

70 North Sewall's Point Road



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:	9747	DATE ISSUED.	MARCH 25, 2011
SCOPE OF WORK:	NEW SFR		
CONDITIONS			
CONTRACTOR	DRIFTWOOD HOMES		
PARCEL CONTROL NUMBER	353741000-000-00293-8	SUBDIVISION	PT GOVT LOT 3
CONSTRUCTION ADDRESS.	70 N SEWALLS PT RD		
OWNER NAME:	SCHWARTZ		
QUALIFIER.	ALAN MORRIS	CONTACT PHONE NUMBER	334-2579

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8 00AM TO 4 00PM**

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point

Date 2/16/11 BUILDING PERMIT APPLICATION Permit Number 9747

OWNER/TITLEHOLDER NAME THEODORE + MAUREEN SCHWARTZ Phone (Day) 954-726-5728 (Fax) _____

Job Site Address 70 N Sewalls Pt Rd City Sewalls Pt State FL Zip 34994

Legal Description SEE ATTACHED Parcel Control Number 35-37-41-000-000-00293-8

Owner Address (if different) 2355 NEDCOAN BLVD City STUART State FL Zip 34996

SCOPE OF WORK (PLEASE BE SPECIFIC) New SFR

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 \$ 654,000.000 (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 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

Construction Company DAIRYWOOD HOMES, LLC Phone 772-334-2579 Fax 334-5877

Qualifiers name ALAN B. MORRIS Street 2163 PINERIDGE ST City JACKSON BEACH State FL Zip 34957

State License Number PR0056189 OR Municipality _____ License Number _____

LOCAL CONTACT Alan Morris Phone Number 215-0074

DESIGN PROFESSIONAL BRADEN + BRADEN Fla License# AAC000032

Street 411 COCONUT AVE City STUART State FL Zip 34994 Phone Number 287-8258

AREAS SQUARE FOOTAGE Living 4275 Garage 1841 Covered Patios/ Porches 1229 Enclosed Storage _____

Carport _____ Total under Roof 7345 Elevated Deck _____ Enclosed area below BFE* * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq ft require a Non-Convertible Covenant Agreement

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

NOTICES TO OWNERS AND CONTRACTORS

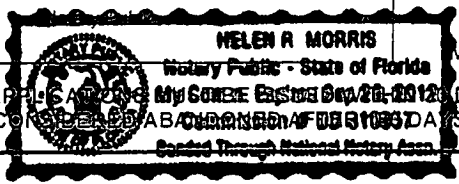
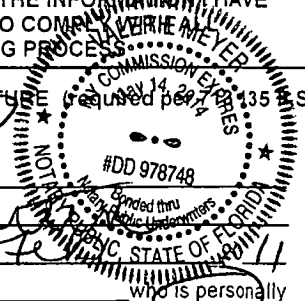
- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
- 2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
- 3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50 95
- 4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF FBC 2007 SECT 105 4 1 105 4 1 1 - 5

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

AFFIDAVIT APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK 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 NOTORIZED SIGNATURE (required per 713 135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) X Maureen Schwartz State of Florida, County of Martin On This the 15th day of February, 20 11 by Maureen Schwartz who is personally known to me or produced As identification Helen R. Morris

CONTRACTOR NOTORIZED SIGNATURE (required per 713 135 F.S.) X Alan Morris State of Florida, County of Martin On This the 18 day of February, 20 11 by Alan Morris who is personally known to me or produced As identification Valerie Meyer



My Commission Expires _____ My Commission Expires _____

SINGLE FAMILY PERMIT APPLICATIONS ARE SUBJECT TO A 30 DAY PERIOD OF APPROVAL NOTIFICATION (FBC 105 3 4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 30 DAYS (FBC 105 3 2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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 RECEIPT

PERMIT NUMBER:	9747		
ADDRESS	70 N SEWALLS PT RD - SCHWARTZ		
DATE	3/25/11	SCOPE:	NEW SFR

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
			<u>654,000</u>
Plan Submittal Fee (\$350 00 SFR, \$175 00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	350 00 pd 2/17/11 ck#20642
Total square feet air-conditioned space (@ \$110 25 per sq ft)		s f	4257 = \$469,334 25
Total square feet non-conditioned space (@ \$51 60 per sq ft)		s f	3070 = 158,412 00 627,746 25 x 1 15 (V-zone)
Total Construction Value		\$	721,908 20
Building fee (2% of construction value SFR or >\$200K)		\$	14,438 16
Building fee (1% of construction value < \$200K + \$75 per insp)			
Total number of inspections (Value < \$200K) @\$75 ea		\$	
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 minimum)		\$	216 57
DBPR Licensing Fee (1 5% of permit fee - \$2 00 minimum)		\$	216 57
Road impact assessment (04% of construction value - \$5 00 min)			288 76
Martin County Impact Fee		\$	8035 86
TOTAL BUILDING PERMIT FEE		\$	23,195 92

pd
ck#20676

ACCESSORY PERMIT	Declared Value	\$	
Total number of inspections @ \$75 00 each		\$	
DBPR Licensing Fee (1 5% of permit fee - \$2 00 minimum)		\$	
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 minimum)		\$	
Road impact assessment (04% of construction value - \$5 00 min)		\$	

TOTAL ACCESSORY PERMIT FEE:	\$	
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Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number _____

Date _____

OWNER/TITLEHOLDER NAME Theodore Schwartz Phone (Day) 954 980 8027 (Fax) _____

Job Site Address 70 N Sewalls Point Rd. City Stuart State FL Zip 34996

Legal Description _____ Parcel Control Number 35-37-41-000-000-00293-8

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

Scope of work (please be specific) Burg Alarm: 1 ctrl, 3 Keypads, 4 contacts, 2 Mtn, siren, cell

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

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 1260.20
(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 ADT Security Services Phone 712-5446 Fax 712-5497

Street 6931 Vista Pkwy N. #16 City W. Palm Beach State FL Zip 33411

State License Number EF0001121 OR Municipality _____ License Number _____

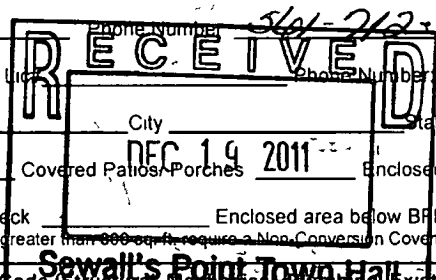
LOCAL CONTACT Sara-Lou Phone Number 561-712-5446

DESIGN PROFESSIONAL _____ License Number _____

Street _____ City _____ State _____ Zip _____

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

Carpport _____ Total under Roof _____ Elevated Deck _____ Enclosed area below BRE* _____
Enclosed non-habitable areas below the Base Flood Elevation greater than 800 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

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- 4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID REF FBC 2004 W/ 2006 REVISIONS SECT 105 4 1, 105 4 1 1 - 5

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

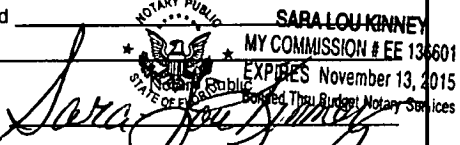
APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE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

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

State of Florida County of _____
This the _____ day of _____ 20____
by _____ who is personally
known to me or produced _____
as identification _____
Notary Public

CONTRACTOR SIGNATURE (required)

On State of Florida, County of Palm Beach
This the 19th day of December 2011
by George Mansinelli who is personally
known to me or produced _____
As identification _____
My Commission Expires _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105 3 4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105 3 2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



INETE # 22552911 OF BY 112502 PG 2232 RE'D 02/17/2011 10 17:01 AM
Pg 2232, (1pg)
MARSHAL EWING MARTIN COUNTY DEPUTY CLERK L. Perrinesch

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500 00

PERMIT # _____ TAX FOLIO # 35-37-41-000-000-00253-8

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 (AND STREET ADDRESS IF AVAILABLE)
70 N SEAWALL PT RD SEAWALL PD, FL 34994 METED BOUNDS

GENERAL DESCRIPTION OF IMPROVEMENT NOV SF. RESIDENCE

OWNER NAME THEODORE & MAUREEN SCHWARTZ
ADDRESS 2355 NE OCEAN BLVD. STUART, FL 34996
PHONE NUMBER 772-225-2343 FAX NUMBER _____

INTEREST IN PROPERTY 100%
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER) _____

CONTRACTOR ARAUZ MORRIS / DRIFTWOOD HOMES, LLC
ADDRESS 2163 PINE RIDGE ST JENSEN BCH, FL 34957
PHONE NUMBER _____ FAX NUMBER _____

SURETY COMPANY (IF ANY) N/A
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
BOND AMOUNT _____

LENDER/MORTGAGE COMPANY N/A
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____

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 N/A
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES N/A OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713 13(1)(B), FLORIDA STATUTES
PHONE NUMBER _____ FAX NUMBER _____

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

WARNING TO OWNER ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713 13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT

Maureen Schwartz
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 15th DAY OF Feb, 2011

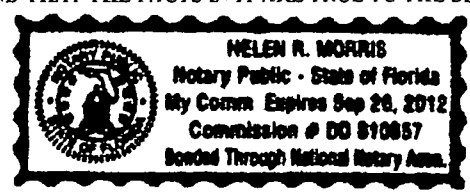
BY Maureen Schwartz AS _____ FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____


TYPE OF IDENTIFICATION PRODUCED _____
Helen K Morris
NOTARY SIGNATURE/ SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 97.525, FLORIDA STATUTES)

Maureen Schwartz
(Signature of Natural Person Signing Above)



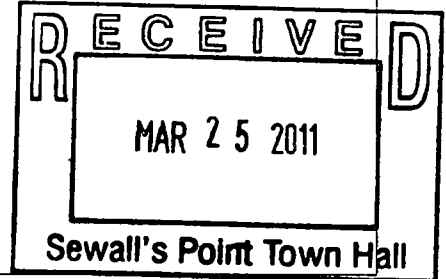
CIRCUIT COURT FLORIDA MARTIN COUNTY
STATE OF FLORIDA MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
BY Maureen Schwartz
MARSHA EWING, CLERK
DATE 2-17-11


 INSTR # 2265851
 OR BK 02508 Recorder of Deeds 2381
 Pg 2381; (1pg)
 RECORDED 11/25/2011 11:39:22 AM
 MARSHA EWING
 CLERK OF MARTIN COUNTY FLORIDA
 RECORDED BY C Oliver

**NON-CONVERSION COVENANT AGREEMENT FOR STRUCTURES BUILT
 IN THE TOWN OF SEWALL'S POINT SPECIAL FLOOD HAZARD AREA (V-ZONE)**

Application has been made for a Building Permit
 From the Town of Sewall's Point, FL

Property Owner(s) name THEODORE & MAUREEN SCHWARTZ
 Property Address 70 N. SEWALLS PT RD
 Deed dated 7/7/05 Recorded 7/7/05
 Parcel Identification Number 35-37-41-000-000-00293 @
 Flood Zone VE Base Flood Elevation 10 feet (NGVD)
 FIRM Panel Number D154 Effective date 10/2002



- In consideration for the granting of a permit for the above structure, the property owner(s) agrees to the following
- 1 That the enclosed area below the base flood elevation (BFE) shall be used solely for parking of vehicles, limited storage, or access to the building and will never be used for human habitation without first becoming fully compliant with the Town of Sewall's Point flood damage prevention ordinance (Chapter 58) in effect at the time of conversion
 - 2 That all interior walls, ceilings, and floors below the BFE shall be unfinished and constructed of flood-resistant materials
 - 3 That any essential mechanical, electrical, or plumbing devices shall not be installed below the BFE
 - 4 The walls of the enclosed areas below the BFE shall be equipped with at least two vents which permit the automatic entry and exit of floodwater with total openings of at least one square inch for every square foot of enclosed area below flood level. The vents shall be on at least two different walls, and the bottoms of the vents shall be no more than one foot above grade
 - 5 That any variation in construction beyond what is permitted shall constitute a violation of this agreement and Section 58-85 (6) Town of Sewall's Point Code of Ordinances
 - 6 That this Non-conversion Agreement becomes part of Permit # 9747

The following shall be recorded on the deed to the above property "This structure has received special permission to be constructed in the Special Flood Hazard Area. The lowest floor shall not be finished or converted to a habitable space unless the enclosed area below the Base Flood Elevation becomes fully compliant with the Town of Sewall's Point Code of Ordinances Chapter 58, most current version in effect at the time of conversion"

THEODORE G SCHWARTZ 3/24/11
 Signature of Property Owner Date
 Print name THEODORE G SCHWARTZ
 Address 2355 NE OCEAN BLVD APT 6A

MAUREEN H SCHWARTZ
 Signature of Property Owner Date
 Print Name Maureen H Schwartz
 Address 70 N. Sewall's Pt Rd.

John Adams 3-24-11
 Witness Date
 Print name JOHN ADAMS
 Address 70 S Sewalls Pt Rd Sewalls Pt.

Ann-Marie S Basler 3/24/11
 Witness Date
 Print Name Ann-Marie S Basler
 Address 1 S. Sewall's Pt Rd Sewall's Pt.

Robert Kellogg
 Authorized signature (Town of Sewall's Point)

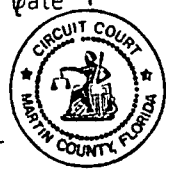
ROBERT KELLOGG, Town Manager 3/24/11
 Print Date

(STATE OF FLORIDA
 MARTIN COUNTY

The foregoing instrument was acknowledged
 Before me by its maker Date 3-24-11
Valerie Meyer
 Signature of Notary
 My Commission Expires 5-14-14



THIS IS TO CERTIFY THAT THE
 FOREGOING PAGES IS A TRUE
 AND CORRECT COPY OF THE ORIGINAL
 MARSHA EWING, CLERK



BY Marsha Ewing DC
 DATE 03/25/11

ELEVATION CERTIFICATE

OMB No 1660-0008
Expires March 31, 2012

Important Read the instructions on pages 1-9

SECTION A - PROPERTY INFORMATION

A1 Building Owner's Name THEODORE & MAUREEN SCHWARTZ #4736-01	For Insurance Company Use
	Policy Number
A2 Building Street Address (including Apt Unit Suite and/or Bldg No) or P O Route and Box No 70 NORTH SEWALL'S POINT ROAD	Company NAIC Number
City STUART State FL ZIP Code 34996	

A3 Property Description (Lot and Block Numbers, Tax Parcel Number Legal Description etc)
N 100' OF N 412 OF S 1076 70 OF GOVT LOT 3, SECTION 35, TOWNSHIP 37, RANGE 41

A4 Building Use (e.g Residential, Non-Residential Addition, Accessory, etc) RESIDENTIAL

A5 Latitude/Longitude Lat 27°12'39"N Long 80°12'21"W Horizontal Datum NAD 1927 NAD 1983

A6 Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance

A7 Building Diagram Number 6

A8 For a building with a crawlspace or enclosure(s)

a) Square footage of crawlspace or enclosure(s) <u>SEE Sect. D</u> sq ft	A9 For a building with an attached garage
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 10 foot above adjacent grade <u>0 N/A</u>	a) Square footage of attached garage <u>1902</u> sq ft
c) Total net area of flood openings in A8 b <u>0 N/A</u> sq in	b) No. of permanent flood openings in the attached garage within 10 foot above adjacent grade <u>0 N/A</u>
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c) Total net area of flood openings in A9 b <u>0 N/A</u> sq in
	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NOTE: GARAGE WALLS ARE FLANKABLE (BREAK AWAY)

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP Community Name & Community Number SEWALL'S POINT, TOWN OF 120164		B2 County Name MARTIN		B3 State FLORIDA	
B4 Map/Panel Number 12085C0154	B5 Suffix F	B6 FIRM Index Date 10/04/02	B7 FIRM Panel Effective/Revised Date 10/04/02	B8 Flood Zone(s) AE, VE	B9 Base Flood Elevation(s) (Zone AO use base flood depth) <u>10.0</u>

B10 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9
 FIS Profile FIRM Community Determined Other (Describe) _____

B11 Indicate elevation datum used for BFE in Item B9 NGVD 1929 NAVD 1988 Other (Describe) _____

B12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
 Designation Date _____ CBRS OPA Yes No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1 Building elevations are based on Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete

C2 Elevations - Zones A1-A30 AE AH A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE AR/A1-A30, AR/AH AR/AO Complete Items C2 a-h below according to the building diagram specified in Item A7 Use the same datum as the BFE
 Benchmark Utilized N/A Vertical Datum NGVD 1929
 Conversion/Comments NONE

Check the measurement used

a) Top of bottom floor (including basement crawlspace or enclosure floor) <u>5 18</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>15 51</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>14 93</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>5 18</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>11 28</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>4 56</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>6 04</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs including structural support <u>5 18</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

ELEC METER BOX

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code Section 1001.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name STEPHEN J BROWN	License Number #4049
Title SURVEYOR & MAPPER	Company Name STEPHEN J BROWN INC
Address 619 E 5 TH STREET	City STUART State FL ZIP Code 34994
Signature	Date 05/17/12 Telephone (772) 288 7176

5/22/12

IMPORTANT In these spaces, copy the corresponding information from Section A	For Insurance Company Use
Building Street Address (including Apt Unit Suite and/or Bldg No) or P O Route and Box No 70 NORTH SEWALL'S POINT ROAD	Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official (2) insurance agent/company and (3) building owner

Comments C2 e IS THE ELECTRIC METER BOX
A/C @ ELEV 14.88

LOWER LEVEL FOYER 84 SQ/FT ELEVATOR 16 SQ/FT, STAIRS 136 SQ/FT 236 S/F TOTAL

Signature STEPHEN J BROWN

Date 05/17/12

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5 If the Certificate is intended to support a LOMA or LOMR-F request complete Sections A, B and C For Items E1-E4 use natural grade if available Check the measurement used In Puerto Rico only enter meters

E1 Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG)

a) Top of bottom floor (including basement crawlspace or enclosure) is _____ feet meters above or below the HAG

b) Top of bottom floor (including basement crawlspace, or enclosure) is _____ feet meters above or below the LAG

E2 For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2 b in the diagrams) of the building is _____ feet meters above or below the HAG

E3 Attached garage (top of slab) is _____ feet meters above or below the HAG

E4 Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG

E5 Zone AO only If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A B and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here The statements in Sections A B, and E are correct to the best of my knowledge

Property Owner's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A B, C (or E) and G of this Elevation Certificate Complete the applicable item(s) and sign below Check the measurement used in Items G8 and G9

1 The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information (Indicate the source and date of the elevation data in the Comments area below)

2 A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO

3 The following information (Items G4-G9) is provided for community floodplain management purposes

G4 Permit Number _____	G5 Date Permit Issued _____	G6 Date Certificate Of Compliance/Occupancy Issued _____
------------------------	-----------------------------	--

7 This permit has been issued for New Construction Substantial Improvement

8 Elevation of as-built lowest floor (including basement) of the building _____ feet meters (PR) Datum _____

9 BFE or (in Zone AO) depth of flooding at the building site _____ feet meters (PR) Datum _____

10 Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

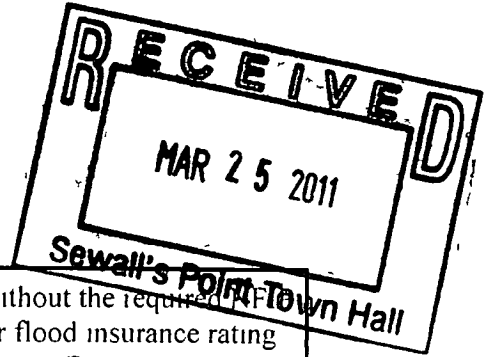
Signature _____ Date _____

Comments _____

Check here if attachments



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



V-ZONE CERTIFICATION

Note This V-Zone Certificate is not a substitute for and cannot be used without the required Elevation Certificate (Sec FEMA Fact Sheet No 4), which is required for flood insurance rating. This certificate must be filled out by a Florida registered Architect or Engineer.

Name SCHWARTZ Insurance Policy No _____
 Building Address or Legal Description 70 N. SEWALL'S POINT ROAD
 City SEWALLS POINT State FL Zip Code 34996

SECTION I. Flood Insurance Rate Map (FIRM) Information

Community No 120164 Panel No 0154 Suffix _____ Date of FIRM index 10/2002 Zone VE

SECTION II Elevation Information

- | | | |
|---|---|--------------------------|
| 1 | Elevation of the bottom of the lowest horizontal structural member | <u>13.34</u> feet (NGVD) |
| 2 | Base Flood Elevation (BFE) | <u>10</u> feet (NGVD) |
| 3 | Elevation of the lowest adjacent grade | <u>4</u> feet (NGVD) |
| 4 | Approximate depth of anticipated scour/erosion used for foundation design | <u>1.5</u> feet (NGVD) |
| 5 | Embedment depth of pilings or foundation below lowest adjacent grade | <u>38</u> feet (NGVD) |

SECTION III V-Zone Certification Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions

- The bottom of the lowest horizontal structural member of the lowest habitable floor (excluding piles and columns) is elevated one (1) foot above the BFE, and
- The pile and column foundation and structure attached hereto is anchored to resist flotation, collapse, and lateral movement due to the affects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values are those required by the Florida Building Code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action

SECTION IV Breakaway Wall Certification Statement

Note This section must be certified when breakaway walls exceed a design safe loading resistance of 20 lbs per sq ft

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used for breakaway walls are in accordance with accepted standards of practice for meeting the following provisions

- Breakaway wall collapse shall result from water loads less than that would occur during the base flood, and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads (defined in section III) acting simultaneously on all building components

SECTION V Certification

Certifier's Name DANIEL R. BRADEN Company Name BRADEN & BRADEN AIA
 Title PRESIDENT Florida License No 9770
 Address 417 COCONUT AVE City STUART State FL. Zip Code 34996
 Signature [Signature] Date 2/22/11 Telephone Number 287-8258

Seal



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

<i>boff</i> AL	* LOW VOLTAGE BURGLAR ALARM	SEI ADI ✓	EF 000/121
VS	VACUUM SOUND	SVF	
<i>off</i> IR	* IRRIGATION	Controlled Irrigation	
SH	SHUTTERS	N/A	

* REQUIRES SEPARATE VERIFICATION FORMS

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY

[Handwritten Signature]

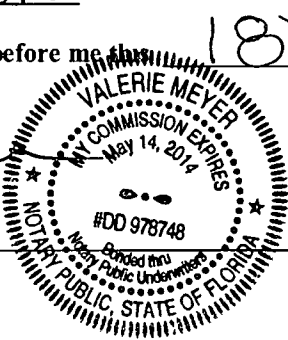
SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 18th day
 of Feb 20 11

Valerie Meyer
 NOTARY PUBLIC

MY COMMISSION EXPIRES _____





STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

RECEIVED

FEB 16 2011

43 SS. 1302250

PERMIT NO. _____
DATE PAID 2-18-11
FEE PAID 450
RECEIPT # 20635

AP 99 4642

APPLICATION FOR
 New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT TED SCHWARTZ

AGENT STEPHEN J BROWN TELEPHONE 288-7176

MAILING ADDRESS 619 E. 5TH ST., SUWART, FLA.

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489 105(3)(m) OR 489.552, FLORIDA STATUTES IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS

PROPERTY INFORMATION LOW LEGAL LOT 3, SECTION 35, TWP. 37, R4 A1
LOT _____ BLOCK _____ SUBDIVISION _____ PLATTED 2005

PROPERTY ID # _____ ZONING _____ I/M OR EQUIVALENT Y N

PROPERTY SIZE 10 ACRES WATER SUPPLY. PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381 0065, FS? Y N DISTANCE TO SEWER 500 FT

PROPERTY ADDRESS 70 N. SEWALL'S POINTE ROAD

DIRECTIONS TO PROPERTY EAST ON OCEAN BLVD, NORTH SEWALL'S POINTE ROAD TO SITE APPROX. 1/2 MILE

BUILDING INFORMATION RESIDENTIAL COMMERCIAL
Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SINGLE FAMILY</u>	<u>A</u>	<u>4275</u>	<u>F 600 CPD</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

TOWN OF SEWALL'S POINTE
BUILDING DEPARTMENT
FILE COPY

Floor/Equipment Drains Other (Specify) ROMAN TUB

SIGNATURE STEPHEN J. BROWN DATE 2/17/11



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

OWNER'S COPY

PERMIT # 43-SS-1302250
APPLICATION # AP994642
DATE PAID _____
FEE PAID _____
RECEIPT # _____
DOCUMENT # PR837168

CONSTRUCTION PERMIT FOR OSTDS New
APPLICANT Ted Schwartz
PROPERTY ADDRESS 70 N Sewalls Point Rd Stuart, FL 34996
LOT _____ BLOCK _____ SUBDIVISION N/A
PROPERTY ID # _____ [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381 0065, F S , AND CHAPTER 64E-6, F A C DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY

SYSTEM DESIGN AND SPECIFICATIONS

T [1,350] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK 1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [750] SQUARE FEET If Installed in Trenches SYSTEM
R [1,000] SQUARE FEET If installed in a Bed SYSTEM
A TYPE SYSTEM [] STANDARD [] FILLED [X] MOUND []
I CONFIGURATION [X] TRENCH [] BED []

F LOCATION OF BENCHMARK RED CAP AT NE PROPERTY CORNER, ELV 2 56 FT NGVD

I ELEVATION OF PROPOSED SYSTEM SITE [.6 00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [12 00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED [24 00] INCHES EXCAVATION REQUIRED [] INCHES

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s 64E-6 013(3)(f), FAC
The surveyor has submitted a proposed elevation for the unobstructed available area of 50 FT NGVD
See attached general and special conditions lists

50 FT NGVD SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

SPECIFICATIONS BY Duen N Ogilvie TITLE Environmental Specialist II

APPROVED BY Ray R Cross TITLE Environmental Specialist 09-04-2012 Martin CHD

DATE ISSUED 03/04/2011 EXPIRATION DATE 09/04/2012

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated 64E-6 003, FAC



Martin County Health Department

SEPTIC SYSTEM GENERAL CONDITIONS LIST

PERMIT 43-SS- 130 2250

- If the minimum finished floor foundation elevation (F F F E) is below the drainfield filled elevation of _____ inches (above original grade _____), please contact this office to determine possible setback changes from the drainfield (setback is calculated by adding 4:1 slope, 4-foot shoulder and possible berm) Additionally, if the driveway or sidewalk is proposed to be lower than the drainfield filled elevation, please contact the department to determine possible setback changes Note Local building authority determines minimum F F F E and stub out requirements Health Department recommendations are used for drainfield fill and setback requirements only
For single-family homes, if the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required
Septic system must be installed in unobstructed area as shown on the approved site plan Alteration of the information or conditions of this permit found to be in non-compliance will be sufficient cause for revocation of this permit If any information on a permit changes, an amended application and \$50 review fee must be submitted to our office immediately
Future ponds or surface water created onsite must be greater than 75' from septic system
The mound area must be sodded prior to a request for final grade inspection
Non-potable irrigation lines must be separated from the drainfield by two feet unless an approved backflow prevention device is properly installed
A \$75.00 re-inspection fee is required if violations are found during the septic system inspection
If an inspector does not witness the work conducted during a septic abandonment, the contractor must submit a statement that the work was completed
If a professional engineer designs the septic system, the engineer must certify that the installed system complies with the design and installation requirements
For commercial operations, occupational approval will not be given until all requirements for an onsite public water system, food operation or institutional establishment are met

ADDITIONAL CONDITIONS LIST Special conditions marked "X" are in effect

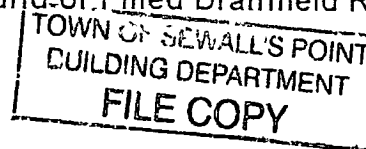
- 1 Driveway and sidewalk elevation must be at least 6" higher than the top of the drainfield elevation The driveway cannot be constructed within 4 feet of the system's available area
2 Prior to final construction approval, the property owner must apply for an operating permit and pay the \$_____ Annual Permit Fee (For ___ Indust /Manuf ___ Aerobic System ___ Commercial System ___ Performance-Based)

Excavation requirements (Note Excavation refers to removal of natural or existing soils, not pad fill)

- 1 Excavate one foot beyond drainfield area to a depth of _____ inches below natural/ existing grade elevation of _____ feet N G V D / Assumed In addition to item #1, 33% of unsuitable soils at depths greater than _____ inches below #1 elevation above must be removed to a depth of slightly limited soils
2 If the proposed drainfield is to be installed within 10 feet of a building foundation or swimming pool structure, the four-foot drainfield shoulder must be filled with suitable soils prior to building construction
3 If a mound or filled drainfield is proposed, see following sketch An engineer's design is required if a retaining wall is proposed within the drainfield slope areas of a mound system No boulders or trees are allowed within the drainfield or drainfield shoulder area Applicant is responsible for replacing excavated soils with a good grade or soil suitable for drainfield installation

Roy Cooper 3/11/2011
Completed By Date

See Reverse Side for Mound or Filled Drainfield Requirements





Martin County Health Department

SEPTIC SYSTEM SPECIAL CONDITIONS FOR PERMIT 43-SS- 130 2150

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s 64E-6 013(3)(f), FAC

- CONDUCT SOIL BORINGS DURING INSPECTION TO VERIFY SOIL TYPE AND WATER TABLE FROM OTHERS
FILL REQUIRED NOTED ABOVE MUST BE OF SLIGHTLY LIMITED QUALITY IN THE INSTALLATION AREA WITH A MINIMUM OF 4 FOOT SHOULDER BEYOND THE DRAINFIELD SIDE WALL (ANY UNSUITABLE PAD FILL IN THE SHOULDER AND UNDER THE DRAINFIELD MUST BE REMOVED AND REPLACED WITH SUITABLE SOIL)
DRAINFIELD MUST BE A MINIMUM OF TEN FEET FROM BUILDING FOUNDATION
MAINTENANCE SERVICE AGREEMENT REQUIRED
ANNUAL OPERATING PERMIT FROM MARTIN CO HEALTH DEPARTMENT IS REQUIRED
MAINTAIN A MINIMUM OF FEET FROM SURFACE WATER
THE DRAINFIELD MUST BE AT LEAST 6 FEET FROM PROPERTY LINES BUILDING FOUNDATION OTHER DRIVEWAY (NOTE For Mounded Drainfields Setback, Use four foot shoulder and 4 1 slope plus 1 5 foot Swale/ Berm Unless Applies to Repairs Using Shoulder Setback Reductions From Table V)
INSTALL AN APPROVED OUTLET FILTER DEVICE IN THE SEPTIC TANK
A MINIMUM OF 6 INCHES AND MAXIMUM OF 18 INCHES OF MODERATLEY OR SLIGHTLY LIMITED SOIL CAP IS ALLOWED OVER DRAINFIELD
STATE CODE REQUIRES A MINIMUM DRAINFIELD SIZE OF SQUARE FEET
THE DRAINFIELD MUST BE PROPERLY GRADED AND STABLIZED PRIOR TO FINAL APPROVAL
THIS PERMIT IS ISSUED FOR AIR INJECTION REPAIR PROCESS ONLY
POTABLE WATER LINES WITHIN 10 FEET OF THE SYSTEM MUST BE SLEEVED AND SEALED UNLESS THE WATER LINES THEMSELVES CONSIST OF SCHEDULE 40 PVC OR STRONGER MATERIAL AND NEVER LESS THAN 24 INCHES FROM THE SYSTEM
POTABLE WATER LINES WITHIN 5 FEET OF A DRAINFIELD SHALL NOT BE LOWER THAN THE DRAINFIELD ELVEVATION
POTABLE WATER LINES MUST BE INSTALLED AND EXPOSED AT THE TIME OF THE INITIAL INSTALLATION INSPECTION

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

____ REPAIRED MOUND AND FILLED DRAINFIELDS MUST BE PROPERLY GRADED AND SODDED/ STABILIZED WITHIN 14 DAYS OF SYSTEM CONSTRUCTION APPROVAL

____ RECOMMEND DRAINAGE FEATURE PREVENT RUNOFF INTO FOUNDATIONS

____ P E SYSTEM DESIGN REQUIRED

____ MAXIMUM DOSE CYCLE = 6 TIMES PER DAY __ PUMP(S) REQUIRED DOSE ENTIRE DRAINFIELD EACH CYCLE PUMP(S) MUST BE CERTIFIED AS SUITABLE FOR DISTRIBUTION OF SEWAGE EFFLUENT

____ AN OPERATIONAL TEST OF THE PUMPS AND HIGH WATER ALARM (AUDIBLE AND VISUAL) IS REQUIRED PRIOR TO FINAL CONSTRUCTION APPROVAL

____ EFFLUENT TRANSMISSION LINES MUST BE 5 FEET AWAY FROM POTABLE WATER LINES UNLESS THE TRANSMISSION IS SCHEDULE 40 PVC OR STRONGER AND IT IS AT LEAST 12 INCHES LOWER THAN THE POTABLE WATER LINE

____ EXISTING SYSTEM RE-APPROVAL PROPOSED ADDITION/ REMODELING DOES NOT REPRESENT AN INCREASE IN SEWAGE FLOW - NO CHANGES TO OSTDS IS REQUIRED

____ SEPTIC TANK MUST BE PUMPED PRIOR TO INSTALLION OF THE DRAINFIELD

____ AGGREGATE, SOIL, AND OTHER COMPONENTS OF SPOIL MATERIALS FROM DRAINFIELD REPAIRS CANNOT BE USED IN SYSTEM REPAIR IN ANY MANNER CONTRACTORS MUST PROPERLY DISPOSE OF SPOILS MATERIAL BEFORE FINAL INSPECTION AND NEVER CREATE A SANITARY NUISANCE WITH STORAGE OF SPOILS (SEE HSES MEMO 05-010)

____ SYSTEM REPAIRS MUST INSTALLATION MUST BE COMPLETED WITHIN 30 DAYS OF SYSTEM PERMITTING OR CONTRACT DATE UNLESS OTHERWISE EXTENDED BY THE APPLICANT

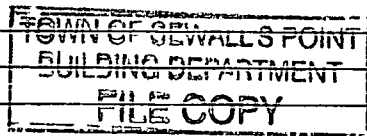
____ LANDSCAPE FEATURES SUCH AS BOULDERS OR TREES ARE NOT ALLOWED ON FILLED OR MOUNDED DRAINFIELDS OR SHOULDERS

____ VEGETATION COVER ON DRAINFIELDS OTHER THAN SOD MUST BE APPROVED BY THE HEALTH DEPARTMENT OR STATE HEALTH OFFICE

____ PUMP SEPTIC TANK (DONE BY CERTIFED COMPANY), CRUSH OR RUPTURE TANK BOTTOM, SUBMIT TANK PUMPOUT RECEIPT, CONTACT DEPARTMENT FOR INSPECTION

✓ ALL ATTACHED GENERAL AND SPECIAL CONDITIONS MUST BE COMPLETED PRIOR TO FINAL INSPECTION AND APPROVAL

____ OTHER _____



NAME Rm Cross DATE _____ PAGE 2

052100911
2-24-11



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT # 4355-130225D

APPLICANT Schwartz AGENT SJR
LOT 00073 BLOCK _____ SUBDIVISION Stuart Sewall's Point

PROPERTY ID # _____ [Section/Township/Parcel No or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL COMPLETE ALL ITEMS

PROPERTY SIZE CONFORMS TO SITE PLAN YES NO NET USABLE AREA AVAILABLE 1.0 ACRES
TOTAL ESTIMATED SEWAGE FLOW 600 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]
AUTHORIZED SEWAGE FLOW 2500 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE 2000 SQFT UNOBSTRUCTED AREA REQUIRED 1500 SQFT

BENCHMARK/REFERENCE POINT LOCATION Red cap at NE Private's corner, ELEV 2.56M NGVD
ELEVATION OF PROPOSED SYSTEM SITE IS 30 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER 120 FT DITCHES/SWALES _____ FT NORMALLY WET? YES NO
WELLS PUBLIC _____ FT LIMITED USE _____ FT PRIVATE _____ FT NON-POTABLE _____ FT
BUILDING FOUNDATIONS 5 FT PROPERTY LINES 20 FT POTABLE WATER LINES 50 FT

SITE SUBJECT TO FREQUENT FLOODING YES NO 10 YEAR FLOODING? YES NO
10 YEAR FLOOD ELEVATION FOR SITE _____ FT MSL/NGVD SITE ELEVATION 30 FT MSL/NGVD

50 PROPOSED

SOIL PROFILE INFORMATION SITE 1

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 6/1 GR	SAND	0 TO 6
10YR 7/1 LGL	SAND	6 TO 18
10YR 8/2	SAND	18 TO 36
10YR 5/2 BR GR	SAND	36 TO 48
REFUSAL	TOO WET	48 TO 72
		TO
		TO
		TO
OBSERVED H ₂ O @	<u>18"</u>	TO
USDA SOIL SERIES <u>#4 Waverland GWS</u>		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 6/1 GR	SAND	0 TO 12
10YR 8/1 WH	SAND	12 TO 18
10YR 8/2	SAND	18 TO 36
10YR 5/2 BR GR	SAND	36 TO 48
REFUSAL	(TOO WET)	48 TO 72
		TO
		TO
		TO
OBSERVED H ₂ O @	<u>18"</u>	TO
USDA SOIL SERIES <u>#4 Waverland GWS</u>		

OBSERVED WATER TABLE 18 INCHES [ABOVE / BELOW] EXISTING GRADE TYPE [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION 18 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION YES NO MOTTLING YES NO DEPTH _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING 68/36 S DEPTH OF EXCAVATION _____ INCHES

DRAINFIELD CONFIGURATION TRENCH BED OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA ESTIMATED WET SEASON CAUSE @ 18" APPEARED TO BE TEMPORARILY INFLUENCED BY VERTICILLIUM THERE ARE NO RESTRICTION LAYER (Bk of Bk layer) OBSERVED FILE COPY
BM (TEMPORARILY) BM - RED CAP @ 2.56 NGVD) - AA ELEVATION NOT CLEAR (50)

SITE EVALUATED BY DWON NEE OLIVER DATE 02/25/11

* NO WET SEASON INDICATORS - TEMPORARILY INFLUENCED

APPLICANT'S NAME. TED SCHWARTZ

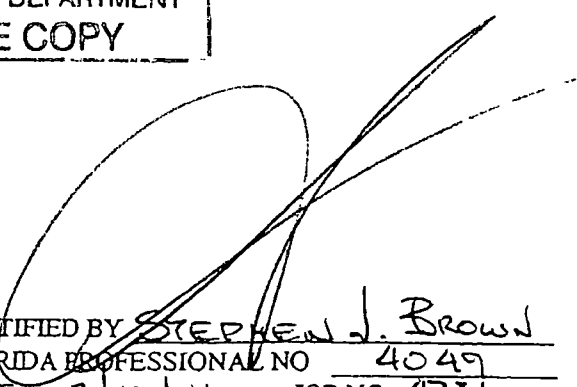
LEGAL DESCRIPTION: LOT 3, SECTION 35, TWP 37, R 41

PROPOSED SEPTIC SYSTEM SITE INFORMATION

I certify that there are no potable private wells within 75 feet of the available area for the proposed septic system, that there are no non-potable wells within 50 feet of the available area for the proposed septic system, that there are no wells within 25 feet of a pesticide-treated building foundation, that there are no public wells that serve less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system, that there are no public wells that serve more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system, that the water line from the water meter or well to the structure is at least 10 feet from the available area for the proposed septic system unless the plans show the line to be double sleeved, that there is not a gravity sewer line, low pressure sewer line or vacuum sewage line in a public easement or right-of-way that abuts the property, that there are no lakes, streams, wetlands, or surface water within 75 feet of the available area for the proposed septic system unless the property was created prior to 1972, that the septic system is proposed on the side of the lot farthest from surface water, that all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot are shown on the site plan, that all public wells within 200 feet of the applicant's lot are shown on the site plan, and that the location of building or residences, swimming pools, recorded easements, paved areas or driveways, sidewalks, the general slope of the property, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands are shown on the applicants lot

The natural grade elevation in the area of the proposed septic system and the benchmark must be shown on the site plan. Please locate the benchmark within 200 feet of the proposed septic system.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OR ENGINEER.

CERTIFIED BY STEPHEN J. BROWN
FLORIDA PROFESSIONAL NO 4049
DATE 2/17/11 JOB NO 4736-01-01



Department of Environmental Protection

Jeb Bush
Governor

Marjorie Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee Florida 32399-3000
Ms 105
Phone 850-245-2606
Fax 850-245-2645

David B. Struhs
Secretary

Notice of Mean High Water Survey Filing

The Mean High Water Survey noted below has been filed in the Bureau of Surveying and Mapping public repository. The Mean High Water Survey File Number: **3892**

Survey Date 7/28/2006 County MARTIN Waterbody INDIAN RIVER
Job Number **4736-01-01**
Project SEWALLS POINT SEC 35 TWP 37S RNG 41E

USGS 7 5 Minute Quad Map Name ST LUCIE INLET

Surveyor's Name Stephen J. Brown, PSM PSM # 4049

Business Name Stephen J. Brown, Inc

Mailing Address: 619 E 5th Street

Stuart, FL 34994-0000

Phone (772) 288-7176

FAX 772-288-9995

For the Bureau of Surveying and Mapping

9/13/2006

Date of Filing

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

"Protect Conserve and Manage Florida's Environment and Natural Resources"

www.dep.state.fl.us
Printed on recycled paper

Handwritten initials



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9747

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

OWNERS NAME: Driftwood Builders - "Schwartz" Residence

CONSTRUCTION ADDRESS: 70 N Sewall's Point Rd.

PERMIT TYPE: RESIDENTIAL COMMERCIAL

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

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: _____

VALUE OF CONSTRUCTION \$ _____

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

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

Thomas Wintercorn P.O. Box 708, Port Salerno, FL 34992
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Thomas Wintercorn

TELEPHONE NO: 287-2548 FAX NO: 287-2559

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC057458

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

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

SITE ADDRESS: _____

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

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER 9747

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

OWNERS NAME SWARTZ

CONSTRUCTION ADDRESS 70 N. SEWALLS PT RD

PERMIT TYPE RESIDENTIAL COMMERCIAL

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

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK INSTALL HVAC system + Ductwork

VALUE OF CONSTRUCTION \$ 21,000

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

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

Michael A. Penito
SIGNATURE OF LICENSED CONTRACTOR

1552 NIEMEYER CIR, PORT ST LUCIE FL 34952
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME ASSOCIATED AIR OF PORT ST LUCIE INC
PLEASE PRINT

TELEPHONE NO 772-335-7089 FAX NO 772-335-7508

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER CAC057622

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED _____

PARCEL CONTROL # _____

SUBDIVISION _____ LOT _____ BLK _____ PHASE _____

SITE ADDRESS _____

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



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9747

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

OWNERS NAME Theodore & Maureen Schwartz

CONSTRUCTION ADDRESS 70 N Sewalls Pt Rd

PERMIT TYPE X RESIDENTIAL COMMERCIAL

- X ELECTRIC
PLUMBING
HVAC
IRRIGATION
FUEL GAS

TYPE OF SERVICE: X NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Electric for new residence.

VALUE OF CONSTRUCTION \$

Form box containing: LOW VOLTAGE, TYPE OF EQUIPMENT SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER, SCOPE OF WORK, VALUE

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

SIGNATURE OF LICENSED CONTRACTOR [Signature] ADDRESS OF CONTRACTOR P.O. Drawer 0 Port Salerno, FL 34942

COMPANY OR QUALIFIER'S NAME Lloyd Johnson Electric, Inc.

TELEPHONE NO 772 223-7397 FAX NO 772-223-7145

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC-0003162

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED

PARCEL CONTROL #

SUBDIVISION LOT BLK PHASE

SITE ADDRESS

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

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER _____

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

OWNERS NAME Theodore Schwartz
CONSTRUCTION ADDRESS 70 N. Sewalls Point Rd

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK Burglar Alarm

VALUE OF CONSTRUCTION \$ 1260 -

<input checked="" type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT <input checked="" type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK <u>Burglar Alarm</u> VALUE <u>1260 -</u>

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

SIGNATURE OF LICENSED CONTRACTOR [Signature] ADDRESS OF CONTRACTOR 6931 Vista Parkway N. #16 West Palm Beach

COMPANY OR QUALIFIER'S NAME ADT Security

TELEPHONE NO 712 5446 FAX NO 712-5497

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER _____

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED _____

PARCEL CONTROL # _____

SUBDIVISION _____ LOT _____ BLK _____ PHASE _____

SITE ADDRESS _____

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

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER PN9747

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

OWNERS NAME TED SCHWARTZ
CONSTRUCTION ADDRESS 70N SEWALLS POINT RD, SEWALL FL 34996

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK INSTALL AUTO IRRIGATION SYSTEM

VALUE OF CONSTRUCTION \$ 5,270.00

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

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

[Signature]
SIGNATURE OF LICENSED CONTRACTOR
PO BOX 1028, JENSEN BEACH FL 34956
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME CONTROLLED IRRIGATION, LLC
TELEPHONE NO 772-225-4733 FAX NO 772-225-4734
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER MCI502025

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED _____
PARCEL CONTROL # _____
SUBDIVISION _____ LOT _____ BLK _____ PHASE _____
SITE ADDRESS _____

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

OP



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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

REVISIONS - CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE 12/19/11 PERMIT NUMBER 01477 Schwartz
JOB ADDRESS 70 N. Sewalls Pt Rd

PLEASE CHECK ONE OF THE FOLLOWING:

CONDITION OF INSPECTION APPROVAL (Needed for an inspection)



- Tank Installation
- Exterior Gas Installation
- Interior Piping
- Final Connects

Gary Kernan

CELL 772-260-1728 486-8818 FAX 772-334-8518
Lic# 18361 Insured

AL (Corrections/Permit not issued, in review process)
Permit) Elite

BE HIGHLIGHTED OR CLOUDED ON DRAWING****

REQUIRED TO BE INSERTED IN FIELD PERMIT SET



DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 73000
INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME Alan Morris SIGNATURE [Signature]
PHONE NUMBER 334-2577 FAX NUMBER 334-5877

FOR OFFICE USE ONLY

Reviewed by [Signature] Date 12.20.11 Approve Deny

Additional conditioned space _____ sq ft @ \$104.65 per sq ft _____ x 2% = _____

Additional non-conditioned space _____ sq ft @ \$ 48.90 per sq ft _____ x 2% = _____

Other declared value increase (must be based on value not cost) 7305 x 2% = 146.10

Other additional fees _____ Revision review fee 3 Pages @ \$25.00/Page 75.00

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 221.10

Applicant notified by Valerie 12/20/11 Date 12/21/11 CK# 1244



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

GAS CHECKLIST

COMPLIANT TO 2004 FBC W/2006 REVISIONS/FUEL GAS CODE & NFPA 54 & 58

USE

RESIDENTIAL COMMERCIAL

HOOK UP

TANK METERED UTILITY GAS OTHER

TANK SPECS

SIZE 500 GALS ABOVE GROUND UNDERGROUND

TANK TYPE DOT ASME OTHER

TANK DISTANCE (MINIMUM)

SOURCE OF IGNITION 10 FT BUILDING OPENINGS 10 FT BUILDING 10 FT

PROPOSED SETBACKS FROM LOT LINE

FRONT 50 FT SIDE 1 30 FT SIDE 2 80 FT REAR 70 FT

GAS SPECS (SEE FBC/FUEL GAS TABLES 402)

NATURAL LP OTHER

GAS PRESSURE OF 10 PSI AND PRESSURE DROP OF 1

BASED ON A 1.5 SPECIFIC GRAVITY GAS

PIPE/TUBING SPECS (CHECK ALL THAT APPLY)

IRON SCH 40 SEMI-RIGID CSST COPPER

POLYETHYLENE PLASTIC S S OTHER

COMBUSTION AIR

REQUIRED YLS NO

METHOD FOR SUPPLYING COMBUSTION AIR Attached

WHO PROVIDED THE COMBUSTION AIR CALCS?

ARCHITECT/ENGINEER OF RECORD GAS COMPANY

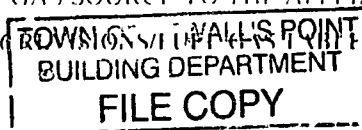
OTHER

GAS APPLIANCE SPECS (LIST APPLIANCE TYPE AND BTU)

APPLIANCE #1	<u>Generator</u>	<u>300,000</u>	BTU	<u>3/4"</u>	*DIA PIPE	<u>11</u>	FT LENGTH
APPLIANCE #2	<u>Water Htr</u>	<u>199,000</u>	BTU	<u>3/4"</u>	*DIA PIPE	<u>17</u>	FT LENGTH
APPLIANCE #3	<u>Water Htr</u>	<u>199,000</u>	BTU	<u>3/4"</u>	*DIA PIPE	<u>11</u>	FT LENGTH
APPLIANCE #4	<u>Oven</u>	<u>20,000</u>	BTU	<u>1/2"</u>	*DIA PIPE	<u>7</u>	FT LENGTH
APPLIANCE #5	<u>Range</u>	<u>60,000</u>	BTU	<u>3/4"</u>	*DIA PIPE	<u>7</u>	FT LENGTH
APPLIANCE #6	<u>Fireplace</u>	<u>60,000</u>	BTU	<u>3/4"</u>	*DIA PIPE	<u>7</u>	FT LENGTH

(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)

*THE ABOVE PIPE SIZES WERE TAKEN FROM 2004 FBC W/2006 REVISIONS



Propane Services, Inc DBA/Elite Gas Contractors
"The Elite Installers of Natural & Propane Gas"

Contractor: Duftwood Homes

Billing Address: _____

Owner Schwartz

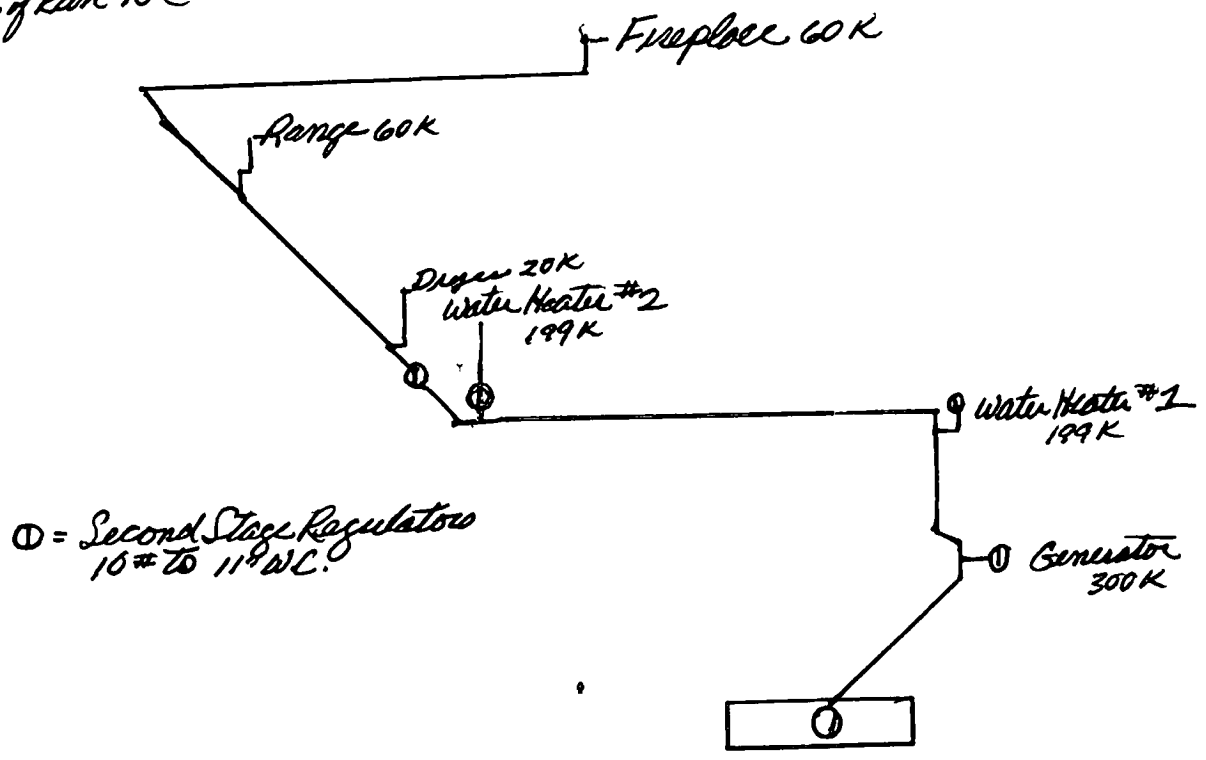
Job site address: 70 N. Sewall's Point Rd

Job Contact: _____

Gas System Type: Propane

GAS RISER DIAGRAM (NO SCALE)

⓪ Low Pressure 11" W.C. Load on Range, DRYN & Fireplace 140,000 BTU
Length of Run 70' @ 11" W.C. delivers 212 K @ 3/4" Pipe.



⓪ = Second Stage Regulators
10# TO 11# W.C.

500 Gallon under ground

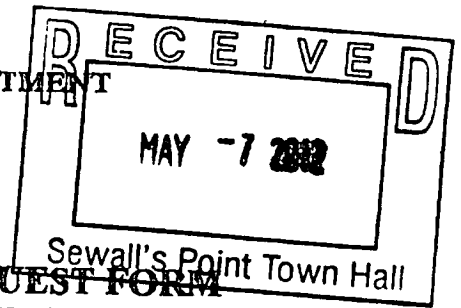
Propane Tank w/ tee downs & anode

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Handwritten initials/signature



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



REVISIONS - CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 5-7-12 PERMIT NUMBER: ~~11977~~ Schu...
JOB ADDRESS: 70 N SEWALLS POINT ROAD, STUART FL 34996

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL. (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING****

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S) INVESTIGATION SYSTEM

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 5,270.00
INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME EDDIE RYCKMAN SIGNATURE Eddie Ryckman
PHONE NUMBER 772-225-4733 FAX NUMBER 225-4734
CONTROLLED TRIGGATION

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 5-7-12 Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. x 2% = _____

Other declared value increase (must be based on value not cost) 5270 x 2% = 105.40

Other additional fees: _____ Revision review fee: 1 Pages @ \$25.00/Page 25

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 130.40

Applicant notified by: Valerie 5-7-12 Date: 5/7/12

CK# 1549

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

MIAMI-DADE COUNTY
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

NOTICE OF ACCEPTANCE (NOA)

JMI Metals
1505 Cox Road
Cocoa, FL 32926

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

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

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

DESCRIPTION: JM "5V" Crimp Architectural Metal Roof System

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

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

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

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

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

This revises NOA 07-0606 03 and consists of pages 1 through 7.

The submitted documentation was reviewed by Alex Torres.



NOA No. 09-0121.16
Expiration Date 02/11/14
Approval Date 02/11/09
Page 1 of 7



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

REVISIONS CORRECTIONS REQUEST FORM
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE 12/19/11 PERMIT NUMBER 9747 Schwartz
 JOB ADDRESS 70 N SEWALLS PT RN

PLEASE CHECK ONE OF THE

ADT ADT Security Services Inc
 14200 East Exposition Avenue
 Aurora CO 80012 2512

NO 0131915
 CHECK DATE
12-19-11

PAY TO ORDER OF

Town of Sewall's Point
Sewall's Point, FL

INCLUDED ON DRAWING****

REQUIRED TO BE INSERTED IN FIELD PERMIT SET

and Licenses Only

Item #	Acct Major	Amount	Job #

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 1260
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME Ann Morris SIGNATURE [Signature]
 PHONE NUMBER 334-2579 FAX NUMBER 334-5877

FOR OFFICE USE ONLY

Reviewed by [Signature] Date 12-20-11 Approve [Signature] Deny

Additional conditioned space sq ft @ \$104.65 per sq ft x 2% =

Additional non-conditioned space sq ft @ \$48.90 per sq ft x 2% =

Other declared value increase (must be based on value not cost) 1260 x 2% = 25.20

Other additional fees. Revision review fee 1 Pages @ \$25.00/Page 25.00

Radon Fee Professional Regulation Fee Road impact assessment

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 50.20

Applicant notified by Valerie 12-20-11 Date 12/20/11 CK#

0131915



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

225-
4734

IRRIGATION APPLICATION CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

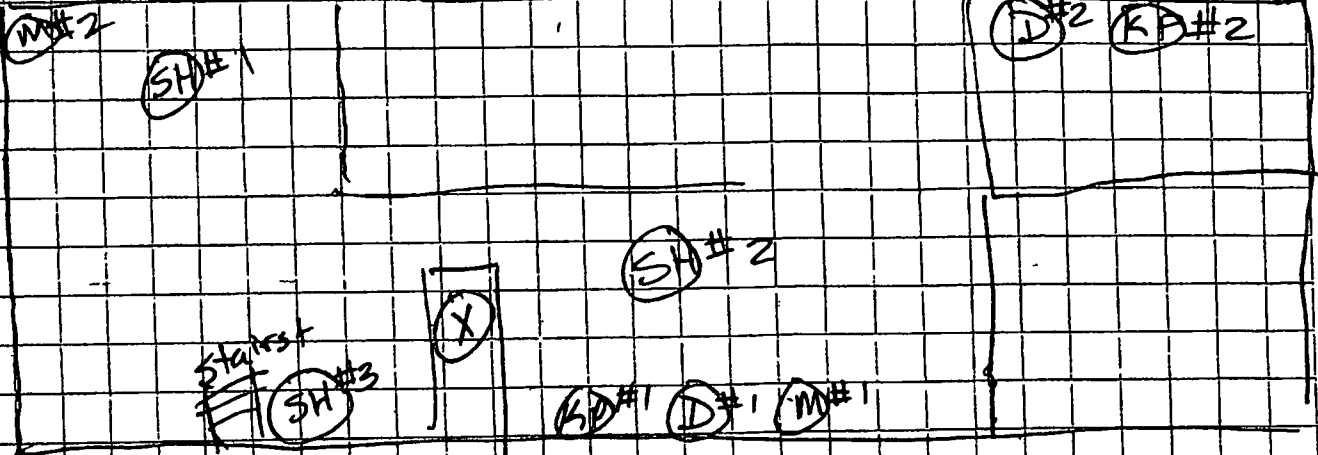
- ___ 1 Copy Completed ~~permit application~~ **REVISION PN 9747**
- ___ 2 Copies Manufactures specifications for all installed equipment
- ___ 2 Copies Site plan indicating well and pump location and setbacks to property lines
Indicate location of sprinkler timer and rain gauge
- ___ 2 Copies Schematic piping diagram indicating pipe sizes, sprinkler head types and
Flow rate Provisions for back flow prevention
- ___ 1 Copy Electrical verification form or separate electrical permit if applicable

NOTE BACK FLOW PREVENTION DEVICES MUST BE PROVIDED WITH TEST PORTS DUAL CHECK VALVES WITHOUT TEST PORTS ARE PROHIBITED

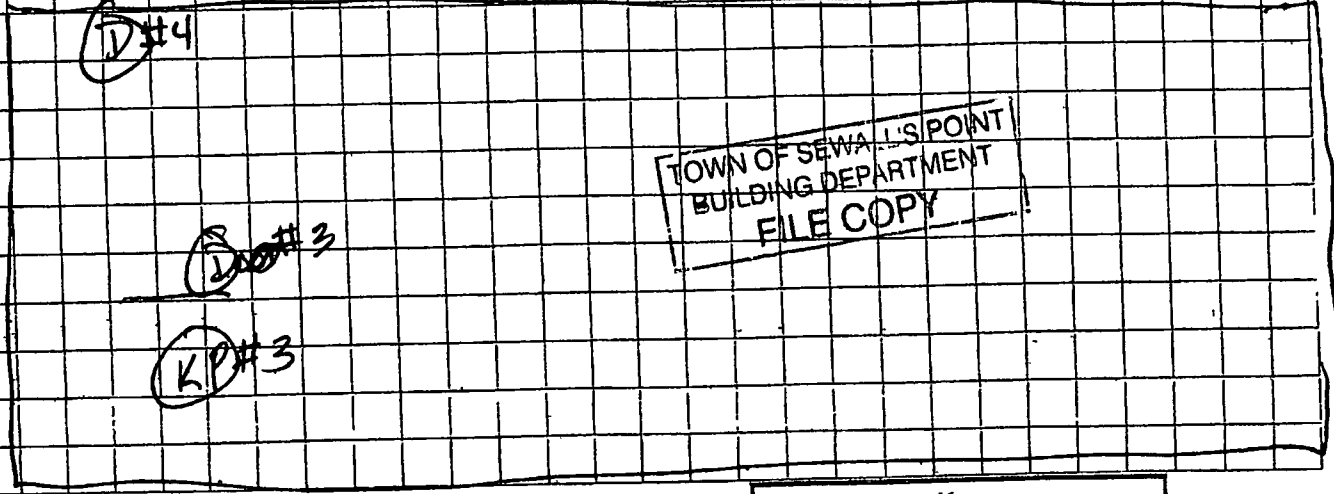


ADT Always There

UPSTAIRS









DOWNSTAIRS



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Key

-  = Door Sensor
-  = Window Sensor
-  = Keypad
-  = Motion Detector
-  = Control Panel
-  = Smoke/heat Detector

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Performance Method A

Project Name **SCHWARTZ LTD**
 Street _____
 City, State, Zip **STUART, FL,**
 Owner _____
 Design Location **FL, West Palm Beach**

Builder Name _____
 Permit Office _____
 Permit Number _____
 Jurisdiction _____

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

1	New construction or existing	New (From Plans)	
2	Single family or multiple family	Single-family	
3	Number of units, if multiple family	1	
4	Number of Bedrooms	1	
5	Is this a worst case?	No	
6	Conditioned floor area (ft ²)	4275	
7	Windows	Description	Area
a	U-Factor	Sgl, default	869.75 ft ²
		SHGC	Tinted, default
b	U-Factor	N/A	ft ²
		SHGC	
c	U-Factor	N/A	ft ²
		SHGC	
d	U-Factor	N/A	ft ²
		SHGC	
e	U-Factor	N/A	ft ²
		SHGC	
8	Floor Types	Insulation	Area
a	Slab-On-Grade Edge Insulation	R=0.0	4275.00 ft ²
b	N/A	R=	ft ²
c	N/A	R=	ft ²

9	Wall Types	Insulation	Area
a	Concrete Block - Int Insul, Exterior	R=22.8	2528.90 ft ²
b	N/A	R=	ft ²
c	N/A	R=	ft ²
d	N/A	R=	ft ²
10	Ceiling Types	Insulation	Area
a	Under Attic (Vented)	R=30.0	4275.00 ft ²
b	N/A	R=	ft ²
c	N/A	R=	ft ²
11	Ducts		
a	Sup Attic Ret Attic AH Interior Sup	R= 6,	275 ft ²
12	Cooling systems(combined)		
a	Central Unit	Cap 93.5 kBtu/hr	SEER 14
13	Heating systems(combined)		
a	Electric Heat Pump	Cap 93.5 kBtu/hr	HSPF 8.11
14	Hot water systems		
a	Natural Gas	Cap 50 gallons	EF 0.66
b	Conservation features		
	None		
15	Credits		Pstat

Glass/Floor Area 0.203

Total As-Built Modified Loads 76.97

Total Baseline Loads 90.18

PASS

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code

PREPARED BY *David B. [Signature]*
 DATE 2-15-11

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code

OWNER/AGENT _____
 DATE _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes



BUILDING OFFICIAL _____
 DATE 3-24-11

PROJECT

Title	SCHWARTZ LTD	Bedrooms	1	Address Type	Street Address
Building Type	FLAsBuilt	Bathrooms	0	Lot #	
Owner		Conditioned Area	4275	SubDivision	
# of Units	1	Total Stories	1	PlatBook	
Builder Name		Worst Case	No	Street	
Permit Office		Rotate Angle	270	County	MARTIN COUNTY
Junsdiction		Cross Ventilation	No	City, State, Zip	STUART , FL
Family Type	Single-family	Whole House Fan	No		
New/Existing	New (From Plans)				
Comment					

CLIMATE

✓	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	2.5 %	Int Design Temp Winter	Summer	Heating Degree Days	Design Moisture	Daily Temp Range
_____	FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	75	70	316	60	Medium

FLOORS

✓	#	Floor Type	Perimeter	R-Value	Area	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulatio	360.7 ft	0	4275 ft²	0	0	1

ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor	Tested	Deck Insul	Pitch
_____	1	Gable or Shed	Composition shingles	4505 ft²	712 ft²	Medium	0.9	N	30	18.4 deg

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	4275 ft²	N	N

CEILING

✓	#	Ceiling Type	R-Value	Area	Framing Frac	Truss Type
_____	1	Under Attic (Vented)	30	4275 ft²	0.1	Wood

WALLS

✓	#	Ornt	Adjacent To	Wall Type	Cavity R-Value	Area	Sheathing R-Value	Framing Fraction	Solar Absor
_____	1	N	Exterior	Concrete Block - Int Insul	22.8	600 ft²		0	0.8
_____	2	NE	Exterior	Concrete Block - Int Insul	22.8	161.33 ft²		0	0.8
_____	3	E	Exterior	Concrete Block - Int Insul	22.8	640 ft²		0	0.8
_____	4	SE	Exterior	Concrete Block - Int Insul	22.8	56.67 ft²		0	0.8
_____	5	S	Exterior	Concrete Block - Int Insul	22.8	545.2 ft²		0	0.8
_____	6	SW	Exterior	Concrete Block - Int Insul	22.8	13 ft²		0	0.8
_____	7	W	Exterior	Concrete Block - Int Insul	22.8	490 ft²		0	0.8
_____	8	NW	Exterior	Concrete Block - Int Insul	22.8	22.67 ft²		0	0.8

DOORS

✓	#	Ornt	Door Type	Storms	U-Value	Area
✓	1	W	Insulated	None	0.39	42 ft²

WINDOWS

Window orientation below is as entered Actual orientation is modified by rotate angle shown in "Project" section above

✓	#	Ornt	Frame	Panels	NFRC	U-Factor	SHGC	Storms	Area	Overhang		Int Shade	Screening
										Depth	Separation		
✓	1	N	Metal	Single (Tinted)	No	1.3	0.64	N	20.5 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	2	N	Metal	Single (Tinted)	No	1.3	0.64	N	15 ft²	2 ft 0 in	6 ft 0 in	HERS 2006	None
✓	3	N	Metal	Single (Tinted)	No	1.3	0.64	N	82 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	4	NE	Metal	Single (Tinted)	No	1.3	0.64	N	23.33 ft²	2 ft 0 in	8 ft 0 in	HERS 2006	None
✓	5	NE	Metal	Single (Tinted)	No	1.3	0.64	N	41 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	6	E	Metal	Single (Tinted)	No	1.3	0.64	N	41 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	7	E	Metal	Single (Tinted)	No	1.3	0.64	N	156 ft²	2 ft 0 in	8 ft 0 in	HERS 2006	None
✓	8	E	Metal	Single (Tinted)	No	1.3	0.64	N	164 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	9	E	Metal	Single (Tinted)	No	1.3	0.64	N	18 ft²	2 ft 0 in	5 ft 0 in	HERS 2006	None
✓	10	SE	Metal	Single (Tinted)	No	1.3	0.64	N	38.53 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	11	S	Metal	Single (Tinted)	No	1.3	0.64	N	40.8 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	12	S	Metal	Single (Tinted)	No	1.3	0.64	N	54 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	13	SW	Metal	Single (Tinted)	No	1.3	0.64	N	9.58 ft²	2 ft 0 in	6 ft 0 in	HERS 2006	None
✓	14	W	Metal	Single (Tinted)	No	1.3	0.64	N	4 ft²	2 ft 0 in	4 ft 0 in	HERS 2006	None
✓	15	W	Metal	Single (Tinted)	No	1.3	0.64	N	40 ft²	2 ft 0 in	6 ft 0 in	HERS 2006	None
✓	16	W	Metal	Single (Tinted)	No	1.3	0.64	N	10 ft²	2 ft 0 in	6 ft 0 in	HERS 2006	None
✓	17	W	Metal	Single (Tinted)	No	1.3	0.64	N	54 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	18	W	Metal	Single (Tinted)	No	1.3	0.64	N	48 ft²	2 ft 0 in	7 ft 0 in	HERS 2006	None
✓	19	NW	Metal	Single (Tinted)	No	1.3	0.64	N	10 ft²	2 ft 0 in	6 ft 0 in	HERS 2006	None

INFILTRATION & VENTING

✓	Method	SLA	CFM 50	ACH 50	ELA	EqLA	--- Forced Ventilation ---		Run Time	Fan
							Supply CFM	Exhaust CFM	Fraction	Watts
✓	Default	0.00036	4037	5.67	221.6	416.8	0 cfm	0 cfm	0	0

COOLING SYSTEM

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Ductless
✓	1	Central Unit	None	SEER 14	28 kBtu/hr	840 cfm	0.7	FALSE
✓	2	Central Unit	None	SEER 14	47.5 kBtu/hr	cfm	0.7	FALSE
✓	3	Central Unit	None	SEER 14	18 kBtu/hr	540 cfm	0.7	FALSE

Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS <p style="text-align: center;">STUART, FL,</p>	PERMIT #
---	----------

INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	N1106 AB 1 1	Maximum 3 cfm/sq ft window area, 5 cfm/sq ft door area	
Exterior & Adjacent Walls	N1106 AB 1 2 1	Caulk, gasket, weatherstrip or seal between windows/doors & frames, surrounding wall, foundation & wall sole or sill plate, joints between exterior wall panels at corners, utility penetrations, between wall panels & top/bottom plates, between walls and floor EXCEPTION Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate	
Floors	N1106 AB 1 2 2	Penetrations/openings > 1/8" sealed unless backed by truss or joint members EXCEPTION Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams	
Ceilings	N1106 AB 1 2 3	Between walls & ceilings, penetrations of ceiling plane to top floor, around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier, gaps in gyp board & top plate, attic access EXCEPTION Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams	
Recessed Lighting Fixtures	N1106 AB 1 2 4	Type IC rated with no penetrations, sealed, or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation, or Type IC with < 2 0 cfm from conditioned space, tested	
Multi-story Houses	N1106 AB 1 2 5	Air barrier on perimeter of floor cavity between floors	
Additional Infiltration reqts	N1106 AB 1 3	Exhaust fans vented to outdoors, dampers, combustion space heaters comply with NFPA, have combustion air	

OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	N1112 AB 3	Comply with efficiency requirements in Table N112 ABC 3 Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided External or built-in heat trap required	
Swimming Pools & Spas	N1112 AB 2 3	Spas & heated pools must have covers (except solar heated) Non-commercial pools must have a pump timer Gas spa & pool heaters must have a minimum thermal efficiency of 78% Heat pump pool heaters shall have a minimum COP of 4 0	
Shower heads	N1112 AB 2 4	Water flow must be restricted to no more than 2 5 gallons per minute at 80 PSIG	
Air Distribution Systems	N1110 AB	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110 AB Ducts in unconditioned attics R-6 min insulation	
HVAC Controls	N1107 AB 2	Separate readily accessible manual or automatic thermostat for each system	
Insulation	N1104 AB 1 N1102 B 1 1	Ceilings-Min R-19 Common walls-frame R-11 or CBS R-3 both sides Common ceiling & floors R-11	

Project Information

For **SCHWARTZ LTD
MARTIN OCUNTY, FL**

Notes

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

Design Information

Weather West Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
Inside db 70 °F
Design TD 23 °F

Summer Design Conditions

Outside db 90 °F
Inside db 75 °F
Design TD 15 °F
Daily range L
Relative humidity 50 %
Moisture difference 59 gr/lb

Heating Summary

Structure 12433 Btuh
Ducts 3589 Btuh
Central vent (29 cfm) 733 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 16755 Btuh

Sensible Cooling Equipment Load Sizing

Structure 15690 Btuh
Ducts 5688 Btuh
Central vent (29 cfm) 478 Btuh
Blower 0 Btuh
Use manufacturer's data n
Rate/swing multiplier 0.95
Equipment sensible load 20763 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

Latent Cooling Equipment Load Sizing

Structure 1296 Btuh
Ducts 1492 Btuh
Central vent (29 cfm) 1160 Btuh
Equipment latent load 3947 Btuh
Equipment total load 24710 Btuh
Req total capacity at 0.70 SHR 2.5 ton

	Heating	Cooling
Area (ft ²)	1316	1316
Volume (ft ³)	10528	10528
Air changes/hour	0.34	0.18
Equiv AVF (cfm)	60	32

Heating Equipment Summary

Make Rheem
Trade
Model 13PJL030JA01
ARI ref no 3847176
Efficiency 9 HSPF
Heating input
Heating output 26600 Btuh @ 47°F
Temperature rise 25 °F
Actual air flow 967 cfm
Air flow factor 0.060 cfm/Btuh
Static pressure 0 in H2O
Space thermostat

Cooling Equipment Summary

Make Rheem
Trade
Cond 13PJL030JA01
Coil RHLL-HM3617+RCSL-H*3617A*
ARI ref no 3847176
Efficiency 14 EER
Sensible cooling 20160 Btuh
Latent cooling 8640 Btuh
Total cooling 28800 Btuh
Actual air flow 967 cfm
Air flow factor 0.045 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0.85

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Project Information

For **SCHWARTZ LTD
MARTIN OCUNTY, FL**

Notes

Design Information

Weather West Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
Inside db 70 °F
Design TD 23 °F

Summer Design Conditions

Outside db 90 °F
Inside db 75 °F
Design TD 15 °F
Daily range L
Relative humidity 50 %
Moisture difference 59 gr/lb

Heating Summary

Structure 22705 Btuh
Ducts 7114 Btuh
Central vent (66 cfm) 1662 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 31481 Btuh

Sensible Cooling Equipment Load Sizing

Structure 22186 Btuh
Ducts 11363 Btuh
Central vent (66 cfm) 1084 Btuh
Blower 0 Btuh
Use manufacturer's data n
Rate/swing multiplier 0.95
Equipment sensible load 32900 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

	Heating	Cooling
Area (ft ²)	1999	1999
Volume (ft ³)	15992	15992
Air changes/hour	0.19	0.10
Equiv AVF (cfm)	51	28

Latent Cooling Equipment Load Sizing

Structure 1501 Btuh
Ducts 3182 Btuh
Central vent (66 cfm) 2629 Btuh
Equipment latent load 7312 Btuh
Equipment total load 40212 Btuh
Req total capacity at 0.70 SHR 3.9 ton

Heating Equipment Summary

Make Rheem
Trade
Model 13PJL48JA01
ARI ref no 3847265
Efficiency 9 HSPF
Heating input
Heating output 46000 Btuh @ 47°F
Temperature rise 26 °F
Actual air flow 1583 cfm
Air flow factor 0.053 cfm/Btuh
Static pressure 0 in H2O
Space thermostat

Cooling Equipment Summary

Make Rheem
Trade
Cond 13PJL48JA01
Coil RHLL-HM4821+RCSL-H*4821A*
ARI ref no 3847265
Efficiency 14 EER
Sensible cooling 33250 Btuh
Latent cooling 14250 Btuh
Total cooling 47500 Btuh
Actual air flow 1583 cfm
Air flow factor 0.047 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0.83

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Project Information

For **SCHWARTZ LTD**
MARTIN OCUNTY, FL

Notes

Design Information

Weather West Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 70 °F
 Design TD 23 °F

Summer Design Conditions

Outside db 90 °F
 Inside db 75 °F
 Design TD 15 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 59 gr/lb

Heating Summary

Structure 10053 Btuh
 Ducts 2073 Btuh
 Central vent (24 cfm) 616 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 12742 Btuh

Sensible Cooling Equipment Load Sizing

Structure 9192 Btuh
 Ducts 3533 Btuh
 Central vent (24 cfm) 402 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.95
 Equipment sensible load 12470 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

Latent Cooling Equipment Load Sizing

Structure 1425 Btuh
 Ducts 902 Btuh
 Central vent (24 cfm) 974 Btuh
 Equipment latent load 3301 Btuh
 Equipment total load 15771 Btuh
 Req total capacity at 0.70 SHR 1.5 ton

	Heating	Cooling
Area (ft ²)	964	964
Volume (ft ³)	7708	7708
Air changes/hour	0.37	0.20
Equiv AVF (cfm)	48	26

Heating Equipment Summary

Make Rheem
 Trade
 Model 13PJL18JA01
 ARI ref no 3847105
 Efficiency 9 HSPF
 Heating input
 Heating output 17300 Btuh @ 47°F
 Temperature rise 25 °F
 Actual air flow 640 cfm
 Air flow factor 0.053 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Cooling Equipment Summary

Make Rheem
 Trade
 Cond 13PJL18JA01
 Coil RHLL-HM2417+RCSL-H*2417A*
 ARI ref no 3847105
 Efficiency 14 EER
 Sensible cooling 13230 Btuh
 Latent cooling 5670 Btuh
 Total cooling 18900 Btuh
 Actual air flow 640 cfm
 Air flow factor 0.050 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.80

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Right-J® Worksheet
AHU 1
QUICK CALCS, INC

Job
Date
By

317 ST LUCIE LN FT PIERCE FL 34946 Phone 772-466-6799 Fax 772-466-6796 Email QUICKCALCS@AOL.COM

1 Room name		AHU 1							GUEST SUITE					
2 Exposed wall		80 ft							360 ft					
3 Ceiling height		13160 ft²							80 ft 10 x 2840 ft					
4 Room dimensions		13160 ft²							2840 ft²					
5 Room area		13160 ft²							2840 ft²					
Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-5fcs	0.105	n	2.41	1.97	336	280	677	552	128	113	273	222
	G	10A-m	1.670	n	38.41	15.98	41	0	1567	652	0	0	0	0
	G	1A-c10m	1.270	n	29.21	34.77	15	0	438	522	15	0	438	522
	G	1A-c10md	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	W	13A-5fcs	0.105	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10md	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.41	1.97	184	125	302	246	120	79	191	156
	G	10A-m	1.670	e	38.41	26.52	41	0	1567	1082	41	0	1567	1082
	G	10A m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10md	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c20m	0.870	e	20.01	25.19	18	0	360	453	0	0	0	0
	W	13A 5fcs	0.105	se	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	se	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	s	2.41	1.97	72	72	174	142	0	0	0	0
	G	10A m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c20m	0.870	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.41	1.97	23	13	32	26	0	0	0	0
	G	1A-c10m	1.270	sw	29.21	70.95	10	0	280	680	0	0	0	0
	W	13A-5fcs	0.105	w	2.41	1.97	456	320	773	630	40	40	97	79
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	29.21	91.12	40	0	1168	3645	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c20m	0.870	w	20.01	25.19	54	0	1081	1360	0	0	0	0
	G	1D-c20m	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	D	11D0	0.390	w	8.97	11.68	42	42	377	491	0	0	0	0
	W	13A 5fcs	0.105	nw	2.41	1.97	23	13	30	25	0	0	0	0
	G	1A-c10m	1.270	nw	29.21	70.43	10	0	292	704	0	0	0	0
	C	16B-30ad	0.032	-	0.74	1.71	1316	1316	969	2251	284	284	209	486
	F	21A-20c	0.027	-	0.62	0.00	1316	1316	817	0	284	284	176	0
6	c) AED excursion								1695					-183
	Envelope loss/gain								10904	15155			2951	2364
12	a) Infiltration								1529	534			403	141
	b) Room ventilation								0	0			0	0
13	Internal gains		Occupants @	230			0			0				0
			Appliances @	1200			0			0				0
	Subtotal (lines 6 to 13)								12433	15690			3354	2504
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			17	20
14	Subtotal								12433	15690			3371	2524
15	Duct loads						29%	36%	3589	5688	29%	36%	973	915
	Total room load								16022	21377			4344	3439
	Air required (cfm)								967	967			262	156

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Right-J® Worksheet
AHU 1
QUICK CALCS, INC

Job
 Date
 By

317 ST LUCIE LN, FT PIERCE FL 34946 Phone 772-466-6799 Fax 772-466-6796 Email QUICKCALCS@AOL.COM

		GUEST BATH							CLO										
		216 ft							140 ft										
		80 ft 10 x 860 ft							80 ft 60 x 110 ft										
		860 ft²							660 ft²										
1	Room name	Exposed wall	Ceiling height	Room dimensions	Room area	U-value (Btuh/ft²·°F)		Or		HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
						Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool				
6	W	13A-5fcs	0.105	n	2.41	1.97	56	56	135	110	64	64	155	126					
	G	10A-m	1.670	n	38.41	15.98	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	n	29.21	34.77	0	0	0	0	0	0	0	0					
	G	1A-c1omd	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0					
11	W	13A-5fcs	0.105	ne	0.00	0.00	0	0	0	0	0	0	0	0					
	G	10A-m	1.670	ne	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c1omd	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0					
	W	13A-5fcs	0.105	e	2.41	1.97	0	0	0	0	0	0	0	0					
	G	10A-m	1.670	e	38.41	26.52	0	0	0	0	0	0	0	0					
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c1omd	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1D-c2om	0.870	e	20.01	25.19	0	0	0	0	0	0	0	0					
	W	13A-5fcs	0.105	se	0.00	0.00	0	0	0	0	0	0	0	0					
	G	10A-m	1.670	se	0.00	0.00	0	0	0	0	0	0	0	0					
	W	13A-5fcs	0.105	s	2.41	1.97	24	24	58	47	0	0	0	0					
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1D-c2om	0.870	s	0.00	0.00	0	0	0	0	0	0	0	0					
	W	13A-5fcs	0.105	sw	2.41	1.97	23	13	32	26	0	0	0	0					
	G	1A-c1om	1.270	sw	29.21	70.95	10	0	280	680	0	0	0	0					
	W	13A-5fcs	0.105	w	2.41	1.97	48	28	68	55	48	48	116	94					
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1A-c1om	1.270	w	29.21	91.12	20	0	584	1822	0	0	0	0					
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0					
	G	1D-c2om	0.870	w	20.01	25.19	0	0	0	0	0	0	0	0					
	G	1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0					
	D	11D0	0.390	w	8.97	11.68	0	0	0	0	0	0	0	0					
	W	13A-5fcs	0.105	nw	2.41	1.97	23	13	30	25	0	0	0	0					
	G	1A-c1om	1.270	nw	29.21	70.43	10	0	292	704	0	0	0	0					
	C	16B-30ad	0.032	-	0.74	1.71	86	86	63	147	66	66	49	113					
	F	21A-20c	0.027	-	0.62	0.00	86	86	53	0	66	66	41	0					
6	c) AED excursion									966				-26					
	Envelope loss/gain								1596	4583			360	307					
12	a) Infiltration								242	85			157	55					
	b) Room ventilation								0	0			0	0					
13	Internal gains		Occupants @	230			0		0	0			0	0					
			Appliances @	1200			0		0	0			0	0					
	Subtotal (lines 6 to 13)								1838	4667			517	362					
	Less external load								0	0			0	0					
	Less transfer								0	0			0	0					
	Redistribution								0	0			0	0					
14	Subtotal								1838	4667			517	362					
15	Duct loads						29%	36%	531	1692	29%	36%	149	131					
	Total room load								2369	6359			666	493					
	Air required (cfm)								143	288			40	22					

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Job
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By

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1 Room name		GUEST SUITE 2							GUEST BATH 2					
2 Exposed wall		170 ft							0 ft					
3 Ceiling height		80 ft							80 ft					
4 Room dimensions		10 x 2680 ft							80 x 60 ft					
5 Room area		2680 ft²							480 ft²					
6	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.41	1.97	72	31	75	61	0	0	0	0
	G	10A-m	1.670	n	38.41	15.98	41	0	1567	652	0	0	0	0
11	G	1A-c1om	1.270	n	29.21	34.77	0	0	0	0	0	0	0	0
	G	1A-c1omd	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	W	13A-5fcs	0.105	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c1omd	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.41	1.97	64	46	111	91	0	0	0	0
11	G	10A-m	1.670	e	38.41	26.52	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1A-c1omd	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c2om	0.870	e	20.01	25.19	18	0	360	453	0	0	0	0
11	W	13A-5fcs	0.105	se	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	se	0.00	0.00	0	0	0	0	0	0	0	0
11	W	13A-5fcs	0.105	s	2.41	1.97	0	0	0	0	0	0	0	0
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1D-c2om	0.870	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.41	1.97	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	sw	29.21	70.95	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	w	2.41	1.97	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	29.21	91.12	0	0	0	0	0	0	0	0
11	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c2om	0.870	w	20.01	25.19	0	0	0	0	0	0	0	0
11	G	1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	D	11D0	0.390	w	8.97	11.68	0	0	0	0	0	0	0	0
11	W	13A-5fcs	0.105	nw	2.41	1.97	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	nw	29.21	70.43	0	0	0	0	0	0	0	0
11	C	16B-30ad	0.032	-	0.74	1.71	268	268	197	458	48	48	35	82
	F	21A-20c	0.027	-	0.62	0.00	268	268	166	0	48	48	30	0
6	c) AED excursion									-121				-6
	Envelope loss/gain								2477	1595			65	77
12	a) Infiltration								190	66			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains		Occupants @	230			0		0	0			0	0
			Appliances @	1200			0		0	0			0	0
	Subtotal (lines 6 to 13)								2668	1661			65	77
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								29	35			17	20
14	Subtotal								2697	1696			82	96
15	Duct loads						29%	36%	779	615	29%	36%	24	35
	Total room load								3476	2310			106	131
	Air required (cfm)								210	105			6	6

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1		Room name		LAUNDRY						GUEST BATH 3					
2		Exposed wall		70 ft						60 ft					
3		Ceiling height		80 ft						80 ft					
4		Room dimensions		70 x 110 ft						60 x 80 ft					
5		Room area		770 ft²						480 ft²					
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-5fcs	0 105	n	2 41	1 97	0	0	0	0	0	0	0	0	
	G	10A-m	1 670	n	38 41	15 98	0	0	0	0	0	0	0	0	
	G	1A-c1om	1 270	n	29 21	34 77	0	0	0	0	0	0	0	0	
	G	1A-c1omd	1 270	n	0 00	0 00	0	0	0	0	0	0	0	0	
11	W	13A-5fcs	0 105	ne	0 00	0 00	0	0	0	0	0	0	0	0	
	G	10A-m	1 670	ne	0 00	0 00	0	0	0	0	0	0	0	0	
	G	1A-c1omd	1 270	ne	0 00	0 00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0 105	e	2 41	1 97	0	0	0	0	0	0	0	0	
	G	10A-m	1 670	e	38 41	26 52	0	0	0	0	0	0	0	0	
	G	10A-m	1 670	e	0 00	0 00	0	0	0	0	0	0	0	0	
	G	1A-c1omd	1 270	e	0 00	0 00	0	0	0	0	0	0	0	0	
	G	1D-c2om	0 870	e	20 01	25 19	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0 105	se	0 00	0 00	0	0	0	0	0	0	0	0	
	G	10A m	1 670	se	0 00	0 00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0 105	s	2 41	1 97	0	0	0	0	0	0	0	0	
	G	10A-m	1 670	s	0 00	0 00	0	0	0	0	0	0	0	0	
	G	1D-c2om	0 870	s	0 00	0 00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0 105	sw	2 41	1 97	0	0	0	0	0	0	0	0	
	G	1A-c1om	1 270	sw	29 21	70 95	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0 105	w	2 41	1 97	56	46	111	91	48	38	92	75	
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1 270	w	29 21	91 12	10	0	292	911	10	0	292	911	
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0	
	G	1D-c2om	0 870	w	20 01	25 19	0	0	0	0	0	0	0	0	
	G	1D-c2om	0 870	w	0 00	0 00	0	0	0	0	0	0	0	0	
	D	11D0	0 390	w	8 97	11 68	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0 105	nw	2 41	1 97	0	0	0	0	0	0	0	0	
	G	1A-c1om	1 270	nw	29 21	70 43	0	0	0	0	0	0	0	0	
	C	16B-30ad	0 032	-	0 74	1 71	77	77	57	132	48	48	35	82	
	F	21A-20c	0 027	-	0 62	0 00	77	77	48	0	48	48	30	0	
6	c) AED excursion									302				307	
	Envelope loss/gain								508	1436			449	1375	
12	a) Infiltration								78	27			67	23	
	b) Room ventilation								0	0			0	0	
13	Internal gains		Occupants @	230			0			0				0	
			Appliances @	1200			0			0				0	
	Subtotal (lines 6 to 13)								586	1463			516	1398	
	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								29	35			0	0	
14	Subtotal								615	1497			516	1398	
15	Duct loads						29%	36%	178	543	29%	36%	149	507	
	Total room load								793	2040			665	1905	
	Air required (cfm)								48	92			40	86	

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1 Room name				STAIRS				GUEST SUITE 3						
2 Exposed wall				130 ft				220 ft						
3 Ceiling height				80 ft 90 x 130 ft				80 ft 10 x 2260 ft						
4 Room dimensions				1170 ft²				2260 ft²						
5 Room area														
6	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.41	1.97	16	16	39	31	0	0	0	0
	G	10A-m	1.670	n	38.41	15.98	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	n	29.21	34.77	0	0	0	0	0	0	0	0
	G	1A-c10md	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	W	13A-5fcs	0.105	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10md	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A 5fcs	0.105	e	2.41	1.97	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	38.41	26.52	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10md	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c20m	0.870	e	20.01	25.19	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	se	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	se	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	s	2.41	1.97	16	16	39	31	32	32	77	63
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c20m	0.870	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	2.41	1.97	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	sw	29.21	70.95	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	w	2.41	1.97	72	30	72	59	144	90	217	177
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	29.21	91.12	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c20m	0.870	w	20.01	25.19	0	0	0	0	54	0	1081	1360
	G	1D-c20m	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	D	11D0	0.390	w	8.97	11.68	42	42	377	491	0	0	0	0
	W	13A-5fcs	0.105	nw	2.41	1.97	0	0	0	0	0	0	0	0
	G	1A-c10m	1.270	nw	29.21	70.43	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.74	1.71	117	117	86	200	226	226	166	387
	F	21A 20c	0.027	-	0.62	0.00	117	117	73	0	226	226	140	0
6	c) AED excursion									-59				527
	Envelope loss/gain								685	754			1682	2513
12	a) Infiltration								145	51			246	86
	b) Room ventilation								0	0			0	0
13	Internal gains		Occupants @	230			0			0	0			0
			Appliances @	1200			0			0	0			0
	Subtotal (lines 6 to 13)								831	805			1928	2599
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								38	44			0	0
14	Subtotal								869	849			1928	2599
15	Duct loads						29%	36%	251	308	29%	36%	557	942
	Total room load								1119	1157			2485	3542
	Air required (cfm)								68	52			150	160

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		HALLWAY												
1	Room name	0 ft												
2	Exposed wall	8 0 ft		heat/cool										
3	Ceiling height	1 0		x 96 0 ft										
4	Room dimensions	96 0 ft²												
5	Room area													
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area or perimeter		Load	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0 105	n	2 41	1 97	0	0	0	0				
	G	10A-m	1 670	n	38 41	15 98	0	0	0	0				
	G	1A-c1om	1 270	n	29 21	34 77	0	0	0	0				
	G	1A-c1omd	1 270	n	0 00	0 00	0	0	0	0				
11	W	13A-5fcs	0 105	ne	0 00	0 00	0	0	0	0				
	G	10A-m	1 670	ne	0 00	0 00	0	0	0	0				
	G	1A-c1omd	1 270	ne	0 00	0 00	0	0	0	0				
	W	13A-5fcs	0 105	e	2 41	1 97	0	0	0	0				
	G	10A-m	1 670	e	38 41	26 52	0	0	0	0				
	G	10A-m	1 670	e	0 00	0 00	0	0	0	0				
	G	1A-c1omd	1 270	e	0 00	0 00	0	0	0	0				
	G	1D-c2om	0 870	e	20 01	25 19	0	0	0	0				
	W	13A-5fcs	0 105	se	0 00	0 00	0	0	0	0				
	G	10A-m	1 670	se	0 00	0 00	0	0	0	0				
	W	13A 5fcs	0 105	s	2 41	1 97	0	0	0	0				
	G	10A m	1 670	s	0 00	0 00	0	0	0	0				
	G	1D-c2om	0 870	s	0 00	0 00	0	0	0	0				
	W	13A-5fcs	0 105	sw	2 41	1 97	0	0	0	0				
	G	1A-c1om	1 270	sw	29 21	70 95	0	0	0	0				
	W	13A-5fcs	0 105	w	2 41	1 97	0	0	0	0				
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0				
	G	1A-c1om	1 270	w	29 21	91 12	0	0	0	0				
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0				
	G	1D-c2om	0 870	w	20 01	25 19	0	0	0	0				
	G	1D-c2om	0 870	w	0 00	0 00	0	0	0	0				
	D	11D0	0 390	w	8 97	11 68	0	0	0	0				
	W	13A-5fcs	0 105	nw	2 41	1 97	0	0	0	0				
	G	1A-c1om	1 270	nw	29 21	70 43	0	0	0	0				
	C	16B-30ad	0 032	-	0 74	1 71	96	96	71	164				
	F	21A-20c	0 027	-	0 62	0 00	96	96	60	0				
6	c) AED excursion									-11				
	Envelope loss/gain								130	153				
12	a) Infiltration								0	0				
	b) Room ventilation								0	0				
13	Internal gains		Occupants @	230			0			0				
			Appliances @	1200			0			0				
	Subtotal (lines 6 to 13)								130	153				
	Less external load								0	0				
	Less transfer								0	0				
	Redistribution								-130	-153				
14	Subtotal								0	0				
15	Duct loads						29%	36%	0	0				
	Total room load								0	0				
	Air required (cfm)								0	0				

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Right-J® Worksheet AHU 2 QUICK CALCS, INC

Job
Date
By

317 ST LUCIE LN FT PIERCE FL 34946 Phone 772-466-6799 Fax 772-466-6796 Email QUICKCALCS@AOL.COM

1 Room name		AHU 2						PWDR						
2 Exposed wall		8 0 ft						0 ft						
3 Ceiling height		116 1 ft						heat/cool						
4 Room dimensions		1999 0 ft²						24 0 ft²						
5 Room area		10 x 24 0 ft												
6	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0 105	n	2 41	1 97	152	70	170	139	0	0	0	0
	G	10A-m	1 670	n	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	n	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1omd	1 270	n	29 21	17 90	82	0	2384	1461	0	0	0	0
11	W	13A-5fcs	0 105	ne	2 41	1 97	57	16	38	31	0	0	0	0
	G	10A-m	1 670	ne	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1omd	1 270	ne	29 21	26 75	41	0	1192	1091	0	0	0	0
	W	13A-5fcs	0 105	e	2 41	1 97	368	92	222	181	0	0	0	0
	G	10A-m	1 670	e	0 00	0 00	0	0	0	0	0	0	0	0
	G	10A-m	1 670	e	38 41	26 52	195	0	7477	5162	0	0	0	0
	G	1A-c1omd	1 270	e	29 21	32 23	82	0	2384	2630	0	0	0	0
	G	1D-c2om	0 870	e	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	se	2 41	1 97	57	18	44	36	0	0	0	0
	G	10A-m	1 670	se	38 41	43 21	39	0	1480	1665	0	0	0	0
	W	13A-5fcs	0 105	s	2 41	1 97	152	111	269	219	0	0	0	0
	G	10A-m	1 670	s	38 41	25 31	41	41	1567	1033	0	0	0	0
	G	1D-c2om	0 870	s	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	sw	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	sw	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	w	2 41	1 97	144	54	130	106	0	0	0	0
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	w	20 01	25 19	48	0	960	1209	0	0	0	0
	D	11D0	0 390	w	8 97	11 68	42	42	377	491	0	0	0	0
	W	13A-5fcs	0 105	nw	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	nw	0 00	0 00	0	0	0	0	0	0	0	0
	C	16B-30ad	0 032	-	0 74	1 71	1999	1999	1471	3419	24	24	18	41
	F	21A-20c	0 027	-	0 62	0 00	1999	1999	1241	0	24	24	15	0
6	c) AED excursion									0				-3
	Envelope loss/gain								21405	18871			33	38
12	a) Infiltration								1300	454			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains		Occupants @	230		2			460		0			0
			Appliances @	1200		2			2400		0			0
	Subtotal (lines 6 to 13)								22705	22186			33	38
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								22705	22186			33	38
15	Duct loads								7114	11363	31%	51%	10	19
	Total room load								29819	33548			43	57
	Air required (cfm)								1583	1583			2	3

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QUICK CALCS, INC

Job
Date
By

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1 Room name				ELEV		FOYER									
2 Exposed wall				0 ft		180 ft									
3 Ceiling height				80 ft		80 ft									
4 Room dimensions				60 x 50 ft		180 x 90 ft									
5 Room area				300 ft²		1620 ft²									
6	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-5fcs	0.105	n	2.41	1.97	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1omd	1.270	n	29.21	17.90	0	0	0	0	0	0	0	0	
11	W	13A-5fcs	0.105	ne	2.41	1.97	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	ne	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1omd	1.270	ne	29.21	26.75	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	e	2.41	1.97	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	e	38.41	26.52	0	0	0	0	0	0	0	0	
	G	1A-c1omd	1.270	e	29.21	32.23	0	0	0	0	0	0	0	0	
	G	1D-c2om	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	se	2.41	1.97	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	se	38.41	43.21	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	s	2.41	1.97	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	s	38.41	25.31	0	0	0	0	0	0	0	0	
	G	1D-c2om	0.870	s	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	sw	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	sw	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	w	2.41	1.97	0	0	0	0	144	54	130	106	
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1D-c2om	0.870	w	20.01	25.19	0	0	0	0	48	0	960	1209	
	D	11D0	0.390	w	8.97	11.68	0	0	0	0	42	42	377	491	
	W	13A-5fcs	0.105	nw	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	nw	0.00	0.00	0	0	0	0	0	0	0	0	
	C	16B-30ad	0.032	-	0.74	1.71	30	30	22	51	162	162	119	277	
	F	21A-20c	0.027	-	0.62	0.00	30	30	19	0	162	162	101	0	
6	c) AED excursion									-4				422	
	Envelope loss/gain									41	47			1687	2505
12	a) Infiltration									0	0			201	70
	b) Room ventilation									0	0			0	0
13	Internal gains		Occupants @	230			0			0	0			0	0
			Appliances @	1200			0			0	0			0	0
	Subtotal (lines 6 to 13)									41	47			1889	2575
	Less external load									0	0			0	0
	Less transfer									0	0			0	0
	Redistribution									0	0			0	0
14	Subtotal									41	47			1889	2575
15	Duct loads						31%	51%		13	24	31%	51%	592	1319
	Total room load									53	72			2481	3894
	Air required (cfm)									3	3			132	184

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QUICK CALCS, INC

Job
Date
By

317 ST LUCIE LN FT PIERCE FL 34946 Phone 772-466-6799 Fax 772-466-6796 Email QUICKCALCS@AOL.COM

1 Room name		KITCHEN							FAMILY ROOM						
2 Exposed wall		0 ft							70.1 ft						
3 Ceiling height		8.0 ft							8.0 ft						
4 Room dimensions		20.0 x 16.0 ft							10.0 x 64.7 ft						
5 Room area		320.0 ft²							647.0 ft²						
6	Ty	Construction number	U-value (Btuh/R²·F)	Or	HTM (Btuh/R²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-5fcs	0.105	n	2.41	1.97	0	0	0	0	152	70	170	139	
		10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0	
11	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	
		1A-c1omd	1.270	n	29.21	17.90	0	0	0	0	82	0	2384	1461	
11	W	13A-5fcs	0.105	ne	2.41	1.97	0	0	0	0	57	16	38	31	
		10A-m	1.670	ne	0.00	0.00	0	0	0	0	0	0	0	0	
11	G	1A-c1omd	1.270	ne	29.21	26.75	0	0	0	0	41	0	1192	1091	
		13A-5fcs	0.105	e	2.41	1.97	0	0	0	0	144	62	151	123	
11	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0	
		10A-m	1.670	e	38.41	26.52	0	0	0	0	0	0	0	0	
11	G	1A-c1omd	1.270	e	29.21	32.23	0	0	0	0	82	0	2384	2630	
		1D-c2om	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0	
11	W	13A-5fcs	0.105	se	2.41	1.97	0	0	0	0	57	18	44	36	
		10A-m	1.670	se	38.41	43.21	0	0	0	0	39	0	1480	1665	
11	W	13A-5fcs	0.105	s	2.41	1.97	0	0	0	0	152	111	269	219	
		10A-m	1.670	s	38.41	25.31	0	0	0	0	41	41	1567	1033	
11	G	1D-c2om	0.870	s	0.00	0.00	0	0	0	0	0	0	0	0	
		13A-5fcs	0.105	sw	0.00	0.00	0	0	0	0	0	0	0	0	
11	W	1A-c1om	1.270	sw	0.00	0.00	0	0	0	0	0	0	0	0	
		13A-5fcs	0.105	w	2.41	1.97	0	0	0	0	0	0	0	0	
11	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
		1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
11	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
		1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0	
11	G	1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0	
		1D-c2om	0.870	w	20.01	25.19	0	0	0	0	0	0	0	0	
11	W	11D0	0.390	nw	8.97	11.68	0	0	0	0	0	0	0	0	
		13A-5fcs	0.105	nw	0.00	0.00	0	0	0	0	0	0	0	0	
11	G	1A-c1om	1.270	nw	0.00	0.00	0	0	0	0	0	0	0	0	
		16B-30ad	0.032	-	0.74	1.71	320	320	236	547	647	647	476	1107	
11	F	21A-20c	0.027	-	0.62	0.00	320	320	199	0	647	647	402	0	
		6 c) AED excursion													
									-263						
Envelope loss/gain									434	285	10555 8777				
12	a) Infiltration							0	0	785 274					
	b) Room ventilation							0	0	0 0					
13	Internal gains		Occupants @	230			2		460	0	0 0				
			Appliances @	1200			2		2400	0	0 0				
Subtotal (lines 6 to 13)									434	3145	11340 9052				
14	Less external load							0	0	0 0					
	Less transfer Redistribution							0	0	0 0					
15	Subtotal							434	3145	11340 9052					
	Duct loads							31%	51%	136	1611	31%	51%	3553	4836
Total room load									570	4755	14893 13687				
Air required (cfm)									30	224	791 646				

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Right-J® Worksheet
AHU 2
QUICK CALCS, INC

Job
 Date
 By

317 ST LUCIE LN FT PIERCE FL 34946 Phone 772-466-6799 Fax 772-466-6796 Email QUICKCALCS@AOL.COM

1 Room name				LIVING/DINING				HALL						
2 Exposed wall				28 0 ft				0 ft						
3 Ceiling height				8 0 ft				8 0 ft						
4 Room dimensions				10 x 712 0 ft				13 0 x 8 0 ft						
5 Room area				712 0 ft²				104 0 ft²						
	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0 105	n	2 41	1 97	0	0	0	0	0	0	0	0
	G	10A-m	1 670	n	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	n	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1omd	1 270	n	29 21	17 90	0	0	0	0	0	0	0	0
11	W	13A 5fcs	0 105	ne	2 41	1 97	0	0	0	0	0	0	0	0
	G	10A-m	1 670	ne	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1omd	1 270	ne	29 21	26 75	0	0	0	0	0	0	0	0
	W	13A 5fcs	0 105	e	2 41	1 97	224	29	71	58	0	0	0	0
	G	10A-m	1 670	e	0 00	0 00	0	0	0	0	0	0	0	0
	G	10A-m	1 670	e	38 41	26 52	195	0	7477	5162	0	0	0	0
	G	1A-c1omd	1 270	e	29 21	32 23	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	e	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A 5fcs	0 105	se	2 41	1 97	0	0	0	0	0	0	0	0
	G	10A-m	1 670	se	38 41	43 21	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	s	2 41	1 97	0	0	0	0	0	0	0	0
	G	10A-m	1 670	s	38 41	25 31	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	s	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	sw	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	sw	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A 5fcs	0 105	w	2 41	1 97	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	w	20 01	25 19	0	0	0	0	0	0	0	0
	D	11D0	0 390	w	8 97	11 68	0	0	0	0	0	0	0	0
	W	13A 5fcs	0 105	nw	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	nw	0 00	0 00	0	0	0	0	0	0	0	0
	C	16B-30ad	0 032	-	0 74	1 71	712	712	524	1218	104	104	77	178
	F	21A 20c	0 027	-	0 62	0 00	712	712	442	0	104	104	65	0
6	c) AED excursion									618				-14
	Envelope loss/gain								8514	7056			141	164
12	a) Infiltration								313	109			0	0
	b) Room ventilation								0	0			0	0
13	Internal gains		Occupants @	230			0			0	0			0
			Appliances @	1200			0			0	0			0
	Subtotal (lines 6 to 13)								8828	7165			141	164
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								8828	7165			141	164
15	Duct loads						31%	51%	2766	3670	31%	51%	44	84
	Total room load								11593	10835			185	248
	Air required (cfm)								615	511			10	12

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Right-J® Worksheet
 AHU 3
 QUICK CALCS, INC

Job
 Date
 By

317 ST LUCIE LN FT PIERCE FL 34946 Phone 772-466-6799 Fax 772-466-6796 Email QUICKCALCS@AOL.COM

1 Room name		AHU 3						MASTER SUITE							
2 Exposed wall		80 ft 1080 ft d						80 ft 520 ft heat/cool							
3 Ceiling height		963.5 ft²						10 x 576.5 ft							
4 Room dimensions															
5 Room area															
Ty	Construction number	U-value (Btuh/ft²·F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)			
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool		
6	W	13A-5fcs	0.105	n	2.41	1.97	112	112	270	220	32	32	77	63	
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1omd	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	
11	W	13A-5fcs	0.105	ne	2.41	1.97	57	10	24	19	57	10	24	19	
	G	10A-m	1.670	ne	38.41	22.49	47	0	1792	1049	47	0	1792	1049	
	G	1A-c1omd	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	e	2.41	1.97	120	59	142	116	120	59	142	116	
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1omd	1.270	e	29.21	32.23	61	0	1788	1973	61	0	1788	1973	
	G	1D-c2om	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	se	0.00	0.00	0	0	0	0	0	0	0	0	
	G	10A-m	1.670	se	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	s	2.41	1.97	416	362	874	713	208	154	372	303	
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1D-c2om	0.870	s	20.01	12.75	54	54	1081	688	54	54	1081	688	
	W	13A-5fcs	0.105	sw	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	sw	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	w	2.41	1.97	160	116	280	228	0	0	0	0	
	G	1A-c1om	1.270	w	29.21	91.12	4	0	117	364	0	0	0	0	
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	w	29.21	32.23	40	0	1168	1289	0	0	0	0	
	G	1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	11D0	0.390	w	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-5fcs	0.105	nw	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	nw	0.00	0.00	0	0	0	0	0	0	0	0	
	C	16B-30ad	0.032	-	0.74	1.71	964	964	709	1648	577	577	424	986	
	F	21A-20c	0.027	-	0.62	0.00	964	964	598	0	577	577	358	0	
6	c) AED excursion								0					-382	
	Envelope loss/gain								8844	8309			6058	4816	
12	a) Infiltration								1209	423			583	204	
	b) Room ventilation								0	0			0	0	
13	Internal gains		Occupants @	230		2				460	2			460	
			Appliances @	1200		0				0	0			0	
	Subtotal (lines 6 to 13)								10053	9192			6641	5480	
	Less external load								0	0			0	0	
	Less transfer								0	0			0	0	
	Redistribution								0	0			0	0	
14	Subtotal								10053	9192			6641	5480	
15	Duct loads							21%	38%	2073	3533	21%	38%	1369	2107
	Total room load								12126	12725			8010	7587	
	Air required (cfm)								640	640			423	382	

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Right-J® Worksheet
AHU 3
QUICK CALCS, INC

Job
Date
By

317 ST LUCIE LN FT PIERCE FL 34946 Phone 772-466-6799 Fax 772-466-6796 Email QUICKCALCS@AOL.COM

1		Room name		HIS		HER BATH								
2		Exposed wall		0 ft		45 0 ft								
3		Ceiling height		8 0 ft		8 0 ft								
4		Room dimensions		10 x 43 5 ft		10 x 207 0 ft								
5		Room area		43 5 ft²		207 0 ft²								
	Ty	Construction number	U-value (Btuh/ft²-F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0 105	n	2 41	1 97	0	0	0	0	80	80	193	157
	G	10A-m	1 670	n	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	n	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1omd	1 270	n	0 00	0 00	0	0	0	0	0	0	0	0
11	W	13A-5fcs	0 105	ne	2 41	1 97	0	0	0	0	0	0	0	0
	G	10A-m	1 670	ne	38 41	22 49	0	0	0	0	0	0	0	0
	G	1A-c1omd	1 270	ne	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	e	2 41	1 97	0	0	0	0	0	0	0	0
	G	10A-m	1 670	e	0 00	0 00	0	0	0	0	0	0	0	0
	G	10A-m	1 670	e	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1omd	1 270	e	29 21	32 23	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	e	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	se	0 00	0 00	0	0	0	0	0	0	0	0
	G	10A-m	1 670	se	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	s	2 41	1 97	0	0	0	0	120	120	290	236
	G	10A m	1 670	s	0 00	0 00	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	s	20 01	12 75	0	0	0	0	0	0	0	0
	W	13A 5fcs	0 105	sw	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	sw	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	w	2 41	1 97	0	0	0	0	160	116	280	228
	G	1A-c1om	1 270	w	29 21	91 12	0	0	0	0	4	0	117	364
	G	1A-c1om	1 270	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	w	29 21	32 23	0	0	0	0	40	0	1168	1289
	G	1D-c2om	0 870	w	0 00	0 00	0	0	0	0	0	0	0	0
	G	1D-c2om	0 870	w	0 00	0 00	0	0	0	0	0	0	0	0
	D	11D0	0 390	w	0 00	0 00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0 105	nw	0 00	0 00	0	0	0	0	0	0	0	0
	G	1A-c1om	1 270	nw	0 00	0 00	0	0	0	0	0	0	0	0
	C	16B-30ad	0 032	-	0 74	1 71	44	44	32	74	207	207	152	354
	F	21A-20c	0 027	-	0 62	0 00	44	44	27	0	207	207	129	0
6	c) AED excursion									-6				425
	Envelope loss/gain								59	68			2329	3055
12	a) Infiltration								0	0			504	176
	b) Room ventilation								0	0			0	0
13	Internal gains		Occupants @	230			0			0	0			0
			Appliances @	1200			0			0	0			0
	Subtotal (lines 6 to 13)								59	68			2833	3231
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								59	68			2833	3231
15	Duct loads						21%	38%	12	26	21%	38%	584	1242
	Total room load								71	94			3417	4473
	Air required (cfm)								4	5			180	225

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Right-J® Worksheet
AHU 3
QUICK CALCS, INC

Job
 Date
 By

317 ST LUCIE LN FT PIERCE FL 34946 Phone 772-466-6799 Fax 772-466-6796 Email QUICKCALCS@AOL.COM

1 Room name				WIC 2				WIC						
2 Exposed wall				0 ft				110 ft						
3 Ceiling height				80 ft				80 ft						
4 Room dimensions				10 x 595 ft				70 x 110 ft						
5 Room area				595 ft²				770 ft²						
6	Ty	Construction number	U-value (Btuh/ft²-F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-5fcs	0.105	n	2.41	1.97	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1omd	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
11	W	13A-5fcs	0.105	ne	2.41	1.97	0	0	0	0	0	0	0	0
	G	10A-m	1.670	ne	38.41	22.49	0	0	0	0	0	0	0	0
	G	1A-c1omd	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	e	2.41	1.97	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1omd	1.270	e	29.21	32.23	0	0	0	0	0	0	0	0
	G	1D-c2om	0.870	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	se	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	se	0.00	0.00	0	0	0	0	0	0	0	0
	G	13A-5fcs	0.105	s	2.41	1.97	0	0	0	0	88	88	213	173
	G	10A-m	1.670	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c2om	0.870	s	20.01	12.75	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	sw	0.00	0.00	0	0	0	0	0	0	0	0
	G	10A-m	1.670	sw	0.00	0.00	0	0	0	0	0	0	0	0
	G	13A-5fcs	0.105	w	2.41	1.97	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	29.21	91.12	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	29.21	32.23	0	0	0	0	0	0	0	0
	G	1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1D-c2om	0.870	w	0.00	0.00	0	0	0	0	0	0	0	0
	D	11D0	0.390	w	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-5fcs	0.105	nw	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	nw	0.00	0.00	0	0	0	0	0	0	0	0
	C	16B-30ad	0.032	-	0.74	1.71	60	60	44	102	77	77	57	132
	F	21A-20c	0.027	-	0.62	0.00	60	60	37	0	77	77	48	0
6	c) AED excursion									-8				-29
	Envelope loss/gain								81	93			317	276
12	a) Infiltration								0	0			123	43
	b) Room ventilation								0	0			0	0
13	Internal gains		Occupants @	230			0				0			0
			Appliances @	1200			0				0			0
	Subtotal (lines 6 to 13)								81	93			440	319
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								81	93			440	319
15	Duct loads						21%	38%	17	36	21%	38%	91	123
	Total room load								97	129			531	442
	Air required (cfm)								5	6			28	22

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TOWN OF SEWALLS POINT

BUILDING DEPARTMENT -- INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **3-29-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9716	Lurian	Final		
1ST	35 Sewalls Home Depot	windows	Pass	close INSPECTOR <i>JF</i>
Tree	Sneddon	Tree		
	21 Middle Rd		NG	INSPECTOR
9748	Rowe	Final AC		
	5 S River Rd Nisler		Pass	close INSPECTOR <i>JF</i>
CE	Martinez			
	1/2 KNOWLES		ok	learned up INSPECTOR
9747	SEWALLS	Dump	Pass	close/FPL
	70 NSPC	Gate	Pass	INSPECTOR <i>JF</i>
	Driftwood			INSPECTOR <i>JF</i>
9724	Ristaino	(Ducts)		
	8 PENNINCKLE Ln Krauss & Crane	A/C FINA	Pass	close INSPECTOR <i>JF</i>
	ZANE CARTER	370 9932		
	LARA	903 590 4057		
		601-947		INSPECTOR

PN 9747

Valerie Meyer

From Valerie Meyer [vmeyer@sewallspoint martin fl us]
Sent Tuesday, March 29, 2011 2 15 PM
To 'FPL (tc_inspections@fpl com)'
Subject Temporary power

Please install power to a temporary power pole for new construction at 70 N Sewalls Pt Rd – Owner's name is Schwartz – Pole was inspected and passed

Please contact us if you have any questions

Thank you,

Valerie Meyer
BUILDING DEPT
TOWN OF SEWALL'S POINT
772-287-2455 EXT 13

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT -- INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-19-11** Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	Hardin	Final		
2nd	27 Silver Rd	Retaining wall	Pass	Close
	Station			INSPECTOR <i>JA</i>
9298	Hardin	Final		
2nd	275 Silver Rd	Storage shed	Pass	Close
	Station			INSPECTOR <i>JA</i>
9631	Hardin	Final		
2nd	275 Silver Rd	Basement remodel	Pass	Close
	Station			INSPECTOR <i>JA</i>
9739	Stabley	Final DAC		
	114 Hillcrest Ter		Pass	Close
	Phoenix Ave			INSPECTOR <i>JA</i>
9516	Stabley	Final		
	114 Hillcrest Ter	annual div + trim	Pass	Close
	ten m park			INSPECTOR <i>JA</i>
9440	Sewalls
1st	70 N Sewalls		Pass	
	Driftwood			INSPECTOR <i>JA</i>
9789	Woods	wall footer		
	32 E. High Pt		Pass	
	Capital Auto			INSPECTOR <i>JA</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-15-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9807	Lawless	Plumbing Plumbing		Copper Pressure
10AM	12 Mandalay OB	<u>UNDER GROUND</u>	FAIL	DWV test 5'
				INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9147		
9AM	TONSPIC		...	
	Driftwood			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	LANTANA OPPOSITE CORNER			
	19			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-28-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9757	BREEN 101 S SPT RD CLIMATIC SCREEN	POOL EQUIP FINAL	PASS	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	ARISTINE 9 INDIA LUCIE	TREE	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PM	Sewalls Point 10 N Sewalls Driftwood	Driftwood Driftwood Driftwood	PASS	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9753	BILLINGHAM 2 VIA DE CRISTO MASTERSPIECE	PRE POUR RETAINING WALL	PASS	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
tree	Augustine 9 India Lucie	tree	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	2 LOTS S. OF 124 N SPT RD		WORKS called ✓	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-26-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9853	Duncan	Window		
12	19 Periwinkle	attachment	PASS	CLOSE
	Home Depot	FINAL		
				INSPECTOR <i>JR</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9807	Lawlers	Windows +		
AM	12 Mandalay	door attachment	FAIR	NOT READY
	OB			
				INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9797	Seawall	TRUCK	TRUCK	
	70 N. SP. RI			
	DRIFWOOD			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9864	KB Assoc			
	3726 SE Ocean	FINAL AC	PASS	CLOSE
	AIR CON			
				INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **9-30-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9747	Schwartz	Kuberna	Pass	
11-11.30	70 N Sewalls Duftwood	roof heating PARTIAL	Pass	INSPECTOR <i>[Signature]</i>
9753	Bellingham 2 Via de Cristo Masterpiece	framing all trades PARTIAL	Pass	INSPECTOR <i>[Signature]</i>
9870	Twomey/Whitney 3 Palmetto Adam Smith Bobcat	Final Demo	Pass	Close INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

10-24-11

Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9910	Dorothy Pearson	A/C		
10 ⁰⁰	3 Marguerite	Final	PASS	Close
	JB A/C			INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9755	Bellingham	Hot water solar		
9 ⁰⁰	2 Via de Christa	panel Final	PASS	
	Master Builders			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
0	Rodney Bracken	Tree		
	4 Delcero Lane	removal	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9747	Schwartz	Roof SHEETING		
9 ¹⁸	76 N. S.P.R.	Inspection	PASS	
	Dr. Wooded Home	(check)		INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9876	Gibbons	Siding		
	22 Lantana	final	PASS	Close
	Bill Ianiero			INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	John Delmalino	Tree		
	24 Fielding	Removal	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9857	Foster	Roofing	PASS	Close
	7 Timor St	Final		
	Heaton Roofing	DECK NAILING	PASS -	INSPECTOR <i>JH</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-7-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9934	GILLEN	PLUMB &		
900	17 LOFTING O/B	ELECT ROUGH		INSPECTOR <i>[Signature]</i>
9942	Todd	Dry in &		
	1 KNOWLES RD	METAL		
	ALL AREA ROOF		RESET FOR 12-8	INSPECTOR
9747	Schwartz	Deck		
	TOWN Sewalls			
	Draftwood			INSPECTOR <i>[Signature]</i>
Tree	Haess	Tree		
	Twooth Ct			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	111 Henry Sewalls way			
	BAYSIDE POOLING -		APPROX TAE	FINE \$250
	CAC/81 6066			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEAWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-16-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9945	Whitehurst/Wishart 8 N Via Lucinda Code Red Roofers	in-progress	Pass	INSPECTOR <i>A</i>
9880	Curry 5 River Crest Ct All American	in-progress	Pass	INSPECTOR <i>A</i>
9762 1 PM	Stern 9 Lantana Dreamworks	Final elec plumbing Bldg.	Pass	CLOSE INSPECTOR <i>A</i>
9917	Ford 98 N. Seawalls Pt Rd Mastellietz	Temp Pole	Pass	- FPL - INSPECTOR <i>A</i>
	24 Lantana La	roof?		INSPECTOR
9997 PM	Schubert 70 N. Seawalls Dunwood	Steel (staircase) Mezzanine	Pass	INSPECTOR <i>A</i>
9784	Bellingham 2 Via de Cristo Serronim Fence	Final Pool Fence	Pass	CLOSE INSPECTOR <i>A</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed ~~Thur~~ Fri **12-22-11** Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9779	Schweder	Final		
PM	4 Ridgeland Dr Greg Maider	Basement remodel	PASS	CLOSE INSPECTOR <i>JA</i>
9740	Schweder	Basement remodel	PASS	
	10 N Sewalls	Basement remodel	PASS	
	Duftwood			INSPECTOR <i>JA</i>
9908	Fleetwood	roof sheathing		
	34 N River Rd Seagate	nailing	PASS	INSPECTOR <i>JA</i>
9917	Ford	Partial		
	98 N Sewalls Masterpiece	peeling cup & grade beam	PASS	INSPECTOR <i>JA</i>
9880	Curry	Final		
<i>JA</i>	5 River Crest Ct All American	Roof	FAIL	NOT READY INSPECTOR <i>JA</i>
9959	Robinson	Final AC		
	1735 River Krauss & Crane		PASS	CLOSE INSPECTOR <i>JA</i>
9959	Fleetwood	Roof Sheathing	PASS	INSPECTOR <i>JA</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon

Tue

Wed

Thur

Fri

1-5-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9860	Curry 5 River Crest Ct	Final AC	CANCEL 772-215-6864	
	All year Cooling	call Mr Curry for code		INSPECTOR
914	7010 Sewalls Duffwood	rough framing to AC	OK	NOT READY INSPECTOR AK
9941	Roppaport 9 River Crest Ct JA Taylor	Final Roof	Pass	INSPECTOR
Tree	Parmelee 21 S Ridgeway	Tree	OK	INSPECTOR
9909	Twohey 112 Henry Sewall Seagate	roof nailing	Pass	INSPECTOR AK
9960	Hleetwood 34 N River Rd Flamined poles	steel	Fail	NEED 6x6 STEEL P. HOUSE FTR WALL INSPECTOR AK
9867	Augustine 9 Indialucie Onshore	Final Roof + soffits	Pass	Close INSPECTOR AK

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

1-9-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9966	Bradice 96 S River Rd	Final Gates	Pass	Close
	TC Fence	FENCE		INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9963	AUGUSTINE 9 INDIA LUCE	FINAL SCREEN RM	Pass	Close
	SANDERS			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	5 RIVER CREST		<i>[Signature]</i>	INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9977	2450...	...	Pass	
	1010 S...	...	Pass	
	Diplwood	...		INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-28-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9141	Sennett 2	Use		
	TOWN SET-UP			
	DRIFWOOD			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10030	Bauer	stem wall		
PM	1 Tuscan La Seagate		Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10035	Culhane	Final windows		rec'd letter
	2 Gumbo Limbo glass Prof		Pass Close Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon

Tue

Wed

Thur

Fri

4-13-12

Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9917	Stewart	After		REMAILED
	10 N Sewalls	Final	Pass	Close
	Driftwood			INSPECTOR <i>A</i>
10052	Gerhardt	SPA SPA cap & electric		
	14 S Sewalls	electric	Pass	Close
	Scott Holmes			INSPECTOR <i>A</i>
9909	Truorey	ROOF IN PROGRESS		
	112 H. Sewalls Way	PROGRESS	Pass	
	Scoriate			INSPECTOR <i>A</i>
9753	Bellingham			
	2 VIA DE CRISTO	FINAL	Pass	Close
	Masterpiece			INSPECTOR <i>A</i>
10048	Seely	Final AC		
11AM	37 Lofting Way		Pass	Close
	Forward Elec			INSPECTOR <i>A</i>
9772	Bellingham	Pool		
	2 Via de Cristo	FINAL	Pass	Close
	Hamingo			INSPECTOR <i>A</i>
9917	Ford	2ND FL		
	9 E N Sewalls	Common & Beam	Pass	
	Masterpiece			INSPECTOR <i>A</i>

Valerie Meyer

From Valerie Meyer [vmeyer@sewallspoint martin fl us]
Sent Friday, April 13, 2012 2:38 PM
To FPL (tc_inspections@fpl.com)
Subject. Meter Final

Inspection passed on permit # 9747 to install meter for Meter Final for new construction at

Schwartz
70 N Sewall's Point Rd
Sewall's Point, FL 34996

Please contact me if you have any questions

Thank you,

Valerie Meyer
BUILDING DEPT
TOWN OF SEWALL'S POINT
772-287-2455 EXT 13

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thurs Fri 4-24-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Goudis	Prepout		
PM	25 S. River Rd	Ret. WMA	Pass	
	TEAM PARKS			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10075	DRIFTWOOD	NO PERMIT		INSPECTOR
10075	E QUAIL RUN	SIDING		
		NO PERMIT		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	FAWUETT STEAM AWAY 561 966-0765			CONTRACTOR
	20 PARM RD	DEMO FLOOD DAMAGE		JOHN
	772 530 7861	NO PERMIT		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

5-7-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	2 HERITAGE	BEE SWARM		
				INSPECTOR
	11 S VIA LUCINDA	PLUMB	OK	
				INSPECTOR
	2111 Seward 70N Sewallo	Plumb Driftwood	OK	
				INSPECTOR <i>A</i>
	WORTH CO	PROP MINT		
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-16-12** Page 1 of 1

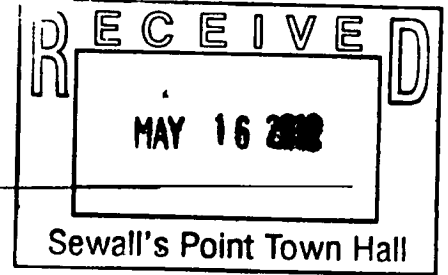
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
977	Schwartz	Final		Pass
	70 N. Sewall		Pass	Inspector [Signature]
	Duffwood			INSPECTOR [Signature]
10006	Scipwartz	Pool Barrier		
	70 N. 3rd Rd	FINAL ELECT	Pass	
	SHILLER			INSPECTOR [Signature]
9909	Twoopen	GAS TANK & LINE		
	112 Henry Sewall	FINAL GRADE		Pass
	Sewall			INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-18-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10045	Wood/Greulich 15 Lantana La All American	Final Roof Camel		INSPECTOR
10083	White 15 Ridgeland Tuscany Bay	Footer & SLAB	Pass	INSPECTOR <i>[Signature]</i>
9969	FRI SOLI SD 3 SPT DRIFTWOOD	BEAM & ELEVATED SLAB	Pass	INSPECTOR <i>[Signature]</i>
9909	TWOISBY 112 Henry Sewall Seagate	Footings	Pass	INSPECTOR <i>[Signature]</i>
1030	Castoro 225 Sewalls		Pass	INSPECTOR
9917	Schwartz 10 Sewall Driftwood	Final Need all necessary documents OK for CO	Pass	INSPECTOR <i>[Signature]</i>
				INSPECTOR



Martin County Health Department

FOR FINAL APPROVAL TO BUILDING DEPARTMENT:

MARTIN COUNTY FAX 419-6934, PHONE 288-5489 CITY OF STUART Fax 288-5388 Phone 288-5326

JUPITER ISLAND Fax 545-0188 Phone 545-0150 SEWALLS POINT Fax 220-4765 Phone 2872455

FROM Duane Joe O'Grady DATE 05/16/2012

SEPTIC SYSTEMS (SS) LIMITED USE PUBLIC WATER SYSTEM (57)

HEALTH DEPT. PERMIT #	BUILDING DEPT PERMIT #	LOCATION
43-SS- 1302250	9747	70 N Sewalls Point Rd
43-57- _____		Stuart
43-SS- _____		
43-57- _____		
43-SS- _____		
43-57- _____		
43-SS- _____		
43-57- _____		

environmental health/ostds/forms

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 85

The lower the Energy Performance Index, the more efficient the home

SWARTZ, STUART, FL.

<p>1 New construction or existing New (From Plans)</p> <p>2 Single family or multiple family Single-family</p> <p>3 Number of units, if multiple family 1</p> <p>4 Number of Bedrooms 1</p> <p>5 Is this a worst case? No</p> <p>6 Conditioned floor area (ft²) 4275</p> <p>7 Windows**</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a U-Factor</td> <td style="width: 45%;">Sgl default</td> <td style="width: 15%; text-align: right;">Area</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td>SHGC</td> <td style="text-align: right;">869.75 ft²</td> <td></td> </tr> <tr> <td>b U-Factor</td> <td>N/A</td> <td style="text-align: right;">ft²</td> <td></td> </tr> <tr> <td></td> <td>SHGC</td> <td></td> <td></td> </tr> <tr> <td>c U-Factor</td> <td>N/A</td> <td style="text-align: right;">ft²</td> <td></td> </tr> <tr> <td></td> <td>SHGC</td> <td></td> <td></td> </tr> <tr> <td>d U-Factor</td> <td>N/A</td> <td style="text-align: right;">ft²</td> <td></td> </tr> <tr> <td></td> <td>SHGC</td> <td></td> <td></td> </tr> <tr> <td>e U-Factor</td> <td>N/A</td> <td style="text-align: right;">ft²</td> <td></td> </tr> <tr> <td></td> <td>SHGC</td> <td></td> <td></td> </tr> </table> <p>8 Floor Types</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a Slab-On-Grade Edge Insulation</td> <td style="width: 15%;">Insulation</td> <td style="width: 15%;">Area</td> <td style="width: 55%;"></td> </tr> <tr> <td></td> <td>R=0.0</td> <td style="text-align: right;">4275.00 ft²</td> <td></td> </tr> <tr> <td>b N/A</td> <td>R=</td> <td style="text-align: right;">ft²</td> <td></td> </tr> <tr> <td>c N/A</td> <td>R=</td> <td style="text-align: right;">ft²</td> <td></td> </tr> </table>	a U-Factor	Sgl default	Area			SHGC	869.75 ft ²		b U-Factor	N/A	ft ²			SHGC			c U-Factor	N/A	ft ²			SHGC			d U-Factor	N/A	ft ²			SHGC			e U-Factor	N/A	ft ²			SHGC			a Slab-On-Grade Edge Insulation	Insulation	Area			R=0.0	4275.00 ft ²		b N/A	R=	ft ²		c N/A	R=	ft ²		<p>9 Wall Types</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a Concrete Block - Int Insul</td> <td style="width: 40%;">Exterior</td> <td style="width: 15%;">Insulation</td> <td style="width: 30%;">Area</td> </tr> <tr> <td></td> <td></td> <td>R=22.8</td> <td style="text-align: right;">2528.90 ft²</td> </tr> <tr> <td>b N/A</td> <td></td> <td>R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td>c N/A</td> <td></td> <td>R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td>d N/A</td> <td></td> <td>R=</td> <td style="text-align: right;">ft²</td> </tr> </table> <p>10 Ceiling Types</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a Under Attic (Vented)</td> <td style="width: 40%;">Insulation</td> <td style="width: 15%;">Area</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td>R=30.0</td> <td style="text-align: right;">4275.00 ft²</td> <td></td> </tr> <tr> <td>b N/A</td> <td>R=</td> <td style="text-align: right;">ft²</td> <td></td> </tr> <tr> <td>c N/A</td> <td>R=</td> <td style="text-align: right;">ft²</td> <td></td> </tr> </table> <p>11 Ducts</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a Sup Attic Ret Attic AH Interior Sup</td> <td style="width: 40%;">R= 6.275 ft²</td> <td style="width: 45%;"></td> </tr> </table> <p>12 Cooling systems (combined)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a Central Unit</td> <td style="width: 40%;">Cap</td> <td style="width: 15%;">93.5 kBtu/hr</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td>SEER</td> <td style="text-align: right;">14</td> <td></td> </tr> </table> <p>13 Heating systems (combined)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a Electric Heat Pump</td> <td style="width: 40%;">Cap</td> <td style="width: 15%;">93.5 kBtu/hr</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td>HSPF</td> <td style="text-align: right;">8.11</td> <td></td> </tr> </table> <p>14 Hot water systems</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">a Natural Gas</td> <td style="width: 40%;">Cap</td> <td style="width: 15%;">50 gallons</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td>EF</td> <td style="text-align: right;">0.66</td> <td></td> </tr> </table> <p style="margin-left: 20px;">b Conservation features None</p> <p>15 Credits Pstal</p>	a Concrete Block - Int Insul	Exterior	Insulation	Area			R=22.8	2528.90 ft ²	b N/A		R=	ft ²	c N/A		R=	ft ²	d N/A		R=	ft ²	a Under Attic (Vented)	Insulation	Area			R=30.0	4275.00 ft ²		b N/A	R=	ft ²		c N/A	R=	ft ²		a Sup Attic Ret Attic AH Interior Sup	R= 6.275 ft ²		a Central Unit	Cap	93.5 kBtu/hr			SEER	14		a Electric Heat Pump	Cap	93.5 kBtu/hr			HSPF	8.11		a Natural Gas	Cap	50 gallons			EF	0.66	
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I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature _____

Date

5/14/12

Address of New Home

70 N. Seawind Pt. Rd

City/FL Zip

Seawind Pt. FL



*Note. The home's estimated Energy Performance Index is only available through the EnergyGauge USA - FlaRes2008 computer program. This is not a Building Energy Rating. If your Index is below 100, your home may qualify for incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at (321) 638-1492 or see the Energy Gauge web site at energygauge.com for information and a list of certified Raters. For information about Florida's Energy Efficiency Code for Building Construction, contact the Department of Community Affairs at (850) 487-1824.

**Label required by Section 13-104.4.5 of the Florida Building Code, Building, or Section B2.1.1 of Appendix G of the Florida Building Code, Residential, if not DEFAULT.

SWARTZ



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011

Certificate of Product Ratings

AHRI Certified Reference Number. 3704975

Date 5/15/2012

Product: Split System Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number 15PJL18

Indoor Unit Model Number RHLL-HM2417+RCSL-H*2417

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name RHEEM 15PJL SERIES

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

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing

Cooling Capacity (Btuh)	18500
EER Rating (Cooling)	12.50
SEER Rating (Cooling)	15.00
Heating Capacity(Btuh) @ 47 F	17700
Region IV HSPF Rating (Heating)	8.50
Heating Capacity(Btuh) @ 17 F	10800

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

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahndirectory.org.

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CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.. 129815833160903093

SWARTZ



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011

Certificate of Product Ratings

AHRI Certified Reference Number 3705065

Date 5/15/2012

Product Split System Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number 15PJL30

Indoor Unit Model Number RHLL-HM3617+RCSL-H*3617

Manufacturer RHEEM MANUFACTURING COMPANY

Trade/Brand name RHEEM 15PJL SERIES

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

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing

Cooling Capacity (Btuh)	28800
EER Rating (Cooling)	12 50
SEER Rating (Cooling)	15 00
Heating Capacity(Btuh) @ 47 F	27200
Region IV HSPF Rating (Heating)	8 50
Heating Capacity(Btuh) @ 17 F	16300

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

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CERTIFICATE VERIFICATION

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Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO. 129815834235034333

SWARTZ



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011

Certificate of Product Ratings

AHRI Certified Reference Number 3705172

Date 5/15/2012

Product: Split System Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number: 15PJL48

Indoor Unit Model Number: RHLL-HM6024+RCSL-H*6024

Manufacturer RHEEM MANUFACTURING COMPANY

Trade/Brand name RHEEM 15PJL SERIES

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

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh)	46500
EER Rating (Cooling):	12 50
SEER Rating (Cooling)	15 00
Heating Capacity(Btuh) @ 47 F	41500
Region IV HSPF Rating (Heating)	8 50
Heating Capacity(Btuh) @ 17 F	25000

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

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahndirectory.org

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CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

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CERTIFICATE NO.: 129815835575588873



Date 5/16/12

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S Sewall's Point Road
Sewall's Point, Florida 34996

To Whom It May Concern

All Irrigation Sprinkler Heads provided and Installed at Homeowner Ted Schwartz- Address-70 N Sewall s Point Road, Stuart Fl 34996, Permit-PN9747 are all Low Volume Heads

Thank you,

Edward Ryckman
Controlled Irrigation LLC

Wells - Pumps - Irrigation - Water Conditioning - Fountains - Lighting
Licensed Phone 772-225-4733 Fax 772-225-4734 Insured
Visit us at www.controlledirrigation.net Email controlledirrig@comcast.net

SOUTHCOAST PEST CONTROL INC.
1758 SW CABIN PL
PALM CITY, FL 34990
772-370-4120

PEST CONTROL LICENSE # JB 110518

CERTIFICATE OF COMPLIANCE FOR TERMITE PROTECTION
(as required by Florida Building Code (FBC) 18116.1.7)

Treatment address 70 SO SEWALLS POINT RD

Permit

Builder DRIFWOOD HOMES

Date of final treatment 5/15/12

Date of treatment 5/15/12

Time of treatment 1:00

Area treated OUTSIDE

Gallons used 120

Chemical name CROSSCHECK

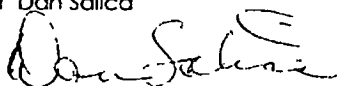
Percentage of solution 6%

Method of treatment RODDED

Other

THE BUILDING HAS RECEIVED A TREATMENT FOR THE PREVENTION OF SUBTERRANEAN
TERMITES. TREATMENT IS IN ACCORDANCE WITH RULES AND LAWS ESTABLISHED BY
THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Applicator Dan Salica



Building Photographs

See Instructions for Item A6

Building Street Address (including Apt., Unit, Suite, and/or Bldg No) or P O Route and Box No 70 NORTH SEWALL'S POINT ROAD	For Insurance Company Use Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6 Identify all photographs with date taken, "Front View" and "Rear View", and, if required, "Right Side View" and "Left Side View" If submitting more photographs than will fit on this page, use the Continuation Page on the reverse

DATE OF ALL PHOTOS. 05/15/12

LEFT SIDE VIEW



REAR VIEW



RIGHT SIDE VIEW



FRONT VIEW



10006

POOL

&

PATIO



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	10006	DATE ISSUED	FEBRUARY 13, 2012
SCOPE OF WORK	POOL & PATIO		
CONTRACTOR	RD SCHILLER		
PARCEL CONTROL NUMBER	353741-000-000-002938	SUBDIVISION	PT GOVT LOT 3
CONSTRUCTION ADDRESS	70 N SEWALLS PT RD		
OWNER NAME	SCHWARTZ		
QUALIFIER	R DEAN SCHILLER	CONTACT PHONE NUMBER	287-0768

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 9 00AM TO 3 00PM - MONDAY THROUGH FRIDAY**

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

Date _____ BUILDING PERMIT APPLICATION Permit Number 10006

OWNER/TITLEHOLDER NAME TED MAURSEN SCHWARTZ Phone (Day) 954-980-8627 (Fax) _____

Job Site Address 70 N. SEWALL'S POINT RD City STUART State FL Zip 34996

Legal Description GOV. LOT 3 Parcel Control Number 35.37.41.000.000.00293-8

Owner Address (if different) 2355 NE OCEAN BLVD #6A City STUART State FL Zip 34996

SCOPE OF WORK (PLEASE BE SPECIFIC) SWIMMING POOL & PATIO

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

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

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements \$ 30,000 (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

Construction Company R.D. SCHILLER POOLS Phone 772-287-0768 Fax 287-9970

Qualifiers name ROBERT DEAN SCHILLER Street 3590 SE. DINE HWY City STUART State FL Zip 34997

State License Number CPC 1457983 OR Municipality _____ License Number _____

LOCAL CONTACT DEAN SCHILLER Phone Number 772-287-0768

DESIGN PROFESSIONAL _____ Fla License# _____

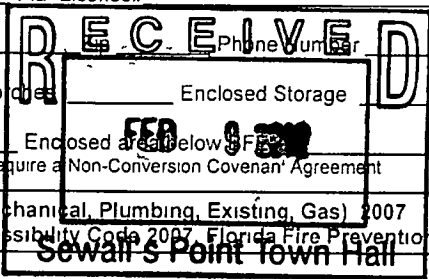
Street _____ City _____ State _____ Phone Number _____

AREAS SQUARE FOOTAGE Living 980 sq. ft. Pool & Patio Area Garage _____ Covered Patios/Porches _____ Enclosed Storage _____

Carport _____ Total under Roof _____ Elevated Deck _____ Enclosed area below \$ _____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq ft require a Non-Conversion Covenant Agreement

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



NOTICES TO OWNERS AND CONTRACTORS

- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95
4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID REF FBC 2007 SECT 105 4 1 105 4 1 1 - 5

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

AFFIDAVIT APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK 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 NOTORIZED SIGNATURE (required per 713 135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

Maureen Schwartz

State of Florida, County of Martin

On This the 8th day of Feb, 2012

by Maureen Schwartz who is personally known to me or produced

As identification Dr.

Notary Public My Commission Expires 10/23/2015

CONTRACTOR NOTORIZED SIGNATURE (required per 713 135 F.S.)

R.D. Schiller

State of Florida, County of Martin

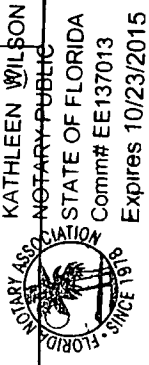
On This the 8th day of Feb, 2012

by R.D. Schiller who is personally known to me or produced

As identification

Notary Public My Commission Expires 10/23/2015

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105 3 4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105 3 2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



INSTR # 2315293
OR BK 02557 FG 1746
RECORDED 12/18/2012 11:05 18 AM
CLERK OF MARTIN COUNTY FLORIDA
RECORDED PP (8) 1 ver 1

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$100,000

PERMIT # _____ TAX FOLIO # 35.37.41 000.000
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 (AND STREET ADDRESS IF AVAILABLE)
70 N. SEWALL'S POINT RD STUART, FL 34994 40V LOT 3

GENERAL DESCRIPTION OF IMPROVEMENT SWIMMING POOL & PATIO

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME THEODORE & MAUREEN SCHWARTZ
ADDRESS 2355 NE OCEAN BLVD # 6A STUART FL 34996
PHONE NUMBER _____ FAX NUMBER _____
INTEREST IN PROPERTY 100% OWNERS

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER)

CONTRACTOR ROBERT DEAN SCHILLER / R.D. SCHILLER POOLS
ADDRESS 3590 SE DIXIE HWY STUART, FL 34997
PHONE NUMBER 772-287-0268 FAX NUMBER 287-9970

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
BOND AMOUNT _____

LENDER/MORTGAGE COMPANY _____ STATE OF FLORIDA
ADDRESS _____ MARTIN COUNTY
PHONE NUMBER _____ FAX NUMBER _____

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
FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK

NAME _____ ADDRESS _____ BY [Signature] DC
PHONE NUMBER _____ FAX NUMBER _____ DATE 02/07/2012

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

PHONE NUMBER _____ FAX NUMBER _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT _____
(EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED)

WARNING TO OWNER ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES)

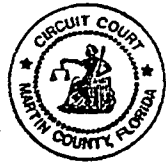
[Signature]
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT
SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 8th DAY OF Feb, 2012

BY Maureen Schwartz OWNER FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION X

TYPE OF IDENTIFICATION PRODUCED D.R. [Signature]



KATHLEEN WILSON
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE137013
Expires 10/23/2015

A. M. ENGINEERING AND TESTING, INC.

590 N.W. MERCANTILE PLACE
PORT ST LUCIE, FLORIDA 34986
(772) 924-3575 OFFICE - (772) 924-3580 FAX

January 30, 2012

Mr Ted Schwartz
2355 NE Ocean Blvd Apt 6A
Stuart, Florida 34996

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Re: Geotechnical Exploration for Proposed Pool
70 North Sewall's Point Road, Stuart, Martin County, Florida
Project No PSL2573-1

Dear Mr Schwartz

A M Engineering and Testing, Inc is pleased to submit this geotechnical exploration report for the referenced project This letter describes the project, our services, and our findings, and presents our conclusions and recommendations for the foundations of the proposed pool

PROJECT DESCRIPTION AND SITE DESCRIPTION

Based on a site plan available at the site and conversations with the client, the project consists of constructing a pool At the time of drilling, an existing two-story house occupied the site The site grade was about 0 to ½ feet below the adjacent roadway The Intracoastal Waterway was on the east side of the property

FIELD EXPLORATIONS AND SUBSURFACE CONDITIONS

The subsurface conditions at the proposed pool location were explored on January 25, 2012, with one (1) Auger Boring (AB) The auger boring was performed in general compliance with ASTM D 1452, "Practice for Soil Investigation and Sampling by Auger Borings" Hand Cone Penetrometer (HCP) tests were conducted at one-foot intervals in the auger boring The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils

The boring was performed at the east side, center area, of the proposed pool location The proposed pool location was based on plans available at the site at the time of drilling GPS coordinates obtained at boring location is included on the log The depths on the boring log are below the ground surface at the time the boring was completed

The subsurface soils observed in the boring generally consisted of fine sand to the boring termination depth of 8½ feet The HCP values generally indicated medium dense soils to the boring termination depth at 10 feet

Ground water was encountered 3 feet below the existing grade during drilling. The water table will fluctuate seasonally depending on local rainfall, nearby drainage features, and water level in the nearby Intracoastal Waterway. The rainy season in South Florida is normally between May and October.

POOL CONSTRUCTION RECOMMENDATIONS

The pool can be ground supported. During the pool excavation, soils that are suitable for use as fill should be stockpiled separately. Most of the sand soils observed from the borings will provide good fill material. Soils with high silt or organic contents should not be used for structural fill under the pool deck (or beneath any other structure).

The excavated surface (bottom of the pool) should be compacted so that the upper 1 foot of the subgrade soil achieve a density of at least 95% of the modified Proctor maximum dry density (ASTM D 1557).

The backfill around the pool should be placed in 6 to 8 inch lifts and compacted to 95% of the modified Proctor maximum dry density (ASTM D 1557). The backfill soil should be 'clean' sand with less than 5% fines (% of dry weight passing a U.S. No. 200 sieve). Higher fine contents can be used but more construction control is necessary.

If the water table is above the bottom of the proposed pool, dewatering will be necessary during the construction. Furthermore, the pool structure should be anchored to resist hydraulic uplift when it is empty or pressure relief drains should be installed in the bottom of the pool.

Care must be taken not to undermine the foundations of nearby structures during excavation. Additional recommendations for pool design as well as excavation and backfill may be needed if the edge of the pool will be within 5 feet of the structures, or if the sand soils cave during construction and could potentially cause undermining of nearby structure foundations. Also to avoid surcharge loading from footings onto the pool structure, the pool bottom and sides should be offset so as to not infringe on a 45 degree plane to the horizontal as measured from the bottom edge of footings.

If there is a nearby seawall or retaining wall, it must have the structural integrity to withstand the loadings imposed by the new pool. Evaluation and design of the nearby seawalls and retaining walls are the responsibility of the structural engineer, specialty engineer, contractor or others. Evaluation of the seawall is not within our scope of work.

CLOSURE

This report is for the exclusive use of our client in the design and construction of the previously described project. The right to rely on this report may not be assigned without written permission of A M Engineering and Testing, Inc.

PERMIT # _____

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT
AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 70 NISEWALL'S POINT RD, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2007 Florida Building Code (FBC) effective March 1, 2009 Please check your choice of compliance

Residential swimming pool safety feature options

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features

PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2007 FBC R4101 17 1 9 PRIOR TO A FINAL INSPECTION IS REQUIRED PLEASE INDICATE BY INITIALING THE FOLLOWING.

_____ (a) The pool/spa must be equipped with an approved safety pool cover (4101 17 exceptions, no other barrier feature required)

 (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101 17 1 thru R4101 17 3,)

_____ (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply (R4101 17 1 9)

_____ 1 All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities** The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening Such deactivation shall last no more than 15seconds The deactivation switch shall be located at least 54 inches above the threshold of the door

Exceptions

- a Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level
- b Windows facing the pool on floor above the first story
- c Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath (R4101 17 1 9 (1))

_____ 2 All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction (R4101 17 1 9 (2))

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I UNDERSTAND THAT NOT HAVING ONE OF THE ABOVE INSTALLED AT THE TIME OF FINAL INSPECTION, OR WHEN THE POOL IS COMPLETED FOR CONTRACT PURPOSES, WILL CONSTITUTE A VIOLATION OF CHAPTER 515, F.S AND WILL BE CONSIDERED AS COMMITTING A MISDEMEANOR OF THE SECOND DEGREE, PUNISHABLE AS ESTABLISHED IN THE FLORIDA STATUTE

RD Schiller
CONTRACTOR'S SIGNATURE & DATE

x Maureen Schwartz
OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR

NOTARY AS TO OWNER

STATE OF FL

STATE OF FL

COUNTY OF Martin

COUNTY OF Martin

ON THIS 8th DAY OF Feb, 2012

ON THIS 8th DAY OF Feb, 2012

BEFORE ME PERSONALLY APPEARED

BEFORE ME PERSONALLY APPEARED

RD Schiller

Maureen Schwartz

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED

SEAL (SIGNED) _____

SEAL (SIGNED) _____



KATHLEEN WILSON
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE137013
Expires 10/23/2015



KATHLEEN WILSON
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE137013
Expires 10/23/2015

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION



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

70 NSPR

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name ROBERT DEAN SCHILLER Permit # Schwartz

Mailing Address 3590 SE. DIXIE HWY City Stuart State FL Zip 34997

Please provide a subcontractors list for verification Any changes to this list must be provided prior to final inspection Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455

Please include all Competency Card or State Certification numbers Do not use occupational license numbers

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
<u>WC CONCRETE POOL DECK</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>
<u>DECK FINISH</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>
<u>OK MASTER ELECTRICIAN</u>	<u>LLOYD JOHNSON ELECTRIC</u>	<u>EC0003162</u>
<u>City POOL GUNITE</u>	<u>PRESTIGE GUNITE</u>	<u>CPC056953</u>
<u>INTERIOR POOL FINISH</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>
<u>POOL STEEL</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>
<u>BARRIER/ALARM</u>	<u>R.D. SCHILLER POOLS</u>	<u>CPC1457983</u>

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

I understand that a complete notarized subcontractors list is required prior to final inspection

RS Schiller
 Signature of applicant

Sworn to and subscribed before me this 8th Feb day of 20 12 by RD Schiller

[Signature]
 Notary Public, State of Florida, County of Martin
 Personally Known Produced Identification

Type of ID Produced _____



KATHLEEN WILSON
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# EE137013
 Expires 10/23/2015

ANSI/APSP-7 2006 Specifies three methods for determining the maximum system flow rate. The following simplified TDH calculation is one of the methods specified.

Simplified Total Dynamic Head (TDH) Calculation Worksheet

Determine Maximum System Flow Rate
Minimum Flow Rate Required 35 gpm Per Skimmer (Requires 1 skimmer per 800 sq ft or surf area)

1 Calculate Pool Volume $512 \times 4 \times 7.48 \text{ (gal/cubic foot)} = 15350$
 $\text{(Surf-Area)} \times \text{(Avg-Depth)} \times \text{(Vol-in-gal)}$

2 Determine preferred Turnover time in hours $\frac{148}{148} \times 60 \text{ (min/hr)} = 148$
 $\text{(Hour)} = \frac{\text{Turnover (min)}}{\text{Turnover (hr)}}$

3 Determine Max Flow Rate $\frac{15350}{148} \text{ (Vol in gal)} \div \text{(Turnover hrs)} = 103$
 $\text{Determine Max Flow Rate} = \frac{\text{Pool Flow Rate (Feature Flow Rate)}}{\text{(Turnover hrs)}} \div \text{(Feature Flow Rate)} \text{ (System flow Rate)}$

4 Spa Jets $\frac{\text{No of jets}}{\text{Jet Flow}} \times \text{gpm per jet} = \text{Total Jet Flow Rate}$
 $\text{(For single pump/spa combo, use the higher of No 3 or No 4 in the following calculations for the pool & spa)}$

Determine Pipe Sizes

Branch Piping to be **NONE** inch to keep velocity @ 6 fpm max at $\frac{117}{117}$ gpm Maximum System Flow Rate

Trunk Piping to be $2\frac{1}{2}$ inch to keep velocity @ 8 fpm max at $\frac{117}{117}$ gpm Maximum System Flow Rate

Return Piping to be **2** inch to keep velocity @ 10 fpm max at $\frac{103}{103}$ gpm Maximum System Flow Rate

Determine Simplified TDH

1 Distance from pool to pump in feet _____

2 Friction loss (in suction pipe) in _____ inch pipe per 1 ft @ _____ gpm = _____ (from pipe flow/friction loss chart)

3 Friction loss (in return pipe) in _____ inch pipe per 1 ft @ _____ gpm = _____ (from pipe flow/friction loss chart)

4 $\frac{\text{Length of Suct Pipe (ft of head/ft of Pipe) (TDH Suct Pipe)}}{\text{Length of Return Pipe (ft of head/ft of Pipe) (TDH Return Pipe)}}$

5 $\frac{\text{Length of Return Pipe (ft of head/ft of Pipe) (TDH Return Pipe)}}{\text{Length of Suct Pipe (ft of head/ft of Pipe) (TDH Suct Pipe)}}$

TDH in Piping _____

Filter loss in TDH (from filter data sheet) _____

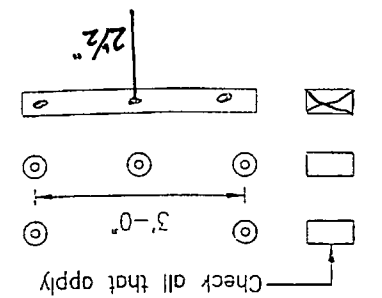
Heater loss in TDH (from heater data sheet) _____

Total all other loss _____

Total Dynamic Head (TDH) _____

Selected Pump and Main Drain Cover
Pump selection **PENTAR SUPERFLO 1/2 H.P.**
Main Drain Cover **AQUASTAR VGB 32CFLXXX** (Pump model and size in horsepower)
(System Flow Rate must not exceed approved cover flow rates)

Notes Minimum system flow based on min flow per skimmer of 35 gpm
Determine the Number and Type of Required In-Floor Suction Outlets
Check all that apply



2 suction outlets @ _____ gpm max flow (see note 2)

3 suction outlets @ _____ gpm max flow (see note 3)

1 AQUASTAR VGB 32CFLXXX channel drain @ _____ gpm max flow (see note 4)

TDH Calculation Options

Simplified Total Dynamic Head (STDH)
Complete STDH Worksheet - Fill in all blanks

Total Dynamic Head (TDH)
Complete Program or other codes Fill in required blanks on worksheet, & attach calculations

Maximum Flow Capacity
of the new or replacement pump

Notes

1 If a variable speed pump is used, use the max pump flow in calculations

2 For side wall drains, use appropriate side wall drain flow as published by manufacturer

3 Insert manufacturer's name and approved maximum flow

4 See installation instructions for number of ports to be used

5 In-floor suction outlet cover/grate must conform to most recent edition of ASME/ANSI A112.19.8 and be embossed with that edition approval

6 Pump, Filter & Heater make and model cannot be changed, and equipment location cannot be moved closer to pool without submitting a revised plan and TDH calculation worksheet for approval

Flow and Friction Loss Per Foot Schedule 40 PVC Pipe

Flow Rate (gpm)	Friction Loss (ft/100ft)	Velocity (fpm)
16	0.14	21
21	0.23	26
25	0.35	30
37	0.88	42
50	1.54	54
62	2.27	65
82	4.07	88
103	6.88	109
146	18.42	146
181	30.91	181
227	52.01	227
313	126.7	313
392	207.6	392
534	469.0	534
712	869.5	712
0.02	0.03	0.03

Velocity - Feet Per Second

Pipe Size 10 fpm

Schedule 40 PVC Pipe

DATE **2/5/12**

TOWN OF SEAWALLS POINT BUILDING DEPARTMENT

FILE COPY

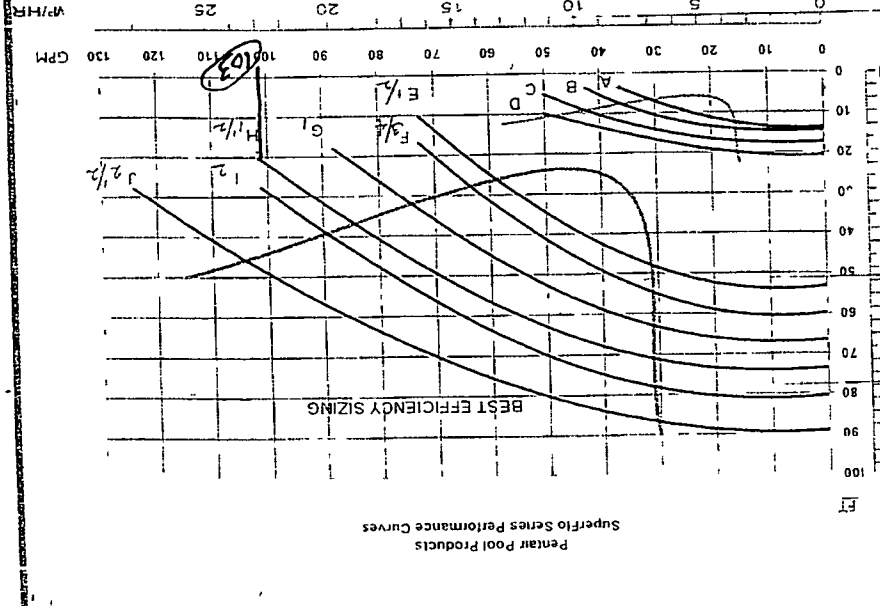
Contractors Signature _____

Contractors Printed Name _____

Contractors Cat No _____

Contractors telephone No _____

SuperFlo® Pumps Dimensions and Performance



AQUASTAR *Real Products. Real Protection. A Safe Drain is No Accident.*

32" Channel Drain Flat Grate Anti-Entrapment Suction Outlet Cover and Three-Port Manufactured Sump

VGB Series

The AquaStar line of suction outlet covers compliant with the new Virginia Graeme Baker Pool and Spa Safety Act (ASME/ANSI A112.19.8a 2008)

Features

A single unblockable suction outlet that exceeds the new VGB mandate and ASME/ANSI A112.19.8a 2008 standard

For single or multiple drain use (see installation instructions for plumbing and hydrate valve/frame pipe and single or multi pump connections)

UV resistant engineered polymers

Manufactured from superior

316 stainless steel screws

25 9 square inch openings

316 stainless steel screws

UV resistant engineered polymers

Two 2" threaded plugs included

Meets or exceeds NSF 50/ASME/ANSI A12.19.8a 2008 national standards

Orange disposable plastic pre-grate/plastic insert keeps debris out and retains sump shape during construction

Must use transitional gline when attaching to PVC pipe

Listed with IAPMO RAT

4 pc case

With sump (concrete pools) Part # 32CFLXXX

Two Drains in One!

Swimming Pool Specification For:

SCHWABTZ RES

70 N SEAWALLS POINT RD.

STUART FL 34996

Scale None Rev 0 - 2/16/09

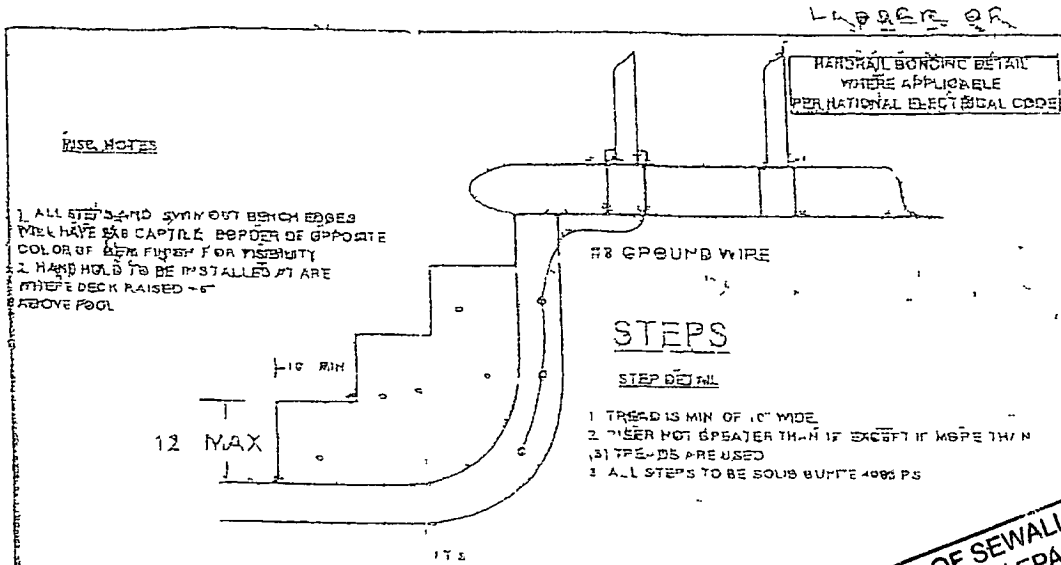
R.D. SCHILLER POOLS

3590 SE DIXIE HWY

STUART FL 34997

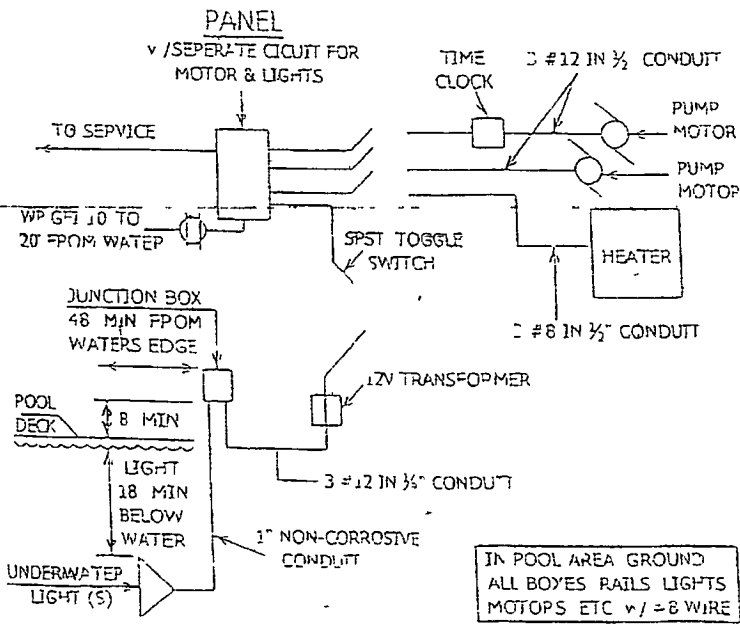
PH#772-287-0768

LIC #CPC-1457983



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

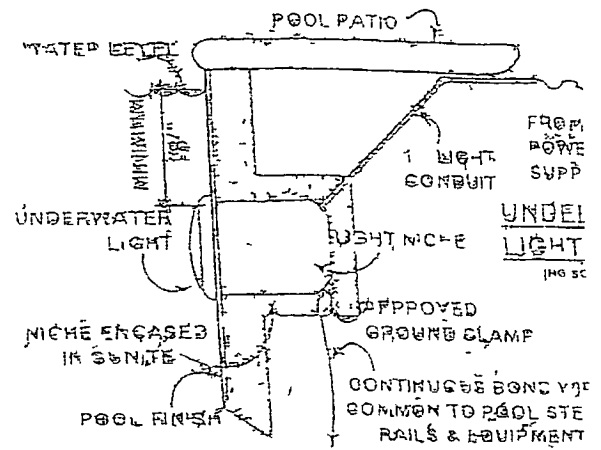
ELECTRICAL DIAGRAM

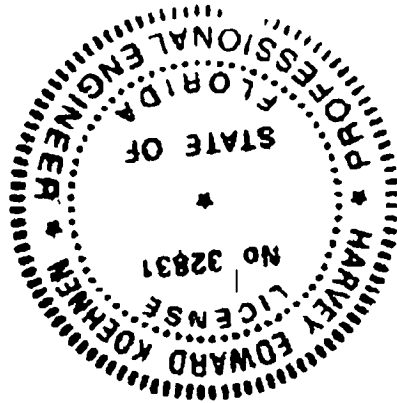


Location of GFI Receptacle to be determined in field per NEC 680

WP GFI
10' TO 20'
FROM WATER

EQUOPOTENTIAL BONDING OF POOL PERIMETER DECKING
w/ #8 BARE COPPER WIRE BURIED 4" TO 6" BELOW SUBGRADE AND 18" TO 24" FROM INSIDE POOL/SPA WALL PER NEC 2008





Signature Harvey Koehnen Date 2/9/12 Telephone Number 772-466-5888
 Address 7205 ELYSE CIRCLE City PART ST. LUCE State FL Zip code 34952
 Title PE OWNER TRAE Florida license No PE 32831
 Certifier's name HARVEY KOEHNEN Company Name T.C.B.E. INC.

SECTION V: Certification

This certifies that the design for pool located at 70 Sewalls Point Rd Stuart, Fl For Schwartz has been certified by Harvey Koehnen at Treasure Coast Building Engineers, Inc meet the requirements of National flood insurance program for V-Zone
 The potential for scour and erosion including uplift and floatation at the foundation has been anticipated for conditions associated with the base flood, including wave action

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

RECEIVED
 FEB 9 2012
 Sewall's Point Town Hall

ERNESTO VELASCO, PE

Ernesto Velasco

RESPECTFULLY SUBMITTED

1)	102 2	103 0	99 2
2)	101 6	103 0	98 6
3)	102 6	103 0	99 6

IN PLACE DRY DENSITY MAXIMUM DRY DENSITY % COMPACTION

TEST SAMPLE LOCATION . 10' IS LR Corner - Center of Pad - 10' IS RT Corner

SOIL CLASSIFICATION & REMARKS A4 Fine tan sandy soil

JOB ADDRESS 70 N Sewalls Point Road Stuart, FL

JOB LEGAL N/A

CONTRACTOR R D Schuller Pools

CLIENT R D Schuller Pools

PERMIT NUMBER 10006

JOB NUMBER 12-0224

DATE February 29, 2012

FWP
GR

ASTM D 6938-10

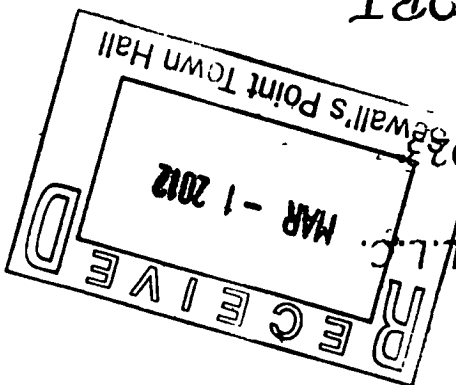
COMPACTION TEST REPORT

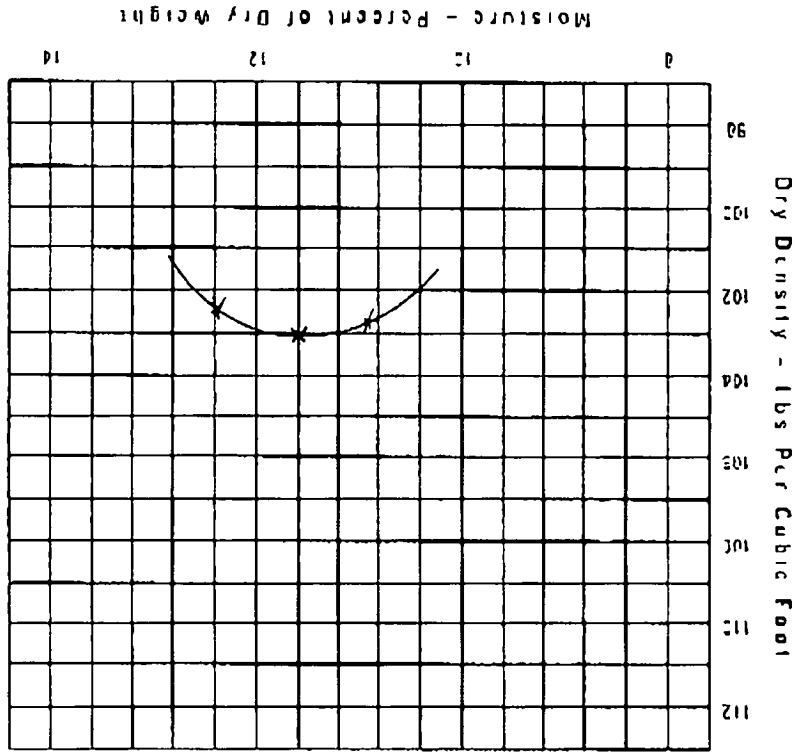
772-220-6688

PALM CITY, FLORIDA 34991-2023

PO BOX 2023

COASTAL TESTING LABORATORY, L.L.C.





PERMIT NUMBER 10006

JOB NUMBER 12-0224

CONTRACTOR R D Schuller Pools

DATE February 29, 2012

ASTM D 1557-09

MOISTURE DENSITY RELATIONSHIP

COASTAL TESTING LABORATORY, L.L.C.
 PO BOX 2023
 PALM CITY, FLORIDA 34991-2023
 772-220-6688

772-286-7669 FAX
287 2455 OFC



COMMENTS

Total pages including cover

Urgent Reply ASAP Please comment Please review For your information

SEND TO	
CITY OF SEWALLS POINT	From
Attention	Date
BUILDING DEPT	Office location
772 220-4765	Phone number
Fax number	

COASTAL TESTING LABORATORY
P.O. BOX 2023
PALM CITY, FL 34991-2023
OFFICE 772 220-6688
FAX 772 287-1591

FAX COVER SHEET

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 2-21-12 Page 1 of 0

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9403	Allen	AC Final		
	171 S Levee Rd		Pass	Close
	Knauss Crane			INSPECTOR <i>J</i>
9984	Pryce			
	22 Fieldway	ROOF FINAL	Pass	Close
	O/O			INSPECTOR <i>J</i>
9996	Castro			
	22 S SPT RD	ROOF FINAL	Pass	Close
	CARDINAL ROOFING			INSPECTOR <i>J</i>
10016	Nelme		Pass	→ PENDING
	46 S SPT RD	UG. ELEC	Pass	VOLTAGE DROP
	BARTON			INSPECTOR <i>J</i>
10002	Zayas		Fail	PENDING BOND
	10 COPAIRE	SEWER FINAL	Pass	WIRE CONN. INSP
	FL SCREEN OLDS			INSPECTOR <i>J</i>
10007	Schwartz	ROOF FINAL	Pass	
	70 N. SWIMERS BLVD	ROOF FINAL	Pass	
	SPILLER ROOF			INSPECTOR <i>J</i>
10009	ALDRICH	PAVEN FINAL		
	5 RIDGEVIEW		Pass	Close
	APEX			INSPECTOR <i>J</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-2-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9916	Murphy	Final		
<u>9916</u>	16 Herons Nest a Garage Door	Garage Door	Pass	Close INSPECTOR <i>[Signature]</i>
9807	Lawless	Final		NOT READY
<u>1PM</u>	12 Mandalay OB	Building	Fail	OK TO FURNISH INSPECTOR <i>[Signature]</i>
10026	8000	Pool	Pass	INSPECTOR <i>[Signature]</i>
10026	7000	Pool	Pass	INSPECTOR <i>[Signature]</i>
8788	Parrot	Final		
	1 Island Rd IC Parge	Sewall	Pass	Close INSPECTOR <i>[Signature]</i>
Tree	1375 Slender Rd	Tree		
Tree	12 Herons Nest	Trees		<i>[Signature]</i> INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thurs Fri 3-20-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	11 Rivercrest Ct	radiotower ?? is it allowed		Picture INSPECTOR
10006	Town Sewalls Pt	radiotower	Pass	
	Schiller	radiotower	Pass	 INSPECTOR <u>AT</u>
9904	Howley 14 Cranes Nest Sherlock Homes	insulation	Pass	INSPECTOR <u>A</u>
10031	Augustine	radiotower		
<u>1st</u>	9 Industrial Creation Bldgs.	radiotower FINAL DOOR	Pass	Close INSPECTOR <u>A</u>
9986	Paland 97 N Sewalls	Final Roof	Pass	Pics & Affidavit Close
<u>10AM</u>	Stuart Roofing -	Cont work meet w/ ladder	692-9854	INSPECTOR <u>A</u>
Tree	4 Pineapple La	Tree	OK	
Tree	3 Melody La	Tree		w/ PO'S PROPERTY ARE TREES ON? INSPECTOR
9909	Twohey 112 Henry Sewall W Seagull	Latke	Pass	INSPECTOR <u>A</u>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-16-12** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9747	Schwartz 70 N Sewalls Driftwood	Final	PASS	PERMITS EC. Low Flow ETC. INSPECTOR <i>JA</i>
10007	SCHEIDT DR. N. S. 17-110 SHILLER	GR. BARBER FINAL ELEC	PASS	 INSPECTOR <i>JA</i>
9909	Twohey 112 Henry Sewall Seagate	GAS TANK & LINE FINAL GRADE	PASS	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-15-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10115	Braunstein	Final AC	PASS	CLOSE
10-10 ³⁰	11 N River Rd Krauss & Crane			INSPECTOR <i>JA</i>
10089	SWARTZ	Pool	PASS	
10000	10 N. SATE RD SHILLER POOLS		PASS	 INSPECTOR <i>JA</i>
10089	Dunn	FINAL SEAWALL	PASS	CLOSE
	31 N. RIVER RD HARBOR BAY MARINE			INSPECTOR <i>JA</i>
10100	Preissman	IN PROGRESS	PASS	
	30 SIMARA ST ON SHORE ROOFING			INSPECTOR <i>JA</i>
	19 LANTANA	TILE	PASS	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

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. Prohibited species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Eor Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Metrosideros 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, Cocopium (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Guibo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Malberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red Bay, Saffron Plum, Sand Pine, Scrub Pine, Soursireef Saw Palmetto, Scrub Hickory, Sea Grape, Sea Olive, Slash Pine, Sprockers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry, White Mangrove

Application procedure

- 1 Fill out application information below to include
 - a applicant information
 - b written statement giving reasons for removal, removal or replacement if necessary
 - c for a new single family resident see above
- 2 Place identification tape or ribbon on each tree form attached to it, 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

lot spoke with her over phone confirmed fax to arrive

Owner Tony & Patricia Schwartz address Street #1 3099 Phone 954-726-5722
 Contractor ASCO/Ed Lange Address PO Box 2602 Ft. Pierce, FL 34948 Phone 772-870-4567
 No. of trees: REMOVE 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 2/21/08

Approved by Building Inspector [Signature] Date 2/21 Fee 0

Plans approved as revised/marked _____

February 21, 2006

Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Florida 34996

Subject: #70 N Sewall's Point Road

To Whom It May Concern

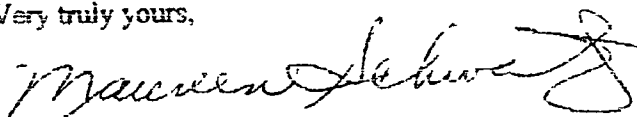
We are forwarding our application for a tree removal permit together with a survey indicating the areas in which trees are to be removed. We are new owners of this property and have a large (dead) tree which has fallen over and needs to be removed immediately. Police Chief McCarty contacted us yesterday about this and advised us that we have 10 days to remove the tree. He told us that he has been trying to contact us but since we are new owners he was not aware of how to advise us of the problem.

We plan to build a retirement home on this lot within the next two years and have already started working with an architect concerning house plans. Our first problem is that we do not have access to our land. It is a flag shaped lot with a long narrow driveway to the street on the south side. This area has a number of dead as well as healthy palm trees on it. Since our driveway is only 20 feet wide we need to remove all vegetation in this area so that we can drive onto our lot and have the rest of the dead, diseased and prohibited species removed. We also need to do this so that we can do a soil boring to evaluate the strength of the ground below the surface and determine the appropriate foundation for our home.

We have spoken to our surveyor, Mr. Brown, and he suggested that we remove all the dead and prohibited species first so that an appropriate tree survey can be conducted once our construction plans have been finalized.

We would appreciate your earliest approval of this application because Police Chief McCarty has only given us a limited amount of time to get rid of the fallen tree. We live in the Ft. Lauderdale area and therefore we are faxing this application in order to expedite matters. Please call us if there are any additional questions or documents that we need to provide. Thank you very much for your assistance in this matter.

Very truly yours,



Ted and Maureen Sewerz
954-726-5722

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ ^{TUES} Wed Fri 2/21, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8060	COWAN	FINAL KITCHEN	PASS	CLOSE
4	100 HILLCREST CUNNINGTON CONST			INSPECTOR <i>OM</i>
8050	KALAMONIS	WINDOW STEEL	CANCEL	
1	805 RIVER RD DICK STRONG CONST			INSPECTOR
7982	MCKEON	WINDOW/DOORS	PASS	CLOSE
	7 QUAIL RUN LOWE'S			INSPECTOR <i>OM</i>
7771	MACDOUGALL	FINAL DOCK	PASS	CLOSE
	23 N. RIVER RD DAN DIVAN		10:30	INSPECTOR <i>OM</i>
7806	SILAS	POOL PERIMETER		RESCHEDULE
	10 CASTLE HILL WY MIRAGE			INSPECTOR <i>OM</i>
Tree	SEWALL'S POINT	Tree	PASS	
	70 N. SEWALL'S PT (LOT)			INSPECTOR <i>OM</i>
				INSPECTOR

OTHER. _____



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



TREE CITY USA

Since 1990
Sewall's Point
has proudly been
designated a
Tree City USA

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

WORK PERMITTED FROM 8 00 AM TO 5 00 PM – NO SUNDAYS

Owner SCHWARTZ Address 70 NORTH SEWALL'S Pt RD Phone 172 - 266 - 4653
 Contractor STUMP REMOVAL TREE CRANE LIKE Address 4833 SE WILKS CT Phone 824-0014
 No of Trees REMOVE 3-4 Species BRASILIAN PEPPERS ALICE Caliper @ 4' above soil ___ (inches) Height ___ (ft)
 No of Trees RELOCATE ___ Species ___ Caliper @ 4' above soil ___ (inches) Height ___ (ft)
 No of Trees REPLACE ___ Species ___ Caliper @ 4' above soil ___ (inches) Height ___ (ft)

REPLACED OR RELOCATED TREES MUST BE INSPECTED WITHIN 30 DAYS OF PERMIT ISSUANCE

ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal /relocation INVASIVE TREES

Signature of Property Owner [Signature] Date 4/20/15

This space for Official Use only

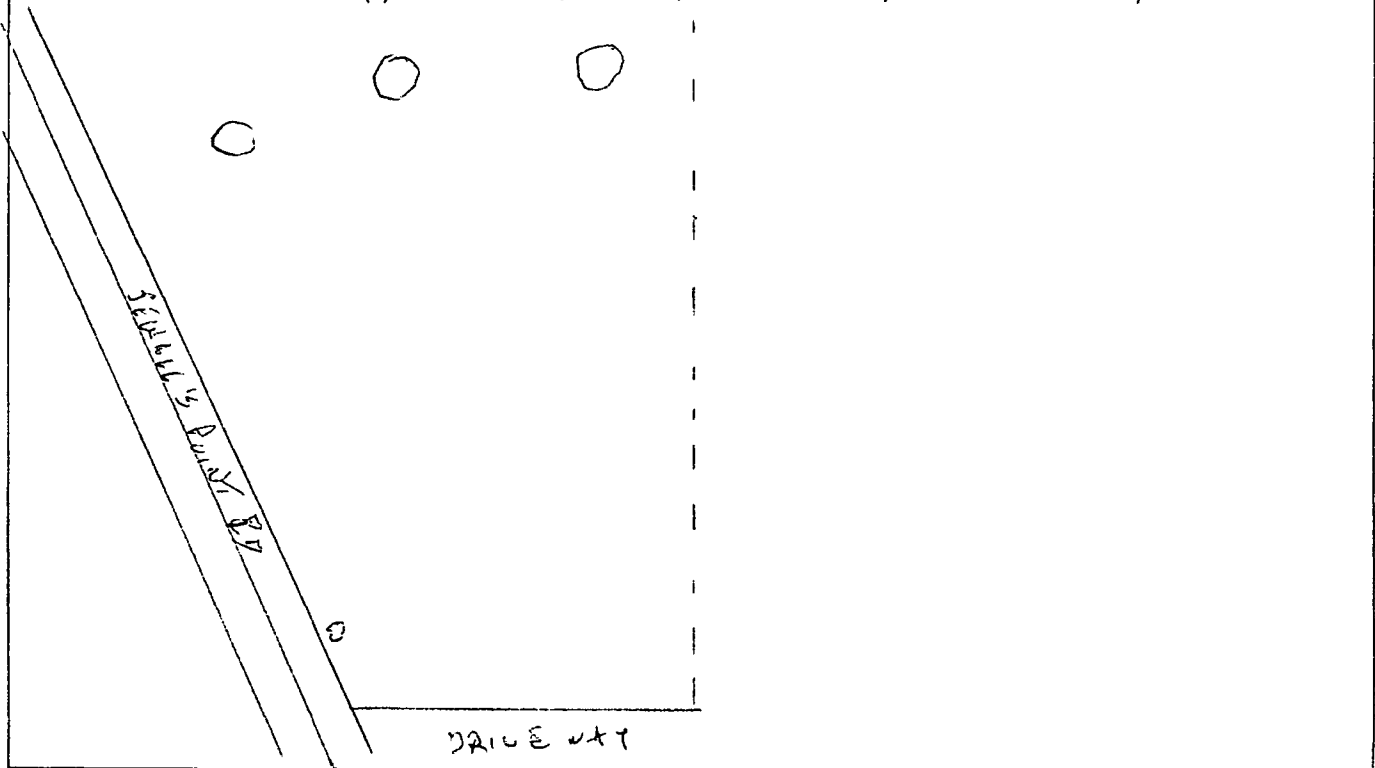
Approved by Building Official [Signature] Date 4-21-15 Fee N/A

BUILDING INSPECTOR NOTES

Minimum Tree Requirements Met On Property

Prohibited Species Identified for Removal

SKETCH (Show location of tree(s) to be removed/relocated, dimensions of lot, location of structures)





Ted & Maureen Schwartz
 70 N Sewall's Point Road
 Stuart, Florida 34996

(772) 266-4653

July 8, 2015

PROPOSAL		
Front of Property Across Sewalls Point Road		
<u>Description</u>	<u>Size</u>	<u>Quantity</u> <u>Cost per Plant</u> <u>Total Cost</u>
Cabbage Palms (Sabal-Native)	FG, 12-14-feet OA (staked)	2
Move (3) Cabbage Palms from Existing Property (stake)		3
Chinese Fan Palms	25-gallon	6
Chinese Fan Palms	7-gallon	8
Shady Lady Black Olive	65-gallon, 14-feet OA	3
Cardboard (Cycad)	25-gallon	9
Plumbago	3-gallon	65
Delivery		
Installation	65-gallon	3
Installation	25-gallon	15
Installation	7-gallon	28
Installation	3-gallon	65
Pine Straw	per bale	20
Remove Sod	Spray Prior to Planting	
Tractor - Spread Dirt	per hour	2
	Sub-Total	
	Sales Tax (06%)	
	TOTAL	

NOTES

All estimates are based on the number of plants installed during time of landscaping and may change slightly depending on size of planting beds and number of plants needed to complete the job. Accordingly, the proposed totals will reflect the change in number of plants and installation costs on the final invoice.

It is the homeowners responsibility to obtain HOA approval. Two sets of plans are given.



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



TREE CITY USA

Since 1990,
Sewall's Point
has proudly been
designated a
Tree City USA

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

WORK PERMITTED FROM 8 00 AM TO 5 00 PM – NO SUNDAYS

Owner Schwartz Address 70 N Sewalls Pt Rd Phone 772-266-4653

Contractor Palm City Palms Address _____ Phone _____

No of Trees REMOVE _____ Species _____ Caliper @ 4' above soil _____ (inches) Height _____ (ft)

No of Trees RELOCATE 3 Species cabbage palms Caliper @ 4' above soil _____ (inches) Height _____ (ft)

No of Trees REPLACE _____ Species _____ Caliper @ 4' above soil _____ (inches) Height _____ (ft)

REPLACED OR RELOCATED TREES MUST BE INSPECTED WITHIN 30 DAYS OF PERMIT ISSUANCE

ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal /relocation _____
power line interference

X Signature of Property Owner _____ Date _____

This space for Official Use only

Approved by Building Official Town manager J. V. Veltie Date 7-30-15 Fee none

BUILDING INSPECTOR NOTES _____

Minimum Tree Requirements Met On Property

Prohibited Species Identified for Removal

SKETCH (Show location of tree(s) to be removed/relocated, dimensions of lot, location of structures)

SEE Attached
Plan

CORRESPONDENCE



BRADEN & BRADEN, A I A , P A

Architects & Planners

417 COCONUT AVENUE STUART FLORIDA 34996
TELEPHONE (772) 287-8258 FAX (772) 287-8283
#AAC-000032

Sewalls Point Building Department

Permit # 9747

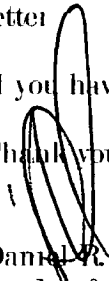
RE Schwartz Residence

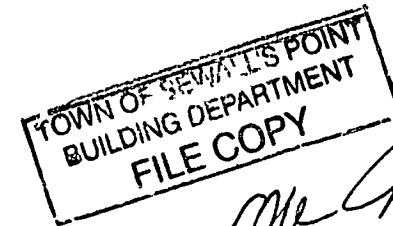
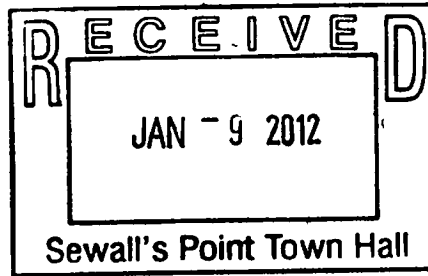
Mr Adams,

The Icynene spray foam insulation has been applied based on the ESR-1826 evaluation report from the ICC attached to this letter

If you have any questions please feel free to call me at (772) 287-8258

Thank you,


Daniel R. Braden
Braden & Braden AIA PA



OK A
1-10-12
FWP

January 9, 2012



BRADEN & BRADEN, A I A , P A

Architects & Planners

417 COCONUT AVENUE STUART FLORIDA 34996
TELEPHONE (772) 287-8258 FAX (772) 287-8283
#AAC-000032



11-12-07

Town of Sewall's Point Building Department
Application Address 70 N Sewall's Point Rd

Mr Adams

Please note, the following changes have been made to our plans in response to your comments dated 10/31/07

- 1 There is no health department permit as this uses city sewer
- 2 The attached V-zone forms have been attached
- 3 The exterior equipment pads are shown on the floor plans and the site plan
- 4 A cantilevered slab shall hold the a/c compressors and generator The locations are shown on the main level floor plan A detail has been provided on the same sheet (#4)
- 5 The powder room is the accessible bath and has been labeled as such
- 6 A product approval has been provided on sheet #1
- 7 The only tempered glass locations shall be at shower enclosures All exterior windows are to be impact glass See the window schedule on sheet SC-1
- 8 The railing details on sheet d-4 have been upgraded to show compliance with code
- 9 All smoke detectors have been shown on sheet E-1
- 10 Gas piping plan shall be provided by others Site plan shows tank location
- 11 Kitchen hood dilution air etc provided by others
- 12 Elevator equipment room has been added to the foyer – see sheet #5
- 13 Exhaust fans have been shown on sheet E-1 It also shows where they vent
- 14 There are shall not be any other mechanical exhaust at this time

All items above have been circled on the plans submitted with this letter If you have any questions, please feel free to call me at 287-8258, or on my cell phone at 772-708-6370

Thank you,
Chris Urban

Braden & Braden AIA PA