

6 North Sewall's Point Road

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER W. H. Kirchner
CONTRACTOR same
LOT 1 BLOCK - SUB Indialucie
NO. 6 N. S. P. Rd. St. of Ave.

NO. 2157 Date Issued 1-20-87

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

TOWN OF SEWALL'S POINT BUILDING PERMIT

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

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS	✓	
2. TERMITE PROTECTION	✓	
3. FOOTING - SLAB	✓	
4. ROUGH PLUMBING	✓	
5. ROUGH ELECTRIC	✓	
6. LINTEL		
7. ROOF		
8. FRAMING	✓	
9. INSULATION	OK 4/1/87 DB	
10. A/C DUCTS		
11. FINAL ELECTRIC	4/1/87 DB	
12. FINAL PLUMBING	4/1/87 DB	
13. FINAL CONSTRUCTION	6/1/87 DB	

TO CONSTRUCT residence

REMARKS:

2157

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

PERMIT NUMBER

DATE OF APPLICATION

To obtain this permit, the following are required:

1. Florida certification of builder and sub-contractors
2. Certificate of insurance from contractor or owner/builder re: liability + workers' comp.
3. Two sets of building plans which must include:
1/4" scale building drawings; plot plan; foundation plan; floor plans; wall and roof cross-sections; plumbing, electrical + air conditioning layouts; and at least two elevations
4. Recorded warranty deed to the property
5. Septic tank permit and 1 set of plans with Martin Co. Health Dept. seal
6. Energy code calculations
7. Notarized copy of attached affidavit re: removal of nuisance trees
8. Tree removal permit (for trees other than in #7 above)
9. Certificate of elevation from licensed surveyor and determination of flood zone
10. Manufacturer's schedule of windows

Owner William H. Kirchner Current Address 115 Dunn Dr.

Telephone 915-629-0884 Port Charlotte, Fla. 33952

General Contractor Same as above Address _____

Telephone _____

Where Licensed _____ License Number _____

Plumbing Contractor _____ License Number _____

Electrical Contractor _____ License Number _____

Roofing Contractor Panache License Number CGCA 07037

A/C Contractor Kraus & Crane License Number 0368

Describe the building or alteration to existing building _____

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

4 North Sewall's Point Rd. Subdivision India Lucie East Lot 1
C-SPR

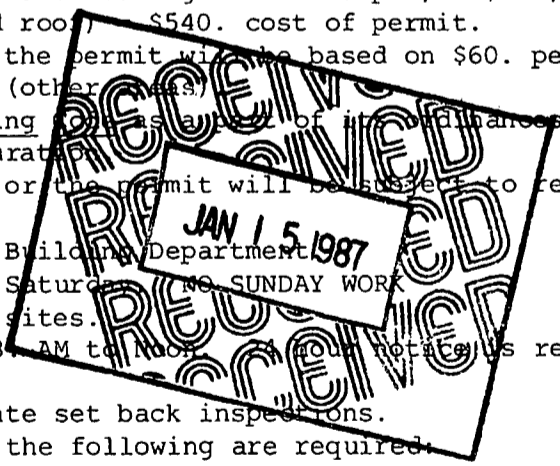
Building area (inside walls) 2663 Garage, carport, porch area 1861

Contract price (excluding land, carpet, appliances, landscaping) \$ 110,000 - 187,380

Cost of permit \$ _____ Plans approved as submitted _____ or, as marked _____

In addition, the following are understood by owner and contractor:

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$5. per thousand dollars of the cost of the building, plus \$10. each for plumbing, electric, air conditioning and roofing. For example, a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el. and roof) = \$540. cost of permit.
3. If no contract is submitted as proof of cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas).
4. The Town has adopted the South Florida Building Code as a part of its ordinances.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or the 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 Saturday. NO SUNDAY WORK.
9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8: AM to Noon. A 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 the final fee (based on the 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" flood zone). Affidavit from licensed surveyor showing elevation of piers or pilings (if in "V" zone).
 - e. Certification by a qualified engineer or architect of the structural adequacy of the building.
13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OF CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.



Contractor's Signature W.H. Kirchner Owner's Signature W.H. Kirchner

Approved by Building Inspector Dale Brown Date 1/19/87

Approved by Commissioner A.C. Strubell Date 1/19

Certificate of Occupancy Issued _____ Date _____

007537

RECORDED
INDEXED
JAN 23 1987
COUNTY CLERK
MARTIN COUNTY, FLORIDA

CO-PERSONAL REPRESENTATIVES' DEED

THIS INDENTURE, made and entered into this 12th day of January, 1987, by and between JOHN M. SUMMERS and MIRIAM M. SUMMERS, as co-personal representatives of the Estate of JOHN A. SUMMERS, deceased, party of the first part, and WILLIAM H. KIRCHNER, whose mailing address is: 115 DAWN DRIVE
PO BOX CHARLOTTE, FL 33952

Deeds
at
11

WITNESSETH, NOW THEREFORE, in consideration of the foregoing and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable considerations, paid at or before the ensembling and delivery of these presents, receipt of which is hereby acknowledged, the said party of the first part has conveyed to WILLIAM H. KIRCHNER, in accordance with the conditions and terms set forth in the Last Will and Testament of JOHN A. SUMMERS admitted to Probate on May 23, 1984, in the Circuit Court in and for St. Lucie County, Florida, File No. 84-389 CP, and in accordance with the powers granted to the Co-Personal Representatives in the Last Will and Testament dated September 1, 1983, of JOHN A. SUMMERS, with full authorization to sell and convey the following described real property, situated, lying and being in Martin County, Florida:

Lot 1, of INDIALUCIE EAST, SEWALL'S POINT, FLORIDA, according to the plat thereof as recorded in Plat Book 5 at Page 11, of the Public Records of Martin County, Florida

SUBJECT TO;

1. Taxes for the year 1987 and subsequent years.
2. Zoning ordinances of Martin County, Florida.
3. Conditions, restrictions, easements and limitations of record, if any.

TO HAVE AND HOLD THE SAME unto the said WILLIAM H. KIRCHNER, his heirs and assigns, in full and ample manner as the same was possessed or enjoyed by the said JOHN A. SUMMERS, deceased, during his lifetime.

TO R BOOK 704 PAGE 613

IN WITNESS WHEREOF, the parties of the first part hereunto set their hands and seals this day and year first written above, as Co-Personal Representatives of the Estate of

JOHN A. SUMMERS, deceased, and has caused these presents to be signed for the purpose thereinabove set forth.

Witnesses:

[Signature]
[Signature]
[Signature]
[Signature]

ESTATE OF JOHN A. SUMMERS

By: [Signature]
John M. Summers, Co-Personal Representative

By: [Signature]
Miriam M. Summers, Co-Personal Representative

STATE OF NEW YORK,
COUNTY OF Monroe

BEFORE ME, the undersigned authority, personally appeared JOHN M. SUMMERS, as Co-Personal Representative of the Estate of JOHN A. SUMMERS, deceased, to me well known to be the person described in and who executed the foregoing Co-Personal Representatives' Deed and he acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and seal at Rochester, New York, this 12th day of January, 1987.

My commission expires:
MARGARET O. HAYES
Notary Public, State of New York
Qualified in Monroe County
Commission Expires ~~March 30, 1988~~
July 31,

[Signature]
Notary Public, State of New York

STATE OF FLORIDA,
COUNTY OF ST. LUCIE
MARTIN

BEFORE ME, the undersigned authority, personally appeared MIRIAM M. SUMMERS, as Co-Personal Representative of the Estate of JOHN A. SUMMERS, deceased, to me well known to be the person described in and who executed the foregoing Co-Personal Representatives' Deed and she acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and seal at Jensen Beach, ^{Martin} ~~St. Lucie~~ County, Florida, this 16 day of January, 1987.

My commission expires:

[Signature]
Notary Public, State of Florida

LOUISIANA
STATE ARCHIVES
Baton Rouge, LA

97 JAN 19 4 8: 53

FILED

To: The town of Sewell's Pt.
From: Martin County Health Department, Town Manager

Be it known that the individual sewage disposal system(s) installed
on lot 1 Inda hucee
for Bill Tarchner
has been found to be in compliance with Chapter 10D-6, Florida
Administrative Code, and therefore is granted final approval.

HD # 86-684

By: Jacqueline D. Kelly
(Sanitarian)

W W

Bill Kirchner



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

OMB 3067-0077
Expires: Feb. 1987

ELEVATION CERTIFICATE

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

BILL KIRCHNER
BUILDING OWNER'S NAME
N. SEWALL'S POINT ROAD, STUART, FLA.
ADDRESS
PROPERTY LOCATION (Lot and Block numbers and address if available)
LOT 1, INDIALUCIE EAST

I certify that the information on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. code, Section 1001.

SECTION I ELIGIBILITY CERTIFICATION (Completed by Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)

COMMUNITY NO.	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF CONSTR.	BASE FLOOD ELEV. (In AO Zone, use depth)	BUILDING IS
12016A	0001	C	4/3/84	V-13	EXIST.	EL. 9.0	<input type="checkbox"/> New/Emergency <input type="checkbox"/> Pre-FIRM Reg. <input type="checkbox"/> Post-FIRM Reg.

YES NO It is intended that the building described above will be constructed in compliance with the community's flood plain ordinance. The certifier may rely on community records. The lowest floor (including basement) will be at an elevation of _____ ft, NGVD. Failure to construct the building at this elevation may place the building in violation of the community's flood plain management ordinance.

YES NO The building described above has been constructed in compliance with the community's flood plain management ordinance based on elevation data and visual inspection or other reasonable means.
If NO is checked, attach copy of variance issued by the community.

YES NO The mobile home located at the address described above has been tied down (anchored) in compliance with the community's flood plain management ordinance, or in compliance with the NFIP Specifications.

MOBILE HOME MAKE	MODEL	YR. OF MANUFACTURE	SERIAL NO.	DIMENSIONS X

(Community Permit Official or Registered Professional Engineer, Architect, or Surveyor)

STEPHEN S. BROWN
NAME
ADDRESS 295 FLA. ST.
TITLE P.E.S. CITY STUART, STATE FLA. ZIP 3349A
DATE 5/5/87 PHONE 305-287-0525

SECTION II ELEVATION CERTIFICATION (Certified by a Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor.)

FIRM ZONE A1-A30: I certify that the building at the property location described above has the lowest floor (including basement) at an elevation of 12.30 feet, NGVD (mean sea level) and the average grade at the building site is at an elevation of 5.00 feet, NGVD.

FIRM ZONES V, V1-V30: I certify that the building at the property location described above has the bottom of the lowest floor beam at an elevation of _____ feet, NGVD (mean sea level), and the average grade at the building site is at an elevation of _____ feet, NGVD.

FIRM ZONES A, A99, AH and EMERGENCY PROGRAM: I certify that the building at the property location described above has the lowest floor elevation of _____ feet, NGVD. The elevation of the highest adjacent grade next to the building is _____ feet, NGVD.

FIRM ZONE AO: I certify that the building at the property location described above has the lowest floor elevation of _____ feet, NGVD. The elevation of the highest adjacent grade next to the building is _____ feet, NGVD.

SECTION III FLOODPROOFING CERTIFICATION (Certification by a Registered Professional Engineer or Architect)

I certify to the best of my knowledge, information, and belief, that the building is designed so that the building is watertight, with walls substantially impermeable to the passage of water and structural components having the capability of resisting hydrostatic and hydrodynamic loads and effects of buoyancy that would be caused by the flood depths, pressures velocities, impact and uplift forces associated with the base flood.

YES NO In the event of flooding, will this degree of floodproofing be achieved with human intervention?
(Human intervention means that water will enter the building when floods up to the base flood level occur unless measures are taken prior to the flood to prevent entry of water (e.g., bolting metal shields over doors and windows).

YES NO Will the building be occupied as a residence?

If the answer to both questions is YES, the floodproofing cannot be credited for rating purposes and the actual lowest floor must be completed and certified instead. Complete both the elevation and floodproofing certificates.

FIRM ZONES A, A1,-A30, V1-V30, AO and AH; Certified Floodproofed Elevation is _____ feet, (NGVD).

THIS CERTIFICATION IS FOR SECTION II BOTH SECTIONS II AND III (Check One)

CERTIFIER'S NAME COMPANY NAME LICENSE NO. (or Affix Seal)

STEPHEN S. BROWN, SSB, Inc. # 4049
TITLE P.E.S. ADDRESS 295 FLA. ST. ZIP 3349A

SIGNATURE DATE CITY STATE PHONE
5/5/87 STUART, FLA. 305-287-0525

The insurance agent should attach the original copy of the completed form to the flood insurance policy application, the second copy should be supplied to the policyholder and the third copy retained by the agent

INSURANCE AGENTS MAY ORDER THIS FORM

New/Emergency Program Construction:

For the purposes of determining insurance rates, buildings for which the start of construction or substantial improvement commenced after September 30, 1982, are New/Emergency buildings.

Pre-FIRM Construction:

For the purposes of determining insurance rates, buildings for which the start of construction or substantial improvement was on or before December 31, 1974 or the effective date of the Initial Flood Insurance Rate Map (date printed on community FIRM), whichever is later. *Special Note:* If an approved building permit is dated prior to December 31, 1974, construction must have commenced not later than 180 days after the date of the approved building permit. "Existing Construction" and "Pre-FIRM Construction" have identical meanings for the purposes of the National Flood Insurance Program.

Post-FIRM Construction:

For insurance rating purposes buildings for which the start of construction or substantial improvement commenced after December 31, 1974 or the effective date of the initial Flood Insurance Rate Map (date printed on community FIRM), whichever is later. "New Construction" and "Post-FIRM Construction" have identical meanings for the purposes of the National Flood Insurance Program.

Substantial Improvement:

Any repair, reconstruction, or improvement of a building, the cost of which equals or exceeds 50 percent of the market value of the building either (a) before the improvement or repair is started, or (b) if the building has been damaged, and is being restored the market value before the damage occurred. For Flood Insurance Program purposes substantial improvement is started when the first alteration of any wall, ceiling, floor, or other structural part of the building commences, whether or not that alteration affects the external dimensions of the structure. However, the term does not include either any project for health, sanitary, or safety code specifications which are solely necessary to assure safe living conditions; or any alteration of a building listed on the National Register of Historic Places or a State Inventory of Historic Places.

Lowest Floor – The lowest floor is the lowest floor (including basement) of the enclosed area. The following modifications of the lowest floor definition are permitted in order to meet community permit practices:

(1) In Zones A, AO, AH, A1-A30, B, C, D, and Emergency Program areas which are not oceanside building sites.

(a) The floor of an unfinished enclosed area at ground level or above, which is a crawl space, or space within the foundation walls, usable as areas for building maintenance, access, parking vehicles, or storing of articles and maintenance equipment (not attached to the building) used in connection with the premises is not considered the building's lowest floor if the walls of the unfinished enclosed areas are constructed with openings (such as with parallel sheer walls, open lattice walls, discontinuous foundation walls, and combinations thereof) to facilitate the unimpeded movement of flood waters or the walls are breakaway walls.

(b) The floor of an attached unfinished garage used for parking vehicles and storing articles and maintenance equipment used in connection with the premises and not attached to the building is not considered the building's lowest floor if the walls of the unfinished enclosed areas are constructed with openings (such as with parallel sheer walls, open lattice walls, discontinuous foundation walls, or combinations thereof) to facilitate the unimpeded movement of flood waters or the walls are breakaway walls.

(2) In Zones V and V1-V30; and Emergency Program areas which are oceanside building lots, the following exceptions apply:

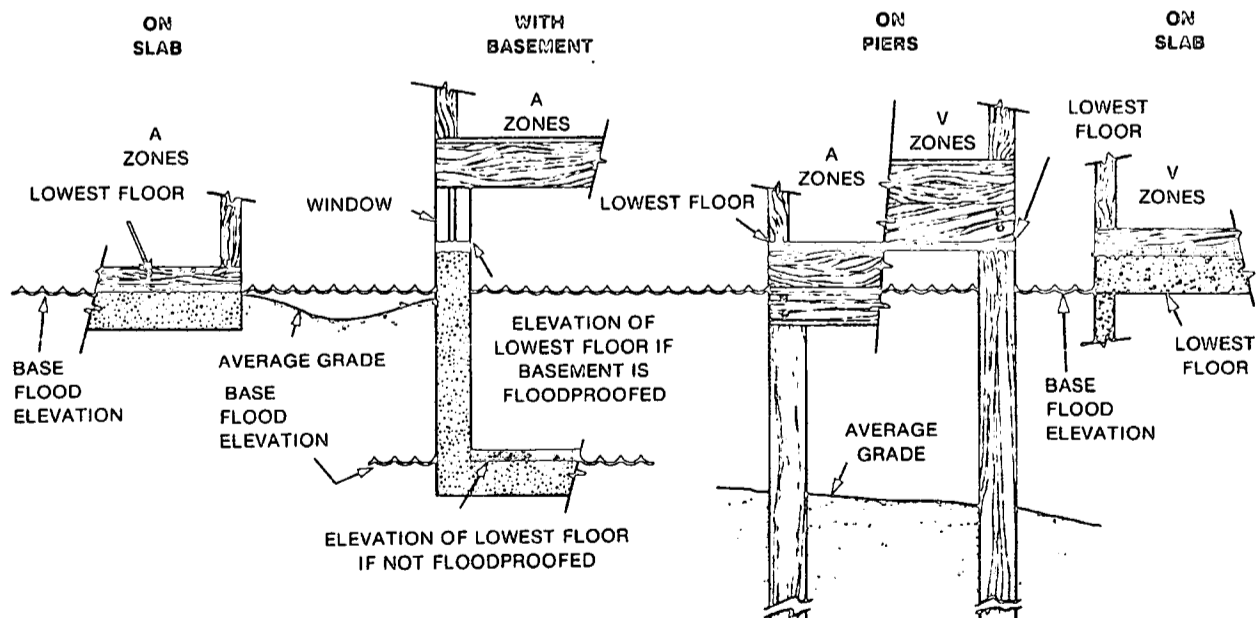
(a) For flood plain management purposes, the floor of an unfinished enclosed area is not considered the building's lowest floor if the area's walls are constructed as breakaway walls. However, for insurance rating purposes:

(i) The floor of an unfinished enclosed area less than 300 square feet is not considered the building's lowest floor if the walls are breakaway walls.

(ii) The floor of an unfinished enclosed area equal to or greater than 300 square feet is considered the building's lowest floor even if the walls are breakaway walls.

(b) The floor of an unfinished enclosed area with walls made of insect screening or open wood constructed breakaway lattice work (regardless of the size of the area enclosed) is not considered the building's lowest floor.

Lowest Floor Elevation – The lowest floor elevation is the elevation of the bottom of the floor beam of the lowest floor in Zones V, V1-V30. In all other zones, the lowest floor elevation is the elevation of the top of the lowest floor.



NOTE:

A Zones – A, AO, AH, A1-A30, A99, Emergency Program other than Oceanside Building Sites

V Zones – V, V1-V30, Emergency Program Oceanside Building Sites (beach areas subject to wave action during severe storms)

Base Flood Elevation – Flood plain management requirements including the Base Flood Elevation are shown on the FIRM for Zones AH, A1-A30, V1-V30. For FIRM Zone A, V, and Emergency Program Special Flood Hazard Areas the community permit official or the builder has estimated this elevation by the reasonable interpretation of available data. Enter that estimated elevation in the space provided in Section I of the Elevation Certification for Base Flood Elevation. If this community permit official or the builder has not selected an estimated Base Flood Elevation, enter N.A.

STATE FARM HOMEOWNER'S/CONDOMINIUM UNIT OWNER'S BINDER RECEIPT

EFFECTIVE DATE 11/13/87		<input checked="" type="checkbox"/> State Farm Fire and Casualty Company <input type="checkbox"/> State Farm General Insurance Company	
NAME Please Print KIRCHNER, William		FIRST NAME AND MIDDLE INITIAL OF SPOUSE (IF APPLICABLE)	
UNIT AND/OR STREET #205 400 Northlake Ct.	NUMBER AND STREET NORTH PALM BEACH	CITY OR TOWN Florida	STATE 33400
Location of premises (IF DIFFERENT FROM MAILING ADDRESS) Lot 1 Indian Lake East, Stuart, FL		COUNTY Martin	TELEPHONE NUMBER (848) 735-83
Township Stuart	Applicant's Soc. Sec. # 1841361704	Spouse's Soc. Sec. #	<input checked="" type="checkbox"/> H <input type="checkbox"/> B

Pending issuance of a policy, at which time this Binder will be void, and subject to all the declarations, terms and conditions of the policy hereby applied for as currently being issued by the Company designated hereon, this Company is hereby bound to the insured applicant and legal representatives on the property as described hereon for a term not exceeding ninety (90) days from the effective date.

It is a condition of this Binder that, in event of loss before expiration of this Binder, the premium due this Company shall be fixed at the full annual premium for the sum insured.

This Binder is made and accepted subject to all the foregoing and shall not be valid unless countersigned by the duly authorized agent of this Company.

Dated at Palmdale, Fla this 13th day of Jan 19 86
Shakewarred Agent

Philip G. Buffinton Secretary

Edward B. Ruet Jr. President

Form 1 3 4 (5) 6 7	(ATTACH COUNTRY HOMEOWNERS APPLICATION)	* DATE POLICY BOOK DELIVERED	<input checked="" type="checkbox"/> Jewelry and Furs (JF) (submit list of items) Aggregate limit \$ <u>7500</u> \$ <u>inc</u>	PREMIUM	<input type="checkbox"/> Merchandise Samples (SA) (describe in Remarks) <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	PREMIUM
Deductibles: ALL PERIL \$ <u>250</u> THEFT \$ <u>0</u> OTHER (SPECIFY)	Dwelling or building property <u>127603</u> Dwelling extension (total amt. incl. 10% from Cov. A) <u>127600</u> \$ <u>461</u> Personal property <u>17217</u> Loss of use (add'l living expense) Actual Loss Sustained Condominium loss assessment		<input type="checkbox"/> Silverware Theft (SG) (submit list of items) Total Limit \$		<input checked="" type="checkbox"/> Guaranteed Replacement Cost (GR) <u>inc</u> <input type="checkbox"/> Home Computer (HC)	
SEC. II	Personal liability (each occurrence) \$ <u>100,000</u> \$ <u>300,000</u> Medical payments to others (each person) \$ <u>1,000</u>	<input type="checkbox"/> Firearms (FA) <input type="checkbox"/> Incidental Business (IO) (describe in Remarks) <input type="checkbox"/> Business Pursuits (BU) (describe in Remarks)	<input type="checkbox"/> Replacement Cost-Contents (RC) <u>inc</u> <input type="checkbox"/> Back-up of Sewers and Drains Endorsement <input type="checkbox"/> Earthquake Endorsement <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Other:			
MPP Acct. No.		Total premium \$ <u>375.00</u>	Amount paid \$ <u>375.00</u>			

Insured Mortgagee Copy - Insured Mortgagee
 Renewal bills: Original - Insured Mortgagee Endorse. bills: Original - Insured Mortgagee

Mtg. Loss Payee Named Add'l Insured First National Bank of Banks
P.O. Drawer 2316, Stuart, FL 33495 Loan Number _____
 2nd Mtg. Loss Payee Named Add'l Insured Svc. Agt. _____ Loan Number _____

I understand that coverage is: binding not binding under this application.

I hereby apply for the insurance indicated and represent that I have read both sides of this application and the statements hereon are correct. I understand that the premium shown above must be in compliance with the Company's rules and rates and is subject to revision.

Applicant's Signature X

Agent's Code Stamp

Date and Time of Application
 Mo. 1 Day 13 Yr. 87
 Hour 1015 A.M. P.M.

MARTIN COUNTY PUBLIC HEALTH UNIT Phone:
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

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

PERMIT NUMBER: HD 86-684

CALL 

NAME OF APPLICANT: BILL KIRCHNER

HOME PHONE: 848-7388

MAILING ADDRESS OF APPLICANT: 115 DUNN DRIVE, FT. CHARLOTTE FL. 33952

WORK PHONE: _____

LOT 1 BLOCK _____ SUBDIVISION INDIA LUCIE EAST

PLAT BOOK 5 PAGE 11 DATE SUBDIVIDED 2/72

RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3

HEATED OR COOLED AREA OF HOME 2663 SQUARE FEET

COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ NUMBER PEOPLE _____

JOB. NO. 933-01-01

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.

\$50 WELL FEE IF WELL NOT INSTALLED AT TIME OF SEPTIC SYSTEM INSPECTION

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

STEPHEN J. BROWN P.L.S. 

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS

DRAINFIELD SIZE 500 SQUARE FEET

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF

32" ABOVE CROWN OF ROAD 3.61NGVD

TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF

36" ABOVE CROWN OF ROAD 3.61NGVD

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 19'

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

ISSUED BY: Daniel M. Sarskowsky R.S.
ENVIRONMENTAL HEALTH SPECIALIST

DATE: 12-23-86

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

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

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

FINAL INSPECTION

CONSTRUCTION APPROVED BY: _____
ENVIRONMENTAL HEALTH SPECIALIST

DATE: _____

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

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

SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? No
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 3.61 SHOW LOCATION ON PLOT PLAN.
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 4.00 SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 5.13
SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 10.0 NGVD 1929 (ELEVATION OPTIONAL)

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

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO: 4049
DATE: 12-16-86 JOB NO: 93301-0

SITE DIRECTIONS

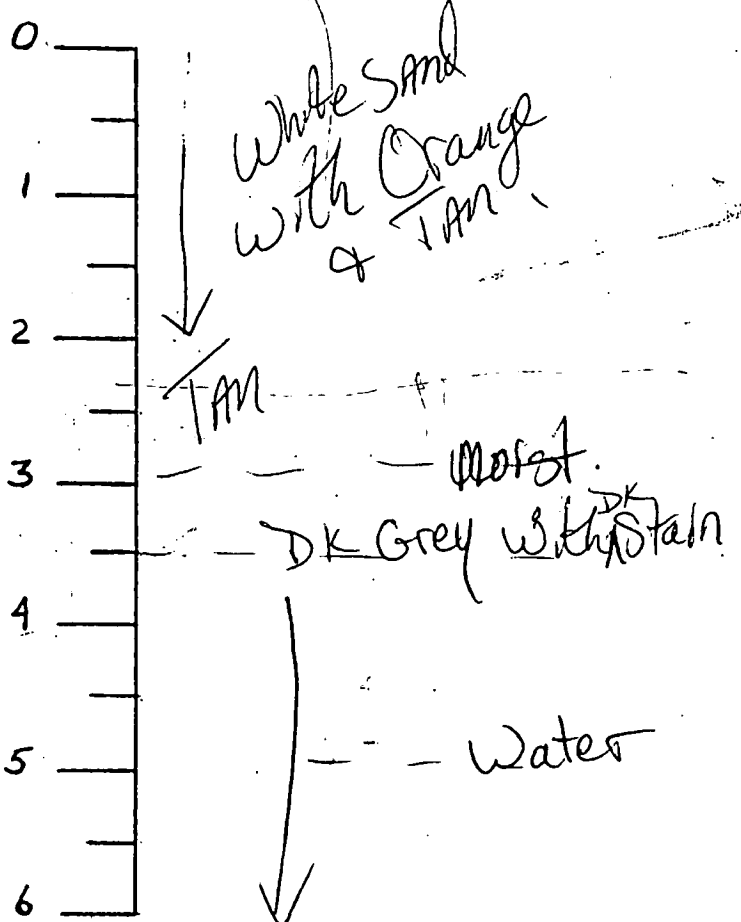
ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 33497
287-2277
SITE EVALUATION

APPLICANT: BILL KIRCHNER

LEGAL DESCRIPTION: Lot 1 INDIA LUCIE EAST

SOIL PROFILE



USDA SOIL TYPE ~~Quartz Arenic~~

USDA SOIL NUMBER 36

Impervious soils are present
30" ~~feet~~ below natural grade.

Present Water Depth Below Natural Grade 5' Feet.

Wet Season Range Per Soil Survey 30" Feet.

Estimated Wet Season Water Depth Below Natural Grade _____ Feet.

Indicator Vegetation Present Disturbed

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

Approximate Amount of Fill on Neighboring Lots 2-3'

Other Findings:

EVALUATION BY: Jacqueline D. H.

DATE: 12-22-86

MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 33497
287-2277

Steve

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: BILL KIRCHNER
LEGAL DESCRIPTION: LOT 1 INDIA LUCIE EAST
SEPTIC TANK PERMIT NUMBER: HD86-689

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

- 1. Building Permit Number: _____
- 2. I certify that the elevation of the top of the lowest plumbing stubout is at or above the approved elevation as shown on septic tank permit application.
Date elevation checked: _____
- 3. I certify that the top of the lowest building plumbing stubout is _____ feet above the crown of road.
- 4. I certify that all severe limited soil has been removed from an area of 25 feet by 55 feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.
Date observed: _____

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

CERTIFIED BY: _____
Florida Professional Number: _____
Date: _____ Job Number: _____
As applicant or applicant's representative, I understand the above requirements.
[Signature]
(Signature)

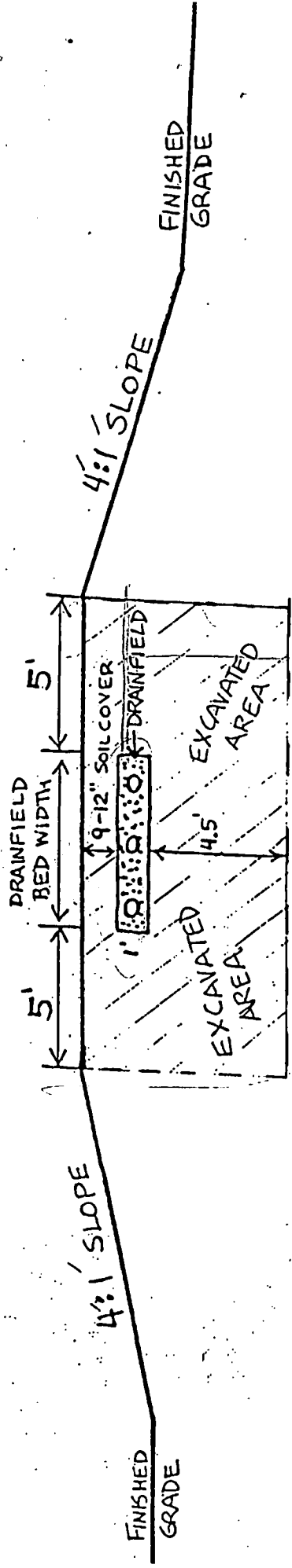
FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

(Date)

[Signature]

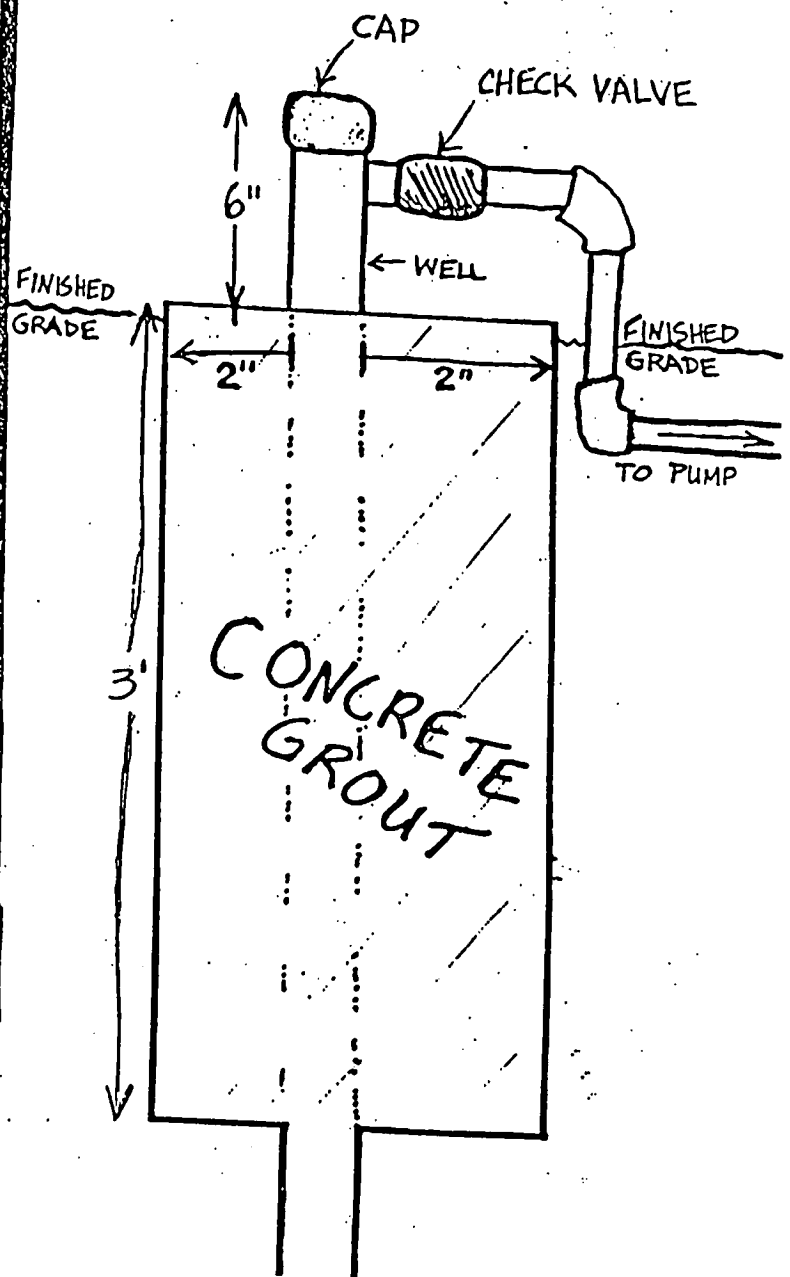
DRAINFIELD MOUND REQUIREMENTS



NOTES THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

WELL REQUIREMENTS

NOTE: ALL WELLS MUST BE GROUTED AT LEAST 2" AROUND WELL CASING TO A DEPTH OF 3'. WELL CASING MUST EXTEND 6" ABOVE FINISHED GRADE AS SHOWN BELOW. NOTE LOCATION OF CHECK VALVE.



MMC 4/85

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 33450

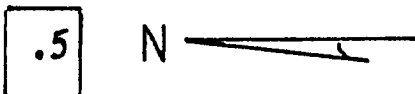
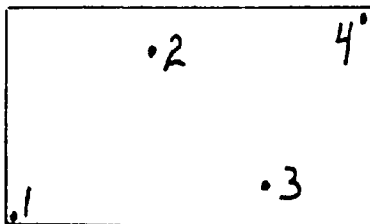
FORT PIERCE: (305) 461-7508
 VERO BEACH: (305) 567-6167
 STUART: (305) 283-7711

Report
 of
DENSITY OF SOIL IN PLACE
 ASTM D2922

Client William Kirchner **Date** January 21, 1987
Contractor Client PERMIT #2157
Site 6 Sewall's Point Road
 Lot 1, India Lucie Subd.

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
16767	Map Location #1	1 - 2'	102.7	16767	104.2	98.6
	Map Location #1	2 - 3'	103.0		104.2	98.8
	Map Location #2	0 - 1'	103.0		104.2	98.8
	Map Location #2	1 - 2'	102.9		104.2	98.7
	Map Location #3	0 - 1'	103.1		104.2	98.9
	Map Location #3	1 - 2'	102.7		104.2	98.6
	Map Location #4	0 - 1'	103.1		104.2	98.9
	Map Location #4	1 - 2'	103.3		104.2	99.1
	Map Location #5	0 - 1'	103.0		104.2	98.8
	Map Location #5	1 - 2'	103.6		104.2	99.4
All elevations below stripped surface.						

Copies Client - 1
 Sewalls Pt. Bldg. Dept. - 1



Respectfully submitted,

 ALEXANDER H. FRASER, P. E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 33450

FORT PIERCE: (305) 461-7508
 VERO: (305) 567-6167
 STUART: (305) 283-7711

Report
of
MOISTURE DENSITY RELATIONSHIP
ASTM 1557-70

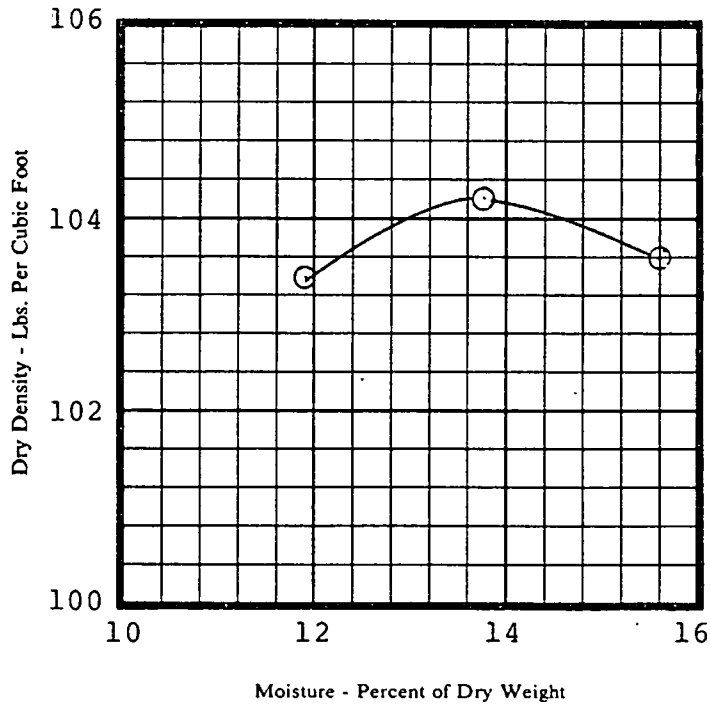
Client William Kirchner

Date January 21, 1987

Contractor Client

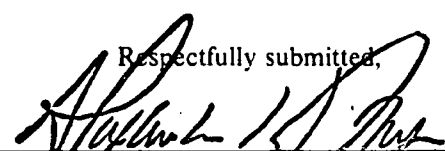
PERMIT #2157

Site 6 Sewalls Point Rd.
 Lot 1, India Lucie Subd.



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
16767	A	Composite	13.8	104.2	Orange and white fine sand.

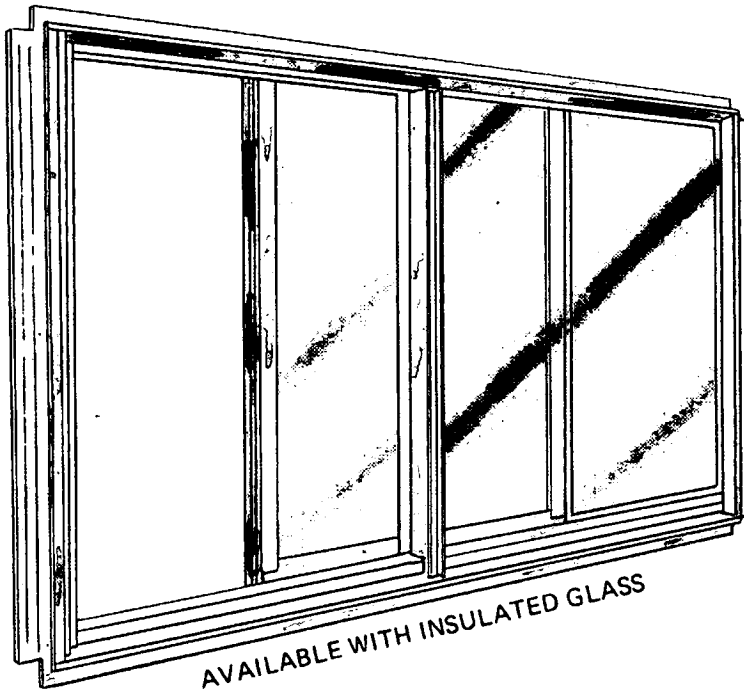
Copies

Respectfully submitted,

 ALEXANDER H. FRASER, P. E.

MODEL
OH2
OH3

TYPE
½" Flange
Integral Fin

GENERAL USE
Concrete Block
Brick Veneer
and Wood



HORIZONTAL ROLLER

The practical window to install where a projecting window would be a hazard; for example in a passageway, porch or door entrance area. Also ideal for Ranch Type homes and motels.

THE MOVING SASH makes 100% contact with Weatherstrip for leak-proof protection against the weather, moves easily on Aluminum Rollers with stainless steel axle, with effortless fingertip control for opening and closing, is easily removable for cleaning from inside the house.

HORIZONTAL ROLLER SPECIFICATIONS

GENERAL: Aluminum horizontal roller windows shall be residential type as manufactured by Nu-Air Manufacturing Co., Tampa, Florida and shall conform to AAMA HS-B1-HP or HS-B2-HP specifications as per requirements.

MATERIALS: Main frame and sash members shall be specially designed extruded shapes of 6063-T5 aluminum with a minimum wall thickness of .062 inches. Frame members shall have a minimum depth of 2-7/64". Horizontal sash members shall have a minimum depth of 1-3/32" and vertical sash members shall have a minimum depth of 15/16".

CONSTRUCTION: Window shall be assembled in a secure and workmanlike manner using screw type construction in both frame and sash. Sash shall have a positive interlock at frame meeting rail with a prime window sweep lock mounted with 2 screws that locks into cavity of frame meeting rail.

WEATHERSTRIP: Weatherstrip at frame meeting rail and frame jamb shall be of top quality silicone treated wool or poly-pile. Weatherstrip at sash side rail shall be of special designed elastomeric vinyl inserted in grooves provided. Horizontal sash rails shall have top quality silicone treated

poly-pile Fin-seal.

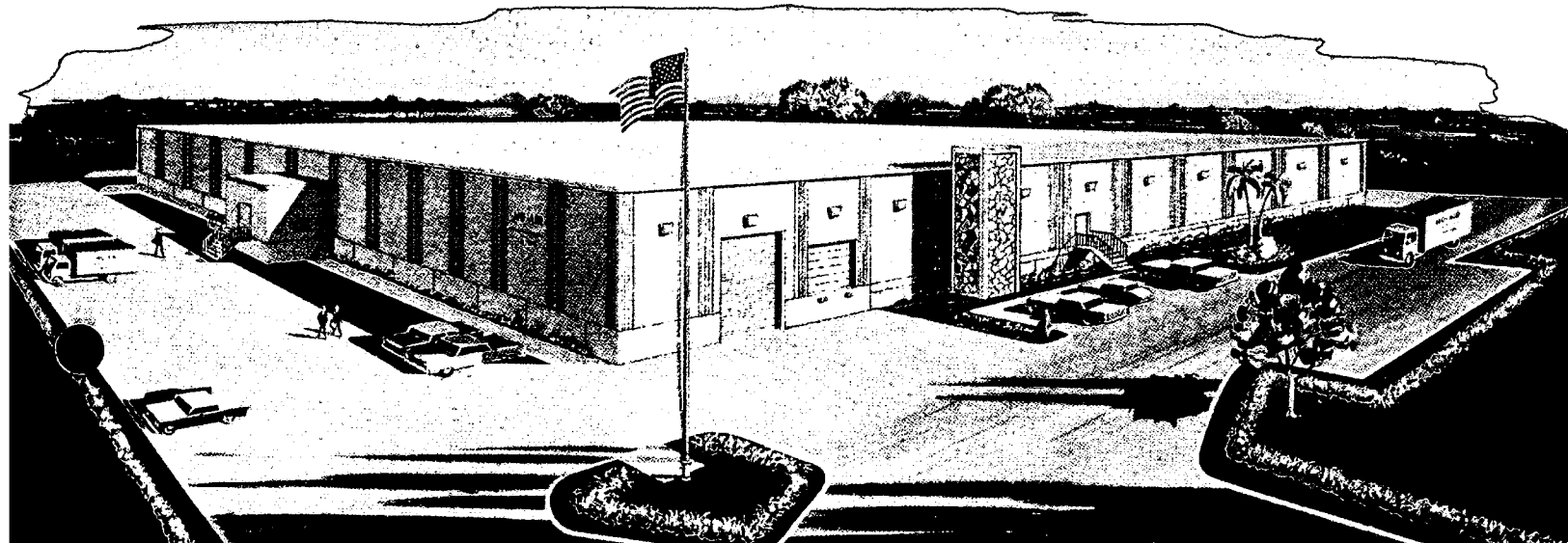
HARDWARE: Each sash shall be equipped with two Aluminum Rollers with stainless steel axle mounted in Nylon Housing to give trouble free operation and two nylon guides at the top of each sash. A prime window sweep lock is mounted with 2 screws on sash interlock vertical rail and locks into cavity of frame meeting rail.

GLAZING: Glass shall be cut to a size that will provide an adequate lap on all edges, bedded in an approved glazing compound, and held in place with specially designed glazing bead, properly fitted.

FINISH: Standard mill finish shall be provided unless otherwise specified.

SCREENS: Screens, when required, shall be of tubular aluminum section wired with 18-14 mesh screen cloth.

ERECTION: Windows are to be installed plumb, square and level according to manufacturers recommendations. Caulking, pointing and grouting shall be applied neatly and shall not interfere with installation of screens nor operation of the windows.



Dimensions shown for both 1/2" Flange and Integral Fin exclusive of Flange or Fin.

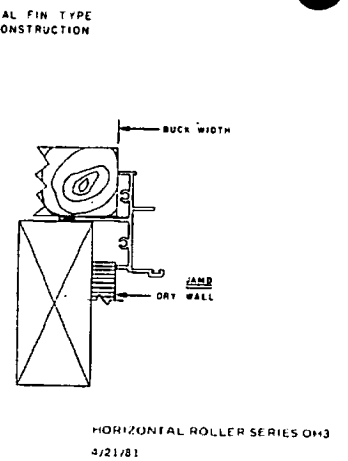
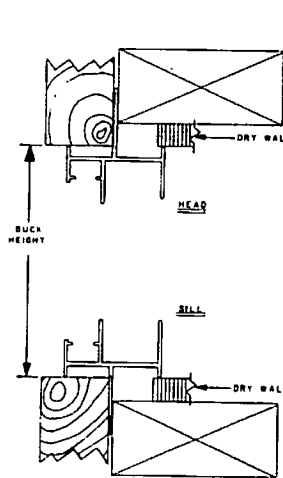
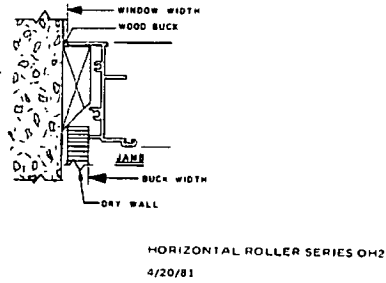
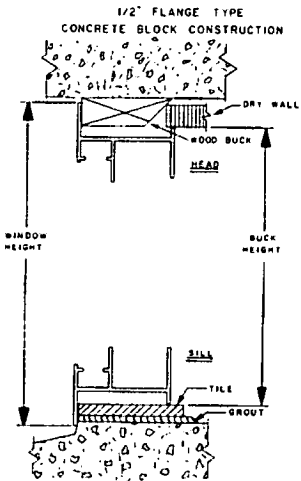
Buck Dim Width	24	36	48	60	72
Fixed Glass Width	11	17	23	29	35
Moving Glass Width	9	15	21	27	33
Jack Dim Ht.	24	36	48	60	72
Screen Ht.	22 3/8	34 3/8	46 3/8	58 3/8	70 3/8
Fixed Glass Ht.	22 1/4	34 1/4	46 1/4	58 1/4	70 3/8
Moving Glass Ht.	20 7/8	32 7/8	44 7/8	56 7/8	68 3/8

Note: Movement of Sash is indicated by arrows. Window is viewed from inside.

Buck Dim Width	84	96	108
Fixed Glass Width	47	47	21
Moving Glass Width	15	15	21
Screen Width	16 15/16	16 15/16	22 15/16
Buck Dim Ht.	84	96	108
Fixed Glass Ht.	70 2/3	80 2/3	90 2/3
Moving Glass Ht.	70 2/3	80 2/3	90 2/3
Screen Ht.	70 2/3	80 2/3	90 2/3

Note: Movement of Sash is indicated by arrows. Window is viewed from inside.

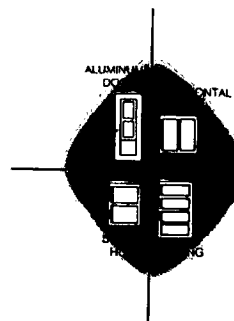
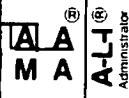
INSTALLATION DETAILS



466



AAMA SPONSORED
 MANUFACTURER STIPULATES CONFORMITY TO ANSI/AAMA 302.9
 Code: NA-1 Series: OH2 / OH3
 Spec: HS-B1-HP (50) MST: 9040
 HS-B2-HP (54) (H.D. Stiles) 9050



NU-AIR

ALUMINUM WINDOWS AND DOORS

8105 Anderson Road
 P.O. Box 15436
 Tampa, Florida 33684
 Phone (813) 885-1654

MODEL

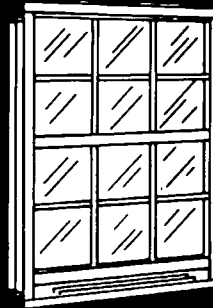
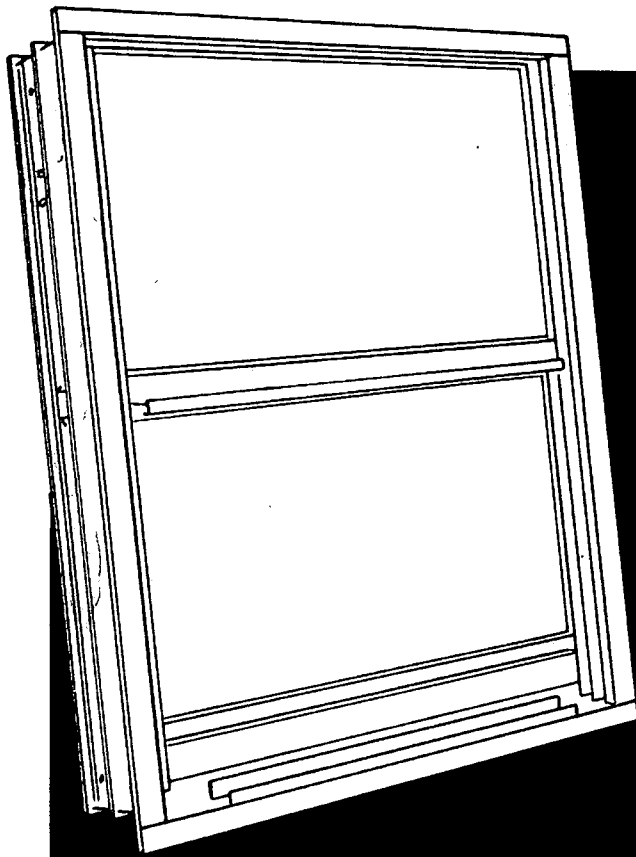
032
033
035F
035IF

TYPE

1/2" Flange
Integral Fin
Picture Window
Picture Window

GENERAL USE

Concrete Block
Brick Veneer and Wood
(with 032)
(with 033)



NU-AIR

SINGLE-HUNG SPECIFICATIONS

GENERAL: Aluminum single-hung windows shall be residential type as manufactured by Nu-Air Manufacturing Company, Tampa, Florida, and shall conform to AAMA DH-B1-HP specifications.

MATERIALS: Main frame and sash members shall be specially designed extruded shapes of 6063-T5 aluminum with a minimum wall thickness of .062 inches. Frame members shall have a minimum depth of 2" and sash members shall have a minimum depth of 49/64".

CONSTRUCTION: Window shall be assembled in a secure and workmanlike manner using screw type construction in both frames and sash. Sash shall have a positive interlock at frame meeting rail plus vinyl weatherstrip, which, in combination with sash side rail and sill weatherstrip, provides a continuous weathering contact around entire sash perimeter.

WEATHERSTRIP: Frame meeting rail and sash bottom rail shall have specially designed elastomeric vinyl weatherstripping inserted in grooves provided therefore. Weatherstrip in sash side rails and frame sill shall be top quality silicone treated wool or poly-

pile.

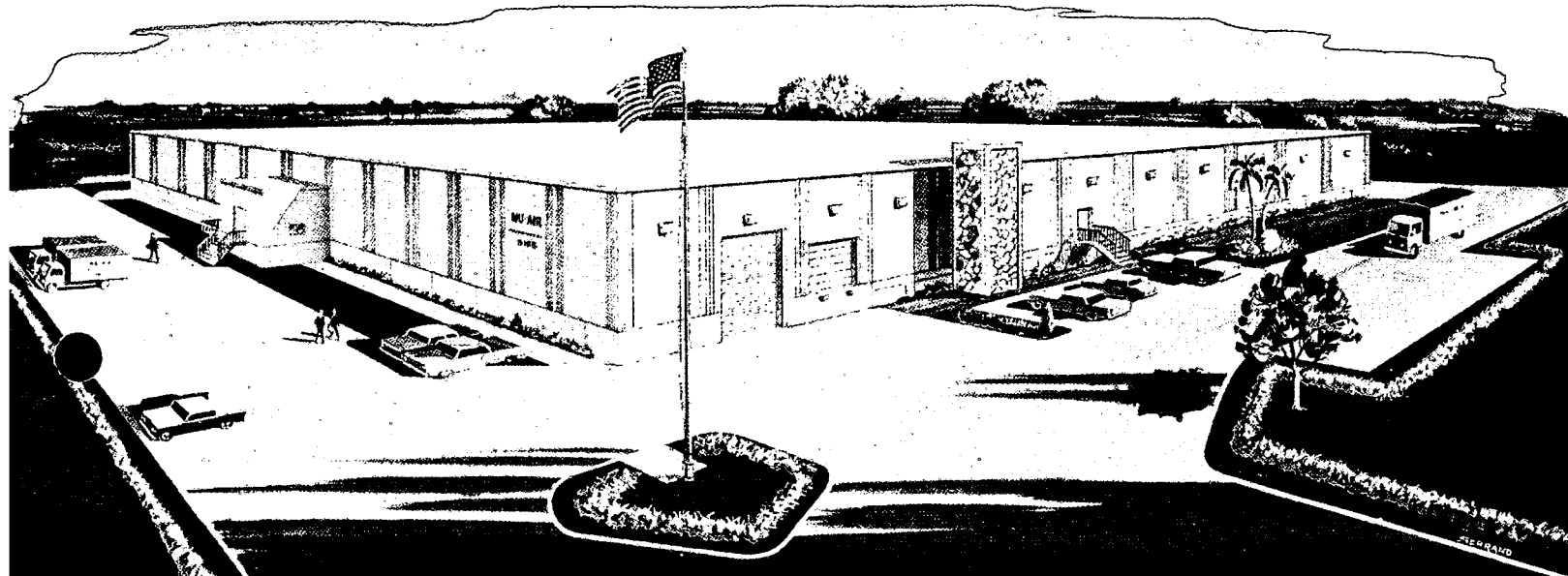
HARDWARE: Window shall be equipped with standard take-out sash balances by D. J. Dinsmore Co., or equal, and shall have nylon guides top and bottom to provide smooth operation and prevent metal-to-metal contact. Sash locking device shall be specially designed spring loaded and shall be automatically activated when sash is closed.

GLAZING: Glass shall be cut to a size that will provide an adequate lap on all edges, bedded in an approved glazing compound, and held in place with specially designed glazing bead, properly fitted.

FINISH: Standard mill finish shall be provided unless otherwise specified.

SCREENS: Screens, when required, shall be of tubular aluminum section wired with 18-14 mesh screen cloth.

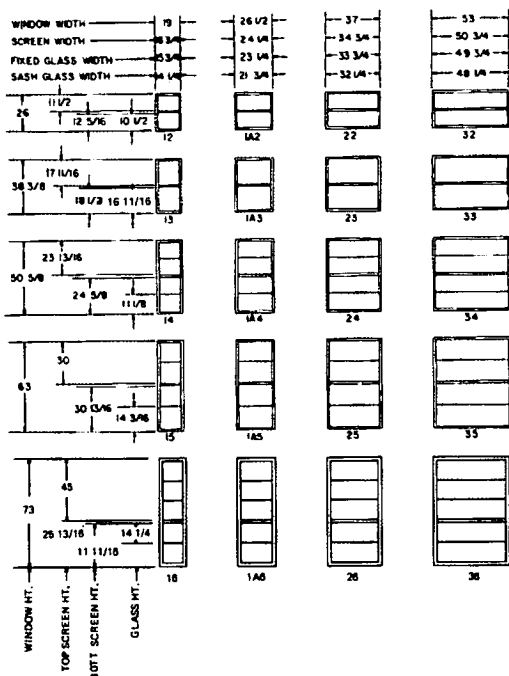
ERECTION: Windows are to be installed plumb, square and level according to manufacturers recommendations. Caulking, pointing and grouting shall be applied neatly and shall not interfere with installation of screens nor operation of the windows.



RESIDENTIAL STANDARD SIZES

COMMODITY

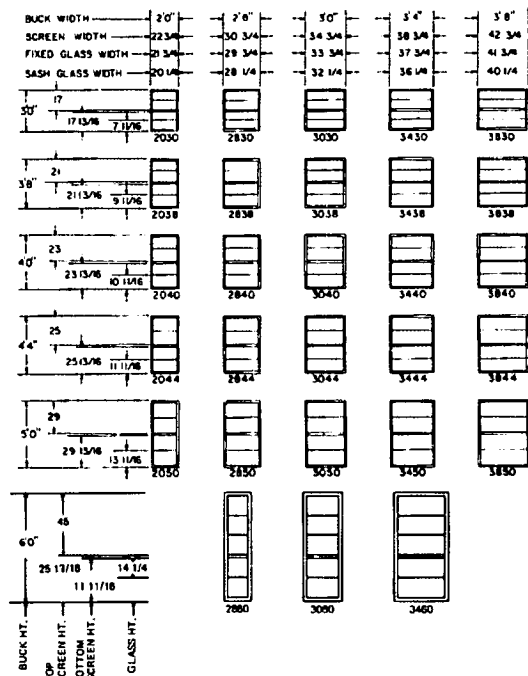
Information below applies to Model 32 (1/2" flange only)



MODEL 032 (1/2" FLANGE) Overall dimension shown. For buck dimension subtract 1" from window width and height.

MODULAR

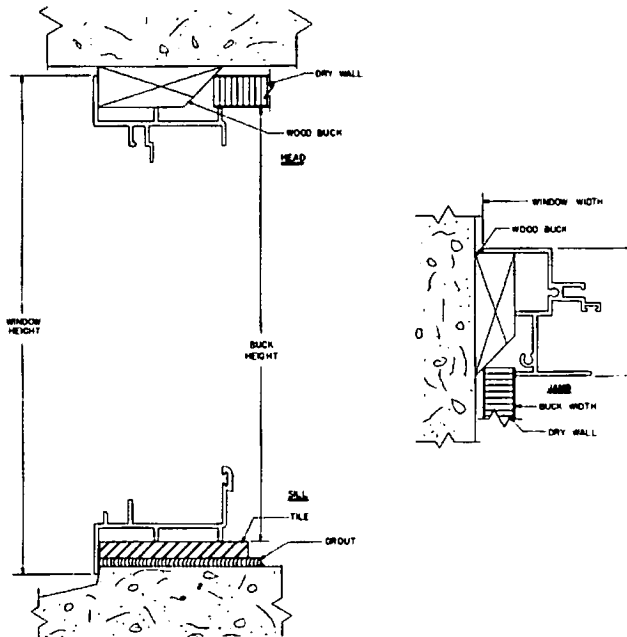
Information below applies to Model 33 (integral fin only)



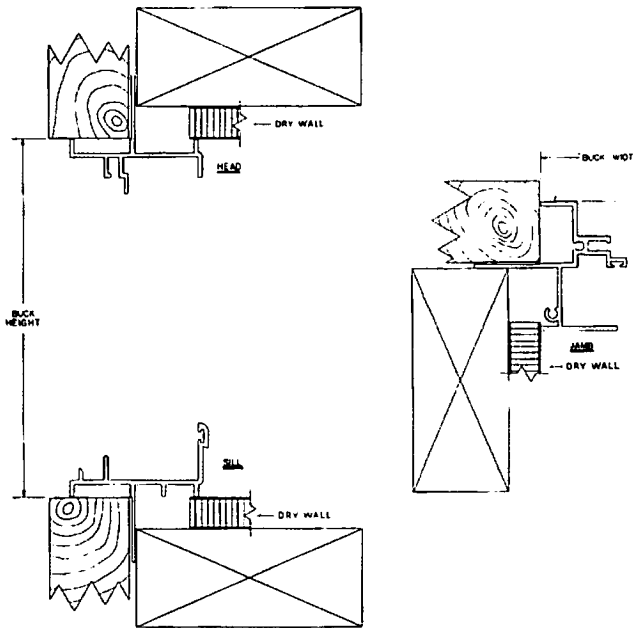
MODEL 033 (INTEGRAL FIN TYPE) Sizes shown are overall exclusive of integral fin.

INSTALLATION DETAILS

1/2" FLANGE TYPE CONCRETE BLOCK CONSTRUCTION



INTEGRAL FIN TYPE FRAME CONSTRUCTION

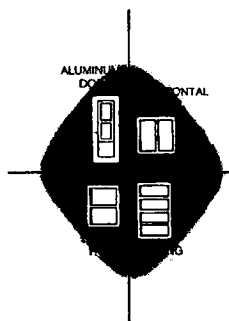


AAMA SPONSORED

MANUFACTURER STIPULATES CONFORMITY TO ANSI/AAMA 302.5
Code: NA-1
Spec: DH-B1-HP(40) (H.D. Interlock)
MST: 4562
2553



SECURITY TESTED
The manufacture of the product stipulates that it has been tested by an independent laboratory to comply with the Door County Ordinance or AAMA Specification 1302.5.



NU-AIR

ALUMINUM WINDOWS AND DOORS

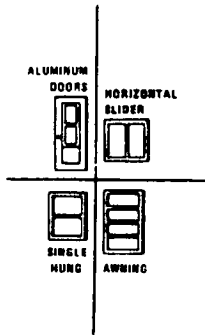
8105 Anderson Road
P.O. Box 15436
Tampa, Florida 33684
Phone (813) 885-1654

INSTALLATION - POCKET DOORS

SINGLE POCKETS

NORMAL	FINISH OPENING	ROUGH MASONRY OPENING
3'0" x 6'8"	36 5/16"	38 1/16"
4'0" x 6'8"	48 5/16"	50 1/16"
5'0" x 6'8"	60 5/16"	62 1/16"

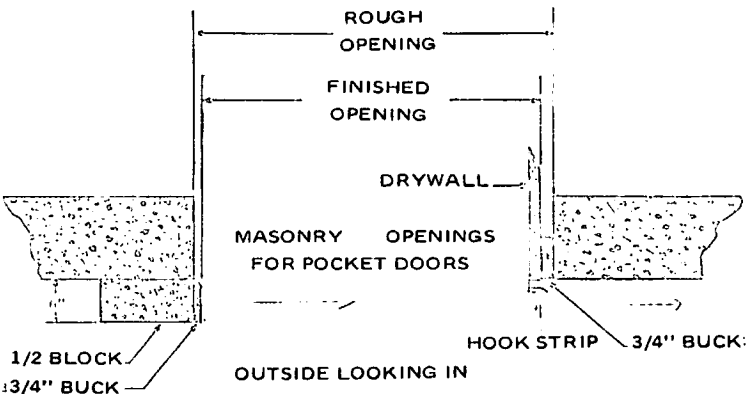
NORMAL	FINISH OPENING	ROUGH MASONRY OPENING
6'0" x 6'8"	70 15/16"	72 11/16"
8'0" x 6'8"	94 15/16"	96 11/16"
9'0" x 6'8"	105 9/16"	107 5/16"
12'0" x 6'8"	141 9/16"	143 5/16"



NU-AIR

MANUFACTURING CO.

8105 ANDERSON ROAD
TAMPA, FLORIDA 33684
(813) 885-1654



DOUBLE POCKETS

NORMAL	FINISH OPENING	ROUGH MASONRY OPENING
6'0" x 6'8"	72"	73 3/4"
8'0" x 6'8"	96"	97 3/4"
12'0" x 6'9"	141 1/4"	143"
16'0" x 6'8"	189 1/4"	191"

AWNING OR SINGLE HUNG WINDOW Commodity Sizes

CODE SIZE	MASONRY OPENING		WOOD FRAME OPENING	
	WIDTH	HEIGHT	WIDTH	HEIGHT
12	19 7/8	X 26	19 1/8	X 26 1/4
13	19 7/8	X 38 3/8	19 1/8	X 38 5/8
14	19 7/8	X 50 5/8	19 1/8	X 50 7/8
15	19 7/8	X 63	19 1/8	X 63 1/4
16	19 7/8	X 73	19 1/8	X 73 1/4
1A2	27 1/4	X 26	26 5/8	X 26 1/4
1A3	27 1/4	X 38 3/8	26 5/8	X 38 5/8
1A4	27 1/4	X 50 5/8	26 5/8	X 50 7/8
1A5	27 1/4	X 63	26 5/8	X 63 1/4
1A6	27 1/4	X 73	26 5/8	X 73 1/4
22	37 3/4	X 26	37 1/8	X 26 1/4
23	37 3/4	X 38 3/8	37 1/8	X 38 5/8
24	37 3/4	X 50 5/8	37 1/8	X 50 7/8
25	37 3/4	X 63	37 1/8	X 63 1/4
26	37 3/4	X 73	37 1/8	X 73 1/4
32	53 7/8	X 26	53 1/8	X 26 1/4
33	53 7/8	X 38 3/8	53 1/8	X 38 5/8
34	53 7/8	X 50 5/8	53 1/8	X 50 7/8
35	53 7/8	X 63	53 1/8	X 63 1/4
36	53 7/8	X 73	53 1/8	X 73 1/4

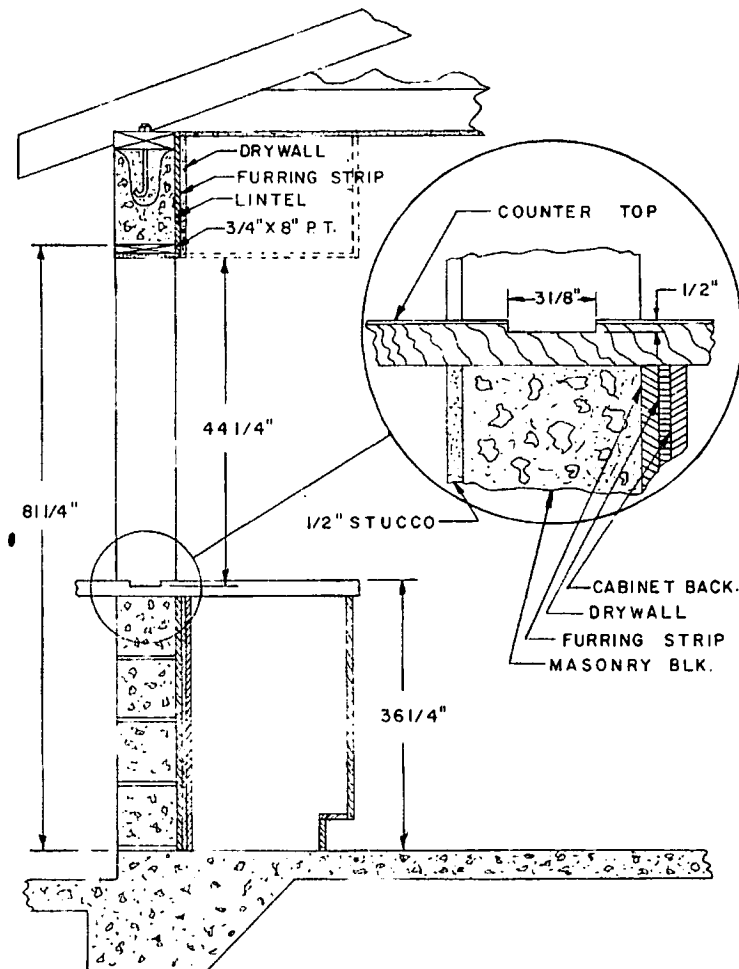
MULLED WINDOWS - SINGLE HUNG

2 - 37" WIDE SINGLE HUNG MULLED - Masonry Opening =	74 7/8
2 - 53" WIDE SINGLE HUNG MULLED - Masonry Opening =	106 7/8
2 - 37" WIDE SINGLE HUNG MULLED - Frame Opening =	73 1/4
2 - 53" WIDE SINGLE HUNG MULLED - Frame Opening =	105 1/4

MULLED WINDOWS - AWNING

2 - 37" WIDE AWNING MULLED - Masonry Opening =	74 7/8
2 - 53" WIDE AWNING MULLED - Masonry Opening =	107 1/8
2 - 37" WIDE AWNING MULLED - Frame Opening =	74 1/4
2 - 53" WIDE AWNING MULLED - Frame Opening =	106 1/2

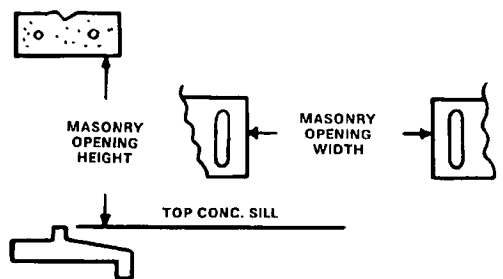
INSTALLATION - COUNTER TOP UNITS



FOR FURTHER INFORMATION CALL:

D
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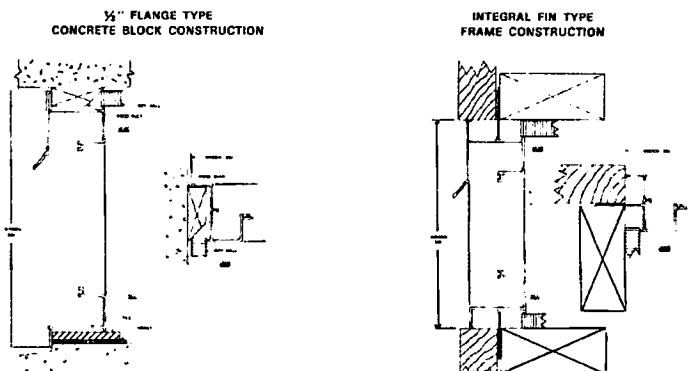
MASONRY DETAIL



MASONRY OPENING HEIGHT IS MEASURED FROM TOP OF LIP ON CONCRETE SILL TO BOTTOM OF LINTEL.

AWNING WINDOW

INSTALLATION DETAILS



ROUGH OPENING EQUALS BUCK DIMENSION + 1" WHEN ALLOWANCE IS MADE FOR 1/2" DRYWALL OR EQUIVALENT AT JAMB WIDTH

SERIES 32 AND 33

STANDARD MODULAR SINGLE HUNG

CODE SIZE	MASONRY OPENING		WOOD FRAME OPENING		
	WIDTH	HEIGHT	WIDTH	HEIGHT	
2030	25 3/4	X 37	25 1/8	X 37 1/4	
2038	25 3/4	X 45	25 1/8	X 45 1/4	
2040	25 3/4	X 49	25 1/8	X 49 1/4	
2044	25 3/4	X 53	25 1/8	X 53 1/4	
2050	25 3/4	X 61	25 1/8	X 61 1/4	
2830	33 3/4	X 37	33 1/8	X 37 1/4	
2838	33 3/4	X 45	33 1/8	X 45 1/4	
2840	33 3/4	X 49	33 1/8	X 49 1/4	
2844	33 3/4	X 53	33 1/8	X 53 1/4	
2850	33 3/4	X 61	33 1/8	X 61 1/4	
2860	33 3/4	X 73	33 1/8	X 73 1/4	
3030	37 3/4	X 37	37 1/8	X 37 1/4	
3038	37 3/4	X 45	37 1/8	X 45 1/4	
3040	37 3/4	X 49	37 1/8	X 49 1/4	
3044	37 3/4	X 53	37 1/8	X 53 1/4	
3050	37 3/4	X 61	37 1/8	X 61 1/4	
3060	37 3/4	X 73	37 1/8	X 73 1/4	
3430	41 3/4	X 37	41 1/8	X 37 1/4	
3438	41 3/4	X 45	41 1/8	X 45 1/4	
3440	41 3/4	X 49	41 1/8	X 49 1/4	
3444	41 3/4	X 53	41 1/8	X 53 1/4	
3450	41 3/4	X 61	41 1/8	X 61 1/4	
3460	41 3/4	X 73	41 1/8	X 73 1/4	
3830	45 3/4	X 37	45 1/8	X 37 1/4	
3838	45 3/4	X 45	45 1/8	X 45 1/4	
3840	45 3/4	X 49	45 1/8	X 49 1/4	
3844	45 3/4	X 53	45 1/8	X 53 1/4	
3850	45 3/4	X 61	45 1/8	X 61 1/4	

NOTE: MASONRY OPENING HEIGHT IS MEASURED FROM TOP OF LIP ON CONCRETE SILL TO BOTTOM OF LINTEL.

**SERIES OH2 AND OH3
HORIZONTAL ROLLERS**

CODE SIZE	MASONRY OPENING		WOOD FRAME OPENING		
	WIDTH	HEIGHT	WIDTH	HEIGHT	
2020	25 3/4	X 25	25 1/8	X 25 1/4	
2030	25 3/4	X 37	25 1/8	X 37 1/4	
2040	25 3/4	X 49	25 1/8	X 49 1/4	
2050	25 3/4	X 61	25 1/8	X 61 1/4	
3020	37 3/4	X 25	37 1/8	X 25 1/4	
3030	37 3/4	X 37	37 1/8	X 37 1/4	
3040	37 3/4	X 49	37 1/8	X 49 1/4	
3050	37 3/4	X 61	37 1/8	X 61 1/4	
4020	49 3/4	X 25	49 1/8	X 25 1/4	
4030	49 3/4	X 37	49 1/8	X 37 1/4	
4040	49 3/4	X 49	49 1/8	X 49 1/4	
4050	49 3/4	X 61	49 1/8	X 61 1/4	
5020	61 3/4	X 25	61 1/8	X 25 1/4	
5030	61 3/4	X 37	61 1/8	X 37 1/4	
5040	61 3/4	X 49	61 1/8	X 49 1/4	
5050	61 3/4	X 61	61 1/8	X 61 1/4	
6020	73 3/4	X 25	73 1/8	X 25 1/4	
6030	73 3/4	X 37	73 1/8	X 37 1/4	
6040	73 3/4	X 49	73 1/8	X 49 1/4	
6050	73 3/4	X 61	73 1/8	X 61 1/4	
7020-3	85 3/4	X 25	85 1/8	X 25 1/4	
7030-3	85 3/4	X 37	85 1/8	X 37 1/4	
7040-3	85 3/4	X 49	85 1/8	X 49 1/4	
7050-3	85 3/4	X 61	85 1/8	X 61 1/4	
8020-3	97 3/4	X 25	97 1/8	X 25 1/4	
8030-3	97 3/4	X 37	97 1/8	X 37 1/4	
8040-3	97 3/4	X 49	97 1/8	X 49 1/4	
8050-3	97 3/4	X 61	97 1/8	X 61 1/4	
9020-3	109 3/4	X 25	109 1/8	X 25 1/4	
9030-3	109 3/4	X 37	109 1/8	X 37 1/4	
9040-3	109 3/4	X 49	109 1/8	X 49 1/4	
9050-3	109 3/4	X 61	109 1/8	X 61 1/4	

NOTE: MASONRY OPENING HEIGHT IS MEASURED FROM TOP OF LIP ON CONCRETE SILL TO BOTTOM OF LINTEL.



View from Inside Looking Out

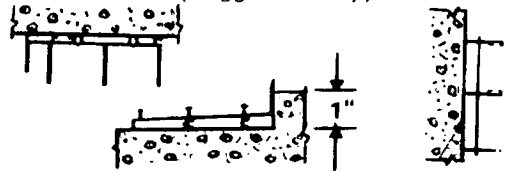
UNLESS OTHERWISE SPECIFIED
STANDARD STACK WILL BE SHIPPED.

BY-PASS PATIO DOORS

	NOMINAL	PANEL STACK	TIGHT HOLE OPENING
 2P — 2T	6'0" x 6'8"	XX, OX, XO	72" x 80"
	8'0" x 6'8"	" " "	96" x 80"
	10'0" x 6'8"	" " "	120" x 80"
 3P — 2T	9'0" x 6'8"	O X O	108 3/4" x 80"
	12'0" x 6'8"	" " "	144 3/4" x 80"
 4P — 2T	12'0" x 6'8"	O X X O	143 3/8" x 80"
	16'0" x 6'8"	" " "	191 3/8" x 80"
 3P — 3T	9'0" x 6'8"	XXX	106 5/8" x 80"
	12'0" x 6'8"	" " "	142 5/8" x 80"
	15'0" x 6'8"	" " "	178 5/8" x 80"

↑ OUTSIDE
LOOKING IN

INSTALLATION DETAIL
(Suggested only)



NOTE—IF WOOD IS TO BE USED
AROUND FRAME, ALLOWANCE
MUST BE MADE BY BUILDER.

**POCKET DOORS
SINGLE POCKET**

OPEN POCKETS SHOWN	NOMINAL	WIDTH FINISH OPENING	WIDTH FINISH OPENING PLUS POCKET
		O	OP
 1 P — 1T — L	3'0" x 6'8"	36 5/16"	71 7/8"
	4'0" x 6'8"	48 5/16"	95 7/8"
	5'0" x 6'8"	60 5/16"	119 7/8"
 2 P — 2T — L	6'0" x 6'8"	70 15/16"	106 1/2"
	8'0" x 6'8"	94 15/16"	142 1/2"
 3 P — 3T — L	9'0" x 6'8"	105 9/16"	141 1/8"
	12'0" x 6'8"	141 9/16"	189 1/8"
 2 P — 1T — L & R	6'0" x 6'8"	72"	143 1/8"
	8'0" x 6'8"	96"	191 1/8"
 4 P — 2T — L & R	12'0" x 6'9"	141 1/4"	212 3/8"
	16'0" x 6'8"	189 1/4"	284 3/8"

NOTE—"O" and "OP" dimensions shown do not include wood buck or shims. All masonry openings must be plumb and square. Pocket doors are guaranteed against water leakage only when exterior track is used and recessed as shown in installation detail at left.

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date June 1, 1987

This is to request that a Certificate of Approval for Occupancy be issued to W. Kirchner

For property built under Permit No. 2157 Dated 1/10/87 when completed in conformance with the Approved Plans.

Item	Signed	Approved by
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	columns 2/3/87 1/23/87	DB
4. ROUGH PLUMBING	4/3/87	DB
5. ROUGH ELECTRIC	4/3/87	DB
6. LINTEL		
7. ROOF		
8. FRAMING	4/3/87	DB
9. INSULATION	4/7/87	DB
10. A/C DUCTS	4/3/87	DB
11. FINAL ELECTRIC	6/1/87	DB
12. FINAL PLUMBING	6/1/87	DB
13. FINAL CONSTRUCTION	6/1/87	DB

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 6/1/87 date

Approved by Building Commissioner G.C. Strubell 6/1/87 date

Utilities notified FPL 6/1/87 date

Original Copy sent to W. Kirchner

(Keep carbon copy for Town files)

2212

POOL

Permit No.

Date

2212

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 BILL KIRSHNER Present Address 6 N. SEWALLS POINT

Phone 288.6592

Contractor POOLS BY ANDREWS Address 8300 RESOURCE DR.

Phone 692.0604 RIVERA BEACH, FL. 33404

Where licensed STATE OF FLORIDA License number CPC029646

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: CONCRETE SWIMMING POOL

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

6 N. SEWALLS POINT Rd.

Subdivision INDIA LUCIE EAST Lot number 1 Block number _____

Contract price \$ 9800.⁰⁰ 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-tacking" the construction project.

Contractor Charles A. Doyle Pools By Andrews

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 Bill Kirchner, CRD. 11-30-87

TOWN RECORD

Date submitted _____ Approved: GC Strubell 11/30/87
Building Inspector Date

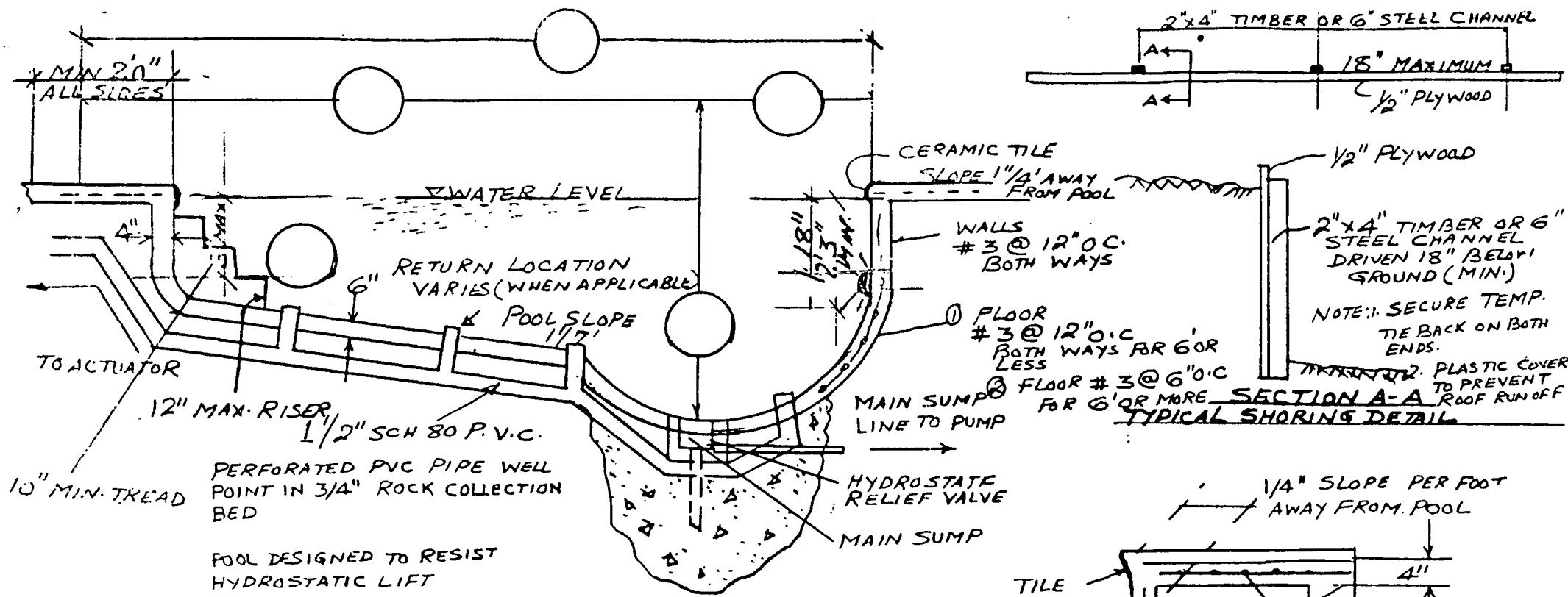
Approved: _____ Date Final Approval given: _____ Date
Commissioner Date

Certificate of Occupancy issued (if applicable) _____ Date

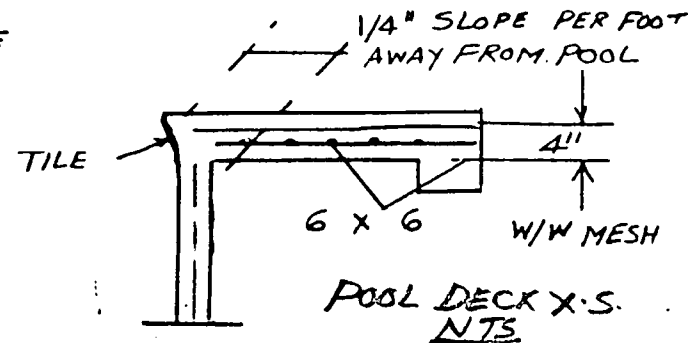
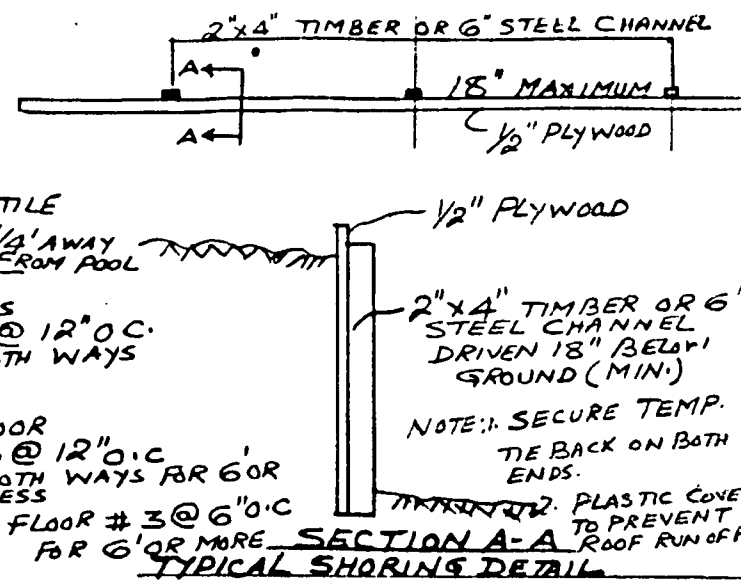
SP1282

Permit No. _____

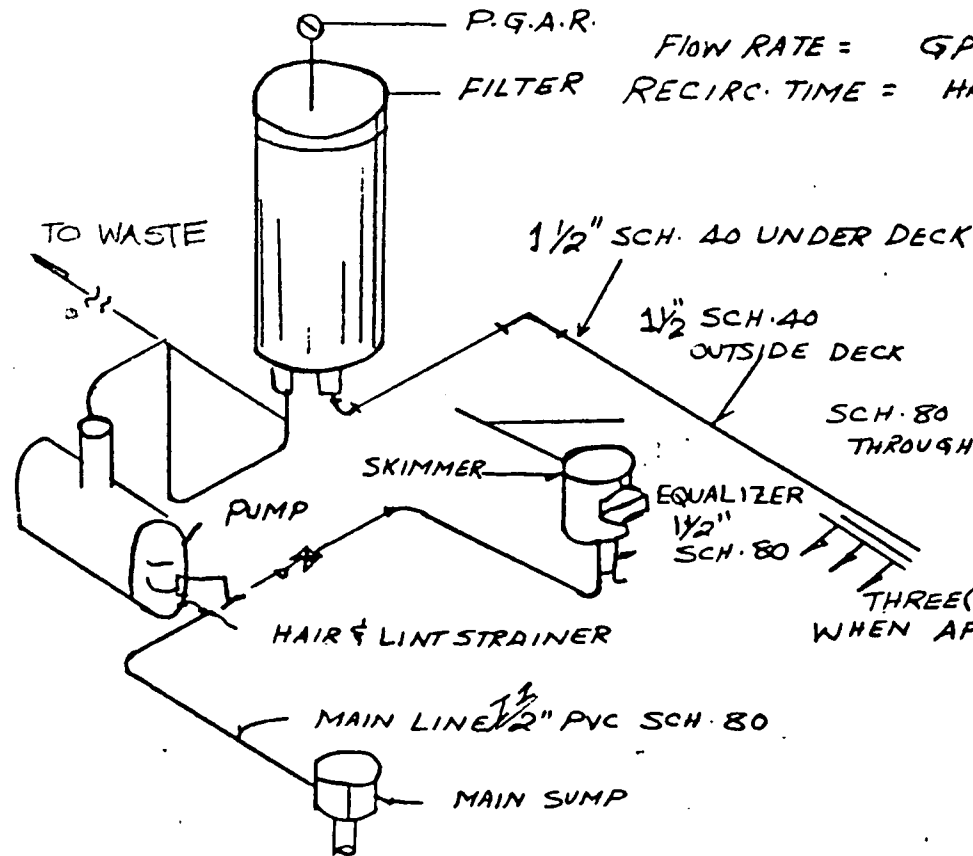
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.



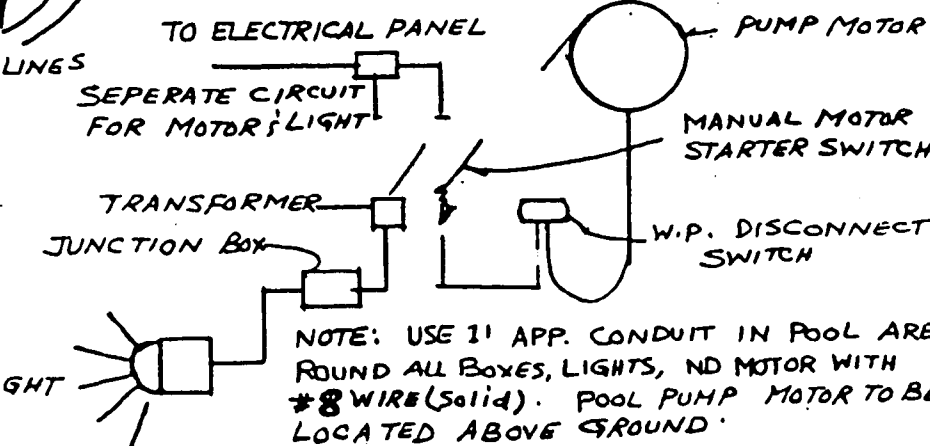
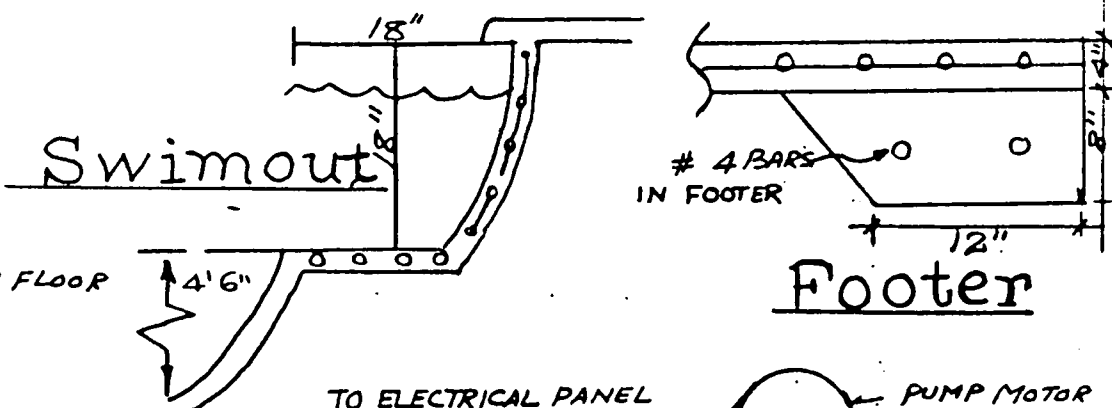
Typical Pool Section



Standard Detail Cross Section



Piping Diagram



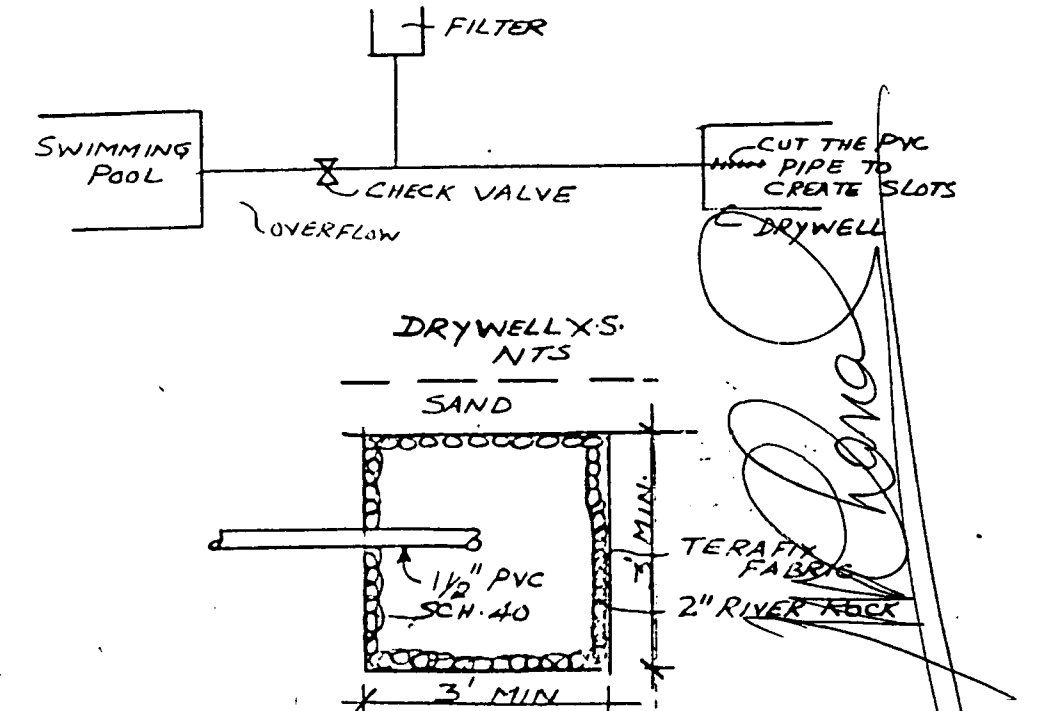
Electrical Diagram

N. KHANAL, P.E.
7710 WEST LK. DR.
W. P. B., FL 33406
(305) 767-3155

GENERAL NOTES

1. POOL FLOOR AND WALLS SHALL BE MADE OF PNEUMATICALLY PLACED CONCRETE WITH A COMPRESSIVE STRENGTH OF 3000 PSI IN 28 DAYS.
2. ALL REINFORCING STEEL SHALL BE INTERMEDIATE OF HARD GRADE DEFORMED BARS OF NEW BILLET-STEEL CONFORMING TO A.S.T.M. A - 15 AND SHALL BE BENT, LAPPED & PLACED IN ACCORDANCE WITH ACI STDS. & SPECIFICATIONS.
3. FOR POOL PLAN, SIZE OF SLABS AND SPECIAL DETAILS NOTE, PLEASE REFER SHEET #2.
4. ALL POOL PIPING SHALL BEAR THE "N.S.F." SEAL.
5. MAIN SUMP SHALL HAVE A FREE AREA FOUR TIMES THE AREA OF SUCTION LINE.
6. BACKWASH OR CLEANING SHALL BE IN ACCORDANCE WITH EACH MUNICIPALITIES CODE REQUIREMENTS.
7. WATER SUPPLY AND DISPOSAL SHALL BE ARRANGED SO THAT THERE IS NO CROSS CONNECTION WITH A DOMESTIC WATER SUPPLY OR DISPOSAL SYSTEM.
8. DISPOSAL OF POOL WATER SHALL TERMINATE INTO A 3' X 3' X 3' (1 CU. YD) DRYWELL FILLED WITH CRUSHED STONE WHERE APPLICABLE.
9. GRADING SHALL CONFINE PONDING OF POOL WATER WITHIN LOT LINE.

DRYWELL DETAIL



Owner

Bill Kirchner
6 N. Sewall's Point Rd.
Sewall's Point

No CARETAKER

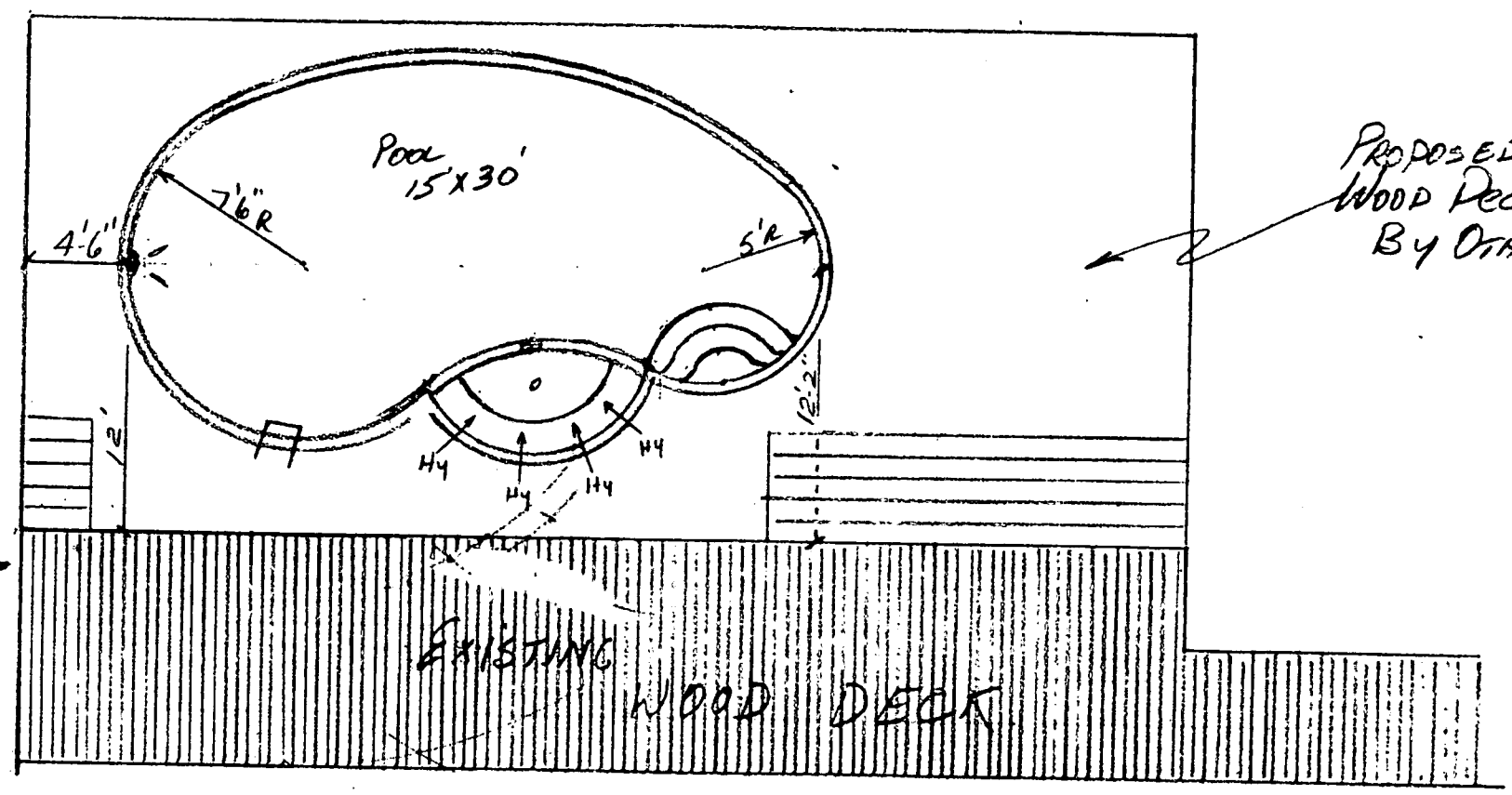
PEBBLE FINISH
INCL



GENERAL SPECIFICATIONS

JOB NO.	87515-11	SHAPE	KIDNEY		
SIZE	15 X 30	DEPTH	3 TO 5		
SF	358	PER.	78	TEMP NO.	
POOL CAPACITY	12000	GALS			
FILTER	D.E	SQ. FT.	24	PUMP H.P.	1
TILE	4447	BRICK	B/N - D.300		
DECKING	By OTHERS	SQ. FT.			
FOOTERS	-	D.O.D.	-		
LIGHT	YES (1)	75 WATTS			
SWIMOUT	No				
LADDER	YES	HANDRAIL	No		
SKIMMER	YES	MAIN DRAIN	YES		
RETURN LINES: QTY.	3	TYPE:	WALL		
ELECTRICAL HOOKUP	By OWNER				
UNDERWATER VACUUM W/HOSE	YES				
MUNICIPALITY	SEWALLS POINT				
SET BACKS: SIDE					
REAR					
HOUSE					

MAP
(N.T.S.)



PROPOSED
WOOD DECK
BY OTHERS

Pool Equipment
UNDER EXISTING
WOOD DECK -

PUMPER CHECK
WITH FIELD SUPERVISOR
BEFORE PLACING
EQUIP.

EXISTING
WOOD DECK

NOTES: REVERSE TEMP
SIX YARDS CRUSHED GR...
ADDITIONAL @ 30...
SPA - 4/HYDRO-...
MAIN DRAIN...
J-Box, Timer + ...
PEBBLE FINISH

DESIGNER C. Doyle DATE 11.87
SWIMMING POOL

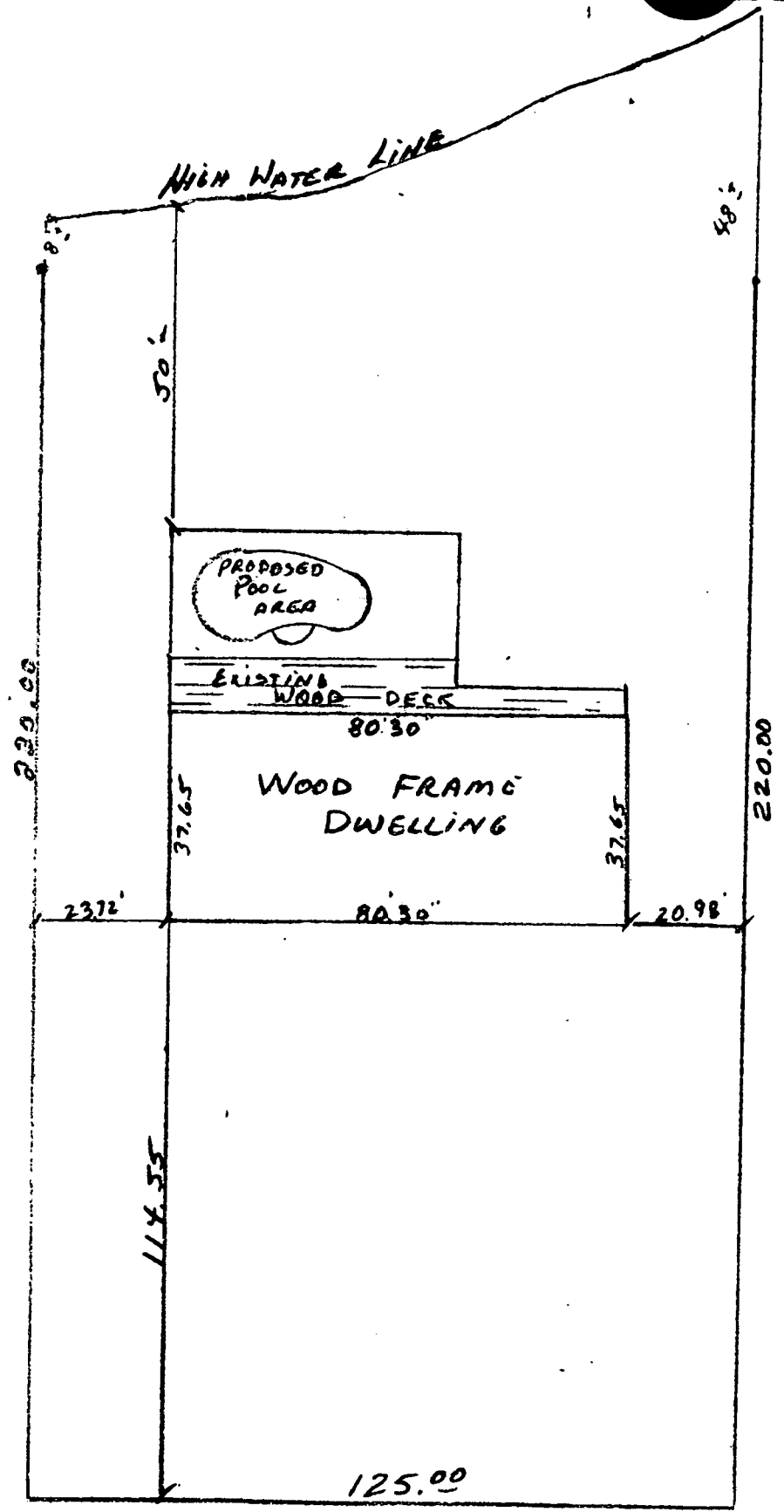
Name: BILL KIRCHNER
Address: 6 N. SEWALL'S POINT Rd
City: SEWALLS POINT Phone 288-6592

LEGAL DESCRIPTION
LOT 1 BLK EAST SUB INDIAN LUCIE
BOOK 5 PAGE 11 LOCATION MARTIN CO

SCALE 1/8" = 1'0"



Handwritten signature



SCALE 1/8" = 1'0"

GENERAL SPECIFICATIONS

JOB NO.	87-515-11	SHAPE	
SIZE	15 X 30	DEPTH	3 TO 5
SF	358	PER.	78
TEMP NO.			
POOL CAPACITY	12,000	GALS	
FILTER	DE.	SQ. FT.	24
PUMP H.P.	1		
TILE	4447	BRICK	B/N
DECKING	WOOD DECK BY OTHERS	SQ. FT.	-
FOOTERS	-	D.O.D.	-
LIGHT	YES	WATTS	75
SWIMOUT	-		
LADDER	YES	HANDRAIL	NO
SKIMMER	YES	MAIN DRAIN	YES
RETURN LINES: QTY.	3	TYPE:	WALL
ELECTRICAL HOOKUP	BY OTHERS		
UNDERWATER VACUUM W/HOSE	YES		
MUNICIPALITY	SEWALL'S POINT		
SET BACKS: SIDE			
REAR	50'-HIGH WATER LINE		
HOUSE	-		

NOTES:

DESIGNER *C. Doyle* DATE *11-8*

SWIMMING POOL

Name: *BILL KIRCHNER*

Address: *6 N. SEWALLS POINT*

City: *SEWALLS POINT* Phone: *288-6592*

LEGAL DESCRIPTION

LOT 1 BLK _____ SUB _____

BOOK _____ PAGE _____ LOCATION _____

4261

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9/18/97

BUILDING PERMIT NO. 4261

Building to be erected for COLIN ROBINSON

Type of Permit RE-ROOF

Applied for by PACIFIC ROOFING

(Contractor)

Building Fee _____

Subdivision INDALUCIE EAST Lot 1

Block _____

Radon Fee _____

Address 7 N. SEWALL'S PT Rd-

Impact Fee _____

Type of structure S. F. RES

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

353741003000000107000

Roofing Fee 100

Amount Paid _____ Check # _____ Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 21,000

TOTAL Fees 100

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector



PACIFIC ROOFING CORP.
P.O. BOX 2697 561-283-7663
STUART, FL 34995
1501 DECKER AVE., 303-304
STUART, FL 34996

3790

PAY TO THE ORDER OF

Town of Sewall's Point

9/15/ 19 97

63-8711/2670
17

\$ 100.00

One hundred dollars

00
DOLLARS
100



Community Savings
17
PALM CITY, FLORIDA 34990-2641

[Signature]

FOR _____

MP

⑈003790⑈ ⑆267087112⑆ 1600000997031⑈

Town of Sewall's Point

P.I.N. 35 3741 003 000 0001.0 70000 Date 9/10/97

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.
- OTHER: RE-ROOF \$21,000

Owner's Name COLIN ROBINSON

Owner's Address 7 N Sewall's Point Rd

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

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

City STUART State FL Zip 34996

Contractor's Name Pacific Roofing Corp

Contractor's Address PO BOX 2697

City STUART State FL Zip 34995

Job Name _____

Job Address _____

City _____ County _____

Legal Description INDIALUCIE EAST LOT 1

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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



4261

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

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

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

Owner of Asset [Signature]
Contractor [Signature]

Date 9/11/97
Date 9/10/97

STATE OF FLORIDA
COUNTY OF MARTIN

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

(NOTARY SEAL)

Name:
Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of
and my commission expires:

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 10 day of SEPT, 1997, by
RICHARD J. GOMES, who: [X] is/are personally known to me, or
[] has/have produced ___ as identification, and who did not take an oath.



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

Name: Michelle Yvonne Hall
Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of CC656063
and my commission expires: 06/16/2001

Certificate of Competency Holder

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

Contractor's Certificate of Competency No.

APPLICATION APPROVED BY Permit Officer

Permit No. _____ Tax Folio No. 35 3741 003000 0001.0 70000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

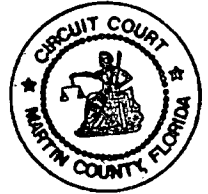
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Fla. Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: INDIA LUCIE LOT 1 EAST
2. General description of improvement: RE-ROOF
3. Owner information: COLIN ROBINSON
 - a. Name and address: 7 N Sewalls Point Rd
STUART FL 34994
 - b. Interest in property:
 - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor:
 - a. Name and address: PACIFIC ROOFING CORP.
P.O. Box 2697
STUART FL 34994
 - b. Phone number: 295-7063
 - c. Fax number (optional, if service by fax is acceptable): 283-9505
5. Surety:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
 - d. Amount of bond \$ _____
6. Lender:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Sect. 713.13 (1)(a)7, Florida Statutes.
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable):
8. In addition to himself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
 - a. Phone number:
 - b. Fax number (optional, if service by fax is acceptable):
9. Expiration date of notice of commencement: _____ (The expiration date is 1 year from the date of recording unless a different date is specified).

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA STILLER, CLERK
BY Charlotte Sinkler D.C.
DATE 9-15-97

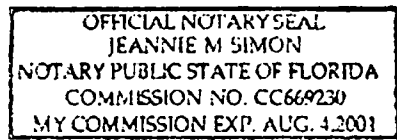


[Handwritten Signature]
Signature of Owner
Name: _____
Please Print, Type or Stamp

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 15th day of September, 1997, by Colin Robinson [] personally known to me, or [] as identification, and who [] did [] did not take an oath.

[Handwritten Signature]
Signature of Notary
Name: Jeanie M. Simon
Please Print, Type or Stamp



NOTARY SEAL.)

I am a Notary Public of the State of Florida having a commission number of CC669230 and my commission expires: 8-4-2001.