

8 Sable Court

2883

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER EVAN & GERMAINE BOYTON
 CONTRACTOR JOHN HILL CONST CO.
 LOT 7 BLOCK _____ SUB RIDGE LAND
 NO. SABEL COURT.

NO. 2883 DATE ISSUED 11/14/90

9455 From 8:00 A.M. - 12:00 Noon and
 P.M. For Inspections of Items 1 thru 13.

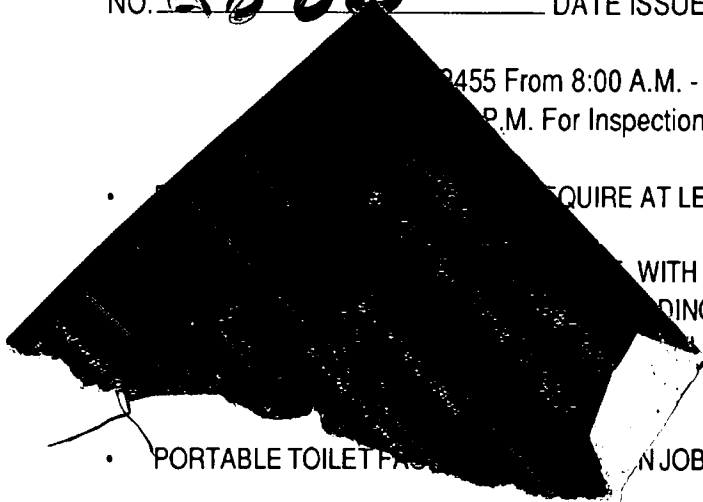
REQUIRE AT LEAST 24 HOURS NOTICE.

WITH THE TOWN OF SEWALL'S POINT
 BUILDING CODE, THE STATE OF FLORIDA
 ELEVATIONS BASED ON THE LATEST

TOWN OF SEWALL'S POINT BUILDING PERMIT

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION	11-23-90 Absolute Plc	<i>[Signature]</i>
3. FOOTING - SLAB	OK 11/26/90 QB	
4. ROUGH PLUMBING	OK 11/20/90 QB	
5. ROUGH ELECTRIC	OK 11/3/91 QB	
6. LINTEL	OK 12/3/90 QB	
7. ROOF		
8. FRAMING	OK 1/3/91 QB	
9. INSULATION	OK 1/3/91 QB	
10. A/C DUCTS	OK 1/3/91 QB	
11. FINAL ELECTRIC	OK 2/20/91	
12. FINAL PLUMBING	OK 2/20/91	
13. FINAL CONSTRUCTION	OK 2/20/91	

2/11 driveway OK



- PORTABLE TOILET FACILITY ON JOB SITE BEFORE INITIAL INSPECTION.
- WORKING HOURS ARE FROM 8:00 TO 5:00 P.M. MONDAY THRU SATURDAY.

TO CONSTRUCT _____

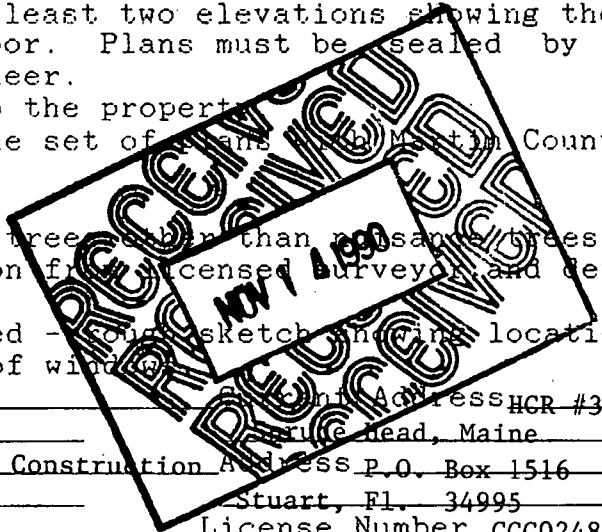
REMARKS:

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

PERMIT NUMBER 2683 DATE OF APPLICATION 11-5-90

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. Plans must be sealed by a Florida registered architect or engineer.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans from Martin County Health Department seal.
6. Energy code calculations.
7. Tree removal permit (for tree less than 6" diameter)
8. Certification of elevation from licensed surveyor and determination of flood zone.
9. Amount of fill anticipated - rough sketch showing location of fill
10. Manufacturer's schedule of work



Owner Evan L. & Germaine A. Boyton Address HCR #33 Box 131
 Telephone _____
 General Contractor John J. Hill Construction Address P.O. Box 1516
 Telephone 287-9307 _____

 Where Licensed State of Fla. License Number CGC024800
 Plumbing Contractor Tropic Plumbing License Number CFCO 32565
 Electrical Contractor South Star Electrical License Number MC 7747
 Roofing Contractor Wilfram roofing License Number MC 000624
 A/C Contractor Personalized A/C License Number CAC 029403

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 #8 Sabal Court

Subdivision Ridgeland Lot 7 Block _____
 Building area (inside walls) _____ Garage, porch, carport area _____
 Contract price (excluding carpet, land, appliances, landscaping) \$ _____
 Cost of permit \$ 2,142.00 Plans approved as submitted _____ as marked _____

In addition, the following are added 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 \$50. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$200. (a.c., pl., el., roof) = \$700. cost of permit + \$365. impact fee = \$1,065. total. Also there is a charge of 1 cent per square foot for radon gas trust fund.
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). Owner-builder cost is 25% higher than the regular fee.
4. The Town has adopted the South Florida Building Code.
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. An interim proprietary and general service fee will be charged to defray costs to the Town on newly improved property prior to imposition of ad valorem taxes on such property. Building Department will compute charge at time of c.o..

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.

14. 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.

Contractor's Signature [Signature] Owner's Signature Evan L. Boyton
 Approval by Building Inspector [Signature] Date 11/14/90
 Approval by Building Commissioner _____ Date _____
 Certificate of Occupancy issued _____ Date _____

734883

RECORD VERIFIED

This instrument was prepared by:
Sam T. Steger
McROBERTS & STEGER, P.A.
Attorneys at Law
Suite 310, Florida Nat'l. Bank Bldg.
301 E. Ocean Boulevard
STUART, FLORIDA 33494

Warranty Deed

(STATUTORY FORM—SECTION 689.02 F.S.)

This Indenture, Made this 13th day of October, 1988, Between

CORINDO DeBERARDINIS and FILOMENA DeBERARDINIS, his wife
of the County of Martin, State of Florida, grantor*, and

EVAN L. BOYNTON and GERMAINE A. BOYNTON, his wife
whose post office address is HCR #33 Box 131, Spruce Head, Maine 04859
of the County of Knox, State of Maine, 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 7, of RIDGELAND, a subdivision in the Town of Sewall's Point,
Florida, according to the Plat thereof on file and of record in
the office of the Clerk of the Circuit Court in and for Martin
County, Florida, in Plat Book 8, Page 3.

SUBJECT TO restrictions, reservations, easements of record
applicable zoning laws, ordinances and regulations, if any
and real estate taxes subsequent to December 31, 1987.

\$ 337.50
Handed to
Clerk of Circuit Court
D.C.
BY [Signature] D.C.

69 OCT 19 PM 2:23
HANNAH STILLER
CLERK OF CIRCUIT COURT
D.C.

PARCEL I.D. NO. 01-38-41-011-000-00070-4-0000 D.C.

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

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

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

[Signature: Sam T. Steger]
[Signature: Susan Boynton]

[Signature: Corindo DeBerardinis] (Seal)
CORINDO DeBERARDINIS (Seal)
[Signature: Filomena DeBerardinis] (Seal)
FILOMENA DeBERARDINIS (Seal)

STATE OF FLORIDA
COUNTY OF MARTIN
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared
CORINDO DeBERARDINIS and FILOMENA DeBERARDINIS, his wife
to me known to be the persons 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 13th day of October, 1988.

My commission expires: 3/12/92

[Signature: Sam T. Steger]
Notary Public
STATE OF FLORIDA AT-LARGE
(NOTARY SEAL)
Seal of Notary Public, State of Florida



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Boyton SEPTIC TANK PERMIT NO. HD90-447

LEGAL DESCRIPTION: Lot 7 Ridgeland

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: _____ (Certification not required for this item).
- 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: _____

5. I certify that the top of the drainfield pipe elevation is _____.

- 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. 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: _____

X Harise Wheeler
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Martin County Health Unit Approval Signature

(Date)

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994
Bob Martinez, Governor • Gregory L. Coler, Secretary

Revised 12-7-88



0 Permit
*HD 89-226

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER H090-447 HOME PHONE 229-5137
 NAME OF APPLICANT EVA J BOXTON WORK PHONE 288-7776
 MAILING ADDRESS OF APPLICANT 10000 S. OCEAN DRIVE
APT. 406, JENSEN BEACH ZIP CODE _____
 LOT 7 BLOCK N/A SUBDIVISION RIDGELAND
 IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
 PLAT BOOK 8 PAGE 3 DATE SUBDIVIDED 1979
 RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3
 LOT SIZE 1/2 Ac. FT² HEATED OR COOLED AREA OF HOME 2180 FT²
 COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ FT²
 BUILDING SIZE _____

#1367-01-01

-----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

STEPHEN J. BROWN

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 10.50 GALLONS
 DRAINFIELD SIZE 400 SQUARE FEET

9'x56'

DRAINFIELD ROCK MUST BE 5 FEET FROM FRONT OR REAR PROPERTY LINES AND 5 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

SEPTIC TANK IS REQUIRED TO BE AT FINISHED SOIL GRADE, DO NOT EXCEED 18 INCHES OF COVER OVER DRAINFIELD ROCK.

ISSUED BY: Martin L. Coste MARTIN COUNTY PUBLIC HEALTH UNIT

DATE 11/13/90

PLEASE NOTE:

- (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS.
- (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND.
- (3) N/A REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION.
- (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX.
- (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
- (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
- (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED.

IS PROPOSED. SEE ATTACHED SKETCH OF



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Prepared By: Stephen J. Brown, Inc. Prof. Land Survey
295 Florida Street, Stuart, FL. 34994
407-287-0525

APPLICANT EVAN BOYTON
LEGAL DESCRIPTION LOT 7, RIDDLELAND

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? No
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
11. 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
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING 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
14. THERE IS 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 7.62 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION None NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 9.80 NGVD SHOW LOCATION ON PLOT PLAN.
2. 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.



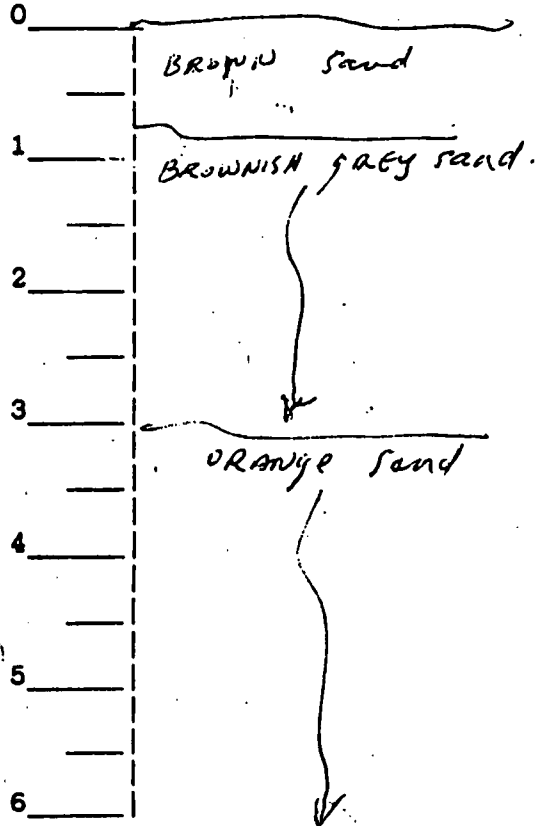
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

SITE EVALUATION

APPLICANT: Doyron

LEGAL DESCRIPTION: Lot 7 Ridge land

SOIL PROFILE



USDA SOIL TYPE Paola

USDA SOIL NUMBER 46

Restrictive soils are present at > 6' below the surface.

Present Water Depth Below Surface > 6'

Wet Season Range per Soil Survey 72"

Estimated Wet Season Water Depth Below Surface 6'

Indicator Vegetation Present oak, cabbage palm

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

Approximate Amount of Fill on Neighbor Lots ~ 3' on west side

Depth of Fill in Soil Profile NONE

How Long Has Fill Been Present N/A

Evaluation by: [Signature] Date: 11/7/90

Joseph P. McCarty, Architect

414 Balboa Avenue • Stuart, Florida 34994
(407) 287-6735

November 5, 1990

Building Inspector
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, Florida
34996

RE: Boynton Residence, Lot 7, Ridgeland

To whom it may concern:

As follows are lot coverage calculations for the above referenced project:

House	3260 S.F.
Pool and deck	1196 S.F.
Walk and Drive	1600 S.F. (maximum)
Lot	19000 S.F.

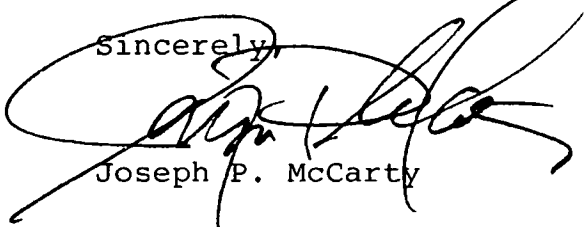
House: 3260/19000 17% coverage

Total coverage:	House	3260
	Pool and Deck	1196
	Drive and Walks	1600
	total	6056

6056/19000 31.8%

If there are any questions, please do not hesitate to call.

Sincerely,



Joseph P. McCarty

**FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

FORM 900-A-89

SECTION 9 — RESIDENTIAL POINT SYSTEM METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 7 8 9

PROJECT NAME AND ADDRESS:	<i>Florida Residence</i>		BUILDER:
	<i>Sudells Point</i>		PERMITTING OFFICE:
OWNER:	<i>EVAN BOYNTON</i>	PERMIT NO.:	CLIMATE ZONE: <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
		JURISDICTION NO.:	

NEW CONSTRUCTION ADDITION	<input checked="" type="checkbox"/>	IF MULTIFAMILY, NUMBER OF UNITS COVERED BY THIS SUBMITTAL: <input type="checkbox"/>	CONDITIONED FLOOR AREA <i>2190</i> SQ. FT.	GLASS AREA AND TYPE			
				CLEAR		TINT, FILM, SOLAR SCREEN	
MULTIFAMILY ATTACHED	<input type="checkbox"/>	CHECK IF THIS SUBMITTAL REPRESENTS A WORST CASE CONDITION: <input type="checkbox"/>	PREDOMINANT EAVE OVERHANG LENGTH <input type="checkbox"/> . <input type="checkbox"/> FT.	SINGLE-PANE <input type="checkbox"/> SQ. FT.	SINGLE-PANE <input type="checkbox"/> SQ. FT.	SINGLE-PANE <input type="checkbox"/> SQ. FT.	
SINGLE-FAMILY DETACHED	<input checked="" type="checkbox"/>		PORCH OVERHANG LENGTH <input type="checkbox"/> . <input type="checkbox"/> FT.	DOUBLE-PANE <input type="checkbox"/> SQ. FT.	DOUBLE-PANE <input type="checkbox"/> SQ. FT.	DOUBLE-PANE <input type="checkbox"/> SQ. FT.	

NET WALL AREA AND INSULATION							
EXTERIOR MASONRY	R =	EXTERIOR FRAME	R =	EXTERIOR STEEL	R =	EXTERIOR LOG	R =
<i>1302</i> SQ. FT.	<i>5.0</i>						
ADJACENT MASONRY	R =	ADJACENT FRAME	R =	ADJACENT STEEL	R =	ADJACENT LOG	R =
		<i>244</i> SQ. FT.	<i>11</i>				

CEILING AREA AND INSULATION				FLOOR TYPE AND INSULATION			
UNDER ATTIC	R =	SINGLE ASSEMBLY	R =	SLAB PERIMETER	R =	RAISED: WD <input type="checkbox"/> CON <input type="checkbox"/>	R =
<i>219</i> SQ. FT.	<i>19</i>			<i>237</i> FT.	<i>0</i>		

DUCTS	COOLING SYSTEM	HEATING SYSTEM	HVAC CREDITS	HOT WATER SYSTEM	HOT WATER CREDITS
IN UNCONDITIONED SPACE R = <i>4.0</i> IN CONDITIONED SPACE R = <input type="checkbox"/>	<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> ROOM <input type="checkbox"/> PACKAGE TERMINAL AIR CONDITIONER <input type="checkbox"/> NONE SEER/EER = <i>9.0</i>	<input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER FUELS <input type="checkbox"/> ROOM UNIT OR PACKAGE TERMINAL HEAT PUMP <input type="checkbox"/> NONE COP/HSPF/AFUE = <input type="checkbox"/>	<input checked="" type="checkbox"/> CEILING FANS <input type="checkbox"/> CROSS VENTILATION <input checked="" type="checkbox"/> WHOLE HOUSE FAN <input checked="" type="checkbox"/> ATTIC RADIANT BARRIER <input type="checkbox"/> MULTIZONE	<input checked="" type="checkbox"/> ELECTRIC <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER FUELS <input type="checkbox"/> NONE EF = <i>93</i>	SOLAR: S.F. = <input type="checkbox"/> HEAT RECOVERY (CHECK) <input type="checkbox"/> DEDICATED HEAT PUMP: E.F. = <input type="checkbox"/> NUMBER OF BEDROOMS = <input type="checkbox"/>

INFILTRATION PRACTICE USED <input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3	<i>31397</i>	÷	<i>43748</i>	x 100 =	<i>729</i>
	CALCULATED ENERGY PERFORMANCE INDEX MUST NOT EXCEED 100 POINTS.				

<p>In accordance with Section 553.907-F.S., I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.</p> <p>OWNER/AGENT: <i>[Signature]</i> DATE: <i>3/27/89</i></p>	<p>Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908 F.S.</p> <p>BUILDING OFFICIAL: _____ DATE: _____</p>
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9A PRESCRIPTIVE MEASURES (Must be met or exceeded by all residences.)			
COMPONENTS	SECTION	REQUIREMENTS	CHECK
WINDOWS	904.1	MAXIMUM OF 0.5 CFM PER LINEAR FOOT OF OPERABLE SASH CRACK.	<input checked="" type="checkbox"/>
EXTERIOR & ADJACENT DOORS	904.1	MAXIMUM OF 0.5 CFM PER SQ. FT. OF DOOR AREA. INCLUDES SLIDING GLASS DOORS, SOLID CORE, WOOD PANEL, INSULATED, OR GLASS DOORS ONLY.	<input checked="" type="checkbox"/>
EXTERIOR JOINTS & CRACKS	904.1	TO BE CAULKED, GASKETED, WEATHERSTRIPPED OR OTHERWISE SEALED.	<input checked="" type="checkbox"/>
WATER HEATERS	904.2	MUST BEAR LABEL INDICATING COMPLIANCE WITH ASHRAE STANDARD 90 OR COMPLY WITH EFFICIENCY AND STANDBY LOSS REQUIREMENTS. SWITCH OR CLEARLY MARKED CIRCUIT BREAKER (ELECTRIC), OR CUT-OFF (GAS) MUST BE PROVIDED. AN EXTERNAL OR BUILT-IN HEAT TRAP MUST BE PROVIDED.	<input checked="" type="checkbox"/>
SWIMMING POOLS & SPAS	904.3	SPAS & HEATED POOLS MUST HAVE COVERS (EXCEPT SOLAR HEATED). NON-COMMERCIAL POOLS MUST HAVE A PUMP TIMER. GAS SPA & POOL HEATERS MUST HAVE MINIMUM THERMAL EFFICIENCY OF 75%.	<input checked="" type="checkbox"/>
HOT WATER PIPES	904.4	INSULATION IS REQUIRED ONLY FOR RECIRCULATING SYSTEMS INCLUDING HEAT RECOVERY UNITS. IN SUCH CASES, PIPING HEAT LOSS SHALL BE LIMITED TO 17.5 BTU/H LINEAR FOOT OF PIPE.	<input checked="" type="checkbox"/>
SHOWER HEADS	904.5	WATER FLOW MUST BE RESTRICTED TO NO MORE THAN 3 GALLONS PER MINUTE AT 80 PSIG.	<input checked="" type="checkbox"/>
HVAC DUCT CONSTRUCTION	903.2 904.6	CONSTRUCTED IN ACCORDANCE WITH INDUSTRY STANDARDS & LOCAL MECHANICAL CODES. DUCTS IN UNCONDITIONED SPACE MUST BE INSULATED TO MINIMUM R- 4.2 & JOINTS MUST BE SEALED.	<input checked="" type="checkbox"/>
HVAC CONTROLS	904.7	SEPARATE READILY ACCESSIBLE MANUAL OR AUTOMATIC THERMOSTAT FOR EACH SYSTEM.	<input checked="" type="checkbox"/>
INSULATION	904.9	CEILINGS—MIN. R-19. COMMON WALLS—FRAME R-11 OR CBS R-3. FRAME COMMON CEILINGS & FLOORS R-11.	<input checked="" type="checkbox"/>

**FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

FORM 900-A-89

SECTION 9 - RESIDENTIAL POINT SYSTEM METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 7 8 9

PROJECT NAME AND ADDRESS:	<i>Florida Residence</i>		BUILDER:
	<i>Subelle Point</i>		PERMITTING OFFICE:
OWNER:	<i>Evan Boynton</i>		PERMIT NO.:
			CLIMATE ZONE: <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
			JURISDICTION NO.:

NEW CONSTRUCTION ADDITION	<input checked="" type="checkbox"/>	IF MULTIFAMILY, NUMBER OF UNITS COVERED BY THIS SUBMITTAL:	<input type="checkbox"/>	CONDITIONED FLOOR AREA	<i>2180</i> SQ. FT.	GLASS AREA AND TYPE			
MULTIFAMILY ATTACHED	<input type="checkbox"/>	CHECK IF THIS SUBMITTAL REPRESENTS A WORST CASE CONDITION:	<input type="checkbox"/>	PREDOMINANT EAVE OVERHANG LENGTH	<input type="checkbox"/>	CLEAR		TINT, FILM, SOLAR SCREEN	
SINGLE-FAMILY DETACHED	<input checked="" type="checkbox"/>			PORCH OVERHANG LENGTH	<input type="checkbox"/>	SINGLE-PANE	<input type="checkbox"/>	SINGLE-PANE	<input type="checkbox"/>
						DOUBLE-PANE	<input type="checkbox"/>	DOUBLE-PANE	<input type="checkbox"/>

NET WALL AREA AND INSULATION							
EXTERIOR MASONRY	R =	EXTERIOR FRAME	R =	EXTERIOR STEEL	R =	EXTERIOR LOG	R =
<i>1802</i> SQ. FT.	<i>5.0</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADJACENT MASONRY	R =	ADJACENT FRAME	R =	ADJACENT STEEL	R =	ADJACENT LOG	R =
<input type="checkbox"/>	<input type="checkbox"/>	<i>244</i> SQ. FT.	<i>11</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CEILING AREA AND INSULATION				FLOOR TYPE AND INSULATION			
UNDER ATTIC	R =	SINGLE ASSEMBLY	R =	SLAB PERIMETER	R =	RAISED: WD <input type="checkbox"/> CON <input type="checkbox"/>	R =
<i>219</i> SQ. FT.	<i>19</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>237</i> FT.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DUCTS	COOLING SYSTEM	HEATING SYSTEM	HVAC CREDITS	HOT WATER SYSTEM	HOT WATER CREDITS
IN UNCONDITIONED SPACE R = <i>4.0</i>	<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> ROOM <input type="checkbox"/> PACKAGE TERMINAL AIR CONDITIONER <input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> ROOM UNIT OR PACKAGE TERMINAL HEAT PUMP COP/HSPF/AFUE = <input type="checkbox"/>	<input checked="" type="checkbox"/> CEILING FANS <input type="checkbox"/> CROSS VENTILATION <input checked="" type="checkbox"/> WHOLE HOUSE FAN <input checked="" type="checkbox"/> ATTIC RADIANT BARRIER <input type="checkbox"/> MULTIZONE	<input checked="" type="checkbox"/> ELECTRIC <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER FUELS <input type="checkbox"/> NONE EF = <i>33</i>	SOLAR: S.F. = <input type="checkbox"/> HEAT RECOVERY (CHECK) <input type="checkbox"/> DEDICATED HEAT PUMP: E.F. = <input type="checkbox"/> NUMBER OF BEDROOMS = <input type="checkbox"/>
IN CONDITIONED SPACE R = <input type="checkbox"/>	SEER/VEER = <i>9.0</i>				

INFILTRATION PRACTICE USED	<input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3	<i>31397</i> ÷ <i>43743</i> x 100 = <i>72.9</i>
		TOTAL AS-BUILT POINTS TOTAL BASE POINTS CALCULATED E.P.I.

In accordance with Section 553.907-F.S.; I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.	Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908 F.S.
OWNER/AGENT: <i>[Signature]</i>	BUILDING OFFICIAL: _____
DATE: <i>3/27/89</i>	DATE: _____

9A PRESCRIPTIVE MEASURES (Must be met or exceeded by all residences.)			
COMPONENTS	SECTION	REQUIREMENTS	CHECK
WINDOWS	904.1	MAXIMUM OF 0.5 CFM PER LINEAR FOOT OF OPERABLE SASH CRACK.	<input checked="" type="checkbox"/>
EXTERIOR & ADJACENT DOORS	904.1	MAXIMUM OF 0.5 CFM PER SQ. FT. OF DOOR AREA. INCLUDES SLIDING GLASS DOORS, SOLID CORE, WOOD PANEL, INSULATED, OR GLASS DOORS ONLY.	<input checked="" type="checkbox"/>
EXTERIOR JOINTS & CRACKS	904.1	TO BE CAULKED, GASKETED, WEATHERSTRIPPED OR OTHERWISE SEALED.	<input checked="" type="checkbox"/>
WATER HEATERS	904.2	MUST BEAR LABEL INDICATING COMPLIANCE WITH ASHRAE STANDARD 90 OR COMPLY WITH EFFICIENCY AND STANDBY LOSS REQUIREMENTS. SWITCH OR CLEARLY MARKED CIRCUIT BREAKER (ELECTRIC), OR CUT-OFF (GAS) MUST BE PROVIDED. AN EXTERNAL OR BUILT-IN HEAT TRAP MUST BE PROVIDED.	<input checked="" type="checkbox"/>
SWIMMING POOLS & SPAS	904.3	SPAS & HEATED POOLS MUST HAVE COVERS (EXCEPT SOLAR HEATED). NON-COMMERCIAL POOLS MUST HAVE A PUMP TIMER. GAS SPA & POOL HEATERS MUST HAVE MINIMUM THERMAL EFFICIENCY OF 75%.	<input checked="" type="checkbox"/>
HOT WATER PIPES	904.4	INSULATION IS REQUIRED ONLY FOR RECIRCULATING SYSTEMS INCLUDING HEAT RECOVERY UNITS. IN SUCH CASES, PIPING HEAT LOSS SHALL BE LIMITED TO 17.5 BTU/H/IN. LINEAR FOOT OF PIPE.	<input checked="" type="checkbox"/>
SHOWER HEADS	904.5	WATER FLOW MUST BE RESTRICTED TO NO MORE THAN 3 GALLONS PER MINUTE AT 80 PSIG.	<input checked="" type="checkbox"/>
HVAC DUCT CONSTRUCTION	903.2	CONSTRUCTED IN ACCORDANCE WITH INDUSTRY STANDARDS & LOCAL MECHANICAL CODES. DUCTS IN UNCONDITIONED SPACE MUST BE INSULATED TO MINIMUM R- 4.2 & JOINTS MUST BE SEALED.	<input checked="" type="checkbox"/>
HVAC CONTROLS	904.7	SEPARATE READILY ACCESSIBLE MANUAL OR AUTOMATIC THERMOSTAT FOR EACH SYSTEM.	<input checked="" type="checkbox"/>
INSULATION	904.9	CEILING - MIN. R-19. COMMON WALLS - FRAME R-11 OR CBS R-3. FRAME COMMON CEILING & FLOORS R-11.	<input checked="" type="checkbox"/>

SUMMER CALCULATIONS

CLIMATE ZONES 7 8 9

ORIENT.	GLASS AREA	BASE SUMMER PT. MULT.	BASE SUMMER POINTS
N	27	60.2	1625
NE		88.0	
E	110	127.0	13970
SE		135.0	
S	21	124.2	2609
SW		135.0	
W	37	127.0	4699
NW		88.0	
H ¹		124.2	
S 29	124	2	3601
W 106	127		13462

ORIENT.	GLASS AREA	SINGLE-PANE SUMMER POINT MULT.		DOUBLE-PANE SUMMER POINT MULT.		SUMMER OVERHANG FACTOR (9B)	AS-BUILT GLASS SUM. PTS.
		CLEAR	TINT ²	CLEAR	TINT ²		
N	27	64.5	65.2	60.2	54.9	.87	1531
NE		94.8	94.5	88.0	78.2		
E	110	136.3	133.9	127.0	109.5	.87	12314
SE		146.2	143.0	135.0	116.1		
S	21	135.6	132.5	124.2	107.7	.83	2309
SW		146.2	143.0	135.0	116.1		
W	37	136.3	133.9	127.0	109.5	.87	4310
NW		94.8	94.5	88.0	78.2		
H ¹		428.7	354.7	380.6	278.9		
S 29						.33	1268
W 106						.34	4325

.15	COND. FLOOR AREA	TOTAL GLASS AREA	BASE ADJUST. FACTOR	BASE GLASS SUBTOTAL	ADJUSTED GLASS BASE SP
.15	2180	330	1.94	64400	6405

AS-BUILT GLASS SUBTOTAL
27059

WALL	COMPONENT DESCRIPTION	AREA	BASE SUMMER POINT MULT.	BASE SUMMER POINTS
	EXTERIOR	1302	1.6	2083
	ADJACENT	240	1.0	240

COMPONENT DESCRIPTION	AREA	SUMMER POINT MULT. (9C THRU 9G)	AS-BUILT SUMMER POINTS
WALL P-5	1302	2.	2604
FRAME P-11	240	1.	240

DOORS	COMPONENT DESCRIPTION	AREA	BASE SUMMER POINT MULT.	BASE SUMMER POINTS
	EXTERIOR	36	6.4	230
	ADJACENT	18	2.6	47

COMPONENT DESCRIPTION	AREA	SUMMER POINT MULT. (9C THRU 9G)	AS-BUILT SUMMER POINTS
	36	9.4	332
	18	3.8	68

CEILINGS	COMPONENT DESCRIPTION	AREA	BASE SUMMER POINT MULT.	BASE SUMMER POINTS
	UNDER ATTIC OR SINGLE ASSEMBLY	2180	.8	1744

COMPONENT DESCRIPTION	AREA	SUMMER POINT MULT. (9C THRU 9G)	AS-BUILT SUMMER POINTS
	2180	1.5	3270

BASE CEILING AREA EQUALS FLOOR AREA DIRECTLY UNDER CEILING. AS-BUILT CEILING AREA EQUALS ACTUAL CEILING SQUARE FOOTAGE.

FLOOR	COMPONENT DESCRIPTION	AREA	BASE SUMMER POINT MULT.	BASE SUMMER POINTS
	SLAB (PERIMETER)	237	-20.0	-4740
	RAISED (AREA)		-2.16	

COMPONENT DESCRIPTION	AREA	SUMMER POINT MULT. (9C THRU 9G)	AS-BUILT SUMMER POINTS
	237	-20	-4740

FOR SLAB-ON-GRADE USE PERIMETER LENGTH AROUND CONDITIONED FLOOR. FOR RAISED FLOORS USE AREA OVER UNCONDITIONED SPACE.

INFILTRATION	2180	14.7	32046
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	2180	14.7	32046
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USE TOTAL FLOOR AREA OF CONDITIONED SPACE.

TOTAL COMPONENT BASE SUMMER POINTS	71534
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TOTAL COMPONENT AS-BUILT SUMMER POINTS	100312
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COOLING SYSTEM	BASE COOLING SYSTEM MULTIPLIER	TOTAL BASE SUMMER POINTS	BASE COOLING POINTS
	.43	71534	30760

TOTAL AS-BUILT SUM. PTS.	AS-BUILT DM (9H)	AS-BUILT CSM (9K)	AS-BUILT CCM (9L)	AS-BUILT COOLING POINTS
60992	1.06	.38	.77	18886

HOT WATER SYSTEM	NUMBER OF BEDROOMS	BASE HOT WATER MULTIPLIER	BASE HOT WATER POINTS
	3	3319	9957

AS-BUILT HOT WATER SYSTEM DESC.	NUMBER OF BEDROOMS	AS-BUILT HWM (9M)	AS-BUILT HWCM (9N)	AS-BUILT HOT WATER POINTS
	3	3318		9954

¹H = Horizontal Glass (Skylights)
²For glass with known Shading Coefficient, see section 903.2(a). Tint Multipliers may be used for glass with solar screens, film, or tint.

SUMMER POINT MULTIPLIERS (SPM)

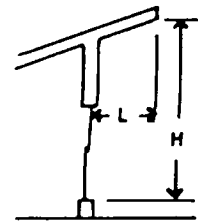
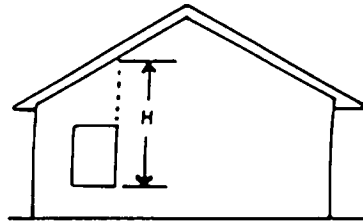
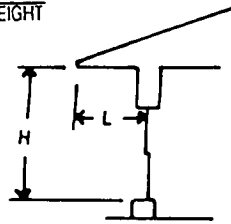
98 SUMMER OVERHANG FACTORS (SOF) For single and double pane glass.

CLIMATE ZONES 7 8 9

SELECT BY OR	OH RATIO	.0-.11	.12-.17	.18-.26	.27-.35	.36-.46	.47-.57	.58-.70	.71-.83	.84-1.18	1.19-1.72	1.73-2.73	2.74+
	N	1.0	.94	.91	.87	.84	.80	.77	.74	.70	.64	.58	.53
NE/NW	1.0	.95	.92	.86	.81	.76	.72	.68	.64	.56	.50	.44	
E/W	1.0	.95	.93	.87	.81	.75	.70	.65	.59	.46	.41	.34	
SE/SW	1.0	.95	.92	.85	.78	.70	.64	.58	.52	.42	.34	.28	
S	1.0	.94	.91	.83	.75	.67	.60	.54	.48	.39	.33	.30	
OH LENGTH*	0 ft.	1 ft.	1½ ft.	2 ft.	3 ft.	3½ ft.	4½ ft.	5½ ft.	6½ ft.	9½ ft.	14 ft.	20 ft. +	

* To select by Overhang Length, no part of glass shall be more than 8 ft. below the overhang.

$$\text{OVERHANG RATIO} = \frac{\text{OH LENGTH}}{\text{OH HEIGHT}}$$



9C WALL SUMMER POINT MULTIPLIERS (SPM)

FRAME			CONCRETE BLOCK ¹			FACE BRICK		LOG		
WOOD		STEEL	INT. INSULATION		EXT. INSUL.	R-VALUE	WOOD FR	6 INCH		
R-VALUE	EXT	ADJ	NORMAL WT.		NOR. WT.			R-VALUE	EXT	
0 - 6.9	8.5	3.4	R-VALUE	EXT	ADJ	EXT	0 - 6.9	4.6		
7 - 10.9	3.2	1.3	0 - 2.9	4.2	1.9	4.2	7 - 10.9	1.3	0 - 2.9	2.8
11 - 12.9	2.7	1.0	3 - 4.9	2.7	1.3	1.7	11 - 18.9	1.1	3 - 6.9	1.9
13 - 18.9	2.4	.9	5 - 6.9	2.0	1.1	1.2	19 - 25.9	.6	7 & Up	1.5
19 - 25.9	1.6	.6	7 - 10.9	1.6	.8	.7	26 & Up	.3	8 INCH	
26 & Up	1.0	.3	11 - 18.9	1.0	.6	.3	R-VALUE	BLOCK	R-VALUE	EXT
			19 - 25.9	.5	.3		0 - 2.9	2.3	0 - 2.9	1.9
			26 & Up	.3	.2		3 - 6.9	1.6	3 - 6.9	1.4
							7 - 9.9	.9	7 & Up	1.2
							10 & Up	.7		

9D DOOR SUMMER POINT MULTIPLIERS (SPM)

DOOR TYPE	EXTERIOR	ADJACENT
WOOD	9.4	3.8
INSULATED	6.4	2.6

9E CEILING SUMMER POINT MULTIPLIERS (SPM)

UNDER ATTIC		SINGLE ASSEMBLY		CONCRETE DECK ROOF		
R-VALUE	SPM	R-VALUE	SPM	CEILING TYPE		
				R-VALUE	DROPPED	EXPOSED
19 - 21.9	1.5	10 - 10.9	4.0	10 - 13.9	4.1	4.6
22 - 25.9	1.3	11 - 12.9	3.6	14 - 20.9	2.9	3.1
26 - 29.9	1.0	13 - 18.9	3.3	21 & Up	1.9	2.0
30 - 37.9	.8	19 - 25.9	2.5			
38 & Up	.6	26 & Up	1.6			

9F FLOOR SUMMER POINT MULTIPLIERS (SPM)

SLAB-ON-GRADE EDGE INSULATION		RAISED CONCRETE		RAISED WOOD ²			
R-VALUE	SPM	R-VALUE	SPM	R-VALUE	POST OR PIER CONSTRUCTION	STEM WALL W/ UNDER FLOOR INSULATION	ADJACENT
					SPM	SPM	SPM
0 - 2.9	-20.0	0 - 2.9	.8	0 - 6.9	2.4		3.4
3 - 4.9	-17.4	3 - 4.9	-.3	7 - 10.9	-.3	-.9	1.3
5 - 6.9	-16.6	5 - 6.9	-.4	11 - 18.9	-.3	-.6	1.0
7 & Up	-16.0	7 & Up	-.5	19 & Up	-.3	-.4	.6

9G INFILTRATION SUMMER POINT MULTIPLIERS (SPM)

INFILTRATION PRACTICE (See Table 9P)	SPM
PRACTICE # 1	18.6
PRACTICE # 2	14.7
PRACTICE # 3	10.1

9H DUCT MULTIPLIERS (DM)

R-VALUE	With Return Air Duct	W/O Return Air Duct
4.2 - 4.9	1.14	1.10
5.0 - 6.6	1.12	1.08
6.7 & Up	1.09	1.06
DUCTS IN CONDITIONED SPACE	1.00	1.00

¹For multipliers for other types of concrete block construction see section 903.2 (b).

²For multipliers for other types of raised wood assemblies see section 903.2 (e) 1.

WINTER CALCULATIONS

CLIMATE ZONES 7 8 9

GLASS	ORIENT.	GLASS AREA	BASE WINTER POINT		BASE WINTER POINTS
			x MULTIPLIER	=	
N		27	2.2	=	59.4
NE			1.4	=	
E		110	-1.1	=	-121
SE			-3.3	=	
S		21	-3.1	=	-65
SW			-3.3	=	
W		37	-1.1	=	-41
NW			1.4	=	
H ¹			-3.1	=	
S		29	-3.1	=	-90
W		100	-1.1	=	-110

ORIENT.	GLASS AREA	SINGLE-PANE WINTER POINT MULT.		OR DOUBLE-PANE WINTER POINT MULT.		WINTER OVERHANG FACTOR (9B)	AS-BUILT GLASS WIN. PTS.
		CLEAR	TINT ²	CLEAR	TINT ²		
N	27	3.7	3.7	2.2	2.4	1.06	106
NE		2.9	2.9	1.4	1.8		
E	110	.1	.2	-1.1	-.6	3.78	83
SE		-2.1	-2.0	-3.3	-2.5		
S	21	-2.0	-1.8	-3.1	-2.4	1.79	-30
SW		-2.1	-2.0	-3.3	-2.5		
W	37	.1	.2	-1.1	-.6	3.78	28
NW		2.9	2.9	1.4	1.8		
H ¹		-8.9	-7.8	-7.3	-5.7		
S	29		-3.1			-1.03	151
W	100		-1.1			22.02	-2576

.15	x	COND. FLOOR AREA	+	TOTAL GLASS AREA	=	ADJUST FACTOR	x	BASE GLASS SUBTOTAL	=	ADJUSTED GLASS BASE WP
.15		2180	+	230	=	1.99	x	218.4	=	270.5

AS-BUILT GLASS SUBTOTAL	=	2232
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WALL	COMPONENT DESCRIPTION	AREA	x BASE WINTER POINT MULT.	=	BASE WINTER POINTS
ADJACENT	240	.5	=	123	

WALL	COMPONENT DESCRIPTION	AREA	x WINTER POINT MULT. (9C THRU 9G)	=	AS-BUILT WINTER POINTS
ADJACENT	240	.5	=	123	

DOORS	COMPONENT DESCRIPTION	AREA	x BASE WINTER POINT MULT.	=	BASE WINTER POINTS
ADJACENT	15	1.3	=	23	

DOORS	COMPONENT DESCRIPTION	AREA	x WINTER POINT MULT. (9C THRU 9G)	=	AS-BUILT WINTER POINTS
ADJACENT	15	1.3	=	23	

CEILING	COMPONENT DESCRIPTION	AREA	x BASE WINTER POINT MULT.	=	BASE WINTER POINTS					
						UNDER ATTIC OR SINGLE ASSEMBLY	2180	.1	=	218
								.1	=	

BASE CEILING AREA EQUALS FLOOR AREA DIRECTLY UNDER CEILING. AS-BUILT CEILING AREA EQUALS ACTUAL CEILING SQUARE FOOTAGE.

CEILING	COMPONENT DESCRIPTION	AREA	x WINTER POINT MULT. (9C THRU 9G)	=	AS-BUILT WINTER POINTS					
						UNDER ATTIC OR SINGLE ASSEMBLY	2180	.1	=	218
								.1	=	

FLOOR	COMPONENT DESCRIPTION	AREA	x BASE WINTER POINT MULT.	=	BASE WINTER POINTS
			-28	=	

FOR SLAB-ON-GRADE USE PERIMETER LENGTH AROUND CONDITIONED FLOOR. FOR RAISED FLOORS USE AREA OVER UNCONDITIONED SPACE.

FLOOR	COMPONENT DESCRIPTION	AREA	x WINTER POINT MULT. (9C THRU 9G)	=	AS-BUILT WINTER POINTS
			-28	=	

INFILTRATION	2180	1.2	=	2616
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USE TOTAL FLOOR AREA OF CONDITIONED SPACE.

INFILTRATION	2180	1.2	=	2616
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TOTAL COMPONENT BASE WINTER POINTS	2061
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TOTAL COMPONENT AS-BUILT WINTER POINTS	2949
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HEATING SYSTEM	BASE HEATING SYSTEM MULTIPLIER	TOTAL BASE WINTER POINTS	x	=	BASE HEATING POINTS

TOTAL AS-BUILT WIN. RTS.	AS-BUILT DM (9H)	AS-BUILT HSM (9I)	AS-BUILT HCM (9J)	x	=	AS-BUILT HEATING POINTS

TOTAL	BASE COOLING POINTS (From P.2)	+	BASE HEATING POINTS	+	BASE HOT WATER POINTS (From P.2)	=	TOTAL BASE POINTS (Enter on P.1)

TOTAL	AS-BUILT COOLING POINTS (From P.2)	+	AS-BUILT HEATING POINTS	+	AS-BUILT HOT WATER POINTS (From P.2)	=	TOTAL AS-BUILT POINTS (Enter on P.1)

¹H = Horizontal Glass (Skylights)
²For glass with known Shading Coefficient, see section 903.2(a). Tint Multipliers may be used for glass with solar screens, film, or tint.

WINTER POINT MULTIPLIERS (WPM)

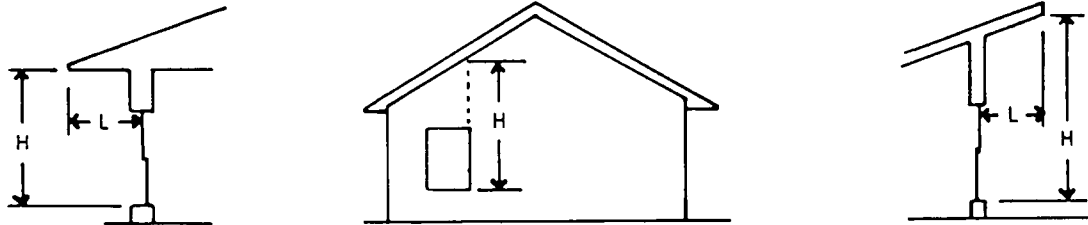
9B WINTER OVERHANG FACTORS (WOF)

CLIMATE ZONES 7 & 8

	OH RATIO	.0-.11	.12-.17	.18-.26	.27-.35	.36-.46	.47-.57	.58-.70	.71-.83	.84-1.18	1.19-1.72	1.73-2.73	2.74+
SELECT BY OR	SINGLE PANE GLASS												
	N	1.0	1.03	1.04	1.06	1.07	1.09	1.11	1.12	1.14	1.18	1.22	1.26
	NE/NW	1.0	1.05	1.08	1.13	1.17	1.21	1.24	1.27	1.30	1.37	1.45	1.51
	E/W	1.0	2.04	2.58	3.78	5.04	6.54	7.92	9.43	11.04	14.42	18.12	22.04
	SE/SW	1.0	.91	.87	.76	.64	.48	.32	.15	-.03	-.43	-.91	-1.46
	S	1.0	.94	.91	.79	.65	.47	.28	.26	-.34	-1.11	-1.68	-1.92
	DOUBLE PANE GLASS												
	N	1.0	1.03	1.05	1.08	1.10	1.12	1.14	1.17	1.18	1.24	1.29	1.34
	NE/NW	1.0	1.08	1.12	1.20	1.26	1.32	1.37	1.41	1.47	1.57	1.69	1.78
	E/W	1.0	.85	.74	.55	.34	.10	-.12	-.36	-.63	-1.17	-1.77	-2.41
	SE/SW	1.0	.95	.92	.85	.77	.67	.57	.45	.34	.08	-.23	-.58
	S	1.0	.96	.94	.87	.78	.66	.54	.38	.15	-.34	-.70	-.86
	OH LENGTH*	0 ft.	1 ft.	1½ ft.	2 ft.	3 ft.	3½ ft.	4½ ft.	5½ ft.	6½ ft.	9½ ft.	14 ft.	20 ft. +

* To select by Overhang Length, no part of glass shall be more than 8 ft. below the overhang.

OVERHANG RATIO = $\frac{\text{OH LENGTH}}{\text{OH HEIGHT}}$



9C WALL WINTER POINT MULTIPLIERS (WPM)

FRAME					CONCRETE BLOCK ¹			FACE BRICK		LOG	
WOOD			STEEL		INT. INSULATION		EXT. INSUL.	R-VALUE	WOOD FR	6 INCH	
R-VALUE	EXT	ADJ	EXT	ADJ	NORMAL WT.		NOR. WT.	0 - 6.9	2.4	R-VALUE	EXT
0 - 6.9	2.5	1.7	3.4	2.2	R-VALUE	EXT	ADJ	7 - 10.9	.6	8 INCH	
7 - 10.9	.8	.6	1.5	1.0	0 - 2.9	1.9	.7	11 - 18.9	.5	R-VALUE	EXT
11 - 12.9	.6	.5	1.1	0.8	3 - 4.9	1.2	.5	19 - 25.9	.2	0 - 2.9	.6
13 - 18.9	.6	.5	1.0	0.7	5 - 6.9	.9	.4	26 & Up	.1	3 - 6.9	.3
19 - 25.9	.3	.3	0.9	0.6	7 - 10.9	.7	.4	R-VALUE	BLOCK	7 & Up	.2
26 & Up	.2	.2	0.4	0.3	11 - 18.9	.4	.2	0 - 2.9	.9	R-VALUE	EXT
					19 - 25.9	.2	.1	3 - 6.9	.6	0 - 2.9	.2
					26 & Up	.1	.0	7 - 9.9	.4	3 - 6.9	.1
								10 & Up	.2	7 & Up	.1

9D DOOR WINTER POINT MULTIPLIERS (WPM)

DOOR TYPE	EXTERIOR	ADJACENT
WOOD	2.8	1.9
INSULATED	1.8	1.3

9E CEILING WINTER POINT MULTIPLIERS (WPM)

UNDER ATTIC		SINGLE ASSEMBLY		CONCRETE DECK ROOF		
R-VALUE	WPM	R-VALUE	WPM	CEILING TYPE		
R-VALUE	WPM	R-VALUE	WPM	R-VALUE	DROPPED	EXPOSED
19 - 21.9	.3	10 - 10.9	.6	10 - 13.9	.0	.1
22 - 25.9	.2	11 - 12.9	.5	14 - 20.9	.0	.0
26 - 29.9	.2	13 - 18.9	.5	21 & Up	.0	.0
30 - 37.9	.1	19 - 25.9	.3			
38 & Up	.1	26 & Up	.1			

9F FLOOR WINTER POINT MULTIPLIERS (WPM)

SLAB-ON-GRADE EDGE INSULATION		RAISED CONCRETE		RAISED WOOD ²				
R-VALUE	WPM	R-VALUE	WPM	POST OR PIER CONSTRUCTION		STEM WALL W/ UNDER FLOOR INSULATION		ADJACENT
R-VALUE	WPM	R-VALUE	WPM	R-VALUE	WPM	WPM		WPM
0 - 2.9	- 2.1	0 - 2.9	1.0	0 - 6.9	2.7	0		1.7
3 - 4.9	- 2.6	3 - 4.9	.3	7 - 10.9	.7	0		.6
5 - 6.9	- 2.7	5 - 6.9	.1	11 - 18.9	.4	0		.5
7 & Up	- 2.7	7 & Up	.0	19 & Up	.3	-1		.3

9G INFILTRATION WINTER POINT MULTIPLIERS (WPM)

INFILTRATION PRACTICE (See Table 9P)	WPM
PRACTICE # 1	1.9
PRACTICE # 2	1.2
PRACTICE # 3	.6

9H DUCT MULTIPLIERS (DM)

R-VALUE	With Return Air Duct	W/O Return Air Duct
4.2 - 4.9	1.14	1.10
5.0 - 6.6	1.12	1.08
6.7 & Up	1.09	1.06
DUCTS IN CONDITIONED SPACE		1.00

¹For multipliers for other types of concrete block construction see section 903.2 (b).

²For multipliers for other types of raised wood assemblies see section 903.2 (e) 1.

SYSTEM TYPE		HEATING SYSTEM MULTIPLIERS ¹						
Central Heat Pump Units	HSPF		6.4 - 6.89	6.9 - 7.39	7.4 - 7.89	7.9 - 8.39	8.4 - 8.88	8.9 - Up
	COP	2.5 - 2.69	2.7 - 2.89	2.9 - 3.09	3.1 - 3.29	3.3 - 3.49	3.5 - 3.69	3.7 - Up
	HSM		.49	.46	.43	.40	.38	.36
PTHP	HSM	.51	.49	.46	.43	.40	.38	.36
Electric Strip		1.0						
Gas & Other Fuels		1.0 (See Table 9J for Credit Multiplier)						

Minimums: Central Units—Air Source 2.7 COP (6.4 HSPF), Water Source 3.4 COP, Ground Water Source 3.2 COP. PTHP 2.6. COP means Coefficient of Performance.

9J HEATING CREDIT MULTIPLIERS (HCM)

SYSTEM TYPE		HEATING CREDIT MULTIPLIERS					
Attic Radiant Barrier	HCM	.98					
Multizone	HCM	.90					
Natural Gas	AFUE	.67 - .69	.70 - .74	.75 - .79	.80 - .84	.85 - .89	.90 - Up
	HCM	.36	.34	.32	.30	.28	.26
Other Fuels	HCM	.58	.55	.52	.48	.45	.43

Where more than one credit is claimed, multiply HCM's together. Enter product on page 4. AFUE means Annual Fuel Utilization Efficiency.

9K COOLING SYSTEM MULTIPLIERS (CSM)

SYSTEM TYPE		COOLING SYSTEM MULTIPLIERS ¹									
CENTRAL UNITS (SEER/EER)	RATING	7.5 - 7.9	8.0 - 8.4	8.5 - 8.9	9.0 - 9.4	9.5 - 9.9	10.0 - 10.4	10.5 - 10.9	11.0 - 11.4	11.5 - 11.9	12.0 & Up
	CSM			.40	.38	.36	.34	.32	.31	.30	.28
PTAC & ROOM UNITS (EER)	CSM	.45	.43	.40	.38	.36	.34	.32	.31	.30	.28

Minimums: Central Units—Air Cooled 7.8 EER (8.5 SEER). Ground Water Cooled 10.0 EER. EER means Energy Efficiency Ratio. SEER means Seasonal Energy Efficiency Ratio.

9L COOLING CREDIT MULTIPLIERS (CCM)

SYSTEM TYPE		COOLING CREDIT MULTIPLIERS (CCM)	
Ceiling Fans		.86	
Multizone		.90	
Cross Ventilation or Whole House Fan (Credit for only one)		.95	
Attic Radiant Barrier		.95	

Where more than one credit is claimed, multiply CCM's together. Enter product on page 2.

9M HOT WATER MULTIPLIERS (HWM)

SYSTEM TYPE		HOT WATER MULTIPLIERS							
Electric Resistance	EF	.80 - .81	.82 - .83	.84 - .85	.86 - .87	.88 - .90	.91 - .93	.94 - .96	.97 & Up
	HWM	3650	3561	3476	3395	3318	3208	3106	3010
Natural Gas	EF	.54 - .55	.56 - .57	.58 - .59	.60 - .61	.62 - .63	.64 - .65	.66 & Up	
	HWM	1287	1241	1198	1158	1121	1086	1053	
Other Fuels	HWM	2092	2018	1948	1883	1823	1766	1712	

Water heaters must comply with prescriptive measures of Table 9A. EF means Energy Factor.

9N HOT WATER CREDIT MULTIPLIERS (HWCM)

SYSTEM TYPE		HOT WATER CREDIT MULTIPLIERS									
Solar Water Heater	SF	.1	.2	.3	.4	.5	.6	.7	.8	.9	1.0
	HWCM	.9	.8	.7	.6	.5	.4	.3	.2	.1	.0
Heat Recovery Unit	With	Air-conditioner					Heat Pump				
	HWCM	.62					.58				
Dedicated Heat Pump	EF	2.0 - 2.49			2.5 - 2.99			3.0 - 3.49			3.5 & Up
	HWCM	.44			.35			.29			.25

A HWM must be used in conjunction with all HWCM. See Table 9M. SF means Solar Fraction. EF means Energy Factor.

9P INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST (See Section 903.2(f))

COMPONENTS	REQUIREMENTS FOR EACH PRACTICE	CHECK
PRACTICE #1	COMPLY WITH ALL INFILTRATION PRESCRIPTIVES ON TABLE 9A.	
PRACTICE #2	COMPLY WITH PRACTICE #1 AND THE FOLLOWING:	
Exterior Walls and Floors	Top plate penetrations sealed. Infiltration barrier installed. Sole plate/floor joint caulked or sealed.	
Exterior Walls & Ceilings	Penetrations, joints and cracks on interior surface caulked, sealed or gasketed.	
Ductwork	Ductwork in unconditioned space must be sealed.	
Fireplaces	Equipped with outside combustion air, doors, and flue dampers.	
Exhaust Fans	Equipped with dampers. Combustion devices see 903.2(f).	
PRACTICE #3	COMPLY WITH PRACTICES #1 AND #2 AND THE FOLLOWING:	
Ceilings	Infiltration barrier installed.	
Interior Walls	Top plate penetrations sealed or joints & cracks on interior walls caulked, sealed or gasketed.	
Recessed Lights	Sealed from conditioned space & insulated from ventilated attic spaces.	
Ductwork	All ductwork located in conditioned space.	
Combustion Appliances	Be in unconditioned space (except direct vent). Draw air from unconditioned space. Exhaust by-products outdoors. Stoves see 903.2(f).	

¹For multipliers for other types of systems see section 904.9.

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Lot #7
Ridgeland Subdivision

Date 2-21-91

This is to request that a Certificate of Approval for Occupancy be issued to EVAN GERMANE BOYNTON
For property built under Permit No. 2883 Dated 11/14/90 when completed in
conformance with the Approved Plans.

Evan L. Boynton
Signed

Approved by

Item	
1. LOT STAKES/SET BACKS	
2. TERMITE PROTECTION	<u>11-23-90 D.B.</u>
3. FOOTING - SLAB	<u>11-26-90 D.B.</u>
4. ROUGH PLUMBING	<u>11-20-90 D.B.</u>
5. ROUGH ELECTRIC	<u>1-3-91</u>
6. LINTEL	<u>12-3-90 D.B.</u>
7. ROOF	
8. FRAMING	<u>1-3-91 D.B.</u>
9. INSULATION	<u>1-3-91 D.B.</u>
10. A/C DUCTS	<u>1-3-91 D.B.</u>
11. FINAL ELECTRIC	<u>2-20-91 E.L.</u>
12. FINAL PLUMBING	<u>2-20-91 E.L.</u>
13. FINAL CONSTRUCTION	<u>2-20-91 E.L.</u>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Emil L. Davis date 2-21-91

Approved by Building Commissioner Glenn C. Clarke date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

2898

POOL

Permit No. **2898**

Date **12/1/90**

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

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

Owner EVAN L. BOYNTON / GERMAINE A. BOYNTON Present Address 3001 S. LOOKOUT BLVD. PORT ST. LUCIE, FLORIDA
Phone # 336-3727

Contractor Challenger Pools / Tampa Inc. Address 745 N. FEDERAL HWY, STUART, ROAD 54994
Phone # 692-9461

Where licensed MARTIN COUNTY License number # CPC 020282

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 & DECK

8 SABLE COURT, SEWALL'S POINT STUART, FLORIDA

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

Parcel Ident. # 1-38-41-011-000-00070-40000

Subdivision RIDGE LAND Lot number # 7 Block number _____

Contract price \$ 10,850.⁰⁰ Cost of permit \$ 100.⁰⁰

Plans approved as submitted Plans approved as marked _____

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

CHALLENGER POOLS / TAMPA, FLA.

Contractor MERVIN EVANS

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 EVAN L. BOYNTON

TOWN RECORD

Date submitted _____ Approved: _____ Building Inspector _____ Date _____

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

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282 Permit No. _____

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

745 N. FEDERAL HWY.
STUART, FLORIDA 34994

CITY OF VERO BEACH / #
INDIAN RIVER COUNTY #CPC020282

CITY of Ft. PIERCE #2115

CITY of SEBASTIAN #CPC020282

{ MARTIN COUNTY #CPC020282
TOWN of SEWALL'S POINT

I HEREBY AUTHORIZE NORMAN STEIN

12/14/90

TO PICK UP PERMITS FOR CHALLENGER POOLS, INC.

* STATE REGISTRATION LICENSE NO. # CPC 020282

Norman Stein

EVAN J. BOYNTON
8 Sable Court
SEWALL'S POINT, STUART, FLORIDA

FOR: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS 12TH DAY OF December
1990

MY COMMISSION EXPIRES: 3/31/91

Michelle S. Gordon
NOTARY PUBLIC STATE OF FLORIDA

05/24/89 AUDIT CONTROL NO. 0476965
 LICENSE NO. BATCH NO. FEE AMOUNT
 CP C020282 11834 \$196.00

CONSTRUCTION INDUSTRY LICENSING BOARD
 POST OFFICE BOX 2
 JACKSONVILLE, FL 32201

Mervin Evans

LICENSEE SIGNATURE

WALLET CARD — FOLD HERE ↓

STATE OF FLORIDA
 DEPARTMENT OF PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY
 LICENSING BOARD

CERT RES POOL/SPA CONTRACTOR

EVANS, MERVIN
 CHALLENGER POOLS/TAMPA, INC.

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.,
 FOR THE YEAR EXPIRING JUNE 30, 1992

Bob Martinez
 BOB MARTINEZ
 GOVERNOR

Larry Gonzalez
 LARRY GONZALEZ
 SECRETARY, D.P.R.

STATE OF FLORIDA
 DEPARTMENT OF PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
05/24/89	CP C020282	11834

THE CERT RES POOL/SPA CONTRACTOR
 NAMED BELOW IS CERTIFIED
 UNDER THE PROVISIONS OF CHAPTER 489 F.S., FOR THE YEAR
 EXPIRING JUNE 30, 1992

EVANS, MERVIN
 CHALLENGER POOLS/TAMPA INC
 11612 N NEBRASKA AVE #M
 TAMPA FL 33612-5739

Bob Martinez
 BOB MARTINEZ
 GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

Larry Gonzalez
 LARRY GONZALEZ
 SECRETARY, D.P.R.



LARRY C. O'STEEN
TAX COLLECTOR • MARTIN COUNTY

OCCUPATIONAL LICENSE

CODE - FILE --- ACCT ----- COL101
 LICENSE ID (530059-86) LICENSE NUMBER (CPC020282) NEW OR MAIL FLAG ()
 CLASS (POOL CONTR) BUSINESS DESC (POOL CONTRACTOR)
 ::::::::::: BUSINESS INFORMATION ::::::::::: FINANCIAL DATA :::::::::::
 NAME 1 (CHALLENGER POOLS INC) :: LICENSE AMT (9.00)
 NAME 2 () :: COLLECTION AMT (2.00)
 DBA 1 () :: DELINQUENT PEN (1.35)
 DBA 2 () :: TRANSFER AMT (0.00)
 ADD 1 (945 N MILITARY TRAIL) :: HAZARDOUS WASTE (10.00)
 ADD 2 () :: TOTAL (22.35)
 CITY-ST (WEST PALM BEACH FL) :: RECEIPT NUMBER (60020236)
 ZIP (33415)() PHONE (000-471-3033) :: PAID FLAG (P)
 ::::::::::: LOCATION INFORMATION ::::::::::: PRV YR(.00)(.00)(.00)
 ADD 1 (745 N FEDERAL HWY) :: SIC CODE (1799)
 ADD 2 () :: DATE PAID/RENEWED(11-09-90)
 CITY-ST (STUART FL 34994) :: EXP DATE (10-01-91)
 PHONE (000-000-0000) :: CANCEL DATE (- -)
 ::::::::::: OWNERS INFORMATION ::::::::::: TRANSFER DATE (- -)
 NAME 1 (EVANS, MERVIN.) :: LICENSE STATUS (O)
 NAME 2 ()() :: 1ST ISSUE DATE (12-22-86)
 NAME 3 ()() :: XFERED TO/FROM ()
 :: DATE OF BIRTH (30-30-30)

02:41 P.M.



LARRY C. O'STEEN
TAX COLLECTOR • MARTIN COUNTY

OCCUPATIONAL LICENSE

CODE - FILE --- ACCT ----- COL101

LICENSE ID (530059-86) LICENSE NUMBER (CPC020282) NEW OR MAIL FLAG ()

CLASS (POOL CONTR) BUSINESS DESC (POOL CONTRACTOR)

:::::::::::: BUSINESS INFORMATION :::::::::::::: FINANCIAL DATA ::::::::::::::

NAME 1 (CHALLENGER POOLS INC) :: LICENSE AMT (9.00)

NAME 2 () :: COLLECTION AMT (2.00)

DBA 1 () :: DELINQUENT PEN (1.35)

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CITY-ST (WEST PALM BEACH FL) :: RECEIPT NUMBER (60020236)

ZIP (33415)() PHONE (000-471-3033) :: PAID FLAG (P)

:::::::::::: LOCATION INFORMATION :::::::::::::: PRV YR(.00)(.00)(.00)

ADD 1 (745 N FEDERAL HWY) :: SIC CODE (1799)

ADD 2 () :: DATE PAID/RENEWED(11-09-90)

CITY-ST (STUART FL 34994) :: EXP DATE (10-01-91)

PHONE (000-000-0000) :: CANCEL DATE (- -)

:::::::::::: OWNERS INFORMATION :::::::::::::: TRANSFER DATE (- -)

NAME 1 (EVANS, MERVIN.) :: LICENSE STATUS (O)

NAME 2 () () :: 1ST ISSUE DATE (12-22-86)

NAME 3 () () :: XFERED TO/FROM ()

:::::::::::: :::::::::::::: DATE OF BIRTH (30-30-30)

02:41 P.M.

MARTIN COUNTY

1990 COUNTY OCCUPATIONAL LICENSE 1991

LICENSE 86-530-059 CERT 11/09/90

PHONE 000-471-3033 SIC NO 1799

LOCATION: 745 N FEDERAL HWY

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID

PENALTY 10% FOR MONTH OF OCTOBER,
5% ADDITIONAL EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION COSTS.

PREV YR. \$	LIC. FEE \$	9.00
TRANSFERS	HAZ. WST. \$	10.00
DEL PEN \$	COL. FEE \$	2.00
SUBTOTALS	SUBTOTALS	21.00

TOTAL 29.35

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF **POOL CONTRACTOR**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1ST DAY OF OCTOBER 19 90 SEC. AND ENDING FIRST DAY OF OCTOBER A.D. 1991

MAKE CHECKS PAYABLE TO:
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(407) 288-5604

CHALLENGER POOLS INC
945 N MILITARY TRAIL
WEST PALM BEACH FL 33415

LARRY C. O'STEEN - TAX COLLECTOR
MARTIN COUNTY OCCUPATIONAL LICENSE

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

NOTICE OF COMMENCEMENT (ONLY OVER \$250)

THE UNDERSIGNED HEREBY INFORMS ALL CONCERNED THAT IMPROVEMENTS MADE TO CERTAIN REAL PROPERTY, AND, IN ACCORDANCE WITH SECTION 713. 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.

Legal Description of Property (include street address, if available)

8 Sable Court - Swallow's Point, Stuart, FL
Lot #7 - Redland
Martin County

General Description of Improvements:

Pool & Deck

Owner:

EVAN L. BOYNTON

Address:

8 Sable Court, Swallow's Point, Stuart, FL

Owner's interest in site of the improvement:

Fee Simple Title holder (if other than owner):

Name:

Address:

Contractor:

Address:

Surety (if any):

Address:

Amt. of bond \$

Any person making a loan for the construction of the improvements:

Name:

Address:

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 713.13(1)(h), Florida Statutes. (Fill in at Owner's option)

Name:

EVAN L. BOYNTON

Address:

8 Sable Court, Swallow's Point, Stuart, Florida

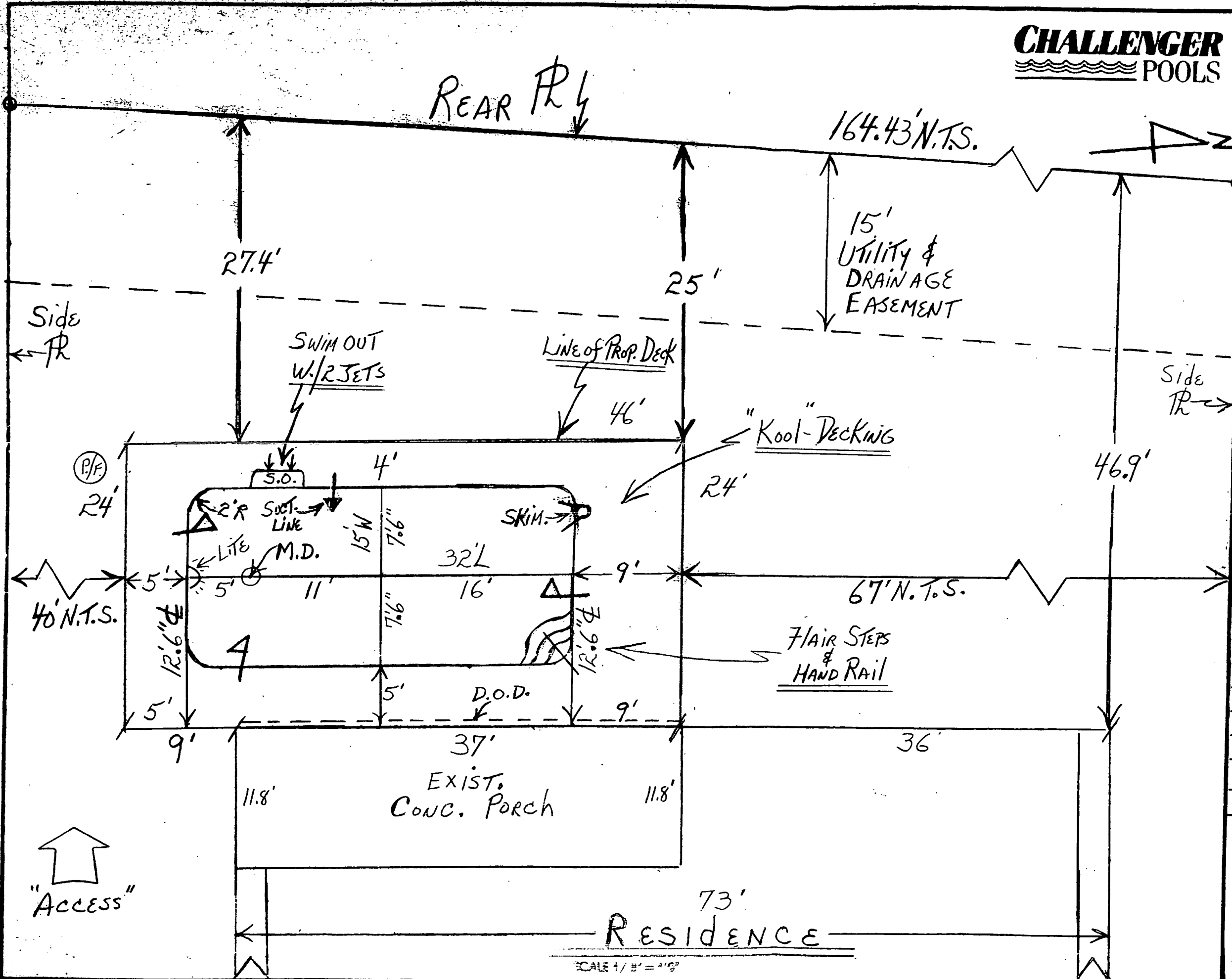
This Space For Recorder's Use Only

Evan L. Boynton
Owner's Signature

Sworn to and subscribed before me this 10th day of Dec. 1990

Michelle S. Gordon
Notary Public

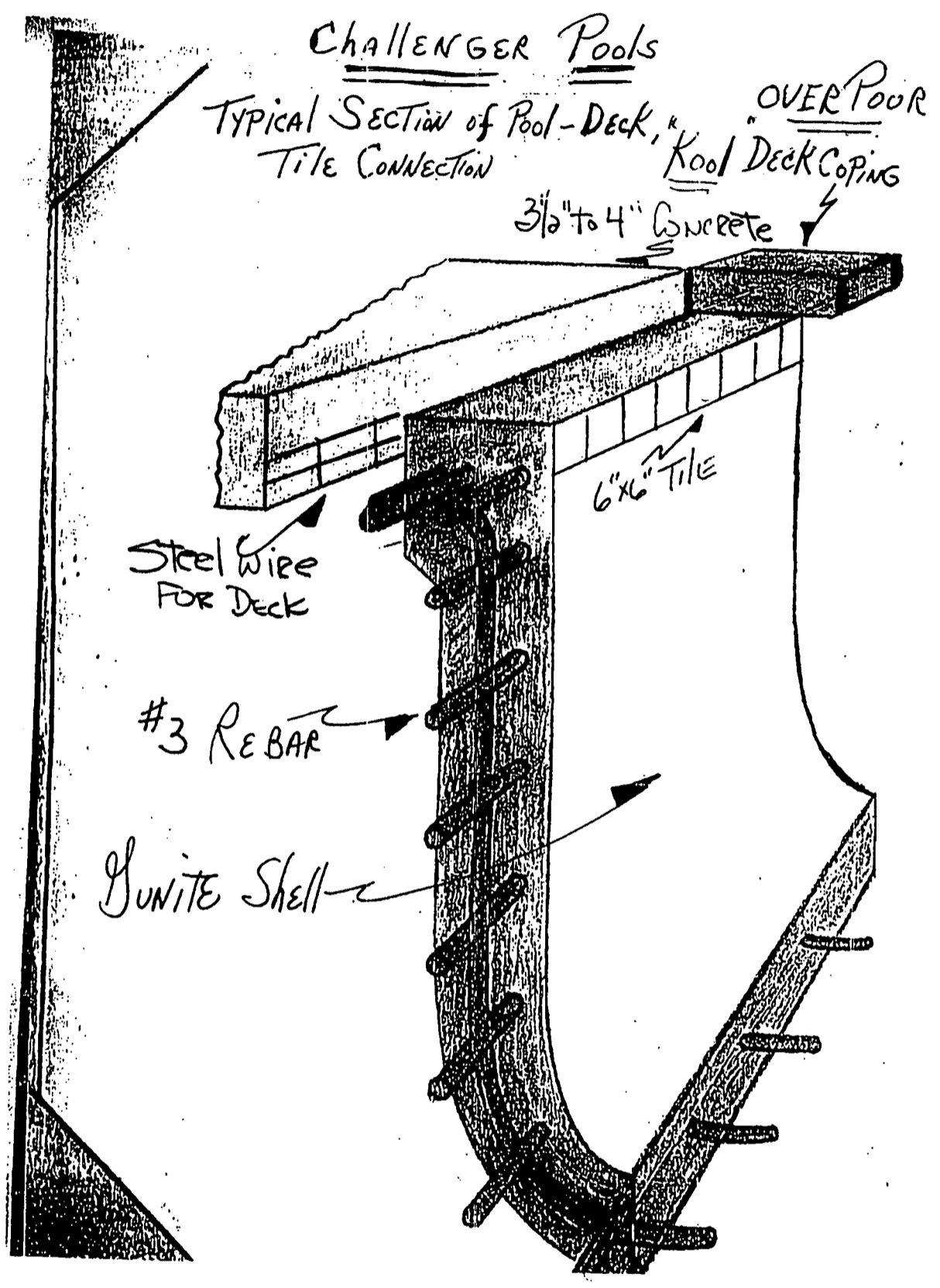
CHALLENGER POOLS



# GENERAL SPECIFICATIONS	
JOB NO. S-01203	SHAPE RECTANGLE
SIZE 15' x 32'	DEPTH 3' TO 5'
SF 480'	PER. 90' TEMP NO.
POOL CAPACITY 14,400	GALS:
FILTER DE24 - 48 SQ.FT.	PUMP (3/4) HP.
TILE: 6" x 6"	BACK: OVER POOL
DECKING: "Kool"	SQ. FT. 564'
FOOTERS:	D.O.D. YES 37'
LIGHT: No HALOGEN	WATTS: 75
SWIM OUT: YES W./2 JETS	BENCH:
LADDER:	HANDRAIL: YES
SKIMMER: YES	MAIN DRAIN: YES
RETURN LINES: QTY: (3)	TYPE: WALL
ELECTRICAL HOOKUP: By: "H/O"	
UNDERWATER VACUUM HOSE: Included	
MAINTENANCE KIT: Included	
POOL CLEANER:	
CHLORINATOR:	
SPA SIZE:	JETS:
FENCE:	STUMPS:
SCREEN: By: "H/O"	
MUNICIPALITY: City of SEWALL'S POINT	
SET BACKS: SIDE	
REAR	
6 Yds. Rock - Add it. Rock - if Needed \$30.00/YD.	
NOTES: DIG & HAUL - Verify in Field!	
NOTE - DE FILTER - STAINLESS STEEL	
Verify "P/F" location in Field.	
MAINT. KIT/ELEC. & SCREEN By: "H/O".	
SECTION LINE/Verify Access Route in Field	
DESIGNER Jim Mc G.	DATE 12/10/90
SWIMMING POOL (12/12/90)	
Name	EVAN L. & JERMAINE A. BOYNTON
Address	8 SABLE COURT
City	SEWALL'S POINT, FLORIDA
Phone	(407) 336-3727
STUART, FLORIDA	
#7	LEGAL DESCRIPTION
LOT 7 BLK. - SUB. RIDGELAND	
BOOK - PAGE - LOCATION	MARTIN COUNTY



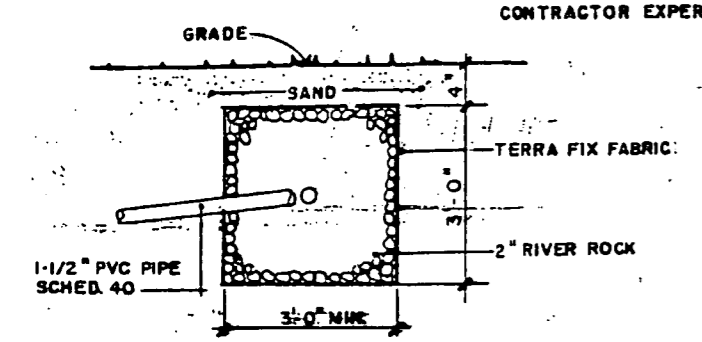
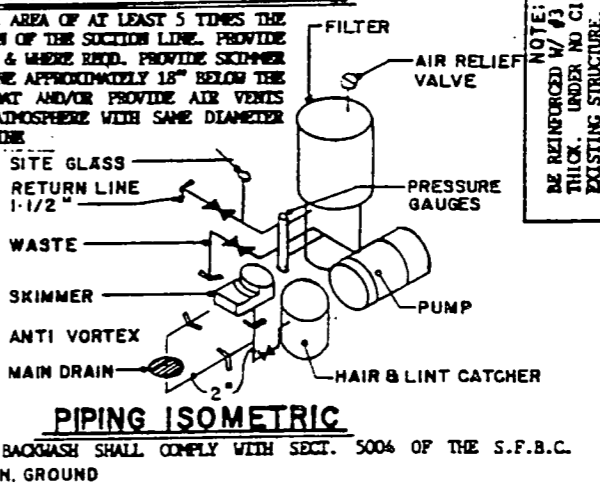
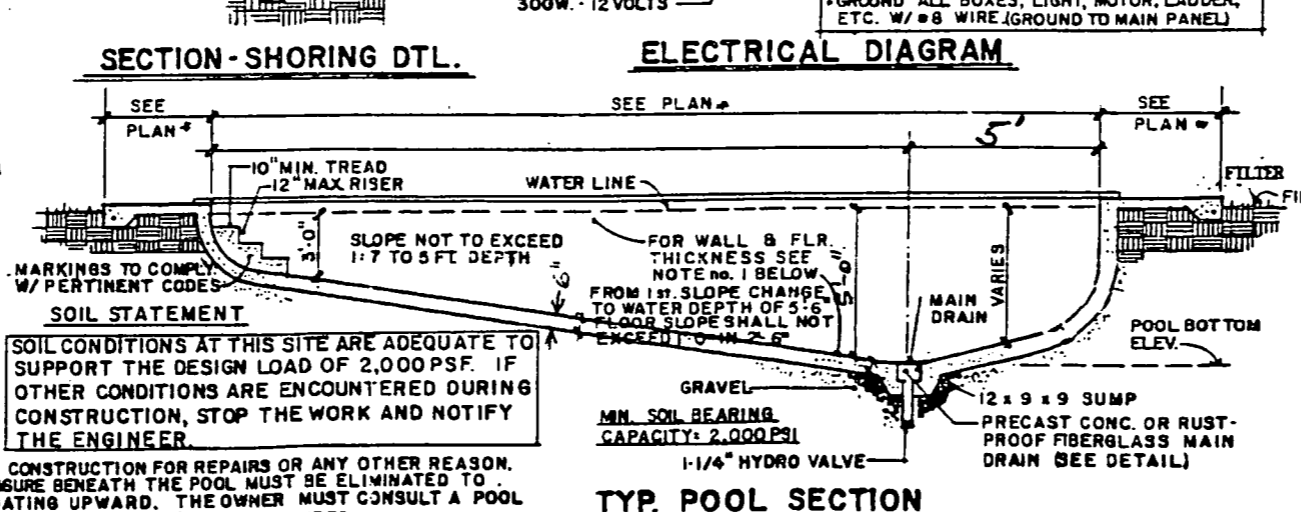
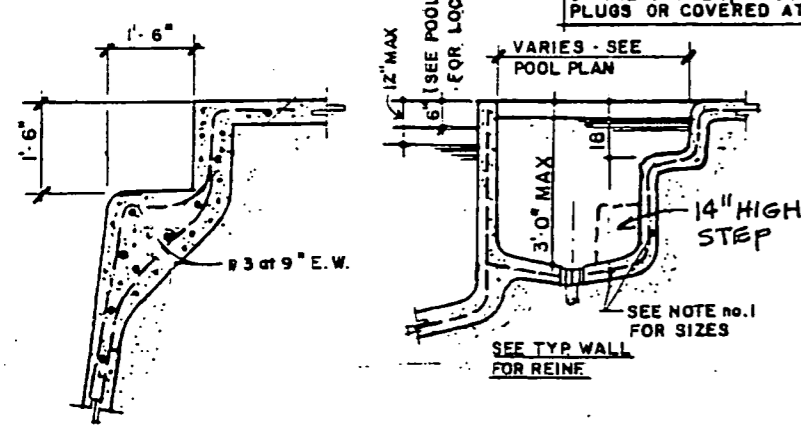
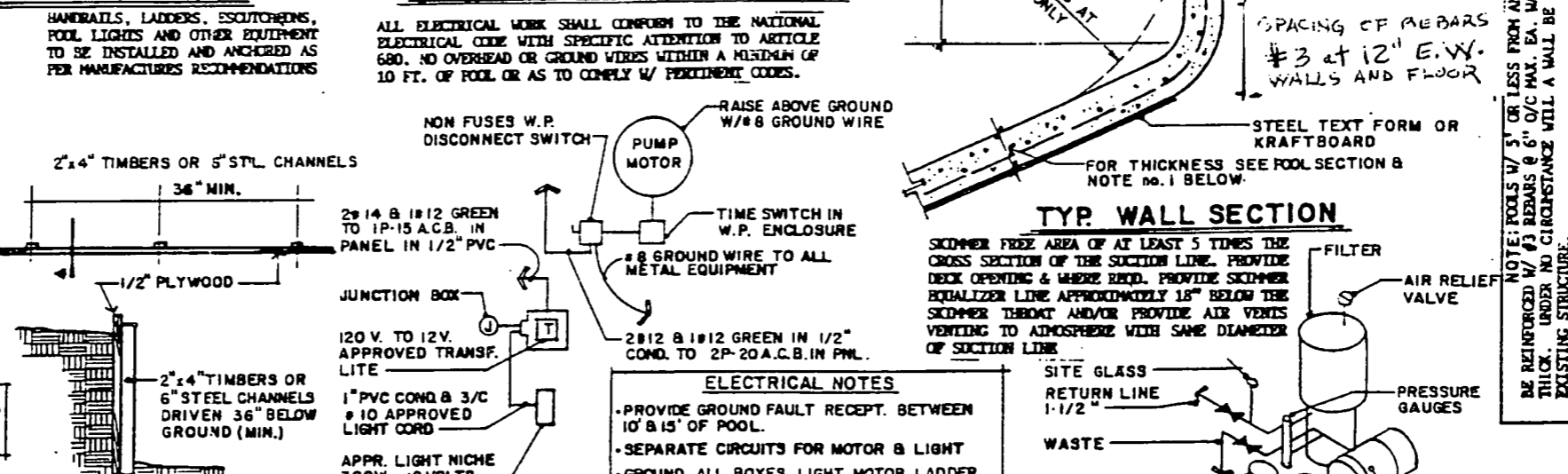
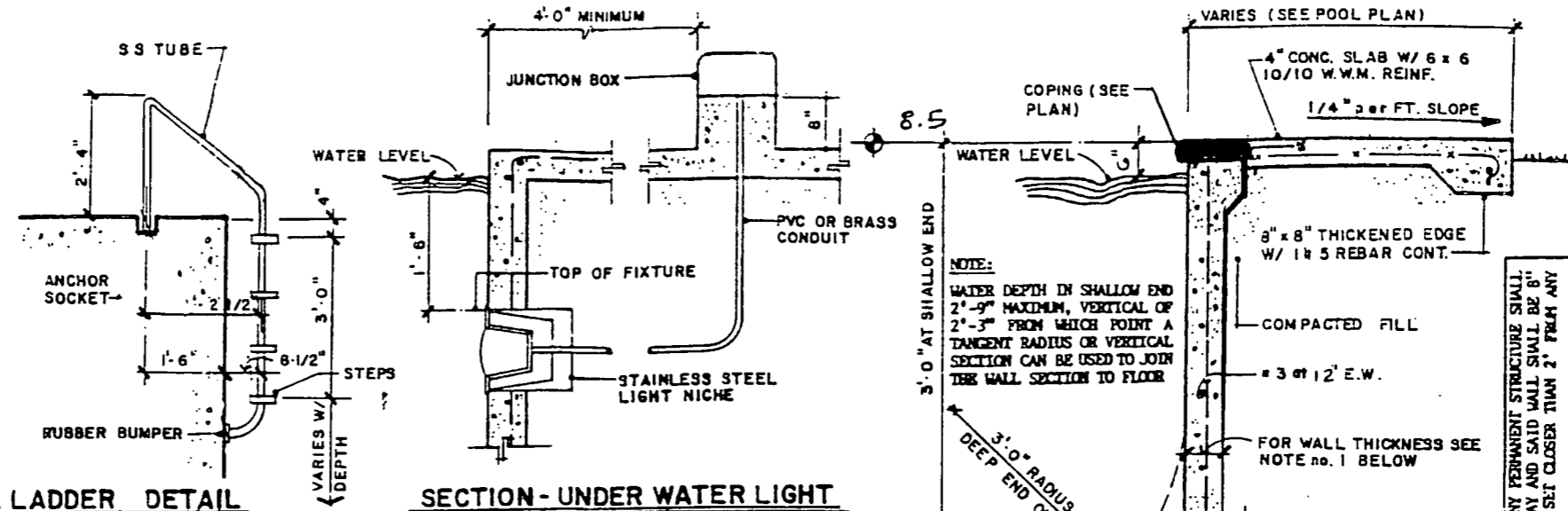
SCALE 1/8" = 1'-0"



For: EVAN L. BOYNTON
 #8 SABLE COURT
 SEWALL'S POINT

GENERAL NOTES

- ALL POOL CONSTRUCTION SHALL COMPLY WITH CHAPTER 50 OF SOUTH FLORIDA BUILDING CODE (S.F.B.C.).
- POOL FLOOR AND WALLS TO BE FORMED CONCRETE W/ 28 DAYS MINIMUM COMP. STRENGTH OF 2500 PSI.
- REINFORCING STEEL SHALL BE NEW, DEFORMED BARS OF BILLET STEEL TO CONFORM TO ASTM A615, GRADE 40 (MINIMUM). ALL BARS SHALL BE FREE FROM DUST, SCALES, OIL, AND SHALL BE BENT, LAPPED AND PLACED ACCORDING TO CURRENT ACI 318 STANDARDS AND SPECIFICATIONS. REINFORCING STEEL TO BE CENTERED (2" MINIMUM COVER) AS SHOWN IN DRAWINGS.
- PLUMBING INSTALLATIONS TO CONFORM TO PLUMBING CODE & TO COMPLY WITH ALL PERTINENT CODES. ALL POOL PIPING TO BE SCHED. 40 (MAIN DRAIN SCHED. 80) BEARING THE RSP SEAL.
- WHERE PATIOS ARE INDICATED, PATIO DESIGN SHALL BE BY OTHERS. THE DESIGN ENGINEER ASSUMES NO RESPONSIBILITY FOR POOL CONSTRUCTION IN EASEMENTS OR REQUIRED SETBACKS. PLOT PLANS NOT PREPARED FROM LEGAL SURVEYS OF THE EXISTING LOT AND RESIDENCE ARE SO INDICATED. POOL CONTRACTOR SHALL VERIFY ALL DIMENSIONS IN THE FIELD AND ESTABLISH LOT LINES IF NECESSARY. POOL CONTRACTOR AND/OR OWNER SHALL VERIFY LAYOUT PRIOR TO CONSTRUCTION AND POOL CONTRACTOR LOCATIONS OF UTILITIES AT THE SITE. MINIMUM CLEARANCES SHALL BE HELD AND SHALL BE REQUIRED BY LOCAL REGULATORY AGENCY IN GENERAL.
- IN ALL CASES THE POOL CONTRACTOR SHALL TAKE ALL PRECAUTIONS TO PROTECT EXISTING STRUCTURES FROM FAILURE, BY SHORING, UNDERPINNING, OR ANY OTHER METHOD REQUIRED. THE DESIGN ENGINEER ACCEPTS NO RESPONSIBILITY FOR THE SAFETY OF EXISTING STRUCTURES.
- NO POOL SHALL BEAR ON ANY TYPE OF SOILS EXCEPT CLEAN SAND OR ROCK WHICH SHALL BE COMPACTED TO PROVIDE A SAFE BEARING CAPACITY OF 2000 PSF. ANY ORGANICS, MARL, OR ANY TYPES OF DELICIOUS MUDS, ENCOUNTERED ON EXCAVATION SHALL BE REMOVED (DEMOLISHED) IN THEIR ENTIRETY, AND THE AREA SHALL BE BACKFILLED W/ ACCEPTABLE SOILS AND COMPACTED IN 12" THICK LAYERS. WHERE THE POOL CONTRACTOR CANNOT REMOVE THE ORGANICS OR DELICIOUS MATERIALS (DUE TO WHATEVER CAUSES) AND ADEQUATE SUPPORT PROVIDED, THE POOL WILL BE REDESIGNED FOR FILLINGS.
- WHERE POOL ABUT OR ARE PLACED NEARBY SEAWALLS OR BULKHEADS, SPECIAL CARE SHALL BE EMPLOYED. THE WALLS SHALL BE IN GOOD CONDITION NOT PERMITTING SHIFTING OR LOOSENING OF THE SUPPORTING SOIL AWAY FROM THE POOL. IF THE WALLS DO NOT FULLY CONTAIN THE SOILS BEHIND THEM THEY SHALL BE REPLACED OR REPAIRED. CONTINUAL MAINTENANCE OF THE WALLS IS REQUIRED BY THE PROPERTY OWNER. WHEN EXCAVATING FOR POOL, THE SEAWALL TIEBACKS SHALL NOT BE CUT. WHERE CONCRETE DEADEN FALLS WITHIN THE EXCAVATIONS, OR WHERE DANGER OF DAMAGE IS IMMINENT, NOTIFY THE ENGINEER FOR WRITTEN INSTRUCTIONS.
- A REGULAR SWIMMING POOL HYDROSTATIC RELIEF VALVE SHALL BE CREDITED FOR DIFFERENCE OF HEAD BETWEEN POOL BOTTOM AND FLOOD CRITERIA. A GOOD INSTALLATION IS TO BE PROVIDED TO PREVENT THAT THE VALVE GETS FILLED WITH DIRT AND STOPS WORKING. POSITION THE HYDROSTATIC RELIEF VALVE TO BALANCE THE POOL AS THE UPLIFT FORCES ARE ACTING ON THE POOL SO THAT THE POOL WILL NOT TIP OVER TO ONE SIDE.
- THE POOL CONTRACTOR SHALL BACKFILL THE POOL SHELL AND PATIO W/ CAUTION. BACKFILL SHALL BE ACCOMPLISHED WITH CLEAN SAND FREE OF ORGANIC MATERIALS AND SHALL BE PLACED IN 12" THICK LAYERS. EACH LAYER SHALL BE COMPACTED TO A MINIMUM 90% OF THE SOILS MAXIMUM DENSITY.
- AREAS OF POOL AND PATIO SHALL BE PROVIDED WITH NON-SLIP FINISH TO INCLUDE FLOOR, WALLS, COPING AND STEPS. DESIGN ENGINEER IS NOT RESPONSIBLE FOR VARIATIONS IN SAFETY REQUIREMENTS.
- NO DIVING BOARD AND DIVING IS ALLOWED ON ANY POOLS LESS THAN 8' IN DEPTH, AND SPECIALLY DESIGNED FOR DIVING. THIS POOL IS NOT DESIGNED FOR DIVING.



POOL DATA & EQUIPMENT	
SIZE & DEPTH	15' x 32' - 3' - 5'
CAPACITY	14,400 GALS.
PERIMETER	90'
PUMP	3/4 HP.
FILTER	DS-24-48
HEATER	
POOL CLEANER	2
DECKING	"Kool"
EXIT RAILINGS	Hand Rail
COPING	Sq. Beck - one pair
TURNOVER	5 HRS.

FLOTATION ANALYSIS		NOTES	
WATER LEVEL ELEVATION	8.0'	NOTE 1 BEAM WIDTH - 6" to 8" WALL THICKNESS - 4" to 6" CAVE THICKNESS - 6" FLOOR THICKNESS - 6"	
POOL DEPTH	5.0'		
LOW POINT POOL LEVEL	3.0'		
FLOOD CRITERIA	7.5'		
F.L. DEPTH LEVEL	4.5'		
LESS HYDROVERTICAL	2.0'		
HYDROSTATIC UPLIFT	2.5'		

CHALLENGER POOLS

Damm
10/24/90

ABDEL KARIM-CONRADO, P.E., Ph.D.
 203 2nd TERRACE
 PALM BEACH GARDENS, FL 33418
 (407) 694-8632

For: -
 EVAN L. Boynton
 8 SABLE COURT
 SEWALL'S POINT
 STUART, Florida

NOTE: POOLS W/ 5' OR LESS FROM ANY PERMANENT STRUCTURE SHALL BE REINFORCED W/ #3 REBARS @ 6" O/C MAX. EA. WAY AND SAID WALL SHALL BE 8" THICK. UNDER NO CIRCUMSTANCE WILL A WALL BE SET CLOSER THAN 2' FROM ANY EXISTING STRUCTURE.

2916

SCREEN

ENCLOSURE

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date 1-17-91

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

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

Owner Evan L. Boynton Present Address 3001 S. Lookout Blvd. Port St. Lucie, FL

Phone (407) 336-3727

Contractor HORIZON BUILDERS Address 2100 SW Conant Avenue P. O. Box 8299

Phone (407) 336-4834 Port St. Lucie, FL 34985

Where licensed Martin County License number SP00342

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

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

State the street address at which the structure will be built: 8 SABAL COURT, SEWALLS POINT, FL

Subdivision Ridge land Lot number 7 Block number _____

Contract price \$ 2480.00 Cost of permit \$ 25.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor William F. Jorgensen

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 Evan L. Boynton

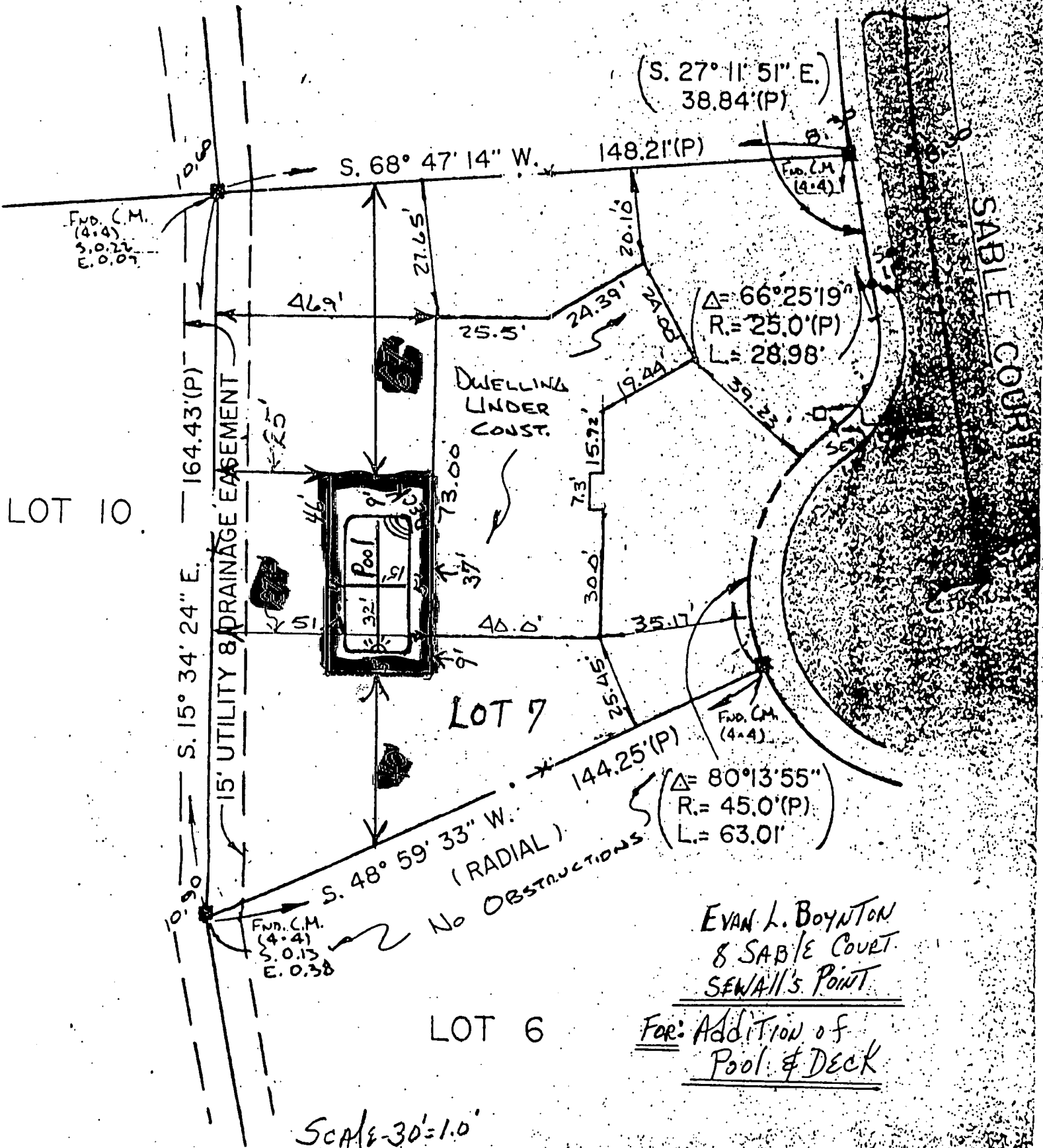
TOWN RECORD

Date submitted _____ Approved Dale Brown 1/18/91
Building Inspector Date

Approved _____ Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

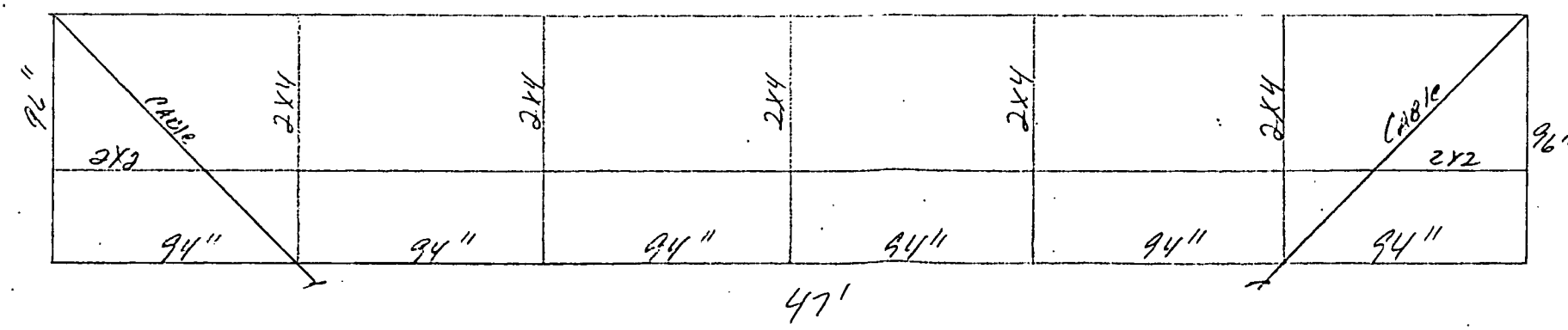
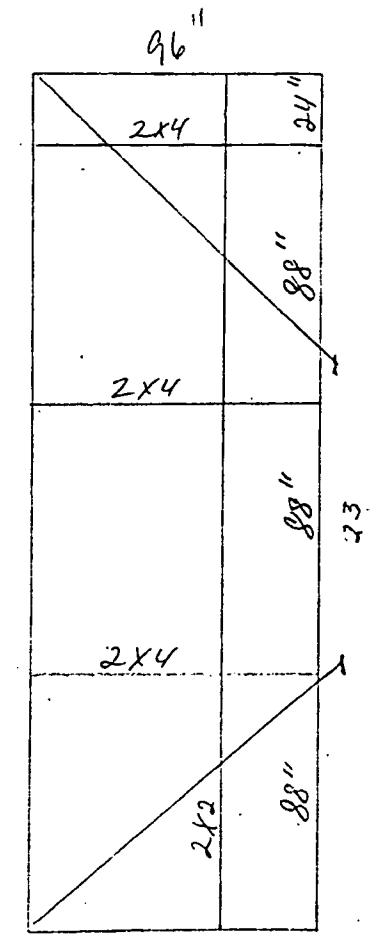
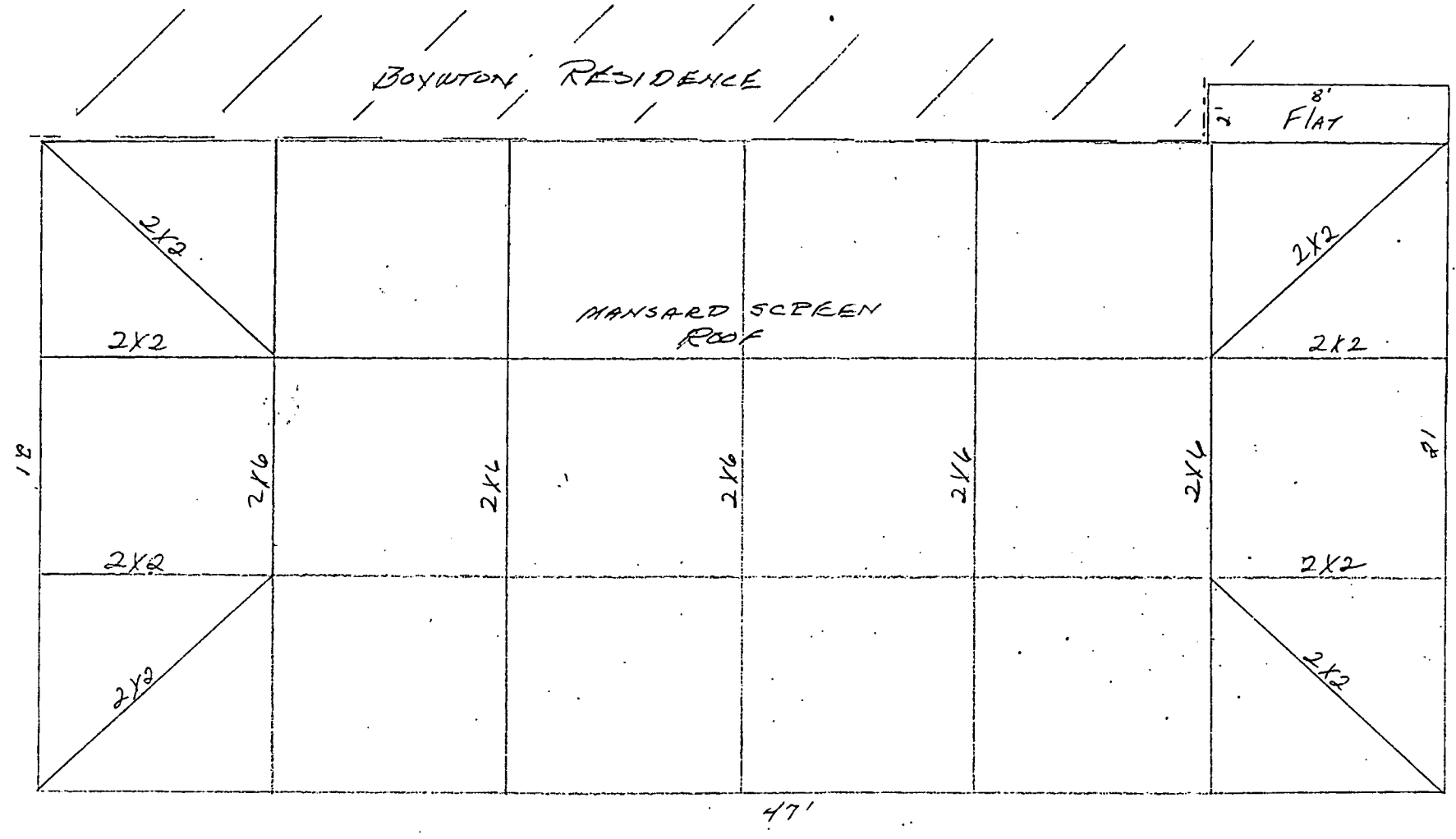
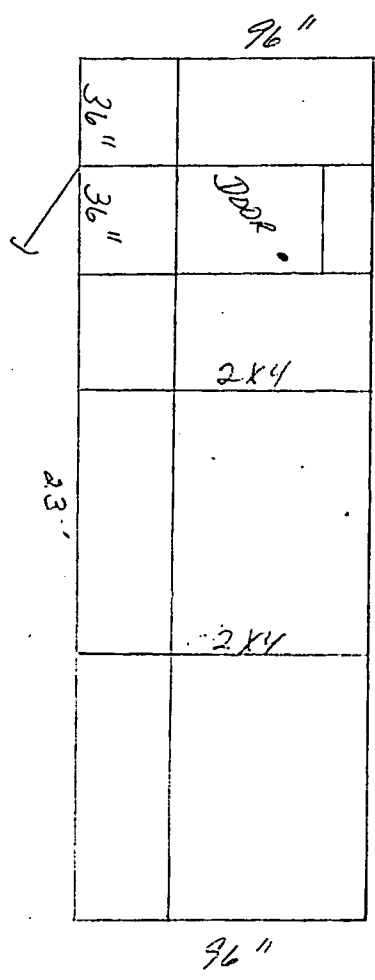
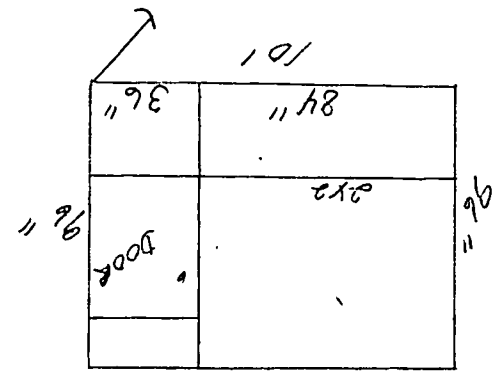
LOT 8



EVAN L. BOYNTON
 & SABLE COURT
 SEWALL'S POINT

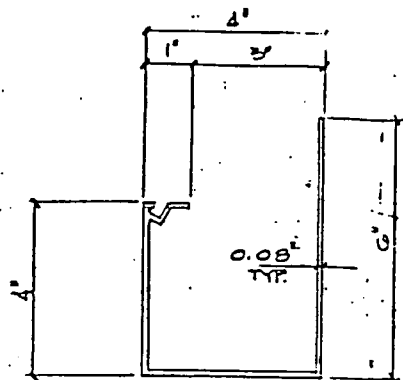
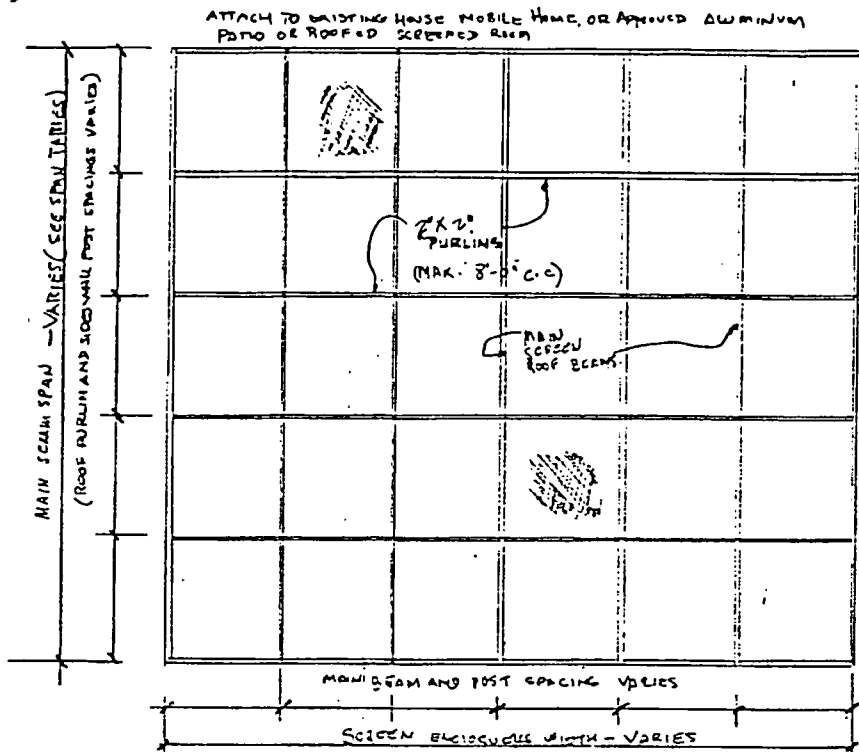
For: Addition of
 Pool & Deck

SCALE - 30' = 1.0'

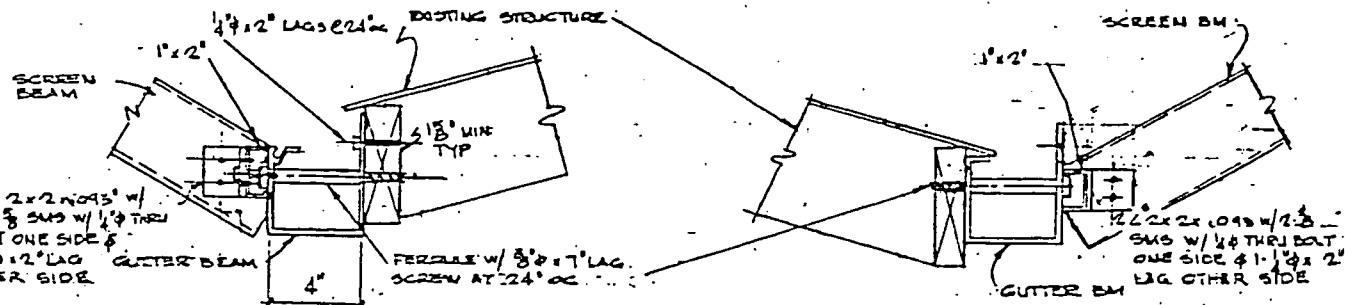


POOL SCREEN ENCLOSURE
 BY HORIZON BUILDERS
 OWNER: EVAN BOYNTON
 8 SABAL COURT
 SEWALL'S POINT
 LEGAL: LOT # 7

TYPICAL PLAN VIEW

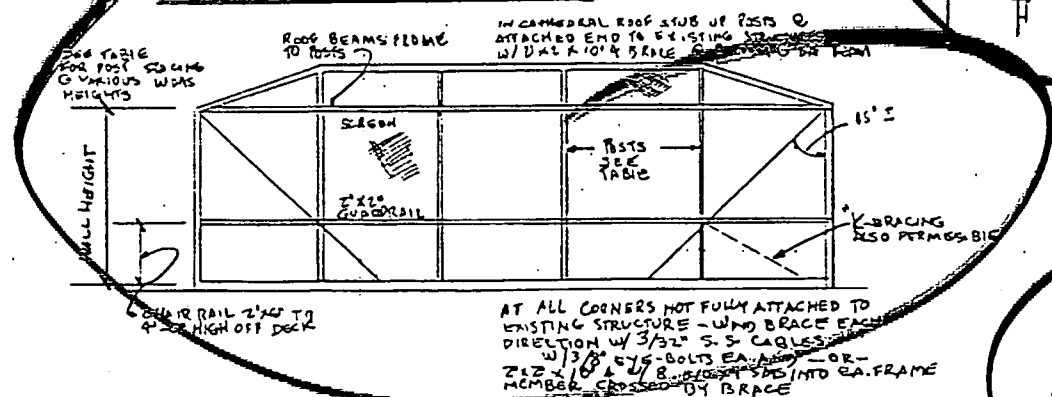


GUTTER SECTION

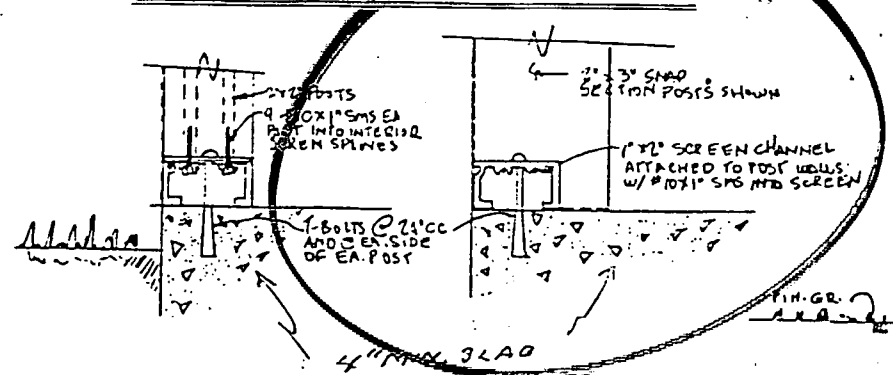


GUTTER ATTACHMENT DETAILS

TYPICAL TOOL ENCLOSURE ELEVATION

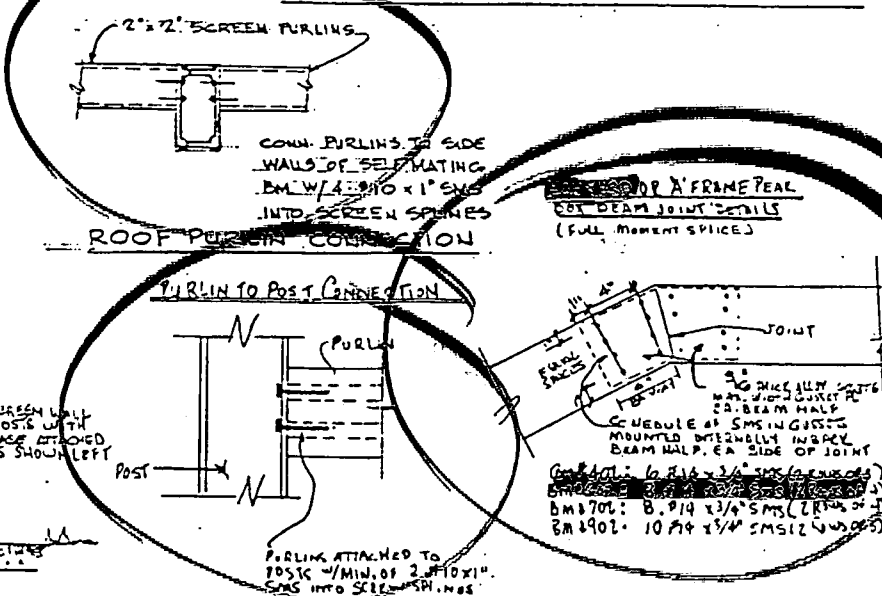


TYPICAL BASE PLATE AND POST CONNECTION DETAILS



TYPICAL SCREEN ENCLOSURE

GUTTER ATTACHMENT DETAILS



BEAM SECTIONS

ALLOT 603 TO SELF MATCHING BOX BEAMS SECTION TABLES

Section	d (in)	t (in)	ca (in)	sa (in)
603	6.00	0.115	0.150	1.49
604	6.00	0.09	0.085	1.46
703	7.00	0.085	0.085	3.78
904	9.00	0.085	0.077	7.23

I-BEAM SECTIONS

Beam No.	d (in)	t (in)	ca (in)	sa (in)
603	6.00	0.115	0.150	1.49
703	7.00	0.085	0.085	3.78
904	9.00	0.085	0.077	7.23

TABLE 1 - POST LENGTHS AND SPACING IN SCREENED WALLS

NORMAL WALL HEIGHT	POST SIZES AND SPACING BY SCREENED WALL HEIGHT						
	2\"/>						
7'-0"	4x3	4x4	5x3	6x3	6x4	7x3	8x3
8'-0"	3x3	3x3	4x3	4x4	5x3	6x3	7x3
9'-0"	-	-	-	3x4	4x4	5x3	6x3
10'-0"	-	-	-	-	-	4x4	5x3
11'-0"	-	-	-	-	-	-	4x4
12'-0"	-	-	-	-	-	-	5x3

TABLE 2 - SPAN TABLE FOR SCREEN ROOF BEAMS

BEAM SIZE	MAXIMUM SPANS FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACINGS						
	40\"/>						
2x4 sm. beam	22.9	20.4	19.5	18.7	17.0	17.3	16.7
2x4 md. beam	22.9	20.4	25.5	24.5	23.8	22.5	21.8
2x7 md. beam	42.4	37.11	36.2	34.7	33.3	32.0	30.11
I beam 603	51.6	28.7	26.10	25.7	24.9	23.10	22.5
I beam 703	57.9	35.9	32.7	30.10	29.3	27.6	26.8
I beam 904	46.9	41.10	39.10	35.2	33.8	33.4	34.2
I beam 1004	55.10	43.7	45.11	43.11	42.5	40.8	39.3
2x6 sm. beam	57.10	51.8	49.3	47.2	45.4	43.8	42.10

ALL SPANS BASED UPON BEAMS BEING LATERALLY SUPPORTED
 EQ. L.S. 1/4 F 145
 FOR GENERAL NOTES SEE SHEET 1 OF 2

SPECIFICATIONS

- SHEET METAL SCREENS (SMS) ALUMINUM PLATED OR STAINLESS
- BOLTS: ALUM ALLOY 3024-T-3 OR STAINLESS OR GALVANNEZED STEEL
- MAJOR BEAMS: ALUM ALLOY 6063-T6
- POSTS PURLINS CHANNELS AND ANGLES: ALUM ALLOY 6063-T6

MASTER PLANS - ALUMINUM SCREEN ENCLOSURES

170 MPH WIND REGION

HORIZON BUILDERS 1/2 BILL NAGEL

2/19/08 REVISED SECT. PROPERTIES

4/1/07 GENERAL REVISION

619 BAKER RD. SUWANEE, FL

Michael Miller
 9-22-88

5056

FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 8/15/00 BUILDING PERMIT NO. 5056
 Building to be erected for ARTHUR/DONNA ORLANDI Type of Permit FENCE
 Applied for by UNITED FENCE (Contractor) Building Fee \$30.00
 Subdivision RIDGELAND Lot 7 Block _____ Radon Fee _____
 Address 8 SABLE COURT Impact Fee _____
 Type of structure S.F.R. A/C Fee _____
 Electrical Fee _____
 Parcel Control Number: Plumbing Fee _____
 Roofing Fee _____

Amount Paid \$30.00 Check # 9393 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 550.00 TOTAL Fees \$30.00

Signed [Signature] Applicant Signed [Signature] Town Building Inspector OFFICIAL

FENCE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	HEIGHT	DATE _____
FOOTINGS	DATE _____	FINAL	DATE <u>12/26/01</u>
24 HOURS NOTICE REQUIRED FOR INSPECTIONS.		CALL 287-2455	
WORK HOURS – 8:00 AM UNTIL 5:00 PM			
MONDAY THROUGH SATURDAY			

New Construction **Remodel** **Addition** **Demolition**

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

ROBERT M. WIENKE
Mayor

TOWN OF SEWALL'S POINT

JOSEPH C. DORSKY
Town Manager

MARC S. TEPLITZ
Vice Mayor

JOAN H. BARROW
Town Clerk

DAWSON C. GLOVER, III
Commissioner

LARRY E. McCARTY
Chief of Police

THOMAS P. BAUSCH
Commissioner

EDWIN B. ARNOLD
Building Official

E. DANIEL MORRIS
Commissioner

JOSE TORRES, JR.
Maintenance



January 4, 2001

COPY

United Fence & Steel
367 Notlem Dr.
Ft. Pierce, FL 34982

Attn: George Quinn

Dear Mr. Quinn:

Our records indicate the following permits issued to your firm remain open:

Permit #	Date Issued:	Owner:	Address:
5056	8/5/00	Mr./Mrs. Orlandi	8 Sable Court
5057	8/15/00	Gordon Wattles	20 N. Ridgeview Rd.
5078	8/29/00	Mr./Mrs. Murphy	44 N. Sewalls Point Rd.
5109	10/12/00	Candice Beckham	3 Oakhill Way
5184	12/6/00	Joan Doshier	6 Admirals Walk

As you can see some of these jobs have been outstanding for some time. We need to have you as the contractor confirm the job status with us if they have not been completed, and if they are finished, to schedule the final inspection so that we may close out these files.

Your prompt attention to this matter is appreciated.

Sincerely,

Edwin B. Arnold
Building Official

EBA/nlc



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

Town of Sewall's Point

RECEIVED
AUG - 7 2000
BY: *Logg*

BUILDING PERMIT APPLICATION

Owner's Name: Arthur & Donna Orlandi Phone No.: 781 4272
Owner's Present Address: 8 Sable Court Sewalls Pt. Florida
Fee Simple Titleholder's Name & Address if other than owner: _____

Location of Job Site: 8 Sable Ct. Sewalls Pt. Florida
TYPE OF WORK TO BE DONE: 4' Chainlink Fence with 2 gates on Garage Side of House. 49' Total

CONTRACTOR INFORMATION
Contractor/Company Name: UNITED FENCE Phone No. 336-2627
COMPLETE MAILING ADDRESS 367 NORLEM DR, FT. P., FLA 34982
State Registration MC 00541 State License _____
Legal Description of Property All of Lot #7, Plat of Ridgeland Subdivision
Parcel Number _____

Cost of Construction \$550.00

ARCHITECT/ENGINEER INFORMATION
Architect _____ Phone No. _____
Address _____
Engineer _____ Phone No. _____
Address _____

Area Square Footage: Living Area _____ Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION
flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement _____
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)
Electrical _____ State License _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing _____ State License# _____

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

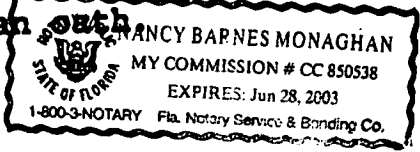
I HEREBY CERTIFY: THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE *George Orlandi*
Sworn to and subscribed before me this 7 day of August, 1998 by 2000
_____ who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE *George Orlandi*
Sworn to and subscribed before me this 7 day of August, 1998 by 2000
by GEORGE ORLANDI who is personally known to me or has produced _____ and who did (did not) take an oath.

Nancy Barnes Monaghan
Page 1



TREE REMOVAL (Attach sealed survey)
No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
- B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- C. Contractor's name, address, phone number & license numbers.
- D. Name all sub-contractors (properly licensed).
- E. Current Survey
- F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
 1. Floor Plan
 2. Foundation Details
 3. Elevation Views - Elevation Certificate due after slab inspection.
 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 5. Truss layout
 6. Vertical Wall Sections (one detail for each wall that is different)
 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/02/00

PRODUCER
Admiral Insurance Assoc.
2213 South Kanner Highway
Stuart, FL 34994
561 781-1099

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.

COPY FILE
FILE
perkins

INSURED
George Quinn
dba United Fence & Steel
367 Notlem Dr
Ft. Pierce, FL 34982
perkins

INSURERS AFFORDING COVERAGE

INSURER A: ESSEX INSURANCE CO	RECEIVED MAY - 4 2000
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

BY: *[Signature]*

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3AP4139	04-30-00	04-30-01	EACH OCCURRENCE \$100,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$100,000 GENERAL AGGREGATE \$200,000 PRODUCTS - COMP/OP AGG \$200,000
	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 LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Fence Installation

CERTIFICATE HOLDER
City of Sewells Point
1 S Sewells Point Road
Sewells Point, FL 34996

220-4765

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

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the **PAID** Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application - refer to the instruction sheet for more details.

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	NPD
Received Date:	

1799-00980018

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY Sole Proprietor Partner Corporate Officer (your corp. title: _____))-01

NON-CONSTRUCTION INDUSTRY Corporate Officer (your corp. title: _____))

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"):

N/A

RECEIVED
JAN 10 2000

Are you a sole proprietor, partner, or corporate officer in any business entity other than the business to which this application applies?

NO YES list the name of all other businesses in which you have an ownership interest: _____

BUREAU OF W-C COMPLIANCE
WEST PALM BEACH

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: UNITED FENCE & STEEL		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: 367 NOTLEM DR		City: FT. PIERCE	State: FLA
County: ST. LUCIE	Phone No.: (904) 3352627	Nature of Business: FENCE INSTALLATION	Zip: 34982
FEIN:	Date Business Established: 5.18.78		No. of Employees: NONE
Unemployment Compensation Tax No.:			

Do you have a certified or registered license issued to you pursuant to Chapter 489, Florida Statutes? YES - identify the license and list the license no. of all licenses issued to you: **SP. 54, SP. 204, 16723, 674** NO

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440. Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefit.

GEORGE QUINN
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

George Quinn
APPLICANT'S SIGNATURE

054 134 16262 6 4 14
SOCIAL SECURITY NO. mo. day yr

1. 10. 00
DATE OF BIRTH

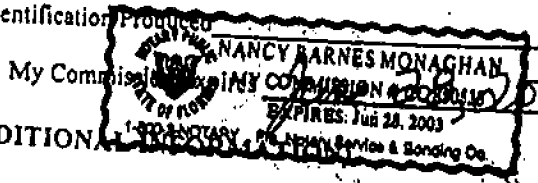
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF **St. Lucie**

Sworn to and subscribed before me this **10th** day of **January, 2000**, by **GEORGE QUINN**

Personally Known OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE *Nancy Barnes Monaghan*



MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

QUINN, GEORGE R
UNITED FENCE CO
367 NOTLEM DR
FT PIERCE

FL 34962

EXPIRES SEPTEMBER 30, 20 00

AUDIT
CONTROL
NUMBER

37028

CERTIFICATE NUMBER
SP00541

United Fence

Job Name: Arthur Orlandi

4' Chainlink Fence, All Poles in Concrete

6 ea. 2 1/2" x 6' x .047 Corner & End poles

2 ea. 2 1/2" x 7' x 20 wt. pipe Gate Poles

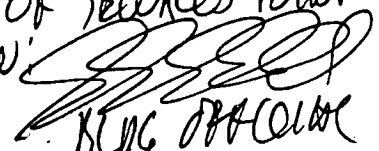
1 ea. 1 5/8" x 6' x .047 Line pole on 28' section

All 1 3/8" x .047 Top Rail & Gate Frames

All 11 1/2 gauge Galvanized Wire Fabric

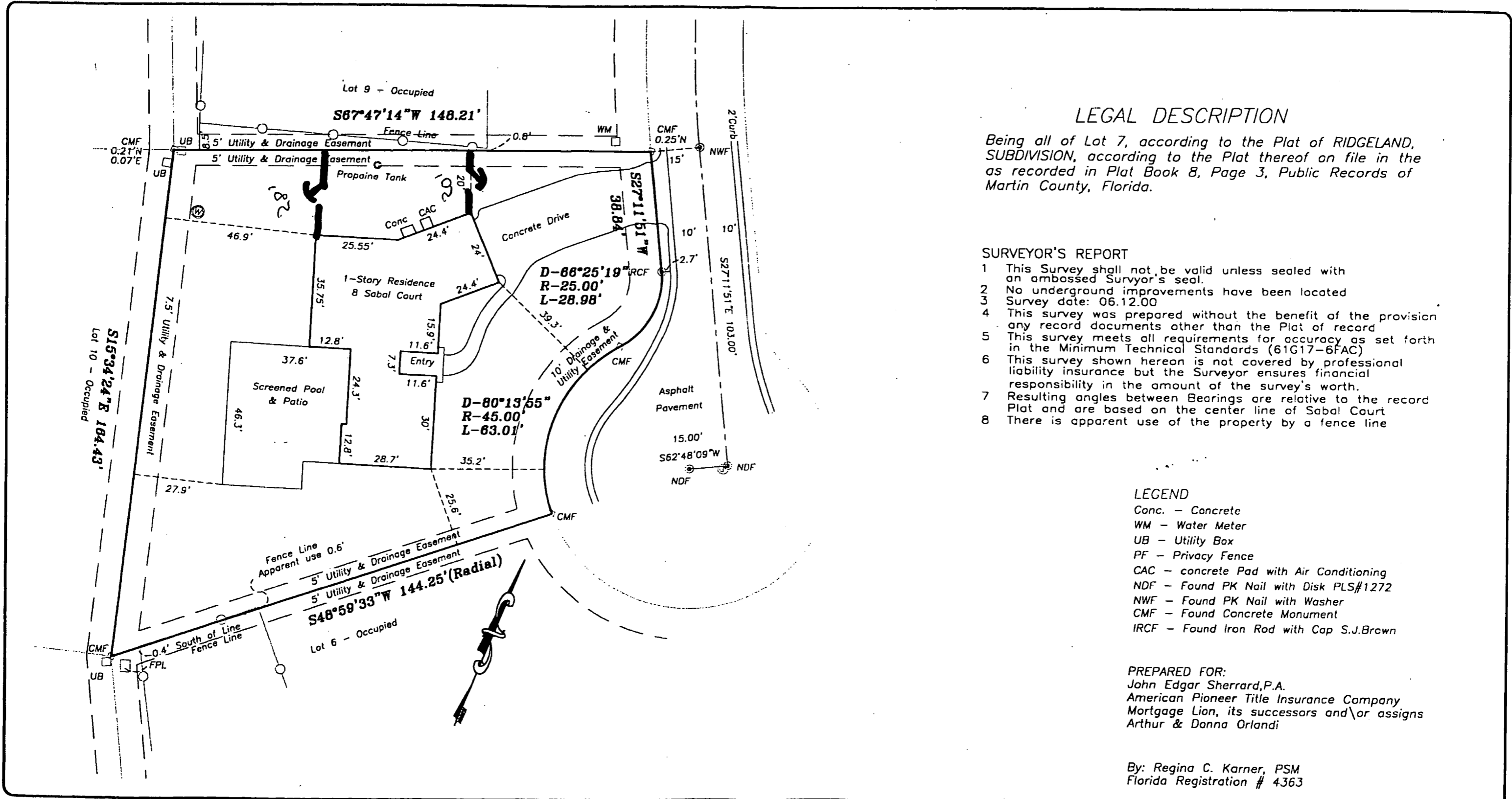
All Gate openings to be 4' High x 5' wide

All Pole at Maximum 10' Spacing

8/11/00 TOWN OF SEWALL'S POINT
REVISION: 
BLDG OFFICER

FILE TOWN COPY
BSABLE CT.

PN 5056



LEGAL DESCRIPTION

Being all of Lot 7, according to the Plat of RIDGELAND, SUBDIVISION, according to the Plat thereof on file in the as recorded in Plat Book 8, Page 3, Public Records of Martin County, Florida.

SURVEYOR'S REPORT

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's seal.
- 2 No underground improvements have been located
- 3 Survey date: 06.12.00
- 4 This survey was prepared without the benefit of the provision any record documents other than the Plat of record
- 5 This survey meets all requirements for accuracy as set forth in the Minimum Technical Standards (61G17-6FAC)
- 6 This survey shown hereon is not covered by professional liability insurance but the Surveyor ensures financial responsibility in the amount of the survey's worth.
- 7 Resulting angles between Bearings are relative to the record Plat and are based on the center line of Sabal Court
- 8 There is apparent use of the property by a fence line

LEGEND

- Conc. - Concrete
- WM - Water Meter
- UB - Utility Box
- PF - Privacy Fence
- CAC - concrete Pad with Air Conditioning
- NDF - Found PK Nail with Disk PLS#1272
- NWF - Found PK Nail with Washer
- CMF - Found Concrete Monument
- IRCF - Found Iron Rod with Cap S.J.Brown

PREPARED FOR:
 John Edgar Sherrard, P.A.
 American Pioneer Title Insurance Company
 Mortgage Lion, its successors and/or assigns
 Arthur & Donna Orlandi

By: Regina C. Karner, PSM
 Florida Registration # 4363

Prepared For:
Arthur & Donna Orlandi
 Martin County
 Florida

REGINA C. KARNER
 PROFESSIONAL SURVEYOR & MAPPER
 1352 SW EVERGREEN LN, PALM CITY, FL. 34990
 PHONE: 1-561-288 7208 FAX: 1-561-223 8181

6/13/00
Karner

Date	By	Revision Description

Sheet Title Boundary / Mortgage Survey	
Scale 1"=30'	Date 06.12.00
Drawn By Peta Boon	Sheet No. 1 of 1
Job No. CADD File	File No.

8966

REMOVE &

REINSTALL

PASS THRU

WINDOW



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:	8966	DATE ISSUED:	JULY 31, 2008
SCOPE OF WORK:	REMOVE & REINSTALL PASS THRU WINDOW		
CONDITIONS:			
CONTRACTOR:	CASTLE CONTRACTORS		
PARCEL CONTROL NUMBER:	01384101100000704	SUBDIVISION	RIDGELAND - LOT 7
CONSTRUCTION ADDRESS:	8 SABAL CT		
OWNER NAME:	ORLANDI		
QUALIFIER:	JEFFREY BAKER	CONTACT PHONE NUMBER:	772-873-9793

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.

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 7-30-08

OWNER/TITLEHOLDER NAME: Orlandi, Arthur & Donna Phone (Day) 772-319-1300 ext. 30244 (Fax) 283-6467

Job Site Address: 8 Sabal Court City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Ridgeland Lot 7 Parcel Number: 01-38-41-011-000-00070-4

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

Scope of work: Remove + Re-install Pass thru window for new countertops

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 250.00
(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, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$ 313,680.00 (PA)

Fair Market Value of the Primary Structure only (Minus the land value)

*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION***

CONTRACTOR/Company: Castle Contractors, Inc Phone: 772-873-9793 Fax: 772-873-9730

Street: 1198 SW Hammock Ave City: Port St. Lucie State: FL Zip: 34953

State Registration Number: _____ State Certification Number: CGC1514747 Municipality License Number: _____

PROJECT SUPERINTENDANT: Jeffrey P Baker CONTACT NUMBER: 772-631-9992

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

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

ENGINEER N/A Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: 2191 Garage: 609 Covered Patios: _____ Screened Porch: _____

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

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

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 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 50.05

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.

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.

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

OWNER SIGNATURE (required)

Donna Orlandi

State of Florida, County of: Martin

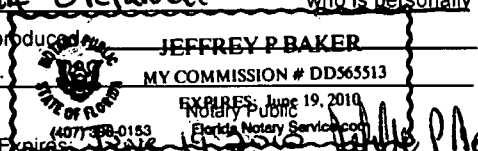
This the 30th day of July, 2008

by Donna Orlandi who is personally

known to me or produced by JEFFREY P BAKER

as identification. MY COMMISSION # DD565513

My Commission Expires June 19, 2010



CONTRACTOR SIGNATURE (required)

Jeffrey P Baker

On State of Florida, County of: Martin

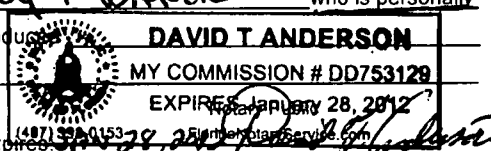
This the 30th day of July, 2008

by Jeffrey P Baker who is personally

known to me or produced by DAVID T ANDERSON

as identification. MY COMMISSION # DD753129

My Commission Expires January 28, 2012



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



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

Site Provided by...
 governmax.com T1.13

Summary

print Owner 2 of 4

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
01-38-41-011-000-00070-4	8 SABAL CT	17787	Owner	0	1

Summary

Property Location 8 SABAL CT
Tax District 2200 Sewall's Point
Account # 17787
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.452

Legal Description
Property Information
 RIDGELAND LOT 7

Search By

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

Owner Information
Owner Information
 ORLANDI, ARTHUR R
 ORLANDI, DONNA L

Mail Information
 8 SABAL CT
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$340,000
Market Impr Value \$313,680
Market Total Value \$653,680

Site Functions

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

Recent Sale
Sale Amount \$299,900

Sale Date 6/15/2000
Book/Page 1489 0308

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

Legal disclaimer / Privacy Statement

Data updated on 07/23/2008



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thurs 8-21, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<u>Tree</u>	<u>Clyde</u> <u>7 Ridgeland</u> <u>McTees</u>	<u>Tree</u>	<u>PASS</u>	
				INSPECTOR: <u>[Signature]</u>
0966	Seaboard	Window	PASS	ADVISED CONTRACTOR TO ADD VENTILATION
	<u>8 Seabal Ct</u> <u>Castle</u>			INSPECTOR: <u>[Signature]</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-25, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
89166	Orlando	Final	PASS	CLOSE
1	8 Sabal Ct Castle Coast			INSPECTOR: <i>[Signature]</i>
	Kardos ²⁰³⁻³⁰⁶ ₄₉₉₇	beam		Courtesy
2	10 Cranes Nest 12 Cranes	11:00 A.M. with John		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

9095

RE-ROOF



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9095	DATE ISSUED:	FEBRUARY 5, 2009
SCOPE OF WORK:	REROOF		
CONDITIONS :			
CONTRACTOR:	GARY MARZO INC		
PARCEL CONTROL NUMBER:	013841-011-000-000704	SUBDIVISION	RIDGELAND - LOT 7
CONSTRUCTION ADDRESS:	8 SABAL CT		
OWNER NAME:	ORLANDI		
QUALIFIER:	GARY MARZO	CONTACT PHONE NUMBER:	871-2489

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.

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 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.

RECEIVED

DATE: 1-30-09
TOWN OF SEWALL'S POINT

Date: 1-28-09 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Arthur Orlandi Phone (Day) 781-4272 (Fax) _____

Job Site Address: 8 SE Sabal CT City: Sewall's Pt State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) Bridgeland Lot 7 Parcel Number: 01-38-41-011-000-00070-4

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

Scope of work: Reroof

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)

CONSTRUCTION VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 27,500

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: 217,300.00
(Fair Market Value of the Primary Structure only, Minus the Land value)

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Gary Marzo INC Phone: 772-871-2489 Fax: 772-465-8829

Street: 861A-SW Lakehurst Dr. City: Port St Lucie State: FL Zip: 34983

State Registration Number: CC-C058193 State Certification Number: _____ Municipal License Number: SP01121

PROJECT SUPERINTENDANT: Gary Marzo CONTACT NUMBER: 772-871-2489

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE: Living: 2173 Garage: 641 Covered Patios: 455 Screened Porch: _____

Carport: _____ Total Under Roof 3269 Wood Decks/walkways: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

NOTICES TO OWNERS AND CONTRACTORS:

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*****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): Arthur Orlandi

State of Florida, County of: Martin

This the 29 day of January, 2008

by Arthur Orlandi who is _____

known to me or produced _____ as identification.

My Commission Expires _____

CONTRACTOR SIGNATURE (required): Gary Marzo

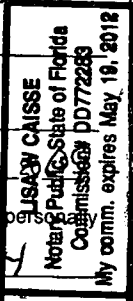
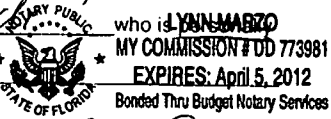
On State of Florida, County of: St Lucie

This the 30 day of January 09

by Gary P. Marzo who is _____

known to me or produced _____ as identification.

My Commission Expires: _____



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!



UNIVERSAL INSURANCE COMPANY

PO Box 901036
Fort Worth, TX 76101-2036

of North America

Homeowners

Renewal Declarations Page

DECLARATION EFFECTIVE: 06/15/2008

DIRECT BILL

If payment is not received by 06/15/2008, coverage is not in effect.

Policy Number	From	Policy Period	To	Agent Code
UICH0053459-2	06/15/08		06/15/09 12:01 AM STANDARD TIME	83092
NAMED INSURED AND ADDRESS:			AGENT: (772) 781-1515	

ARTHUR R ORLANDI
DONNA L ORLANDI
8 SABAL COURT
STUART FL 34996

MIKE SEARLE INS AGENCY, LLC
2658 SW REILLEY AVENUE
PALM CITY FL 34990

PREMIUM SUMMARY				
Basic Coverages Premium	Attached Endorsements Premium	Scheduled Property Premium	Policy Fee and Surcharges	TOTAL Policy Premium
\$3,080.00	-\$210.00	\$.00	\$159.00	\$3,029.00

LOCATION								
FORM	CONST	YEAR	USE	NUM FAM	OCCUP	PROT CLASS	TERRITORY	BCEG
HO-3	M	1991	Primary	1	Owner	03	010	99
COUNTY	FIRE CODE	POLICE CODE	PERSONAL PROPERTY REPLACEMENT COST	PROOF OF PRIOR INSURANCE				
Martin	Y		Y	Y				

Coverage is provided where premium and limit of liability is shown.
Flood coverage is not provided by the Company and is not part of this policy.

COVERAGES – SECTION I

- Coverage A. Dwelling Liability
- Coverage B. Other Structures
- Coverage C. Personal Property
- Coverage D. Loss of Use

LIMITS	PREMIUMS
\$271,000	\$3,050
\$27,100	INCL
\$135,500	INCL
\$54,200	INCL

Premium Charged For Hurricane Exposure: \$ 1675.0

SECTION I COVERAGES ARE SUBJECT TO A \$1000 NON-HURRICANE DEDUCTIBLE PER LOSS, AND A 2% = \$5420 HURRICANE DEDUCTIBLE.

COVERAGES – SECTION II

- Coverage E. Personal Liability
- Coverage F. Medical Payments

LIMITS	PREMIUMS
\$300,000	\$30
\$5,000	INCL

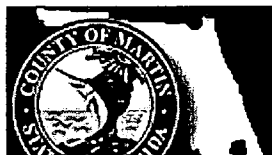
LOCATION(S) OF PROPERTY INSURED

8 SABAL COURT STUART FL 34996

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Aora S. Rees

Countersignature _____



Martin County, Florida

Laurel Kelly, C.F.A

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

Summary

print Address
1 of 19

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
01-38-41-011-000-00070-4	8 SABAL CT	17787	Address	0	1

Summary

Property Location 8 SABAL CT
Tax District 2200 Sewall's Point
Account # 17787
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.452

Legal Description
Property Information
 RIDGELAND LOT 7

Search By

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

Owner Information
Owner Information
 ORLANDI, ARTHUR R
 ORLANDI, DONNA L

Mail Information
 8 SABAL CT
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$228,000
~~**Market Impr Value** \$301,490~~
~~**Market Total Value** \$529,490~~

Site Functions

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

Recent Sale
Sale Amount \$299,900

Sale Date 6/15/2000
Book/Page 1489 0308

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

Legal disclaimer / Privacy Statement

Data updated on 1/27/2009



Gary Marzo Roofing
861-A SW Lakehurst Dr.
Port St. Lucie FL 34983

PERMIT NUMBER:

This Space is reserved for recording info

NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida statutes the following information is provided in the Notice of commencement.

- 1. DESCRIPTION OF PROPERTY (Legal description and street address) TAX FOLIO NUMBER: 01-38-41-011-000-00070-4
SUBDIVISION Ridgeland BLOCK _____ TRACT _____ LOT 7 BLDG _____ UNIT _____
- 2. GENERAL DESCRIPTION OF IMPROVEMENT: Reroof
- 3. OWNER INFORMATION: a. Name Arthur or Donna Orlandi
b. Address 8 Sabal Ct Sewalls Point c. interest in property Residence
d. Name and address of fee simple titleholder (if other than owner) _____
- 4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER: Gary Marzo Inc, 772-871-2489
861 A-SW Lakehurst Drive Port St Lucie FL 34983
- 5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT: N/A
- 6. LENDER'S NAME, ADDRESS AND PHONE NUMBER: N/A
- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a) 7., Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER: _____
- 8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER: _____
- 9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____, _____, 20_____.

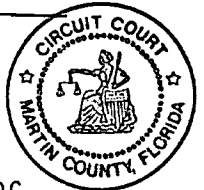
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

Arthur Orlandi
Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager

Arthur Orlandi
Print Name and Provide Signatory's Title/Office

FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK



State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 16 day of January 2009
By Arthur Orlandi as owner
(Name of person) (Type of authority...e.g. Owner, officer, trustee, attorney in fact)

For Arthur Orlandi
(Name of party on behalf of whom instrument was executed) Personally Known or produced the following type of ID: _____

Lynn Marzo
(Printed Name of Notary Public)

Lynn Marzo
(Signature of Notary Public)



LYNN MARZO
MY COMMISSION # DD 773981
EXPIRES: April 5, 2012
Bonded Thru Budget Notary Services

Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager who signed above:
By: Arthur Orlandi (Signature) By: Arthur Orlandi (Printed Name)

Douglas E. Bayer
Real Estate Appraisal Service

20-02691961
File No. DB4956

04/02/2007

Attention: Appraisal Department
Suntrust Mortgage, Inc.
1001 Semmes Ave
Richmond, VA 23224-2245

File Number: DB4956

Dear Appraisal Department,

In accordance with your request, I have appraised the real property at:

8 Sabal Court
Stuart, FL 34996-6440

The purpose of this appraisal is to develop an opinion of the market value of the subject property, as improved. The property rights appraised are the fee simple interest in the site and improvements.

In my opinion, the market value of the property as of March 30, 2007 is:

\$550,000
Five Hundred Fifty Thousand Dollars

The attached report contains the description, analysis and supportive data for the conclusions, final opinion of value, descriptive photographs, limiting conditions and appropriate certifications.

Sincerely,


Douglas E. Bayer
St. Cert. Res. REA No RD 2776

deb/

Summary Appraisal Report

Uniform Residential Appraisal Report

20-02691961

File No DB4956

The purpose of this summary appraisal report is to provide the lender/client with an accurate, and adequately supported, opinion of the market value of the subject property.

Property Address 8 Sabal Court - ? City Stuart State FL Zip Code 34986-6440
 Borrower Arthur R & Donna L Oriandi Owner of Public Record Arthur R & Donna L Oriandi County Martin
 Local Description RIDGELAND LOT 7
 Assessor's Parcel # 01-38-41-011-000-00070-4 Tax Year 2008 R.E. Taxes \$ 4,037.66
 Neighborhood Name Sewall's Point Man Reference S-01; T-38; R-40; Census Tract 5.00
 Occupant Owner Tenant Vacant Special Assessments \$ 0.00 PUD HOA \$ 0.00 per year per month
 Property Rights Appraised Fee Simple Leasehold Other (describe)
 Assignment Type Purchase Transaction Refinance Transaction Other (describe)
 Lender/Client Suntrust Mortgage, Inc. Address 1001 Semmes Ave, Richmond, VA 23224-2245
 Is the subject property currently offered for sale or has it been offered for sale in the twelve months prior to the effective date of this appraisal? Yes No
 Report data source(s) used, offering price(s), and date(s). The client has reported this as a refinance transaction. No MLS listing activity was found concerning the subject property in the last year based upon a search of local MLS records.
 did did not analyze the contract for sale for the subject purchase transaction. Explain the results of the analysis of the contract for sale or why the analysis was not performed. The subject is not known to be currently under contract for sale and purchase based upon a review of local mls records, conversation with the owner and the indication from the client on the appraisal request that this is a "Refinance" transaction.
 Contract Price \$ N/A Date of Contract N/A Is the property seller the owner of public record? Yes No Data Source(s) Public Records
 Is there any financial assistance (loan charges, sale concessions, gift or downpayment assistance, etc.) to be paid by any party on behalf of the borrower? Yes No
 If Yes, report the total dollar amount and describe the items to be paid. \$ 0 The subject is not known to be currently under contract for sale and purchase based upon a review of local mls records, conversation with the owner and the indication from the client on the appraisal request that this is a "Refinance" transaction.
 Note: Race and the racial composition of the neighborhood are not appraisal factors.

Neighborhood Characteristics		One-Unit Housing Trends			Present Land Use %	
Location <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban <input type="checkbox"/> Rural	Property Values <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input checked="" type="checkbox"/> Decreasing	PRICE	AGE	One-Unit	85%	%
Built-Up <input checked="" type="checkbox"/> Over 75% <input type="checkbox"/> 25-75% <input type="checkbox"/> Under 25%	Demand/Supply <input type="checkbox"/> Shortage <input type="checkbox"/> In Balance <input checked="" type="checkbox"/> Over Supply	(\$/000)	(Yrs)	2-4 Unit		%
Growth <input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Slow	Marketing Time <input type="checkbox"/> Under 3 mths <input type="checkbox"/> 3-6 mths <input checked="" type="checkbox"/> Over 6 mths	317	Low	New	Multi-Family	%
Neighborhood Boundaries North and east of the St Lucia River, south of East Ocean Boulevard, west of the Indian River (Intracoastal Waterway).		3950	High	80+	Commercial	5%
Neighborhood Description See Attached Addendum		475	Pred.	35	Other	%

Market Conditions (including support for the above conclusions) See Attached Addendum.

Dimensions 62.01x28.88x38.84x148.21x184.43x144.25 Area 18500 Sq.Ft.+/- Shape Irregular View Residential
 Specific Zoning Classification R-1 (Sewall's Point) Zoning Description Single Family Residential
 Zoning Compliance Legal Legal Nonconforming (Grandfathered Use) No Zoning Illegal (describe)
 Is the highest and best use of the subject property as improved (or as proposed per plans and specifications) the present use? Yes No If No, describe.

Utilities Public Other (describe) Public Other (describe) Off-site Improvements—Type Public Private
 Electricity Gas Tank & Bttld Avail Sanitary Sewer Well for Irrigation Street Asphalt Alley None
 FEMA Special Flood Hazard Area Yes No FEMA Flood Zone "X-500 FEMA Map # 120164 0154F FEMA Map Date 10/04/2002
 Are the utilities and off-site improvements typical for the market area? Yes No If No, describe.
 Are there any adverse site conditions or external factors (setbacks, encroachments, environmental conditions, land uses, etc.)? Yes No If Yes describe. The appraiser is unaware of any adverse site conditions or external factors based upon the viewing of the subject property. The appraiser is not an environmental hazard expert and makes no warranties expressed or implied as to the existence of any such conditions. See Attached Addendum.

GENERAL DESCRIPTION		FOUNDATION		EXTERIOR DESCRIPTION materials/condition		INTERIOR materials/condition	
Units <input checked="" type="checkbox"/> One <input type="checkbox"/> One with Accessory Unit	<input checked="" type="checkbox"/> Concrete Slab <input type="checkbox"/> Crawd Space	Foundation Walls	N/A	Cement Slab	Floors	Wd Lmnt, Crpt/Gd	
# of Stories 1	<input type="checkbox"/> Full Basement <input type="checkbox"/> Partial Basement	Exterior Walls	CBS/Good		Walls	Drywall, Paint/Gd	
Type <input checked="" type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/> S-Det/End Unit	Basement Area 0 sq. ft.	Roof Surface	Cement Tile/Avg+		Trim/Finish	Wood, Paint/Gd	
<input checked="" type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Under Const.	Basement Finish 0 %	Gutters & Downspouts	Aluminum/Gd		Bath Floor	Tile/Good	
Design (Style) Ranch	<input type="checkbox"/> Outside Entry/Exit <input type="checkbox"/> Sump Pump	Window Type	S H Metal/Good		Bath Watercat	Cult. Mrbl/Gd	
Year Built 1991	Evidence of <input type="checkbox"/> Infestation	Storm Sash/Insulated	None		Car Storage	None	
Effective Age (Yrs) 7	<input type="checkbox"/> Dampness <input type="checkbox"/> Settlement	Screens	Window Screens/Avg+		<input checked="" type="checkbox"/> Driveway	# of Cars 2	
Attic <input type="checkbox"/> None <input type="checkbox"/> Sawn	Heating <input checked="" type="checkbox"/> FWA <input type="checkbox"/> INWD <input type="checkbox"/> Radiant	Amenities	Wood Stove(s) #		Driveway Surface	Concrete	
<input checked="" type="checkbox"/> Drop Slat <input type="checkbox"/> Stair	Other <input type="checkbox"/> Fuel Electric	Fireplace(s) #	Fence		<input checked="" type="checkbox"/> Garage	# of Cars 2	
<input type="checkbox"/> Floor <input type="checkbox"/> Scuttle	Cooling <input checked="" type="checkbox"/> Central Air Conditioning	<input checked="" type="checkbox"/> Patio/Deck Scrm	<input checked="" type="checkbox"/> Porch Entry		<input type="checkbox"/> Carport	# of Cars 0	
<input type="checkbox"/> Finished <input type="checkbox"/> Heated	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Pool Scrm Hld	Other (describe)		<input checked="" type="checkbox"/> Art	<input type="checkbox"/> Det. <input type="checkbox"/> Built-in	
Appliances <input type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> Range/Oven <input checked="" type="checkbox"/> Dishwasher <input checked="" type="checkbox"/> Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Other (describe)							
Finished Area Above Grade contains:	8 Rooms	3 Bedrooms	2F Bath(s)	2,173 Square Feet of Gross Living Area Above Grade			

Additional features (special energy efficient items, etc.) See Attached Addendum.

Describe the condition of the property (including needed repairs, deterioration, renovations, remodeling, etc.). The subject dwelling is in good condition. No repairs, renovations or remodeling, etc. are noted as required at this time. Physical depreciation has been considered in both the Cost Approach (estimated effective age) and the Sales Comparison Approach (condition). No functional or external obsolescence is noted. Construction quality including workmanship and materials is good.

Are there any physical deficiencies or adverse conditions that affect the liability, soundness, or structural integrity of the property? Yes No If Yes, describe. See Attached Addendum.

Does the property generally conform to the neighborhood (functional utility, style, condition, use, construction, etc.)? Yes No If No describe.

Summary Appraisal Report

Uniform Residential Appraisal Report

20-02691861

FRN NO. DB4956

There are 10 comparables properties currently offered for sale in the subject neighborhood ranging in price from \$ 449,900 to \$ 699,900		There are 5 comparable sales in the subject neighborhood within the past twelve months ranging in sale price from \$ 487,000 to \$ 618,000		
FEATURE	SUBJECT	COMPARABLE SALE NO. 1	COMPARABLE SALE NO. 2	COMPARABLE SALE NO. 3
Address	8 Sabal Court Stuart	6 Pineapple Ln Stuart	13 Riverview Dr Stuart	7 Marguerita Rd Stuart
Proximity to Subject		0.48 miles SSE	0.58 miles SSE	0.98 miles SSE
Sale Price	\$ N/A	\$ 609,000	\$ 818,000	\$ 600,000
Sale Price/Gross Liv. Area	\$ 0.00 sq. ft.	\$ 241.67 sq. ft.	\$ 264.22 sq. ft.	\$ 245.90 sq. ft.
Data Source(s)	Inspection	Public Records, W Deed	Public Records, W Deed	Public Records, W Deed
Verification Source(s)	Public Records	MLS#315221	MLS#308322	MLS#308183
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	DESCRIPTION	DESCRIPTION
Sale or Financing Concessions	0	Conventional	None Listed	None Listed
Date of Sale/Time	N/A	10/17/2006	08/15/2006	05/31/2006
Location	Ridgeland	Pineapple Lane	Riverview	Marguerita
Leaschold/Fee Simple	Fee Simple	Fee Simple	Fee Simple	Fee Simple
View	18500 Sq.Ft. +/-	19884 Sq.Ft. +/-	20948 Sq.Ft. +/-	14885 Sq.Ft. +/-
Design (Style)	Residential	Residential	Residential	Residential
Quality of Construction	Ranch	Ranch	Ranch	2 Story
Actual Age	CBS/V Good	CBS/V Good	Frm&Brick/V Gd	Frame/V Good
Condition	16 +/- Years	16 +/- Years	26 +/- Years	11 +/- Years
Above Grade	Good	Very Good	Good	Good
Room Count	Total Bdrms. Baths	Total Bdrms. Baths	Total Bdrms. Baths	Total Bdrms. Baths
Gross Living Area	6 3 2F	7 3 3F1H	6 3 2F1H	8 3 2F1H
Basement & Finished	2,173 sq. ft.	2,520 sq. ft.	2,339 sq. ft.	2,440 sq. ft.
Rmns. Below Grade	No Basement	No Basement	No Basement	No Basement
Functional Utility	Screened Pool	Screened Pool	Screened Pool	None
Heating/Cooling	Standard	Standard	Standard	Standard
Energy Efficient Items	Central A&H	Central A&H	Central A&H	Central A&H
Garage/Carport	Standard	Standard	Standard	Standard
Porch/Patio/Deck	641 SF Garage	510 SF Garage	506 SF Garage	440 SF Garage
Other	Entry Porch	Entry Porch	Entry Porch	Entry Porch
Other	455 SF Sc Porch	629 SF Sc Porch	452 SF Sc Porches	583 SF Porch
Other	Fenced Patio/Shed	None	Fireplace	None
Other	Appl. S Shtrs	Appl. S Shtrs	Appl. S Shtrs	Appl. S Shtrs
Net Adjustments (Total)		\$ 74,100	\$ 66,700	\$ 30,600
Adjusted Sale Price of Comparables		Net Adj. -12.2% % Gross Adj. 13.3% % \$ 534,900	Net Adj. -10.8% % Gross Adj. 11.6% % \$ 651,300	Net Adj. -5.1% % Gross Adj. 18.1% % \$ 568,400

I did did not research the sale or transfer history of the subject property and comparable sales. If not, explain

My research did did not reveal any prior sales or transfers of the subject property for the three years prior to the effective date of this appraisal.

Data source(s) Records of the Martin County Property Appraiser's Office and/or the records of the Clerk of the Martin County Court

My research did did not reveal any prior sales or transfers of the comparable sales for the year prior to the date of sale of the comparable sale.

Data source(s) Records of the Martin County Property Appraiser's Office and/or the records of the Clerk of the Martin County Court

Report the results of the research and analysis of the prior sale or transfer history of the subject property and comparable sales (report additional prior sales on page 3).

ITEM	SUBJECT	COMPARABLE SALE NO. 1	COMPARABLE SALE NO. 2	COMPARABLE SALE NO. 3
Date of Prior Sale/Transfer	None in last three years	None within the last year	None within the last year	None within the last year
Price of Prior Sale/Transfer	N/A	N/A	N/A	N/A
Data Source(s)	Public Records	Public Records	Public Records	Public Records
Effective Date of Data Source(s)	03/30/2007	04/02/2007	04/02/2007	04/02/2007

Analysis of prior sale or transfer history of the subject property and comparable sales. The subject has not sold or transferred in the past three years according to a search of the record source(s) indicated. None of the comparable sales have sold or transferred within one year of the stated closing date according to a search of the records source(s) indicated.

Summary of Sales Comparison Approach. Three sales considered which bracket and support the final value estimate. Each sale is given equal weight. The estimated effective age/condition adjustment is treated as a single line item. Room count differences are considered in the gross living area adjustment. Bathrooms are adjusted for fixtures. Consideration of sales over six months old with a market supported date of sale/time adjustment, could not be avoided due to a lack of more comparable or recent sales. No obsolescence noted. See Attached Addendum.

Indicated Value by Sales Comparison Approach \$ 550,000

Indicated Value by Sales Comparison Approach \$ 550,000 Cost Approach (if developed) \$ 588,100 Income Approach (if developed) \$ N/A

The Sales Comparison Approach best reflects the actions/reactions of market participants and is given full weight. The Cost Approach is supportive. Insufficient sales of comparable rental properties were located to develop a meaningful Income Approach to value and accordingly, this approach has not been employed.

This appraisal is made "as is," subject to completion per plans and specifications on the basis of a hypothetical condition that the improvements have been completed, subject to the following repairs or alterations on the basis of a hypothetical condition that the repairs or alterations have been completed, or subject to the following required inspection based on the extraordinary assumption that the condition or deficiency does not require alteration or repair. See Attached Addendum.

Based on a complete visual inspection of the interior and exterior areas of the subject property, defined scope of work, statement of assumptions and limiting conditions, as a appraiser's certifier, my (our) opinion of the market value, as defined, of the real property that is the subject of this report is \$ 550,000 as of 03/30/2007 which is the date of inspection and the effective date of this appraisal.

Summary Appraisal Report

Uniform Residential Appraisal Report

20-02681961
File No. DB4958

Clarification of Intended Use and Intended User:

The Intended User of this appraisal report is the Lender/Client. The Intended Use is to evaluate the property that is the subject of this appraisal for a mortgage finance transaction, subject to the stated Scope of Work, purpose of the appraisal, reporting requirements of this appraisal report form, and Definition of Market Value. No additional Intended Users are identified by the appraiser.

Land to value ratios in excess of thirty percent (30%) are typical of the subject neighborhood and market area.

COST APPROACH TO VALUE (not required by Fannie Mae)

Provide adequate information for the lender/client to replicate the below cost figures and calculations.

Support for the opinion of site value (summary of comparable land sales or other methods for estimating site value) See Attached Addendum.

ESTIMATED	<input type="checkbox"/> REPRODUCTION OR	<input checked="" type="checkbox"/> REPLACEMENT COST NEW	OPINION OF SITE VALUE	= \$	300,000
Source of cost data	Marshall & Swifts "Residential Cost Handbook"		Dwelling	2,173 Sq. Ft. @ \$	100.00
Quality rating from cost service	Very Gd	Effective date of cost data	03/2007	Screened Porch 455	Sq. Ft. @ \$ 28.00
Comments on Cost Approach (gross living area calculations, depreciation, etc.)	See attached sketch for dimensions and gross living area calculations.		Appliances, Entry Porch, Screened Heated Pool Shed		48,500
			Garage/Carport 641	Sq. Ft. @ \$ 35.00	22,435
			Total Estimate of Cost-New		300,976
			Less 60 Physical	Functional	External
			Depreciation	\$31,418	= \$(31,418)
			Depreciated Cost of Improvements		269,559
			"As-Is" Value of Site Improvements		18,500
Estimated Remaining Economic Life (HUD and VA only)	53 Years	INDICATED VALUE BY COST APPROACH			\$ 588,100

INCOME APPROACH TO VALUE (not required by Fannie Mae)

Estimated Monthly Market Rent \$ N/A X Gross Rent Multiplier N/A = \$ N/A Indicated Value by Income Approach

Summary of Income Approach (including support for market rent and GRM) A meaningful Income Approach could not be developed due to the lack of comparable rental property sales found in the subject's described neighborhood.

PROJECT INFORMATION FOR PUDs (if applicable)

Is the developer/builder in control of the Homeowners' Association (HOA)? Yes No Unit type(s) Detached Attached

Provide the following information for PUDs ONLY if the developer/builder is in control of the HOA and the subject property is an attached dwelling unit.

Legal name of project

Total number of phases Total number of units Total number of units sold

Total number of units rented Total number of units for sale Date source(s)

Was the project created by the conversion of an existing building(s) into a PUD? Yes No If Yes, date of conversion.

Does the project contain any multi-dwelling units? Yes No Date source(s)

Are the units, common elements, and recreation facilities complete? Yes No If No, describe the status of completion.

Are the common elements leased to or by the Homeowners' Association? Yes No If Yes, describe the rental terms and options.

Describe common elements and recreational facilities.



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

RE-ROOF PERMIT CERTIFICATION

PERMIT # _____
 CONTRACTOR'S NAME: Gary Marzo INC PHONE # 871-2489 FAX: 772-465-8829

OWNER'S NAME: Arthur Orlandi
 CONSTRUCTION ADDRESS: 8 Sabal Ct CITY Sewalls Pt STATE FL

RE-ROOF: RESIDENTIAL(SINGLE FAMILY)
 COMMERCIAL, **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP ___ YES ___ NO

** DISCONNECT/RECONNECT HVAC ELECTRIC ___ YES NO
 ** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. ___ YES ___ NO - INSURED VALUE OF RESIDENCE

RE-ROOF INSPECTION AFFIDAVIT TO BE PROVIDED IN LIEU OF BUILDING DEPARTMENT INSPECTION ___ YES ___ NO

ROOF TYPE: HIP ___ BOSTON-HIP ___ GABLE ___ FLAT ___ OTHER

ROOF PITCH: 5 /12 SLOPE

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

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
2.3.09
BUILDING OFFICIAL

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

PROPOSED NEW ROOF COVERING: Tile

MANUFACTURER: Monier PRODUCT NAME: Saxony 900 PRODUCT APPR # FL7849

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

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

PROPOSED FLASHING: GALV/STEEL ___ ALUMINUM ___ COPPER ___ OTHER

RIDGEVENT TO BE INSTALLED: ___ YES NO

DESCRIPTION OF WORK: Remove existing tile roof, re-nail plywood per code, Install TU Plus Tile underlayment. Install Monier Life Tile with polyfoam polyset tile adhesive

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

Gary Marzo SIGNATURE OF CONTRACTOR DATE: 1-28-09



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

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

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract

All re-roofs regardless of value shall comply with the following:

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

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

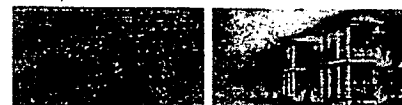
_____ All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

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

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

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

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



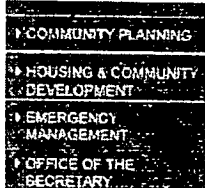
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Product Approval
USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



FL # FL7849
Application Type New
Code Version 2004
Application Status Approved
Comments
 Archived

Product Manufacturer MonierLifetile
Address/Phone/Email 200 Story Road
 Lake Wales, FL 33853
 (863) 676-9405
 szigich@monierlifetile.com

Authorized Signature Steve Zigich
 szigich@monierlifetile.com

Technical Representative Reese Moody
Address/Phone/Email 200 Story Road
 Lake Wales, FL 33853
 rmoody@monierlifetile.com

Quality Assurance Representative Steve Zigich
Address/Phone/Email 200 Story Road
 Lake Wales, FL 33853
 szigich@monierlifetile.com

Category Roofing
Subcategory Roofing Tiles

Compliance Method Evaluation Report from a Product Evaluation Entity

Evaluation Entity ICC Evaluation Service, Inc.
Quality Assurance Entity R I Ogawa & Associates, Inc.
Quality Assurance Contract Expiration Date
Validated By Gary W. Walker

Validation Checklist - Hardcopy Received

Certificate of Independence [FL7849_R0_COI_ICC Independence Statement.pdf](#)

Referenced Standard and Year (of Standard)

Standard	Year
ASTM C 1492	2003

Equivalence of Product Standards
Certified By

Sections from the Code

Product Approval Method	Method 1 Option C
Date Submitted	11/16/2006
Date Validated	11/16/2006
Date Pending FBC Approval	11/17/2006
Date Approved	12/06/2006

Summary of Products

FL #	Model, Number or Name	Description
7849-1	Saxony	Flat Concrete Roof tile
Limits of Use		Installation Instructions
Approved for use in HVHZ: No		FL7849_R0_II_FRSA-TRI_Installation.pdf
Approved for use outside HVHZ: Yes		Verified By: Gary W. Walker 40455
Impact Resistant: N/A		Created by Independent Third Party:
Design Pressure: N/A		Evaluation Reports
Other: Class A roof covering		FL7849_R0_AE_ESR-1647.pdf

[Back](#) [Next](#)

DCA Administration
 Department of Community Affairs
 Florida Building Code Online
 Codes and Standards
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100
 (850) 487-1824, Fax (850) 414-8436

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Product Approval Accepts:





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

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

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

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

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

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

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

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

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

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

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

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

This NOA revises NOA No. 06-0424.03 and consists of pages 1 through 6.
The submitted documentation was reviewed by Jorge L. Acebo.



**NOA No 06-0505.01
Expiration Date: 09/13/11
Approval Date: 11/30/06
Page 1 of 6**

ROOFING COMPONENT APPROVAL

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

PRODUCTS DESCRIPTION:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Polystick P underlayment	Roll: 75' x 3' 40 mils thick	ASTM D 1970	A polyethylene top surface, self-adhering, SBS polymer modified bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield.
Polystick Basik underlayment	Roll: 65'8" x 3'3-3/8" 60 mils thick	ASTM D 1970	A homogeneous, rubberized asphalt waterproofing membrane, glass fiber reinforced with polyolefinic film on the upper surface for use an underlayment for metal roofing.
Polystick IR/IRX underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A fine granular/sand top surface self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield and as a flat roof tile underlayment.
Polystick TU underlayment	Roll: 32'10" x 3'3-3/8" 100 mils thick	TAS 103 and ASTM D 1970	A heavy granuled surface self adhering, APP polymer modified, fiberglass or polyester reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as a a roof tile underlayment.
Polystick TU Plus underlayment (Facer of Membrane Labeled in Orange or Black Ink)	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced with a high strength polyester fabric, bituminous sheet material for use an an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.
Polystick MU underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use an an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.



NOA No 06-0505.01
 Expiration Date: 09/13/11
 Approval Date: 11/30/06
 Page 2 of 6

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Exterior Research & Design, LLC	#11756.04.01-1	TAS 103	04/27/01
	#11756.08.01-1	ASTM D 1970	08/14/01
	#02202.08.05	TAS 103	08/29/05
PRI Asphalt Technologies	PRI01111	ASTM D 4977	04/08/02
	PUSA-005-02-01	ASTM D 4977	01/31/02
	PUSA-018-02-01	ASTM D 2523	07/14/03
	PUSA-035-02-01	TAS 103	09/29/06
	PUSA-033-02-01	ASTM D 1970	01/12/06

INSTALLATION PROCEDURES:

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

1. All nails in the deck shall be carefully checked for protruding heads. Re-fasten any loose decking panels, and sweep the deck thoroughly to remove any dust and debris prior to application.
2. Place the underlayment over metal drip edge in accordance with RAS 111.
3. Place the first course of membrane parallel to the eave, rolling the membrane to obtain maximum contact. Remove the release film as the membrane is applied. All side laps shall be a minimum of 3-1/2" and end laps shall be a minimum of 6." Roll the membrane into place after removing the release strip. Vertical strapping of the roof with Polystick is acceptable. Membrane shall be back nailed in accordance with applicable building code.
4. When applying the membrane in the valley, start at the low point and work to the high point, rolling the membrane from the center outward in both directions.
5. For ridge applications, center the membrane and roll from the center outward in both directions.
6. Roll or broom the entire membrane surface so as to have full contact with the surface, giving special attention to lap areas. Polystick TU and TU Plus shall not be left exposed as a temporary roof for longer than 180 days after application. Polyglass reserves the right to revise or alter product exposure times; not to exceed the preceding maximum time limitations.
7. Flash vent pipes, stacks, chimneys and penetrations in compliance with Roof Assembly current Product Control Notice of Acceptance.
8. All protrusions or drains shall be initially taped with a 6" piece of underlayment. The flashing tape shall be pressed in place and formed around the protrusion to ensure a tight fit. A second layer of Polystick shall be applied over the underlayment.



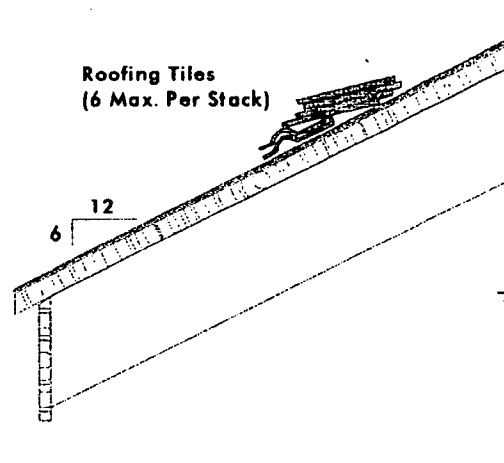
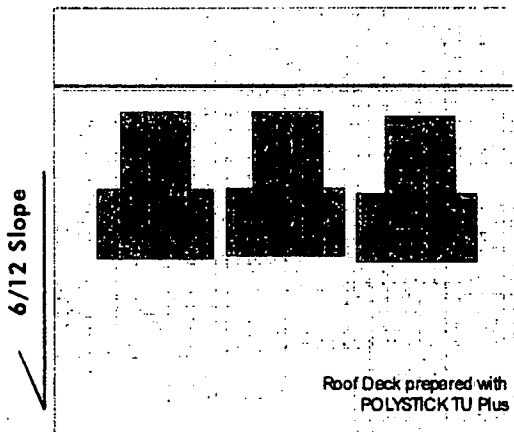
GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance.
2. Polystick P, Basik and IR/IRX may be used in asphaltic shingles, wood shakes and shingles, non-structural metal roofing, and quarry slate roof assemblies. Polystick P and Basik shall not be used as roof tile underlayment.
3. Deck requirements shall be in compliance with applicable building code.
4. Polystick membranes shall be applied to a smooth, clean and dry surface. The deck shall be free of irregularities.
5. Polystick membranes shall not be adhered directly over a pre-existing roof membrane as a recover system.
6. Polystick P and Basik shall not be left exposed as a temporary roof for longer than 30 days after application. Polystick IR/IRX, or MU shall not be left exposed as a temporary roof for longer than 90 days after application. Polystick TU and TU Plus shall not be left exposed as a temporary roof for longer than 180 days after application. Polyglass reserves the right to revise or alter product exposure times; not to exceed the preceding maximum time limitations.
7. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.
8. In roof tile application, data for the attachment resistance of roof tiles shall be as set forth in the roof tile manufacturer's Notice. Polystick TU, TU Plus and MU may be used in both adhesive set and mechanically fastened roof tile applications. Polystick IR/IRX is limited to mechanically fastened roof tile applications. The maximum roof slope for use as roof tile underlayment for (direct-to-deck) tile assemblies shall be as described below:

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

The above slope limitations can be exceeded only by using battens and counter battens in accordance with the Approved Tile System Notice of Acceptance and applicable Florida Building Code requirements.

9. Care should be taken during the loading procedure to keep foot traffic to a minimum and to avoid dropping of tile directly on the underlayment. Refer to Polyglass Tile loading detail for loading procedure.



GENERAL LIMITATIONS: (CONTINUED)

10. Refer to prepared roofing system Product Control Notice of Acceptance for listed approval of this product with specific prepared roofing products. Polystick P, Basik, IR/IRX, TU, TU Plus & MU may be used with any approved roof covering Notice of Acceptance listing Polystick P, Basik, IR/IRX, TU, TU Plus & MU as a component part of an assembly in the Notice of Acceptance. If Polystick P, Basik, IR/IRX, TU, TU Plus & MU is not listed, a request may be made to the Authority Having Jurisdiction (AHJ) or the Miami-Dade County Product Control Department for approval provided that appropriate documentation is provided to detail compatibility of the products, wind uplift resistance, and fire testing results.

LABELING:

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

BUILDING PERMIT REQUIREMENTS:

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

1. This Notice of Acceptance.
2. Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this materials.

POLYGLASS GENERAL APPLICATION GUIDELINES FOR POLYSTICK MEMBRANES:

1. Polyglass does accept the direct application of Polystick underlayment membranes to wood decks. Installers are cautioned to refer to applicable local building codes prior to direct deck installation to ensure this is acceptable. Please also refer to applicable Product Data Sheets of the corresponding products.
2. All rolls, with the exception of Polystick TU Plus and Polystick MU should be back-nailed in selvage edge seam as per Polyglass Back Nailing Guide. Nails shall be, 11 gauge ring shank type, applied with a minimum 1" metal disk as required in Dade County or simplex type nail as otherwise allowable in other regions, at a minimum rate of 12" o.c. Polystick TU Plus and Polystick MU should be back nailed in designated area marked "nail area, area para clavar" on the face of membrane, with the above stated nails and/or disks. The head lap membrane is to cover the area being back-nailed. (Please refer to applicable local building codes prior to installation.)
3. All seal lap seams (selvage laps) must be rolled with a hand roller to ensure full contact.
4. All fabric over fabric; and granule over granule end laps, shall have a 6" wide, uniform layer of Polyglass 2000 MB Plus trowel grade or other approved premium SBS modified trowel grade mastic, applied in between the application of the lap. The use of mastic between the laps does not apply to Polystick Basik.
5. A maximum of 6 tiles per stack are allowed when loading tile on the underlayments. Refer to the Polyglass Tile Loading Guidelines.
6. Battens and/or Counter-battens, as required by the tile manufacturers NOA's, must be used on all projects for pitch/slopes of 7"/12" or greater. It is suggested that on pitch/slopes in excess of 6 1/4"/12", precautions should be taken, such as the use of battens to prevent tile sliding during the loading process.



7. Minimum cure time after membrane installation & before loading of roofing tiles is Forty-Eight (48) Hours.
8. Polystick TU Plus, Polystick MU may not be used in any exposed application such as crickets, exposed valleys, or exposed roof to wall details.
9. Repair of Polystick membranes is to be accomplished by applying Polyglass MB 2000 Plus Trowel Grade Mastic or an approved premium SBS modified trowel grade mastic to the area in need of repair, followed by a patch of the Polystick material of like kind should be set and hand rolled in place over the area needing such repair. Patching membrane shall be a minimum of 6 inches in either direction. The repair should be installed in such a way so that water will run parallel to or over the top of all laps of the patch.
10. All self-adhered membranes must be rolled to ensure full contact with approved substrates. Polyglass requires a minimum of 40 lbs for a weighted roller for the rolling of the field membrane. Hand rollers are acceptable for rolling of patches or small areas of the roof.
11. All approved substrates should be dry, clean and properly prepared, before any application of Polystick membranes commences. An approved substrate technical bulletin can be furnished upon request. It is recommended to refer to applicable building codes prior to installation to verify acceptable substrates.
12. The Polyglass Miami-Dade Notice of Acceptance (NOA) approval for Polystick membranes and PolyProtector UDL can be furnished upon request by our Technical Services Department by calling 1 (800) 894-4563.
13. Polyglass offers a 10 year Limited Material Warranty on all properly installed Polystick self-adhered underlayments. Warranty must be requested and registered by Polyglass to be in force.
14. Questions in regards to the application of Polyglass products should be directed to our Technical Services Department at 1 (800) 894-4563.
15. Polyglass recommends that applicators follow good roofing practices and applicable procedures as outlined by the National Roofing Contractors Association (NRCA).

PLEASE CHECK WITH LOCAL BUILDING CODES REGARDING LIMITATIONS OF SPECIFIC APPLICATIONS. LOCAL CODES MAY SUPERSEDE POLYGLASS REQUIREMENTS AND RECOMMENDATIONS.

END OF THIS ACCEPTANCE



NOA No 06-0505.01
Expiration Date: 09/13/11
Approval Date: 11/30/06
Page 6 of 6



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

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

NOTICE OF ACCEPTANCE (NOA)

**Polyfoam Products, Inc.
11715 Boudreaux Road
Tomball, TX 77375**

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Polypro® AHJ60

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

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

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

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

This NOA renews NOA No.01-0521.02 and consists of pages 1 through 7
The submitted documentation was reviewed by Jorge L. Acebo.



**NOA No.: 06-0201.02
Expiration Date: 05/10/11
Approval Date: 04/13/06
Page 1 of 7**

Orlando



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



RE: Permit # 9095

Date 2-12-09

Inspection Affidavit

I Gary Marzo, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #: CC-C058193

On or about _____, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 8 Sabal CT
(circle one) (Job Site Address)

Sewall's Point Florida

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

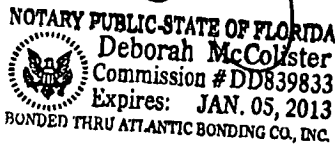
Gary Marzo
Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this 12 day of Feb, 2009

By Gary Marzo

Notary Public, State of Florida



Deborah McColister
(Print, type or stamp name)

Commission No.: _____

Personally known or
Produced Identification _____

Type of identification produced. FINDL

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the check for each inspection.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **2-25** 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8589	Hardin	Final	CANCEL	
4	27 Skiver Rd Stratton			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9104	Jenkins	Final	PASS	CLOSE
5	3 Heritage Way Am Palm Beach	CAR. DOOR		INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9084	Stark	Final	PASS	CLOSE
1	87 Skiver Rd Emil LaTula	(deck)		INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9095	Ouland	Imp. Progress	PASS	
3	8 Sabal Ct Gay Mary			INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9101	Smith	Final	PASS	CLOSE
2	2 Morgan Cir Keith Halbergen	SCAB.		INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
6206	Gibson	Final	PASS	CLOSE
	134 Skiver Davis			INSPECTOR <i>JM</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 2-27 2009 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8589	Hardin	Final	FAIL	
6	27 Silverld Stratton	SFR 11:00 A.M.		INSPECTOR <i>[Signature]</i>
9015	Quind...	Final	PASS	Close
4	8 Sabal Ct Gonzalez	Roof		INSPECTOR <i>[Signature]</i>
9112	Ronan	Final	PASS	Close
5	14 Copaire Rd Hla Solar East	(solar panels)		INSPECTOR <i>[Signature]</i>
9045	Morris	Final	PASS	Close
3	120 Hillcrest Dr Wilson Bldgs	(bathroom)	Close	Close 2/27/09 2:30 INSPECTOR
9098	Walcott	Final	PASS	Close
1	7 Island Rd Wilson Bldgs	(Attic)		INSPECTOR <i>[Signature]</i>
9088	Gibson	Final	PASS	Close
2	134 S River A Great Fence			INSPECTOR <i>[Signature]</i>
9068	Taylor	in-progress	PASS	
	22 E High Pt Seagate			INSPECTOR <i>[Signature]</i>