

55 North Sewall's Point Road

RECEIVED
SEP 16 1975

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 551

Date 9/18/75

(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 Howard W. Mance Present Address 333 Oriole Ave. Ph 287-1092

General Contractor Christenson-Scammell, Inc. Address 2222 S. Fed. Hwy. Ph 287-4717

Where licensed State of Florida License No. CG C004334 287-6041

Plumbing Contractor Dave's Plumbing License No. _____
Electrical Contractor Krauss & Crane License No. _____

Street building will front on Perriwinkle Lane

Subdivision Perriwinkle Lot No. 21 Area 19,470 sq.ft.

Building area, inside walls (excluding garage, carport, porches) Sq ft 1889

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 48,875.00

Total cost of permit \$ 265⁰⁰

Plans approved as submitted Plans approved as marked _____

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.

Signed by General Contractor [Signature]

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.

287-1092

Signed by Owner _____

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

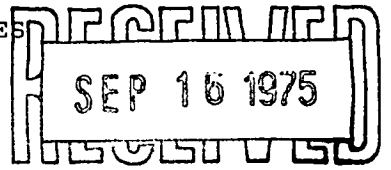
TOWN RECORD

Date submitted 9/19/75 [Signature]

Date approved 9/16/75 [Signature]

Certificate of Occupancy issued 4/8/76 Date #551

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities



Section I - Instructions:

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

Notes:

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

Section II - Information:

1. Property Address (Street & House No.)
Lot 21 Block _____ Subdivision Perriwinkle
Date Recorded 1972 Directions to Job Out East Ocean Blvd. to Sewalls Pt. Road, then North to Perriwinkle Lane
2. Owner or Builder Rutledge Scammell
P.O. Address P.O. Box 750 City Pt. Salerno, Fla.
3. Specifications

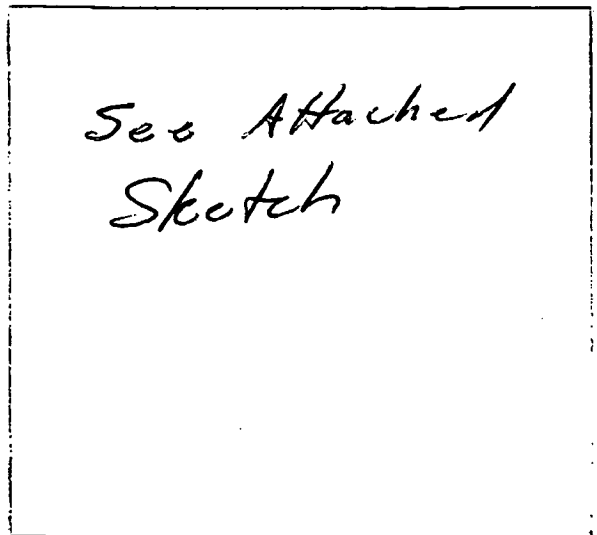
Tank Drainfield
900 Gals. 210 sq ft. of 6" clay tile
or 5" perforated plastic drain in a 3' trench or
_____ Gals. _____ ft. of 4" clay drain
or 4" perforated plastic drain in an 18" trench

Scale 1" = 50'

(Rear)

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

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



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

(Front)

(Name of Street or State Road)

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

Applicant: Rutledge Scammell
Please Print

Signature: [Signature] P.E. Date: September 12, 1975

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: James E. Anderson County Health Dept. Martin Date 9/13/75

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

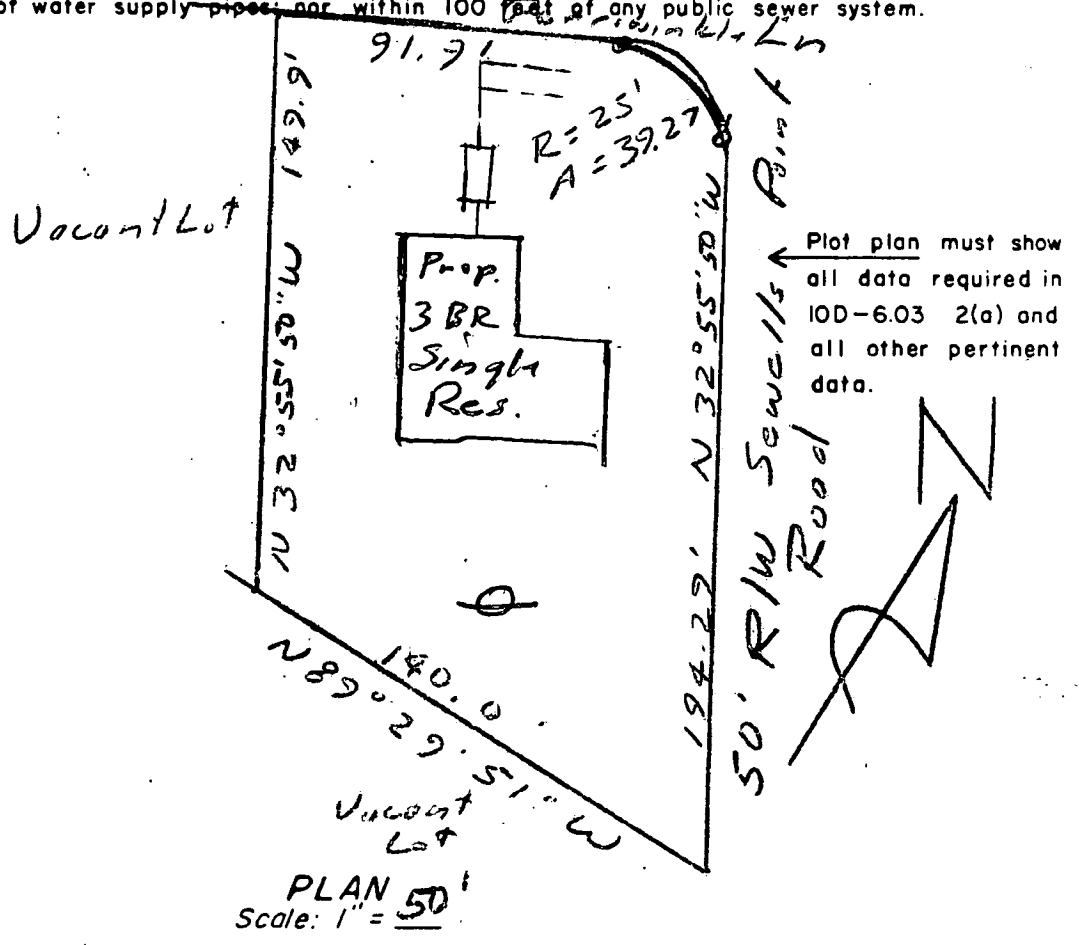
FHA No. _____ VA No. _____

#551

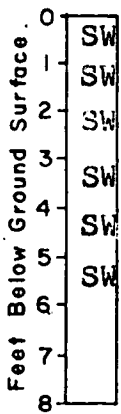
**INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET**

Location: Lot 21 Perriwinkle S/D Applicant: Rutledge Scammell
Sewalls Point County: Martin

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



SOIL DATA



SOIL BORING LOG

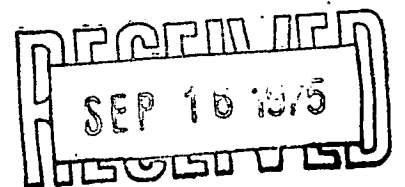
Soil Identification: CLASS I GROUP SW
 Soil Characteristics White Sand to 6 feet

Percolation Rate 1 min/inch
 Water Table Depth Below 6 ft.
 Water Table Depth During Wet Season approx. 4 ft.
 Compacted Fill Of none Req'd
 Compacted Fill Checked By: _____
 Date _____

LEGEND

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

CERTIFIED BY: [Signature]
 FLORIDA PROFESSIONAL No. 6274
 Date 9/12/75 Job No. _____
 Sheet 2 of 2



TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to H. MANCE LOT 21 PEBBY WINDLE For property built under Permit No. 551 Dated 9/18/75 when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	9/30/75	✓
Rough plumbing	10/18/75	✓
Perimeter beam	11/3/75	✓
Rough electric	1/12/76	✓
Close in		
Final plumbing	4/8/76	✓
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Chas. A. Dwyer 4/8/76 date

Approved by Town Commission Joe Tombo 4/8/76 date

Utilities notified 4/9/76 date

Original Copy sent to _____

(Keep carbon copy for Town files)

Howard W. Mance
55 N. Sewall's Pt. Rd.,
Lot 21 - Perriwinkle

TOWN OF SEWALL'S POINT

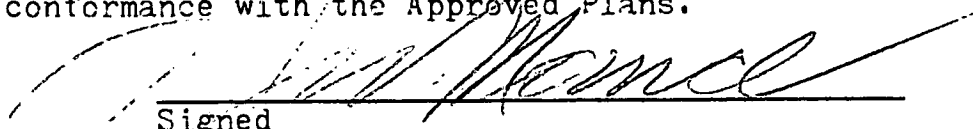
CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date April 8, 1976

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

For property built under Permit No. 551 Dated Sept. 18, 1975

when completed in conformance with the Approved Plans.


Signed _____

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	9/30/75	Charles Duryea
Rough plumbing	10/18/75	"
Perimeter beam	11/3/75	"
Rough electric	1/12/76	"
Close in	"	"
Final plumbing	4/8/76	"
Final electric	"	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles Duryea 4/8/76 date

Approved by Town Commission _____ 4/8/76 date

Utilities notified April 9, 1976 date

Original Copy sent to Howard W. Mance

(Keep carbon copy for Town files)

2323

POOL

&

PATIO

Permit No. _____

Date 6-13-88

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

This application must be accompanied by three (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 JOHN CRAVANTE Present Address 55 N. SEWALLS POINT ROAD

Phone 286-3555 SEWALLS POINT, FL

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

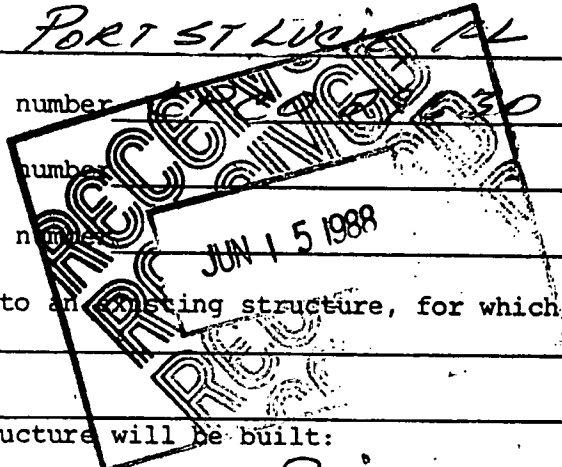
Phone 335-5300 PORT ST LUCIE, FL

Where licensed STATE OF FL License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: POOL & PATIO



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

55 N. SEWALLS POINT ROAD, SEWALLS POINT, FL

Subdivision PERIWINKLE Lot number 21 Block number _____

Contract price \$ 9500.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

TOWN RECORD Approved: [Signature] 6/16/88
Building Inspector Date

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

Certificate of Occupancy issued (if applicable) _____
Date

SP1282 Permit No. _____

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

3002

CONCRETE

DRIVEWAY

Date 3002

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 John Gravante Present Address 55 N. Sewall's Pt Rd

Phone 220-2131

Contractor Same Address _____

Phone _____

Where licensed _____ License number _____

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: Replace present driveway with concrete

State the street address at which the proposed structure will be built: 55 N. Sewall's Pt Rd Stuart

Subdivision Perriwinkle Lot number 21 Block number _____

Contract price \$ 3500 XX Cost of permit \$ 20.00

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 John Gravante

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 John Gravante

TOWN RECORD

Date submitted 5-24-91

Approved: Dale Brown 5/30/91
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282 Permit No. 3002

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.

886958

NOTICE OF COMMENCEMENT

STATE OF FLA
COUNTY OF Martin

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

DESCRIPTION OF PROPERTY:

General description of improvements: Replace Present Driveway with concrete

Owner: John Gravante
Address: 55 W. Sawall's Pt Rd Stuart, FL 34994

Owner's interest in site of the improvement: _____

Contractor: John Gravante
Address: _____

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

Lender : _____
Address: _____

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

Name: _____
Address: _____

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

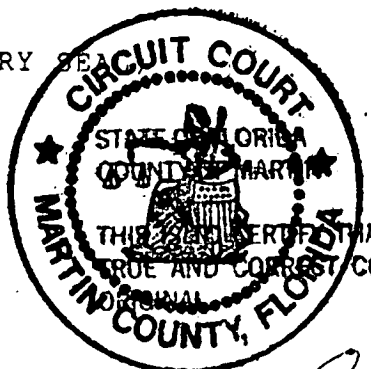
Name: _____
Address: _____

John Gravante

Sworn to and subscribed before me this 30 day of May, 1991.

Deborah L. Lupton

I am a Notary Public of the STATE OF _____ AT LARGE, and My Commission Expires: _____
NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: NOV. 14, 1992.



MARSHA STILLER, CLERK
BY D. Lupton D.C.
DATE 5/30/91

FILED FOR RECORD
MARTIN CO., FLA.
91 MAY 30 AM 11:23
MARSHA STILLER
CLERK OF CIRCUIT COURT

4119

REROOF

7119

TAX FOLIO NO. 3537410040000020040000

DATE 1-2-98

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 RADE KODACEVIC Present address 55 N. SEWALLS PT RD.

Phone 221-4640 SEWALLS POINT, FL

Contractor PACIFIC ROOFING Address P.O. BOX 2697

Phone 283-7663 STUART, FL 34995

Where licensed FLORIDA License number CCC056793

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: REEROOF - SINGLES 47'x15 1/2' PITCH

State the street address at which the proposed structure will be built: JAN - 6 1997

SAME

Subdivision DERRYWINKLE Lot Number 21 Block Number NO

Contract price \$ 10000.00 Cost of permit \$ 100.00

Plans approved as submitted RM 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] RICHARD, S. GOMES, PRES.

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.

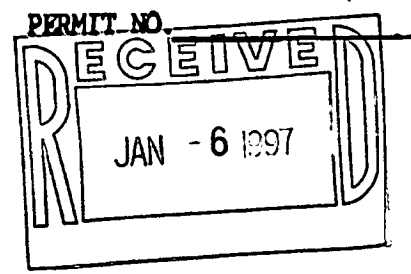
Owner [Signature] RSK

TOWN RECORD

Date submitted 1-6-97 Approved: [Signature] 1-7-97
Building Inspector Date

Approved: [Signature] Final approval given: —
Commissioner Date

CERTIFICATE OF OCCUPANCY issued (if applicable) —
Date



NO CONSTRUCTION MAY BEGIN UNTIL
NOTICE OF COMMENCEMENT
POSTED ON JOB SITE

Permit No. _____ Tax ID No. 3537410040000021040000

NOTICE OF COMMENCEMENT

State Of FLORIDA
County Of _____

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 and street address, if available

LOT 21, PERRINWINKLE SUBDIVISION
55 N. SEWALLS PT RD, SEWALLS PT
FL

General description improvements
REROOF

Owner RADE KODACEVIC
Address 55 N. SEWALLS PT, RD, SEWALLS PT
Owner's interest in site of improvement _____

Fee Simple Title holder (if other than owner) _____

Address _____

Contractor PACIFIC ROOFING CORP. Phone# 561-283-7663
Address P.O. BOX 2697, STUART, FL Fax# 561-283-9505

Surety, _____ Phone# _____
Address _____ Fax# _____
Amount of Bond \$ _____

Lender _____ Phone# _____
Address _____ Fax# _____

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

Name _____ Phone# _____
Address _____ Fax# _____

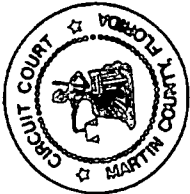
In addition to himself, owner designates _____ of _____ (Phone# _____ Fax# _____) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.

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

THIS SPACE FOR RECORDING ONLY

OWNERS NAME _____
STATE OF FLORIDA
COUNTY OF MARTIN
The foregoing instrument was acknowledged before me this 6th day of JANUARY, 1997, by _____, who is personally known to me or who has produced _____ as identification.

Catherine Marie Winters
SIGNATURE OF NOTARY
Catherine Marie Winters
TYPE OR PRINT NAME OF NOTARY
NOTARY PUBLIC TITLE
CC547378 COMMISSION NUMBER



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 _____
DATE _____

5256

FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 2/8/01

BUILDING PERMIT NO. 5256

Building to be erected for RABE KOVACEVIC

Type of Permit WD/CHAIN FENCE

Applied for by QUALITY FENCE

(Contractor) Building Fee \$ 30.00

Subdivision PERRIWINKLE Lot 21 Block _____

Radon Fee _____

Address 55 N. SEWALL'S POINT RD.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:
35-37-41-004-000-00210-40000

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$30.00 Check # 3407 Cash _____ Other Fees (_____)

Total Construction Cost \$ 1,500.00 TOTAL Fees \$30.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

FENCE PERMIT

INSPECTIONS

SETBACKS
FOOTINGS

DATE _____
DATE _____

HEIGHT
FINAL

DATE _____
DATE 2/21/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

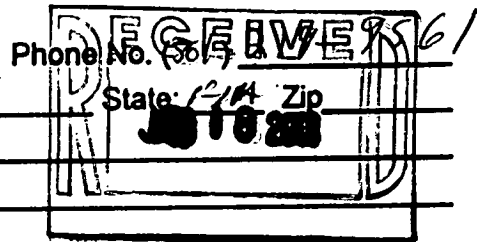
MONDAY THROUGH SATURDAY

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

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

TOWN OF SEWALLS POINT
BUILDING PERMIT APPLICATION

Owner or Titleholder's Name: RADOVAN RABE KOVACEVIC
Street: 55 N Sewalls Point City Sewalls Point
Legal Description of Property: Lot 21 PERRIWINKLE
353741004000021040000 Parcel Number:



Location of Job Site: _____
TYPE OF WORK TO BE DONE: 6 Green Chainlink + 5 Foot Board on Board wood

CONTRACTOR/Company Name: Quality Fence Phone No. () 879 9126
Street: 2513 SE Richmond St PSC City PSC State: FLA Zip 34952
State Registration: SP02470 State License: SP02470

ARCHITECT: _____ Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
Covered Patjo: _____ Scr. Porch: _____ Wood Deck: _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: _____ AMPS Fence 145' CL 16' BOB

FLOOD HAZARD INFORMATION
Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or Improvement: \$ 1500
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: _____ State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)

Owner
State of Florida, County of: _____ On
this the _____ day of _____, 2000,
by _____ who is personally
known to me or produced _____
as identification.

CONTRACTOR SIGNATURE (Required)
James J. K...
Contractor
State of Florida, County of: Martin On
this the 18 day of Jan, 2000,
by _____ who is personally
known to me or produced _____
as identification.

Notary Public
My Commission Expires: _____
(Seal)

Notary Public
My Commission Expires: _____

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)

DAVIS CERTIFICATE OF LIABILITY INSURANCE

ID XR
AYSQR-1

DATE (MM/DD/YY)

02/08/01

PRODUCER
 Wachovia Insurance Services
 DavisBaldwin Division
 P.O. Box 25277
 Tampa FL 33622
 Phone: 813-287-1936 Fax: 813-282-1020

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.

FILE

See/ins

INSURERS AFFORDING COVERAGE	
INSURER A: Continental Casualty	RECEIVED FEB - 9 2001
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
 AYS Group, Inc.
 dba AYS Employee Leasing
 FAX: 561/778-5772
 QUALITY FENCE COMPANY
 2145 14th Ave. Suite 6
 Vero Beach FL 32960

BY: *[Signature]*

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
				FIRE DAMAGE (Any one fire)	\$
				MED EXP (Any one person)	\$
				PERSONAL & ADV INJURY	\$
				GENERAL AGGREGATE	\$
				PRODUCTS - COMPROP AGG	\$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident)	\$
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN EA ACC	\$
				AUTO ONLY: AGG	\$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
				AGGREGATE	\$
					\$
					\$
					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC194262248	05/01/00	05/01/01	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
				E.L. EACH ACCIDENT	\$ 500,000
				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
				E.L. DISEASE - POLICY LIMIT	\$ 500,000
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 OR EMPLOYEES LEASED TO QUALITY FENCE COMPANY FROM AYS EMPLOYEE LEASING.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
The Town of Sewells Point ATTN: Ed Arnold FAX: 561/220-4765 1 South Sewell Point Road Sewell's FL 34996	TOWN SE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

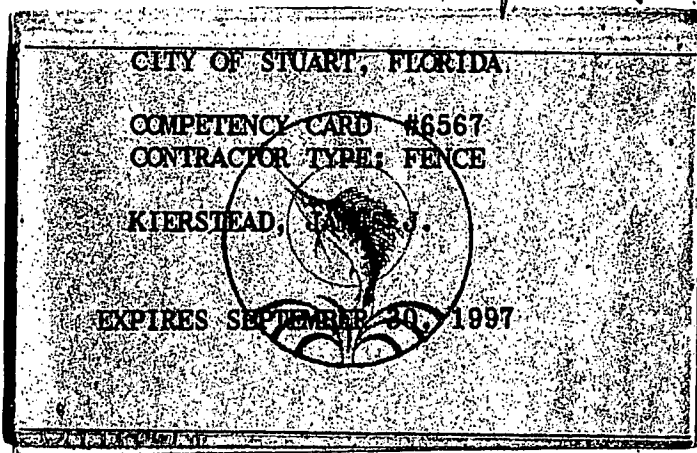
[Signature]

335 0013

COPY

FILE

peruul



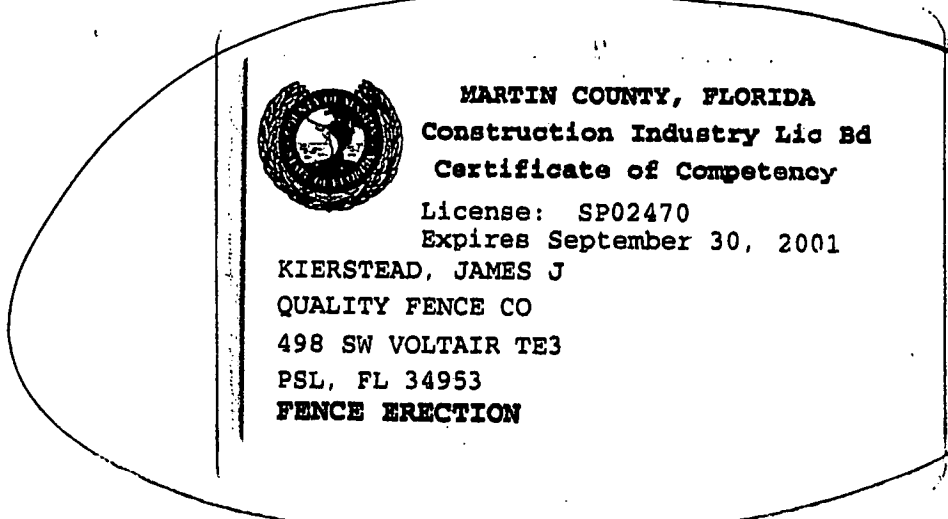
CERTIFICATE OF COMPETENCY CARD

Detach along perforation

CITY OF FORT PIERCE, FLORIDA
 CERTIFICATE OF COMPETENCY
 FENCE SPECIALITY CONTRACTOR
 CONTROL # 0006195 LICENSE # 01-06208

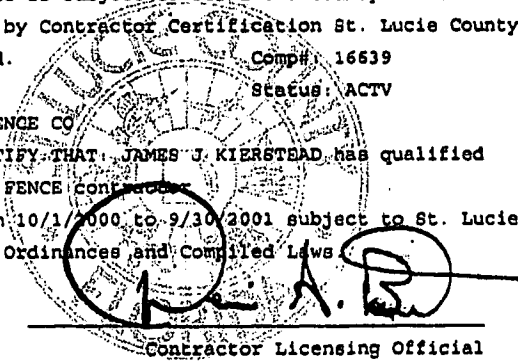
TO: QUALITY FENCE COMPANY
 KIERSTEAD, JAMES J.
 2513 SE RICHMOND STREET
 PORT ST LUCIE FL 34952

AMOUNT PAID 15.00 DATE 9/27/00
 EXPIRES 11/30/01 **005069**



This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.

DBA: QUALITY FENCE CO
 THIS IS TO CERTIFY THAT JAMES J. KIERSTEAD has qualified as a certified FENCE contractor for period from 10/1/2000 to 9/30/2001 subject to St. Lucie County Code of Ordinances and Compiled Laws



Date: 10/03/00

**CITY OF PORT ST LUCIE
 CONTRACTORS
 CERTIFICATE OF COMPETENCY
 EXPIRES SEPTEMBER 30, 2001**

NAME: KIERSTEAD, JAMES J
 FIRM: QUALITY FENCE CONTRACTORS INC
 2513 SE RICHMOND STREET
 PORT ST LUCIE FL 34952

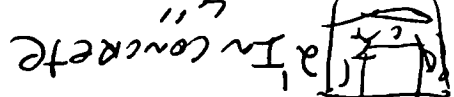
**Indian River County Contractor Licensing
 1840 25th Street, Vero Beach, FL 32980
 (561) 567.8000 Ext. 288
 FENCE ERECTION SPECIALTY**

Cert Nbr: 10881 Exp: 7/31/2001 Status: ACTIVE
 State Nbr: Exp:
 QUALITY FENCE COMPANY
 JAMES J. KIERSTEAD

Board on Board 5'

1 4x4x7' Post PT

Soil



2x4 Runners X 3 Nailed to 4x4 with 3" Ring Shank GALV Inged nails

1x6 Dox Eared. PT Picket

nailed 2" Ring Shank GALV nails



6' Chain Link Green Boulder Coat Pipe Finish

9 Gauge Chain Link Fabric vinyl Dipped

2 1/2" Terminals + Ends 2' feet In concrete

1 5/8 Line Pole less than 10' apart In concrete 2'

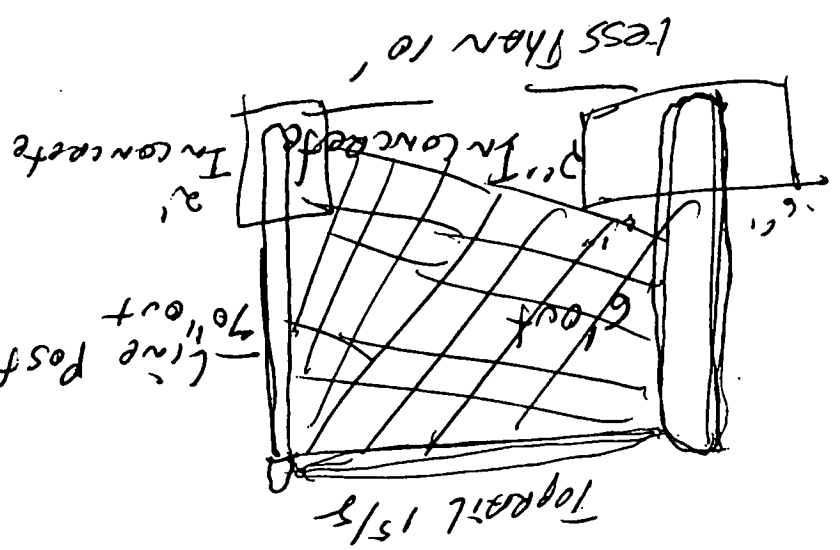
1 3/8 Top Rail sledged Ends

All materials conform to fence Industry standard

Member South Florida Fence Assoc.

2/8/01 TOUR OF SEATTLE'S PAIN
 REVIEWED: *[Signature]*
 BLDG OFFICER

Line Post 1 5/8
70" out



FILE TOUR COPY
SS D. SEANUS PT RD.

PN 5256

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Thu Fri Sat Sun 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
N ✓ 5270	O'KEEFE 29 FIELDWAY DR PACIFIC	SHEATHING	Passed	INSPECTOR: [Signature] 2/24
S ✓ 5240	ADELPHIA CABLE S.S.PRD 100'S OF OAKWOOD GARY J. GIFFORD, INC.	CABLE POWER SUPPLY - FINAL (RELOCATED)	PASSED	POLE NO. 6-7257-6842-0-9 FPL 223-4208 ✓ 2:05 PM INSPECTOR: [Signature] LURKE
N ✓ [Redacted]	KOVACEVIC [Redacted]	[Redacted]	Passed	INSPECTOR: [Signature] 2/21
S ✓ 5234	McCarty 45 W. High Pt. Wilson Bld.	Ret wall footers	Passed	INSPECTOR: [Signature] 2/21
S ✓ 3003	Page 8 St. Lucie Ct. Whitelake Prop.	Prepar steps to Pool	Passed	Tree in Dwy ?? INSPECTOR: [Signature] 2/21
S ✓ 5075	Varquez 82 S. Swls Pt. Groza	lath	Passed	INSPECTOR: [Signature] 2/24
4895	SEELY 37 NE LOFTING WAY GRUBBIEN CONST.	30 DAY ELECT. - EQUIP. TEST (A/C)	FAILED	LTR AGMT RCD 1/8/01 DISC. REQ. @ SERV. ENTRY INSPECTOR: [Signature]

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~, 2001; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5013	DENNIS 16 RIDGELAND FL. FINEST	ROOF SHEATHING	X	
				INSPECTOR:
5013	DENNIS 16 RIDGELAND FL. FINEST	TRUSS ENGR'G.	X	
				INSPECTOR:
4958	BUSHA 10 PALM COURT MAEBUSH, INC.	DOCK FRAMING	PASSED	DEP REVISION TO SITE. by Ed. A.
				INSPECTOR: <u>EA</u>
5161	Brennan 111 H. Sewall Way Hutchins/Pacific	roof dry-in (see page 2)	Passed	SEE PG. 2 FOR ADD'L INSP.
				INSPECTOR: <u>EA</u> 2/23/01
5228	FOGLIA 102 ABBIE CT. FOGLIA	ROUGH PLUMB. " ELECT. + MECHANICAL	Passed ?? AC	need to imp. UR sleeves
				INSPECTOR: <u>EA</u> 2/23
5226	KOVACEVIC 35 N. Sewall Pk	FENCE	Passed	inspected 2/21
				INSPECTOR: <u>EA</u> 2/23
4895	SEELY 37 NE LOFTING WAY GRIBBEN CONST.	30 DAY ELECT. EQUIP. TEST (AIC)	PASSED	LTR. AGMT. RCVD. 1/8/01 (DISC. REQ. @ SERV. ENTRY PRIOR TO C.O. MGMT)
				INSPECTOR: <u>EA</u> 2/27/01

SITE MTH FEB 2001
 (N) PN 5192, 30 CASTLE HILL WAY (RAD) - AR. MARTIN HOMES
 - VERIFY FILL PLACEMENT IN COMPLIANCE W/SITE PLAN
 - " GRADE MAINTENANCE @ BEST'G. TREES (MAINTAIN NATURAL GRAVE TO PRESERVE)
 288 504 A. Rutterberg (J.D. Hansa) (227 4208) FPL call 11:30

2A

6174

FENCE

TOWN OF SEWALL'S POINT

Date 3/4/03

BUILDING PERMIT NO. 6174

Building to be erected for KOVACEVIC

Type of Permit FENCE

Applied for by O/B (Contractor)

Building Fee 30.00

Subdivision PEARWINKLE Lot 21 Block _____

Radon Fee _____

Address 55 N. Sewall's Pt Road

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

3537410040000021040000 Roofing Fee _____

Amount Paid 30.00 Check # 1005 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 140.00

TOTAL Fees 30.00

Signed L.K. Kovacevic
Applicant

Signed Gene Sumner
Town Building Official

PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input checked="" 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

Building Permit Number: _____

Owner or Titleholder Name: LINDA KOVACEVIC City: STUART State: FL Zip: 34996
Legal Description of Property: LOT 21 PERRIWINKLE Parcel Number: _____
Location of Job Site: 55 N. SEWALL'S PT. RD Type of Work To Be Done: FENCE 219-9561

CONTRACTOR/Company Name: PERLEY GATES FENCE CO. Phone Number: 314-8296
Street: PO BOX 88096 City: PORT ST. LUCIE State: FL Zip: 34988
State Registration Number: _____ State Certification Number: _____ Martin County License Number: 03-6177 (PSL)

ARCHITECT: N/A Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: N/A Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$1140.00 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

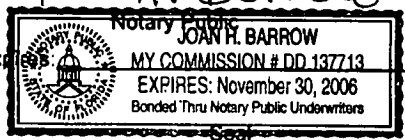
Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

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) Linda Kovacevic
State of Florida, County of: Martin
This the 28 day of FEB, 2003
by Linda Kovacevic who is personally
known to me or produced Ontario d. l.
as identification. Joan H. Barrow

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

My Commission Expires _____



Notary Public _____
My Commission Expires: _____

Seal

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

IMPORTANT NOTICE: All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

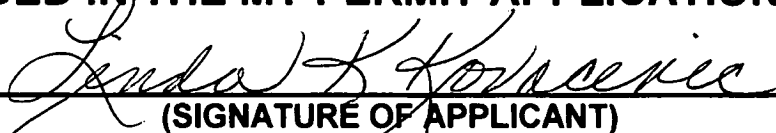
Application form must contain the following information:

1. Property Appraisers Parcel Number or Property Control Number
2. Legal Description of property (Can be found on your deed survey or Tax Bill)
3. Contractors name, address, phone number and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architects or Engineers name, address, & phone number.
6. Estimated cost of construction.
7. Original signature of owner and notarized
8. Original signature of Contractor and notarized.

Submittals (2 copies)

1. Current survey (boundary & topographic) containing the following information:
 - a. Legal Description of Lot
 - b. Lot dimensions and bearings
 - c. Street and Waterway names
 - d. Easements
 - e. ROW's
 - f. Canals, Ponds, or Riverfront locations
 - g. Location of existing and proposed fences
 - h. Description of type and height of fence at all locations
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants
5. Application for tree removal or relocation (attach tree survey and removal or relocation plan)
6. A certified copy of the Notice of Commencement for any work over \$2500.00
7. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
8. Copy of Workmen's Compensation
9. Copy of Liability Insurance

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____



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

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

DISCLOSURE STATEMENT

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

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

Name: L. KOVACEVIC Date: MON 4/03

Signature: L. K. Kovacevic

Address: 55 N. SEWALL'S PT. RD.

City & State: STUART, FL. 34996

Permit No. _____

This form is for all permits except electrical.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-17 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
N 5755	DEGRAFF	DRIVEWAY-PACING	Passed	Called PPL
	9 CASTLE HILL	ELEC FINAL	Passed	11:45
	O/B	Early Power Res	Passed	INSPECTOR: <i>[Signature]</i>
5734	ABESADA	STRAPPING TIE	Passed	(Used new set of
	8 MORGAN CIRCLE	DOWN ENG	Passed	sealed dogs
	CONWAY			INSPECTOR: <i>[Signature]</i>
5937	FOSTER	TRUSS ENG	Passed	(Used new set of
	128 S. SEWALLS Pk	STRAPPING	Passed	sealed dogs)
	RALPH PACKS			INSPECTOR: <i>[Signature]</i>
6160	DOEDENS	FENCE		No Permit?
	36 S. RIVER ROAD			No Fence
	O/B	Pt. advise		INSPECTOR: <i>[Signature]</i>
6058	MAJEWSKI	FENCE	Passed	close
	24 E. HIGH POINT RD			
	ADRON			INSPECTOR: <i>[Signature]</i>
N 6171	KOVACEVIC	FENCE	Passed	close
	55 N. SEWALLS Pk			
	PERLY GATES			INSPECTOR: <i>[Signature]</i>
N 6181	KOVACEVIC	ROCK PATIO	Passed	close
	55 N. SEWALLS Pk			
	O/B			INSPECTOR: <i>[Signature]</i>
OTHER: 5022	Wicks	Roof Ruine		→ Wednesday
	177 S. RIVER			
	Wicks			

6181

PATIO

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/11/03

BUILDING PERMIT NO. 6181

Building to be erected for KOVACEVIC

Type of Permit Rock Patio

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision PERREWINKLE Lot 21 Block _____

Radon Fee _____

Address 55 N. SEWALL'S PT RD

Impact Fee _____

Type of structure STR

A/C Fee _____

Parcel Control Number:

3537410040000021040000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # 1007 Cash _____ Other Fees (_____)

Total Construction Cost \$ 600.00

TOTAL Fees 35.00

Signed L.K. Kovacic
Applicant

Signed Gene Simmons (Sig)
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL

- ELECTRICAL
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: LINDA K. KOVACEVK City: STUART State: FL Zip: 34996
Legal Description of Property: LOT 21 PERRIWINKLE Parcel Number: 3537410040000021040000
Location of Job Site: 55 N. SEWALL'S PT. RD. Type of Work To Be Done: ROCK LANDSCAPING

219-9561

CONTRACTOR/Company Name: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____
State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$600.00 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

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

OWNER OR AGENT SIGNATURE (Required) L.K. Kovacevk
State of Florida, County of: Martin
This the 7th day of March, 2003
by L.K. Kovacevk who is personally
known to me or produced
as identification. Joann Barrow

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

My Commission Expires: _____
Seal



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

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

Name: L. K. KOVACEVIC **Date:** MAR. 11/03

Signature: L. K. Kovacevic

Address: 55 N. Sewall's Pt. Rd.

City & State: Stuart, FL 34996

Permit No. _____

This form is for all permits except electrical.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-17, 2003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
N 5755	DEGRAFF	DRIVEWAY PAVER	Pass	Called PPL
	9 CASTLE HILL	ELEC FINAL	Pass	11:45
	O/B	Early Power As	Pass	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5734	ABESADA	STRAPPING TIE	Pass	(Used new set of
	8 MORGAN CIRCLE	DOWN ENG	Pass	sealed dogs
	CONWAY			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5937	FOSTER	TRUSS ENG	Pass	(Used new set of
	128 S. SEWALLS PK	STRAPPING	Pass	sealed dogs)
	RALPH PACKS			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6160	DOEDENS	FENCE		No Permit ?
	36 S. RIVER ROAD			No Fence
	O/B	P. advise		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6058	MAJEWSKI	FENCE	Pass	close
	24 E. HIGH POINT RD			
	ADRON			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
N 6174	KOVACEVIC	Fence	Pass	close
	55 N. SEWALLS PK			
	PERLY GATES			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
N 6181	KOVACEVIC	ROOF FINISH	Pass	close
	55 N. SEWALLS PK			
	O/B			INSPECTOR: <i>[Signature]</i>
OTHER:	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5092	Wicks	Roof Rince		→ Wednesday
	177 S. RIVER			
	Wicks			

6499

A/C CHANGEOUT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11/18/03

BUILDING PERMIT NO. 6499

Building to be erected for KOVECEVIC

Type of Permit A/C REPLACEMENT

Applied for by FLYNN'S AC

(Contractor) Building Fee 4462 x 9.60/1000 = 42.83

Subdivision PERWINKLE Lot 21 Block _____

Radon Fee _____

Address 55 N. SEWALL'S PT ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
3537410040000021040000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 42.83 Check # 1037 Cash _____

Other Fees (_____)

Total Construction Cost \$ 4462.00

TOTAL Fees 42.83

Signed Brian Flynn
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED

NOV 17 2003

Permit Number: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

BY: _____

OWNER/TITLEHOLDER NAME: KOUCELEK Phone (Home) 219-9561 (Work) _____

Job Site Address: 55 N. Sewall Pt. Rd City: STUART State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: _____

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

Description of Work To Be Done: A/C REPLACEMENT

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

CONTRACTOR/Company Name: Flynn's A/C Phone Number: 283-4114

Street: 1323 SW THURMA ST. City: PAIN CITY State: FL Zip: 34990

State Registration Number: CA6055482 State Certification Number: _____ Martin County License Number: 971518187

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 4462 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: SAME State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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),

Linda K. Koucek

State of Florida, County of: Martin

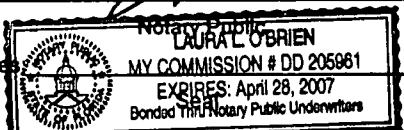
This the 17th day of November, 2003

by Linda K. Koucek who is personally

known to me or produced DMACONL K6740-50057-75421

as identification [Signature]

My Commission Expires



CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida, County of: Martin

This the 17th day of November, 2003

by Joseph Brian Funn who is personally

known to me or produced FLDR150-482-67-227-0

As identification [Signature]

My Commission Expires



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
FLYNA-1

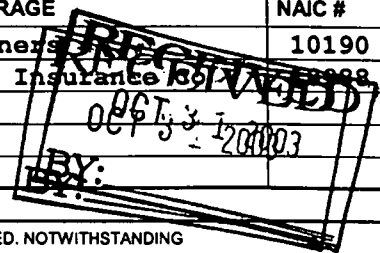
DATE (MM/DD/YYYY)
10/29/03

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

INSURED
Flynn's A/C Service, Inc.
1323 SW Thelma Street
Palm City FL 34990

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.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Southern Owners Insurance Company	10190
INSURER B:	Auto Owners Insurance Company	10190
INSURER C:		
INSURER D:		
INSURER E:		



COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	7	GENERAL LIABILITY	20567737	10/31/03	10/31/04	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 1,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A		AUTOMOBILE LIABILITY	4165950800	10/31/03	10/31/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

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

Air Conditioning Contractor - State of Florida

CERTIFICATE HOLDER

CANCELLATION

TOWNS-1

Town of Sewalls Point
220-4765
1 S Sewalls Point Road
Stuart FL 34996

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
Joseph E. Coors

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/19/2003

PRODUCER (863)688-5495 FAX (863)688-4344
Herndon & Associates Insurance, LLC
91 Lake Morton Dr.
P O Box 3608
Lakeland, FL 33802

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

INSURED FLYNN'S AIR CONDITIONING SERVICE INC
1323 SW THELMA ST
PALM CITY, FL 34990

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Bridgefield Employers Ins Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	083029595	01/01/2003	01/01/2004	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 100,000	E.L. DISEASE - EA EMPLOYEE	\$ 100,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$ 100,000													
E.L. DISEASE - EA EMPLOYEE	\$ 100,000													
E.L. DISEASE - POLICY LIMIT	\$ 500,000													
		OTHER												

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

CERTIFICATE HOLDER


Town Of Sewalls Point
1 South Sewalls Point Rd
Stuart, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

David Sheppard/BELIND



AC# 0466712

STATE OF FLORIDA

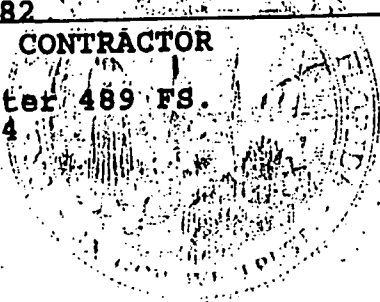
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0206250078

DATE	BATCH NUMBER	LICENSE NBR
06/25/2002	011141683	CAC055482

The CLASS A AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

FLYNN, JOSEPH BRIAN
FLYNN'S A/C SERVICE INC
1323 SW THELMA STREET
PALM CITY FL 34990



JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 35-37-41-004-000-00210-4

NOTICE OF COMMENCEMENT

STATE OF FL.

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):

BRANNICK S/D LOT 21 OR 350/2092

GENERAL DESCRIPTION OF IMPROVEMENT: A/C REPLACEMENT

OWNER: KOUACEVIC

ADDRESS: 55 N. SEWALL Pk. Rd.

PHONE #: 719-9561 FAX #: _____

CONTRACTOR: Flynn's AC

ADDRESS: 1323 SW TALLEMA ST.

PHONE #: 772-283-4114 FAX #: 772-781-1307

SURETY COMPANY(IF ANY) _____

ADDRESS: _____ STATE OF FLORIDA
MARTIN COUNTY

PHONE # _____ FAX #: _____

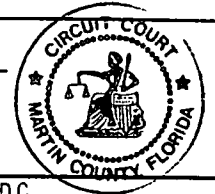
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY [Signature] D.C.
DATE 11/17/03



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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 17th DAY OF NOVEMBER 2003 BY LYNDA K. KOVACEVIC

[Signature]
NOTARY SIGNATURE

PERSONALLY KNOWN _____
PRODUCED ID X ONTARIO
TYPE OF ID K6840-50054-754





TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 55 N. Sewall's Pt. Rd.

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.

AC

Failed

Breaker size do not
correspond with product label.

→ Please identify all 4 units
and the required breaker size

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: 11/24/2

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/24, 2002 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6345	THOMPSON	RE-INSPECT	Passed	= courtesy
closed	179 S. RIVER	ROOF OVER		Inspector
		INSIDE ^{MUST CHECK} IN ATTIC		
6391	WHITWELL	SLAB	Failed	
	MARGUERITA			
	Hemminaway Homes	(after 9:30 pls)		INSPECTOR
6452	RONAN	U-GR GAS	Passed	\$30. -
	14 COPAIRE			(reinspect pd 11/21)
	MC PROPANE			INSPECTOR
TREE	WILCOX	TREE	Passed	
	95 S. RIVER RD			
		(first phase?)		INSPECTOR
6396	MUFSON		Passed	
	17 S. RIVER	U. grad. Plumbg.		
	BUFOED	Hydrostat. Test		INSPECTOR
6498	DONOHUE	FINAL DCK	Passed	→ close
	160 S. Sewall's Pt	WATER		
	O/B			INSPECTOR
6499	KOVACOVIC	FINAL	Failed	sal. AC co - py
	55 N. Sewall's Pt	REPL A/C		re breakers
	FLYNN'S A/C			INSPECTOR
OTHER:	KING	1 DCK/WALL	not started	
	3 N. ISLAND	REPAIR		
	5 Kingston Ct.	replace tree		

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/1, 2008 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6475	O'KEEFE	FINAL-POOL Deck	Passed	close
	29 FIELDWAY	PAVER OVERLAY		
	CHITWOOD			INSPECTOR: <i>J</i>
6499	KOVACEVIC	AC change	Passed	close
	55 N Sewall Pt.	out. Final		
	Plym AC			INSPECTOR: <i>J</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:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
OTHER: _____				



TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued: _____

This application shall include a written statement giving reasons for removal, relocation, or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner LYNDA KOVACEVKA Address 55 N. SEWALLS PT. RD. Phone 219-9561

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) BRAZILLIAN PEPPER, SCHEFFLERA

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): Prohib. Species
OK to remove

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

Permit Fee \$ 0
\$15.00

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant L. Kovacevka Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 2/28/13

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILLIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

See attached Tree Species List