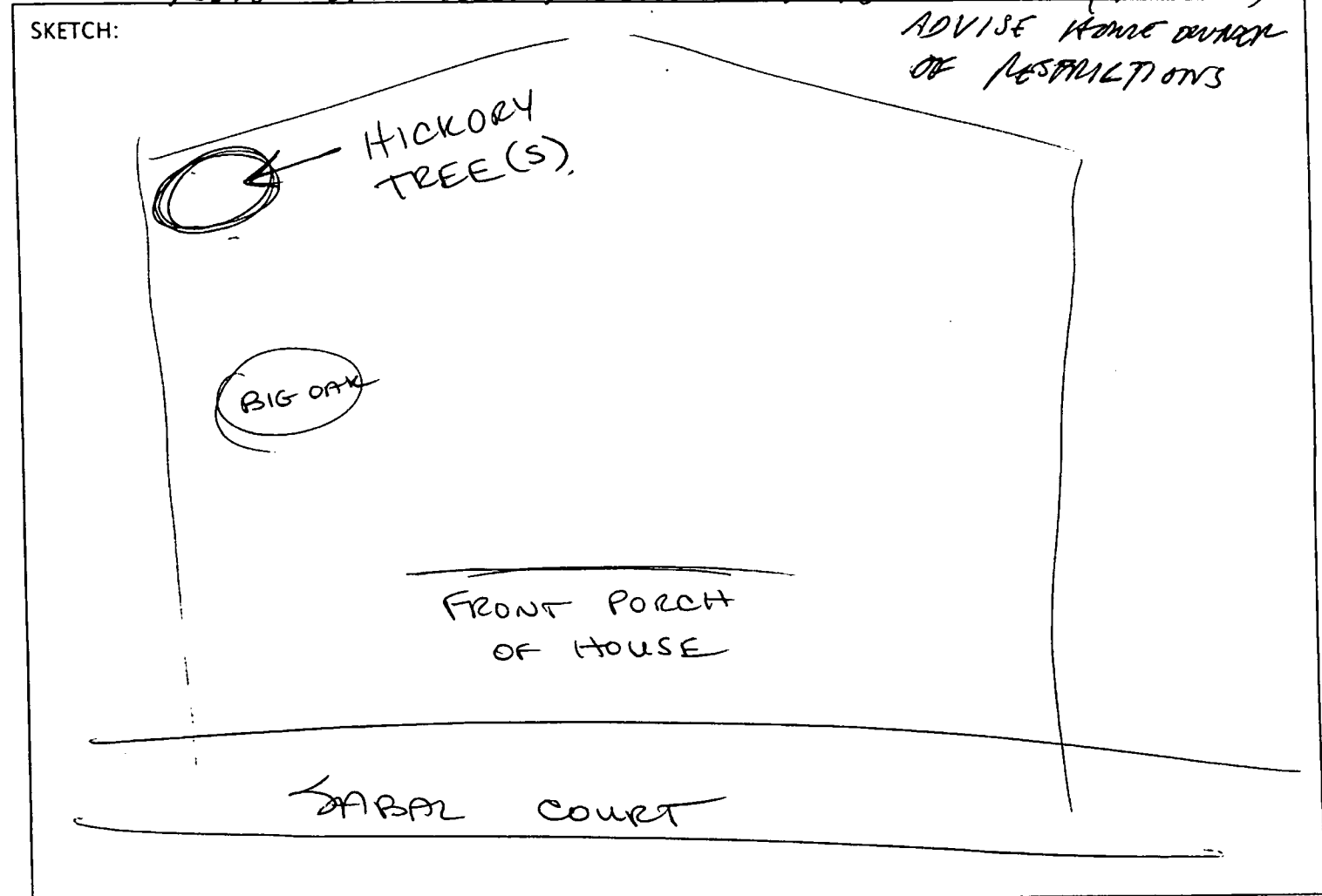
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Reason for tree removal/relocation Either 1 split tree or 2 trees - 1 is dead - Not sure about the other but want to remove just in case

Signature of Property Owner [Signature] Date 10/8/07

Approved by Building Inspector: [Signature] Date 10-9 Fee: _____

NOTES: OK to REMOVE 2 DEAD/DYING HICKORY TREES
NOTE: SPRINKLERS WERE ON AFTER 8:00 AM (9:10 AM)





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