

49 North Sewall's Point Road

532

DOCK

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

6/14/75 Permit No. 532
Date 6-2-75

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner STEMLE, DUANE Present Address 49^N SEWALL'S PT Ph 2875795

General Contractor SELF Address _____ Ph _____

Where licensed _____ License No. _____

Plumbing Contractor _____ License No. _____

Electrical Contractor ALTEC License No. _____

Street building will front on DOCK ST LUCIE RIVER

Subdivision 49 SEWALL'S PT. RD. Lot No. _____ Area _____

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

Other Construction (Pools, additions, etc.) 3500

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

Total cost of permit \$ 3500

Plans approved as submitted _____ Plans approved as marked _____

PLANS ON FILE

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

Duane S. Stemle
Signed by General Contractor

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

Duane S. Stemle
Signed by Owner

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

TOWN RECORD

Date submitted 6/2/75 (2nd Extension - State

Date approved _____

Certificate of Occupancy issued 9/23/75 Date _____

#532

LARSON, O'NEILL & BAGGETT, INC.
CONSULTING ENGINEERS
30 EAST OCEAN BOULEVARD
STUART, FLORIDA 33494
TEL. (305) 287-3733

SUBDIVISION DEVELOPMENT
STRUCTURAL DESIGN
SEWAGE TREATMENT
PERCOLATION TESTS
WATER SUPPLY SYSTEMS
ENGINEERING INSPECTION

K. G. LARSON, P.E.
J. J. O'NEILL, P.E.
M. R. BAGGETT, P.E.

August 20, 1973

Town Commission
Town of Sewalls Point
Town Hall
Sewalls Point, Florida 33457

Re: Application for permit to construct dock-Dr. Duane Stemle

Gentlemen:

We are enclosing 6 copies of our permit application drawing for our client, Dr. Duane Stemle. Enclosed also are copies of letters of no objection from the adjacent riparian property owners.

We are requesting a permit or letter of no objection from the Town Commission which we will forward to the State Trustees as part of the application.

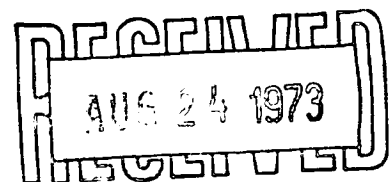
We would appreciate your consideration of this project and will be happy to answer any questions which the Commissioners may have.

Very truly yours,



Kenneth G. Larson, P.E.

KGL:tls
Encls.
cc: Dr. Duane Stemle



September 14, 1973

Mr. Kenneth G. Larson, P. E.
Larson, O'Neill & Baggett, Inc.
Consulting Engineers
30 East Ocean Boulevard
Stuart, Florida 33494

Re: Application for permit
Construct a Dock
(Dr. Duane Stemle).

Dear Mr. Larson:

Enclosed herewith are the letters of no objections
along with sketches of the dock which Dr. Stemle
wishes to construct.

I believe this will suffice for your application to
Tallahassee.

Sincerely yours,

TOWN OF SMALL'S POINT

Harry M. Sisson
Mayor

HMS/ab
Enc:

287-5795 HOME
287-4115 OFFICE

RALPH HARTMAN, Jr.

112 E. OSCEOLA STREET
POST OFFICE BOX 896 PHONE 287-4600
STUART, FLORIDA 33494



**REAL ESTATE
& Appraisals**

July 31, 1973

INSURANCE

D. L. Stemle, M.D.
310 Hospital Avenue
Stuart, Florida 33494

Dear Dr. Stemle:

As owner of Lot 1, Perriwinkle Subdivision which is immediately north of your property, this is to confirm that I have no objection to your proposed dock.

Sincerely,

Ralph Hartman, Jr.
Ralph Hartman, Jr.

BESSEMER PROPERTIES

A DIVISION OF

BESSEMER SECURITIES CORPORATION

ROYAL POINCIANA PLAZA

PALM BEACH, FLORIDA 33480

January 11, 1973

Dr. Stemle
49 Sewalls Point Road
Jensen Beach, Florida 33457

Dear Dr. Stemle:

This is to advise you that Bessemer Securities Corporation, who is the owner of land immediately south of your property and is designated Lots 1 and 2, Raceys Subdivision, has no objection to your constructing a dock on your St. Lucie River frontage.

Yours very truly,


Julian Field
Vice-President

JF:jc

September 14, 1973

Internal Improvement Fund
Eliot Building
Tallahassee, Florida 32304

Re: Proposed Dock
(Dr. Duane Stemle)

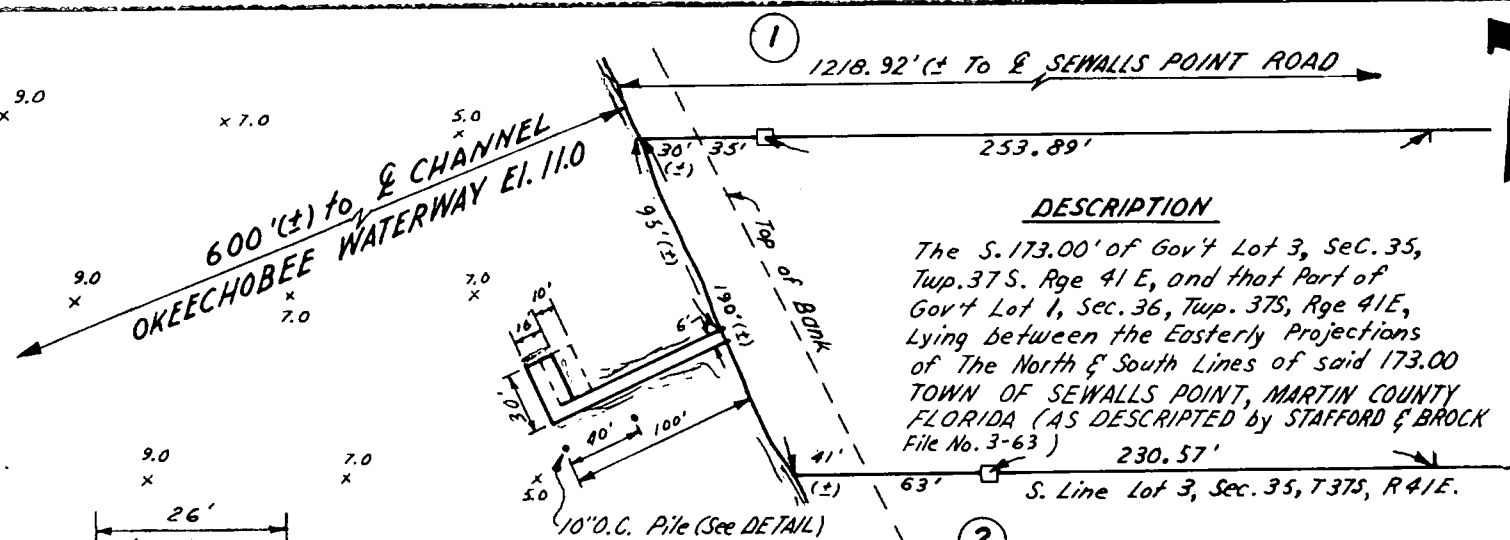
Gentlemen:

Please be advised that at a Regular Meeting of the Town Commission of Sewall's Point on Wednesday, September 12, 1973, they have no objections to the plans for the proposed dock on the property of Dr. Duane Stemle, as per sketch submitted August 24, 1973.

TOWN OF SEWALL'S POINT
BOARD OF COMMISSIONERS

Harry M. Sisson
Mayor

HMS/ab

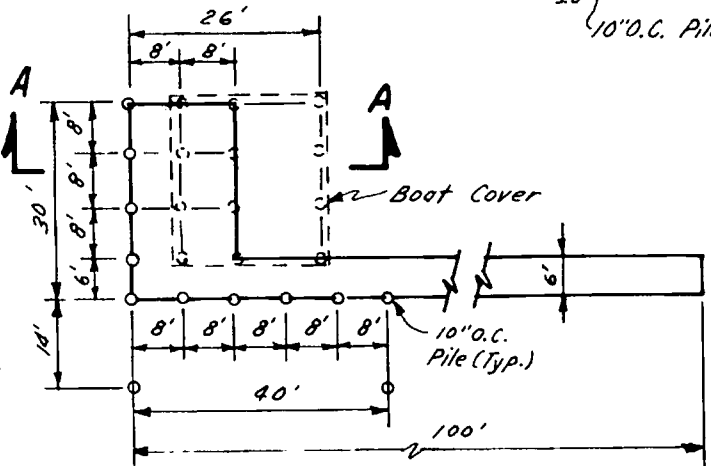


DESCRIPTION
 The S. 173.00' of Gov't Lot 3, Sec. 35, Twp. 37 S. Rge 41 E, and that Part of Gov't Lot 1, Sec. 36, Twp. 37S, Rge 41E, Lying Between the Easterly Projections of The North & South Lines of said 173.00 TOWN OF SEWALLS POINT, MARTIN COUNTY FLORIDA (AS DESCRIBED by STAFFORD & BROCK File No. 3-63) 230.57' S. Line Lot 3, Sec. 35, T.37S, R.41E.

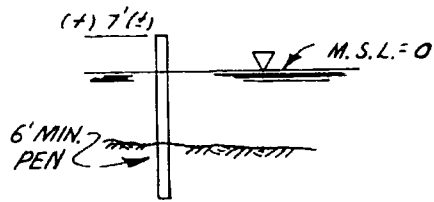
NOTE: ALL ELEVATIONS SHOWN REFER TO M.L.W. = 0

SCALE IN FEET

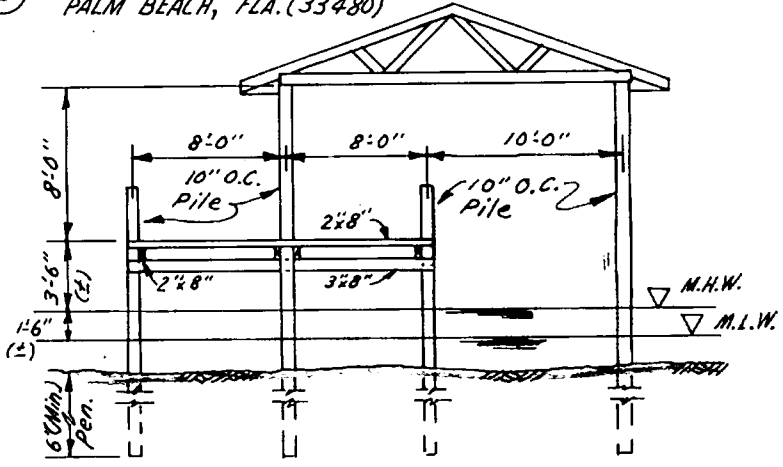
- ① RALPH HARTMAN, Jr.
112 E. OSCEOLA STREET
STUART, FLORIDA (33494)
- ② BESSEMER PROPERTIES
ROYAL POINCIANA PLAZA
PALM BEACH, FLA. (33480)



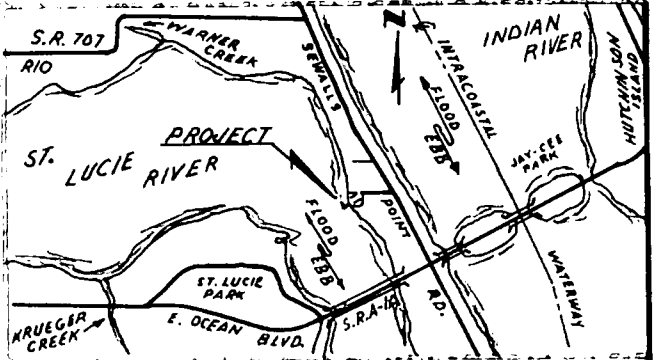
PLAN VIEW of DOCK
 SCALE: NONE



PILE DETAIL
 (No Scale)



SECTION A-A THRU DOCK
 SCALE: 1" = 10'



LOCATION SKETCH
 SCALE: 1" = 6000'

PROPOSED DOCK PERMIT FOR DR. DUANE STEMLE SEWALLS POINT, MARTIN COUNTY, FLA.

APPLICATION PREPARED BY I. ARSON, O'NEILL & BAGGETT, INC.

AUGUST, 1973 73-159-08

Permit No. 43-39
Date 11/21/74

STATE OF FLORIDA
BOARD OF TRUSTEES OF THE
INTERNAL IMPROVEMENT TRUST FUND
Elliot Building
TALLAHASSEE, FLORIDA 32304
STATE CONSTRUCTION PERMIT

State permits are required for construction of docks, piers, seawalls, wharves, marinas, boat slips, boat houses, concessions, loading and shipping facilities extending into or in the navigable waters and upon all sovereignty lands covered by salt or fresh water. This Permit shall not become effective until this form has been signed by the applicant and approved by the State of Florida Board of Trustees of the Internal Improvement Trust Fund.

I. TO BE COMPLETED: (Please type or print in ink)

- A. Applicant (If other than individual, indicate state in which incorporated or type of organization) _____
DUANE L. STEMLE, M.D.
- B. Mailing address 49 SEWALL'S POINT ROAD
JENSEN BEACH, FLORIDA 33457
- C. Class of proposed structure: Commercial _____ Private DOCK
(dock, pier, etc., others) (dock, pier, etc., others)
A private dock is one which will be used by the owner, his family and, occasionally, by guests. A dock for any other use (including wharf, dock, and pier facilities for tenants of hotels, motels, apartment houses, and for members of organizations or clubs) would be classified as a commercial structure.
- D. Intended use PRIVATE DOCK ONLY
- E. Location: Section 35 Township 37S Range 41E County MARTIN

II. THIS PERMIT WILL BE GRANTED UPON THE FOLLOWING CONDITIONS:

- A. This permit does not authorize construction of living quarters or dwelling type structures constructed in conjunction with the facility authorized under this permit.
- B. The proposed installation shall not infringe upon nor interfere with any public rights or rights of other waterfront owners;
- C. The Permittee shall in no way obstruct or impair the free traffic of the general public along any beach in the area outside of and below the mean high water line;
- D. The construction shall be in strict adherence with the attached plan. In the event a structure is converted to commercial use after issuance of this Permit without a new state permit or written approval by the State of Florida Board of Trustees of the Internal Improvement Trust Fund, this Permit shall automatically terminate and all structures may be subject to removal by the State of Florida Board of Trustees of the Internal Improvement Trust Fund at Permittee's expense;
- E. This authorization shall not be considered as a waiver of the rights of the State of Florida Board of Trustees of the Internal Improvement Trust Fund or the Permittee in the submerged lands affected by this Permit;
- F. This Permit does not relieve the Permittee from requirement of permit from the U.S. Army Corps of Engineers nor from necessity of compliance with all applicable local laws, ordinances, and zoning or other regulations;
- G. The work covered in this Permit shall be completed within 180 days from date of approval by the State of Florida Board of Trustees of the Internal Improvement Trust Fund;
- H. The undersigned Permittee, or his assignee(s) or transferee(s), agrees to save harmless the State of Florida Board of Trustees of the Internal Improvement Trust Fund from damages or claims arising from issuance of this permit or use thereof.

THE FOREGOING HAS BEEN READ AND IS HEREBY ACCEPTED THIS

28th DAY OF September 1973

Jel Kuber
Executive Director, State of Florida Board of Trustees of the Internal Improvement Trust Fund.

Reneth G. Johnson, P.E.
Signature of Permittee
Agent for Duane L. Stemle, M.D.
CREATED 1895
STATE OF FLORIDA
TRUSTEES OF THE INTERNAL IMPROVEMENT

ANY DEVIATION OR MODIFICATION OF PLANS OR STRUCTURE MUST BE AUTHORIZED BY A LETTER FROM THE STATE OF FLORIDA BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

LOCATION: 5173' OF GOV'T LOT 3, & PART OF GOV'T LOT 1

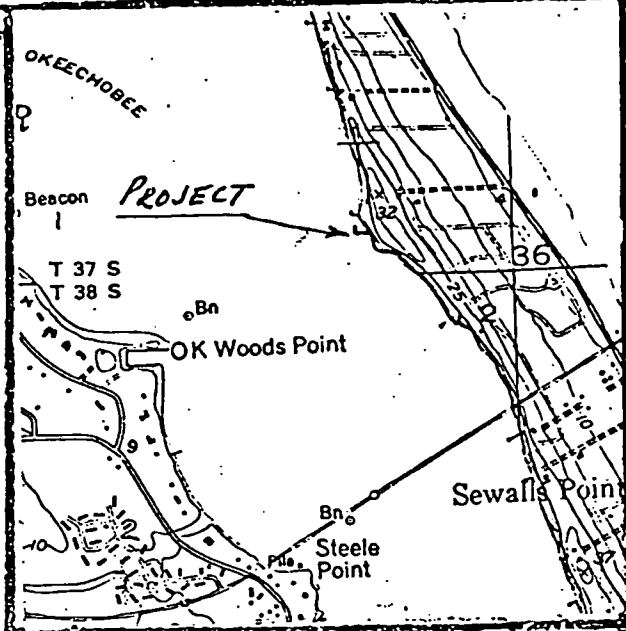
SEC. 35 TWP. 37S RGE 41E

LOT N/A BLOCK N/A

PB N/A PGE N/A (SEE DEED)

COUNTY MARTIN

Body of Water ST. LUCIE RIVER
(OKEECHOBEE WATERWAY)



QUADRANGLE MAP

ADJACENT OWNERS APPROVAL

WE, THE UNDERSIGNED, HAVE REVIEWED THE PLANS FOR THE PROPOSED STRUCTURE AS SHOWN BELOW AND HAVE NO OBJECTIONS. (objections should be outlined and attached to application)

SEE ATTACHED LETTERS OF NO OBJECTION

OWNER "A" _____

OWNER "B" _____

ADDRESS _____

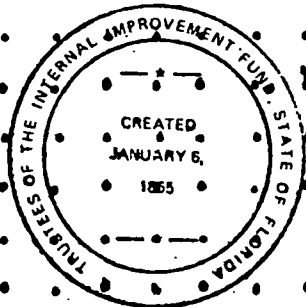
ADDRESS _____

Sketch in structure and show dimensions or scale.

SCALE _____

SEE ATTACHED SKETCH

Body of Water



OWNER "A"

Applicant's Property

show any existing bulkheads

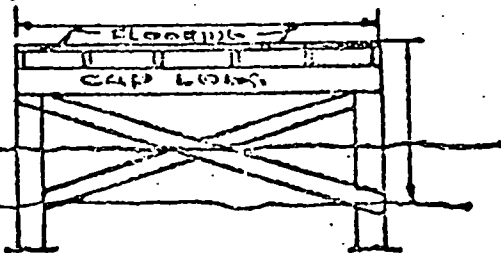
OWNER "B"

MHW LINE

CROSS SECTION

(Sample)

MHW
MLW



DOCK = 984 SQ. FT.

BOAT COVER = 240 SQ. FT.

AREA TOTAL = 1224 SQ. FT. (Sq. Ft.)

OFFICE USE ONLY

CLASS OF STRUCTURE: PRIVATE DOCK

FIELD INSPECTION: yes INSPECTOR: RVKreipel

RECOMMENDATIONS: approval disapproval

COMMENTS: Dock appears compatible with navigational channel aesthetic requirements.

RECVD by F.D.D. 10-23-73 PERMIT NO. 43-39

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 6/9/75

This is to request that a Certificate of Approval for Occupancy be issued to Dr. STEMLE 49N S.P.B. DOCK For property built under Permit No. 532 Dated _____ when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	<u>9/23/75</u>	
Rough plumbing		
Perimeter beam		
Rough electric		
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

*#532
see Dock-STEMLE
in S/D drawer*



RECEIVED

*To: Ken
Linton*

NOV 22 1974

COUNTY ENGINEER'S OFFICE

STATE OF FLORIDA

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

PER *JH*

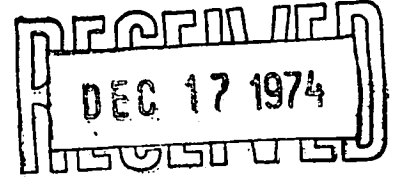
~~BUREAU OF PUBLIC WORKS - TALLAHASSEE FLORIDA 32304~~
200 Southeast Sixth Street Fort Lauderdale, Florida 33301

Joseph W. Landers, Jr.
Executive Director

TELEPHONE 525-7238

KFF - PLS NOTE CAS 12-2-74

November 21, 1974

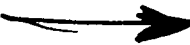


Dr. Duane L. Stemle
c/o Larson & O'Neill, Inc.
30 East Ocean Blvd.
Stuart, Florida 33494

Dear Dr. Stemle:

Dock Permit No. 43-39, Martin County

We are enclosing an extension of State Dock Permit No. 43-39 issued to you.

 The work covered in the extension shall be completed within 180 days from the date of extension approval by the State of Florida Board of Trustees of the Internal Improvement Trust Fund.

Sincerely,

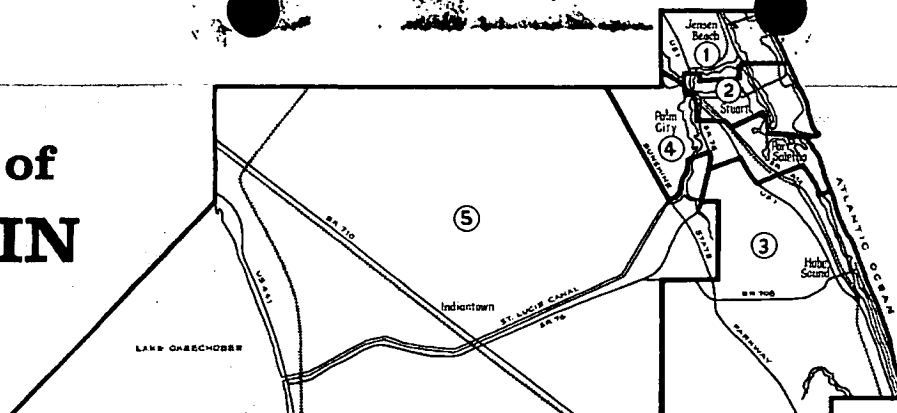
T. A. Wittkamp, Jr.
Field Inspector

TAW:jl

cc: Department of Natural Resources - Marine Patrol
Captain
Field Inspector
Field Operations, Tallahassee
Land Management, Tallahassee
Zoning Department ✓

County of
MARTIN

State of
FLORIDA

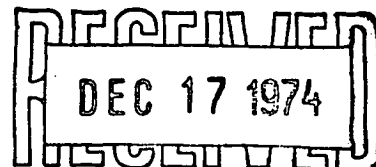


KENNETH F. FERRARI, P.E.
County Engineer

BOARD OF COUNTY COMMISSIONERS
P. O. Box 626 Stuart, Florida 33494

PHONE (305) 283-6760

December 10, 1974



Mr. Roger Morgan, Mayor
City Hall, Town of Sewall's Point
1 South Sewall's Road
Jensen Beach, Florida 33457

Re: Internal Improvement Trust Fund Dock
Permit No. 43-39 - Dr. Duane L. Stemle

Dear Mayor Morgan:

Attached is a copy of Dock Permit No. 43-39 issued to Dr. Duane L. Stemle, 49 Sewall's Point Road by the Board of Trustees of the Internal Improvement Trust Fund which was transmitted to the Martin County Zoning Department in error.

Inasmuch as the Town of Sewall's Point is duly incorporated this is a matter for its jurisdiction.

Very truly yours,

Ken Ferrari
Kenneth F. Ferrari, P.E.

KFF/lh

Enclosure





STATE OF FLORIDA
BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

~~BLANKET PERMIT - MARINE RESOURCES~~
200 Southeast Sixth Street Fort Lauderdale, Florida 33301

Joseph W. Landers, Jr.
Executive Director

TELEPHONE 366-4444
525-7238

June 2, 1975

Dr. Duane L. Stemple
49 Sewall's Point Road
Jensen Beach, Florida 33457

Dear Dr. Stemple:

Dock Permit No. 43-39, Martin County

This is your second extension of State Dock Permit
No. 43-39 issued to you.

The work covered in the extension shall be completed
within 180 days from the date of extension approval by
the State of Florida Board of Trustees of the Internal
Improvement Trust Fund.

If we can be of any further assistance, please don't
hesitate to contact us.

Sincerely,

J. D. Barker
Area VI Supervisor

JDB:wjl

cc: Department of Natural Resources - Marine
Patrol Captain
Field Inspector
Field Operations, Tallahassee
Land Management, Tallahassee
Zoning Department

1603

SOLAR HOT WATER

HEATER

Permit No. _____

1603

Date 7/26/83

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 Dr Stemle Present Address 49 N Sewalls Pt. Rd

Phone _____ Jensen Beach, Fl. 33451

Contractor Atlantic Plumbing Inc Address 243 S. Dixie Hwy

Phone 287-4640 STUART, FL. 33494

Where licensed Martin Co. License number 0035

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: _____

Domestic Solar Hot Water Heater
State the street address at which the proposed structure will be built: _____

Subdivision Part Government Lot number 3 Block number _____

Contract price \$ 2810⁰⁰ Cost of permit \$ 14⁰⁰

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Eugene Morris

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 Mrs Deane L. Stemle

TOWN RECORD

Date submitted _____ Approved: Amozurca 8/10/83
Building Inspector Date

Approved: GC Stubbess 8/15/84 Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

Final Inspection 8/16/83

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.

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY Rick Carroll Insurance Agency P.O. Box 877 Jensen Beach, FL 33457	COMPANIES AFFORDING COVERAGES COMPANY LETTER A Mission Ins. Co. COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
NAME AND ADDRESS OF INSURED Atlantic Plumbing 243 S Dixie Highway Stuart, FL 33494	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY			BODILY INJURY \$	\$	\$
				PROPERTY DAMAGE \$	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED \$	\$	\$
				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON) \$	\$	
				BODILY INJURY (EACH ACCIDENT) \$	\$	
				PROPERTY DAMAGE \$	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED \$	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED \$	\$	\$
A	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	W 2 75 98 B	9/28/83	STATUTORY		\$ 100, (EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Plumbing
State of Florida

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

Town of Sewalls Point
One Sewalls Point Road
Jensen Beach, FL 33457
Attention: Building Inspector

DATE ISSUED: **August 8, 1983**

 AUTHORIZED REPRESENTATIVE 1aa

SUMMARY INFORMATION SHEET



FLORIDA SOLAR ENERGY CENTER

300 STATE ROAD 401, CAPE CANAVERAL, FLORIDA 32920, (305) 783-0300

FSEC #81114W

MANUFACTURER

Revised February 1982

Collector Model

Solar Development, Inc.
3630 Reese Avenue
Riviera Beach, Florida 33404

SD6A (4x10)

This solar collector was evaluated by the Florida Solar Energy Center (FSEC) in accordance with prescribed methods and was found to meet the minimum standards established by FSEC. This evaluation was based on solar collector tests performed at Wyle Laboratories, Huntsville, Alabama. The purpose of the tests is to verify initial performance conditions and quality of construction only. The resulting certification is not a guarantee of long term performance or durability.

DESCRIPTION

Gross Length	3.067 meters	10.06 feet
Gross Width	1.232 meters	4.04 feet
Gross Depth	0.111 meters	0.36 feet
Gross Area	3.778 square meters	40.67 square feet
Transparent Frontal Area	3.563 square meters	38.35 square feet
Volumetric Capacity	4.5 liters	1.2 gallons
Weight (empty)	84.6 kilograms	186.6 pounds
Recommended Flow Rate	252 ml/s	4.0 gpm
Maximum Operating Pressure	827 kPag	120 psig
Maximum Wind Load	2633 Pa	55 psf
Number of Cover Plates	One	
Flow Pattern	Parallel	
Number of Flow Tubes	Eleven	

MATERIALS

Enclosure	Aluminum frame
Glazing	AFG Sunadex (tempered glass, 0.01% iron oxide content)
Absorber	Welded finned tube, copper
Absorber Coating	Nickel and black chrome coating
Insulation	Celotex Thermax, 5.08 cm thick (glass reinforced polyisocyanurate with aluminum foil facers)

THERMAL PERFORMANCE

Tested per ASHRAE 93-77

$$\text{Incident Angle Modifier } K_{\tau\alpha} = 1.0 - 0.184 \left(\frac{1}{\cos\theta} - 1 \right)$$

Efficiency Equations

$$\eta = 78.6 - 422 (Ti-Ta)/I$$

$$\eta = 78.6 - 74 (Ti-Ta)/I$$

$$\eta = 76.9 - 250 (Ti-Ta)/I - 2585 [(Ti-Ta)/I]^2$$

$$\eta = 76.9 - 40 (Ti-Ta)/I - 80 [(Ti-Ta)/I]^2$$

Units of $Ti-Ta/I$ are $\text{Watt}/^\circ\text{C}\cdot\text{m}^2$

Units of $Ti-Ta/I$ are $\text{Btu}/^\circ\text{F}\cdot\text{ft}^2\cdot\text{hr}$

RATING

The collector has been rated for energy output on measured performance and an assumed standard day. Total solar energy available for the standard day is 5045 watt-hours/m² (1600 Btu/ft²) distributed over a 10 hour period.

Output energy ratings for this collector based on the second-order efficiency curve are:

Collector Temperature	Energy Output			
Low Temperature, 35°C (95°F)	49,600	Kilojoules/day	47,000	Btu/day
Intermediate Temperature, 50°C (122°F)	41,900	Kilojoules/day	39,800	Btu/day
High Temperature, 100°C (212°F)	15,400	Kilojoules/day	14,600	Btu/day

FLORIDA SOLAR ENERGY CENTER

300 State Road 401 Cape Canaveral, Florida 32920 Telephone (305) 783-0300



Approved Solar Energy System

FSEC # S2062

Revised February 1982

DISTRIBUTOR	SYSTEM
Norman Company of Melbourne, Inc. P.O. Box 907 Melbourne, FL 32901	Sun Director 80-4

The system listed below was evaluated by the Florida Solar Energy Center (FSEC) in accordance with the Florida Standards Program for Solar Domestic Water and Pool Heating Systems (FSEC-GP-80-7) and was found to meet the minimum standards established by FSEC.

Description

Collector	Model	Units	Total Rating
	1 Solar Development SD7CHV (4x10)	2	37,000 Btu
	2 Solar Development 104 (1.7 GA)	1	24,000 Btu
	3 _____	_____	_____
	4 _____	_____	_____

Tank	Model	Capacity
<input checked="" type="checkbox"/> Direct	1 Rheem 61V-30-TC-1	80 gal.
<input type="checkbox"/> Int. Heat Exch.	2 _____	120 Gal.
	3 _____	_____
	4 _____	_____

Pump	Model	Power Draw	Rated Power
	1 Grundfos UM25-1RSU	75 Watts	1/35 H.P.
	2 _____	_____	_____
	3 _____	_____	_____
	4 _____	_____	_____

Controller	Model
<input checked="" type="checkbox"/> Differential Temperature	1 Heliotrope General DTI-80
<input type="checkbox"/> Absolute Temperature	2 Heliotrope General DTI-5080
<input type="checkbox"/> Thermosiphon	3 _____
<input type="checkbox"/> Other	4 _____

Freeze protection by automatic draindown.
Optional freeze protection method - manual draindown.

Major Component in addition to above	Model
	1 Sunspool draindown valve
	2 _____
	3 _____
	4 _____

For other information, request if you only contact the Florida Solar Energy Center at the above address

Atlantic Plumbing, Inc.

243 S. Dixie

Stuart, Florida 33494

Ph: 287-4640

Dr. Stemle

49 N Sewalls Pt. Rd.

SOLAR SYSTEM INSTALLATION
DRAWINGS AND DATA

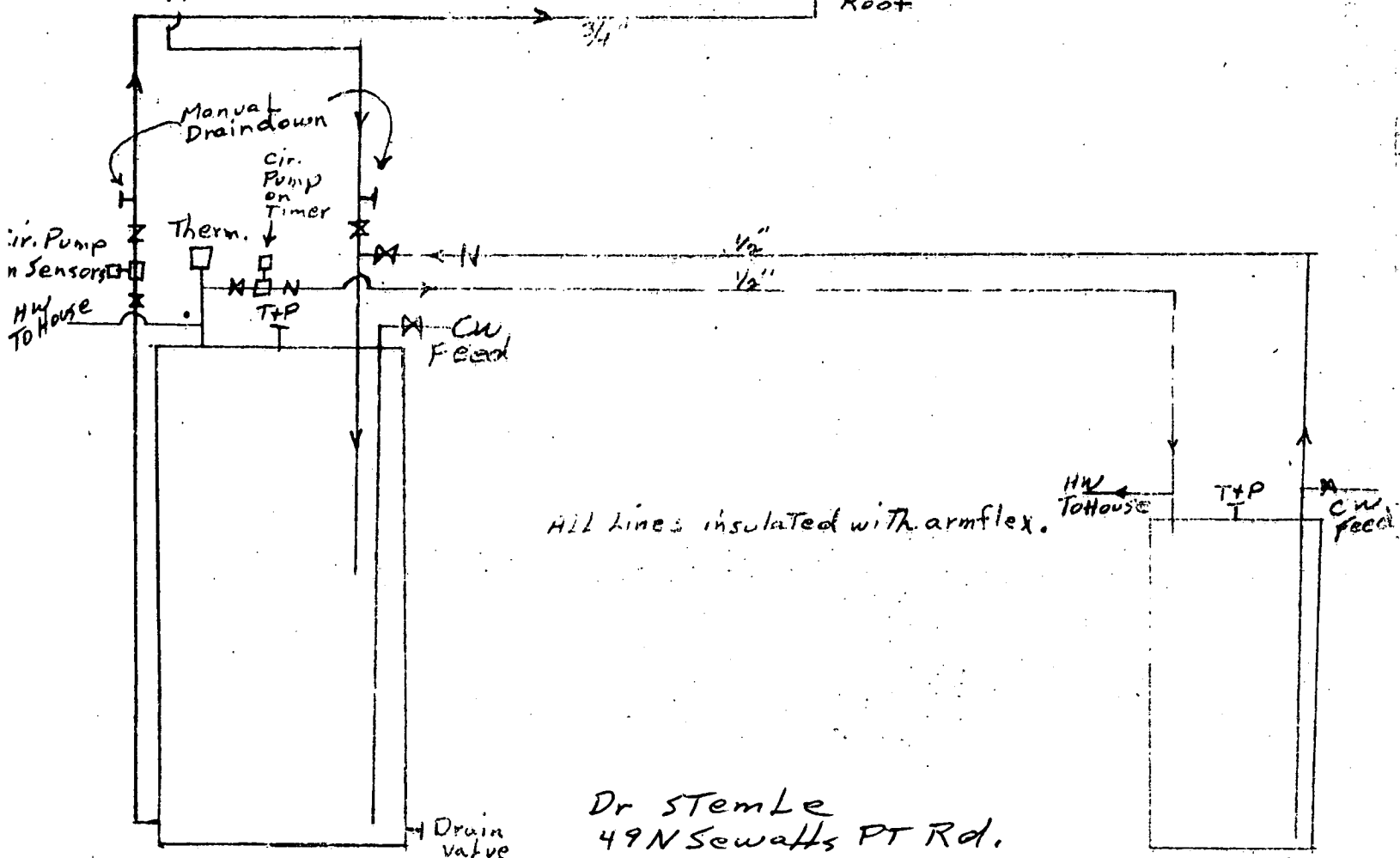
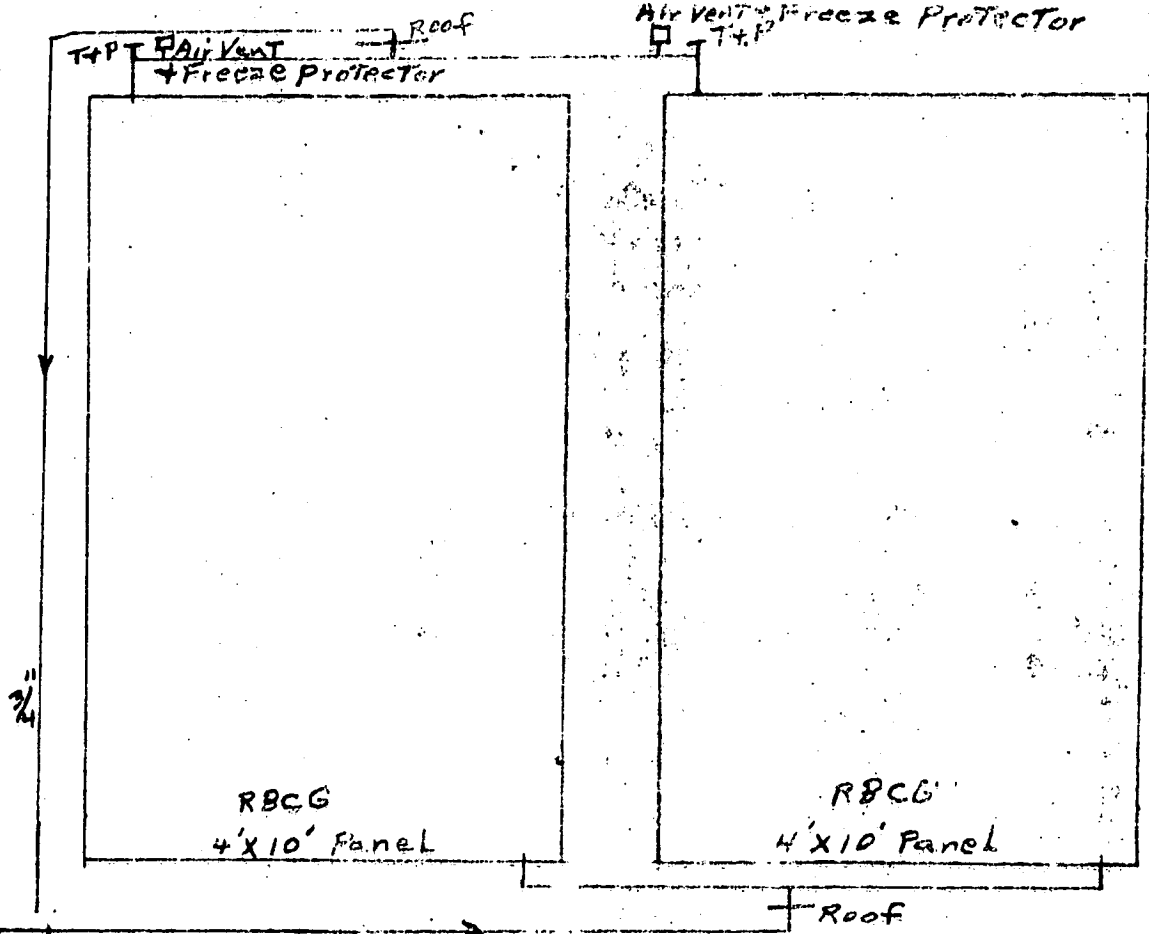
**UNIVERSAL SOLAR
DEVELOPMENT, INC.**

1632 ACME ST.

• ORLANDO, FLORIDA 32805

These drawings have been prepared to substitute for blueprint drawings utilized for building permit applications. Nothing in these drawings shall be interpreted to conflict with the drawings filed with the cognizant Building Official which are signed and sealed by William G. Wallace, Professional Engineer, North Palm Beach, Florida.

NOV 04 1981



All lines insulated with armflex.

120 Gallon
Solaraid

40 Gallon
Energy Miser

Dr Stemle
49 N Sewalls Pt Rd.
Atlantic Plumbing, Inc
243 S. Dixie
Stuart, Florida 33494
Ph: 287-4640

RESIDENTIAL

CLIMATE ZONES - 1,2,3

SOLAR WATER HEATER CALCULATION: FLAT PLATE SYSTEMS

COLLECTOR PERFORMANCE FACTORS: ATTACH FSEC TEST CERTIFICATION

RI = $\frac{\text{Intermediate Temperature Rating in BTU/day}}{\text{Area of Collector (in Square Feet)}} = \frac{(39,800)}{(40.67)} = 978.61$

<p>Table 9-6 FACTORS FROM TESTS BY FLORIDA SOLAR ENERGY CENTER</p> <p>RI of 900 and above, collector Class 1 RI between 800 and 899, collector Class 2 RI between 720 and 799, collector Class 3 RI between 640 and 719, collector Class 4 RI between 560 and 639, collector Class 5 RI 559 and below, collector Class 6</p>	<p>Table 9-7 AREA OF COLLECTOR PER GALLONS OF HOT WATER DEMAND PER DAY</p> <p>$\frac{AOC}{GPD} = \frac{(40.67)}{(90)} = .45$</p> <p>AOC = Effective Area of Collector GPD = Hot Water Demand = 30 GPD for 1st Bedroom + 20 GPD per additional Bedroom</p>
---	---

<p>Table 9-8 SOLAR FRACTION "FS"</p> <table border="1"> <thead> <tr> <th rowspan="2">AOC GPD</th> <th colspan="6">COLLECTOR CLASSES</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> </thead> <tbody> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>0.1</td><td>0.19</td><td>.16</td><td>.16</td><td>.14</td><td>.14</td><td>.10</td></tr> <tr><td>0.2</td><td>.34</td><td>.29</td><td>.27</td><td>.25</td><td>.24</td><td>.19</td></tr> <tr><td>0.3</td><td>.47</td><td>.40</td><td>.37</td><td>.34</td><td>.32</td><td>.26</td></tr> <tr><td>0.4</td><td>.58</td><td>.49</td><td>.44</td><td>.41</td><td>.38</td><td>.32</td></tr> <tr><td>0.5</td><td>.67</td><td>.56</td><td>.51</td><td>.46</td><td>.44</td><td>.37</td></tr> <tr><td>0.6</td><td>.75</td><td>.63</td><td>.57</td><td>.53</td><td>.49</td><td>.42</td></tr> <tr><td>0.7</td><td>.80</td><td>.69</td><td>.61</td><td>.58</td><td>.53</td><td>.46</td></tr> <tr><td>0.8</td><td>.84</td><td>.74</td><td>.66</td><td>.63</td><td>.57</td><td>.50</td></tr> <tr><td>0.9</td><td>.87</td><td>.77</td><td>.70</td><td>.67</td><td>.60</td><td>.54</td></tr> <tr><td>1.0</td><td>.89</td><td>.80</td><td>.73</td><td>.70</td><td>.64</td><td>.57</td></tr> <tr><td>1.1</td><td>.91</td><td>.83</td><td>.76</td><td>.74</td><td>.67</td><td>.60</td></tr> <tr><td>1.2</td><td>.93</td><td>.85</td><td>.78</td><td>.76</td><td>.69</td><td>.63</td></tr> <tr><td>1.3</td><td>.94</td><td>.86</td><td>.80</td><td>.78</td><td>.72</td><td>.66</td></tr> <tr><td>1.4</td><td>.95</td><td>.88</td><td>.82</td><td>.80</td><td>.74</td><td>.69</td></tr> <tr><td>1.5</td><td>.96</td><td>.89</td><td>.83</td><td>.82</td><td>.76</td><td>.71</td></tr> </tbody> </table>	AOC GPD	COLLECTOR CLASSES						1	2	3	4	5	6	0	0	0	0	0	0	0	0.1	0.19	.16	.16	.14	.14	.10	0.2	.34	.29	.27	.25	.24	.19	0.3	.47	.40	.37	.34	.32	.26	0.4	.58	.49	.44	.41	.38	.32	0.5	.67	.56	.51	.46	.44	.37	0.6	.75	.63	.57	.53	.49	.42	0.7	.80	.69	.61	.58	.53	.46	0.8	.84	.74	.66	.63	.57	.50	0.9	.87	.77	.70	.67	.60	.54	1.0	.89	.80	.73	.70	.64	.57	1.1	.91	.83	.76	.74	.67	.60	1.2	.93	.85	.78	.76	.69	.63	1.3	.94	.86	.80	.78	.72	.66	1.4	.95	.88	.82	.80	.74	.69	1.5	.96	.89	.83	.82	.76	.71	<table border="1"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Table 9-9 TILT ANGLE DEGRADATION FACTOR ("TDF")</p> <table border="1"> <thead> <tr> <th>TILT ANGLE</th> <th>TDF</th> </tr> </thead> <tbody> <tr><td>0</td><td>0.9</td></tr> <tr><td>10</td><td>0.95</td></tr> <tr><td>20</td><td>0.99</td></tr> <tr><td>30</td><td>1.00</td></tr> <tr><td>40</td><td>0.99</td></tr> <tr><td>50</td><td>0.94</td></tr> <tr><td>60</td><td>0.88</td></tr> <tr><td>70</td><td>0.80</td></tr> <tr><td>80</td><td>0.71</td></tr> <tr><td>90</td><td>0.54</td></tr> </tbody> </table> </td> <td style="width: 50%; vertical-align: top;"> <p>Table 9-10 ORIENTATION DEGRADATION FACTOR ("ODF")</p> <table border="1"> <thead> <tr> <th>ANGLE FROM SOUTH</th> <th>ODF</th> </tr> </thead> <tbody> <tr><td>0 (South)</td><td>1.00</td></tr> <tr><td>10</td><td>0.98</td></tr> <tr><td>20</td><td>0.97</td></tr> <tr><td>30</td><td>0.95</td></tr> <tr><td>40</td><td>0.93</td></tr> <tr><td>50</td><td>0.91</td></tr> <tr><td>60</td><td>0.88</td></tr> <tr><td>70</td><td>0.84</td></tr> <tr><td>80</td><td>0.78</td></tr> </tbody> </table> </td> </tr> </table>	<p>Table 9-9 TILT ANGLE DEGRADATION FACTOR ("TDF")</p> <table border="1"> <thead> <tr> <th>TILT ANGLE</th> <th>TDF</th> </tr> </thead> <tbody> <tr><td>0</td><td>0.9</td></tr> <tr><td>10</td><td>0.95</td></tr> <tr><td>20</td><td>0.99</td></tr> <tr><td>30</td><td>1.00</td></tr> <tr><td>40</td><td>0.99</td></tr> <tr><td>50</td><td>0.94</td></tr> <tr><td>60</td><td>0.88</td></tr> <tr><td>70</td><td>0.80</td></tr> <tr><td>80</td><td>0.71</td></tr> <tr><td>90</td><td>0.54</td></tr> </tbody> </table>	TILT ANGLE	TDF	0	0.9	10	0.95	20	0.99	30	1.00	40	0.99	50	0.94	60	0.88	70	0.80	80	0.71	90	0.54	<p>Table 9-10 ORIENTATION DEGRADATION FACTOR ("ODF")</p> <table border="1"> <thead> <tr> <th>ANGLE FROM SOUTH</th> <th>ODF</th> </tr> </thead> <tbody> <tr><td>0 (South)</td><td>1.00</td></tr> <tr><td>10</td><td>0.98</td></tr> <tr><td>20</td><td>0.97</td></tr> <tr><td>30</td><td>0.95</td></tr> <tr><td>40</td><td>0.93</td></tr> <tr><td>50</td><td>0.91</td></tr> <tr><td>60</td><td>0.88</td></tr> <tr><td>70</td><td>0.84</td></tr> <tr><td>80</td><td>0.78</td></tr> </tbody> </table>	ANGLE FROM SOUTH	ODF	0 (South)	1.00	10	0.98	20	0.97	30	0.95	40	0.93	50	0.91	60	0.88	70	0.84	80	0.78
AOC GPD		COLLECTOR CLASSES																																																																																																																																																																								
	1	2	3	4	5	6																																																																																																																																																																				
0	0	0	0	0	0	0																																																																																																																																																																				
0.1	0.19	.16	.16	.14	.14	.10																																																																																																																																																																				
0.2	.34	.29	.27	.25	.24	.19																																																																																																																																																																				
0.3	.47	.40	.37	.34	.32	.26																																																																																																																																																																				
0.4	.58	.49	.44	.41	.38	.32																																																																																																																																																																				
0.5	.67	.56	.51	.46	.44	.37																																																																																																																																																																				
0.6	.75	.63	.57	.53	.49	.42																																																																																																																																																																				
0.7	.80	.69	.61	.58	.53	.46																																																																																																																																																																				
0.8	.84	.74	.66	.63	.57	.50																																																																																																																																																																				
0.9	.87	.77	.70	.67	.60	.54																																																																																																																																																																				
1.0	.89	.80	.73	.70	.64	.57																																																																																																																																																																				
1.1	.91	.83	.76	.74	.67	.60																																																																																																																																																																				
1.2	.93	.85	.78	.76	.69	.63																																																																																																																																																																				
1.3	.94	.86	.80	.78	.72	.66																																																																																																																																																																				
1.4	.95	.88	.82	.80	.74	.69																																																																																																																																																																				
1.5	.96	.89	.83	.82	.76	.71																																																																																																																																																																				
<p>Table 9-9 TILT ANGLE DEGRADATION FACTOR ("TDF")</p> <table border="1"> <thead> <tr> <th>TILT ANGLE</th> <th>TDF</th> </tr> </thead> <tbody> <tr><td>0</td><td>0.9</td></tr> <tr><td>10</td><td>0.95</td></tr> <tr><td>20</td><td>0.99</td></tr> <tr><td>30</td><td>1.00</td></tr> <tr><td>40</td><td>0.99</td></tr> <tr><td>50</td><td>0.94</td></tr> <tr><td>60</td><td>0.88</td></tr> <tr><td>70</td><td>0.80</td></tr> <tr><td>80</td><td>0.71</td></tr> <tr><td>90</td><td>0.54</td></tr> </tbody> </table>	TILT ANGLE	TDF	0	0.9	10	0.95	20	0.99	30	1.00	40	0.99	50	0.94	60	0.88	70	0.80	80	0.71	90	0.54	<p>Table 9-10 ORIENTATION DEGRADATION FACTOR ("ODF")</p> <table border="1"> <thead> <tr> <th>ANGLE FROM SOUTH</th> <th>ODF</th> </tr> </thead> <tbody> <tr><td>0 (South)</td><td>1.00</td></tr> <tr><td>10</td><td>0.98</td></tr> <tr><td>20</td><td>0.97</td></tr> <tr><td>30</td><td>0.95</td></tr> <tr><td>40</td><td>0.93</td></tr> <tr><td>50</td><td>0.91</td></tr> <tr><td>60</td><td>0.88</td></tr> <tr><td>70</td><td>0.84</td></tr> <tr><td>80</td><td>0.78</td></tr> </tbody> </table>	ANGLE FROM SOUTH	ODF	0 (South)	1.00	10	0.98	20	0.97	30	0.95	40	0.93	50	0.91	60	0.88	70	0.84	80	0.78																																																																																																																															
TILT ANGLE	TDF																																																																																																																																																																									
0	0.9																																																																																																																																																																									
10	0.95																																																																																																																																																																									
20	0.99																																																																																																																																																																									
30	1.00																																																																																																																																																																									
40	0.99																																																																																																																																																																									
50	0.94																																																																																																																																																																									
60	0.88																																																																																																																																																																									
70	0.80																																																																																																																																																																									
80	0.71																																																																																																																																																																									
90	0.54																																																																																																																																																																									
ANGLE FROM SOUTH	ODF																																																																																																																																																																									
0 (South)	1.00																																																																																																																																																																									
10	0.98																																																																																																																																																																									
20	0.97																																																																																																																																																																									
30	0.95																																																																																																																																																																									
40	0.93																																																																																																																																																																									
50	0.91																																																																																																																																																																									
60	0.88																																																																																																																																																																									
70	0.84																																																																																																																																																																									
80	0.78																																																																																																																																																																									

OVERALL SOLAR FRACTION ("OSF")	
OSF = (FS) X (TDF) X (ODF) X (HEC)	
= (.58) X (.99) X (.98) X (1.0) = .56	

Building Permit Number: _____

49 N Sewalls Pt. Rd.
Jensen Beach, FL 33457
 Address of Solar Installation

Atlantic Plumbing Inc.
by Eugene Morris Pres. 8/4/83
 Certified By (Solar Contractor) Date

Form Completion Checked By _____ Date _____
 (Building Official)

$$RI = \frac{\text{Intermediate Rating in BTU/day}}{\text{Area of Collector (AOC) (in square feet)}}$$

Find the collector class for the system from Table 9-6 on Form 902C and circle it.

- Determine the square feet of collector per gallons of hot water demand per day for the dwelling under consideration on Table 9-7, Form 902C, as shown:

$$\frac{AOC}{GPD} = \left(\frac{\quad}{\quad} \right) =$$

Where:

AOC = effective area of collector installed in square feet, and

GPD = gallons per day of nominal water heating demand.

The nominal water heating demand for a dwelling will be 30 GPD for the first bedroom plus 20 GPD for each additional bedroom. Houses under 1000 sq. ft. may use 50 GPD, disregarding the number of bedrooms.

- With the collector classification number from Table 9-6 and the square feet of collector per gallons per day of demand from Table 9-7, determine the annualized solar fraction provided by the solar hot water system from Table 9-8 and circle that number.
- To calculate the Overall Solar Fraction (OSF), multiply the Solar Fraction (FS) from Table 9-8 by the Tilt Degredation Factor (TDF) from Table 9-9, the Orientation Degradation Factor (ODF) from Table 9-10 and the Heat Exchanger Coefficient (HEC) from Table 9-11 on the 902C Form. The computation is:

$$OSF = (FS) \times (TDF) \times (ODF) \times (HEC)$$

- Enter the Overall Solar Fraction (OSF) in the space provided, fill in the information requested on the bottom of the form and sign it.

NOTE: Prescriptive Measure. The ratio of storage tank size in gallons to the collector area in square feet must be between 1.5 and 2.5 for all solar systems for Code compliance.

Based upon the actual number of collectors to be used, compute the solar fraction (SOLAR FRACTION):

$$\text{SOLAR FRACTION} = \frac{0.70 \times \text{NO. COLLECTORS}}{\text{NUMBER}} = \frac{0.70 \times \text{ (Step 7a)}}{\text{ (Step 6c)}} = \text{SOLAR FRACTION (7c)}$$

If the solar fraction (Step 7c) is less than 0.65, the collector array is undersized. Consider either adding another collector or a different model/size collector.

TABLES AND FIGURES

TABLE 1. HOT WATER DEMAND and TANK SIZE
Average GALLONS and minimum TANK SIZE based upon number of people:

Number of Bedrooms (For Unoccupied Homes ONLY)	People	GALLONS	Minimum TANK SIZE(Gallons)
1	1	20	40
1	2	40	40
2	3	55	66
3	4	70	80
4	5	85	80
5	6	100	100
6	7	115	120

(Add 15 gallons per person for each additional person.)

FIGURE 1. COLD WATER TEMPERATURES

Region	COLDTEMP
North Florida (1, 2, 3)*	68°F
Central Florida (4, 5, 6)*	72°F
South Florida (7, 8, 9)*	76°F

* Corresponding regions for the Florida model energy building code.

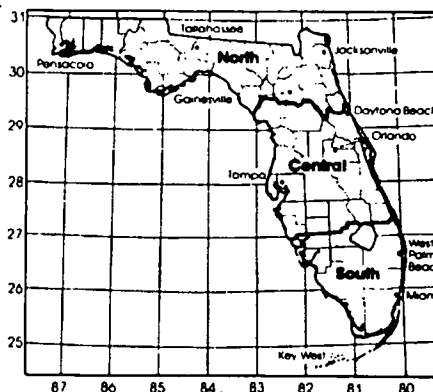


TABLE 2. STANDBY HEAT LOSS FROM STORAGE

Type of Tank Insulation	Standby Loss Factor
1-in. foam or 2.5-in. fiberglass (R = 8 - 9)	1.20
2-in. foam (R = 16 - 17)	1.12

(Use linear interpolation to obtain standby loss factor for insulation materials having other R - values.)

TABLE 3. SYSTEM FACTORS

System Configuration	System Factor
Direct system with no heat exchanger.	1.20
Indirect system with a heat exchanger between collector and storage tank.	1.30

TABLE 4. TILT FACTORS

COLLECTOR TILT			TILT FACTORS		
Tilt Angle	Roof Pitch	Roof Tilt	North Florida	Central Florida	South Florida
0° to 3°	0	0°	1.25	1.22	1.19
3° to 7°	1 in 12	4.8°	1.15	1.14	1.12
7° to 12°	2 in 12	9.5°	1.09	1.08	1.06
12° to 16°	3 in 12	14.0°	1.05	1.04	1.03
16° to 20°	4 in 12	18.4°	1.02	1.01	1.01
20° to 25°	5 in 12	22.6°	1.00	1.00	1.00
25° to 30°	6 in 12	26.6°	1.00	1.00	1.00
30° to 37°	8 in 12	33.7°	1.01	1.01	1.02
37° to 43°	10 in 12	39.8°	1.04	1.05	1.06
43° to 50°	12 in 12	45.0°	1.08	1.10	1.12

TABLE 5. ORIENTATION FACTORS

Collector Orientation	Orientation factor
South or nearly south	1.00
Southeast or southwest	1.15
East or west	1.40



Hot Water Demand and Tank Size

Step 1. Using Table 1, estimate daily hot water use (GALLONS) and select a nominal tank size (TANK SIZE).

100 gal/day (1)
GALLONS
120 gal ←
TANK SIZE

Step 2. Using Figure 1, determine the proper cold water temperature (COLDTEMP) for location.

76 °F (2)
COLDTEMP

Step 3. Calculate how much energy is needed (BTUNEED) to heat the water to 131°F.

BTUNEED = 8.34 x GALLONS x (131 - COLDTEMP) x Standby Loss Factor
BTUNEED = 8.34 x $\frac{100}{\text{(Step 1)}}$ x (131 - $\frac{76}{\text{(Step 2)}}$) x $\frac{1.12}{\text{(Table 2)}}$

51,374 Btu/day (3)
BTUNEED

Collector Sizing

Step 4. Penalty factors that affect sizing must be determined.

- a. Select the System Factor from Table 3.
- b. Select the proper Tilt Factor from Table 4.
- c. Select the Orientation Factor from Table 5.

1.20 (4a)
System Factor
1.00 (4b)
Tilt Factor
1.00 (4c)
Orientation Factor

Calculate the overall penalty factor (PENALTY) for the combination of all three individual effects:

PENALTY = System Factor x Tilt Factor x Orientation Factor

PENALTY = $\frac{1.20}{\text{(Step 4a)}} \times \frac{1.00}{\text{(Step 4b)}} \times \frac{1.00}{\text{(Step 4c)}}$

1.20 (4)
PENALTY

Step 5. Calculate the energy requirements of the solar system (BTUSOLAR) using the formula:

BTUSOLAR = BTUNEED x 0.70 x PENALTY

BTUSOLAR = $\frac{51,374}{\text{(Step 3)}} \times 0.70 \times \frac{1.20}{\text{(Step 4)}}$

43,154 Btu/day (5)
BTUSOLAR

Step 6. For the collector selected, record the thermal performance rating at the intermediate temperature (BTURATING) in Btu/day and the gross collector area (GROSSAREA) in square feet from the required FSEC label. Collector Manufacturer Solar Development Inc. Model No. SD6A Thermal Performance Rating at the Intermediate Temperature (Btu/day)

39,800 Btu/day (6a)
BTURATING

Gross Collector Area (ft²)

40.67 ft² (6b)
GROSSAREA

Estimate the number of collectors needed using:

NUMBER = $\frac{\text{BTUSOLAR (Step 5)}}{\text{BTURATING (Step 6a)}} = \frac{43,154}{39,800} = 1.08$

1.08 (6c)
NUMBER

Step 7. Select the actual number of collectors to be used. This is the nearest whole number to (6c).

2 ←
NO. COLLECTORS (7a)

The total area of the collector array is:

TOTAL AREA = NO. COLLECTORS x GROSSAREA

TOTAL AREA = $\frac{2}{\text{(Step 7a)}} \times \frac{40.67}{\text{(Step 6b)}}$

81.34 ft² ←
TOTAL AREA (7b)

3865

STORM SHUTTERS

#3865

STORM shutters DATE Sept. 19, 1995

TAX FOLIO NO. _____

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 Duane L. Steink Present address 49 N Sewall SPT RD.
Stuart, FL 34996
Phone 407-287-5795

Contractor Palmco Builders, Inc. Address 4900 Dyer Blvd.
Riviera Beach FL 33407
Phone 1-800-973-3331

Where licensed Florida License number CGCA27749

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: Removable Hurricane Panels

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

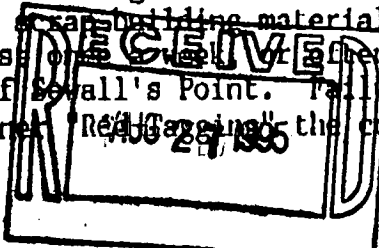
49 N. Sewall SPT. RD. Stuart, FL 34996

Subdivision less Rightway Sewall SPT RD ^{part Govt Lot} Plot Number 3 Block Number _____

Contract price \$ 9640.85 Cost of permit \$ 80.00

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 whenever 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 ^{Requiring} the construction project.



Contractor Brenton E. Turner

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.

John Steink
OFFICIAL NOTARY SEAL
JOHN FRASSEL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC427573
MY COMMISSION EXPIRES DEC. 19, 1998

Owner Duane L. Steink, MD

Date submitted _____

TOWN RECORD
Approved: Dale Brown 9/27/95
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: 10/6/95
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date _____

SP1282
3/94

called 9-28-95
permits ready

PERMIT NO. #3865

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

09/22/95

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** TRANSPORTATION INS CO
- COMPANY LETTER **B** TRANSPORTATION INS CO
- COMPANY LETTER **C** TRANSPORTATION INS CO
- COMPANY LETTER **D** TRANSPORTATION INS CO
- COMPANY LETTER **E**

PRODUCER
 Sid Banack Insurance
 1201 US Highway One
 Suite 445
 North Palm Beach, FL 33408

INSURED
 Clearshield of Palm Beach County, Inc
 Palmco Builders, Inc
 4900 Dyer Blvd
 Riviera Beach, FL 33407

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	A1 30875523	07/12/95	07/12/96	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY \$ 1,000,000
	OWNERS & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> PREMISES/OPERATIO				FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	A1 30875537	07/12/95	07/12/96	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRE AUTOS				
NON-OWNED AUTOS					
GARAGE LIABILITY					
C	EXCESS LIABILITY	A1 30875540	07/12/95	07/12/96	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 2,000,000
	OTHER THAN UMBRELLA FORM				STATUTORY LIMITS
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC 1 30875554	07/12/95	07/12/96	EACH ACCIDENT \$ 500,000
					DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 500,000
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 FAX 844-6732

CERTIFICATE HOLDER

TOWN OF SEWALLS
 ATTN: DALE BRON BLDG INSPECT
 1 S. SEWALLS POINT ROAD
 STUART, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

GEORGE STUART JR
[Signature]

[Signature]

TURNER, BRINTON E
PALMCO BUILDERS INC
5212 SE SCHOONER OAKS WAY
PO BOX 87
PORT SALERNO FL 34992

THE CERTIFIED GENERAL CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489
EXPIRING AUG 31, 1996
F.S., FOR THE YEAR

DATE	08/19/94
LICENSE NO.	CG CA27749
BATCH NO.	94900500

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

GENERAL CONTRACTOR

STATE OF FLORIDA
PALM BEACH COUNTY

CLASSIFICATION
OC-032

CGCA27749 (94)

COUNTY OCCUPATIONAL LICENSE

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER
LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT
TO REGULATIONS OF ZONING, HEALTH AND ANY OTHER LAWFUL
AUTHORITY. COUNTY ORDINANCE NUMBER 72-7

94-16149
PALMCO BUILDERS INC
TURNER BRINTON E
4900 DYER BLVD
RIVIERA BEACH FL 33407-1016

**LOCATED AT:
SAME

CNTY \$25.00
TOTAL \$25.00

IS HEREBY LICENSED AT ABOVE ADDRESS FOR THE PERIOD BEGIN
NING ON THE FIRST DAY OF OCTOBER AND ENDING ON THE THIRTI
ETH DAY OF SEPTEMBER TO ENGAGE IN THE BUSINESS, PROFES
SION OR OCCUPATION OF:

CONTRACTOR

JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY

THIS IS NOT A BILL - DO NOT PAY
PAID. PBC TAX COLLECTOR CK
\$25.00 OCC 49 27179 09-12-95

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR
LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSIN

GENERAL CONTRACTOR

STATE OF FLORIDA
PALM BEACH COUNTY

CLASSIFICATION
CW-001

CGCA27749 (94)

COUNTY OCCUPATIONAL LICENSE

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER
LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT
TO REGULATIONS OF ZONING, HEALTH AND ANY OTHER LAWFUL
AUTHORITY. COUNTY ORDINANCE NUMBER 72-7

95-00477
PALMCO BUILDERS INC
TURNER BRINTON E
4900 DYER BLVD
RIVIERA BEACH FL 33407-1016

**LOCATED AT:
SAME

C/WIDE \$352.00
TOTAL \$352.00

IS HEREBY LICENSED AT ABOVE ADDRESS FOR THE PERIOD BEGIN
NING ON THE FIRST DAY OF OCTOBER AND ENDING ON THE THIRTI
ETH DAY OF SEPTEMBER TO ENGAGE IN THE BUSINESS, PROFES
SION OR OCCUPATION OF:

GENERAL CONTRACTOR

JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY

THIS IS NOT A BILL - DO NOT PAY
PAID. PBC TAX COLLECTOR CK
\$352.00 OCC 49 27180 09-12-95

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR
LICFNSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

08/19/94

AUDIT CONTROL NO.

LICENSE NO.

BATCH NO.

AMOUNT PAID

CG CA27749

94900500

\$209.00

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
SUITE 300
JACKSONVILLE

FL 32211-7467

Brinton E. Turner
LICENSEE SIGNATURE

WALLET CARD - FOLD HERE

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

CERTIFIED GENERAL CONTRACTOR

TURNER, BRINTON E
PALMCO BUILDERS INC

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
FOR THE YEAR EXPIRING AUG 31, 1996

Lawton Chiles
LAWTON CHILES
GOVERNOR

George Stuart Jr.
GEORGE STUART JR.
SECRETARY, D.B.P.R.

08/19/94

AUDIT CONTROL NO.

LICENSE NO.

BATCH NO.

AMOUNT PAID

CG CA27749

94900500

\$209.00

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
SUITE 300
JACKSONVILLE

FL 32211-7467

Brinton E. Turner
LICENSEE SIGNATURE

WALLET CARD - FOLD HERE

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

CERTIFIED GENERAL CONTRACTOR

TURNER, BRINTON E
PALMCO BUILDERS INC

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
FOR THE YEAR EXPIRING AUG 31, 1996

Lawton Chiles
LAWTON CHILES
GOVERNOR

George Stuart Jr.
GEORGE STUART JR.
SECRETARY, D.B.P.R.

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLA.

COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS, IF KNOWN)
AN. Sewell's PTRD, 5 TOWNSHIP, FL - A Division of the S. 173 FT OF 6.1 LOT 3, SEC. 35, T39S, R41E that Part of Grant lot 1 Sect. 36 T39S, R41E lying between Eastern projections of N.S. line of said
173 FT.

GENERAL DESCRIPTION OF IMPROVEMENTS _____

Removable Hurricane Panels

OWNER DUANE L. STEMLER

ADDRESS 49 N. SEWELL'S PT. RD.

OWNER'S INTEREST IN PROPERTY VT. TENANTS

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER) _____

ADDRESS _____

CONTRACTOR Palmco Builders Inc. - CLEARSHIELD

ADDRESS 4900 Dyer Blvd., Riviera Beach, FL 33407

SURETY CO. (IF ANY) None

ADDRESS _____ AMT. OF BOND _____

LENDER'S NAME _____

ADDRESS _____

PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.3(1) (A)7., FLORIDA STATUTES:

NAME _____

ADDRESS _____

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: THE EXPIRATION DATE IS 1 YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED:

Duane L. Stember, MD
SIGNATURE OF OWNER

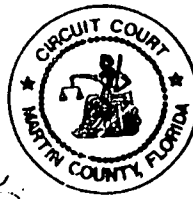
STATE OF Florida

COUNTY OF Martin

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA STILLER, CLERK
BY [Signature]
DATE 9.20.95



THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 21 DAY OF September, 1995, BY Duane L. Stember WHO IS KNOWN TO ME OR WHO PRODUCED _____ AND WHO DID NOT TAKE AN OATH.

John Strassel
NOTARY SIGNATURE

OFFICIAL NOTARY SEAL
JOHN STRASSEL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC427573
MY COMMISSION EXP. DEC. 18, 1998

BUILDING CODE COMPLIANCE DEPARTMENT
SUITE 1603
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2908**PRODUCT CONTROL NOTICE OF ACCEPTANCE****Clearshield Manufacturing**
4900 Dyer Boulevard
Riviera Beach FL 33407

Your application for Product Approval of:

Polycarbonate Storm Panels


under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:

Applicant, along with Drawing No. C-1, C-2, A-1 thru A-8 and A1A thru A4A, dated 5/23/94 and 7/07/94, all signed and sealed by Lisa Anne Tropepe, P.E.; Hurricane Test Lab Test Reports No. HTL-94-0411 and HTL-94-0502 dated May 6, 1994, signed and sealed by Richard Boyette, P.E.

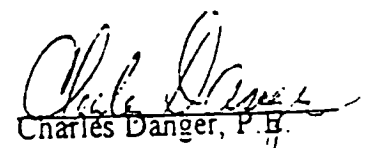
has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

This approval shall be valid for a period of three years. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Department may revoke, modify, or suspend the use of such product or material immediately. The Building Code Compliance Department reserves the right to require retesting of this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material.

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

Acceptance No.: 94-0531.05Expires: 07/25/97
Gil Diamond, P.E.
Product Control Division
Supervisor**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS**
BUILDING CODE COMMITTEE

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


Charles Danger, P.E.
Director
Building Code Compliance

00 Dyer Boulevard
 Riviera Beach, FL 33407

CLEARShield™

HURRICANE PROTECTION
 "The Difference is Clear"

407-840-0923

NAME DUANE L. STEMLE DATE 7-6-95
 ADDRESS 49 N. SEWELLS PT RD. HOME (4) 287-5795 WORK ()
 CITY STUART STATE FL ZIP 34996 APT # _____

OPENING NUMBER	SPECIFIC PRODUCT	OPENING SIZE *(INCL 3" OVERLAPS)		OPENING NUMBER	SPECIFIC PRODUCT	OPENING SIZE *(INCL 3" OVERLAPS)	
		WIDTH"	HEIGHT"			WIDTH"	HEIGHT"
1	CLEARSHIELD			11			
2	ALL GLASS			12			
3	ALL DOORS			13			
4	+ GARAGE			14			
5	TOTAL COVERAGE			15			
6				16			
7	ALL NECESSARY			17			
8	Z BAR			18			
9	BUILD-OUT			19			
10	+ HARDWARE			20			

NOTES: # INCLUDES LIFETIME CLEARSHIELD WARRANTY

ADDITIONAL ITEMS:

1ST FL _____ CBS _____ WOOD _____ PRICE \$ 9640.85
 2ND FL _____ CBS _____ WOOD _____ PERMITS \$ 125.00
 OTHER _____

WITHIN 4 WEEKS

ESTIMATED DELIVERY: OF SIGNING OF CONTRACT
NOT AUGUST 15, 1996
a division of the south 173 ft of section 3
sec 35, T 37 S, R 41 E + total part of lot

ADDITIONAL ITEMS \$ _____
 TOTAL CONTRACT \$ 9765.85
 DEPOSIT (50%) \$ 4882.93
 BALANCE \$ 4882.92
 (Due Upon Installation)

Lot Description
 LOT _____ BLOCK _____ SUB _____

PB _____ PG _____ COUNTY MARTIN
Lot 1, Sec. 36 T 37 S, R 41 E lying
between easterly projections
of N + South Lines
of said T 37 S.

Make Checks Payable to:
 "ClearShield of Palm Beach County, Inc."

Installations by Palmco Builders: (Contr. Lic.# CG-CA27749)
 a wholly owned subsidiary of ClearShield of Palm Beach County, Inc.

TERMS AND CONDITIONS

SELLER AND THE PURCHASER AGREE TO THE SALE AND INSTALLATION AND/OR DELIVERY OF THE ABOVE SPECIFIED GOODS FOR THE ABOVE SPECIFIED PRICE UPON THE TERMS AND CONDITIONS HERINAFTER SET FORTH AND CONTINUED ON THE REVERSE SIDE OF THIS PURCHASE ORDER (HEREINAFTER REFERRED TO AS THE "CONTRACT"). THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS CONTRACT, INCLUDING THE DESCRIPTION AND LIMITATIONS OF ALL WARRANTIES AND GUARANTEES ARE INCORPORATED INTO THIS CONTRACT AS IF FULLY SET FORTH ON THIS PAGE. THE TERMS AND CONDITIONS OF THIS CONTRACT MAY NOT BE MODIFIED EXCEPT IN WRITING SIGNED BY THE SELLER'S DULY AUTHORIZED REPRESENTATIVE.

PURCHASER CERTIFIES BY HIS SIGNATURE BELOW THAT HE HAS READ, FULLY UNDERSTANDS AND ACCEPTS ALL THE TERMS AND CONDITIONS OF THIS CONTRACT AND HAS RECEIVED A COPY OF THIS CONTRACT

PURCHASER'S RIGHT TO CANCEL: THIS IS A HOME SOLICITATION SALE. IF YOU DO NOT WANT THE GOODS OR SERVICES, YOU MAY CANCEL THIS CONTRACT BY PROVIDING WRITTEN NOTICE TO SELLER IN PERSON, BY TELEGRAM OR MAIL. THIS NOTICE MUST INDICATE THAT YOU DO NOT WANT THE GOODS OR SERVICES AND MUST BE DELIVERED OR POSTMARKED BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER YOU SIGN THIS CONTRACT. IF YOU CANCEL THIS CONTRACT, YOUR DEPOSIT WILL BE REFUNDED IN FULL.

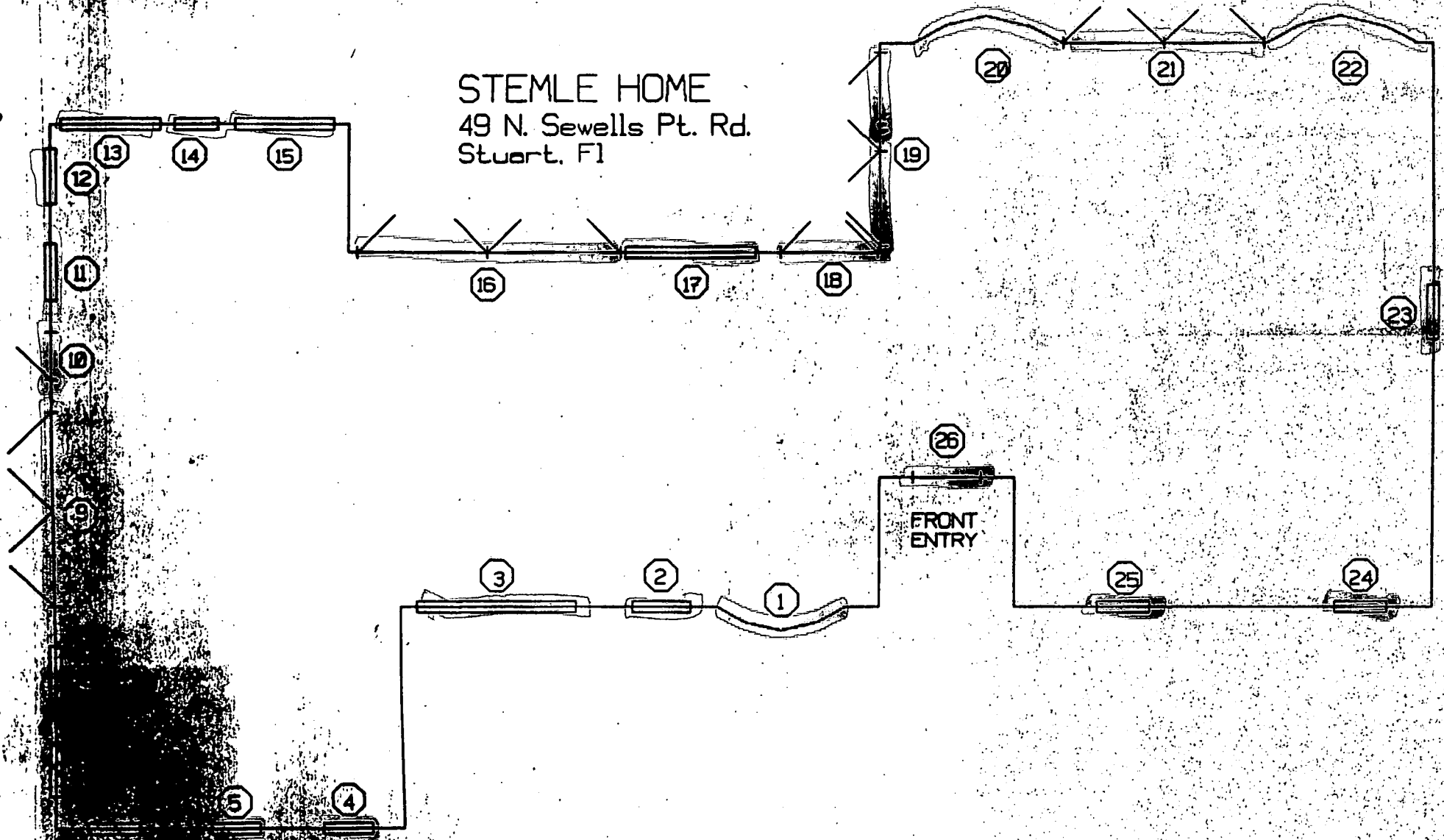
AGREED AND ACCEPTED BY PURCHASER: Duane L. Stemle Date: 7-27-95

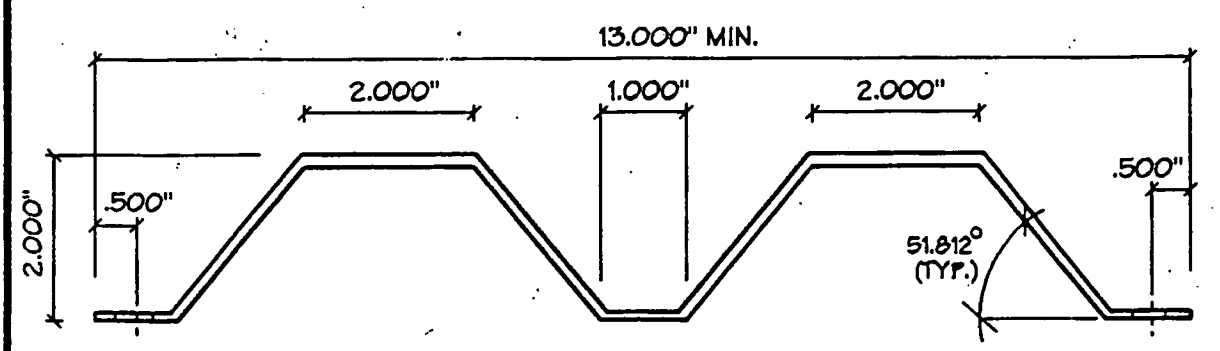
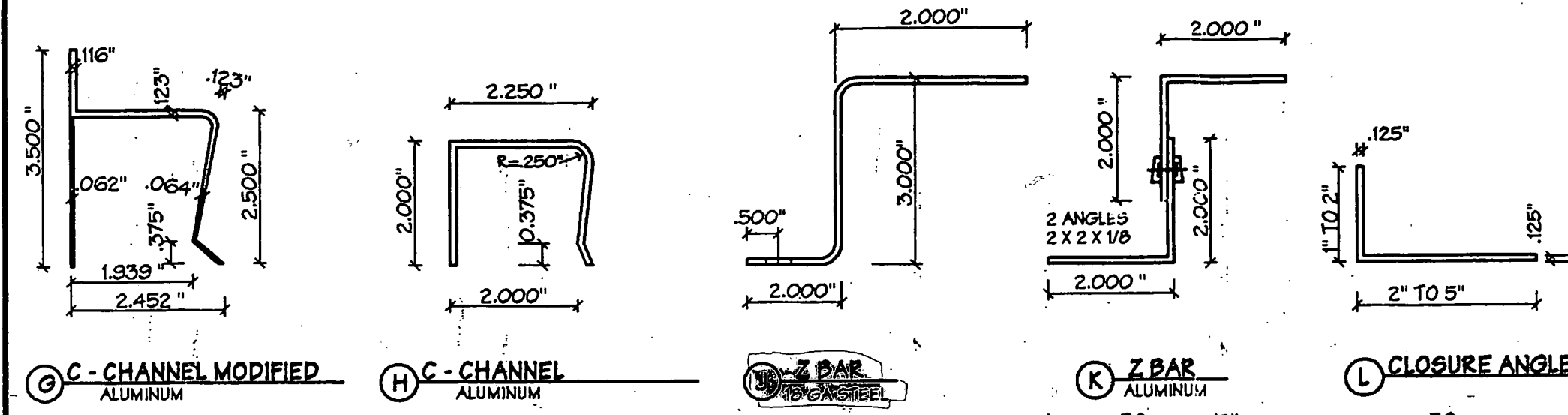
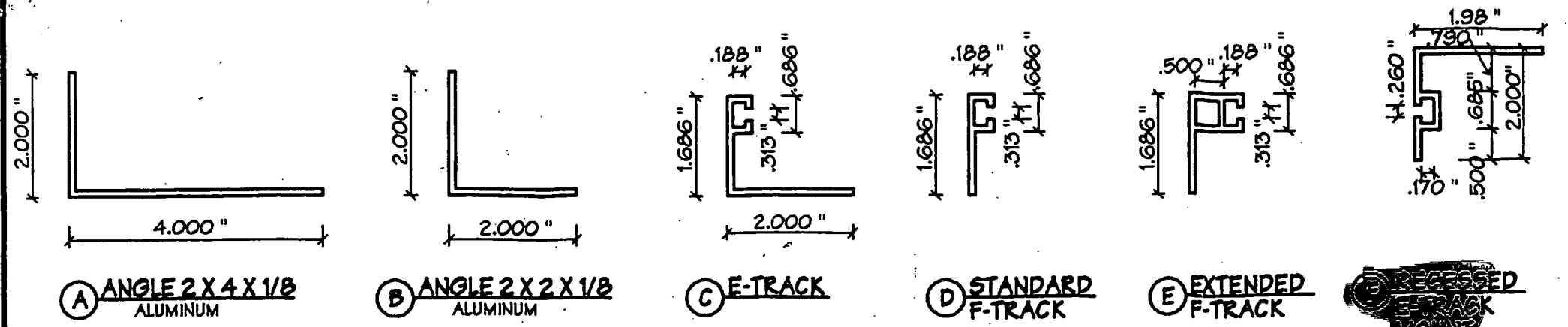
SELLER'S REPRESENTATIVE: Robin Smith Date: 7-6-95

AGREED AND ACCEPTED BY CLEARSHIELD OF PALM BEACH COUNTY, INC.

CONTRACT P 002286

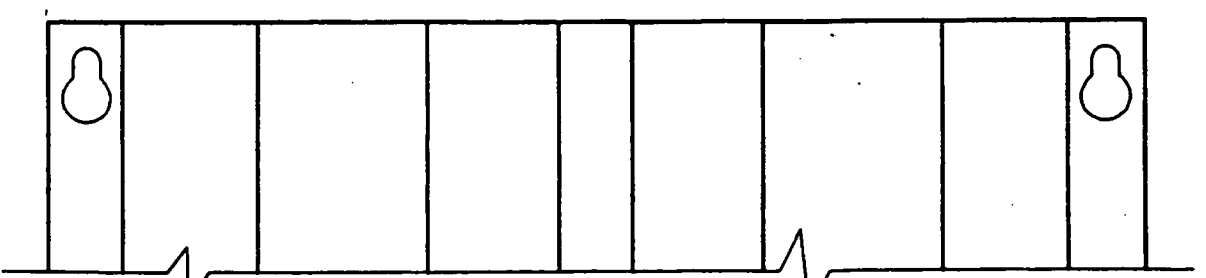
STEMLE HOME
49 N. Sewells Pt. Rd.
Stuart, Fl



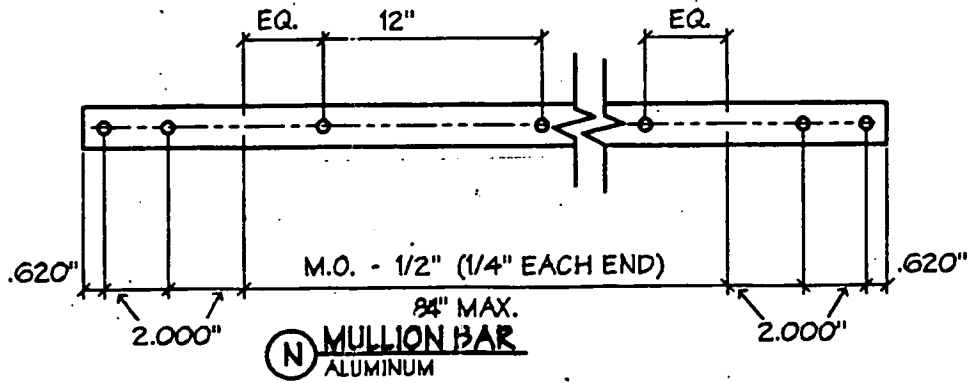


ALL PANEL DIMENSIONS MINIMUM.

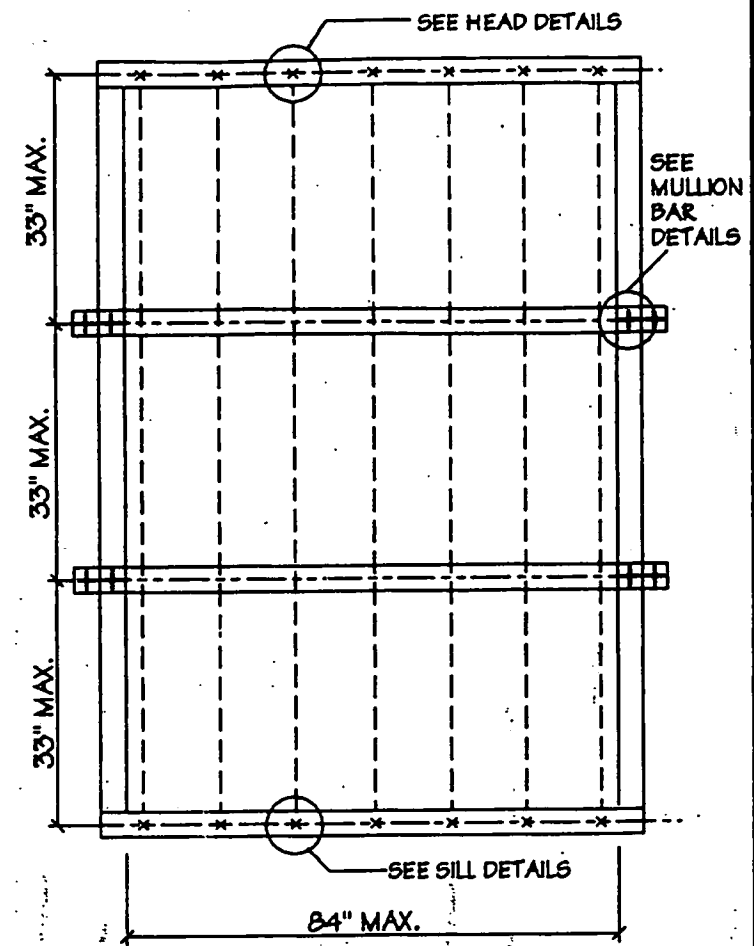
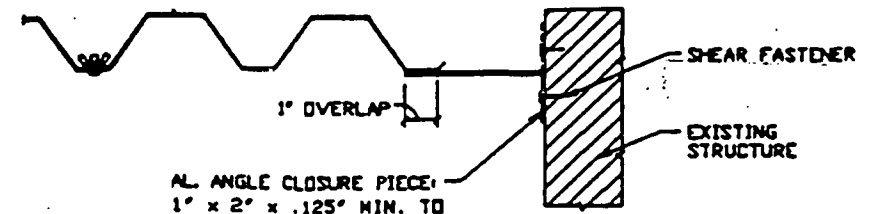
M) POLYCARBONATE PANEL SECTION



POLYCARBONATE PANEL ELEVATION



A. ANGLE CLOSURE PIECE:
1' x 2' x .125' MIN. TO
2' x 5' x .125' MAX.



TYPICAL COMPLETED STRUCTURE

1. THE STRUCTURE DEPICTED HERE HAS BEEN DESIGNED OR TESTED TO RESIST THE WIND LOADS DERIVED FROM THE STANDARD BUILDING CODE. IT IS ASSUMED THAT THE SUPPORTING STRUCTURE HAS SUFFICIENT CAPACITY TO SUSTAIN THE LOADS IMPOSED BY THE SHUTTER SYSTEM. THE SHUTTER PANELS MAY SPAN EITHER VERTICALLY (AS SHOWN) OR HORIZONTALLY.
2. DESIGN WIND PRESSURE IS DERIVED FROM THE STANDARD BUILDING CODE FOR COMPONENTS AND CLADDING IN END ZONES.
MEAN ROOF HEIGHT LESS THAN 50 FEET
FASTEST MILE WIND SPEED = 110 MPH
COASTAL ZONE
DESIGN PRESSURE = ± 51.6 PSF
3. ALUMINUM COMPONENTS HAVE BEEN DESIGNED IN ACCORDANCE WITH THE MINIMUM REQUIREMENTS OF THE ALUMINUM ASSOCIATION SPECIFICATIONS FOR ALUMINUM STRUCTURES.
4. SHUTTER PANELS ARE POLYCARBONATE RESIN.
5. MULLION CONFIGURATION, SIZE AND CONNECTIONS ARE BASED UPON PANEL TESTS.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE COMPLETED STRUCTURE DEPICTED ON THESE PLANS COMPLIES WITH THE SBCCI 1993 EDITION.

CLEARSHIELD SHUTTERS COMPONENT DETAILS

JOB # A95
SHEET NO: S-1

DATE: 5-19-95
DRAWN: CC
REVISED:

PROJECT: CLEARSHIELD MANUFACTURING
4800 DYER BLVD. WEST PALM BEACH, FLORIDA 33411-4000

BOTKIN & RHEAULT, INC.
5208 10th Avenue North
Lake Worth, Florida 33463



JUN 6 1995

4166

REROOF

WILFRAM CONSTRUCTION

9027 SE PINE CONE LANE
HOBE SOUND, FLORIDA 33455
(561) 546-0300

BARNETT BANK OF MARTIN COUNTY, NA
HOBE SOUND, FL 33455

25501

CHECK NO.

One Hundred and 00/100

DATE

4-4-97

AMOUNT

\$100.00

PAY
TO THE
ORDER
OF

Town of Sewall's Pt

Lynne Wilfram
AUTHORIZED SIGNATURE

35374100000000220500

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 4166

Date *4/4* 19 *97*

Building to be erected for *DR. D. STEMLER*

Applied for by *WILFRAM CONST* (Contractor)

Subdivision *PART GOVT LOT 3* Lot _____ Block _____

Address *49 N. SEWALL'S PT. RD.*

Type of structure *RE: ROOF*

Building Fee _____, A/C Fee \$100.00, Electrical Fee \$100.00, Plumbing Fee \$100.00, Roofing Fee \$100.00

Radcn Fee _____ Impact Fee (If applicable) _____

TOTAL Fees *100* PAID - Check # *25501* Cash _____

Total Construction Cost \$ *25,500*

Signed *Dary Bost*
Applicant

Signed *[Signature]*
Town Building Inspector

F 4166

TAX FOLIO NO. _____

DATE 4/1/97

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 Dr. Duane Stamble Present address 49 N. Sewall's Point Rd.

Phone 287-5795

Contractor Wilgram Const Address 9027 SE Pine Core Ln

Phone _____ Hobe Sound, FL 33455

Where licensed Martin County License number SP00624

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: a residential roof to be removed and replaced with Eentega tile applied with polyurethane foam.

State the street address at which the proposed structure will be built:
49 N. Sewall's Point Rd.

Subdivision _____ Lot Number _____ Block Number _____

Contract price \$ 25,600.00 ~~24,800.00~~ 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.

Contractor [Signature]

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

Owner Duane Stamble

TOWN RECORD

Date submitted _____ Approved: [Signature] 4/14/97
Building Inspector Date

Approved: [Signature] 4/28/97 Final approval given: _____
Commissioner Date Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

TO BE COMPLETE WHEN CONSTRUCTION VALUE IS \$2500.00 OR MORE

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS, IF KNOWN)

Sec 35 Township ^{Range 41e} 37 S 35374100000000326500

GENERAL DISCRETION OF IMPROVEMENTS new Roof

OWNER: Dr. Duane Stemle

ADDRESS: 49 North Sewals point Rd. Sewals Point, FL 34996

OWNER'S INTEREST IN PROPERTY: 100%

FEE SIMPLE TITLE HOLD (IF OTHER THAN OWNER): N/A

ADDRESS: _____

CONTRACTOR: Wilfram Const.

ADDRESS: 9027 SE Pine Cone Ln. Hobe Sound, FL 33455

SURETY COMPANY (IF ANY) N/A

ADDRESS: _____

LENDER'S NAME: _____

ADDRESS: _____

PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.3(1) (A)7., FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

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

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

Duane L. Stemle
SIGNATURE OF OWNER

STATE OF Florida
COUNTY OF Martin

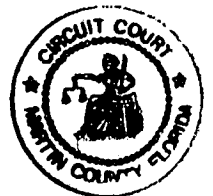
STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA STILLER, CLERK

BY T. Copus D.C.

DATE 4-1-97



THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 1 DAY OF April, 1997, BY Duane Stemle WHO IS KNOWN TO ME OR WHO PRODUCED _____ AND WHO DID NOT TAKE AN OATH.

Gary Bustin
NOTARY SIGNATURE



Gary Bustin
MY COMMISSION # CC587803 EXPIRES
September 24, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

7192

DOCK REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/12/05

BUILDING PERMIT NO. 7.192

Building to be erected for STEMLE

Type of Permit Dock Repair

Applied for by O/B

(Contractor) Building Fee 240.00

Subdivision GOV'T LOT Lot Part of 3 Block _____

Radon Fee _____

Address 49 N. Sewall's Pt Rd

Impact Fee _____

Type of structure Dock

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

3537410000000022050000

Roofing Fee _____

Amount Paid 330.00 Check # 3447 Cash _____

Other Fees 10% Plan Review 24.00
250.00 166.00

Total Construction Cost \$ 2200.00

TOTAL Fees 330.00

Signed Alvonne G. Stovette

Signed Jane Simmons (Per)

Applicant

Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 1-03-05

Permit Number: _____

OWNER/TITLEHOLDER NAME: DUANE & CAROL Phone (Day) 297 5795 (Fax) _____

Job Site Address: 149 N. SEWALLS ST STE 35-T37 City: STUART State: FL Zip: 34996

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

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

Description of Work To Be Done: Redeck some Repair as needed

WILL OWNER BE THE CONTRACTOR?:

YES NO

DOCK REPAIR

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

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2,200
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 18,000

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

Method of Determining Fair Market Value: Area Beds

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Duane & Carol
State of Florida, County of: FLA
This the 03 day of Jan., 2005
by _____ who is personally
known to me or produced _____
as identification. _____

Notary Public

My Commission Expires: _____

Seal

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

Notary Public

My Commission Expires: _____

Seal

TOWN OF SEWALL'S POINT

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

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

DISCLOSURE STATEMENT

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

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

Name: DUANE STEMLE Date: 1-03-05

Signature: *Duane L. Stemle*

Address: 49 N Sewalls' Pt Rd.

City & State: Stuart, FL

Permit No. _____

8295

REBUILD DOCK

TOWN OF SEWALL'S POINT

Date 6-27-06 BUILDING PERMIT NO. 8295
Building to be erected for Simple Type of Permit Rebuild Dock
Applied for by Inner Circle Composites (Contractor) Building Fee 240-
Subdivision Point Lot 3 Block _____ Radon Fee _____
Address 49 N. Sewalls Pt Rd Impact Fee _____
Type of structure SFR A/C Fee _____
Electrical Fee _____
Parcel Control Number: 353741-000-000-0032-050000 Plumbing Fee _____
Roofing Fee _____
Amount Paid \$240- Check # 4159 Cash _____ Other Fees (_____) _____
Total Construction Cost \$ 74910 TOTAL Fees 240-

Signed William A. [Signature]
Applicant

Signed Valerie [Signature]
Town Building Official Dept Clerk

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 5/23/06

OWNER/TITLEHOLDER NAME: Stemle Phone (Day) 772-287-5795 (Fax) _____

Job Site Address: 49 North Sewalls Point Road City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) 35374100000003705000 Parcel Number: 604.3

Owner Address (if different): 49 North Sewalls Point Rd. City: Stuart State: FL Zip: 34996

Description of Work To Be Done: Rebuild present dock

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 74,910-
(Notice of Commencement needed over \$2500)
Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: Case

CONTRACTOR Company: Inner Circle Composites Phone: 772-260-9699 or 772-631-9998

Street: _____ City: Jensen Beach State: FL Zip: _____

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required) Carol W. Stemle

State of Florida, County of: Martin

This the 23rd day of May, 2006

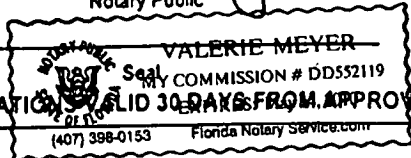
by Carol W. Stemle who is personally

known to me or produced Driver's license FL,

as identification. Valerie Meyer

Notary Public

My Commission Expires:



CONTRACTOR SIGNATURE (required) William H. Addeo

On State of Florida, County of: Martin

This the 22 day of May, 2006

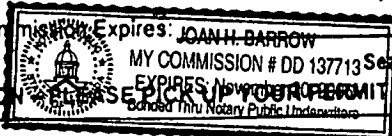
by W. H. Addeo who is personally

known to me or produced FL. d. L.

As identification. Joann Barrow

Notary Public

My Commission Expires: JOANN BARROW



PERMIT APPLICATION IS VALID 30 DAYS FROM APPROVAL NOTIFICATION PLEASE PICK UP YOUR PERMIT PROMPTLY!

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

Gov't Lot 3 Parcel # 3537410000000032050000

GENERAL DESCRIPTION OF IMPROVEMENT: HURRICANE DAMAGE REPLACEMENT DOCK + ROOF

OWNER: CAROL W. STEMLE

ADDRESS: 49 N. SEAWALKS PT RD STUART, FL 34996

PHONE #: 287-5795 **FAX #:** _____

CONTRACTOR: TREASURE COAST DOCK BUILDERS

ADDRESS: 1583 SE POMEROY ST STUART 34997

PHONE #: 772-631-9998 **FAX #:** _____

SURETY COMPANY (IF ANY) _____

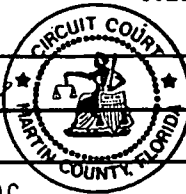


ADDRESS: _____ **INSTR #** 1935563 **OR BK** 02146 **PG** 0598 **RECD** 05/24/2006 **09:43:42 AM**

PHONE # _____ **STATE OF FLORIDA**
MARTIN COUNTY

Ps 05987 (1ps)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK **T Copus** (asst mgr)
FAX #: _____

BOND AMOUNT: _____ **THIS IS TO CERTIFY THAT THE**
LENDER: _____ **FOREGOING** **PAGES IS A TRUE**
_____ **AND CORRECT COPY OF THE ORIGINAL.**



ADDRESS: _____ **MARSHA EWING, CLERK**

PHONE #: _____ **BY:** T Copus **D.C.** **FAX #:** _____

DATE: 5-24-06

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

NAME: _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

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

PHONE #: _____ **FAX #:** _____

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

Carol W. Stemle
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 **DAY OF** May
19 06 **BY** Carol W. Stemle

PERSONALLY KNOWN _____
PRODUCED ID FLDL
TYPE OF ID ep 11-06-09

Tammy L. Copus
NOTARY SIGNATURE





Martin County Conditions for Approval

06/22/06

Application Number: **SP01 - T57**
 Application Type: **SEWALLS POINT**
 Date Issued:
 Project:
 Scope of Work: **Rebuild present dock**

Applicant/Contact:	CASS, GERALD /	
Parcel Control Number:	35-37-41-000-000-0032.0-50000	
Subdivision:		
Construction Address:	49 N SEWALLS POINT RD	
Location Description:		
Owner Name:	STEMLE, CAROL W	
Prime Contractor:	CASS, GERALD BOX 104 STUART, FL 34995	INNER CIRCLE COMP INC/TC DOCK License No.: CMAR4436 Phone: 772-631-1505 Fax: 772-283-7527

Conditions:

PPAPPLIC - CONTR TO COMPLETE APPLICATION Contact: PAM GREEN
 CONTRACTOR MUST COMPLETE APPLICATION TO BE PROCESSED. CONTACT 208-5916 WITH QUESTIONS.

We need the application sign by the primary contractor

PPMISC - PLAN REVIEW COMMENTS Contact: TED SCHOPPE
 Provide signed & sealed engineer drawings (2 copies) showing all structural elements (size & spacing) including connectors.

NBF to Contractor @ 6-22-06



09-02-2005

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 09/01/2005 ** EXPIRATION DATE: 09/01/2007

PERSON: ADDEO WILLIAM

FEIN: 861123731

BUSINESS NAME AND ADDRESS: INNER CIRCLE COMPOSITES INC
P O BOX 104
STUART FL 34995

REASSUANCE REQUIREMENTS

SCOPE OF BUSINESS OR TRADE: 1- MARINE CONSTRUCTION

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609



10-12-2005

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 10/12/2005

** EXPIRATION DATE: 10/12/2007

PERSON:

CASS

GERALD

FEIN:

861123711

BUSINESS NAME
AND ADDRESS:

INNER CIRCLE COMPOSITES INC
P O BOX 104
STUART FL 34995

REISSUANCE REQUIREMENTS

SCOPE OF BUSINESS OR TRADE: 1- MARINE CONSTRUCTION

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 2006-518-001 CERT CMAR 4436
PHONE (772)631-1505 SIC NO 234990

LOCATION:
1583 SE POMEROY ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

01 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30, 2006

CASS, GERALD
INNER CIRCLE COMPOSITES INC.
1583 SE POMEROY ST
STUART FL 34997

RECEIPT of PAYMENT

LARRY C. O'STEEN
99 00/01/2005 OCC1 NORMAL

20065180001000

622858001005004X

6010 1

\$25.00

• OWNER NAME: CASS, GERALD
COMPANY: INNER CIRCLE COMPOSITES INC
ADDRESS: BOX 104
STUART, FL 34995
TELEPHONE: 772-631-1505

LICENSE #: CMAR4436
TYPE: CMAR
STATUS: ACTIVE
EXPIRATION DATE: 30-SEP-07
INS EXP DATE: 22-JUL-06
WORKCOMP EXP DATE: 12-OCT-07

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID SE TR86C-1	DATE (MM/DD/YYYY) 05/24/06										
PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389		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.											
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INS. REF A: <i>Scottsdale Insurance Company</i></td> <td></td> </tr> <tr> <td>INS. REF B:</td> <td></td> </tr> <tr> <td>INS. REF C:</td> <td></td> </tr> <tr> <td>INS. REF D:</td> <td></td> </tr> <tr> <td>INS. REF E:</td> <td></td> </tr> </table>		INSURERS AFFORDING COVERAGE	NAIC #	INS. REF A: <i>Scottsdale Insurance Company</i>		INS. REF B:		INS. REF C:		INS. REF D:	
INSURERS AFFORDING COVERAGE	NAIC #												
INS. REF A: <i>Scottsdale Insurance Company</i>													
INS. REF B:													
INS. REF C:													
INS. REF D:													
INS. REF E:													
INSURED Inner Circle Composites, Inc. PO Box 104 Stuart FL 34995													

COVERAGES

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

INSR ADD'L TR INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CLS1141597	07/22/05	07/22/06	EACH OCCURRENCE: \$ 1000000
	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				DAMAGES BODILY INJURY / PREMISES (EA OCCUR): \$ 100000 MED EXP (Any one person): \$ 5000 PERSONAL & ADV INJURY: \$ 1000000 GENERAL AGGREGATE: \$ 1000000 PRODUCTS - COMP/OP AGG: \$ 1000000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (EA OCCUR): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per occurrence): \$ PROPERTY DAMAGE (Per occurrence): \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC: \$ AGE: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe limits SPECIAL PROVISIONS below				EACH OCCURRENCE: \$ AGGREGATE: \$ WA. STAT. TERTIARY LIMIT: \$ OTHER: \$ E.L. EACH ACCIDENT: \$ E.L. DISEASE - EA EMPLOYEE: \$ E.L. DISEASE - POLICY LIMIT: \$
	OTHER				

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

MARINE CONSTRUCTION - STATE OF FLORIDA

CERTIFICATE HOLDER

TOWNS-1

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Kimberlee D. Wilson

COMMON POLICY DECLARATIONS

Renewal of
NEW



SCOTTSDALE INSURANCE COMPANY*

Policy Number
CL51141597

Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

NO FLAT CANCELLATION

ITEM 1. Named Insured and Mailing Address

INNER CIRCLE COMPOSITES, INC.
PO BOX 104
STUART, FL 34995

Agent Name and Address

GRESHAM & ASSOCIATES, INC.
P.O. BOX 220568
WEST PALM BEACH, FL 33422-0568

Agent No.: 09012 Program No.: NONE

ITEM 2. Policy Period

From: 07/22/2005 To: 07/22/2006 Term: 365 DAYS
12:01 A.M., Standard Time at your mailing address.

Business Description: DOCK REPAIR

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

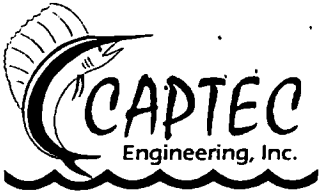
Coverage Part(s)	Premium
Commercial General Liability Coverage Part	\$ 2,810
Commercial Property Coverage Part	\$ NOT COVERED
Commercial Crime Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Auto (Business Auto or Truckers) Coverage Part	\$ NOT COVERED
Commercial Garage Coverage Part	\$ NOT COVERED
Professional Liability Coverage Part	\$ NOT COVERED
Supplemental Lines Agent's License #	\$
Producing Agent's Name: Cabot W. Lord	\$
Address: 3070 SW Maple Road	\$
City: Palm City, FL 34990	\$
Total Policy Premium:	\$ 2,810.00
ADMIN FEE	\$ 35.00
INSPECTION FEE	\$ 100.00
S/L TAX	\$ 147.25
SERVICE FEE	\$ 7.36
TOTAL PREMIUM	\$ 3,099.61

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

WEST PALM BEACH, FL
SE 8/16/05

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



Civil Engineering Professionals

May 26, 2006
932.26

Treasure Coast Dock Builders
C/O Mr. William Addeo
1583 SE Pomeroy Street
Stuart, Fl 34997

***RE: Building Permit Application to rebuild a dock with roof at the Stemle Residence –
49 N. Sewall's Point Road***

Dear Mr. Addeo:

Please be advised that a review has been performed of the materials received in our office on May 25, 2006, for the above referenced project and offer the following comments

1. ✓ The applicant is required to obtain a permit or exemption letter from the Department of Environmental Protection.
2. A survey of the subject property for which dock will be constructed shall be provided; and, the dock delineated on the plan, with dimensions.

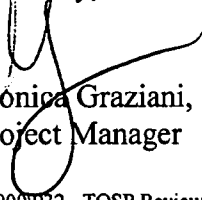
CAPTEC Engineering, Inc., a professional consultant, has been retained by the Town of Sewall's Point to assist the community with zoning issues relative to building permits. Any service provided by CAPTEC Engineering, Inc. will be a 'pass-thru' fee to the applicant.

CAPTEC Engineering, Inc. performed this review for the Town of Sewall's Point in order to confirm compliance with the applicable Codes and Regulations. Neither the Reviewer nor the Town of Sewall's Point is the Design Engineer or Architect of Record and, therefore, neither entity accepts responsibility for the accuracy or contents of the design documents and/or other data submitted by the Applicant.

Please note suggestions provided by CAPTEC Engineering, Inc. are offered in order to assist the Applicant in complying with the Town of Sewall's Point Codes and Regulations. However, the Applicant bears the burden of demonstrating that their submittal meets the applicable Town Code requirements.

If you should need further clarification or have any questions with regard to this matter, please feel free to contact me.

Sincerely,



Mônica Graziani,
Project Manager

P:\900932 - TOSP Reviews\932.26 49 So. Sewalls Pt.\1st Review 052606.doc



June 7, 2006
932.26 / 2nd review

Treasure Coast Dock Builders
C/O Mr. William Addeo
1583 SE Pomeroy Street
Stuart, FL 34997

RE: Building Permit Application to rebuild and replicate a dock with roof destroyed by the 04' storms at the Stemle Residence – 49 N. Sewall's Point Road

Dear Mr. Addeo:

Please be advised that a review has been performed of the materials received in our office on May 25, 2006, for the above referenced project and have no objections.

CAPTEC Engineering, Inc., a professional consultant, has been retained by the Town of Sewall's Point to assist the community with zoning issues relative to building permits. Any service provided by CAPTEC Engineering, Inc. will be a 'pass-thru' fee to the applicant.

CAPTEC Engineering, Inc. performed this review for the Town of Sewall's Point in order to confirm compliance with the applicable Codes and Regulations. Neither the Reviewer nor the Town of Sewall's Point is the Design Engineer or Architect of Record and, therefore, neither entity accepts responsibility for the accuracy or contents of the design documents and/or other data submitted by the Applicant. The owner is responsible to obtain all regulatory agency permits as needed.

Please note suggestions provided by CAPTEC Engineering, Inc. are offered in order to assist the Applicant in complying with the Town of Sewall's Point Codes and Regulations. However, the Applicant bears the burden of demonstrating that their submittal meets the applicable Town Code requirements.

If you should need further clarification or have any questions with regard to this matter, please feel free to contact me.

Sincerely,


Monica Graziani,
Project Manager

CAPTEC Engineering, Inc.
 300 S.W. St. Lucie Avenue, Stuart, FL 34994
 772.692.4344 * Fax: 772.692.4341 -
 captec1@aol.com



*gave to
 addeo
 6/5/06
 @*

Invoice

Tuesday, May 30, 2006

Invoice Number: 9181

To: Mr. William Addeo
 1583 SE Pomeroy Street
 Stuart, FL 34997

Project: 932.26 Town of Sewall's Point: Permit Review - 49 N Sewall's Point Road

Professional Services for the Period: 5/24/2006 to 5/30/2006

Task 2: Plan Review

Professional Services

<u>Task 2: Plan Review</u>	<u>Bill Hours</u>	<u>Charge</u>
Office Manager	0.25	16.25
P.E. / Project Manager	0.75	82.50
Project Coordinator	0.25	13.75
<i>Task 2: Plan Review Total:</i>	1.25	\$112.50
Professional Services Totals:		\$112.50

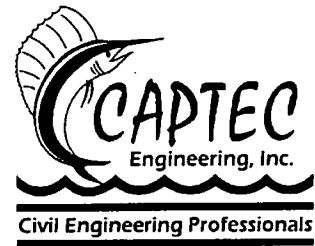
***** Total Project Invoice Amount:**

\$ 112.50

Aged Receivables: Please note - All project work will stop if receivables reach 60 days.

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$112.50	\$0.00	\$0.00	\$0.00	\$0.00

CAPTEC Engineering, Inc.
 301 N.W. Flagler Avenue, Stuart, FL 34994
 772.692.4344 * Fax: 772.692.4341 -
 captec1@aol.com



Invoice

Tuesday, June 13, 2006

Invoice Number: 9262

To: Mr. William Addeo
 1583 SE Pomeroy Street
 Stuart, FL 34997

Project: 932.26 Town of Sewall's Point: Permit Review - 49 N Sewall's Point Road

Professional Services for the Period: 6/9/2006 to 6/13/2006

Task 2: Plan Review

Professional Services

	<u>Bill Hours</u>	<u>Charge</u>
<u>Task 2: Plan Review</u>		
Office Manager	0.25	16.25
Project Coordinator	0.25	13.75
P.E. / Project Manager	1.50	165.00
P.E. / Project Manager	0.00	0.00
Task 2: Plan Review Total:	2.00	\$195.00
Professional Services Totals:		\$195.00

***** Total Project Invoice Amount : \$ 195.00**

Aged Receivables: Please note - All project work will stop if receivables reach 60 days.

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$307.50	\$0.00	\$0.00	\$0.00	\$0.00



Martin County Building Department

2401 SE Monterey Road

Stuart, Fl 34996

(772) 288-5482

Fax (772) 288-5911

CASS, GERALD
INNER CIRCLE COMP INC/TC DOCK BLDRS
BOX 104
STUART, FL 34995

NOTICE TO ALL CONTRACTORS

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

PROHIBITED ACTIVITIES:

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

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

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



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

MARINE CONTRACTOR

License Number CMAR4436 Expires: 30-SEP-07

CASS, GERALD

INNER CIRCLE COMP INC/TC DOCK BLDRS

BOX 104

STUART, FL 34995

MODE = MEMORY TRANSMISSION

START=MAR-15 15:27

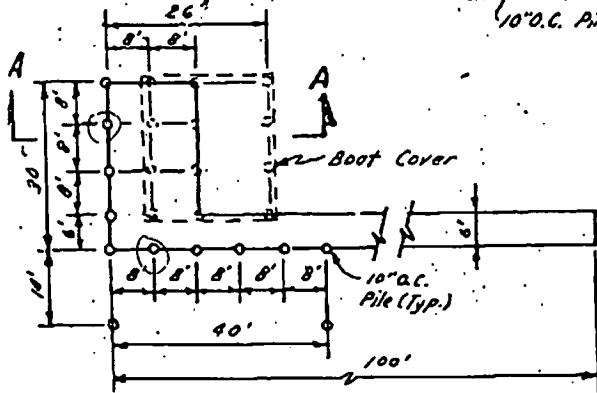
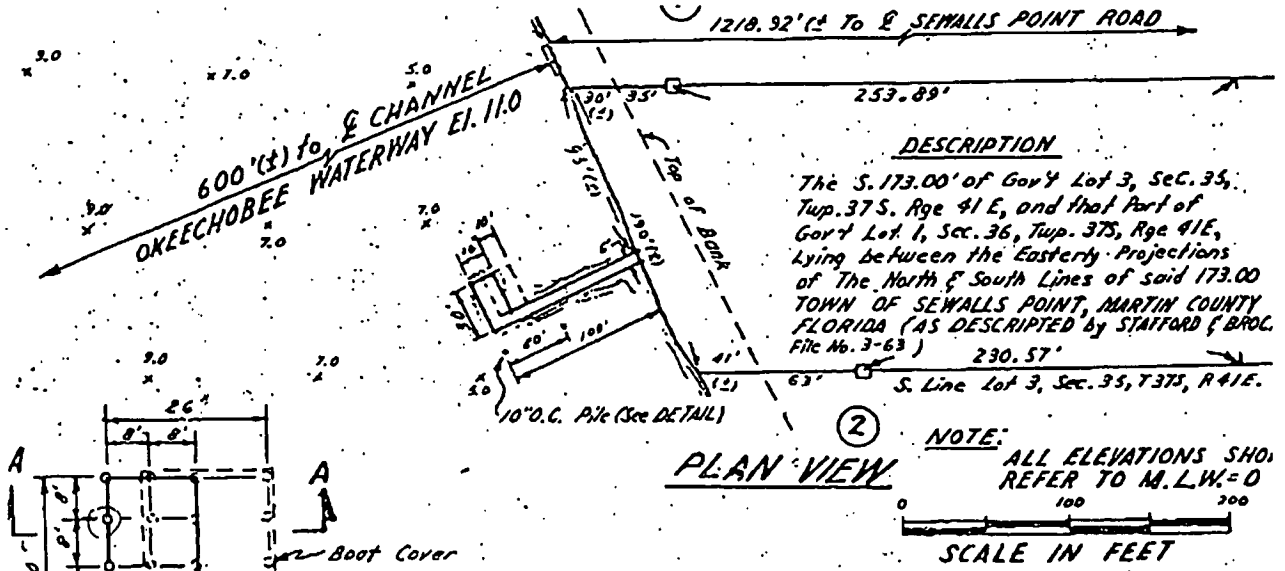
END=MAR-15 15:28

FILE NO. = 150

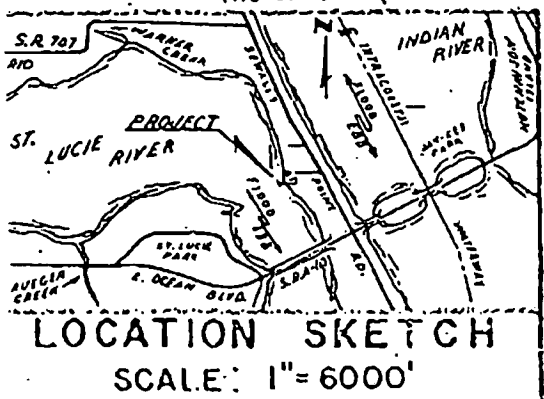
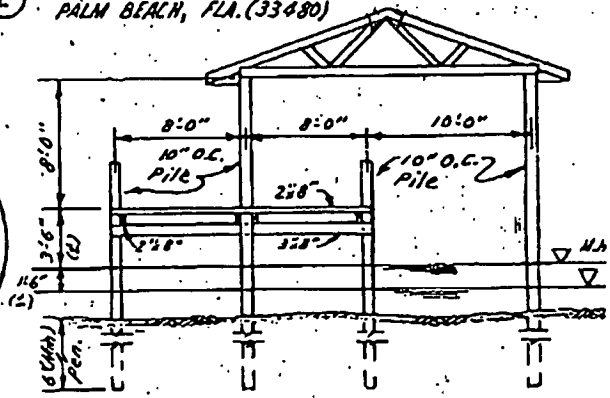
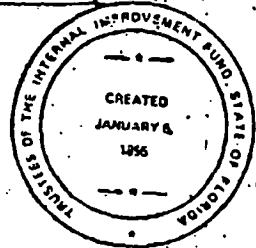
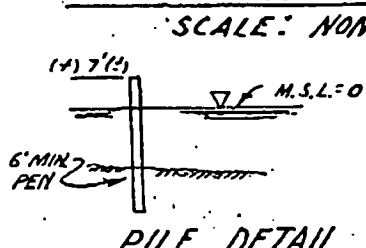
STN NO.	COM	ABBR NO.	STATION NAME/TEL.NO.	PAGES	DURATION
001	OK	2	6921061	001/001	00:01'11"

-QUILL AND PRESS INC. -

***** -FLORIDA OFFICE - ***** 772 286 6040- *****



- ① RALPH HARTMAN, Jr.
112 E. OSCEOLA STREET
STUART, FLORIDA (33494)
- ② BESSEMER PROPERTIES
ROYAL POINCIANA PLAZA
PALM BEACH, FLA. (33480)





TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 49 N.S.P.R.

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

DOCK FINAL

BROKEN ELEC. CONDUIT
w/ EXPOSED POWER CABLE
UNSECURED RECEPTACLE AT
FOOT OF DOCK

NO PERMIT POSTED

\$40 FEE
NO FEE

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

DATE: 10/18

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-18, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0129		ROUGH ELEC.	FAIL	
1	18 ISLAND RD.	FINAL	PASS	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0113		ROOF FINAL	FAIL	
2	3 OAKWOOD DR.			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
00166		ROOF FINAL	FAIL	
5	49 N. S. P. R.	CONTRACTOR 631-1605 -OWNER- 772-631-1659		
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0105		GEN. FINAL	FAIL	CLOSE
6	97 N. S. P. R.		PASS	REINSPECTED LATE MARK
				INSPECTOR: <i>[Signature]</i>
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: _____

Control Electric, LLC

905 SW Magnolia Bluff Dr.

Palm City, FL 34990

(772) 263-3522

Kent Smith- President

ER-0015315


29 October, 2006

Re: 49 N. Sewalls Point Rd
Parcel Control # 35-37-41-000-000-0032.0-50000
Permit # SP01-20060060

FILE

To whom it may concern,

I hereby certify that as of this date that the exposed wiring feeding the previous dock has been secured in approved conduit and junction box. In addition, these conductors have been disconnected from the panelboard and can not be energized by means of any user operable device.



Kent Smith

Martin County License: ME00609

Florida State License: ER0015315

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-3, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8389	Heinigel	tie beam on wall	PASS	
5	12 Palm Ct	10:00 A.M.		
	Worell			INSPECTOR: <i>[Signature]</i>
8401	Olson	tie ^{DOCK} back	PASS	
7	19 N River	de a driver		
	TCBI			INSPECTOR: <i>[Signature]</i>
8431	Lenigan	gas rough	PASS	
6	27 N River 2d			
	5th Prop Disc.			INSPECTOR: <i>[Signature]</i>
7819	Tidikis	husses +	FAIL	
3	12 Cranes Nest	window bucks		
	Advanced			INSPECTOR: <i>[Signature]</i>
7584	Schecodnic	Meter	FAIL	
1	12 S. Sewalls			
	Driftwood	(over 1000)		INSPECTOR: <i>[Signature]</i>
Tree	Gage	Tree	PASS	
2	5 E. High Pt			
	O/B			INSPECTOR: <i>[Signature]</i>
0097		FINAL KIT.	PASS	CLOSE
4	14 S. VIA LUCINDIA			
				INSPECTOR: <i>[Signature]</i>
OTHER: 49 N. S. P. H. DOCK PASS CLOSE				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-8, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7584	Scherodine	Meter	PASS	CONTACT FPL TO INSTALL METER
1st 1	12 S Sewalls Pt Driftwood			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8404	Dongan	spa. plumbing rough	PASS	
10	270 Waver SDH			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0025		FINAL GAS	FAIL	
9	3 KNOWLES RD			\$40 FEE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0038		ROOF FINAL		TO Martin County Commercial inspection
11	3601 SE OCEAN BLVD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0027		TIE BEAM	FAIL	
LAST	3 TUSCAN LANE			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0060	STEARLE	FINAL	PASS	CLOSE
	49 N.S.P.L.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

11/08/2002 07:45 17722885914

MARTIN COUNTY, FL
KIVA INFORMATION SYSTEMS
REPORT: gprp30_mc

KIVA REPORTING SYSTEM
INSPECTORS REPORT

RUN DATE: 08-NOV-2006
RUN TIME: 04:30:35
PAGE: 16

Part A INSPECTOR'S DAILY LOG

Inspector: PWIN
Discipline: B%
Scheduled Range: SCHEDULE RANGE: 01-JAN-1993 to 08-NOV-2006
- WINTERCORN, PHIL

155 SP01 20060025 3 KNOWLES RD
Subdiv: 353741008 / KNOWLES

11/08/06 P 6099 RESIDENTIAL FINAL **FAIL**
Comment: NO PERMIT - NEED ACCESS TO HOUSE
Arrive: ___ Depart: ___ Units: ___

158 SP01 20060038 3601 SE OCEAN BLVD A-002
Subdiv: 013841012 / ST LUCIE BUILDING CONDO

11/08/06 P 8097 COMM-ROOF FINAL
Comment: _____
Arrive: ___ Depart: ___ Units: ___

157 SP01 20060027 3 TUSCAN LN
Subdiv: 013841016 / NONI ESTATES

11/08/06 P 6037 COL/BEAM **FAIL**
Comment: 1/2 CHAIR IS SPECIFIED FOR PORCH DECK S.
Arrive: ___ Depart: ___ Units: ___
CONTRACTOR INSTALLED 2" CHAIR -
NEED ENGR. LETTER

SP01-20060000

49 N. SEWALLS PT RD.

11/08/06 6099 PIPA6 BACK
PASS

288-5911
Fax to County
Inspections

REPORT: bldg03

MARTIN COUNTY REPORTS
 FINALED BUILDING PERMITS WITHOUT A CERTIFICATE OF OCCUPANCY
 Permits with Inspections of '6098' or '6099' or '8099' and Result of 'PASS'
 Completed between: 01-MAY-2005 and 29-NOV-2006

RUN DATE: 29-NOV-2006

RUN TIME:

PAGE: 3 of 6

SP01	20060042	DONE	24-MAY-2006	24-JUL-2006	26-JUN-2006	013841006	HOME WOOD (SEWALL'S PT)	Outstanding Fees
Conditions of Approval								
SP01	20060047	DONE	09-JUN-2006	29-NOV-2006	17-NOV-2006	353741008	KNOWLES	Outstanding Fees
Conditions of Approval								
SP01	20060048	DONE	14-JUN-2006	24-JUL-2006	24-JUL-2006	263741015	CASTLE HILL	Outstanding Fees
Conditions of Approval								
SP01	20060049	DONE	14-JUN-2006	24-JUL-2006	13-JUL-2006	353741007	TWIN RIVERS	Outstanding Fees
Conditions of Approval								
SP01	20060055	DONE	21-JUN-2006	29-NOV-2006	08-SEP-2006	133841006	WHITE FENCE ACRES REVISED	Outstanding Fees
Conditions of Approval								
SP01	20060056	DONE	21-JUN-2006	29-NOV-2006	11-OCT-2006	013841014	HILLCREST (SEWALL'S PT)	Outstanding Fees
Conditions of Approval								
SP01	20060058	DONE	21-JUN-2006	29-NOV-2006	28-AUG-2006	133841013	SEWALL'S MEADOW	Outstanding Fees
Conditions of Approval								
SP01	20060059	DONE	30-MAY-2006	24-JUL-2006	17-JUL-2006	133841002	HIGH POINT	Outstanding Fees
Conditions of Approval								
SP01	20060060	OPEN	20-JUN-2006		03-NOV-2006	353741000		Outstanding Fees
Conditions of Approval								
BREINSP REINSPECTION FEE TO BE PAID								
SP01	20060061	DONE	26-JUN-2006	29-NOV-2006	11-AUG-2006	263741015	CASTLE HILL	Outstanding Fees
Conditions of Approval								
SP01	20060062	DONE	20-JUN-2006	29-NOV-2006	11-AUG-2006	353741010	RIVER CREST	Outstanding Fees
Conditions of Approval								
SP01	20060063	DONE	26-JUN-2006	29-NOV-2006	13-OCT-2006	133841001	ARCHIPELAGO	Outstanding Fees
Conditions of Approval								
SP01	20060069	DONE	28-JUN-2006	31-JUL-2006	28-JUL-2006	013841014	HILLCREST (SEWALL'S PT)	Outstanding Fees
Conditions of Approval								

9198

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9198	DATE ISSUED:	07/10/2009
SCOPE OF WORK:	AC CHANGE OUT		
CONDITIONS :			
CONTRACTOR:	FLYNNS		
PARCEL CONTROL NUMBER:	353741-000-000-00320-5	SUBDIVISION	Govt Lot 3
CONSTRUCTION ADDRESS:	49 N. SEWALL'S PT. RD.		
OWNER NAME:	STEMLE		
QUALIFIER:	JOE FLYNN	CONTACT PHONE NUMBER:	283-4114

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 7-10-09 Permit Number: _____

OWNER/TITLEHOLDER NAME: STEMALE Phone (Day) 287-5977 (Fax) _____

Job Site Address: 49. N. SEWALLS POINT RD City: STUART State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

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

Scope of work (please be specific): AC Change

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO _____

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 7400
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 ___ X ___
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: FLYNN'S A/C Phone: 283-4114 Fax: 781-1307

Street: 1323 THELMA ST City: PAVON CITY State: FL Zip: 34990

State License Number: CA055432 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

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

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

Carol N. Stemale

State of Florida, County of: Martin

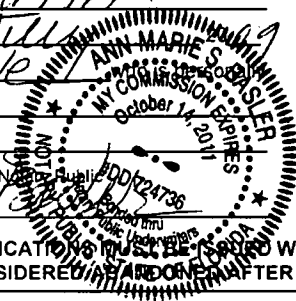
This the 10th day of July

by Carol Stemale

known to me or produced _____

as identification _____

My Commission Expires: _____



CONTRACTOR SIGNATURE: (required)

John Flynn

Or State of Florida, County of: Martin

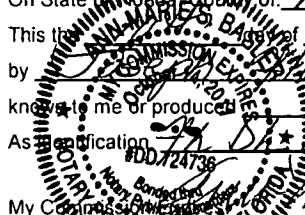
This the 10th day of July 2009

by John Flynn who is personally

known to me or produced _____

As identification _____

My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE SIGNED WITHIN 30 DAYS OF ISSUANCE 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!

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

9-25

2009

Page

1 of

4

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9165	SHANN FE 73 N. SPT RD ALL AMERICAN	SI AUTTERS	FAIL	INSPECTOR <i>JA</i>
9151	BEAL HOLTZ 7 RIVERVIEW FLYNN	AF FINAL	PASS	INSPECTOR <i>JA</i>
9176	STEARNS E 49 N. SPT RD FLYNN	M/C FINAL	FAIL	NO ACCESS INSPECTOR <i>JA</i>
9245	JAN HART 11 CASTLE HILL WING ZODEN	WINDOWS & DOOR FINAL	FAIL	NOO READY INSPECTOR <i>JA</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4-28-10** Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9318	Mac Milan	Final AC		
1st	7 Marguerite Flynn's AC		PASS	close INSPECTOR <i>JA</i>
9198	Stonle	Final AC		
	4410 Sewalls Pt Flynn's AC		PASS	Close INSPECTOR <i>JA</i>
9408	DUDICA			
	8 MIRAMAN CSZ CONST.	FINAL DWAY	PASS	<i>JA</i> INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	AUNE			
	1 MICHAEL RD	TREE	<i>OK</i>	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	TAYLOR			
	11 PALM RD	TREE	<i>OK</i>	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	WALDO			
	113 N. SPT RD	B.P.'s		CHECK SURVEY INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9312	ROBSON	Final		
	10 Banyan Rd JA Taylor	Roof	PASS	close INSPECTOR <i>JA</i>

TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 13 2006 TREE REMOVAL PERMIT No 2650

APPLIED FOR BY STEMLE / ASPUNDH (Contractor or Owner)

Owner 49 N. SEWALL'S POINT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 SLASH PINES

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____ FEE \$ 0

Signed, _____ Applicant Bob Simmons Town Clerk BOWDIN A OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box with horizontal lines, likely for site plan or drawing.

PROJECT DESCRIPTION _____

REMARKS _____

09901

FPL
TREE WORK AUTHORIZATION

DATE _____ 19 ____

TO _____
Do NOT Write above this line - for Line Clearing Section use only

Purchase Order No. _____

CUSTOMER'S NAME X CAROL STEMLE		ADDRESS (Work Location) X 49 N. SEWALL'S		CITY STUART	TELEPHONE 287-5795
OWNER'S NAME (If different) same		ADDRESS OF OWNER (If Different) PT. RD.		TELEPHONE	
FACILITIES INVOLVED: <input type="checkbox"/> STREET LIGHT		<input checked="" type="checkbox"/> PRIMARY 3 <input type="checkbox"/> SECONDARY	<input type="checkbox"/> TRANSMISSION	<input type="checkbox"/> SERVICE	<input type="checkbox"/> OTHER
				ACC TO TRUCK: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	PERMIT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
INSTRUCTIONS <input checked="" type="checkbox"/> REMOVE 2 Dead slash Pine					CUSTOMER CONTACTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TOP/TRIM					
<input type="checkbox"/>					
CHARGE TO: (Line Clearing Only)		APPROVED BY _____ Line Clearing Inspector _____ Date _____ 19 ____			
RWO/SIO/TWO NO.		LCSD	STAKING DATE	* MARKED PRIMARY MAP AND/OR JOB SKETCH REQUIRED FOR ALL REQUESTS	
ORIGINATED BY Jorge Hernandez Company Representative		Department ATE	Phone No. 978 291-3088	Date 2/23/03	TROUBLE Ticket No. _____ Date _____ 19 ____ *Wire Down <input type="checkbox"/> Yes <input type="checkbox"/> No
FOR REMOVALS ONLY X Carol M. Stemle Signature of Owner/Agent (Circle One)			REMARKS		
Date _____ 19 ____					
GRID COORDINATE NO.	WORK COMPLETED BY	DATE			
		THIS WORK IS TO BE DONE AT NO COST TO THE CUSTOMER			

Form 21 (Stocked) Rev. 6/93

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/24, 2006 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7503	LAOD	Final Rev.	PASS	CANCEL
7A	21 SIMARA HAREN GOLFED			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	ASPLUNDAL	TREE		OK TO ISSUE w/EXCEPTION
	VARIOUS			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: _____

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner _____ Address _____ Phone _____
 Contractor ASPLUNDH TREE Address _____ Phone 772-291-3098

No. of Trees: REMOVE 5 Type: _____
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: _____

Signature of Property Owner [Signature] Date 2/23/06

Approved by Building Inspector: [Signature] Date _____ Fee: NA

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

~~130 N Seawalls Pt Rd - Dead Pines~~
~~49 N Seawalls Pt Rd - 5 Dead Pine~~
 Martha Coker 16 N Seawalls Pt Rd. 1 X Sabal Palms
 Peter Decker 19 NE Palm Ct 1 X Sabal Palms
 SEE 1206. OFFICIAL OWNER WILL HAVE TO RETURN

TOWN OF SEWALL'S POINT, FLORIDA

Date 7-3-06 ~~19~~ TREE REMOVAL PERMIT No 355

APPLIED FOR BY Stemle (Contractor or Owner)

Owner 4910 Sewalls Pt Rd (across)

Sub-division _____, Lot _____, Block _____

Kind of Trees Pine

No. Of Trees: REMOVE 20+

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Lead - received notice from SPPD

FEE \$ 0

Signed, _____ Applicant Signed, Phil Wintercorn Blg Inspector

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

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box with horizontal lines, likely for a site plan or drawing.

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Coral Steidle Address 49 N. Sewall St. Rd. Phone 287-5795
 Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE ? 20 Type: Pine (Dead)

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

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

Written statement giving reasons: Letter from Police Chief to be removed - dead from Hurricane Floyd (Judean Pine Side)

Signature of Property Owner Coral N. Steidle Date _____

Approved by Building Inspector: [Signature] Date 7/3 Fee: 0

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

Trees are marked by red ribbon
Between Knowles Perimeter North of Pam Bushais