

78 North Sewall's Point Road

1598

SFR

RECEIVED TOWN OF SEWALL'S POINT FLORIDA

Permit No. JUL 26 1983

Date July 25, 1983

1598

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three sets of complete plans, to scale, (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner Mary Louise Miller Present address 94 North Sewall's Point Road

Phone 287-9345 Sewall's Point, Stuart, Fla. 33494

General contractor Francon Construction Address 1330 N.E. Dixie Highway

Phone 334-3290 Jensen Beach, Florida 33457

Where licensed State Of Florida License No. CG C005985

Plumbing contractor Norton's Plumbing License No. 524034

Electrical contractor Haldane Electric License No. 112

Air-conditioning contractor Marine Air Conditioning License No. CAC015437

Describe the building, or alteration to existing building _____

Wood Frame Single Family Residence

Name the street on which the building, its front building line and its front yard will face North Sewall's Point Road

Subdivision _____ Lot No. 3, Sect. 35 Area North Sewall's Point Rd

Building area, inside walls (excluding garage, carport, porches, pools, etc). square feet 2,538

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 135,000.00

Cost of permit \$ 675.30 705 Plans approved as submitted or, as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project

Contractor Francon Construction

I understand that this building must be in accordance with the approved plans and that it must comply with all code requirements before a Certificate of Occupancy will be issued and the property approved for all utility services. I agree that within 90 days after the building has been approved for occupancy, the property will be landscaped so as to be compatible with its neighborhood, as required by the Town's zoning ordinance.

Owner M. Louise Miller

Speculation builders will be required to sign both of the above statements.

TOWN RECORD Date submitted _____

Approved by Building Inspector (date) 7/28/83 Inspector's initials JDM

Approved by Town Commissioner (date) 8/2/83 Commissioner's initials AS

Certificate of Occupancy issued (date) _____

These plans in accordance with the Town of Sewall's Point Ordinance, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

E. CLAY SHAW, JR.
321 Southeast 15th Avenue
FORT LAUDERDALE, FLORIDA 33303
Telephone: 305-467-2000

Warranty Deed

(STATUTORY FORM—SECTION 689 02 FS)

This Indenture. Made this 4 day of January 19 80, Between

Janet H. Von Stein, joined by her husband, Lee T. Von Stein,

of the County of Broward, State of Florida, grantor*, and

Mary Louise Miller

whose post office address is

of the County of _____, State of Florida, grantee*.

Witnesseth. That said grantor, for and in consideration of the sum of TEN AND NO/100ths-----

----- Dollars,
and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida, to wit

Begin at the intersection of the north line of Gov't Lot 3, Sec. 35, Township 37 South, Range 41 East, with the centerline of Sewall's Point Road; thence run S. 29°47'00" E. along said centerline of Sewall's Point Road a distance of 117.77 feet to a point; thence run S. 89°21'41" E. a distance of 493 feet, more or less, to the waters of the Indian River, thence run north-westerly 290 feet, more or less, along the waters of the Indian River to the intersection with the southerly line of Captain's Cove, Plat Book 4, page 66, Martin County, Florida; thence run N. 89°17'00" W. along said southerly line of Captain's Cove, a distance of 445 ft. more or less, to the centerline of Sewall's Point Road, thence run S. 29°56'00" E. along centerline of Sewall's Point Road, a distance of 144.13 feet to the Point of Beginning, less right of way Sewall's Point Road;

SUBJECT to zoning and/or restrictions imposed by governmental authority, road and utility easements and the restriction that said parcel shall not be subdivided into more than four homesites.

SUBJECT to taxes for the year 1980 and subsequent years.

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

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

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

Pauline C. Zapp

Dorothy Bassano

Janet H. Von Stein (Seal)

Lee T. Von Stein (Seal)

(Seal)

(Seal)

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Janet H. Von Stein, joined by her husband, Lee T. Von Stein,

to me known to be the person s described in and who executed the foregoing instrument and acknowledged before me that t he y executed the same

WITNESS my hand and official seal in the County and State last aforesaid this 4th day of January 1980.

My commission expires

Dorothy Bassano
Notary Public

NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES
JAN 31 1983

Handwritten initials



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR SEPTIC TANK PERMIT
AND FINAL INSPECTION FORM

Permit No. _____
Date of Issuance _____

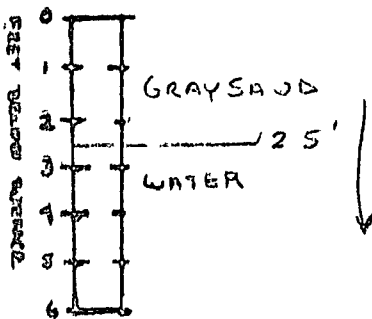
Authority
Chapter 391, 398, 397, FS
Chapter 100-4, FAC

Permit Number HDB3-426
PREPARED BY: PRICE ENGINEERING COMPANY, P.O. BOX 2116 TELEPHONE: 287-5628
Name of Applicant LOUISE MILLER Telephone 287-9345
Mailing Address of Applicant PO BOX 785 JENSEN BEACH FLA. 33457
To Be Installed at: (Give Street Address)* SEAWALLS POINT ROAD
Lot Block Subdivision SEE PLOT PLAN
Plat Book & Page Date Recorded
Residential: No. Living units 1 No. Bedrooms 3 PER PLANS
Commercial: Type of Business No. People No. Toilets
*Note: Attach site location map and other supportive documents.
Signature of applicant

SITE INFORMATION

Is there a private well within 75 ft of the proposed septic system? NO
Is there a public well within 100 ft of the proposed septic system? NO
Is there a public sewer within 100 ft of the proposed lot? NO
Is there a lake, stream, canal or other body water within 50 ft. of the proposed septic system? NO
Is there a septic system or other interference within 75 ft. of the proposed private well? NO
Is the proposed or existing public water line within 10 ft. of the proposed septic system? NO
There is square feet of unobstructed land for future expansion of the drainfield

SOIL PROFILE AND PERCOLATION DATA



USDA soil type: WAVELAND SAND
USDA symbol # 4

NOTE:
If fill is required to obtain proper elevation, fill permit must be obtained from Martin County Building Division.

Certified by: [Signature]
Fla. Professional No.: 71760
Date: 7/15/83 Job No. 81-431
Percolation Rate Min/Inch

INSTALLATION SPECIFICATIONS

Septic Tank Capacity <u>900</u> Gallons	Absorption Bed size <u>300</u> Square Ft	<u>RBW 7-27-83</u>
Dosing Tank Capacity <u>1050</u> Gallons	Lateral Drainfield size <u>400</u> Square Ft	
Grease trap Capacity <u> </u> Gallons	Sand Filter size <u> </u> Square Ft	

Specifications: STUB OUT
TOP OF SEPTIC TANK IS REQUIRED TO BE A MIN. ELEVATION OF 22" ABOVE CROWN OF ROAD

7-22-83
Date Processed

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

Robert B. Worley, RS
Signature of Sanitarian

Martin County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection Type of Tank (Concrete, Fiber-glass, Etc.)
Size Tank Installed Drainfield Size
Dosing Tank Size Grease Trap Size Sand Filter Size
Who Made Installation

RECOMMENDATION. Approval Disapproval

02856

**FLORIDA MODEL ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

FORM 902
BOB GRAHAM
GOVERNOR

SECTION 9 9H POINTS METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH (789)

PROJECT NAME AND ADDRESS	<i>SEWALL'S PT RD</i>	JURISDICTION ZONE	<i>7</i>
BUILDER	<i>FRANCON CONST.</i>	PERMIT NO	
OWNER	<i>Louise Miller</i>	JURISDICTION NO	<input type="text"/>

STATISTICS

<input type="checkbox"/> RENOVATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI FAMILY	IF MULTI FAMILY, NO OF UNITS COVERED BY THIS CALCULATION:	<input type="text"/>	GLASS AREA AND TYPE	
	(SEPARATE CALCULATIONS REQUIRED FOR EACH WORST CASE UNIT TYPE) SEC H901.1		CLEAR	TINT OR FILM
			<input type="text"/> <i>388</i> SGL <input type="checkbox"/>	<input type="text"/> SGL <input type="checkbox"/>
			<input type="text"/> DBL <input type="checkbox"/>	<input type="text"/> DBL <input type="checkbox"/>

GROSS WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL ASSEMBLY
<input type="text"/>	<input type="text"/>	<i>1975</i>	<i>11</i>	<i>2450</i>	R= <i>19</i>	R= <input type="text"/>

COOLING SYSTEM		PRIMARY HEATING SYSTEM			PRIMARY HOT WATER SYSTEM		
<input checked="" type="checkbox"/> CENTRAL	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> STRIP	<input type="checkbox"/> GAS	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> RESISTANCE	<input type="checkbox"/> SOLAR	
<input type="checkbox"/> UNITARY		<input type="checkbox"/> OIL	<input type="checkbox"/> SOLAR		<input type="checkbox"/> HEAT RECOVERY	<input type="checkbox"/> GAS	
EER SEER = <i>8</i>	<i>-</i>	<input type="checkbox"/> HEAT PUMP	COP = <input type="text"/>		<input type="checkbox"/> DED HEAT PUMP	COP = <input type="text"/>	
		<input type="checkbox"/> OTHER			<input type="checkbox"/> OTHER		

MAX EPI ALLOWED (from 9A) *80* - CALCULATED EPI *79.9* *77.91*

CHECK IF COMPLYING BY "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC 903 11)*

CERTIFIED BY *The Home Ins.* (owner/agent) DATE *7/25/83* FORM COMPLETION CHECKED BY (building official) DATE

THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT

9A	MAX EPI ALLOWED (CALCULATED EPI MUST NOT EXCEED VALUE SHOWN BELOW)									
CONDITIONED FLOOR AREA	0-900	901-1100	1101-1300	1301-1500	1501-1700	1701-1900	1901-2100	2101-2300	2301-ABOVE	
BASE EPI	120	115	110	105	100	95	90	85	<i>80</i>	
DEDUCTIONS	A/C EFFICIENCY LESS THAN 80 EER/SEER (7.5 HEAT PUMP) (as of October 1, 1982)									- 10.0
	IF MULTI-FAMILY COMMON WALLS (maximum of 5 points)									- 2.5
	IF MULTI FAMILY COMMON CEILING and/or FLOOR (maximum of 12 points)									- 6.0
	TOTAL DEDUCTIONS									
COMPUTE MAX EPI ALLOWED	BASE EPI			DEDUCTIONS			MAX E.P.I. ALLOWED			
	-			=						

*RESIDENCES WHICH COMPLY WITH THIS CODE BY THE "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC 903 11) ARE REQUIRED TO MEET OR EXCEED ALL MINIMUM PRESCRIPTIVE LEVELS INDICATED BY SHADED BLOCKS ON THIS FORM, AND ALL OTHER APPLICABLE PRESCRIPTIVE REQUIREMENTS LISTED IN TABLE 9B THE EPI FOR A HOUSE COMPLYING UNDER THIS METHOD IS NOT CALCULATED BUT WILL BE THE MAXIMUM EPI ALLOWED FOR THAT HOUSE SIZE AS SHOWN ON TABLE 9A THE STATISTICS SECTION ABOVE SHALL BE COMPLETED AND SUBMITTED TO THE LOCAL BUILDING DEPARTMENT

9B	PRESCRIPTIVE MEASURES (CHECKLIST)		
INFILTRATION windows/doors	903 1	HVAC DUCT CONSTRUCTION	903 5
WATER HEATER ASHRAE LABEL	903 2	PIPING INSULATION	903 6
SWIMMING POOLS	903 3	HVAC CONTROLS	903 7
SHOWER FLOW RESTRICTORS	903 4	HVAC SYSTEM EFFICIENCY SECTION	903 8
		CEILING INSULATION	903 10

RESIDENTIAL CALCULATION

FORM 902

CLIMATE ZONE 9

COMPONENT		WINTER			GROSS WINTER POINTS	SUMMER			GROSS SUMMER POINTS
		AREA	x	WPM =		AREA	x	SPM =	
WALLS	CONCRETE	R 2.7 - 3.9		6.6			17.5		
		R 4-5 9		5.0			15.0		
		R 6 & UP		4.4			13.9		
	FRAME OR BRICK VENEER	R 11 - 18.9	1519		2.5	3797.5 ✓	1519	13.9	21114.1 ✓
		R 19-25 9			1.5			8.6	
		R 26 & UP			1.1			6.5	
	COMMON			2.7			3.8		

DOORS	WOOD OR METAL		WINTER			SUMMER			
			AREA	x	WPM =	AREA	x	SPM =	
	INSULATED		68		86.5	5882 ✓	68	55.4	3767.2 ✓
	STORM DOOR				84.0			22.2	
	COMMON				44.6			44.3	
				21.6			6.9		

CEILING	UNDER ATTIC	R 19 - 21.9	2450	1.9	4655 ✓	2450	8.4	20580 ✓
		R 22-29 9		1.7			7.6	
		R 30 & UP		1.5			5.5	
	SINGLE ASSEMBLY	R 6-7 9			5.4		22.6	
		R 8-9 9			4.0		17.3	
		R 10-11 9			3.5		14.6	
		R 12-18 9			2.5		10.6	
		R 19 - 21.9			1.9		8.4	
	COMMON			1.7		2.0		

FLOOR OVER UNCONDITIONED SPACE	WOOD	R 0-6 9		5.8		6.6		
		R 7-10 9		2.4		2.9		
		R 11 - 18.9		2.1		2.3		
		R 19 & UP		1.4		1.5		
		COMMON			1.7		2.0	
	CONCRETE	R 0-2 9			6.8		8.2	
		R 3-5 9			4.3		5.7	
		R 6-10 9			3.4		3.6	
		R 11 - 18.9			2.3		2.9	
		R 19 & UP			1.5		1.9	
COMMON			1.7		2.0			

SLAB ON GRADE	EDGE INSULATION		PERIMETER	WPM	
	PERIMETER	R 0 - 2.9	213	28.3	6027.9 ✓
		R 3-5 9		20.4	
		R 6 & UP		12.4	

↓ 2
20362.4 ✓

↓
45461.3 ✓

OR	AREA	SINGLE		DOUBLE		SOF 9F	GSP
		CLR	TIN	CLR	TIN		
N	44.5	204	176	163	139	1	45461.3
NE		309	264	258	218		
E	46.4	425	360	362	304	.95	18734.0
SE		418	354	355	298		
S	45.3	346	294	287	242	.92	14419.9
SW		418	354	355	298		
W	39	425	360	362	304	.95	15746.2
NW		309	264	258	218		
H		720	605	627	524		
S	67.2	346				.64	14880.8
E	146	425				.62	38471.0

OR	AREA	WOF 9F	GWP
			20362.4
N	44.5	1	2465.3
NE			
E	46.4	.86	2210.7
SE			
S	45.3	.86	2158.3
SW			
W	39	1	2160.6
NW			
H			
S	67.2	1	3722.9
E	146	1	8088.4

GLASS DO NOT INCLUDE INTERIOR SHADING

GLASS AREA MUST NOT EXCEED: SGL/CLR 15% OF FLOOR AREA, SGL/TINT 17% OF FLOOR AREA, DBL/CLR 18% OF FLOOR AREA, DBL/TINT 20% OF FLOOR AREA.

H = HORIZONTAL GLASS (SKYLIGHTS). FOR SC LESS THAN 0.83 SEE SEC 902.2d

TOTAL GROSS WINTER POINTS	41168.6	TOTAL GROSS SUMMER POINTS	156791.2
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DUCT MULT	WINTER POINTS		SUMMER POINTS				
	R = 35	41168.6	1.15	47343.9	R = 35	156791.2	1.15
R = 50		1.12		R = 50		1.12	
R = 67		1.09		R = 67		1.09	
DUCT IN COND. SPACE		1.00		DUCT IN COND. SPACE		1.00	

HSM FROM 9G	47343.9	1	47343.9	CSM FROM 9H	180309.9	.81	146051.0
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DIVIDE BY FLOOR AREA	47343.9	2450	19.32	WINTER POINTS	DIVIDE BY FLOOR AREA	146051.0	2450	59.61	SUMMER POINTS
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CALCULATE E.P.I.						
WINTER POINTS	SUMMER POINTS	HOT WTR PTS	CREDIT POINTS	PENALTY POINTS	E.P.I.	
19.32	+ 59.61	- 0	(9I) - 2	(9C) + (9D) + 3	(9E) =	77.75
FEWER TOTAL POINTS ARE ENCOURAGED FOR MAXIMUM ENERGY SAVINGS						77.91

9C	DESIGN CREDIT POINTS (CP)
CEILING FAN IN COND SPACE (max 5 CP)	1
MULTIZONE A/C SEPARATED BY DOOR	5
CROSS VENTILATION (1 CP per room)	1
WHOLE HOUSE FAN (min 1.5 cfm/s f)	5
WOOD STOVE	2
FIREPLACE with outside combustion air	2
9C TOTAL (not to exceed 12 points)	21

9D	HEATING SYSTEM CREDIT POINTS
NATURAL GAS/PROPANE HEATING	80
OIL HEATING	64

9E	DESIGN PENALTY POINTS
WASHER AND DRYER IN COND SPACE	3
TOTAL GLASS OPENS LESS THAN 40%	5
FIREPLACE W/ INSIDE COMBUSTION AIR	5

9F WINTER OVERHANG FACTOR (WOF)

FEET	N	NE	E	SE	S	SW	W	NW
0-0 9	1.00	0.99	0.85	0.75	0.83	0.98	1.00	1.00
1-1 9	1.00	0.99	0.85	0.76	0.84	0.98	1.00	1.00
2-2 9	1.00	0.99	0.86	0.77	0.86	0.99	1.00	1.00
3-3 9	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00
4-4 9	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00
5-5.9	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00
6-6.9	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00
7-7 9	1.00	1.00	0.94	0.92	0.96	1.00	1.00	1.00
8-8 9	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00
9-9.9	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00
10-10 9	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00
11-11 9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
12 UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

9F SUMMER OVERHANG FACTOR (SOF)

FEET	N	NE	E	SE	S	SW	W	NW
0-0 9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.9	1.00	1.00	0.99	0.99	0.98	0.99	0.99	1.00
2-2 9	1.00	0.98	0.95	0.93	0.92	0.93	0.95	0.98
3-3 9	1.00	0.95	0.89	0.87	0.86	0.87	0.89	0.95
4-4 9	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91
5-5.9	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88
6-6 9	0.99	0.85	0.76	0.72	0.72	0.72	0.76	0.85
7-7 9	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83
8-8 9	0.98	0.81	0.69	0.66	0.68	0.66	0.69	0.81
9-9 9	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79
10-10 9	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78
11-11 9	0.97	0.76	0.63	0.61	0.65	0.61	0.63	0.76
12 UP	0.97	0.76	0.62	0.59	0.64	0.59	0.62	0.76

9G HEATING SYSTEM MULTIPLIER (HSM)

HEAT PUMP	COP	2 2-2 3	2 4-2 5	2 6-2 7	2 8-2 9	3 0-3 1	3 2-3 3	3 4 & UP
	HSM	0.45	0.42	0.38	0.36	0.33	0.31	0.29
SOLAR HEATING SYSTEM	(BACKUP SYSTEM FRACTION) x (BACKUP SYSTEM HSM)							
ELECTRIC STRIP HEAT	1.00							
NATURAL GAS / PROPANE	1.0 (SEE TABLE 9D FOR CREDITS)							
OIL	1.0 (SEE TABLE 9D FOR CREDITS)							

9H COOLING SYSTEM MULTIPLIER (CSM)

ELEC.	EER/SEER	6 8-6 9	7 0-7 4	7 5-7 9	8 0-8 4	8 5-8 9	9 0-9 4	9 5-9 9	10 0-10 4	10 5-10 9	11 0-11 9	12 0-UP
	CSM	1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	0.62	0.59	0.54
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP				
	CSM	1.50	1.25	1.20	1.09	1.00	0.92	0.89				

*ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH MINIMUM AIR CONDITIONER EFFICIENCY LEVEL 80 SEER/EER FOR STRAIGHT COOL OR 75 FOR HEAT PUMPS

NOTE EER = COOLING MODE COP x 3.413 = ARI RATED COOLING OUTPUT IN BTUH - TOTAL WATTS CONSUMED

9I HOT WATER CREDIT POINTS (HWCP)

ELECTRIC RESISTANCE WATER HEATER												0
GAS WATER HEATER												10
INSTANTANEOUS WATER HEATER	ELECTRIC BACKUP											45
	GAS BACKUP											126
HRU (A/C) WATER HEATER	ELECTRIC BACKUP											89
	GAS BACKUP											152
HRU (HP) WATER HEATER	ELECTRIC BACKUP											97
	GAS BACKUP											154
HEAT PUMP WATER HEATER (DEDICATED HEAT PUMP)	COP	1 60 - 1 89		1 90 - 2 19		2 20 - 2 49		2 50 - 2 79		2 80 - 3 00		
	CREDIT POINTS	90		114		131		144		154		
SOLAR HOT WATER	OVERALL SOLAR FRACTION*	0 1	0 2	0 3	0 4	0 5	0 6	0 7	0 8	0 9	1 0	
	CREDIT POINTS	ELECTRIC BACKUP	24	48	72	96	120	144	168	192	216	240
		GAS BACKUP	114	128	142	156	170	188	198	212	226	240

*PERCENT OF ANNUAL HOT WATER PROVIDED BY SOLAR SYSTEM - 100 = OVERALL SOLAR FRACTION

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 33450

FORT PIERCE (305) 461-7508
 VERO (305) 567-6177
 STUART (305) 283 7711

1598

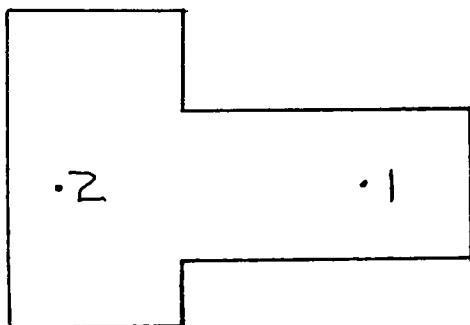
Report
 of
DENSITY OF SOIL IN PLACE
 ASTM D2922

Client Francon Construction **Date** August 17, 1983
Contractor Client **Permit** #1598
Site 78 North Sewells Pt. Rd.
 Lot 3, Sēc. 35, Sewells Pt.

Test No	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No	Max Dry Density	
71752	Map Location #1	0 - 1'	103.9	71752	105.0	99.0
	Map Location #1	1 - 2'	104.2		105.0	99.2
	Map Location #1	2 - 3'	105.2		105.0	100.2
	Map Location #1	3 - 4'	104.6		105.0	99.6
	Map Location #2	0 - 1'	104.1		105.0	99.1
	Map Location #2	1 - 2'	105.6		105.0	100.6
	Map Location #2	2 - 3'	105.1		105.0	100.1
	Map Location #2	3 - 4'	104.8		105.0	99.8
All elevations below slab grade.						

Copies Client - 2

N4



Respectfully submitted,

 ALEXANDER H FRASER, P E

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 33450

FORT PIERCE (305) 461-7508
 VERO (305) 567-6177
 STUART (305) 283-7711

Report
 of
MOISTURE DENSITY RELATIONSHIP
 ASTM 1557-70

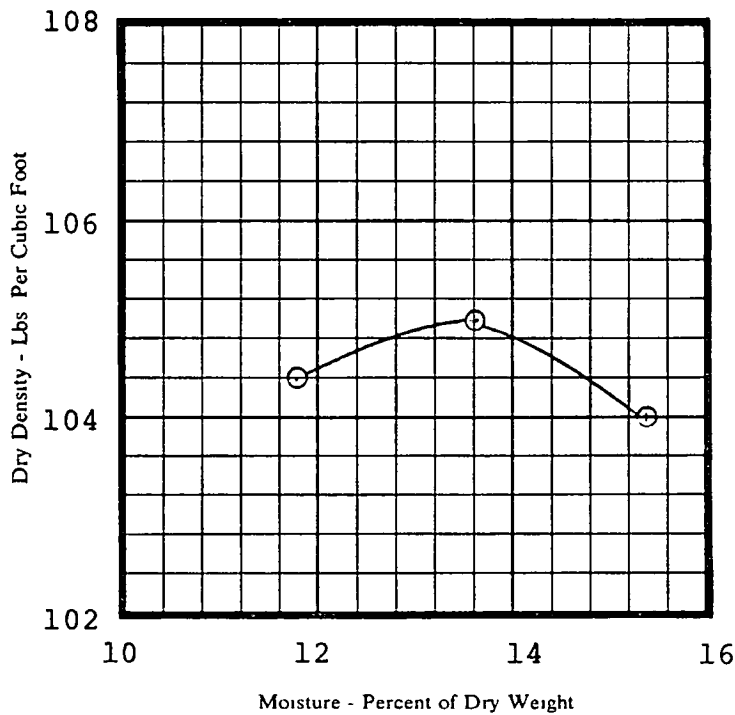
Client Francon Construction

Date August 17, 1983

Contractor Client

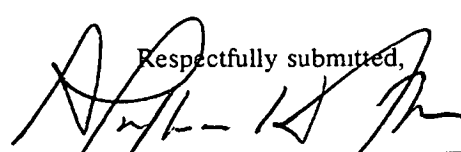
Permit #1598

Site 78 North Sewells Pt. Rd.
 Lot 3, Sec. 35, Sewells Pt.



Test No	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-PC F	Soil Description
71752	A	Composite	13.6	105.0	Orange fine sand.

Copies

Respectfully submitted,


 ALEXANDER H FRASER, P E

MARTIN COUNTY HEALTH DEPT.
131 E. 7th Street
Stuart, Fl 33497
287-2277

1598

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: LOUISE MILLER
LEGAL DESCRIPTION: LOT 3 SEWELL POINT RD
SEPTIC TANK PERMIT NUMBER: 110 83 420

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

- X 1. Building Permit Number: 1598
- X 2. I certify that the top of the lowest building plumbing stubout is 2 18 feet above the crown of road.
- X 3. I certify that an average depth of 3 feet of compacted fill presently exists above natural grade in the area of the proposed septic system. Surface area of fill observed in area of proposed septic system 600 square feet. A minimum of 150 square feet of filled surface area is required per bedroom. Date fill observed: 9/16/83
- X 4. Has fill been compacted comparable to the surrounding natural soil? YES
- X 5. I certify that all severe limited soil has been removed from an area of 20 feet by 60 feet to a minimum depth of 6 feet below filled grade. I also certify that all severe limited soil has been replaced by a slight limited soil. Date Observed: 8/16/83
*Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.

NOTE: The septic tank must be at least 4" above top of stubout and the drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries.

Ronald J. Lee
CERTIFIED BY: _____

Florida Professional Number: 2683
Date: 8/16/83 Job Number: 51-431

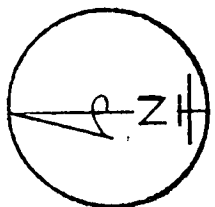
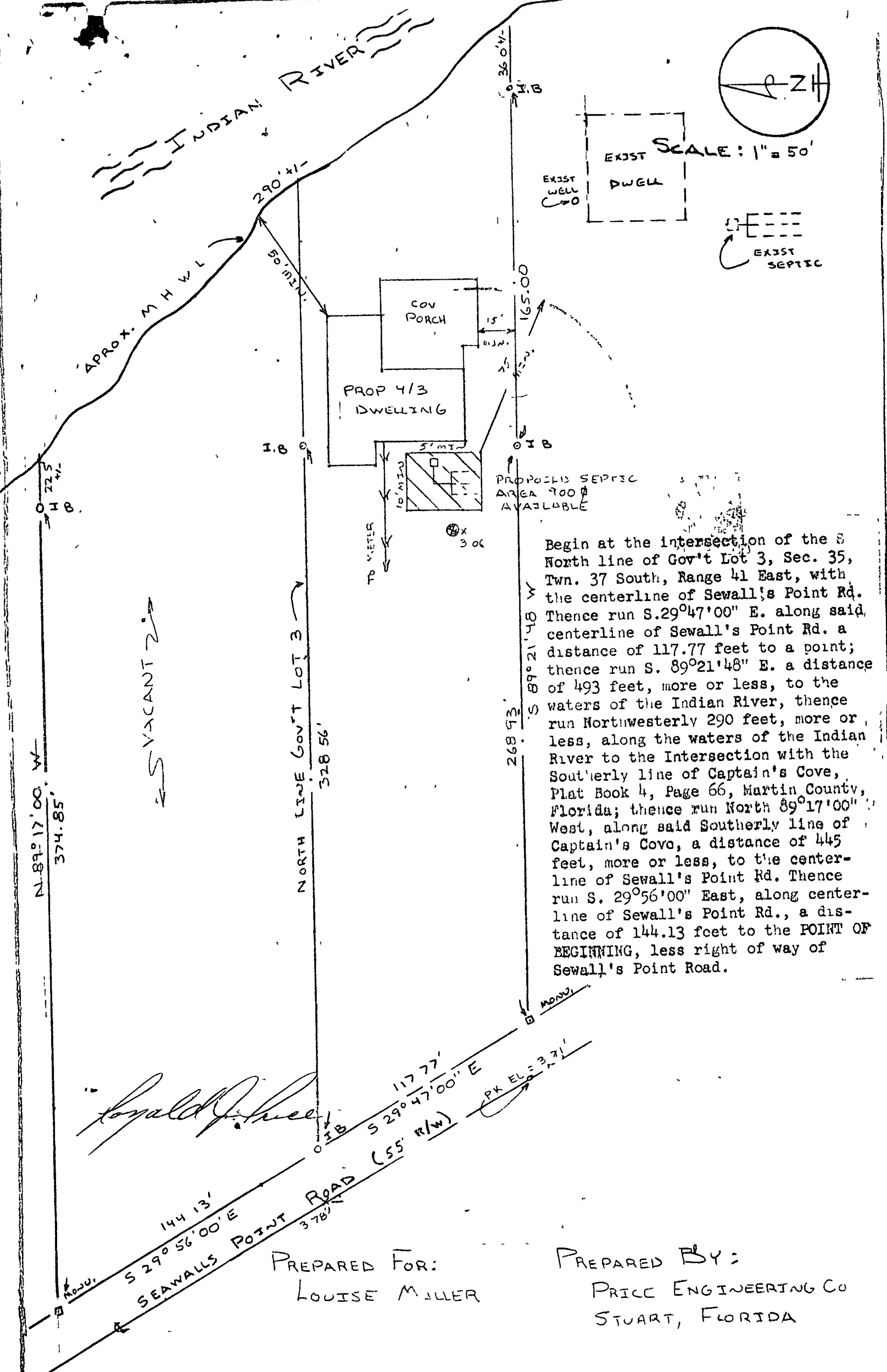
As applicant or applicants representative, I understand the above requirements.

Baruch R. Sengul
(Signature)

FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

Robert B. Wadsworth RS
Signature of Sanitarian

8-17-83
Date



SCALE: 1" = 50'

EXIST DWELL

EXIST SEPTIC

PROP 4/3 DWELLING

COV PORCH

PROPOSED SEPTIC AREA 900^{sq} AVAILABLE

Begin at the intersection of the S North line of Gov't Lot 3, Sec. 35, Twn. 37 South, Range 41 East, with the centerline of Sewall's Point Rd. Thence run S. 29°47'00" E. along said centerline of Sewall's Point Rd. a distance of 117.77 feet to a point; thence run S. 89°21'48" E. a distance of 493 feet, more or less, to the waters of the Indian River, thence run Northwesterly 290 feet, more or less, along the waters of the Indian River to the Intersection with the Southerly line of Captain's Cove, Plat Book 4, Page 66, Martin County, Florida; thence run North 89°17'00" West, along said Southerly line of Captain's Cove, a distance of 445 feet, more or less, to the centerline of Sewall's Point Rd. Thence run S. 29°56'00" East, along centerline of Sewall's Point Rd., a distance of 144.13 feet to the POINT OF BEGINNING, less right of way of Sewall's Point Road.

VACANT

N. 89°17'00" W.
374.85'

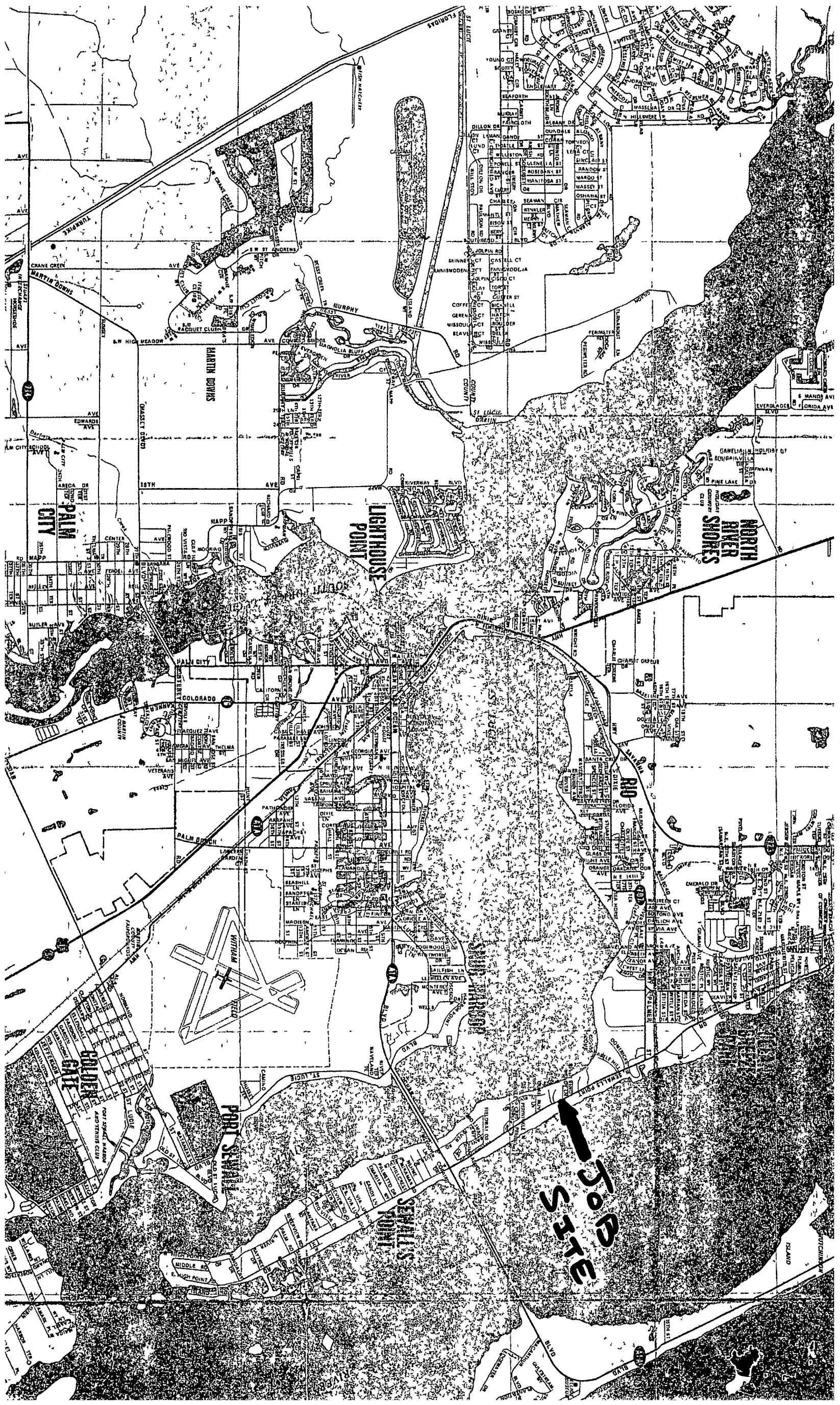
NORTH LINE GOV'T LOT 3
328.56'

S. 89°21'48" W.
268.93'

SEAWALLS POINT ROAD (55' R/W)

PREPARED FOR:
LOUISE MILLER

PREPARED BY:
PRICE ENGINEERING CO
STUART, FLORIDA



SORE STATE

LIGHTHOUSE POINT

NORTH RIVER SHORES

MARTIN DOWNS

PALM CITY

PALM BEACH

GOLDEN GATE

PORT ST. JOHN

PORT ST. JOHN

MARTIN COUNTY HEALTH DEPT.
131 E. 7th Street
Stuart, Fl 33497
287-2277

PREPARED BY: PRICE ENGINEERING COMPANY
P.O. BOX 2116
STUART, FLORIDA 33495
(305) 287-5628

SITE INFORMATION

APPLICANT: LOUISE MILLER

LEGAL DESCRIPTION: * SEE PLOT PLAN

1. Present water depth 2.5 feet below natural grade, not including fill.
2. Wet season water depth 1 feet below natural grade, not including fill.
3. Elevation of crown of road, midway between front lot boundary 3.78'. If road is not paved, another permanent reference point must be noted. Show location on plot plan.
4. Elevation of natural grade at soil boring in area of proposed septic system 3.06'.
5. Are all wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicants lot shown on plot plan? YES
6. Is there a storm water retention area within 15 feet of the proposed septic system? NO
7. Is the septic system in an area proposed for paving? NO
8. Attach site location map or explain directions to site below:



CERTIFIED BY: Ronald J. Price

Florida Professional Number: #17788

Date: 7/13/83 Job Number: 81-431

Certificate of Insurance



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

NAME AND ADDRESS OF AGENCY Deakins-Carroll Insurance Agency, Inc. P. O. Drawer A-G Pt. Salerno, Florida 33492	COMPANIES AFFORDING COVERAGES COMPANY LETTER A South Carolina Insurance Company COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
NAME AND ADDRESS OF INSURED <input checked="" type="checkbox"/> Drywall & Aluminum Systems, Inc. d/b/a Francon Construction P. O. Box 2716 Stuart, Florida 33494	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	GLA 8976277	1/4/84	BODILY INJURY	\$ 300	\$ 300
				PROPERTY DAMAGE	\$ 100	\$ 100
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
A	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	WC9977031	1/4/84	STATUTORY		\$ 100 (EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

State of Florida -- Drywall Contractor

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

NAME AND ADDRESS OF CERTIFICATE HOLDER
Town of Sewalls Point
 1 North Sewalls Point Rd.
 Sewalls Point
 Stuart, Florida 33494

DATE ISSUED 7/26/83

C. S. DEAKINS, JR. mjd
 AUTHORIZED REPRESENTATIVE

SET TAB STOPS AT ARROWS

Certificate of Insurance



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

NAME AND ADDRESS OF AGENCY Stuart Insurance, Inc. P. O. Box 355 Palm City, FL 33490	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER A	Maryland Casualty
	COMPANY LETTER B	
	COMPANY LETTER C	
	COMPANY LETTER D	
NAME AND ADDRESS OF INSURED Haldane Electric 2133 SE Bryson Avenue Port St. Lucie, FL 33452	COMPANY LETTER E	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> PERSONAL INJURY	SMP 47015194	11/18/83	BODILY INJURY	\$ 300	\$
				PROPERTY DAMAGE	\$ xxx 50	\$ 50
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY		\$ 300
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
A	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	TC3 21137716	11/18/83	STATUTORY	\$ 100	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Electrical - State of Florida

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

NAME AND ADDRESS OF CERTIFICATE HOLDER

Town of Sewalls Point
 1 North Sewalls Point Road
 Stuart, FL 33494

DATE ISSUED July 26, 1983

Lawrence E. Kearns
 AUTHORIZED REPRESENTATIVE

Certificate of Insurance



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

NAME AND ADDRESS OF AGENCY Taylor-Ashley Agency, Inc. Box 987 Stuart, Fla 33495	COMPANIES AFFORDING COVERAGES <hr/> COMPANY LETTER A Northern Insurance Company <hr/> COMPANY LETTER B Assurance Company of America <hr/> COMPANY LETTER C <hr/> COMPANY LETTER D <hr/> COMPANY LETTER E
NAME AND ADDRESS OF INSURED Underground Utilities & Nortons Plumbing Inc. 597 Indian River Ct Stuart, Fla. 33497	COMPANY LETTER C <hr/> COMPANY LETTER D <hr/> COMPANY LETTER E

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	GL 47365775	1/1/84	BODILY INJURY	\$ 300	\$
				PROPERTY DAMAGE	\$ 100	\$ 100
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
B	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	TC4 21138508	1/2/84	STATUTORY	\$ 100	(EACH ACCIDENT)
				OTHER		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

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

NAME AND ADDRESS OF CERTIFICATE HOLDER

Sewall's Point Town Hall
 #1 North Sewall's Point Rd.
 Stuart Fla. 33494

DATE ISSUED: 7/26/83

CR Ashley
 AUTHORIZED REPRESENTATIVE

Certificate of Insurance



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

NAME AND ADDRESS OF AGENCY Rick Carroll Insurance P.O.Box877 Jenen Beach, Fl 33457	COMPANIES AFFORDING COVERAGES COMPANY LETTER A Maryland Casualty COMPANY LETTER B INA COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
NAME AND ADDRESS OF INSURED Marine Air Conditioning John Gerow 320 Husted Terrace Port St Lucie, Fl 33452	

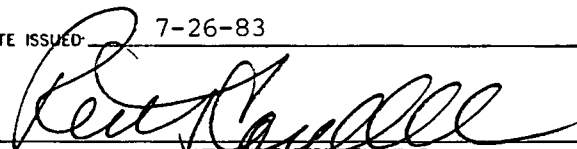
This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	PA31387193	1-1-84	BODILY INJURY	\$ 300,	\$ 300,
				PROPERTY DAMAGE	\$ 100,	\$ 100,
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				STATUTORY		
B	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	C19503033	8-26-83		\$ 100,	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
 Airconditioning, heating, service & repair

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

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 Town of Sewalls Point
 Town Hall, Sewalls Point Road
 Jensen Beach, Fl 33457

DATE ISSUED: 7-26-83

 AUTHORIZED REPRESENTATIVE

1598

MARTIN COUNTY HEALTH DEPT.
131 E. 7th Street
Stuart, Fl 33497
287-2277

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: LOUISE MILLER
LEGAL DESCRIPTION: LOT 3 SEWELL POINT RD
SEPTIC TANK PERMIT NUMBER: 110 83 420

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

- X 1. Building Permit Number: _____
- X 2. I certify that the top of the lowest building plumbing stubout is 2 18 feet above the crown of road.
- X 3. I certify that an average depth of 3 feet of compacted fill presently exists above natural grade in the area of the proposed septic system. Surface area of fill observed in area of proposed septic system 600 square feet. A minimum of 150 square feet of filled surface area is required per bedroom. Date fill observed: 9/16/83
- X 4. Has fill been compacted comparable to the surrounding natural soil? YES
- X 5. I certify that all severe limited soil has been removed from an area of 20 feet by 60 feet to a minimum depth of 6 feet below filled grade. I also certify that all severe limited soil has been replaced by a slight limited soil. Date Observed. 8/16/83
*Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.

NOTE: The septic tank must be at least 4" above top of stubout and the drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries.

Ronald G. Free
CERTIFIED BY: _____

Florida Professional Number: 2682
Date: 8/16/83 Job Number: 51-431

As applicant or applicants representative, I understand the above requirements.

Baruch R. Sumpster

(Signature)

FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

Signature of Sanitarian

Date



TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 11-17-83

This is to request that a Certificate of Approval for Occupancy be issued to Mary Miller
For property built under Permit No 1598 Dated 5/1/83 when completed in
conformance with the Approved Plans

Signed _____

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	8/16/83	
Rough plumbing	8/16/83	
Slab	8/17/83	
Perimeter beam		
Close-in, (roof) and rough electric	Partial - waiting 1/2" for electric	
Final Plumbing	11-16-83	
Final Electric	11-16-83	
Insulation	9/28/83	
Final Inspection for Issuance of Certificate for Occupancy		
Approved by Building Inspector		<u>J. Williams</u> date <u>11/17/83</u>
Approved by Building Commissioner		<u>J. C. Strubell</u> date <u>11/2/83</u>
Utilities notified	<u>11/17/83</u>	date
Original Copy sent to	_____	

(Keep carbon copy for Town files)

1604

POOL

Permit No. # 1604

Date _____

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

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

RECEIVED

Owner MARY L MILLER Present Address AUG 15 1983

Phone 334 3290 Abs'd _____

Contractor LOUDEM POOLS Address 4306 S. US #1

Phone 288-5760 FT PIERCE

Where licensed STATE & CO. License number CPC 010400

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

14' X 28' SWIMMING POOL & PAD

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

SEWALLS POINT ROAD

Subdivision _____ Lot number 6-OUT 3 Block number _____

Contract price \$ 11,400 Cost of permit \$ 57.00

Plans approved as submitted Plans approved as marked _____

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

Contractor Robert L. Hawley

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

Owner Mary L Miller

Date submitted 8/15/83 TOWN RECORD Approved: [Signature] 8/16/83
Building Inspector Date

Approved: [Signature] Final Approval given: 8/23/83
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____

Grounding & Steel 9/17/83 Date

SP1282 Patco Steel 10/28/83 Permit No. _____

Final 12/12/83

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

#1604

4118

REROOF

Sep-30-96 07

#4118

P.01

TAX FOLIO NO. _____ DATE _____

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

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

Owner F. Hobin Present Address 78 N Sewall point rd.

Phone 220-1839

Contractor Stuart Roofing inc Address P.O Box 2556, Stuart FL

Phone 286-2317

Where licensed CCC 024411 / State License Number CCC 024411

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: remove shake roof, replace with metal
5 V curv roof

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

Subdivision Gout Lot Lot Number 312 Block Number 0

Contract Price \$ 13,215 Cost of Permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner Catherine B. Hobin

TOWN RECORD

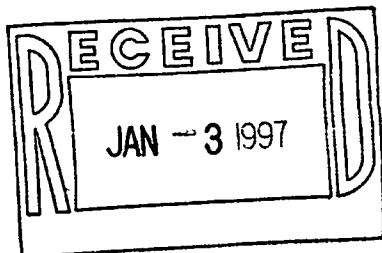
Date submitted _____ Approved _____ Building Inspector _____ Date _____

Approved _____ Commissioner _____ Date _____ Final Approval given: [Signature] Date _____

Certificate of Occupancy issued(if applicable) _____ Date _____

SP1282

Permit No. _____



#4118

TO BE COMPLETE WHEN CONSTRUCTION VALUE IS \$2500 00 OR MORE

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

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

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

35 37 41 000 000 00 262 50 0-00

GENERAL DISCRETION OF IMPROVEMENTS reeroof

OWNER F. Hobin

ADDRESS 78 N Sewall pt rd Stuart Fl

OWNER'S INTEREST IN PROPERTY reeroof

FEE SIMPLE TITLE HOLD (IF OTHER THAN OWNER) _____

ADDRESS _____

CONTRACTOR Stuart Roofing inc

ADDRESS PO Box 2556 Stuart Fl 34 995

SURETY COMPANY (IF ANY) _____

ADDRESS _____

LENDER'S NAME _____

ADDRESS _____

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

NAME _____

ADDRESS _____

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

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

Cathy Hobin
SIGNATURE OF OWNER

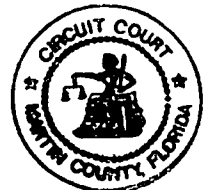
STATE OF Florida
COUNTY OF Martin

STATE OF FLORIDA
MARTIN COUNTY

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

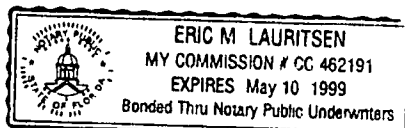
MARSHA STILLER, CLERK
BY T-COPUS DC

DATE 1-3-97



THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 3 DAY OF JAN, 1997, BY _____ < WHO IS KNOWN TO ME OR WHO PRODUCED _____ AND WHO DID NOT TAKE AN OATH

Eric M Lauritsen
NOTARY SIGNATURE



STUART ROOFING, INC.
 P O Box 2556
 STUART, FLORIDA 34995

PROPOSAL

(407) 286-2317
 FAX (407) 286-0537

TO Hobin 78 N Sewall's Point Road Stuart, FL 34996	PHONE 220-1839	DATE 10/11/96
	JOB NAME / LOCATION Sewall's Point	
	JOB NUMBER	JOB PHONE

We hereby submit specifications and estimates for
 We propose to tear off existing woodshake roof down to stripping and haul away all trash and debris - Dry-in-root with a 30# felt dry in sheet lin-tag nailed to sheeting, Install 5 V Crimp 26 guage galvalume screwed down to stripping Tie into existing flat roof,
 Galvalume 2 x 2 eave drip,
 Galvalume 24" valley metal,
 Galvalume 5 x 5 ridge cap,
 New neoprene seals around plumbing pipe ,
 Reroofing permit,

PRICE \$ 13,215.00

NOTE: ADD \$ 1,720.00 for enamel painted (standard color) galvalume

NOTE: ADD \$ 245.00 to paint existing flat roof with aluminum fibriated paint

NOTE: ADD \$ 1,050.00 to go over existing flat roof with a single ply modified rubber roof system

NOTE: Minor rotten wood replacement included in bid, up to two sheets of plywood and anything exceeding that amount will be done on a time and a rate of \$35.00 per man hour and material bases and not included in above price.

NOTE: ~~Stuart Roofing, Inc is not responsible for any cracks that may occur in driveway due to any reroofing equipment.~~

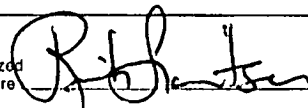
We Propose hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of **Thirteen Thousand Two Hundred Fifteen and 00/100 Dollars** dollars (\$ **13215 00**)

Payment to be made as follows

50% when metal is ordered, 25% when metal is delivered to job, balance in full upon completion of job

All material is guaranteed to be as specified All work to be completed in a professional manner according to standard practices Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate All agreements contingent upon strikes accidents or delays beyond our control Owner to carry fire tornado and other necessary insurance Our workers are fully covered by Worker s Compensation Insurance

Authorized Signature



Note This proposal may be withdrawn by us if not accepted within

30 days

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted You are authorized to do the work as specified Payment will be made as outlined above

Signature



Signature

Date of Acceptance

11-20-96

5336

**ADDITION,
ALTERATIONS**

FILE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 4/19/01

BUILDING PERMIT NO. 5336

Building to be erected for GEORGE/SALLY SACHS

Type of Permit ADD'N/ALTERATIONS

Applied for by MASTERPIECE BLDGS.

(Contractor) Building Fee \$384.00

Subdivision GOV. LOT (PTC) Lot 2&3 Block _____

Radon Fee N/A

Address 78 N. SEWALL'S POINT ROAD

Impact Fee N/A

Type of structure S.F.R.

A/C Fee 120.00

Electrical Fee 120.00

Parcel Control Number

Plumbing Fee 120.00

35-37-41-000-000-00262-50000

Roofing Fee N/A

Amount Paid \$782.40 Check # 17026 Cash _____

Other Fees (PLUMB) 38.40

Total Construction Cost \$ 40,000.00

TOTAL Fees \$782.40

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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



**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Bldg. Permit Number:

FEB 28 2001

Phone No. (561) 280-0695

Owner or Titleholder's Name GEORGE & SALLY SACHS

Street: 78 N SEWELLS POINT RD City SEWELLS POINT State FL Zip 34996

Legal Description of Property GOVT LOT 2 & GOVT LOT 3 SECTION 35 TOWNSHIP 37 SOUTH RANGE 41E MARTIN COUNTY, FL

Parcel Number #979 35-37-41-000-000-00262-5000

Location of Job Site: SAME AS ABOVE

TYPE OF WORK TO BE DONE REMODEL - REPLACE SGDS (WINDOWS) CLOSE IN PART OF PORCH MASTER BATH REMODEL

CONTRACTOR/Company Name: MASTERPIECE BUILDERS Phone No. (561) 283 2096

Street: 408 COLORADO AVE City STUART State FL Zip 34994

State Registration State License CGC 048543

ARCHITECT DWIGHT WEYANT Phone No (561) 335 0772

Street: 201 SW PSL BLVD SUITE 104 City PORT ST LUCIE State FL Zip 34984

ENGINEER: DWIGHT WEYANT Phone No (561) 335 0772

Street: 201 SW PSL BLVD SUITE 104 City PORT ST LUCIE State FL Zip 34984

AREA SQUARE FOOTAGE - SEWER - ELECTRIC. ALL EXISTING

Living Area: 2538 Garage Area: 620 Carport N/A Accessory Bldg: N/A

Covered Patio 615 Scr Porch 1230 Wood Deck N/A

Type Sewage: EXISTING Septic Tank Permit # from Health Dept. EXISTING

New Electrical Service Size: EXISTING AMPS

FLOOD HAZARD INFORMATION

Flood zone Minimum Base Flood Elevation (BFE) NGVD

Proposed first habitable floor finished elevation NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement \$ 40,000.-

Estimated Fair Market Value (FMV) prior to improvement: \$ 600,000.-

If Improvement, is cost greater than 50% of Fair Market Value? YES NO X

Method of determining Fair Market Value OWNERS PURCHASE PRICE 4 MONTHS AGO

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: JENSEN ELECTRIC State: FL License # EC-0001800

Mechanical: ADVANTAGE AIR CONDITIONING State: FL License # CAC 039664

Plumbing: GT PLUMBING State FL License # MP 00133

Roofing: State: License #

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

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

OWNER or AGENT SIGNATURE (Required)

George Sachs
Owner

State of Florida, County of MARTIN On

this the 28 day of February, 2000,

by George Sachs who is personally

known to me or produced

as identification

Jennifer L Puerto
Notary Public

My Commission Expires:

CONTRACTOR SIGNATURE (Required)

Jeffery A Bowers 2/28/01
Contractor

State of Florida, County of MARTIN On

this the 28 day of February, 2000, 2001

by Jeffery A Bowers who is personally

known to me or produced

as identification

Jennifer L Puerto
Notary Public

My Commission Expires:



TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

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

RECEIVED
APR - 4 2001
BY: *[Signature]*

INSTR # 1465909
OR BK 01516 PG 1249
RECORDED 11/15/2000 02:27 PM
MARSHA EWING
MARTIN COUNTY Florida
DOC TAX 4,200.00
DEPUTY CLERK S Johnson

Prepared by and return to
Deborah L Hollis
Office Manager
The JoHN GaLT Title Company
1000 SE Monterey Commons Blvd. Suite 206
Stuart, Florida 34996

File Number 51404
Will Call No 81

FILE
Marilyn Applebee

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 1st day of November, 2000 between Frederick P Hobin and Catherine B Hobin, husband and wife whose post office address is 1767 S W Waterfall Blvd., Palm City, Florida, 34990, grantor, and *George Sachs and Sally G Sachs*, husband and wife whose post office address is 78 N. Sowell's Point Road, Stuart, Florida, 34996, grantee.

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10 00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Martin County, Florida** to-wit

See Exhibit "A" attached hereto and made a part hereof

Parcel Identification Number: 35-37-41-000-000-00262-5

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining

To Have and to Hold, the same in fee simple forever

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple, that the grantor has good right and lawful authority to sell and convey said land, that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1999

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written

PRODUCER - R V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone 561-287-3366 Fax 561-287-4255

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

INSURED Masterpiece Builders Masterpiece Systems, Inc dba 408 Colorado Avenue Stuart FL 34994

INSURERS AFFORDING COVERAGE

- INSURER A Owners Insurance Company
INSURER B Auto-Owners Insurance Co
INSURER C Bridgefield Employers Insuranc
INSURER D
INSURER E

RECEIVED MAY - 2 2001

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

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YY), POLICY EXPIRATION DATE (MM/DD/YY), LIMITS. Rows include General Liability, Automobile Liability, Garage Liability, Excess Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
NOTE 30 days notice of cancellation for workers compensation policy

CERTIFICATE HOLDER N ADDITIONAL INSURED, INSURER LETTER TOWN024 CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

Handwritten signature of Robert C. G...

42252

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

DATE	BATCH NUMBER	LICENSE NBR
08/09/2000	00900448	CG -C048543

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

BOWERS, JEFFERY ALLAN
MASTERPIECE BUILDERS
408 COLORADO AVENUE
STUART FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

FILE
He/ins

RECEIVED
7 29 00
BY *[Signature]*

BUILDINGS AND BUILDING REGULATIONS

§ 50-34

Sec. 50-34 Fee schedule.

(a) General fees. Building fees for new buildings or alterations shall be \$9.60 per \$1,000 00 of valuation. Owner-builders exempt from certification under section 50-33(a)(1) shall be charged an additional 25 percent of the building fee.

(b) Supplemental fees. In addition to the general fees set forth in subsection (a) of this section, there shall also be paid supplemental fees by contractors other than the general contractors providing work in each of the following categories

(1) Air conditioning	0120 00
(2) Electrical	120 00
(3) Mechanical	720 00
(4) Plumbing	120 00
(5) Pool See subsection (d) of this section	
(6) Roofing	120 00
(7) Sheetmetal	120 00
(8) Dock	240 0
(9) Pool enclosure	120 00
(10) Fence (wood or chain)	30 00
(11) Wall (masonry) (per running foot)	2 40
(12) Septic tank	60 00
(13) Well	60 00
(14) Solar heating	60 00
(15) Unattached accessory structures	60 00
(16) Sign permit fees (per sign)	
a Permanent ground and wall signs in business zoned areas	250 00
b Permanent development signs in residential areas	150 00
c Directional and traffic control signs in B1 and B2 zoning	25 00
d Occupant/tenant identification signs	50 00

The town commission may, from time to time, revise the supplemental fees by resolution

(c) Double fees for commencing work without permit. If any work for which a permit is required by this article is started or proceeded with prior to obtaining such permit, the fees specified for such work shall be doubled, but the payment of such double fees shall not relieve any person from fully complying with the requirements of this Code in the execution of the

Supp No 1

CD50.5

384. - GENERAL
 360. - SUBS

 744 TOTAL PERMIT COST

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2600 00

PERMIT # _____

TAX FOLIO # 35-37-41-000-000-0026.2-50000

NOTICE OF COMMENCEMENT

STATE OF FL

COUNTY OF Martin

FILE

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

PN 5336

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

Gov't Lot 2 & Gov't Lot 3 Section 35 Township 37 South range 41E Mar Co.

GENERAL DESCRIPTION OF IMPROVEMENT: Remodel

OWNER: George & Sally G Sachs

ADDRESS: 78 N Sewalls Point Road

PHONE # 287-0695

FAX # _____

CONTRACTOR: Masterpiece Builders

ADDRESS 408 Colorado Ave. Stuart, Fl 34994

PHONE # 283-2096

FAX # 283-2770

SURETY COMPANY (IF ANY) _____

ADDRESS _____

PHONE # _____

FAX # _____

BOND AMOUNT _____

LENDER: _____

ADDRESS _____

PHONE # _____

FAX # _____

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

NAME _____

ADDRESS _____

PHONE # _____

FAX # _____

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

PHONE # _____

FAX # _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT _____

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

George Sachs
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 28th DAY OF February
BY George Sachs

Jennifer L Puerto
NOTARY SIGNATURE



OR
Jennifer L Puerto
Commission # CC 774503
Expires SEP 13, 2002
BONDED THRU
ATLANTIC BONDING CO., INC

PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

MARSHA EWING MARTIN COUNTY DEPUTY CLERK S JOHNSON

FILE MASTER PERMIT NO. 5336

TOWN OF SEWALL'S POINT

Date 5/31/01

BUILDING PERMIT NO. 5337

Building to be erected for GEORGE/SALLY SAETH

Type of Permit A/C - SUB

Applied for by ADVANTAGE A/C

(Contractor)

Building Fee _____

Subdivision GOV LOT (PTL) Lot 2 & 3 Block _____

Radon Fee _____

Address 78 N. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure S.P.R.

A/C Fee SEE PN 5336

QUALIFIER: SAMUEL T. DURHAM
LIC/CERT: CA-C039664

Electrical Fee _____

Parcel Control Number. _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid _____

Check # _____

Cash _____

Other Fees (_____) _____

Total Construction Cost \$ _____

TOTAL Fees _____

Signed Samuel T. Durham

Signed [Signature]

Applicant

Town Building Inspector [Signature]

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

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

This permit must be visible from the street, accessible to the inspector.

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

PRODUCER: (561)776-0660 FAX (561)776-0670
Insurance Office of America, Inc.
 4500 PGA Blvd.
 Suite 301
 Palm Beach Gardens, FL 33418

INSURED **Advantage Air Conditioning of the Treas Coast,**
 DBA: **Advantage Air Conditioning**
 601 S. Market Avenue
 Fort Pierce, FL 34982

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

INSURERS AFFORDING COVERAGE

INSURER A **Southern-Owners**
 INSURER B **Auto-Owners Insurance Co.**
 INSURER C **Everest National Insurance Co.**
 INSURER D:
 INSURER E:

RECEIVED
 MAY 9 - 2001
 BY: *[Signature]*

COVERAGES

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

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	004612-20587644-01	03/15/2001	03/15/2002	EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ 500,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	42343600-00	03/15/2001	03/15/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
B	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	002112-20587645	03/15/2001	03/15/2002	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	27000071173-001	03/04/2001	03/04/2002	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100 E.L. DISEASE - EA EMPLOYEE \$ 100 E.L. DISEASE - POLICY LIMIT \$ 500
	OTHER				

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

30 Day Written Notice of Cancellation applies to Workers' Compensation only.

CERTIFICATE HOLDER **ADDITIONAL INSURED- INSURER LETTER** **CANCELLATION**

Town of Sewall's Point
1 S. Sewall's Point Road
Sewall's Point, FL 34996

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

AUTHORIZED REPRESENTATIVE
Joanne Kluglein/BONNIE *Joanne Kluglein*

AC# 5878735

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

DATE	BATCH NUMBER	LICENSE NBR
06/13/2000	99902153	CA-039664

The CLASS A AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

DURHAM, SAMUEL T
ADVANTAGE A/C OF THE TREASURE COAST INC
601 S MARKET AVE
FORT PIERCE FL 34982

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

2000-2001

ST LUCIE COUNTY OCCUPATIONAL LICENSE
STATE OF FLORIDA

ACCOUNT 1711-00001820

EXPIRES SEP 30, 2001

FACILITIES
OR
MACHINES
TYPE OF
BUSINESS

ROOMS

SEATS

EMPLOYEES 21-30

1711 AIR CONDITIONING CONTRACTOR

BUSINESS
LOCATION

601 S MARKET AVE
C - ST LUCIE COUNTY

X RENEWAL
NEW LICENSE
TRANSFER-
ORIGINAL TAX

27.00

NAME
MAILING
ADDRESS

DURHAM SAMUEL
ADVANTAGE AIR COND & HEATING I
DURHAM, SAMUEL T
601 SOUTH MARKET AVENUE
FORT PIERCE FLORIDA 34982

CAC039664

AMOUNT
PENALTY
COLLECTION COST
TOTAL

27.00

THIS LICENSE BECOMES NULL AND VOID IF BUSINESS NAME
CLASSIFICATION OWNERSHIP OR ADDRESS IS CHANGED UNLESS
LICENSEE APPLIES TO TAX COLLECTOR FOR CORRECTION

SUBJECT TO SUSPENSION OR REVOCATION IN
ACCORDANCE WITH ORDINANCES OF SAID COUNTY

DOROTHY J. CONRAD, TAX COLLECTOR ST LUCIE COUNTY FLORIDA

02

05/31/01 09 08 FAX 4654945

FILE

MASTER PERMIT NO. 5336

TOWN OF SEWALL'S POINT

Date 7/12/01

BUILDING PERMIT NO. 5338

Building to be erected for GEORGE/SALLY SAETHS

Type of Permit ELECT - SUB

Applied for by JENSEN ELECTRIC, INC. (Contractor)

Building Fee _____

Subdivision RDV LOT (VTL) Lot 2 & 3. Block _____

Radon Fee _____

Address 78 N. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SPR

A/C Fee _____

*QUALIFIER: WILLIAM JENSEN
LIC/CERT# EC-0001800*

Electrical Fee SEE PN 5336

Parcel Control Number _____

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ _____

TOTAL Fees _____

Signed [Signature]
Applicant (BY LTR. AUTH.)

Signed [Signature]
Town Building Inspector [Signature]

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



RECEIVED
JUL 12 2001
BY. *[Signature]*

July 12, 2001

The Town of Sewalls Point
1 South Sewalls Point Road
Sewalls Point, Florida 34996

Please accept this letter as authorization for the following individuals to sign for registration with The Town of Sewalls Point Building Department and for applying for building permits with The Town of Sewalls Point on behalf of Jensen Electric, Inc for the project at # 78 N Sewalls Point Road, Remodel, Permit # 5336

THIS PERMIT ONLY

William L Jensen

William L Jensen

Ivan W Weaver

Ivan W. Weaver

Sincerely,

William L Jensen
William L Jensen
President
Jensen Electric, Inc

Marilyn A. Garlati
(Print, Type or Stamp Commissioned Name of Notary Public)
Personally Known OR Produced Identification
Type of I.D. Produced _____

MARILYN A GARLATI
Notary Public - State of Florida
My Commission Expires Dec 28 2001
Commission = CC676324



CERTIFICATE OF LIABILITY INSURANCE

OP ID JT
JENSEN-1DATE (MM/DD/YY)
04/30/01

PRODUCER
SLATON INSURANCE
P.O. Box 3857
West Palm Beach FL 33402
Phone: 561-683-8383 Fax: 561-684-5995

INSURED
Jensen Electric Inc. Corp.
Bill Jensen
3331-B SW 42nd Ave.
Palm City FL 34990

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

FILE PERMIT

COPY

INSURERS AFFORDING COVERAGE

INSURER A Old Dominion
INSURER B ZC Insurance Company
INSURER C
INSURER D
INSURER E

RECEIVED
MAY - 2 2001

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BINDER	05/04/01	05/04/02	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 500000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
	GEN L AGGREGATE LIMIT APPLIES PER				PRODUCTS COMP/OP AGG \$ 2000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	BINDER	05/04/01	05/04/02	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	60086	01/01/01	01/01/02	WC STATU-TORY LIMITS OTHER
					E L EACH ACCIDENT \$ 100000
					E L DISEASE - EA EMPLOYEE \$ 100000
					E L DISEASE POLICY LIMIT \$ 500000
A	OTHER Property Section	BINDER	05/04/01	05/04/02	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 *STATE OF FLORIDA REQUIRES 30 DAYS NOTICE OF CANCELLATION OF WORKERS COMPENSATION/FLORIDA EMPLOYEES ONLY

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
TOWN OF S Town of Sewalls Point 1 S. Sewalls Point Road Sewalls Point FL 34996	TOWN OF S	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *10 DAYS WRITTE NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECT CONTRACTORS LICENSING BD

DATE	BATCH NUMBER	LICENSE NBR
7/26/2000	00000374	FS -0001800

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2002

J NS N, WILLIAM LE
J NS N ELECTRIC, INC.
4333-4 SW 42ND AVE
PALM CITY FL 34990

FILE
he/ru

RECEIVED
AUG 29 2000
BY: <i>[Signature]</i>

1 1 1 1
1 1 1 1 R

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENNINGSON
SECRETARY

FILE

MASTER PERMIT NO. 5336

TOWN OF SEWALL'S POINT

Date 4/23/01 **BUILDING PERMIT NO. 5339**

Building to be erected for GEORGE/SILEY SHELPS Type of Permit PLUMB'G - SUB

Applied for by GT PLUMBING R&P INC (Contractor) Building Fee _____

Subdivision GOV LOT (VTL) Lot 2 & 3 Block _____ Radon Fee _____

Address 78 N SEWALL'S POINT RD Impact Fee _____

Type of structure SFR A/C Fee _____

QUALIFIED GUY TURNER
LIC/CERT. (M.C.) MPO0133

Parcel Control Number _____ Electrical Fee _____

Plumbing Fee SEE PN 5336

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

Total Construction Cost \$ _____ TOTAL Fees _____

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

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID MM UTPLU-1	DATE (MM/DD/YY) 04/23/01
PRODUCER Plastridge Agency, Inc. 811 S. E Ocean Blvd Stuart FL 34994-2427 Phone 561-287-5532 Fax 561-287-5572		COPY	
INSURED GT Plumbing Repair Guy Turney, dba 300 S. Dixie Highway Stuart FL 34994		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
		INSURERS AFFORDING COVERAGE	
		INSURER A	Massachusetts Bay Ins Co
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	

FILE

result

RECEIVED

APR 23 2001

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	VDJ537628702	05/12/00	05/12/01	EACH OCCURRENCE	\$ 300000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
					PERSONAL & ADV INJURY	\$ 300000
					GENERAL AGGREGATE	\$ 600000
					PRODUCTS - COMPIOP AGG	\$ 600000
					GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC	\$
					AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE EA EMPLOYEE	\$
					E.L. DISEASE POLICY LIMIT	\$
A	OTHER Commercial Applica	VDJ537628702	05/12/00	05/12/01		

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

Plumbing - residential faxed to 561-220-4765

CERTIFICATE HOLDER	N	ADDITIONAL INSURED INSURER LETTER	CANCELLATION
TOWNSP1 Town of Sewall's Point Attn Edwin Arnold 1 S Sewall's Point Road Stuart FL 34996,			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES
		AUTHORIZED REPRESENTATIVE	Jean R Parks <i>Jean R Parks</i>

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 12/04/1999
EXPIRATION DATE 12/03/2001
EXEMPTED INDIVIDUAL NAME TURNEY GUY H
S.S. 263-81-3400
BUSINESS NAME G T PLUMBING REPAIR
FEIN 263813400
BUSINESS ADDRESS 300 S DIXIE HWY FL 34994
STUART

NOTE Pursuant to Chapter 440 10(1),(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS COMPENSATION



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS COMPENSATION LAW

EFFECTIVE DATE 12/04/1999
EXPIRATION DATE 12/03/2001
EXEMPTED PERSON LAST NAME TURNEY
FIRST NAME GUY H
SOCIAL SECURITY NUMBER 263-81-3400
BUSINESS NAME G T PLUMBING REPAIR
FEDERAL IDENTIFICATION NUMBER 263813400
BUSINESS ADDRESS 300 S DIXIE HWY
STUART FL 34994

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NOTE Pursuant to chapter 440 10(1),(g),2 F.S., a sole proprietor partner or officer of a corporation who elects exemption from the Florida Workers Compensation Law may not recover benefits or compensation under Chapter 440

C U T H E R E

* Carry bottom portion on the job, keep upper portion for your records



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency
License MP00133
Expires September 30, 2001

Name GUY TURNEY
Company
Address 300 S Dixie Hwy
City, ST Stuart FL 34994
License Type MASTER PLUMBER

C
A
C
I



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33110-1563
(305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT SECTION
(305) 375-2966 FAX (305) 375-2908

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6339

Your application for Product Approval of
Series SH-701 Aluminum Single Hung Window -Impact Resistant (5/16" Laminated)
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and
Types of Construction, and completely described in the plans, specifications and calculations as submitted by
Applicant, along with *Drawing No. 4040, sheets 1 thru 4 of 4.*

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

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance
reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for
quality control testing. If this product or material fails to perform in the approved manner, the Code
Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The
applicant shall re-evaluate this product or material should any amendments to the South Florida Building
Code be enacted affecting this product or material. The Building Code Compliance Office reserves the
right to revoke this approval, if it is determined by the Building Code Compliance Office that this
product or material fails to meet the requirements of the South Florida Building Code. The expense of
such testing will be incurred by the manufacturer.

Acceptance No.: 98-0223.01

Expires: 10/22/01

Raul Rodriguez
Product Control Supervisor

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS**

BUILDING CODE COMMITTEE

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

Charles D'Anger, P.E.
Director
Building Code Compliance Dept
Metropolitan Dade County

Approved: 10/22/98

-1-





METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE DEPARTMENT
SUITE 1603
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1583
(305) 375-2801
FAX (305) 375-2808

PRODUCT CONTROL NOTICE OF ACCEPTANCE


Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

Your application for Product Approval of:
Series 4000 Aluminum Single Hung Window (3/16" annealed glass)
under Chapter 8 of the Metropolitan Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by Applicant, along with drawings prepared by Mr. Robert L. Clark, P.E., and test reports prepared by Fenestration Testing Laboratory, Inc.

has been recommended for acceptance by the Building Code Compliance office to be used in Miami-Dade County, Florida under the conditions set forth herein. This approval contains 3 pages.

This approval shall not be valid after the expiration date stated below. The Office of Building Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.


Acceptance No.: 98-0218.02
Expires: 08/20/2001


Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

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


Charles Danger, P.E.
Director
Building Code Compliance Dept
Metropolitan Dade County

Approved: 08/20/1998



MIAMI DADE COUNTY FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO DADE FLAGLER BUILDING
140 WEST FLAGLER STREET SUITE 1603
MIAMI FLORIDA 33130 1561
(305) 375 2901 FAX (705) 375 2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis FL 34274

CONTRACTOR LICENSING SECTION
(305) 375 2527 FAX (705) 375 2558

CONTRACTOR ENFORCEMENT SECTION
(305) 375 2966 FAX (305) 375 2908

PRODUCT CONTROL DIVISION
(305) 375 2902 FAX (705) 375 6339

Your application for Product Approval of *Series SGD 70 Aluminum Sliding Glass Door-Impact* under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code

The expense of such testing will be incurred by the manufacturer

Acceptance No 99-0212 09
Expires 05/06/2002

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

This application for Product Approval has been reviewed by the BCCO and approved by the Building Code and Product Review Committee to be used in Dade County Florida under the conditions set forth above

Francisco Quintana R.A.
Director
Miami-Dade County
Building Code Compliance Office

Approved 05/06/1999

1 of 3





(Validator / Operations Administrator)



AAMA CERTIFICATION PROGRAM

NOTICE OF PRODUCT CERTIFICATION

Glass Block Warehouse, L C
3097 S E Dominica Terrace
Stuart, FL 34997

Attn Ron Maver

The product described below is hereby approved for listing in the next issue of the AAMA Certified Products Directory. The approval is based on successful completion of tests, and the reporting to the Administrator of the results of tests, accompanied by related drawings, by an AAMA Accredited Laboratory.

1 The listing below will be added to the next published AAMA Certified Products Directory

SPECIFICATION	RECORD OF PRODUCT TESTED			LABEL ORDER NO
	COMPANY AND PLANT LOCATION	CODE NO	SERIES MODEL & PRODUCT DESCRIPTION	
AAMA/NWDA 101/ S 2-97 F-C60 65x65				
Glass Block Warehouse, L C 3097 S E Dominica Terrace Stuart, FL 34997	GBW-1	NON-IMPACT GLASS BLOCK SYSTEM IN ALUMINUM FRAME (AL)(O)(IG & OG) (GLASS)(ASTM)	FRAME 5'5" x 5'5"	By Request

2 This Certification will expire April 5, 2004 and requires validation until then by continued listing in the current issue of the AAMA Certification Program Directory

3 Product Tested and Report by Hurricane Test Laboratory, Inc

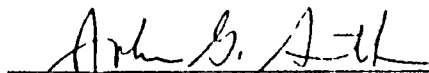
(A) Report No 0226-0403-00

(B) Date of Report May 10, 2000
Revised July 24, 2000

(C) Date of Receipt of Report by Administrator July 25, 2000

NOTE PLEASE REVIEW,
AND ADVISE AAI IMMEDIATELY
IF DATA, AS SHOWN, NEEDS
CORRECTION

Approved for Certification


Associated Laboratories, Inc

Date July 31, 2000

cc AAMA

JGS td

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~_____~~, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5121	NOHEJL 18 S VIA LUCINDIA	FINAL - PANEL CHANGE	Passed	→ Fence ?? * INSPECTOR [Signature] 4/23 ✓
✓ 5150	NOHEJL 18 S VIA LUCINDIA	FINAL - ROOF ALT	Passed	INSPECTOR [Signature] 4/23 ✓
✓ 5187	JORDAN 110 N SPR WDC Constr.	FOOTER	Passed	Hand to cut all column hooks in 24x24 pad INSPECTOR [Signature] 4/23 ✓
✓ 5336	STERS 78 N. SEWALL'S POINT RD MASTERPIECE BLDGS.	FTG. CONTR. [Signature]	Passed	REPAIR [Signature] OF. * NEED SUB PERMITS ✓ INSPECTOR [Signature] 4/23 ✓
✓ 5328	DAILEY 20 PERRIWINKLE LANE CAPPS & HUFF REG.	SHEATHING	Passed	INSPECTOR [Signature] 4/23 ✓
✓ T/R	MCKINNEY 24 SIMARA ST O/B	FIELD VERIF.	OK to	replace 2" OK INSPECTOR [Signature] 4/23 ✓
✓ I232	Donohue 160 S. Sewall Pl.	① Protective Barrier ✓ ② 1/4" conc. fill ✓	Passed	INSPECTOR [Signature] 4/23 ✓

OTHER * Shadow box part : permit Tuesday ?
1 Kingston Ct stemwall + column footers inspect

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~MAY 2 4 2001~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5302	NOHEJL	V/G PLUMB'G.	Passed	(RESCHED. FROM 5/2)
S (8)	6 N. RIDGEVIEW RON RAYMOND CONST.			INSPECTOR [Signature] 5/4
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5613	Dennis	Tap Con Window.	Passed	
S (3)	16 Ridgeland PL RINOST (Ron)	in progress		INSPECTOR [Signature] 5/4
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5349	Schultz	SERVICE CHANGE	PASSED	Late as possible
S (10)	64 S. SPR FORWARD ELECT.	(FINAL) "DEBBIE" RPL 337 7057	METER RELEASE	11 ³⁰ Incompl.: Reinspot INSPECTOR [Signature] 2:00 PM
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5063	ROBINSON	TIN TAG +	Passed	
S (5)	173 S. RIVER RD. PACIFIC/DRIFTWOOD	METAL		INSPECTOR [Signature] 5/4
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5336	SACHS	FOOTER	Passed	
N (2)	78 N. SPR MASTEKPIECE BLKS.	TIE DOWN + STRAPPING ON		INSPECTOR [Signature] 5/4
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5312	ENRIQUEZ	ROUGH PLUMB.	Passed	
S (7)	1 KINGSTON CT. DRIFTWOOD			INSPECTOR [Signature] 5/4
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5209	TRANER	FINAL	Passed	→ excl. shutter/paint
S (6)	9 MIDDLE RD. EMMICK	(2 ND FL. ADDN)	DOCUMENTS RBO. FOR	discounoed? INSPECTOR [Signature] 5/4

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Monday Wednesday Friday Saturday Sunday, May 9, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ S 5138	Ribellino 18 Island Rd. Wilson	All Trados	Passed	(Some re-certification) INSPECTOR J. S/G ✓
✓ N 5322	BAKER 88 N. SEWALL'S POINT RD LUDLAM CONST., INC.	RP-RAP - FINAL	Passed	INSPECTOR J. S/G ✓
5336	SACHS 2311 SEWALL POINT RD MASTERYPIECE BLDGS	REPAIRS - ALL TIME	PENDING & UNPAID APPL	INSPECTOR
✓ N 5118	LOYOLA / OSBORNE 20 CASTLE HILL WAY PLAZA MARINE	DOCK - FINAL (REINSPECTION)	Passed	SEE 12/400 INSP. NOTES (ATTACHED) INSPECTOR J. S/G ✓
✓ S 5172	ECKNA 107 HENRY SEWALL WAY JMC	LATH	Passed	INSPECTOR J. S/G ✓
✓ 536A	ECKNA 107 HENRY SEWALL WAY HARRY BLUE	BOLT - SHUTTER ANCHORAGE	Passed	(Front door transom?) INSPECTOR J. S/G ✓
✓ S T/R	JAVORSKY 4 PINEAPPLE LANE O/B	FIELD VERIFICATION	Passed	PN 0437 ISSUED 5/9 INSPECTOR J. S/G ✓

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thurs~~ ~~Fri~~ ~~Sat~~ ~~Sun~~ 2001; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5336	SACHS	FRAMING	Passed	SIDING + WINDOW ANCH
N (12)	78 N. STANLEY ST. (2) MASTERPIECE BLDRS.	ALUM TRADES		INSPECTOR <i>[Signature]</i>
V 5328	DALLEY	REEROOF - FINAL	Passed	
N (13)	20 PERIWINKLE LN CAPPS & HUFF			INSPECTOR <i>[Signature]</i>
? 5341	NOHEJL	FENCE - FINAL	Passed	
S (8)	18 S. VIA LUCINDIA O/B			INSPECTOR <i>[Signature]</i>
V 5342	NOHEJL	FENCE - FINAL	Passed	
S (9)	6 N. RIDGEVIEW O/B			INSPECTOR <i>[Signature]</i>
V 5343	BAIRDHILL	FENCE - FINAL	Passed	
S (6)	4 N. RIDGEVIEW O/B			INSPECTOR <i>[Signature]</i>
V 5371	VOLPE	SHEATHING (REEROOF)	Passed	LATE AS POSSIBLE
S (14)	15 MIRAMAR O/B (781-0266)			INSPECTOR <i>[Signature]</i>
V 5327	Geller	Screen incl.	Passed	see page 2
S (6)	10 S. Palmetto Goodman Screen	reinspectio - FINAL		INSPECTOR <i>[Signature]</i>
OTHER (7)	T/R SHEETS 101 S. RIVER RD C. ANDREW BENTLEY	FIELD VERIF	Passed	REMOVAL PERM FOR CONST. PK 5372 ISSUED 5/10/01 <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun May 16, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 3001	Bricaw	Roof Tile	Passed	Wood Entegra Spcs. ✓
⑤	11 River Court Renaer	(in progress)		INSPECTOR <u>J.D. 5/16</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5255	Nohajl	slab (frnt pch)	Passed	
⑨	18 SW Vialwindia Ron Raymond			INSPECTOR <u>J.D. 5/16</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5159	Brent	Final	Passed	8 ³⁰ : CO ?
①	6 Knowles Rd. O/B	(interior alter.)		INSPECTOR <u>J.D. 5/16</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5336	SPRINK	INSULATION	Passed	
③	78 W. SEWELL'S POINT RD. MASTERPIECE BLDGS (MIKE 283-2096)			INSPECTOR <u>J.D. 5/16</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5007	PAGE	FINAL	Passed	RENEWAL PERMIT EXPI 2/22/01
⑧	8 ST. LUCIE CT. WHITE LAKE PROP.	(REINSP.) → need stubs installed	Disconcl.	AC end. etc. INSPECTOR <u>J.D. 5/16</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5352	CLEMENTS	TEMP. ELECT.	Passed	called PPL to go
⑫	11 W. HIGH POINT W.W. MOLTER & SON (PATY. 561-744-2121)			INSPECTOR <u>J.D. 5/16</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5159	BRENT/HALL	FINAL	Passed	EARLY
②	6 KNOWLES ROAD. O/B	(REINSP.)	DUPLICATE SEE ABOVE	INSPECTOR <u>J.D. 5/16</u>

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~2001~~, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5330	SACHS	ADD/ALT	Passed	
N (2)	78 N. SEWALL'S POINT RD MASTERPIECE BLUES	FINAL (MIKE: 284-1089)		INSPECTOR J. L. /
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5411	SACHS	POOL ENCL -	Failed	Alarm/door/banding
U (1)	78 N. SEWALL'S POINT RD EAST WEST ALUM.	FINAL		INSPECTOR J. L. /
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5540	HERMAN	SHEATHING/ROOF	not ready	→ inform re new inspection - regular
(3)	6 MILL RD. W. High Pt. PACIFIC ROOFING			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5352	CLEMETS	TIE-BEAM	not ready	→ will call for work.
S (4)	11 W. HIGH POINT MOULTER			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER 5391 Pittman, 117 Henry Sewall way, JAC MBE insulat/bie stop/door screws

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri OCTOBER 24~~th~~, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5013	DENNIS	DRIVEWAY	Passed	
S (4)	16 RIDGELAND FL FINEST			INSPECTOR <i>[Signature]</i> 10/24
5262	MUSSO	TEMP POWER	Failed	EARLY AS POSSIBLE
S (5)	18 S. RIVER RD. HARRY BLUE	need covers, need to bolt down AC Will call, when done		INSPECTOR <i>[Signature]</i> 10/24
5562	MISER	FINAL FENCE	Passed	
S (6)	21 ISLAND RD INDIAN RIVER FENCE.			INSPECTOR <i>[Signature]</i> 10/24
5336	GAS SINKS 257 COAT	Final	Passed	
N (1)	78 N. Sewalls Pt Rd Postpiece	incl. screen rm. Mike 257 2096		INSPECTOR <i>[Signature]</i> 10/24
T/R	Wyckoff	Tree rem.	Failed	→ wait + SDP
N (3)	26 N River Rd. Owner			INSPECTOR <i>[Signature]</i> 10/24
T/R	O'Connell	Tree rem.	Passed	
N (7)	16 Fieldway Dr. Sampson			INSPECTOR <i>[Signature]</i> 10/24
				INSPECTOR

OTHER 144 N. Sp Rd. Trees? remove prohib species = O.K. *[Signature]* 10/24

N (2)

5336



RIGHT-J LOAD AND EQUIPMENT SUMMARY

Entire House

SACHS RESIDENCE

Job: ADVANTAGE AIR
CONDITIONERS 4822901

WWW.WRIGHT-ESCORP.COM, FT. PIERCE, FL 34981 Phone: (813) 616-0777 Fax: (813) 643-7722

Project Information

For: SACHS RESIDENCE
78 N. SEWELLS POINT RD., STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 48 °F
Inside db 70 °F
Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 18 °F
Daily range 87 °F
Relative humidity 50 %
Moisture difference 60 g/lb

Heating Summary

Building heat loss 32288 Btu/h
Ventilation air 0 cfm
Ventilation air loss 0 Btu/h
Design heat load 32288 Btu/h

Sensible Cooling Equipment Load Sizing

Structure 38788 Btu/h
Ventilation 2112 Btu/h
Design temperature swing 3.0 °F
Use mfg data Y
Resetting multiplier 1.00
Total sens. equip. load 40900 Btu/h

Infiltration

Method: Simplified
Construction quality: Average
Preprocessor:

	Heating	Cooling
Area (ft ²)	2423	2423
Volume (ft ³)	19387	19387
Air changes/hour	0.7	0.4
Equip AVF (cfm)	227	130

Latent Cooling Equipment Load Sizing

Internal gains 1380 Btu/h
Ventilation 4877 Btu/h
Infiltration 5283 Btu/h
Total latent equip. load 11540 Btu/h
Total equipment load 52400 Btu/h

Heating Equipment Summary

Make: Trace

Efficiency: 0.0 HSPF

Heating input 0 Btu/h
Heating output 0 Btu/h
Heating temp rise 0 °F
Actual heating fan 2073 cfm
Heating air flow factor 0.004 cfm/Btu/h

Space thermostat

Cooling Equipment Summary

Make: Trace

Efficiency: 0.0 EER

Sensible cooling 0 Btu/h
Latent cooling 0 Btu/h
Total cooling 0 Btu/h
Actual cooling fan 2073 cfm
Cooling air flow factor 0.004 cfm/Btu/h

Load sensible heat ratio 73 %

Indicate which have been manually overridden

Product certified by ACCA to meet all requirements of Manual J 7th Ed.



WRIGHT ESCORP
Project #

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RIGHT-J CALCULATION PROCEDURES A, B, C, D
Entire House
SACHS RESIDENCE

Job: ADVANTAGE AIR
 CONDITIONING 4/8/2004

WRIGHT ENTERPRISES & SON INC. FT. PIERCE, FL 34941 Phone: 351-824-8773 Fax: 351-824-7732

Procedure A - Winter Infiltration HTM Calculation*

1	Winter Infiltration AVF	0.7 ach	x	10387 ft ²	x	0.0187	=	227 cfm
2	Winter infiltration load	1.1	x	227 cfm	x	25 °F Winter TD	=	6239 Btu/h
3	Winter Infiltration HTM	6239 Btu/h	/	451 ft ²		Total window & door area	=	13.8 Btu/h/ft ²

Procedure B - Summer Infiltration HTM Calculation

1	Summer infiltration AVF	0.4 ach	x	10387 ft ²	x	0.0187	=	130 cfm
2	Summer infiltration load	1.1	x	130 cfm	x	18 °F Summer TD	=	2279 Btu/h
3	Summer Infiltration HTM	2279 Btu/h	/	451 ft ²		Total window & door area	=	5.1 Btu/h/ft ²

Procedure C - Latent Infiltration Gain

0.89	x	60 gpd	moist. air	x	130 cfm	=	5263 Btu/h
------	---	--------	------------	---	---------	---	------------

Procedure D - Equipment Sizing Loads

1	Sensible sizing load							
	Sensible ventilation load	1.1	x	128 cfm vent	x	18 °F Summer TD	=	2112 Btu/h
	Sensible load for structure (Line 19)						+	38768 Btu/h
	Sum of ventilation and structure loads						=	40880 Btu/h
	Rating and temperature swing multiplier						x	1.00
	Equipment sizing load - sensible						=	40880 Btu/h
2	Latent sizing load							
	Latent ventilation load	0.89	x	130 cfm vent	x	60 gpd moist air	=	4877 Btu/h
	Internal loads =	250 Btu/h	x	8 people			+	1380 Btu/h
	Infiltration load from Procedure C						+	5263 Btu/h
	Equipment sizing load - latent						=	11520 Btu/h

*Construction Quality is **a** No. of Fireplaces is **0**

ALL VALUES BASED UPON ACCA APPROVED CONSTRUCTION

Printout certified by ACCA to meet all requirements of Manual J 7th Ed



BRIGHT WORKSHEET

ENTIRE HOUSE

SACHS RESIDENCE

Job: ADVANTAGE AIR CONDITIONING
08/2001

WAAW ENTERPRISES & SON INC. NY BRIDGE, FL 34943 Phone 813-485-9373 Fax 813-485-7737

1 2 3 4 5	MANUAL J 7th Ed Name of room Length of exposed wall Roof description Ceiling	ENTIRE HOUSE 2424 R 8.0 R					FOYER 16.0 R 8.0 x 16.0 R 8.0 R horizontal					GUEST BATH 12.0 R 8.0 x 16.0 R 8.0 R horizontal					GUEST BEDROOM 14.0 R 14.0 x 12.0 R 8.0 R horizontal				
		TYPE OF EXPOSURE	OST NO.	H2O Hg	H2O Cg	Area (sq ft)	Load (Btu/h) Hg	Load (Btu/h) Cg	Area (sq ft)	Load (Btu/h) Hg	Load (Btu/h) Cg	Area (sq ft)	Load (Btu/h) Hg	Load (Btu/h) Cg	Area (sq ft)	Load (Btu/h) Hg	Load (Btu/h) Cg				
5	Glass doors with and partitions	12C	2.3	1.8	1628			144			88			112							
6	Windows and glass doors Heating	1C 1C	28.8 28.8		291 88	9403 2573								53	1667						
7	Windows and glass doors Cooling	North South East West	27.8 25.8 25.8 25.8		163 72	5544 14721								4		114					
8	Other doors	11C	11.8	8.2	80	245	737	8	473	328	0	0	0	0	0	0					
9	Not exposed walls and partitions	12C	2.7	1.8	1488	1348	2828	104	384	151	88	218	738	74	187	181					
10	Ceatings	12C	2.1	2.1	2424	2211	5128	88	188	178	88	70	127	182	247	388					
11	Floor (Public room perimeter) (Cooling for slab) (Cooling for slab) (Cooling)	12A	28.2	8.0	360	4288	0	18	388	0	2.3	0	0	18	288	0					
12	Roof	12D	13.0	8.1	457	1238	2278	47	853	332	0	0	0	36	688	181					
13	Outdoor load - 8+11+12					38783			1727		888				2014						
14	Less outdoor heating					0			0		0				0						
15	Less transfer				1088	2888		1088	178		1088	0.1		1088	227						
16	Qualifiers Total load = 13+14					37288			1688		882			2885	18						
19	Wt. galnet	People @ Arch. @	300			1688		0								800					
17	Shelter Room (cooling) (12+18)					2488		0								688					
18	Less outdoor cooling					0															
19	Less transfer				1088	5388		1088													
20	Duct gain				1088	3888		1088								488					
21	7 plus WASH galnet (17+18+19+20)				1088	3888		1088								488					
22	Air required (cfm)					2873			122		38		17		183	288					

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Wrightson
Project: J

Wrightson Residential 5.8.08 08/22/08

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RIGHT-J WORKSHEET
Entire House
SACHS RESIDENCE

Job: ADVANTAGE AIR CONDITIONING
 480284

WYNN ENTERPRISES & SON INC. FT. PIERCE, FL. 34925 Phone: 881-465-4875 Fax: 881-465-7732

1	MANUAL J 7th Ed.			WYNN ENTIRE HOUSE			WYNN ENTIRE HOUSE			WYNN ENTIRE HOUSE			WYNN ENTIRE HOUSE		
	Name of room			27.8 ft			33.0 ft			29.0 ft			0.0 ft		
2	Length of exposed wall			15.0 x 12.0 ft			15.0 x 15.0 ft			35.7 x 28.7 ft			2.0 x 5.0 ft		
3	Room dimensions			8.8 ft horizontal			8.0 ft horizontal			8.0 ft horizontal			8.0 ft horizontal		
4	Ceiling			9.0 ft			9.0 ft			9.0 ft			9.0 ft		
5	TYPE OF EXPOSURE	COEF NO	HTG (BTU/HR)	Area (SF)	Load (BTU/HR)	Area (SF)	Load (BTU/HR)	Area (SF)	Load (BTU/HR)	Area (SF)	Load (BTU/HR)	Area (SF)	Load (BTU/HR)		
6	Glass Exposure	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
7	Mirrors and glass doors	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
8	Mirrors and glass doors Heating	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
9	Mirrors and glass doors Cooling	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
10	Other doors	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
11	Net exposure walls and partitions	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
12	Ceiling	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
13	Floor (Note: room perimeter is 40 ft for slab floor)	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
14	Insulation	1.0	1.5	22	330	34	495	10	147	10	147	0	0		
15	Subtotal loads (6-14) (+/-) BTU				1034		1485		204		288		397		
16	Load external heating				0		0		0		0		0		
17	Load external cooling				0		0		0		0		0		
18	Total loads = 15+16+17				1034		1485		204		288		397		
19	PL gain				0		0		0		0		0		
20	Subtotal PL gain = 18+19				0		0		0		0		0		
21	Load external heating				0		0		0		0		0		
22	Load external cooling				0		0		0		0		0		
23	Total PL gain = 20+21+22				0		0		0		0		0		
24	Total loads (15+16+17+23)				1034		1485		204		288		397		
25	PL required (ton)				74		106		147		204		288		

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Wynn Enterprises & Son, Inc. Right Side Products # 4.1.34 #0000715

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RIGHT-J WORKSHEET

Entire House

SACHS RESIDENCE

Job: ADVANTAGE AIR CONDITIONING
 (2/20/07)

WANN ENTERPRISES & SON INC. FT. PIERCE, FL 34945 Phone: 881-466-8173 Fax: 881-466-7732

MANUAL J 7th Ed.		KITCHEN				FAMILY RM				BATHS				SUNROOM AREA			
Name of room		30 ft				22.0 ft				10.0 ft				10 ft			
Length of exposed wall		18.0 x 15.0 ft				18.0 x 22.0 ft				10.0 x 11.0 ft				10 ft x 5.0 ft			
Room dimensions		8.0 ft, horizontal				8.0 ft, horizontal				8.0 ft, horizontal				8.0 ft, horizontal			
Ceiling		Crown Ceiling				Crown Ceiling				Crown Ceiling				Crown Ceiling			
TYPE OF EXPOSURE	CUT NO.	HTG	HTG Ctg	Area (SF)	Load (Btu/h) Ftg	Area (SF)	Load (Btu/h) Ftg	Area (SF)	Load (Btu/h) Ftg	Area (SF)	Load (Btu/h) Ftg	Area (SF)	Load (Btu/h) Ftg	Area (SF)	Load (Btu/h) Ftg		
6	6	23	18	59	---	---	---	572	---	---	---	129	---	---	---		
Exposed walls and partitions		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
7	7	25	11	14	---	---	---	40	---	---	---	14	---	---	---		
Windows and glass doors		0.0	0.0	0	---	---	---	1175	---	---	---	0	---	---	---		
Heating		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
8	8	27	14	14	---	---	---	65	---	---	---	14	---	---	---		
Windows and glass doors		0.0	0.0	0	---	---	---	1175	---	---	---	0	---	---	---		
Cooling		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
9	9	11	8.3	0	---	---	---	0	---	---	---	0	---	---	---		
Other gains		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
10	10	23	1.5	66	---	---	---	288	---	---	---	14	---	---	---		
Net Exposed walls and partitions		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
11	11	1.5	2.1	24	---	---	---	383	---	---	---	68	---	---	---		
Ceiling		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
12	12	20	0.5	17	---	---	---	58	---	---	---	16	---	---	---		
Plenums (Not in room perimeter)		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
to steps		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
for steps		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
13	13	1.2	2.1	3.0	---	---	---	1155	---	---	---	14	---	---	---		
Plenums		0.0	0.0	0	---	---	---	0	---	---	---	0	---	---	---		
14	14	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Subtotal losses = 11+12		---	---	---	---	---	---	6425	---	---	---	1281	---	---	---		
Loss external heating		---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Loss boiler		---	---	---	---	---	---	---	---	---	---	---	---	---	---		
15	15	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Cond. loss		---	---	---	---	---	---	19%	---	---	---	10%	---	---	---		
Total loss = 13+14		---	---	---	---	---	---	1289	---	---	---	1378	---	---	---		
16	16	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Net gains		---	---	---	---	---	---	0	---	---	---	0	---	---	---		
17	17	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Subtotal RBM gain = 7+8+10+11		---	---	---	---	---	---	2139	---	---	---	778	---	---	---		
Loss external cooling		---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Loss garage		---	---	---	---	---	---	---	---	---	---	---	---	---	---		
18	18	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Clust gain		---	---	---	---	---	---	219	---	---	---	78	---	---	---		
19	19	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Total RBM gain (17+18) PDU		---	---	---	---	---	---	2408	---	---	---	856	---	---	---		
20	20	---	---	---	---	---	---	---	---	---	---	---	---	---	---		
Air required (cfm)		---	---	---	---	---	---	129	---	---	---	49	---	---	---		

Please verify by ACCA to meet all requirements of Manual J 7th Ed.



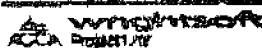
RIGHT J WORKSHEET
Entre House
SACHS RESIDENCE

JOHN EDVANTAGE R/R COMPANY
 6028001

WWW.WRIGHTSON.COM TEL: 772.222.1111 FAX: 772.222.1111

1	MANUAL J 7th Ed		BEDROOM				UTILITY						
	Name of room		10.0 ft				20.0 ft						
2	Length of exposed wall		12.0 x 12.0 ft				7.0 x 20.0 ft						
3	Room dimensions		10.0 ft perimeter				17.0 ft perimeter						
4	Ceiling		9.0 ft				9.0 ft						
5	TYPE OF INSULATION	CMU NO.	R-Value	Area (sq ft)	Load (lb/ft)	Area (sq ft)	Load (lb/ft)	Area (sq ft)	Load (lb/ft)	Area (sq ft)	Load (lb/ft)	Area (sq ft)	Load (lb/ft)
6	Glass doors and windows	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
7	Windows and glass doors	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
8	Other doors	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
9	Wall	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
10	Ceiling	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
11	Floor	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
12	Insulation	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
13	Exterior doors	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
14	Exterior windows	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
15	Total	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
16	Int. gains	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
17	Exterior RSH gains	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
18	Other gains	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
19	Total RSH gains	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0
20	As required	170	0.9	1.8	128	0.9	204	0.9	0	0	0	0	0

Printed certified by ACCA to meet all requirements of Manual J 7th Ed



Right-Code Professional No. 11 23827685

2021-Apr-30 21:37:28
 Page 4



RIGHT-J SHORT FORM
Entire House
SACHS RESIDENCE

Join ADVANTAGE A/C
 CONDITIONING 4/8/89

WWW.WRIGHTSOFT.COM & BOX 174, FT. WALTER, FL 32643 Phone 904-485-8373 Fax 904-485-7732

Project Information

For: **SACHS RESIDENCE**
78 N SEWELLS POINT RD, STUART, FL

Design Information

Outside db (°F)	Mtg 48	Ctg 91	Infiltration	Simplified
Inside db (°F)	70	75	Method	Average
Design TD (°F)	28	18	Construction quality	0
Design range	-	00	Freepieces	
Inside humidity (%)	-	50		
Moisture difference (gr/lb)	-	50		

HEATING EQUIPMENT

Make
Trade

Efficiency 00 NSPF

Heating input 0 Btu/h
 Heating output 0 Btu/h
 Heating temperature rise 0 °F
 Actual heating fan 2075 cfm
 Heating air flow factor 0.084 cfm/Btu/h

Space thermostat

COOLING EQUIPMENT

Make
Trade

Efficiency 00 EER

Sensible cooling 0 Btu/h
 Latent cooling 0 Btu/h
 Total cooling 0 Btu/h
 Actual cooling fan 2075 cfm
 Cooling air flow factor 0.053 cfm/Btu/h

Load sensible heat ratio 78 %

ROOM NAME	Area (ft²)	Mtg load (Btu/h)	Ctg load (Btu/h)	Mtg AVF (cfm)	Ctg AVF (cfm)
FOYER	80	1800	1016	122	54
GUEST BATH	60	912	328	38	17
GUEST BEDRM	182	2645	4763	163	256
MASTER BATH/CLOST	182	2117	1382	136	74
MASTER BEDRM	270	4828	3881	297	219
LIVING RM	500	6607	11438	417	612
DINING AREA	87	118	189	8	10
KITCHEN	204	1252	2408	82	128
FAMILY RM	386	8044	7032	388	378
BATHS	56	1378	855	81	46
STORAGE AREA	36	348	190	22	16
BEDRM'S	214	2408	2503	155	134
UTILITY	154	2428	2864	158	142

Specific values have been manually overridden.

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.



Right-Click Resizer™ 5.0.33 V0307/035

2001-Apr-10 21:57:08

Page 1

Entire House	#	2423	32288	38788	2073	2073
Ventilation air			0	2112		
Equip @ 100 RGM				40880		
Lubric coating				11820		
TOTALS		2423	32288	52400	2073	2073

Qualitative values have been automatically over-ruled

Product certified by ACCA to meet all requirements of Manual J 7th Ed.



weightsort
Report.HP

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2001-09-15 21:37:08

Page 2



RIGHT-J WINDOW DATA

SACHS RESIDENCE

Unit: ADVANTAGE AER
CONDITIONING 08/1991

WWW.ENTERPRISES & CORP. INC. 77 PERCEE PL, 3646 PLYMOUTH RD, GAITHERSBURG, MD 20878

W	S	D	W	G	L	S	S	O	N	A	S	O	O	W	C	W	S
IND	KEY	DIR	ALL	GLAZ	LOW	BY	SHAD	CH	GL	NG	XCO	VR	VERY	HGT	HT	PAR	HAR
FOYER																	
GUEST BATH																	
GUEST BEDRM																	
S	N	W	R	C	n	0	n	1	1	90	10	20	10	31	65.9	38.0	41
MSTR BATH/CLST																	
S	N	W	R	C	n	0	n	1	1	90	10	20	10	31	44.8	10.0	10.0
S	N	W	R	C	n	0	n	1	1	90	10	20	10	31	44.8	30	30
MSTR BEDRM																	
S	N	W	R	C	n	0	n	1	1	90	10	20	10	52	44.8	24.0	24.0
S	N	W	R	C	n	0	n	1	1	90	10	100	10	58	65.9	40.0	40.0
LIVING RM																	
S	N	W	R	C	n	0	n	1	1	90	10	20	10	58	65.9	108	10.5
DINING AREA																	
KITCHEN																	
S	N	W	R	C	n	0	n	1	1	90	10	380	10	31	44.8	140	140
FAMILY RM																	
S	N	W	R	C	n	0	n	1	1	90	10	20	10	52	65.8	48.0	58
S	N	W	R	C	n	0	n	1	1	90	10	100	10	58	44.8	60.0	60.0
BATHS																	
S	N	W	R	C	n	0	n	1	1	90	10	20	10	31	27.8	140	00
STORAGE AREA																	
BEDRMS																	
S	N	W	R	C	n	0	n	1	1	90	10	20	10	52	27.8	32.0	00



Right-Soft Rescheduler™ 3.0.11 FEB92/1993

2001-Apr-10 21:37:58
Page 1

●

5401

● **STORM SHUTTERS**

●

MASTER PERMIT NO. 5336

TOWN OF SEWALL'S POINT

Date 6/1/01 BUILDING PERMIT NO. 5401
 Building to be erected for GEORGE/SALLY SAENS Type of Permit STORM SHUTTERS
 Applied for by PRO-TEC SHUTTERS (Contractor) Building Fee \$45.25
 Subdivision GOV Lot 2B(PZ) Block _____ Radon Fee _____
 Address 78 N. SEWALL'S POINT ROAD Impact Fee _____
 Type of structure S.F.R. A/C Fee _____
 Parcel Control Number _____ Electrical Fee _____
35-37-41-000-000-00262-50000 Plumbing Fee _____
 Amount Paid \$49.77 Check # 305 Cash _____ Other Fees (PLAN REV) 4.52
 Total Construction Cost \$ 4,714.00 TOTAL Fees \$49.77

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

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>8/8/01</u>

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM
 MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

RECEIVED
MAY - 2 2001

PERMIT APPLICATION

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

Owner By Name: George Sachs Phone No. 283-2096
Owner's Present Address: 78 North Sewall's Point Road 287-0695 Home
Fee Simple Titleholder's Name & Address if other than owner X

Location of Job Site: 78 North Sewall's Point Road
TYPE OF WORK TO BE DONE: Drac Approved Hurricane Accession Shutters

CONTRACTOR INFORMATION
Contractor/Company Name: Pro-Tec Shutters Inc Phone No. 335-3000
COMPLETE MAILING ADDRESS: 1459 SE Ullage Green Drive Port St Lucie, FL 34952
State Registration SP00706 State License RX 0053725
Legal Description of Property: Section 35-37-41-N-117, 77' Gout Lot 2
Parcel Number: 35-37-41-0000-0000-2625-0000 Sewall's Pt Rd +
Line East of Sewall's Pt Rd

ARCHITECT/ENGINEER INFORMATION

Architect X Phone No. X
Address X
Engineer X Phone No. X
Address X

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

FLOOD HAZARD INFORMATION

flood zone X minimum Base Flood Elevation (BFE) X NGVD
proposed finish floor elevation X NGVD (minimum 1 foot above BFE)
~~Cost of construction or improvement~~ \$4,714.00 (per K submitted w/ appl.)
Fair Market Value (FMV) prior to improvement X
Substantial Improvement 50% of FMV yes X No X
Method of determining FMV X

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical _____ State License# _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing _____ State License# _____

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

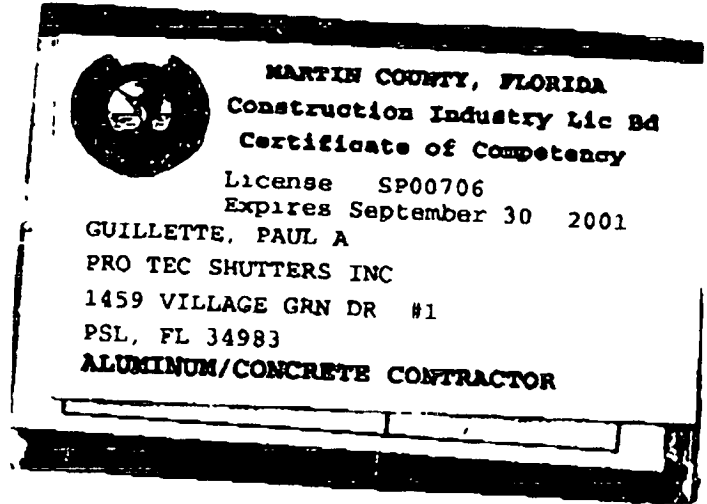
I HEREBY CERTIFY: THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS, INCLUDING FLORIDA MODEL ENERGY CODES.

NOTARY PUBLIC
STATE OF FLORIDA
Susan Krenzer
Commission # CC 731123
Expires May 1, 2002
BONDED THRU
ATLANTIC BONDING CO., INC

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE George Sachs
born to and subscribed before me this 1ST day of May, 2001 by George Sachs who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE Paul A. Guillet
born to and subscribed before me this 1ST day of MAY, 2001 by Paul A. Guillet who is personally known to me or has produced Driver's license and who did (did not) take an oath.

To Ed Arnold
From Susan
Pro-Tec Shuttters



ACCORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/21/2000

PRODUCER (561)334-3181 FAX (561)334-7742
 Rick Carroll Insurance Agency
 2160 N E Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877
 Attn Carol Moussou

permut
FILE
 Ext.

COPY
he/us
FILE

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

COMPANIES AFFORDING COVERAGE

COMPANY A Transcontinental Ins Co
 COMPANY B Transportation Ins Co
 COMPANY C
 COMPANY D

RECEIVED
 JUN 30 2000
 BY *ES*

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	8155830845	08/16/1999	08/16/2002	GENERAL AGGREGATE \$ 600000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 600000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY \$ 300000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 300000
					FIRE DAMAGE (Any one fire) \$ 150000
					MED EXP (Any one person) \$ 10000
B	AUTOMOBILE LIABILITY	8169037657	08/16/1999	08/16/2000	COMBINED SINGLE LIMIT \$ 300 000
	X ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				REG. STAT. TORY LIMITS OTHER \$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE	INCL			EL EACH ACCIDENT \$
	OTHER	EXCL			EL DISEASE - POLICY LIMIT \$
					EL DISEASE EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 This certificate for proof of insurance only

CERTIFICATE HOLDER
 Town of Sewalls Point
 1 Sewalls Pt Road
 Stuart, FL 34996

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

AUTHORIZED REPRESENTATIVE
 Keith Carroll/CAS *Keith Carroll*

CERTIFICATE OF LIABILITY INSURANCE

OP ID JT
PROTECS

DATE (MM/DD/YY)
01/12/01

INSURANCE
Box 3857
Palm Beach FL 33402
Phone 561-683-8383 Fax 561-684-5995

FILE

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

INSURERS AFFORDING COVERAGE

INSURED

Pro-Tec Shutters, Inc
1459 Village Green Dr
Port St Lucie, FL 34952

INSURER A	Unisource Administrators, Inc
INSURER B	
INSURER C	
INSURER D	
INSURER E	

RECEIVED

JAN 18 2001

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$								
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	407827801	01/01/01	01/01/02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">WC STATUTORY LIMITS</td> <td style="width: 50%; text-align: center;">OTHER</td> </tr> <tr> <td>E L EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>E L DISEASE EA EMPLOYEE</td> <td>\$ 100,000</td> </tr> <tr> <td>E L DISEASE POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E L EACH ACCIDENT	\$ 100,000	E L DISEASE EA EMPLOYEE	\$ 100,000	E L DISEASE POLICY LIMIT	\$ 500,000
WC STATUTORY LIMITS	OTHER												
E L EACH ACCIDENT	\$ 100,000												
E L DISEASE EA EMPLOYEE	\$ 100,000												
E L DISEASE POLICY LIMIT	\$ 500,000												
	OTHER												

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

FAX, 561-335-3002

CERTIFICATE HOLDER	TOWNSEW	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
Town Of Seawalls Point 1 South Seawalls Point Road Seawalls Point FL 34996			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES
			AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

CSR PG
PROTECS

DATE (MM/DD/YY)
01/17/01

INSURANCE
Box 3857
1st Palm Beach FL 33402
Phone 561-683-8383 Fax 561-684-5995

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

INSURERS AFFORDING COVERAGE

INSURED

Pro-Tech Shutters Inc
1459 Village Green Drive
Port St Lucie FL 34952

INSURER A	Unisource Administrators, Inc
INSURER B	RECEIVED JAN 23 2001
INSURER C	
INSURER D	
INSURER E	

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$																								
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																								
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC1029852	01/01/01	01/01/02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">WC STATU-TORY LIMITS</td> <td style="width: 10%;">OTH-ER</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>E L EACH ACCIDENT</td> <td></td> <td></td> <td></td> <td>\$ 100 000</td> </tr> <tr> <td></td> <td>E L DISEASE EA EMPLOYEE</td> <td></td> <td></td> <td></td> <td>\$ 100 000</td> </tr> <tr> <td></td> <td>E L DISEASE POLICY LIMIT</td> <td></td> <td></td> <td></td> <td>\$ 500 000</td> </tr> </table>		WC STATU-TORY LIMITS	OTH-ER					E L EACH ACCIDENT				\$ 100 000		E L DISEASE EA EMPLOYEE				\$ 100 000		E L DISEASE POLICY LIMIT				\$ 500 000
	WC STATU-TORY LIMITS	OTH-ER																											
	E L EACH ACCIDENT				\$ 100 000																								
	E L DISEASE EA EMPLOYEE				\$ 100 000																								
	E L DISEASE POLICY LIMIT				\$ 500 000																								
	OTHER																												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 *STATE OF FLORIDA REQUIRES THIRTY (30) DAYS NOTICE OF CANCELLATION ON WORKERS COMPENSATION/FLORIDA EMPLOYEES ONLY

FAX 561-335-3002

CERTIFICATE HOLDER	N	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
		TOWNSEW	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES
Town Of Seawalls Point 1 South Seawalls Point Road Seawalls Point FL 34996			AUTHORIZED REPRESENTATIVE

PERMIT # _____

TAX FOLIO # 35-37-41-0000 0000 2625-0000

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):
78 NORTH Sewall's Point ROAD STUART, FL 34996 - Section 35, 37, 41, N 117.77' GOVT LOT 3 + S 2.32' OF GOVT LOT 2 ALL AS MSD-ALG

GENERAL DESCRIPTION OF IMPROVEMENT: Dune Appeared Hurricane Accretions

OWNER: George Sachs
ADDRESS 78 North Sewall's Point Road Stuart, FL 34996

PHONE # 283-2096 FAX # _____

CONTRACTOR: Pro-Tec Structures, Inc
ADDRESS 1459 SE Village Green Drive Port St. Lucie, FL 34952

PHONE # 335-3000 FAX # 335-3002

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

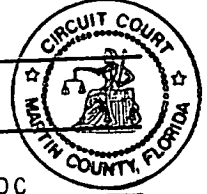
BOND AMOUNT _____

LENDER: _____

ADDRESS _____

PHONE # _____

FAX # _____
STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARCHA EWING, CLERK
BY T. COPUS DC
DATE 5-2-01
FAX # _____



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

NAME: _____

ADDRESS _____

PHONE # _____ FAX # _____

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

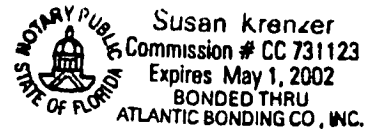
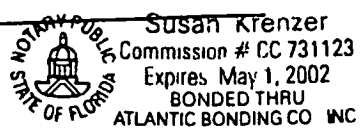
EXPIRATION DATE OF NOTICE OF COMMENCEMENT _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE

George Sachs
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 1st DAY OF May
2001 BY George Sachs

OR PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID Driver's License

Susan Krenzer
NOTARY SIGNATURE





MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

CONTRACTOR LICENSING SECTION
(305) 375 2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT SECTION
(305) 375 2966 FAX (305) 375-2908

PRODUCT CONTROL DIVISION
(305) 375 2902 FAX (305) 372 6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

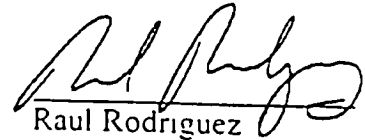
Pro-Tec Shutters, Inc.
1459 S.E. Village Green Drive
Port St. Lucie FL 34952

Your application for Product Approval of
"Residential Bertha" Accordion Shutter
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of
Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade
County Building Code Compliance Office (BCCO) under the conditions specified herein

This approval shall not be valid after the expiration date stated below BCCO reserves the right to secure this
product or material at anytime from a jobsite or manufacturer's plant for quality control testing
If this product or material fails to perform in the approved manner, BCCO may revoke modify, or suspend
the use of such product or material immediately BCCO reserves the right to revoke this approval, if it is
determined BCCO that this product or material fails to meet the requirements of the South Florida Building
Code

The expense of such testing will be incurred by the manufacturer

Acceptance No. 00-0512 01
Expires 06/07/2003



Raul Rodriguez
Chief Product Control Division

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

5/30/01 TOWN OF SEWALLS POINT
REVIEW

SITE SPECIFIC
BAGG'G. ATTACHED


Francisco Quintana R A
Director
Miami-Dade County
Building Code Compliance Office

Approved 06/07/2000

1 of 3
FILE TOWN COPY
78 N. SEWALLS POINT ROAD

PN 5401



Master piece Bldgs. Co Sacks

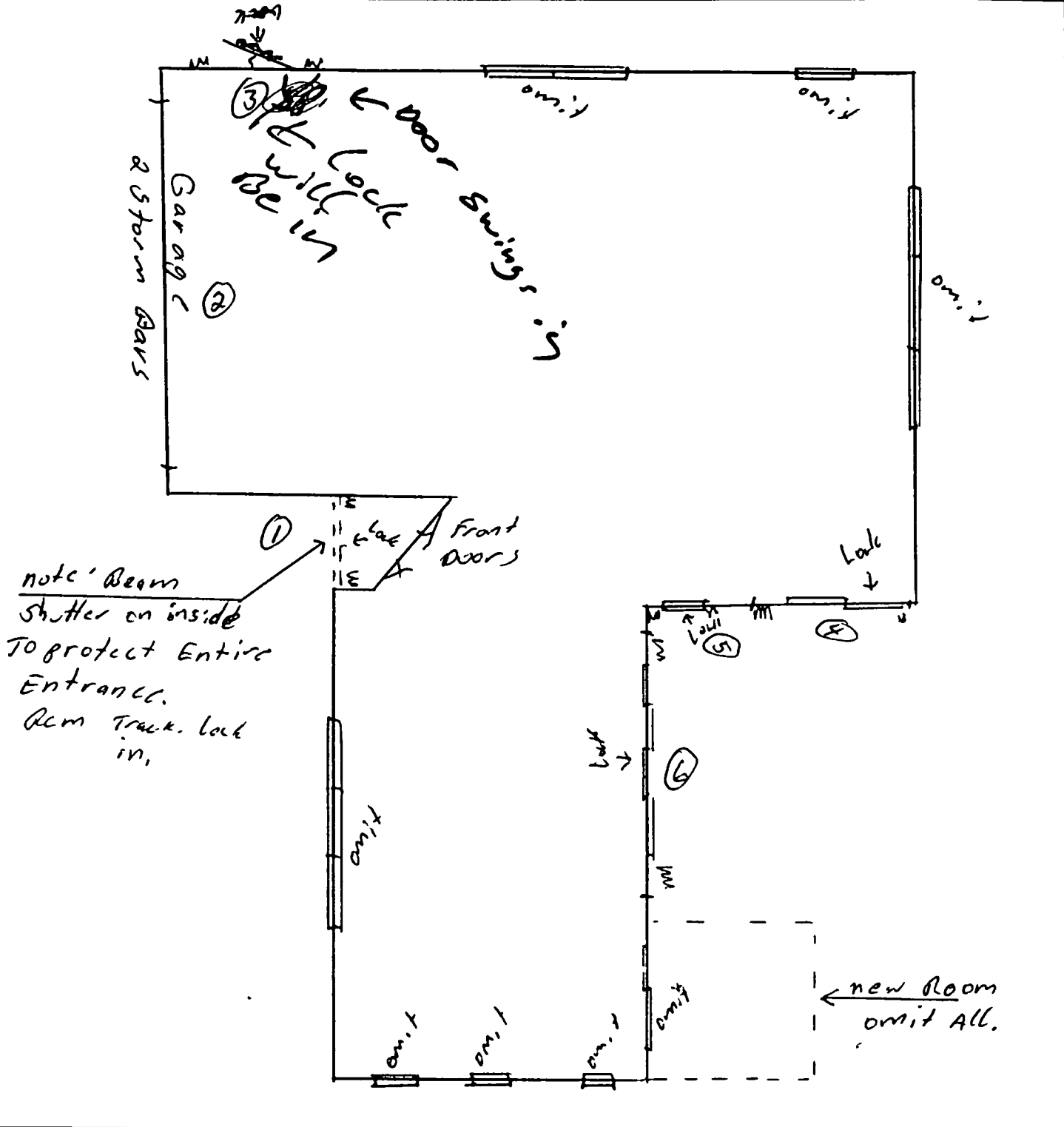
CUSTOMER'S NAME

Res. Acc. Shutters All Oado County Approved

PRODUCT

LAYOUT SHEET

SIZES BELOW ARE APPROXIMATE FOR ESTIMATING PURPOSES ONLY



During installation we must have access in and out of property for good installation
 Owner, or someone with authority, must be present during installation to inspect and pay balance due

I ACKNOWLEDGE AND UNDERSTAND THE ABOVE

[Handwritten Signature]
 CUSTOMER'S SIGNATURE

THIS ORDER IS BEING CUSTOM MADE TO YOUR SPECIFICATIONS AND IS NOT SUBJECT TO CANCELLATION

PRO-TEC SHUTTERS

1459 S E Village Green Drive • Port St Lucie, FL 34952

(561) 335-3000 • 1-800-442-2502

JOB # 10098
DATE 4/12/01
APPROX DEL. DATE
4-6 weeks

Completion date subject to material shortage or other circumstances beyond our control

OLD TO Master Piece Bldg Co ^{George} CONDO Job: name stuck
(PLEASE PRINT)
 ADDRESS Job: 78 N Sewalls St. Rd. BUILDING _____ APT # _____
 PHONE 283-2096 ^{EXT 104} CITY Stuart Fla ZIP 34996 FLOOR 1st (X) 2nd () Other ()
 FAX 283-2770

OPG NO	QUAN	WIDTH	HEIGHT	ADDITIONAL INFORMATION	PRODUCT
1	1	113 1/2	89	Acc. split stack, lock in	Acc. ACC. Shutters
2	2	2x2	84	Storm Bars for Garage	COLOR <u>white</u>
3	1	41 1/2	92	Acc. split stack, lock out	All Optional Features Must Be Noted on Contract
4	1	147	88	Acc. 1/5-1/8 stack, lock in	All Dade County Approved.
5	1	69	53	Acc split stack, lock out	
6	1	287	86	Acc. split stack, lock out	
7					
8					
9					
10					
11					
12					

During installation we must have access in and out of property for good installation. Owner, or someone with authority, must be present during installation to inspect and pay balance due. In owner's absence, measurements, installation and final payment to be made through

287-0695 - Home
 NAME _____ PHONE _____

TOTAL PRICE	4,714 ⁰⁰
DEPOSIT 1/2	2,357 ⁰⁰ ck4
BALANCE DUE UPON INSTALL	2,357 ⁰⁰

TERMS AND CONDITIONS OF SALE

- PRO-TEC SHUTTERS INC and the Purchaser agree to the sale and installation for the above specified price upon the terms and conditions hereinafter set forth and continued on the reverse side of this contract including the description and limitations of all warranties and guarantees that are incorporated into this contract as is fully set on this page
- This agreement shall be binding upon the parties hereto their Heirs, Successors and Assigns where signed by the parties hereto or their Officers or Agents except as otherwise provided Execution by any person as Purchaser shall bind the person so executing this agreement and the Owner as said person represents that he is the Owner or his lawful Agent with actual authority to bind the Owner
- PURCHASER'S RIGHT TO CANCEL**
 *** This is a home solicitation sale and if you do not want the goods or services you may cancel this agreement by mailing a notice to the Seller This notice must indicate that you do not want the goods or services and must be postmarked before midnight of the third business day after you sign this agreement

I HAVE READ THE FOREGOING TERMS AND CONDITIONS OF SALE SET FORTH ON BOTH SIDES HEREIN AND AGREE WITH THEM

Thomas Blinn SALES REPRESENTATIVE M. K. B. L. PURCHASER

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~Thurs~~ ~~8/8~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5294	LEHMAN	FRAMING	Passed	
⑤	6 RIDGELAND GRIBBEN	ALL TRADES		INSPECTOR 8/8
5447	BARLAND	POOL STEEL/BOND	Failed	Re-inspection (washout)
②	1 S. VIA LUCINDIA HARBOR BAY POOLS	11:30 FRAMING	Passed	Still washout INSPECTOR 8/8
5468	MCMATHON	LAUNDRY ROOM SLAB	Passed	
⑥	5 MELODY HILL O/B 223-0954	+ PTL WINDOW FRAMING	Passed	INSPECTOR 8/8
5401	SACHS	SHUTTERS	Passed	(not into house)
③	78 N. SPR PROTEC - 335-3000	FINAL		(no plan?) INSPECTOR 8/8
5068	WINER	PTL. R.F. SHEATHING		
④	19 RIDGELAND LEAR	(LOWER ROOF)	Passed	INSPECTOR 8/8
TIR	12 RIO VISTA 36 W HILLCREST (STRACUZZI)	FIELD VERIF.	Passed	BP N5489
⑧	RUCOLO	12 Rio Vista		INSPECTOR 8/8
5466	MATUSZWSKI	DRY IN	Failed	*EARLY AS POSSIBLE.
①	3 MIRAMAR A+P ROOFING	229 4460 260 5793	wood 6" at seam/drip edge req Passed	INSPECTOR 8/8

OTHER 1735 River Rd. Lakipatia 8/8 inspect 8/10 } TO BE
PN 5063 ROBINSON / DRIFTWOOD HOMES } RETURN

5411

SCREEN

ENCLOSURE

MASTER PERMIT NO. 5336

TOWN OF SEWALL'S POINT

Date 6-18-01

BUILDING PERMIT NO. 5411

Building to be erected for GEORGE/SALLY SAHNS

Type of Permit POOL ENCL (PEPL)

Applied for by BAST WEST ALUMINUM

(Contractor) Building Fee \$120.00

Subdivision GOV.T. Lot 2 & 3 Block _____

Radon Fee _____

Address 78 N. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR.

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number 35-37-41-000-000-00262-50000

Amount Paid 120XX Check # 1380 Cash _____ Other Fees (_____)

TOTAL Fees \$120.00

Total Construction Cost \$ 5,600.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

SCREEN ENCLOSURE PERMIT

INSPECTIONS

SETBACKS

DATE _____

STEEL & BOND
FINAL

DATE _____

DATE 9/28/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.

**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**



Town of Sewall's Point
BUILDING PERMIT APPLICATION

5411

Bldg Permit Number.

RECEIVED RECEIVED
MAY - 8 2001 Phone No. ()
MAY - 4 2001
Zip 34996

Owner or Titleholder's Name George & Sally Sachs
Street: 78 N. Sewall's Point Rd City Stuart State: FL Zip 34996
Legal Description of Property: Gov Lot Lot 253

Parcel Number: 35-37-41-000-000-0000-5000
Location of Job Site: 78 N. Sewall's Point Rd 00262-50000

TYPE OF WORK TO BE DONE: Pool encloser

CONTRACTOR/Company Name EAST WEST Aluminum Phone No. (561) 460-9626
Street: 301 EASY ST City FT Pierce State: FL Zip 34982
State Registration: SP01563 State License: 11

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

ENGINEER: NAGENDRA N. KHANAL P.E. Phone No. () _____
Street: 3155 Lillian Rd City West Palm Beach State: FL Zip 33406

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
Covered Patio: _____ Scr. Porch X 1110 Wood Deck: _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

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

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 5600⁰⁰
Estimated Fair Market Value (FMV) prior to improvement \$ _____
If improvement, is cost greater than 50% of Fair Market Value? YES ___ NO ___
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

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

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

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

OWNER or AGENT SIGNATURE (Required)

CONTRACTOR SIGNATURE (Required)

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

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

Notary Public
My Commission Expires: _____
(Seal)

Notary Public
My Commission Expires: _____
(Seal)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed)
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

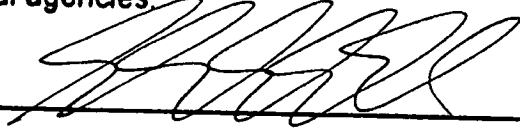
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are

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

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

Approved by Building Official  Date: 6/8/09

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
A Better Deal Insurance
 1026 Bayshore Blvd
 Port St Lucie, FL 34984
 (881) 871-1975

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

new
FIL
lic/ins

INSURED
EAST WEST MOUNTAIN
 7301 EAST STREET
 FT PIERCE FL 34982 W

COPY FILE

INSURERS AFFORDING COVERAGE

INSURER A:	ARIES	RECEIVED MAY 10 2001
INSURER B:		
INSURER C:	ALL RISK	
INSURER D:		
INSURER E:		

COVERAGES

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

INSURANCE TYPE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	QGM 5639 900-2300	7-7-99 7-11-00	7-7-2000 7-11-01	EACH OCCURRENCE \$ 100000 FIRE DAMAGE (Any or All) \$ 50000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 100000 PRODUCTS - COMP AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY E ACC \$ AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				

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

CERTIFICATE HOLDER
TOWN OF SEWALLS POINT
 220 4765

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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2600 00

PERMIT # _____

TAX FOLIO # 35-37-41-000-000-0026.2-50000

NOTICE OF COMMENCEMENT

COPY

STATE OF FL

COUNTY OF Martin

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

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

Gov't Lot 2 & Gov't Lot 3 Section 35 Township 37 South range 41E Mar Co.

GENERAL DESCRIPTION OF IMPROVEMENT Remodel

OWNER George & Sally Sachs

ADDRESS 78 N Sewalls Point Road

PHONE # 287-0695

FAX # _____

CONTRACTOR Masterpiece Builders

ADDRESS 408 Colorado Ave. Stuart, Fl 34994

PHONE # 283-2096

FAX # 283-2770

SURETY COMPANY(IF ANY) _____

ADDRESS _____

PHONE # _____

FAX # _____

BOND AMOUNT _____

LENDER _____

ADDRESS _____

PHONE # _____

FAX # _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713 13(1)(A)7 , FLORIDA STATUTES

NAME _____

ADDRESS _____

PHONE # _____

FAX # _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713 13(1)(B), FLORIDA STATUTES

PHONE # _____

FAX # _____

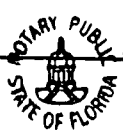
EXPIRATION DATE OF NOTICE OF COMMENCEMENT _____

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

George Sachs
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 28th DAY OF February
BY George Sachs

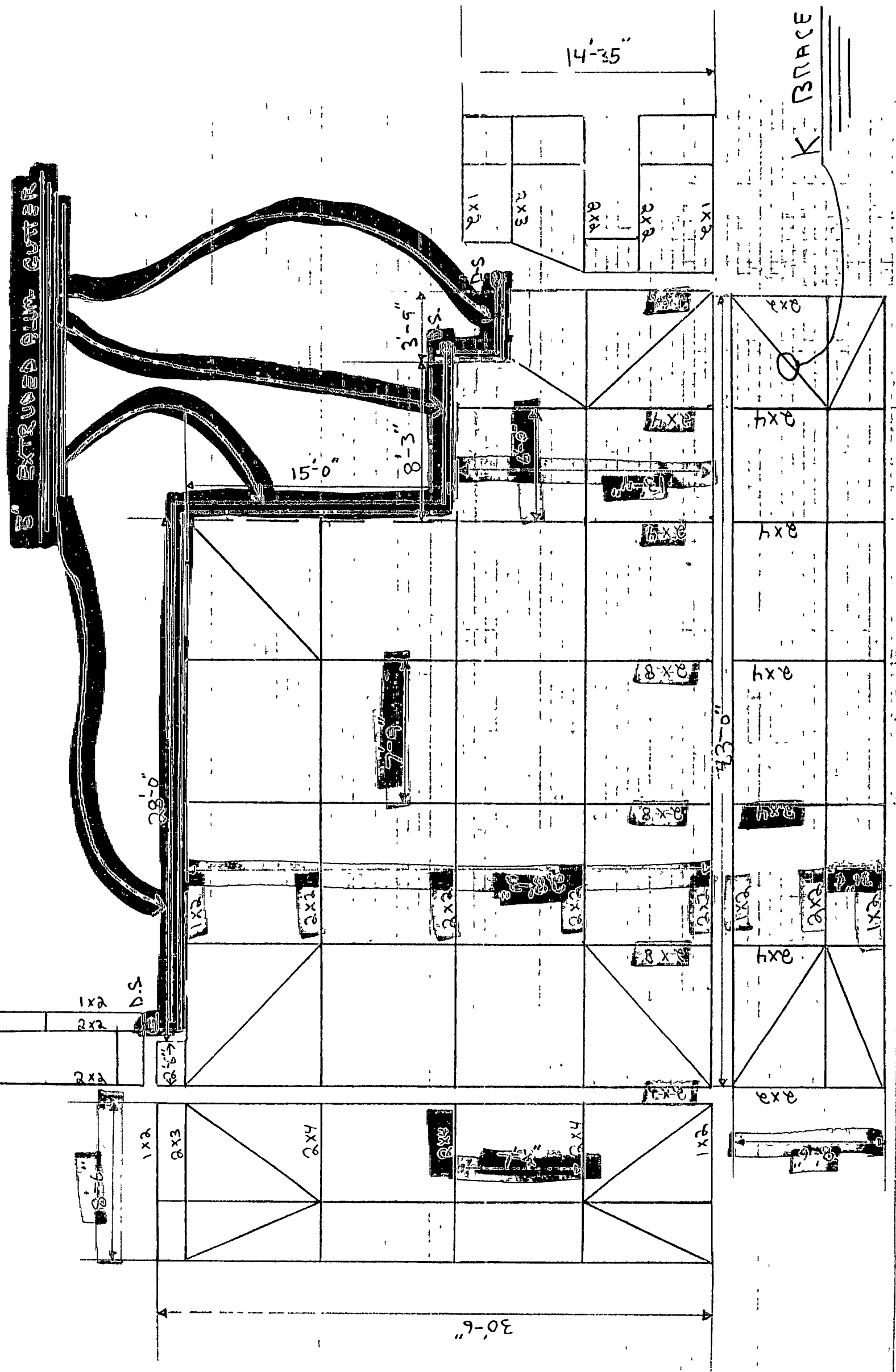
Jennifer L Puerto
NOTARY SIGNATURE
OR
Jennifer L Puerto
Commission # CC 774503
Expires SEP 13, 2002
BONDED THRU
ATLANTIC BONDING CO., INC



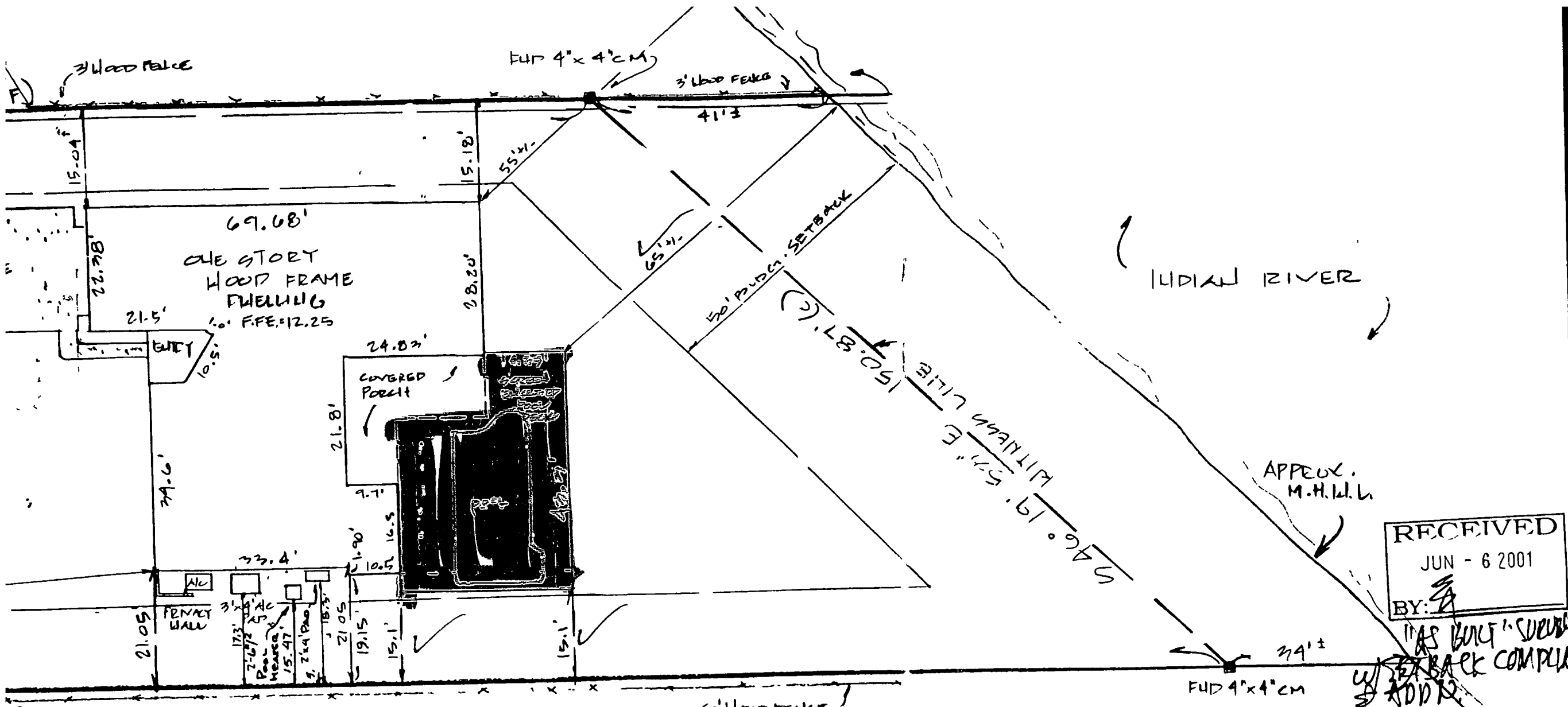
PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

MARSHA EWING MARTIN COUNTY DEPUTY CLERK S. JOHNSON

3" EXTRUDED ALUM CLUTCH



K BRACE



STEPHEN J. BROWN, IN
SURVEYORS • DESIGNERS •
619 EAST 5TH STREET, STUART, FLORIDA 3

RECEIVED
JUN - 6 2001
BY: [Signature]

6/8/01 TOWN OF SEWALL'S POINT
REVIEW: [Signature]
PLNG. OFFICIAL

FILE TOWN COPY
78 N. SEWALL'S POINT RD.
PN 5411
(MPN 5336)

SEE THIS
FILE FOR
COMPLETE
SEWELL
SURVEY

AREAS -		
- LOT AREA	48,040 SQ. FT.	100%
- BLDG. FOOTPRINT	5,809 SQ. FT.	12%
- DRIVE, PADS, WALK	1,235 SQ. FT.	
- POOL & DECK	1,241 SQ. FT.	
TOTAL IMPERVIOUS AREA	8,285 SQ. FT.	17%
- PROPOSED ADDITION	171 SQ. FT.	
- ADDITIONAL GR. FOOTAGE TO BLDG. FOOTPRINT	18,906 SQ. FT.	39.4%

FILE TOWN COPY
78 N. SEWALL'S POINT RD
PN 5336

BOUNDARY SURVEY
PREPARED FOR: SACHS

Date of field survey
3/17/01

DRAWN
S. J. B.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri SEPTEMBER 28, 2001; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5411	SACKS	FINAL/SCREEN ENCL	Pass	
N (4)	78 N. SEWALLS PT RD. EAST/WEST ALUM.			INSPECTOR <u>[Signature]</u> 9/28
✓ 4887	PAGE	POOL FINAL	Pass	
S (7)	8 ST. LUCIE CT LOUDEN POOL			INSPECTOR <u>[Signature]</u> 9/28
5391	Pittias 117 H. Sewall way. JMC	Insulation	Pass	MBoly rec. corr add insul at Draft stop. INSPECTOR <u>[Signature]</u> 9/29
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri NOVEMBER 11, 2001; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5336	SACHS	ADDN/ALT -	Pass	
②	78 N. SEWALL'S POINT RD MASTERPIECE BLUES	FINAL (MIKE: 284-1089)		INSPECTOR <i>[Signature]</i>
5411	SACHS	MASTERPIECE	Failed	Stair/door/banding
①	78 N. SEWALL'S POINT RD EAST WEST ALUM.	FINAL		INSPECTOR <i>[Signature]</i>
5540	HERMAN	SHEATHING/ROOF	not ready	→ inform re new inspection - regulat
③	6 MILL RD W. High Pt. PACIFIC ROOFING			INSPECTOR
5352	CLEMETS	TIE-BEAM	not ready	→ will call for work.
④	11 W. HIGH POINT MOULDER			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER 5391 Pittman, 117 Harry Sewall way, JAC MBA insulat/bie strip/door screws

7159

FOUNDATION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/21/04

BUILDING PERMIT NO. 7159

Building to be erected for SHAW

Type of Permit FOUNDATION REPAIR PERMIT

Applied for by SWISSAM CONSTRUCTION (Contractor)

Building Fee 9.60/1000 = 153.60

Subdivision GOVT LOT Lot PARCEL 2 Block _____

Radon Fee _____

Address 78 N. Sewall's Pt Rd

Impact Fee _____

Type of structure _____

A/C Fee _____

Parcel Control Number

Electrical Fee _____

3537410000002625000

Plumbing Fee _____

Amount Paid 153.60 Check # 2102 Cash _____

Roofing Fee _____

Other Fees (_____) _____

Total Construction Cost \$ 16,000.

TOTAL Fees 153.60

Signed [Signature]
Applicant

Signed Gene Sumner (RD)
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
DEC 16 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number _____

Date 12/14/04

OWNER/TITLEHOLDER NAME Mimi Shaw

Phone (Day) 248 670 8706 (Fax) _____

Job Site Address 78 N. Sewalls Pt. Rd.

City Sewalls Point State FL Zip _____

Legal Desc Property (Subd/Lot/Block) Part of Cont Lot 2

Parcel Number _____

Owner Address (if different) _____

City _____ State _____ Zip _____

Description of Work To Be Done Re Support Foundation

WILL OWNER BE THE CONTRACTOR?

YES NO

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 16,000.-
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ _____

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

Method of Determining Fair Market Value _____

(If no fill out the Contractor & Subcontractor sections below)
(If yes Owner Builder Affidavit must accompany application)

CONTRACTOR/Company Swissam Construction, Inc.

Phone 772 288 6452 Fax 772 288 6452

Street 5467 SW Anninga Ave.

City Palmer City State FL Zip 32990

State Registration Number _____ State Certification Number CGC 049657 Martin County License Number _____

SUBCONTRACTOR INFORMATION

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

ARCHITECT _____ Lic # _____ Phone Number _____
Street _____ City _____ State _____ Zip _____

ENGINEER _____ Lic# _____ Phone Number _____
Street _____ City _____ State _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living _____ Garage _____ Covered Patios _____ Screened Porch _____
Carport _____ Total Under Roof _____ Wood Deck _____ Accessory Building _____

I understand that a separate permit from the Town may be required for ELECTRICAL PLUMBING MECHANICAL SIGNS POOLS WELLS FURNACE BOILERS HEATERS TANKS DOCKS SEA WALLS ACCESSORY BUILDING SAND OR FILL ADDITION OR REMOVAL AND TREE REMOVAL AND RELOCATIONS
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION National Electrical Code 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001 Florida Energy Code 2001 Florida Accessibility Code 2001

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

OWNER OR AGENT SIGNATURE (required) _____

State of Florida, County of _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification _____

Notary Public

My Commission Expires _____

Seal

CONTRACTOR SIGNATURE (required) _____

On State of Florida, County of MARTIN

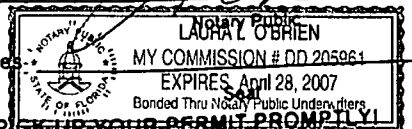
This the 14th day of December 2004

by Helmut Gendele who is personally

known to me or produced _____

As identification _____

My Commission Expires _____



ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (772)335-8804 FAX (772)335-8847
 S. M. FINES INSURANCE AGENCY
 1250 S.E. PORT ST LUCIE BLVD.
 PORT ST LUCIE, FL 34952-5392
 Sherry Sherrard

INSURED Swissam Construction, Inc.
 5467 SW Anhinga Ave.
 Palm City, FL 34990

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A. Mid-Continent Casualty Co	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

COVERAGES

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

INSR	ADJ	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	04-GL-000545726	04/29/2004	04/29/2005	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ HOURLY INJURY (Per person) \$ HOURLY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER \$ EL EACH ACCIDENT \$ EL DISEASE EA EMPLOYEE \$ EL DISEASE POLICY LIMIT \$
		OTHER				

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

State of Florida

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 Susan Fines/SAS

Susan M Fines



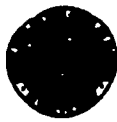
STATE OF FLORIDA AC# 1512514

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CCC049637 00/2004 040089519

CERTIFIED GENERAL CONTRACTOR
GINDELL, BENJAMIN
SWISSAM CONSTRUCTION INC

IS CERTIFIED under the provisions of Ch 489 FS.
Expiration date: AUG 31, 2006 L04072901051



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE 04/10/2004

** EXPIRATION DATE 04/10/2006

PERSON.

GINDELE, HERMUT

FEIN:

50256115

BUSINESS NAME
AND ADDRESS.

SWISSAM CONSTRUCTION INC
5467 SW ANHINGA AVE
PALM CITY FL 34990

SCOPE OF BUSINESS OR TRADE CERTIFIED GENERAL CONTRACTOR

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

REISSUANCE REQUIREMENTS

Weyant Engineering, Inc.

Civil & Structural Engineers
201 SW Port St Lucie Blvd., Suite #104
Port St Lucie FL 34984

Phone 772-335-0772 WPB 561-832-9094
Fax 772-335-0866

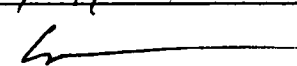
REPAIR WORK FOR HURRICANE DAMAGE

December 14, 2004

Job No 04 1979

Mr & Mrs. Richard Shaw
78 North Sewall's Point
Sewall's Point, FL

Subject RICHARD SHAW RESIDENCE
78 NORTH SEWALL'S POINT
SEWALL'S POINT, FLORIDA

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>12/21/04</u>  BUILDING OFFICIAL Gene Simmons</p>
--

Dear Mr & Mrs Shaw

At your request, I have again inspected the single family residence referenced above. The purpose of my inspection was to observe damage caused by Hurricane Jeanne

The damage observed is erosion of the soil from under the northeast corner of the single story building. The soil is washed away for a depth of about 14 to 20 inches below the slab and monolithic footing. The area affected is approximately 28 feet in an east-west direction and about 15 feet in a north-south direction. The structure is wood frame with a 5V-crimp metal roof.

It is evident that the hurricane damage caused the corner of the residence to deflect and a crack is visible in the floor. In addition, the floor is also cracking in the master bathroom and the laundry room. It appears that all of the cracked floors are as a result of the hurricane flooding.

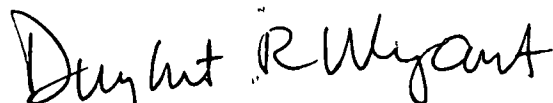
The exposed footing should be supported and jacked up to remove any deflection. The void can be filled with concrete grout or low strength concrete known as flowable fill into the void. Formwork would be required to contain the fill to the space below the slab and footing.

The grout or flowable fill can be placed through a hole or holes cut in the floor above the void.

All pipes and conduits that are exposed must be checked to insure that they are operable and undamaged prior to placement of the fill.

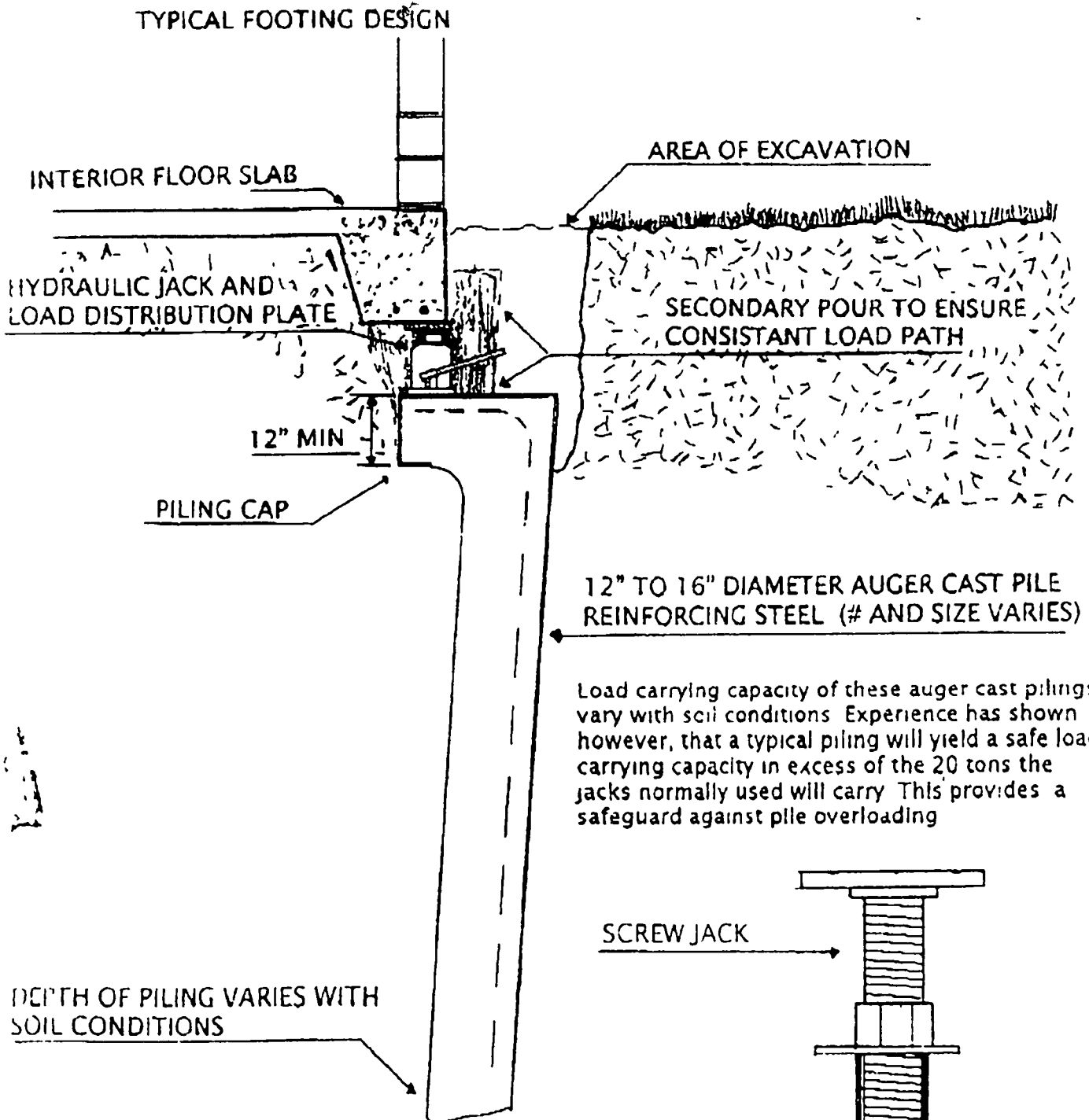
CERTIFIED THIS 14TH DAY OF DECEMBER 2004

WEYANT ENGINEERING, INC



Dwight R. Weyant, P E
Principal Structural Engineer

UNDERPINNING FOUNDATIONS USING AUGER CAST PILINGS



APPROVED
 NOT APPROVED

APPROVED AS NOTED
 REVISE AND RESUBMIT

once lift is made, the hydraulic jack is replaced by a mechanical screw jack. This will remain in the secondary pour.

Checking is only for conformance with the design concept of the Project and compliance with the information given in the Contract Documents. Contractor is responsible for dimensions to be confirmed and correlated at the job site, for information that pertains solely to the fabrication processes or to techniques of construction, and for coordination of the work of all trades.

BY D. Weyant DATE 12-20-04
 WEYANT ENGINEERING

CHMENTL

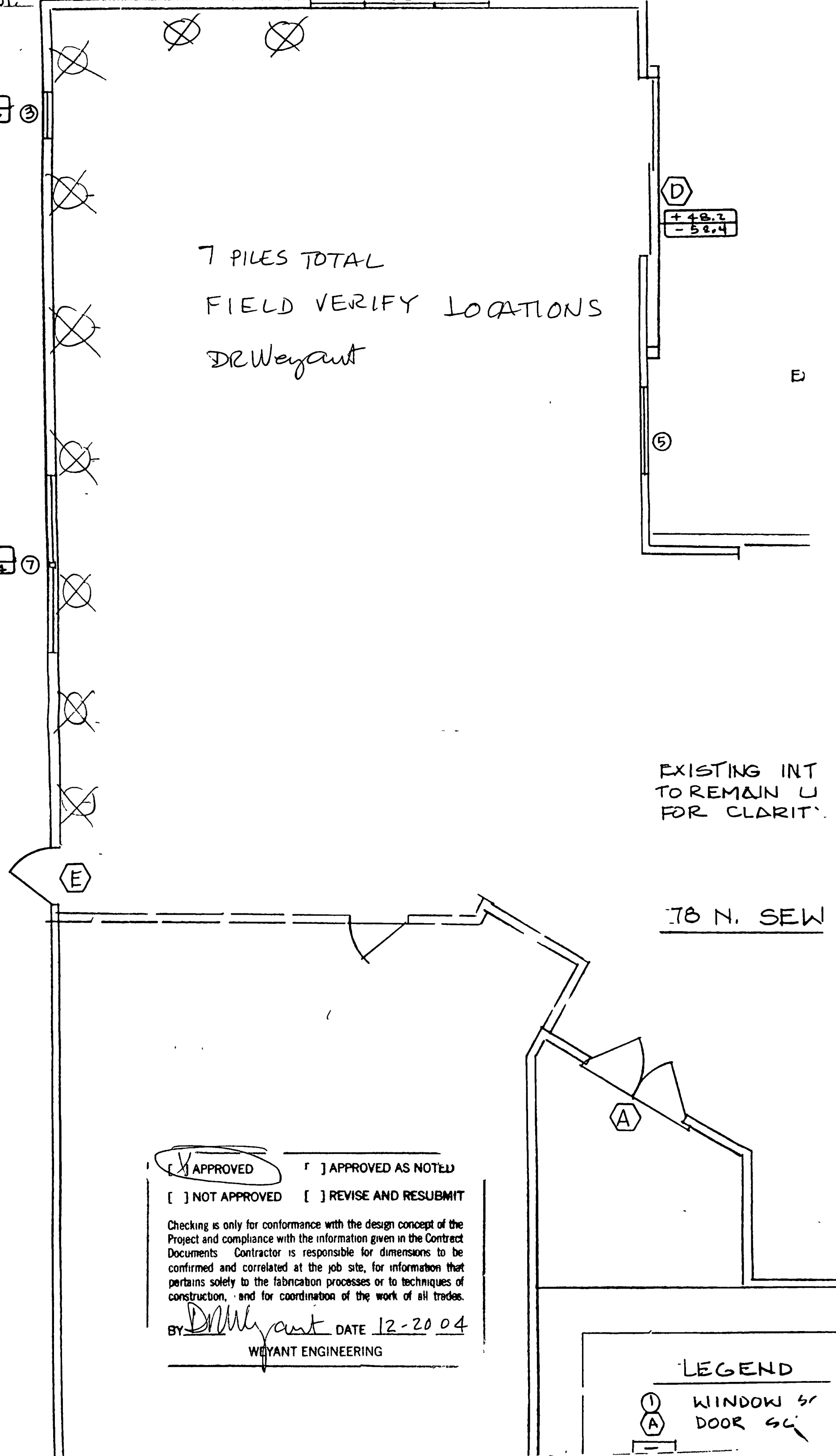
EXISTING
SEER
ER

+50.3
-94.6 ③

-48.2
+52.4 ⑦

D
+48.2
-52.4

7 PILES TOTAL
FIELD VERIFY LOCATIONS
DR Weyant



EXISTING INT
TO REMAIN U
FOR CLARIT

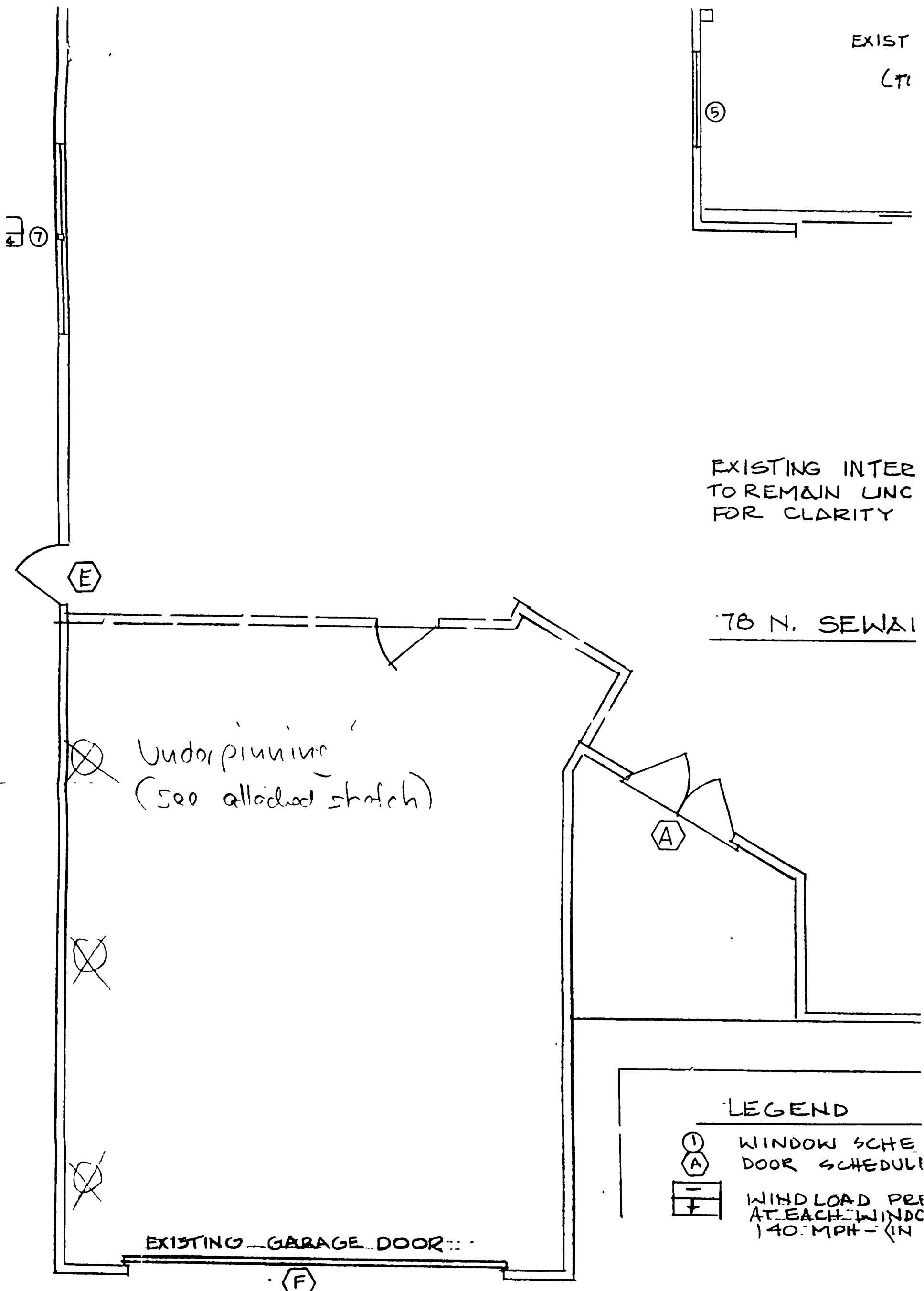
78 N. SEW

APPROVED APPROVED AS NOTED
 NOT APPROVED REVISE AND RESUBMIT

Checking is only for conformance with the design concept of the Project and compliance with the information given in the Contract Documents. Contractor is responsible for dimensions to be confirmed and correlated at the job site, for information that pertains solely to the fabrication processes or to techniques of construction, and for coordination of the work of all trades.

BY DR Weyant DATE 12-20-04
WEYANT ENGINEERING

LEGEND
① WINDOW 5'
A DOOR 5'





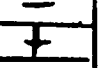
EXISTING INTER
TO REMAIN UNC
FOR CLARITY

78 N. SEWALL

Underpinning
(see attached sketch)

EXISTING GARAGE DOOR

LEGEND

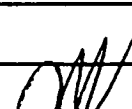
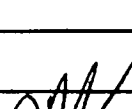
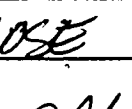
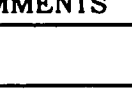



-  WINDOW SCHEDULE
-  DOOR SCHEDULE
-  WIND LOAD PRE AT EACH WINDOW 140 MPH - 1 IN

<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED AS NOTED
<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> REVISE AND RESUBMIT
<p>Checking is only for conformance with the design concept of the Project and compliance with the information given in the Contract Documents. Contractor is responsible for dimensions to be confirmed and correlated at the job site, for information that pertains solely to the fabrication processes or to techniques of construction, and for coordination of the work of all trades.</p>	
<p>BY: <u>Weyant</u> DATE <u>12.28.04</u></p> <p>WEYANT ENGINEERING</p>	

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/22, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6837	Zoen	FINAL FENCE	PASS	CLOSE
10	11 N. VIA LUCINDIA O/B	(bump post)		INSPECTOR 
6930	WEIGAND	FINAL FENCE	FAIL	
7	118 S Sewall's Pt O/B			INSPECTOR 
7134	SOUL	FENCE FINAL	PASS	CLOSE
11	7 BANYAN O/B			INSPECTOR 
7159	SHAW	PUNA PEE POOL	PASS	
14	78 N. Sewall's Pt SWISSAM CONST.			INSPECTOR 
				708-9206 Helmut (late as possible pls)
7096	MULLIGAN	IN Prog Roofing	PASS	
12	20 FIELDWAY Dr BUDGET ROOFING			INSPECTOR 
7091	DONOVAN	TIN TAG METAL	PASS	
15	6 QUAIL RUN PACIFIC ROOFING	SKYLIGHT CORR	FAIL	INSPECTOR 
TREE	HESS	TREE	PASS	
13	74 N. Sewall's Pt			INSPECTOR 

OTHER: _____

708-9205

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/16, 20015 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6917	SEYMOUR	FINAL	FAIL	NO ACCESS
10	73 S. SEWALL ST	REPAIR DRYWALL, ELEC, CABINETS		
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7391	CONRAD	IN PROG	PASS	ROOF SHEATHING ONLY
8	9 S. VIA LUCINDIA			
	SMART ROOFING			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7159	SEWALL	FINAL FOUNDATION	PASS	CLOSE
13	78 N. SEWALL ST	RESTORATION		
	SWISS AM CONST			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6744	OSTEEN	DRIVEWAY	CANCEL	
7	1 RIDGEVIEW RD			
	ANGUS ENT			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	SMITH	TREE	PASS	
4	7 SIMONA STREET			
				INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7039	KEARNS/PAGE	DRY-IN	PASS	
5	6 LANTANA LA			
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7328	SCHMADER	TEMPORARY	PASS	CALL F.P.I.
2	102 HENRY SEWALL			DONE
	CONWAY			INSPECTOR <i>[Signature]</i>

OTHER: _____

8073

**REPAIR SCREEN
ENCLOSURE**

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/24/06

BUILDING PERMIT NO. 8073

Building to be erected for SHAW

Type of Permit REPAIR TO SCREEN ENCLOSURE

Applied for by STRUCTURE-CON (Contractor)

Building Fee 35.00

Subdivision BOU'T LOT Lot PARCELF 2 Block _____

Radon Fee _____

Address 78 N. Sewall's Point Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

35374100000026250000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # _____ Cash

Other Fees (_____) _____

Total Construction Cost \$ 637.00

Roofing Fee _____

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED
2/21/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 1/31/2006 Permit Number _____

OWNER/TITLEHOLDER NAME Richard & Mimi Shaw Phone (Day) 248-670-8700 (Fax) 810-844-0139

Job Site Address 78 N. Sewall's Point Road City Stuart State FL Zip 34996

Legal Desc Property (Subd/Lot/Block) Part of GNV'L Lot 2 78 N Sewall's Pt. Rd. Parcel Number: 3537410000000026250000

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

Description of Work To Be Done Replacement of 4 Corroded Side Plates + New doors

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES.

Estimated Cost of Construction or Improvements: \$ 637

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement. \$ _____

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

Method of Determining Fair Market Value _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company STRUCTURE-CON LLC Phone 772 232 2742 Fax 772 225 0869

Street 1555 NE Ocean Blvd #303 City Stuart State FL Zip 34996

State Registration Number CBC 066031 State Certification Number _____ Martin County License Number _____

SUBCONTRACTOR INFORMATION

Electrical _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

ARCHITECT _____ Lic # _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER NA Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Mimi Shaw

State of Florida, County of LIVINGSTON

This the 31st day of JAN 2006

by MIMI L SHAW who is personally

known to me or produced MI DRIVERS LICENSE

as identification S000603507184

Notary Public

My Commission Expires 8 29 2010

CONTRACTOR SIGNATURE (required)

Robert F. Stare

On State of Florida, County of MARTIN

This the 13th day of FEBRUARY 2006

by ROBERT F STARE who is personally

known to me or produced _____

As identification Darleen Poggerale

Notary Public

My Commission Expires Sept 27, 2006

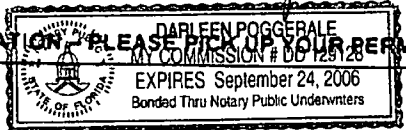
PERMIT APPLICATIONS REMAIN VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

Notary Public, State of Michigan

County of Oakland

My Commission Expires Aug. 29, 2010

Acting in the County of LIVINGSTON





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

STARK, ROBERT FRANK
STRUCTURE-CON LLC
1555 NE OCEAN BOULEVARD SUITE 303
STUART FL 34996

STATE OF FLORIDA AC# 1487441
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CGC061033 07/14/04 040015059
 CERTIFIED GENERAL CONTRACTOR
 STARK, ROBERT FRANK
 STRUCTURE-CON LLC

IS CERTIFIED under the provisions of Ch 489 FS.
 Expiration date: AUG 31, 2006 L04071400951

DETACH HERE

AC#1487441

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04071400951

DATE	BATCH NUMBER	LICENSE NBR
07/14/2004	040015059	CGC061033

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

STARK, ROBERT FRANK
STRUCTURE-CON LLC
1555 NE OCEAN BOULEVARD SUITE 303
STUART FL 34996

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE ~~2003-513-025~~ CERT ~~CCC061033~~

PHONE ~~(772) 232-2742~~ PC NO ~~233130~~

LOCATION

1555 NE OCEAN BLVD 302 STU

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS *PROFESSION OR OCCUPATION

OF **GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

**ROBERT F
STRUCTURE-CON, LLC
1555 NE OCEAN BLVD STE 303
STUART FL 34996**

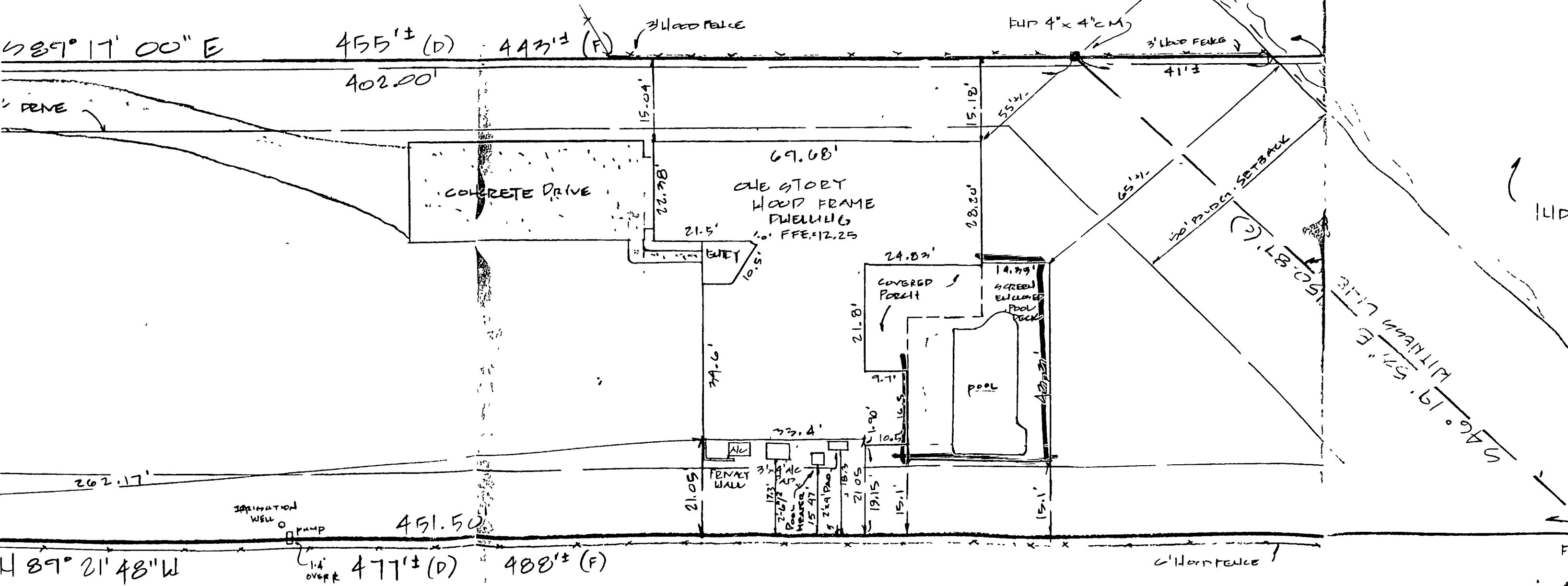
15 DAY OF AUGUST 2005
AND ENDED SEPTEMBER 30, 2006

12 00002004 001230

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 2/21/06

 BUILDING OFFICIAL
 Gene Simmons

LOT 2
 TIED



PORTION GOVERNMENT LOT 31
 NOT PLATTED

Proposal



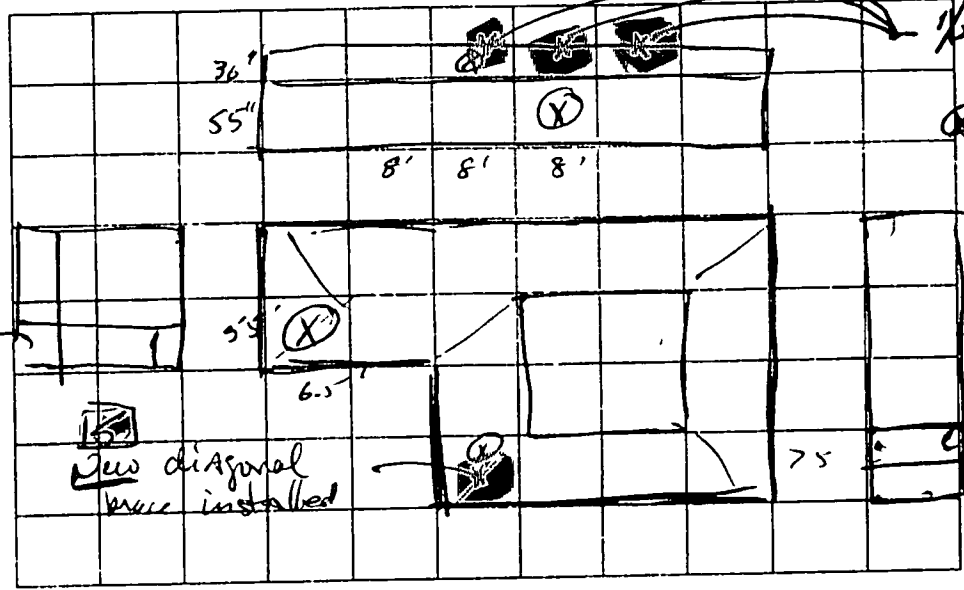
Structure-Con LLC
 1555 NE Ocean Blvd Suite 303
 Stuart, FL 34996
 (772) 222-7844
 CGC 061033

Date 12-1-05
 Name Richard & Mimi Shaw
 Address 78 N. Sewells Pt Rd.
Stuart, FL 34996
 Phone No 248 670 8706
 Work/ Cell FAX 810 844 0139

Hurricane Damage

New Construction Rebuild Repair Rescreen
 Pool Enclosure Screen Porch Front Entry Carport
 Wind Code 130 140 150
 Removal Yes No
 Deck Type Concrete Cooldeck Pavers Tile
 Screen 18x14 20x20
Charcoal Grey
Screen Only
 Florida Glass 12 18' 24 36"
 Pet screen 12" 18" 24" 36"
 Kick plate 12" 18" 24" 36"
 Smooth Stucco

Frame WHITE BRONZE
 Roof Mansard Gable Hip Flat Pan Poly
 Overall Dimensions _____ x _____
 Wall Height _____ Overhang _____
 Chair rail 12" 18" 24" 30" 36" _____
 Upper Girt _____
 Gutter _____ ft 5" Super Gutter _____
 Downspouts _____ 3 x 4 _____ A _____ B
 Doors _____ Kickplate 8" 14" 24" 36"
 Door Handle Height pool porch
 Roof Dragonals Corner Braces "K" Braces
 Total sq ft _____



2
 1/2 Truss replaced
 sole plate -
31
 Rescreen
 2 Top
 2 side

1
 door to be
 replaced with
 customer door
 includes new
 door kit

15
 New diagonal
 brace installed

14
 door to
 be replace
 with
 customer
 door
 includes
 New door
 kit

We hereby propose to furnish labor and materials as specified in this proposal for the sum of

CONTRACT PRICE	\$ <u>547.00</u>
PERMIT & ENGINEERING	\$ _____
TOTAL	\$ _____
DEPOSIT	\$ _____
PAID AT DELIVERY	\$ _____
BALANCE UPON COMPLETION	\$ _____

ACCEPTANCE OF PROPOSAL
5 days of Repair
 Purchaser _____
 Date _____
 Structure-Con LLC _____
 Date _____

*90% credit for
 new door.
 547.00*

Proposal Good for 30 days void thereafter at the seller's option

Terms & Conditions

- This contract shall carry with it a (2) year warranty on workmanship and materials from the date of completion. Structure-Con LLC is not responsible for damages due to windstorm, hail, hurricane or any other natural disaster. Owner's failure to make full payments according to the contract shall void this guarantee.
- It is understood that there are no verbal agreements. All terms discussed are covered by this written contract.
- This is a proposal until signed by an officer of the corporation at which time it becomes an executed contract. If not accepted any cash payment will be returned.
- Any alteration or deviation from specifications listed above involving extra cost will be executed only upon written orders.
- The final design including bracing where applicable will be determined by Structure-Con to insure compliance with building and engineering codes.
- Structure-Con expressly reserves all contractors, mechanics and material men's liens which may be asserted under the provision of law to secure payment of the contract price and may assert and fix the same as a lien upon the real property on which installation is made.
- Structure-Con reserves the right to void this contract at any time and return deposits. Section 501.025, Florida Statutes (Consumer Protection) provides that "the buyer has the right to cancel a home solicitation sale until midnight of the third business day on which the buyer signs the agreement."

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/10, 2006

Page 1 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7901	ALLMAN	FINAL WINDOWS	FAIL	
8	45 RIO VISTA O/B			INSPECTOR <i>OM</i>
8073	SEAW	SCREEN DOOR	FAIL	CLOSE
12	78 N SEWALLS Pt STRUCTURE CON	REPAIR FINAL		INSPECTOR <i>OM</i>
6812	MADER	INSULATION	PASS	
4	106 ABBIE COURT BUFORD			INSPECTOR <i>OM</i>
7764	RUCKS	SUB SIDING	FAIL PASS	
13	20 N. SEWALLS PT MASTER PIECE	WINDOW + DOOR BUCKS TRUSS EN	FAIL FAIL	INSPECTOR <i>OM</i>
7883	DENNLSON	IN PROGRESS	PASS	
3	49 W HIGH POINT SQUARE ROOFING			INSPECTOR <i>OM</i>
8070	ENGELSTAD	FINAL GARAGE	FAIL	
9	23 LANRANA LA O/B	DOOR		INSPECTOR <i>OM</i>
7209	MOSCATELLO	FINAL ROOF	PASS	CLOSE
6	6 PINEAPPLE LA ENERGY COATINGS			INSPECTOR <i>OM</i>

OTHER:

12.5.5.P.D.

PERMIT NOT TO BE

WAIVED TO TREE

129 5.5 P.D.

FINAL ELEC.

PASS *OM*

8261

RENOVATIONS

Martin County SP01-
MASTER PERMIT NO. 20060032

TOWN OF SEWALL'S POINT

Date 6-14-06 BUILDING PERMIT NO. 8261
Building to be erected for Hadiid Type of Permit Renovations
Applied for by O/B (Contractor) 90% x 25 = 240.00 Building Fee 240.00
Subdivision Gout Lot Lot 2/3 Block _____ Radon Fee _____
Address 18 N. Sewalls Pt Rd Impact Fee _____
Type of structure SFR A/C Fee _____

Parcel Control Number. _____
35-37-41-000-000-00262-50000 Plumbing Fee _____
Amount Paid \$600 Check # 3924 Cash _____ Other Fees 25% of B 60.00
Total Construction Cost \$ 25000 Double-work w/o permit 300.00
TOTAL Fees 600.00

Signed _____ Applicant
Signed Valuedmyer Town Building Official Dept Clerk



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number	SP01 - 20060032
Permit Type	SEWALLS POINT
Date Issued	12-JUN-06
Project	
Scope of Work	Wall partition & relocation & exterior stucco, pool resurface

Applicant/Contact	HADID, MAHMOUD A /	
Parcel Control Number	35-37-41-000-000-0026 2-50000	
Subdivision		
Construction Address	78 N SEWALL PT	
Location Description		
Owner Name	HADID, MAHMOUD A	
Prime Contractor	OWNER	CONTACT OWNER
		License No

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
 The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____ 3050 R/Elec _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date June 6, 04 Permit Number _____
OWNER/TITLEHOLDER NAME MAHMOUD HADID Phone (Day) 215-4442 Cell Joe (Fax) _____

Job Site Address 78 N Sewall Pt City Sewall Pt State FL Zip 34996

Legal Desc Property (Subd/Lot/Block) 35-37-41-000-000-00262, 50000 Parcel Number _____
City _____ State _____ Zip _____

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

Description of Work To Be Done wall partition & relocation & exterior storage, pool resurface,

WILL OWNER BE THE CONTRACTOR?

YES NO

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 38,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement. \$ _____

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

Method of Determining Fair Market Value _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company _____ Phone _____ Fax _____

Street _____ City _____ State _____ Zip _____

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

SUBCONTRACTOR INFORMATION

Electrical W.D. COOK ELECTRICAL SERV State FL License Number ME003126 License Number MARTIN COUNTY ME001416

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

ARCHITECT _____ Lic # _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

[Signature]

State of Florida, County of Martin

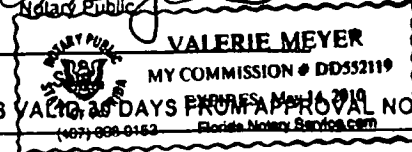
This the 6th day of June, 2006

by MAHMOUD ANWAR HADID who is personally

known to me or produced FL DL Lic # H330-541-54-4060

as identification [Signature]

My Commission Expires _____



CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida, County of _____

This the _____ day of _____, 2006

by _____ who is personally

known to me or produced _____

As identification _____

Notary Public

My Commission Expires _____

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

MR PHILIP WINTERCORN
Building Inspector
 Town of Sewall's Point
 One South Sewall's Point Rd
 Sewall's Point, Fl 34996

JUNE 5, 2006

Subject 78 North Sewall's Point Rd
Ref Home improvement permit

Dear Mr Wintercorn

Thank you for the visit to my newly purchased home I appreciate your advice to make sure that works are in compliance with Martin County Building code

At this I am requesting for permit for the following changes, mostly to the kitchen area

- 1) Remove one angled wall between Living room & Kitchen area approximately 8' Ft and replace with 8' straight wall The wood at bottom will be treated wood There are two outlets and one light switch
- 2) Remove one angled wall in entrance 4' Ft and replace new 4' strait wall in same location This wall has (1) outlet (1) vacuum outlet and (1) A/C thermostat. All will be reconnected exact
- 3) Kitchen ceiling was a drop ceiling with (5) electrical light fixtures These fixture are being replace with (7) light cans resets All previously electrical works where wires were exposed will be rectified to code
- 4) Exterior of home will be repaired and a new stucco finish will adhered to existing wood paneling with mesh and will not be stucco until after your inspection and approval
- 5) Kitchen cabinets and sink will be replaced with new kitchen cabinets The oven will be moved 36" from the present location and all wiring will comply with code

Doubled
 $960 / \$1000 =$
 $+25\% 00/B$

Propose
~~stucco~~

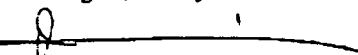
Please note that I will also be fixing the pool, cracks and pool coating In addition I will be replacing pool equipment as the old equipment is exactly that, old

The Garage door is very old and will be replace with new insulated hurricane approve doors This may take several month As with the Kitchen, I am only now ordering the cabnets

Mr Wintercorn, please accept my apology for any inconvenience this has caused you, please be sure that I will comply with Sewalls Point rules and regulation and hopefully add to the beautification of the community

Please note that all contractors on site are licensed in Martin Co (White Plumbing, WD Cook Electrical, St. Lucie pools, JTC mc contractors, Mike Martin Plastering)

Once agam, thank you


 Mahmoud A Hadid
 772-221-1942 (home) 772-486-4526 (mobile)

2578 S W. MANOR HILL DR., - PALM CITY, FLORIDA 34990, USA
 Phone: (772) 283-9993 / Fax (772) 288-7144 / E-mail: eestwest@aol.com

This Document Prepared By and Return to
Sam T Steger
STEGER & STEGER, P A
603 SW CLEVELAND AVENUE
STUART, FL 34994

Parcel ID Number 35-37-41-000-000-00262 5

Warranty Deed

This Indenture, Made this _____ day of May, 2006 AD Between
RICHARD A SHAW and MIMI L SHAW, his wife

of the County of Livingston, State of Michigan, grantors, and
MAHMOUD A HADID, a married man

whose address is 2578 SW Manor Hill Drive, Palm City, FL 34990

of the County of Martin, State of Florida, grantee.

Witnesseth that the GRANTORS for and in consideration of the sum of

-----TEN DOLLARS (\$10)----- DOLLARS,
and other good and valuable consideration to GRANTORS in hand paid by GRANTEE, the receipt whereof is hereby acknowledged, have
granted, bargained and sold to the said GRANTEE and GRANTEE'S heirs, successors and assigns forever the following described land, situate,
lying and being in the County of Martin State of Florida to wit:
See Exhibit A Attached Hereto and Made a Part Hereof.

SUBJECT to restrictions, reservations and easements of record, if
any, and taxes subsequent to December 31, 2005

and the grantors do hereby fully warrant the title to said land and will defend the same against lawful claims of all persons whomsoever

In Witness Whereof, the grantors have hereunto set their hands and state the day and year first above written

Signed, sealed and delivered in our presence

Printed Name _____
Witness _____

RICHARD A SHAW (Seal)
P O Address 4099 Broadmoore Court, Howell, MI 48843

Printed Name _____
Witness _____

MIMI L SHAW (Seal)
P O Address 4099 Broadmoore Court, Howell, MI 48843

STATE OF Michigan
COUNTY OF Livingston

The foregoing instrument was acknowledged before me this _____ day of May, 2006 by
RICHARD A. SHAW and MIMI L SHAW, his wife

who are personally known to me or who have produced their _____ driver's license as identification.

Printed Name: _____
Notary Public
My Commission Expires: _____

TOWN OF SEWALL'S POINT

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

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: MAHMOUD HADID Date: _____

Signature: 

Address: 78 N SEWALLS POINT RD.

City & State: Stuart Fl 34996

Permit No _____

PERMIT # SP01-20060032 TAX FOLIO # 25-37-41-000-000-00262-5

NOTICE OF COMMENCEMENT

STATE OF _____ COUNTY OF _____

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): Sec 35-37-41-N11777' of Govt Lot 3 x 59 32' of Govt Lot 2 all as MSDALG Sewall Pt Ra
78 N. Sewalls Point Rd.

GENERAL DESCRIPTION OF IMPROVEMENT Interior partition

OWNER MAHMOUD HADID

ADDRESS 78 N Sewalls Point

PHONE # 221-1942 FAX # _____

CONTRACTOR owner Builder

ADDRESS _____

PHONE # _____ FAX # _____

SURETY COMPANY (IF ANY) _____

ADDRESS _____

PHONE # _____

BOND AMOUNT _____

LENDER _____

ADDRESS _____

PHONE # _____ FAX # _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713 13(1XA)7, FLORIDA STATUTES

NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713 13(1XB), FLORIDA STATUTES

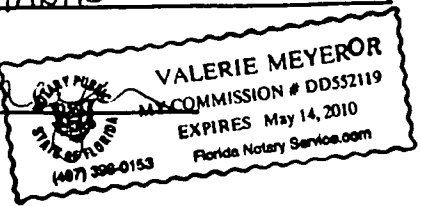
PHONE # _____ FAX # _____

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

[Signature]
SIGNATURE OF OWNER

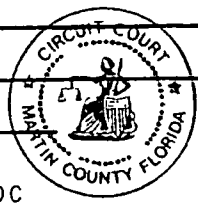
SWORN TO AND SUBSCRIBED BEFORE ME THIS 29th DAY OF June, 2006
BY MAHMOUD HADID

[Signature]
NOTARY SIGNATURE



PERSONALLY KNOWN _____
PRODUCED ID _____
TYPE OF ID Florida license
H330-541-54-4060

INSTE # 1938846 OF BK 12150 FG 2216 RECD 06/07/2006 03:16:51 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FORGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
BY [Signature] MARSHA EWING CLERK
DATE 6-7-06 DC

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-16, 2006 Page 3 of 3

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0014		RESID. FINAL ROOF	PASS	CLOSE
6	11 MIRAMAR			INSPECTOR: <i>QW</i>
M.C.	7 RIDGELAND	D.E. PLUMBING	DUPLICATE	
				INSPECTOR
M.C.		ELECTRIC	PASS	
11	78 N. S. P. R.			INSPECTOR: <i>QW</i>
MC.		ROUGH ELEC.	FAIL	
11	78 N. S. P. R.			INSPECTOR: <i>QW</i>
M.C.		RESID FINAL	PASS	CLOSE
8	16 N. S. P. R.			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-16, 2006

Page 3 of 3

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0014		RESID. FINAL ROOF	PASS	CLOSE
6	11 MIRAMAR			INSPECTOR <i>QW</i>
M.C.	7 RIDGELAND	J.E. PLUMBING	DUPLICATE	
				INSPECTOR
M.C.		ELECTRIC	PASS	
11	78 N. S. P. R.			INSPECTOR <i>QW</i>
M.C.	78 N. S. P. R.	ROUGH ELEC	PASS	
11	78 N. S. P. R.			INSPECTOR <i>QW</i>
M.C.		RESID FINAL	PASS	CLOSE
8	16 N. S. P. R.			INSPECTOR <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-23rd, 2006

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1976	Goldman	GAS Final	PASS	CLOSE
2	4 Summer Ln West Gas			INSPECTOR: <i>OM</i>
7223	Raos	Pool final	FAIL	
4	116 Castle Hill way Schiller			INSPECTOR: <i>OM</i>
Tree	Hoffler	Tree	PASS	
1	173 S Sprd McTrees			INSPECTOR: <i>OM</i>
MC	11210	POOL IS BEING EXPANDED - NOT		ISSUED STOP
³⁸ 3	78N SPR.	JUST REPAIRRED AS PER PERMIT		WORK ORDER INSPECTOR: <i>OM</i>
M.C.	O'NEILL	1/2 TANK & LINES	FAIL	
	5026 ⁹ NE LOFTING M.C. PROPANE			INSPECTOR: <i>OM</i>
8259	Rossario	Final - stairs, deck + dock repairs	FAIL	
1A	1375 River Rd OB			INSPECTOR: <i>OM</i>
		DECK BUILT IN	OK	NO WORK DONE
	18 EMALITA	REAR OF HOUSE?		INSPECTOR: <i>OM</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-26, 2006

Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8208	Behringer	Final roof	PASS	CLOSE
7	18 Indialucui			INSPECTOR: <i>AM</i>
	JA Taylor			
MC	HADID	new Electric for Drywall	PASS	
0032 6	78 NS Pld			INSPECTOR: <i>AM</i>
	OB			
1819	ADIKTS	elevated slab	FAIL	
9	12 Cranes Nest			INSPECTOR: <i>AM</i>
	Advanced Crest	LATE		
8072	Schweder	Fur Progress tile	PASS	
8	4 Ridgeland Dr			INSPECTOR: <i>AM</i>
	Cardinal Roof	1st phase		
1998	Goldman	boldeck	PASS	
3	4 Summer La			INSPECTOR: <i>AM</i>
	Advantage Pool			
6812	Mader	power release	FAIL	
1	106 Abbie Ct			INSPECTOR: <i>AM</i>
	Buford			
1223	KAOS	FINAL	PASS	Must pay \$1325 PRIOR TO INSP.
5	16 Cattle Hill way			INSPECTOR: <i>AM</i>
	Schiller	WAIT FOR CALL FROM UAL.		
OTHER:				
	#1	AHV	C/C.	
		60	20	
	#2	30	20	
	#3	60	20	

MARTIN COUNTY, FL
KIVA INFORMATION SYSTEMS
REPORT gprp30_mc

KIVA REPORTING SYSTEM
INSPECTORS REPORT

RUN DATE 06-DEC-2006
RUN TIME 04 30:34
PAGE 19

Part A INSPECTOR'S DAILY LOG

Pg 3 of 3

Inspector: PWIN - WINTERCORN, PHIL
Discipline B%
Scheduled Range: SCHEDULE RANGE. 01-JAN-1993 to 06-DEC-2006

8

161 SP01 20060107 78 N SEWALL PT 12/06/06 P 6030 RES-POOL DECK/BONC ~~PASS~~
Subdiv 353741000 / METES and BOUNDS 353741000
Comment: Arrive ___ Depart ___ Units

10

162 SP01 20060087 144 N SEWALLS POINT RD 12/06/06 P 6099 RESIDENTIAL FINAL ~~PASS~~
Subdiv 263741000 / RACEYSTOP
Comment: Arrive ___ Depart ___ Units

~~161 SP01~~

~~SP01 20060032~~ INTERIOR DEMOLITION & REMODEL.

~~162 SP01~~ FINAL ~~PASS~~

Fay 988-5911

8358

SPA

Martin County #SP01
MASTER PERMIT NO. 20060107

TOWN OF SEWALL'S POINT

Date 8-15-06 **Receipt**
BUILDING PERMIT NO. 8358
Building to be erected for Hudiel Type of Permit SPA
Applied for by St Luce Rock Waterfalls (Contractor) Building Fee 240-
Subdivision Point Lot Lot 2/3 Block _____ Radon Fee _____
Address 78 N. Sewalls Pt Rd Impact Fee _____
Type of structure SFR A/C Fee _____

Parcel Control Number:
35-37-41-000-000-00262-50000
Amount Paid \$480 Check # 3707 Cash _____ Other Fees work w/o permit 240-
Total Construction Cost \$ 7000- TOTAL Fees 480-

Signed Anne Marie Cseek Signed Valerie Meyer
Applicant Town Building Official Dept Clerk

4-17-07
Called St Luce Rock
to final web-

Revised

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date 8-2-06 Permit Number _____

OWNER/TITLEHOLDER NAME HADID Phone (Day) _____ (Fax) _____

Job Site Address 18 N. Sewall's Pt Rd City _____ State _____ Zip _____

Legal Desc Property (Subd/Lot/Block) Golf Lot - 2/3 Parcel Number 353741-000-000-00262-50000

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

Description of Work To Be Done ADDING SPA TO EXISTING POOL

WILL OWNER BE THE CONTRACTOR?

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 7000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ _____

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

Method of Determining Fair Market Value _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company ST. LUCIE ROCK WATERFALLS INC. Phone 772-370-7571 Fax 772-340-2651

Street 4775 N.W. Gimlet Av. City PORT ST. LUCIE State Fla. Zip 34983

State Registration Number _____ State Certification Number _____ Martin County License Number CSP 4423

SUBCONTRACTOR INFORMATION

Electrical _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

ARCHITECT _____ Lic # _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

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

Carpport _____ Total Under Roof _____ Wood Deck _____ Accessory Building _____

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

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

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

OWNER OR AGENT SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of Martin

On State of Florida County of Martin

This the 2nd day of August 2006

This the 4th day of August 2006

by MAHMOUD ANWAR HADID who is personally

by THOMAS C CSEAR JR who is personally

known to me or produced FL DHC 330-54-406-0

known to me or produced FL DHC 200-823-71-132-0

as identification Valerie Meyer

As identification Valerie Meyer

My Commission Expires _____

My Commission Expires _____

Notary Public
VALERIE MEYER
MY COMMISSION # DD552119
EXPIRES May 14 2010

Notary Public
VALERIE MEYER
MY COMMISSION # DD552119
EXPIRES May 14 2010
(407) 398-0153 Florida Notary Service.com

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE POST UP YOUR PERMIT PROMPTLY



MARTIN COUNTY BUILDING PERMIT

GARD MUST BE POSTED IN CONSTRUCTION'S PLACE ON THE FRONT OF THE PREMISES AT THE CORNER OF THE STREET BEFORE WORK IS STARTED.

Permit Number SP01 - 20060107
 Permit Type SEWALLS POINT
 Date Issued 14-AUG-06
 Project
 Scope of Work Adding spa to existing pool

Applicant/Contact	CSEAK, THOMAS C JR /		
Parcel Control Number	35-37-41-000-000-0026 2-50000		
Subdivision			
Construction Address	78 N SEWALL PT		
Location Description			
Owner Name	HADID, MAHMOUD A		
Prime Contractor	CSEAK, THOMAS C JR 4775 NW GIMLET AVE PSL, FL 34983	772-871-2017	ST LUCIE ROCK WATERFALLS INC License No CSP4423

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
 The inspections listed below may not represent all necessary required inspections for the scope of work.

6029 Res-Pool Shell/Steel, _____ 6030 Res-Pool Deck/Bond, _____ 6099 Residential Final _____

TOWN OF SEWALL'S POINT

RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

AFFIDAVIT OF REQUIREMENT COMPLINACE

I (We) acknowledge that a new swimming pool (spa) or hot tub has been constructed or installed at 78 N. Sewalls Point Rd., and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statues

- The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statue 515 29
- The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Stand Performance Specfication for Safety Covers for Swimming Pool, Spas, and Hot Tubs)
- All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet
- All doors providing direct access from the home to the pool are equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck

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 by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F S

CONTRACTOR'S SIGNATURE & DATE

[Signature]
OWNER'S SIGNATURE & DATE

NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE _____

[Signature]
 NOTARY PUBLIC, STATE OF FLORIDA
 MY COMMISSION # 105650
 EXPIRES May 14 2010
 Florida Notary Service.com
 AS TO OWNER PERSONALLY KNOWN
 OR PRODUCED ID _____
 TYPE FL DL # H330-54-406-0
8/2/06

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

TOWN OF SEWALL'S POINT

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

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: MAHMOUD HADID Date: _____

Signature: 

Address: 78 N. SEWALLS POINT

City & State: STUART, FL, 34996

Permit No. _____

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID SE SIROC-1	DATE (MM/DD/YYYY) 08/02/06
PRODUCER Stuart Insurance, Inc 3070 S W Mapp Palm City FL 34990 Phone 772-286-4334 Fax 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW		
INSURED St Lucie Rock Waterfall, Inc 4775 NW Gimlet Avenue Port St Luice FL 34983	INSURERS AFFORDING COVERAGE	NAIC #	
	INSURER A Granada Insurance Company		
	INSURER B Auto Owners Insurance Co	18988	
	INSURER C Florida Citrus Business & Ind		
	INSURER D		
	INSURER E		

COVERAGES

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

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GL129323	02/22/06	02/22/07	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 500,000
	AUTOMOBILE LIABILITY	4497697800	03/29/06	03/29/07	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person) \$				
<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident) \$				
<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident) \$				
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	106-36740	04/01/06	04/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below				E L EACH ACCIDENT \$ 100,000
					E L DISEASE EA EMPLOYEE \$ 100,000
					E L DISEASE POLICY LIMIT \$ 500,000
	OTHER				

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

Pool Contractor

CERTIFICATE HOLDER

CANCELLATION

TOWNS-1 Town of Sewalls Point 1 S Sewalls Point Road Stuart FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE
---	---



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

CSEAK, THOMAS C JR
ST LUCIE ROCK WATERFALLS INC
655 WEST HEATHER STREET
PORT ST LUCIE FL 34983

STATE OF FLORIDA AC# 210852
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RP252554934 08/02/05 050087058

REG COMMERCIAL POOL/SPA CONTR
CSEAK, THOMAS C JR
ST LUCIE ROCK WATERFALLS INC
(INDIVIDUAL MUST MEET ALL LOCAL
LICENSING REQUIREMENTS PRIOR
TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch 489
Expiration date AUG 31, 2007 L05080200212

DETACH HERE

C#2108529

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L05080200212

DATE	BATCH NUMBER	LICENSE NBR
08/02/2005	050087058	RP252554934

The COMMERCIAL POOL/SPA CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2007
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

CSEAK, THOMAS C JR
ST LUCIE ROCK WATERFALLS INC
4775 NW GIMLET AVE
PORT ST LUCIE FL 34983

JEB BUSH
GOVERNOR

DIANE GARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

2005-2006 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE
 Larry C. O Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (772) 288-5604

LICENSE 006-518-003 CERT 0067720
 PHONE (772)871-2017 SIC NO 235990
 LOCATION
 4775 NW GIMLET AVE PSL

CSP4423

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **COMMERCIAL POOL AND SPA CONTRACTOR**
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

09 DAY OF AUGUST 2005
 AND FINISHING DATE 2006

CSEAK, THOMAS C JR.
 ST LUCIE ROCK WATERFALL, INC
 4775 NW GIMLET AVE
 PORT ST. LUCIE FL 34983

RECEIPT OF PAYMENT
 LARRY C. O'STEEN
 99 00/09/2005 OCCI NORMAL
 200651800003000
 0220050809005429CK
 \$25.00

OCCUPATIONAL TAX RECEIPT
 CITY OF PORT ST. LUCIE
 121 SW PORT ST. LUCIE BOULEVARD
 PORT ST. LUCIE, FLORIDA 34954-5099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL
 REGULATED TRADE LICENSES / COMPETENCY
 CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2005 to September 30, 2006

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business
LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY.

Business Address: 4775 NW GIMLET AVE
 Classification: CONT CONTRACTOR

Business/Lic. 123359 / 06-1033038
 Fee: 115.77
 Discount: 0.00

Issued to: ST LUCIE ROCK WATERFALLS INC
 4775 NW GIMLET AVE

PORT ST LUCIE FL 34983

BUSINESS LICENSE COORDINATOR
 PAYMENT RECEIPT

152 / 052 Hsoto

Fees: 115.77 Late Fees: 0.00 Total this payment : 115.77

2005-2006
 ST. LUCIE COUNTY OCCUPATIONAL LICENSE
 BOB DAVIS, CPA, CGFO, CFC, ST LUCIE COUNTY TAX COLLECTOR

ROOMS	SEATS	EMPLOYEES
		1-10

1799 POOL & SPA CONTRACTOR
 4775 NW Gimlet Ave
 City of Pt St Lucie
 Thomas C Cseak Jr
 St Lucie Rock Waterfalls Inc
 Cseak Jr, Thomas C
 4775 NW Gimlet Ave
 Port St Lucie FL 34983

ACCOUNT 1799-20050002
 EXPIRES SEP 30, 2006

RENEWAL
 NEW LICENSE
 X TRANSFER-
 ORIGINAL TAX 11.25

AMOUNT
 PENALTY
 COLLECTION COST
 TOTAL 11.25

Please see back for additional information



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

ST LUCIE ROCK WATERFALLS INC
4775 NW GIMLET AVE
PORT ST LUCIE FL 34983

STATE OF FLORIDA AC# 2108565
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

QB41962 08/02/05 050087052

QUALIFIED BUSINESS ORGANIZATION
ST LUCIE ROCK WATERFALLS INC

(NOT A LICENSE TO PERFORM WORK.
ALLOWS COMPANY TO DO BUSINESS IF
IT HAS A LICENSED QUALIFIER.)

IS QUALIFIED under the provisions of ch 489 FS
Expiration date AUG 31, 2007 L05080200248

DETACH HERE

C#2108565

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ#L05080200248

DATE	BATCH NUMBER	LICENSE NBR
08/02/2005	050087052	QB41962

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2007

(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

ST LUCIE ROCK WATERFALLS INC
4775 NW GIMLET AVE
PORT ST LUCIE FL 34983

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 2006-518-003 CERT CSP4423

PHONE (772)871-2017 SIC NO 235990

LOCATION
4775 NW GIMLET AVE PSL

CHARACTER COUNTS IN MARTIN COUNTY

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



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
COMMERCIAL POOL AND SPA CONTRACTOR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

09 DAY OF AUGUST 2005
AND ENDING SEPTEMBER 30 2006

THOMAS C JR.
ST LUCIE ROCK WATERFALLS, INC
4775 NW GIMLET AVE
PORT ST. LUCIE FL 34983

RECEIPT of PAYMENT
 LARRY C. O'STEEN 6818 1
 99 08/09/2005 OCC: NORMAL
 200651808803000
 0220650809065429CK \$25.00



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

COMMERCIAL POOL/SPA

License Number **CSP4423** Expires **30-SEP-07**

CSEAK, THOMAS C JR
ST LUCIE ROCK WATERFALLS INC
4775 NW GIMLET AVE
PSL, FL 34983

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # _____

TAX FOLIO # 35-39-41-000-000-00262-50000

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Gout Lot 213

GENERAL DESCRIPTION OF IMPROVEMENT Adding SPA to existing pool

OWNER HADID, MAHMOUD A

ADDRESS 78 N. Sewalls Pt Rd.

PHONE # _____

FAX # _____

CONTRACTOR owner builder

ADDRESS _____

PHONE # _____

FAX # STATE OF FLORIDA
MARTIN COUNTY

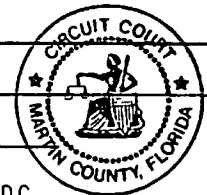
SURETY COMPANY (IF ANY) _____

ADDRESS _____

PHONE # _____

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

FAX # _____
MARTIN COUNTY CLERK
T. COPUS



BOND AMOUNT _____

BY _____ DC

LENDER _____

DATE 8-2-06

ADDRESS _____

PHONE # _____

FAX # _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713 13(1)(A)7, FLORIDA STATUTES

NAME _____

ADDRESS _____

PHONE # _____

FAX # _____

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

PHONE # _____

FAX # _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT _____

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

[Signature]

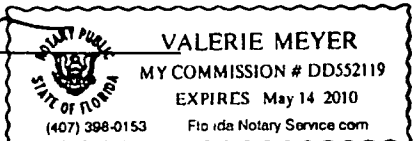
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 2nd DAY OF August 2006

BY MAHMOUD A. HADID

PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID FLDL # H330-541-54-4060

[Signature]
NOTARY SIGNATURE



INSTR # 1951499 DR BY 02162 PG 0442 RECD 08/02/2006 03:23:43 PM
Pg 0642; (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T. COPUS (0558 mjr)

DESIGN PER FLORIDA BUILDING CODE 2001
 424.2 INCLUDING BUT NOT LIMITED TO:
 424.2.6.6 ENTRAPMENT AND SUCTION INLETS
 424.2.17 RESIDENTIAL REQUIREMENTS

REV	DESCRIPTION

- GENERAL NOTES STRUCTURAL
- 1) PLANS DESIGNED PER 2001
 - 2) THE SITE MUST HAVE UNDISTURBED SOIL AND ROCK, WITH A MINIMUM OF 12" OF UNDISTURBED SOIL.
 - 3) THE FOLLOWING IS DESIGNER'S ANALYSIS SOIL CONDITIONS. CONTRACTOR MUST HAVE PAST EXPERIENCE CAPABLE OF PROVIDING A DECK OF SIMILAR SIZE AND DESIGN FROM CONDITIONS SPECIFIED. CONTRACTOR SHALL BE NOTIFIED PRIOR TO ANY CHANGES TO THIS PROJECT.
 - 4) ALL CONCRETE SHALL BE 4000 PSI STRENGTH CONCRETE. ALL CONCRETE SHALL HAVE A MINIMUM STRENGTH OF 3000 PSI FOR ALL CONCRETE (GUNITE/SHOTCRETE).
 - 5) ALL REINFORCING STEEL SHALL BE #4 OR LARGER, CONFORMING TO A STANDARD AND SPECIFICATIONS.
 - 6) PIPING ALL POOL PIPING SHALL BE 1/2" MINIMUM. ALL PIPING SHALL BE SEaled WITH APPROVAL AND SHALL MEET ALL MINIMUM POOL PIPING TO CODE REQUIREMENTS TO APPLY TO ALL EQUIPMENT TO APPLY TO ALL EQUIPMENT.
 - 7) WATER SUPPLY AND DRAINAGE SHALL BE ARRANGED THAT THERE IS NO BACKFLOW OF A DOMESTIC WATER SUPPLY INTO THE POOL SYSTEM AND SHALL MEET ALL REQUIREMENTS.

ENGINEERING INSPECTOR
 STANDARD PERMIT COMPLIANCE
 Plans and methods of construction shall conform with Florida Building Code 2001.
 All materials and methods shall conform with Section 904.11 of the Florida Building Code 2001.
 All proposed plans must be on the job site at all times.
 Contact: 288-5489
 Martin County Building Dept. Inspections - 288-5489
 Plans Review - 288-5916

IMPORTANT NOTICE
 ALL CONSTRUCTION MUST MEET CODE REQUIREMENTS.
 Failure to provide complete specifications and construction details in the building plans does not relieve the building designer and permit holder from responsibility for compliance with the applicable sections and editions of the following:
 1 The Florida Building Code - Building
 2 The Florida Building Code - Residential
 3 The Florida Building Code - Swimming Pools
 4 The Florida Building Code - Mechanical
 5 The Florida Building Code - Electrical
 6 The Florida Building Code - Gas
 7 The Florida Fire Code - 2004
 8 National Electric Code (NFPA 70A)
 9 Martin County Code of Laws and Ordinances
 10 FEMA National Flood Insurance Program
 Martin County Building Dept. Inspections - 288-5489
 Plans Review - 288-5916
 REVIEWED FOR CODE COMPLIANCE 8/14/06 Date

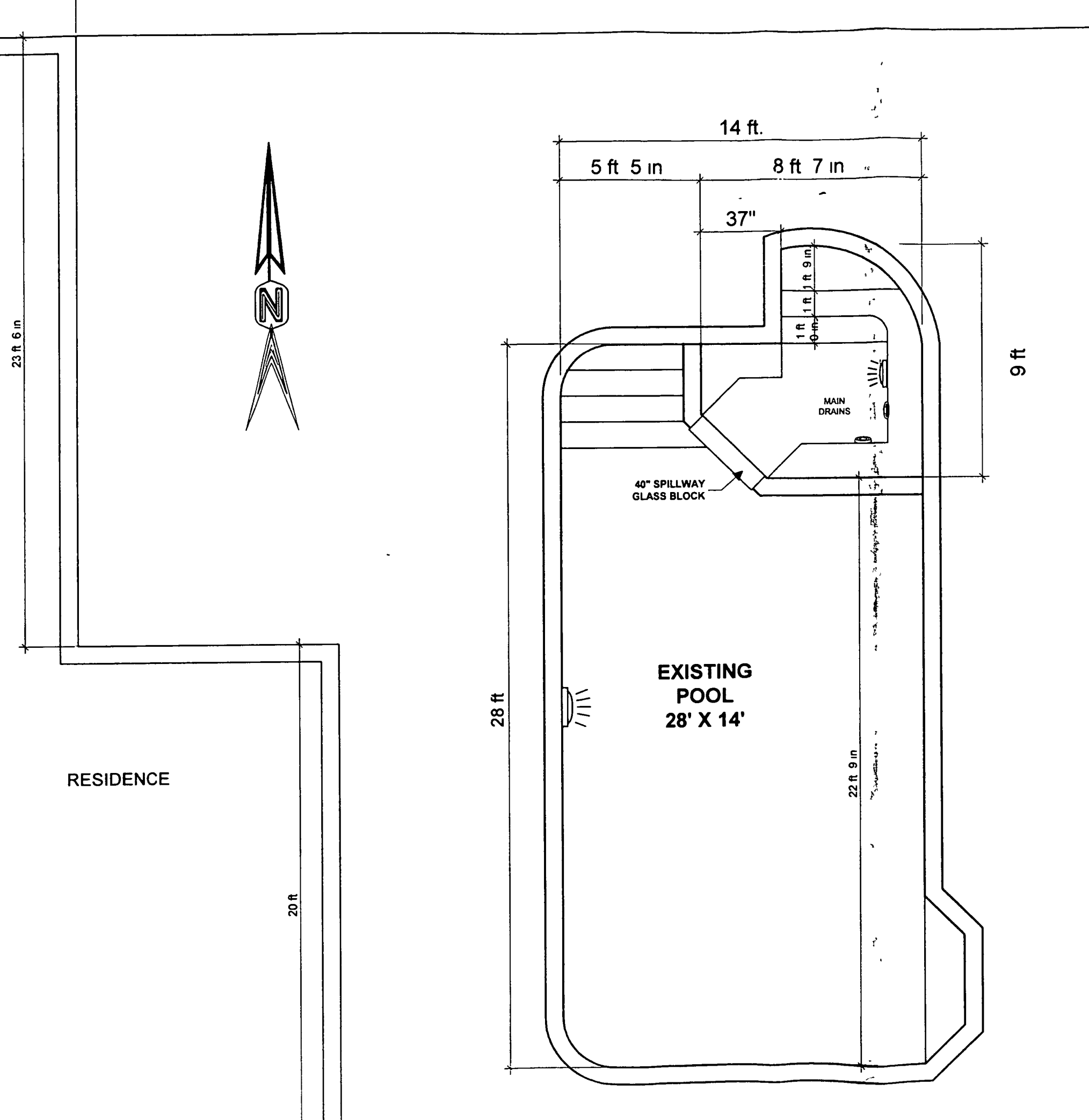
**REMODEL
 ADD SPA TO
 EXISTING POOL**

Karen M. Sewell
KAREN M. SEWELL
 1000 E ATLANTA
 SUITE 100
 POMPANO BEACH
 P.E. 58

ST LUCIE ROCK
 4775 NW GULF
 PORT ST LUCIE
 TEL 772-528-1115

LAYOUT

TITLE
HADID RE
 DESCRIPTION
 78 N SEWELL

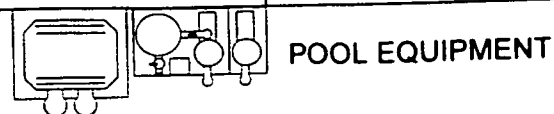
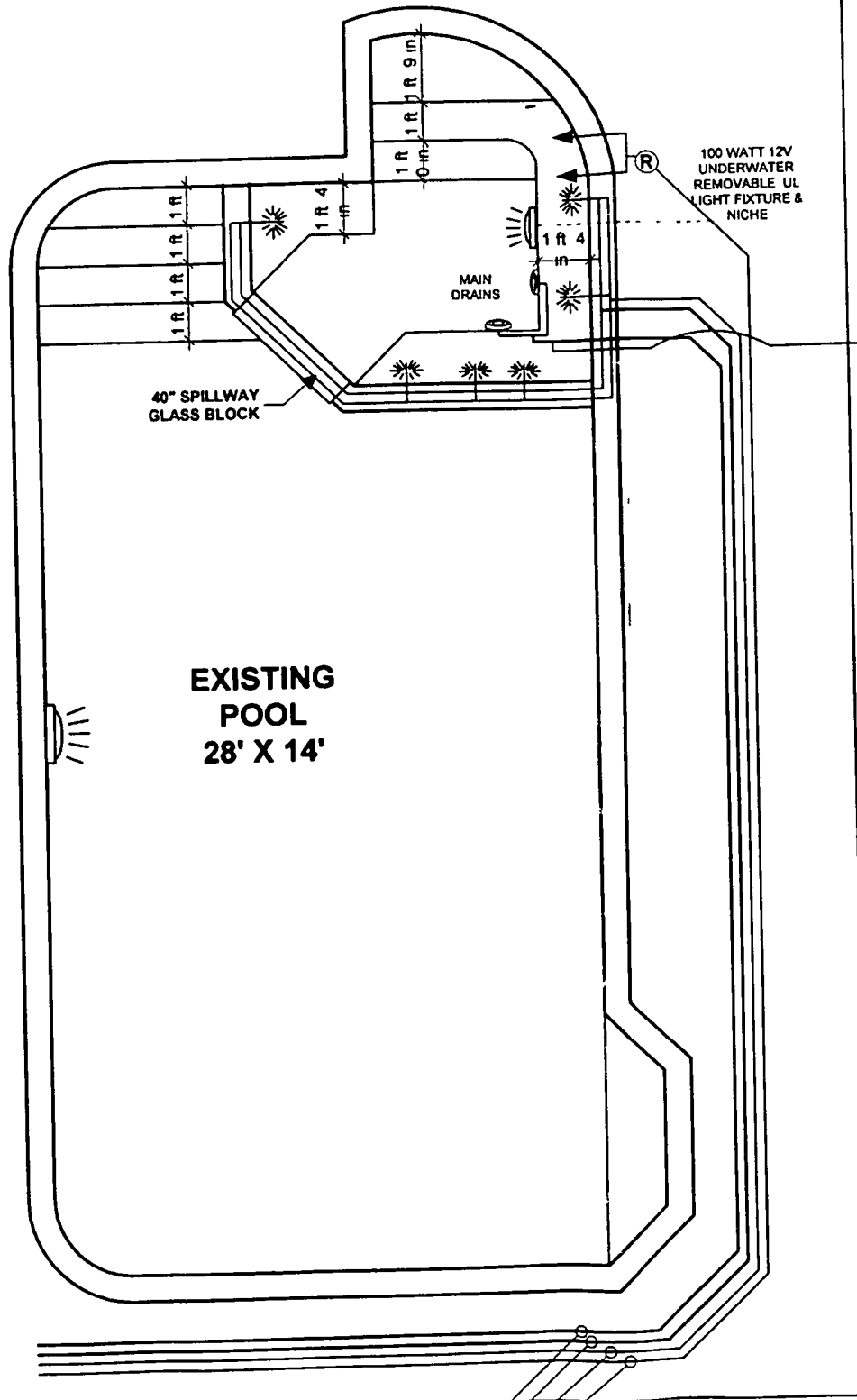


NOTE ALL EMBEDDED ITEMS TO BE INSTALLED PRIOR TO GUNITE
 1 MAINDRAINS AND LINES
 2 SKIMMER
 3 LIGHT NICHES
 4 RETURN LINES
 5 CLEANING LINE
 6 SPA PLUMBING IF INSTALLED INSIDE WALL
 7 BOND WIRE
 8 WATER FEATURE LINES
 AND ANY OTHER THROUGH WALL LINES AND FIXTURES

PLUMBING PAGE

Scale 1/4" = 1'-0"

RESIDENCE



2-1/2" SPA MAIN DRAIN
 2" SPA JETS
 2" SPA AIR LINE
 2" SPILLWAY INLET LINE

MARTIN COUNTY
 BUILDING INSPECTION
 STANDARD

1. Materials and methods of construction shall meet the Florida Building Code 2001.
2. Alternative materials and methods shall conform with 104.11 of the Florida Building Code 2001.
3. The approved plans must be on the job site at the time of inspection.
4. Inspection scheduling 288.5189 between 8:00 am and 4:00 pm.
5. Plan review fee \$100.00 per 100 sq ft.

6 JETS
 2HP PUMP

1-1/2" VENT LINE

REMODEL
ADD SPA TO EXISTING POOL

POOLDESIGN
 1000 EAST ATLANTIC
 SUITE 100
 POMPANO BEACH FL
 (954) 941-1124
 info@swimmingpoolpl
 CERTIFICATE OF AUTHORITY
 9871

DESIGN PER FLORIDA BUILDING CODE
 424.2 INCLUDING BUT NOT LIMITED TO
 424.2.6.6 ENTRAPMENT PRODUCTION SUCTION INLETS
 424.2.17 RESIDENTIAL SWIMMING POOL REQUIREMENTS

NO.	REVISION

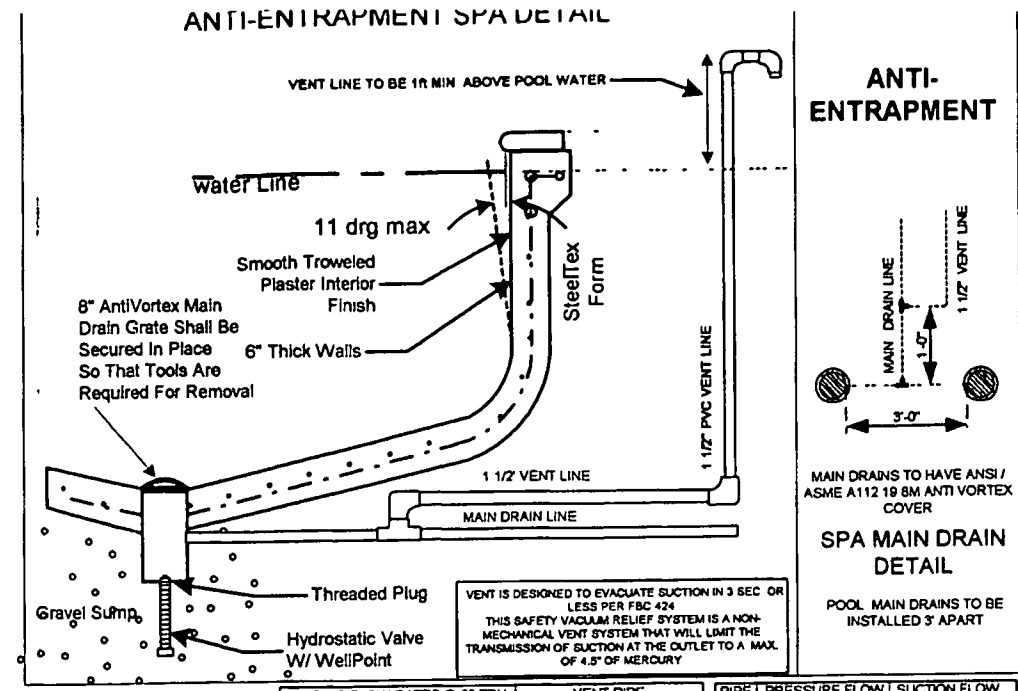
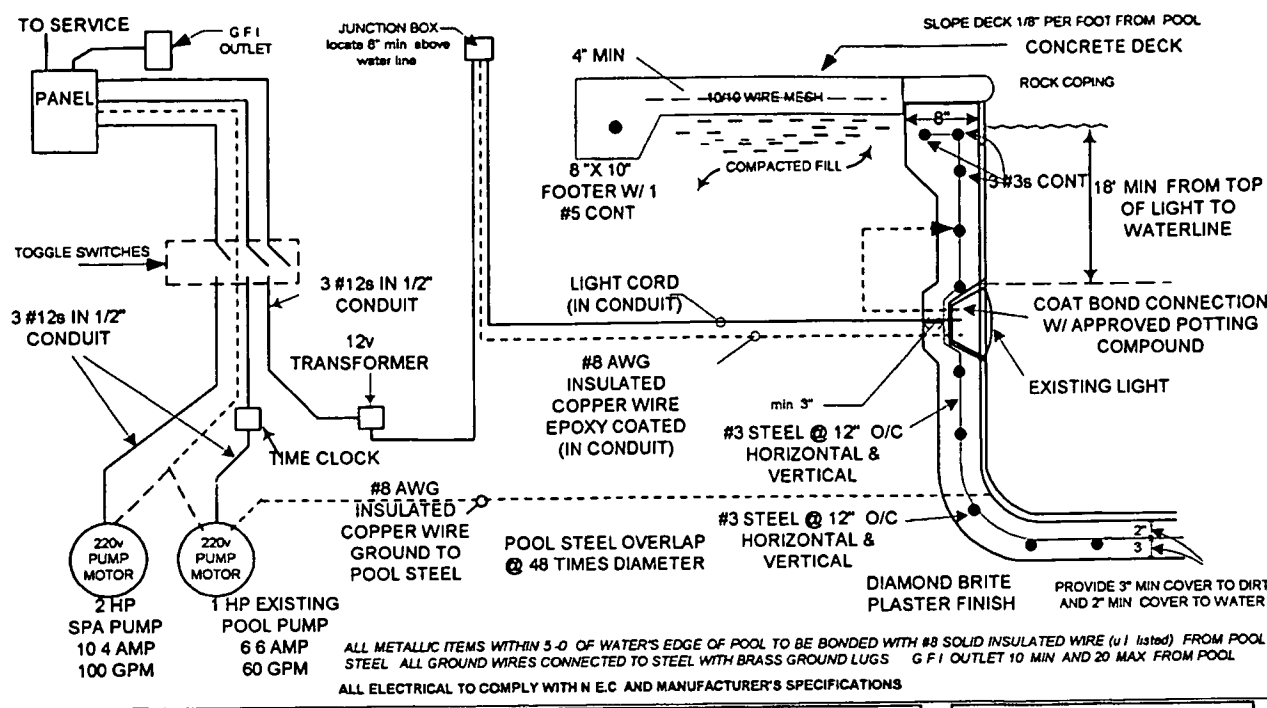
- GENERAL NOTES STRUCTURAL
- 1) PLANS DESIGNED PER 2004 FBC
 - 2) THE SITE MUST HAVE UNDISTURBED SOIL AND ROCK WITH A MINIMUM BEARING CAPACITY OF 2,000 PSF
 - 3) THE FOLLOWING IS DETERMINED BY SOIL ANALYSIS SOIL CONDITIONS IN THE PAST EXPERIENCE CAPABLE OF SUPPORTING A DECK OF SIMILAR SIZE AND DEPTH FROM CONDITIONS SPECIFIED A CONTRACTOR SHALL BE NOTIFIED PRIOR TO THE START OF THIS PROJECT
 - 4) ALL CONCRETE SHALL CONFORM TO THE REQUIREMENTS OF THE FLORIDA BUILDING CODE. CONCRETE SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3,000 PSI FOR PAVED CONCRETE (GUNITE/SHOTCRETE) AND 4,000 PSI FOR POURED CONCRETE.
 - 5) ALL REINFORCING STEEL SHALL BE GRADE DEFORMED BARS OF CONFORMING TO ASTM A601. BARS SHALL BE LAPPED AND PLACED IN ACCORDANCE WITH THE FLORIDA BUILDING CODE STANDARDS AND SPECIFICATIONS.
 - 6) PIPING ALL POOL PIPING SHALL BE APPROVED AND SHALL BE INSTALLED IN ACCORDANCE WITH THE FLORIDA BUILDING CODE. MINIMUM POOL PIPING TO COMPLY WITH THE FLORIDA BUILDING CODE EQUIPMENT TO APPLY TO FBC.
 - 7) WATER SUPPLY AND DISCHARGE SHALL BE ARRANGED THAT THERE IS NO CROSS CONNECTION TO A DOMESTIC WATER SUPPLY SYSTEM AND SHALL MEET ALL REQUIREMENTS OF THE FLORIDA BUILDING CODE.

Karen M.
 7/28/11
KAREN M.
 1000 E ATLANTIC
 SUITE 100
 POMPANO BEACH
 P.E. 599

ST LUCIE ROCK WATER
 4775 NW GIML
 PORT ST LUCIE
 TEL: 772-528-1115 FLA

PLUMBING

TITLE	HADID RES
DESCRIPTION	78 N SEWELL ST STUART
Scale	1/4"
DATE	7/28/11
PAGE	2 OF 2

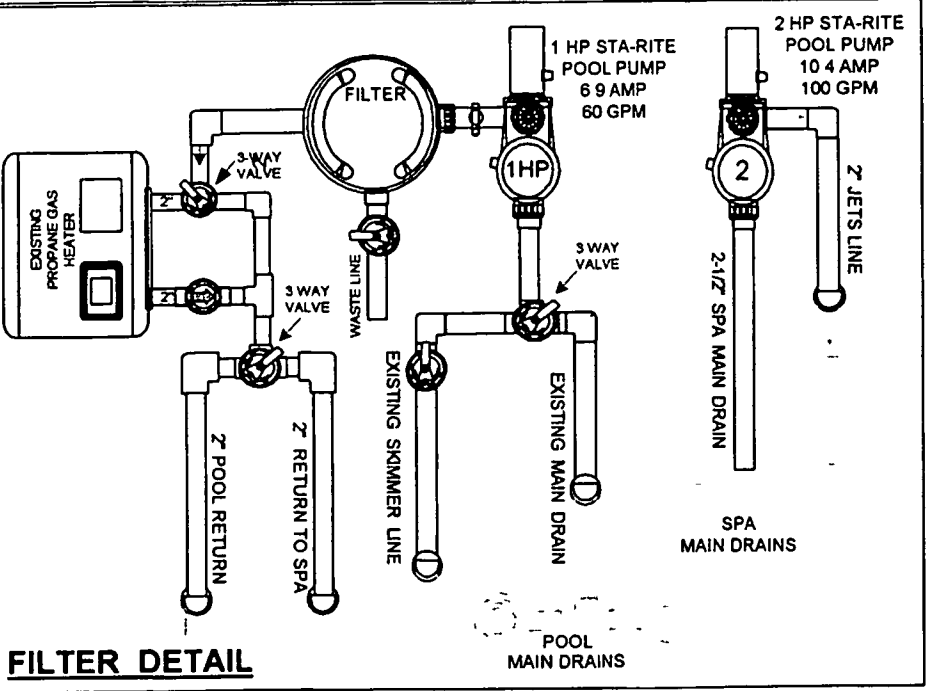


1000 EAST ATLANTIC
SUITE 100
POMPANO BEACH FL
(954) 941 1124
info@swimmingpoolpe
CERTIFICATE OF AUTHORITY

DESIGN PER FLORIDA BUILDING CODE
INCLUDING BUT NOT LIMITED TO:
424 2 6 6 ENTRAPMENT PROVISIONS
424 2 17 RESIDENTIAL SWIMMING POOL REQUIREMENTS

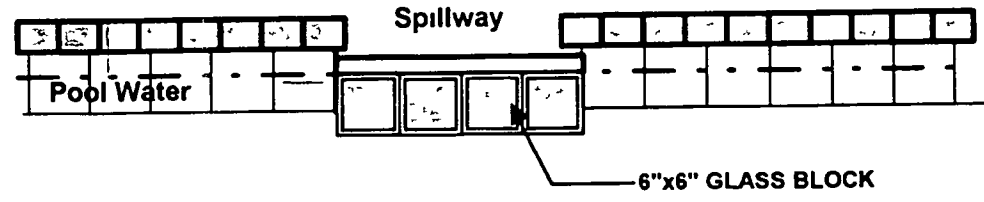
REVISION	DESCRIPTION

GENERAL NOTES STRUCTURAL
1) PLANS DESIGNED PER 2004 F B C
2) THE SITE MUST HAVE UNDISTURBED AND ROCK, WITH A MINIMUM BEARING CAPACITY OF 1500 PSF.
3) THE FOLLOWING IS DETERMINED FROM ANALYSIS OF SOIL CONDITIONS IN THIS PAST EXPERIENCE CAPABLE OF SUPPORTING A SIMILAR SIZE AND DEPTH OF DECK OF SIMILAR SIZE AND DEPTH FROM CONDITIONS SPECIFIED ABOVE. SHALL BE NOTIFIED PRIOR TO FURTHER CONSTRUCTION OF THIS PROJECT.
4) ALL CONCRETE SHALL CONFORM TO AC 308. CONCRETE SHALL HAVE A MINIMUM STRENGTH OF 3000 PSI FOR PRECAST/CAST-IN-PLACE CONCRETE (GUNITE/SHOTCRETE) POURED CONCRETE.
5) ALL REINFORCING STEEL SHALL BE GRADE DEFORMED BARS OR 1 CONFORMING TO ASTM A618 STEEL LAPPED AND PLACED IN ACCORDANCE WITH STANDARD SPECIFICATIONS FOR REINFORCING STEEL.
6) PIPING ALL POOL PIPING SHALL BE APPROVED AND SHALL BE MINIMUM POOL PIPING TO COMPLY WITH ALL APPLICABLE CODES AND EQUIPMENT TO APPLY TO F B C.
7) WATER SUPPLY AND DISPOSAL SHALL BE ARRANGED THAT THERE IS NO CROSS CONNECTION WITH A DOMESTIC WATER SUPPLY SYSTEM AND SHALL MEET ALL REGULATORY REQUIREMENTS.



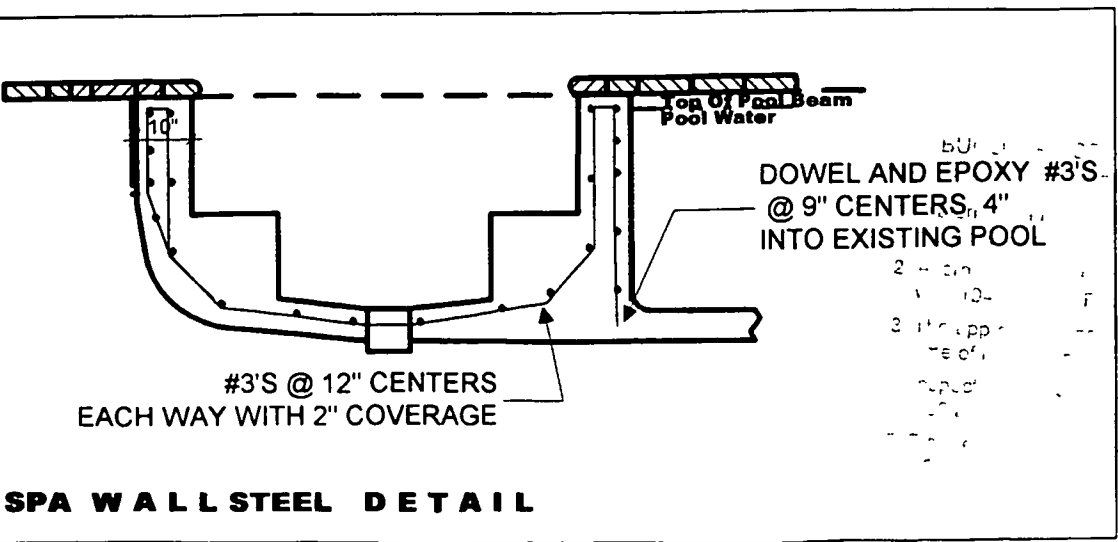
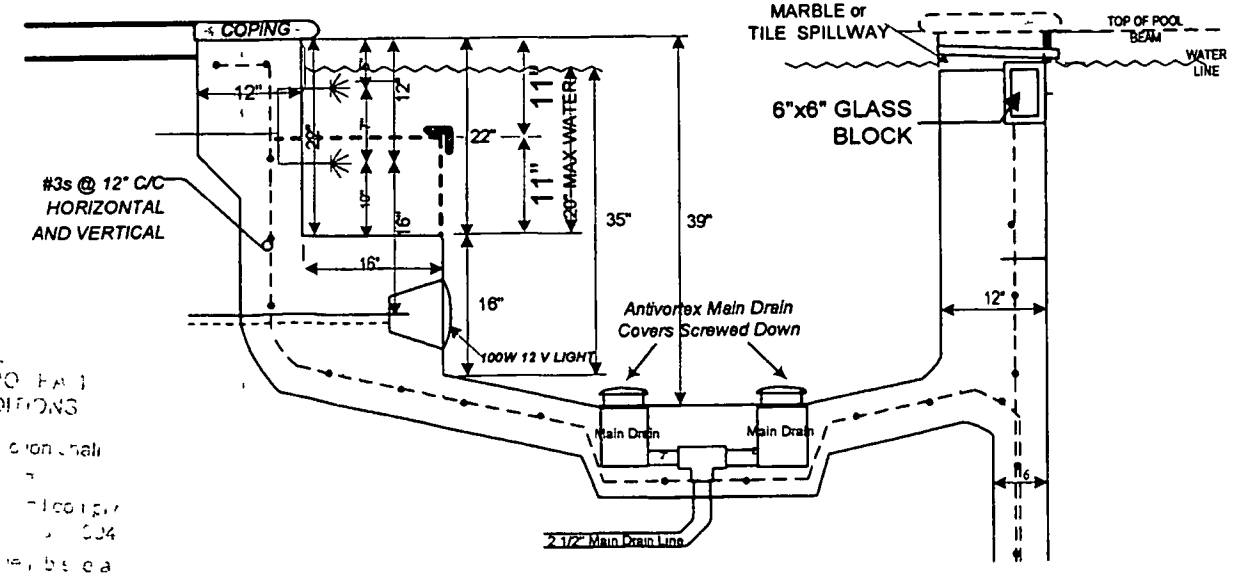
- LEGEND**
- (R) - RETURN LINE
 - (E) - ELEVATION
 - (J2) - JANDY 2-WAY VALVE
 - (J3) - JANDY 3-WAY VALVE
 - (C) - JANDY CHECK VALVE
 - (B) - BUTTERFLY VALVE
 - (S) - SKIMMER
 - (A) - VALVE ACTUATOR
 - NTS - NOT TO SCALE

**REMODEL
ADD SPA TO
EXISTING POOL**



PUMPING FLOW RATES @ 90 TDH		VENT PIPE	
HP	FLOW RATE	SIZE	MAX LENGTH
3/4	55 gpm	1 1/2"	28 LF
1.0	75 gpm	1 1/2"	40 LF
1.5	90 gpm	1 1/2"	48 LF
2.0	95 gpm	1 1/2"	51 LF
2.5	115 gpm	1 1/2"	62 LF
3.0	150 gpm	1 1/2"	78 LF

BASED UPON STA-RITE MAX-E-PRO SELF PRIMING PUMP



SPA SPECIFICATIONS		
LENGTH	9'-0"	THERAPY JETS
WIDTH	8'-7"	LIGHT(S)
MAIN DRAINS	2	HEATER
PUMP	2 HP	EXISTING

Karen M. A.
KAREN M. A.
1000 E ATLANTIC
SUITE 100
POMPANO BEACH
P.E. 5999

ST LUCIE ROCK WATER
4775 NW GIMLET
PORT ST LUCIE, FL
TEL 772 528-1115 FAX 772 528-1116

DETAILS
TITLE
HADID RESIDENTIAL
DESCRIPTION
78 N SEWELLS F
STUART, FL
Scale 1/4" = 1'-0"
DATE 7/28/2006
PAGE 3 OF 3

39 ft

14 ft.

5 ft 5 in

8 ft 7

37"

1 ft 1 in
1 ft 1 in
1 ft 1 in
1 ft 1 in
1 ft 1 in

40" SPILLWAY
GLASS BLOCK

**EXISTING
POOL
28' X 14'**

28 ft

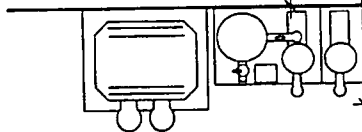
RESIDENCE

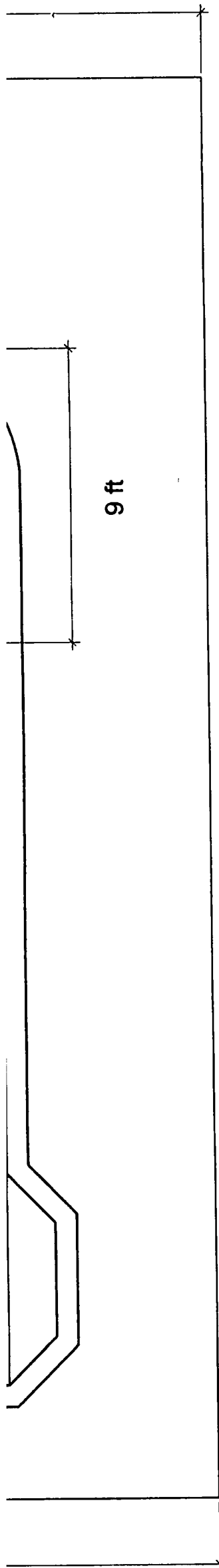
20 ft

POOL EQUIPMENT

29 ft

23 ft 6 in





**INSPECTIVE
STANDARD PERMIT CON...**

Plans and methods of construction shall conform to Florida Building Code 2004...
 Materials and methods shall conform to 19111 of the Florida Building Code...
 Improved plans must be on the jobsite at all times...
 Phone: 288-5489 between 8am and 4:30 pm...
 Phone: 288-5910 between 8am and 4:30 pm...

9 ft

IMPORTANT NOTICE

ALL CONSTRUCTION MUST MEET CODE
 Failure to provide complete specifications and construction details in the building plans does not relieve the building designer and permit holder from responsibility for compliance with the applicable sections and editions of the following:

- 1 The Florida Building Code - Building
- 2 The Florida Building Code - Residential
- 3 The Florida Building Code - Mechanical Building
- 4 The Florida Building Code - Electrical
- 5 The Florida Building Code - Mechanical
- 6 The Florida Building Code - Gas
- 7 The Florida Fire Prevention Code
- 8 National Electric Code (NFPA 70A)
- 9 Martin County Code of Laws and Ordinances
- 10 FEMA National Flood Insurance Program

Martin County Building Dept. Inspections 288 5489
 Phone: 288 5911

REVIEWED FOR CODE COMPLIANCE 8/14/06 Date

**REMODEL
 ADD SPA TO
 EXISTING POOL**

POOLDESIGN.NET

1000 EAST ATLANTIC BLVD
 SUITE 100
 POMPANO BEACH FLA 33060
 (954) 941-1124

info@swimmingpoolplan.com
 CERTIFICATE OF AUTHORIZATION N
 9871

DESIGN PER FLORIDA BUILDING CODE
 424 2
 INCLUDING BUT NOT LIMITED TO

424 2 6 6 ENTRAPMENT PROTECTION FOR
 SUCTION INLETS

424 2 17 RESIDENTIAL SWIMMING BARRIER
 REQUIREMENTS

REVISIONS

GENERAL NOTES STRUCTURAL

- 1) PLANS DESIGNED PER 2004 F B C
- 2) THE SITE MUST HAVE UNDISTURBED SAND, ROCK, SAND AND ROCK, WITH A MINIMUM BEARING VALUE OF 1500 PSF
- 3) THE FOLLOWING IS DETERMINED BY RATIONAL ANALYSIS SOIL CONDITIONS IN THIS AREA HAVE BEEN BY PAST EXPERIENCE CAPABLE OF SUPPORTING A POOL AND DECK OF SIMILAR SIZE AND DEPTH IF CONDITIONS DIFFER FROM CONDITIONS SPECIFIED ABOVE THIS ENGINEER SHALL BE NOTIFIED PRIOR TO FURTHER CONSTRUCTION OF THIS PROJECT
- 4) ALL CONCRETE SHALL CONFORM TO A C I 318-02 CONCRETE SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3 000 PSI FOR PNEUMATICALLY PLACED CONCRETE (GUNITES/SHOTCRETE)
- 5) ALL REINFORCING STEEL SHALL BE INTERMEDIATE GRADE DEFORMED BARS OR NEW BILLET STEEL CONFORMING TO A T S M -15 STEEL SHALL BE BENT LAPPED AND PLACED IN ACCORDANCE WITH A C I STANDARDS AND SPECIFICATIONS
- 6) PIPING ALL POOL PIPING SHALL BEAR THE NSF-PW SEAL OF APPROVAL AND SHALL BE SCHEDULE 40 P V C MIN POOL PIPING TO COMPLY WITH F B C POOL EQUIPMENT TO APPLY TO F B C
- 7) WATER SUPPLY AND DISPOSAL SHALL BE SO ARRANGED THAT THERE IS NO CROSS CONNECTION WITH A DOMESTIC WATER SUPPLY OR WATER DISPOSAL SYSTEM AND SHALL MEET ALL REQUIREMENTS IN F B C

Karen M. Akers
 7/28/06

KAREN M. AKERS
 1000 E ATLANTIC BLVD
 SUITE 100
 POMPANO BEACH, FL 33060
P.E. 59993

ST LUCIE ROCK WATERFALLS, INC
 4775 NW GIMLET AVE
 PORT ST LUCIE, FL 34983
 TEL:772-528-1115 FAX:772-340-2651

LAYOUT PLAN

TITLE
HADID RESIDENCE

DESCRIPTION
 78 N SEWELLS PT ROAD
 STUART, FL

Scale 1/4" = 1'-0"

DATE 7/28/2006

PAGE 1 OF 3

NOTE ALL EMBEDDED ITEMS TO BE INSTALLED
 PRIOR TO GUNITE
 1 MAINDRAINS AND LINES
 2 SKIMMER
 3 LIGHT NICHES
 4 RETURN LINES
 5 CLEANING LINE
 6 SPA PLUMBING IF INSTALLED INSIDE WALL
 7 BOND WIRE
 8 WATER FEATURE LINES
 AND ANY OTHER THROUGH WALL LINES AND
 FIXTURES

PLUMBING PAGE

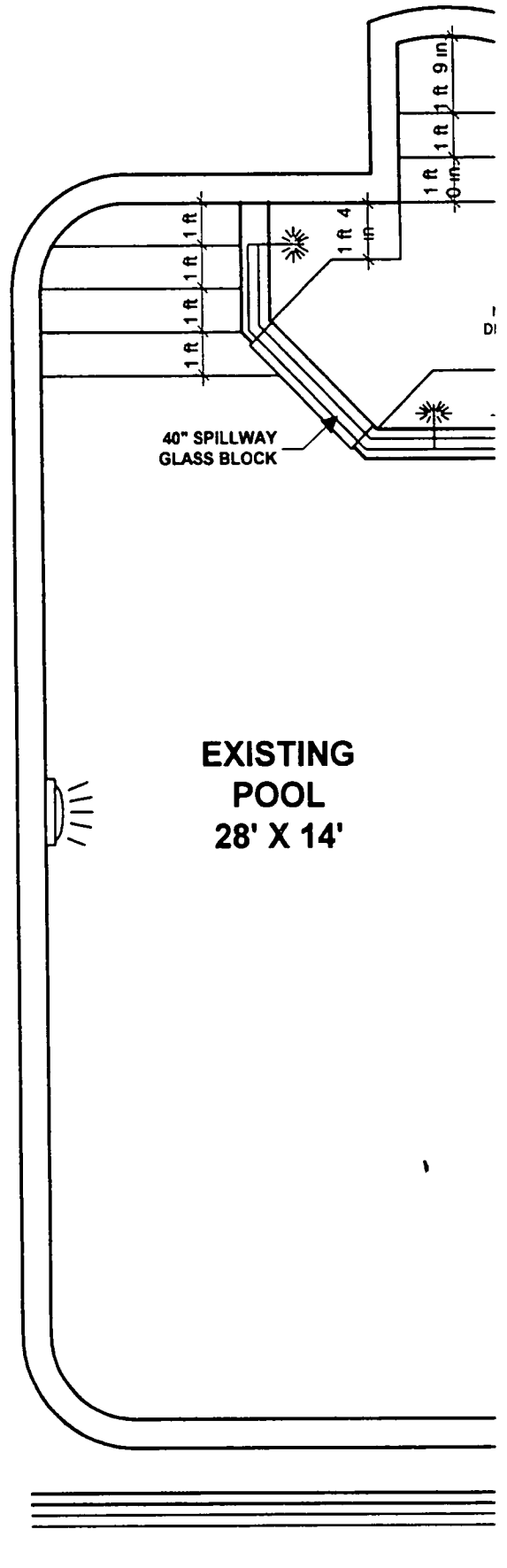
Scale 1/4" = 1'-0"

RESIDENCE

**EXISTING
 POOL
 28' X 14'**

POOL EQUIPMENT

2-1/2" SPA MAIN DRAIN
 2" SPA JETS
 2" SPA AIR LINE
 2" SPILLWAY INLET LINE



POOLDESIGN.NET

1000 EAST ATLANTIC BLVD
SUITE 100
POMPANO BEACH FLA 33060
(954) 941-1124

info@swimmingpoolplan.com
CERTIFICATE OF AUTHORIZATION N
9871

DESIGN PER FLORIDA BUILDING CODE
424 2
INCLUDING BUT NOT LIMITED TO

424 2 6 6 ENTRAPMENT PROTECTION FOR
SUCTION INLETS

424 2 17 RESIDENTIAL SWIMMING BARRIER
REQUIREMENTS

REVISIONS

GENERAL NOTES STRUCTURAL

1) PLANS DESIGNED PER 2004 F B C

2) THE SITE MUST HAVE UNDISTURBED SAND ROCK SA
AND ROCK WITH A MINIMUM BEARING VALUE OF 1500 P

3) THE FOLLOWING IS DETERMINED BY RATION
ANALYSIS SOIL CONDITIONS IN THIS AREA HAVE BEEN
PAST EXPERIENCE CAPABLE OF SUPPORTING A POOL A
DECK OF SIMILAR SIZE AND DEPTH IF CONDITIONS DIFF
FROM CONDITIONS SPECIFIED ABOVE THIS ENGINE
SHALL BE NOTIFIED PRIOR TO FURTHER CONSTRUCTI
OF THIS PROJECT

4) ALL CONCRETE SHALL CONFORM TO A C I 318
CONCRETE SHALL HAVE A MINIMUM COMPRESS
STRENGTH OF 3 000 PSI FOR PNEUMATICALLY PLAC
CONCRETE (GUNITES/SHOTCRETE) AND 2 500 P S I F
POURED CONCRETE

5) ALL REINFORCING STEEL SHALL BE INTERMEDI
GRADE DEFORMED BARS OR NEW BILLET STI
CONFORMING TO A T S M 15 STEEL SHALL BE BE
LAPPED AND PLACED IN ACCORDANCE WITH A
STANDARDS AND SPECIFICATIONS

6) PIPING ALL POOL PIPING SHALL BEAR THE NSF
SEAL OF APPROVAL AND SHALL BE SCHEDULE 40 P
MIN POOL PIPING TO COMPLY WITH F B C PC
EQUIPMENT TO APPLY TO F B C

7) WATER SUPPLY AND DISPOSAL SHALL BE
ARRANGED THAT THERE IS NO CROSS CONNECTION V
A DOMESTIC WATER SUPPLY OR WATER DISPO
SYSTEM AND SHALL MEET ALL REQUIREMENTS IN F B I

Karen M. Akers
7/28/06

KAREN M. AKERS
1000 E ATLANTIC BLVD
SUITE 100
POMPANO BEACH, FL 33060
P.E. 59993

ST LUCIE ROCK WATERFALLS, II

4775 NW GIMLET AVE
PORT ST LUCIE, FL 34983
TEL 772-528-1115 FAX 772-340-2651

PLUMBING PLAN

TITLE

HADID RESIDENCE

DESCRIPTION

78 N SEWELLS PT ROAD
STUART, FL

Scale 1/4" = 1'-0"

DATE

7/28/2006

PAGE

2 OF 3



MARTIN COUNTY
BUILDING DEPT
STANDARD

- 1 Material and methods of construction must meet the Florida Building Code 2004
- 2 Alternative materials and methods shall conform with 104-11 of the Florida Building Code 2004
- 3 The approved plan must be on file at the time of inspection
- 4 Inspection scheduling 288 5429 between 6:00 am and 4:30 pm
- 5 Plan review and approval 288 5429 between 1:30 pm and 4:30 pm

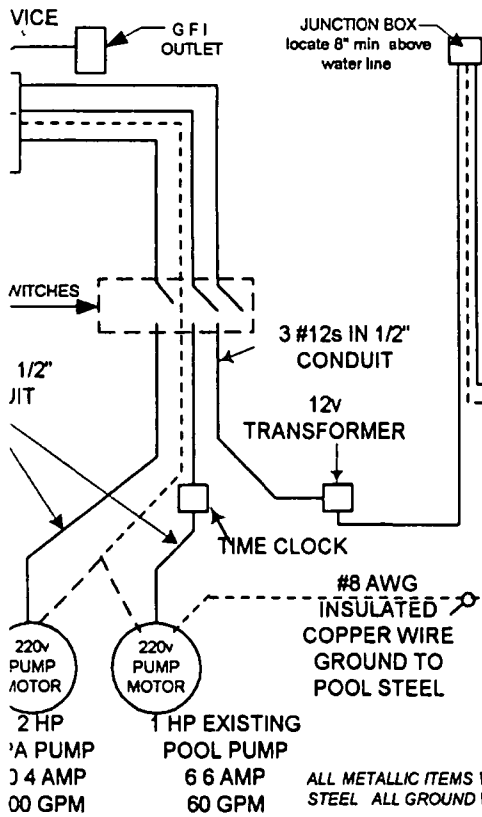
**6 JETS
2HP PUMP**

1-1/2" VENT LINE

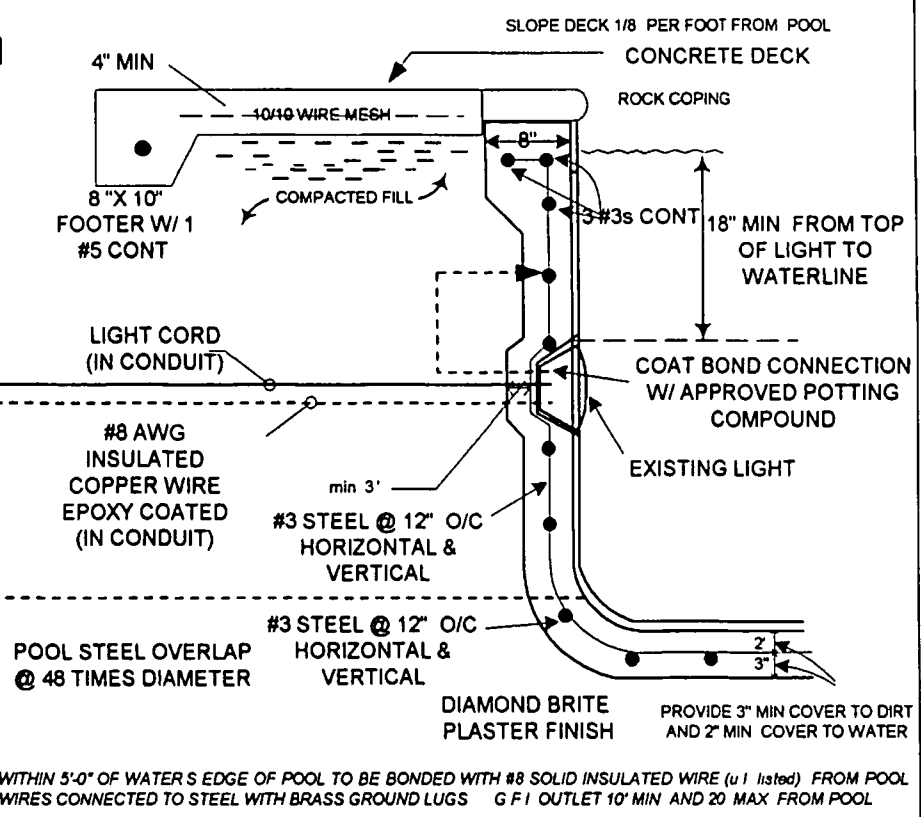
30 WATT 12V
UNDERWATER
MOVABLE UL
LIGHT FIXTURE &
NICHE

**REMODEL
ADD SPA TO
EXISTING POOL**

ELECTRICAL DETAIL

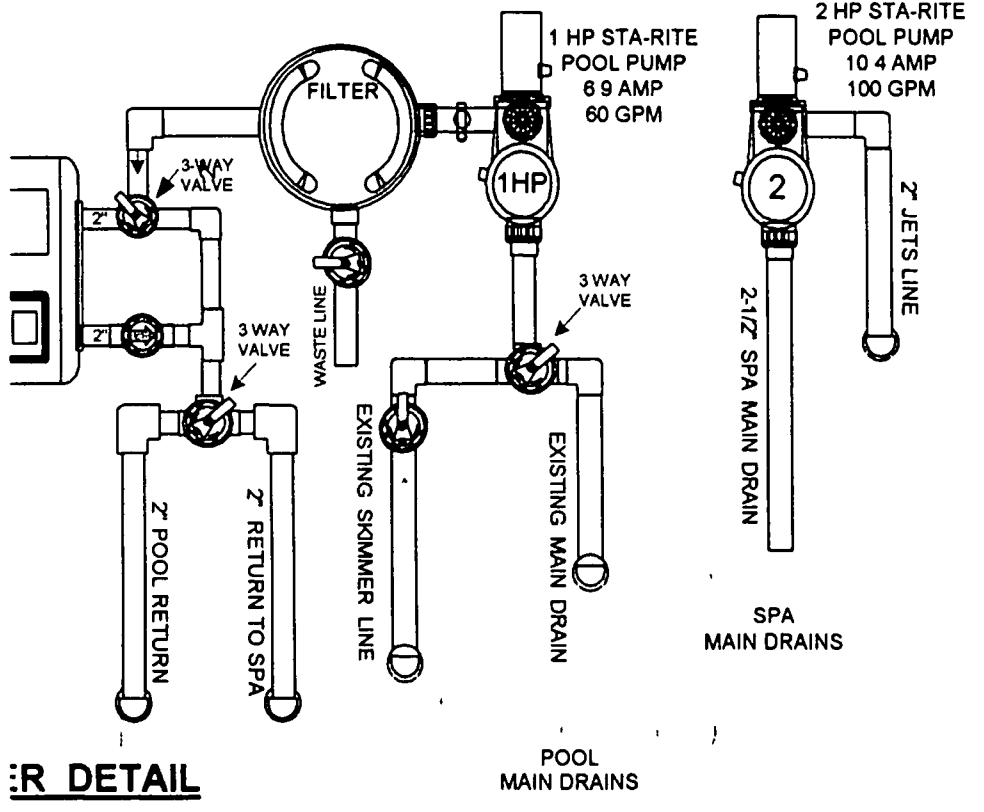


EXISTING DECK DETAIL



EXISTING STRUCTURAL DETAIL

ALL METALLIC ITEMS WITHIN 5'-0" OF WATER'S EDGE OF POOL TO BE BONDED WITH #8 SOLID INSULATED WIRE (u.l. listed) FROM POOL STEEL. ALL GROUND WIRES CONNECTED TO STEEL WITH BRASS GROUND LUGS. GFI OUTLET 10' MIN AND 20' MAX FROM POOL.
 ALL ELECTRICAL TO COMPLY WITH N.E.C. AND MANUFACTURER'S SPECIFICATIONS

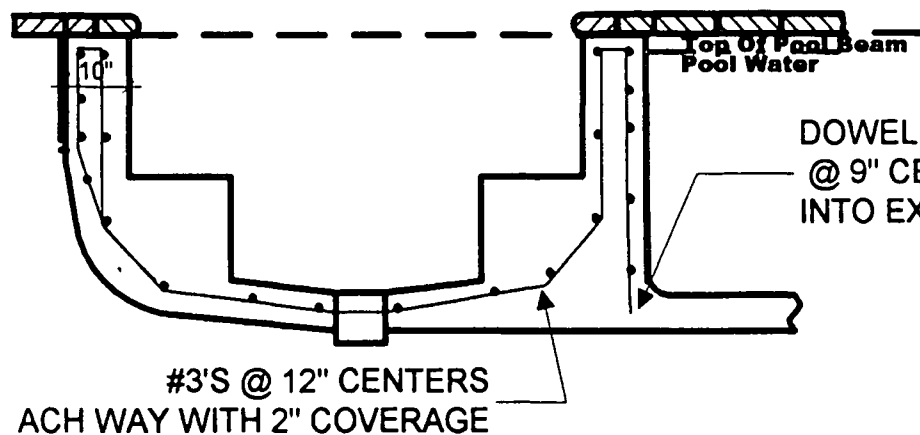


LEGEND

- (R) - RETURN LINE
- (X) - ELEVATION
- (Symbol) - JANDY 2-WAY VALVE
- (Symbol) - JANDY 3-WAY VALVE
- (Symbol) - JANDY CHECK VALVE
- (Symbol) - BUTTERFLY VALVE
- (Symbol) - SKIMMER
- (Symbol) - VALVE ACTUATOR
- NTS - NOT TO SCALE

POOL MAIN DRAINS

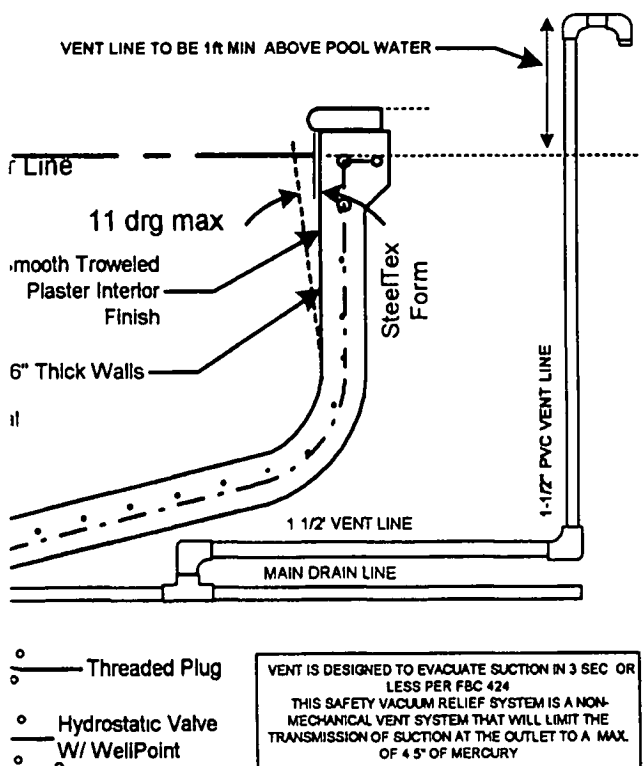
#3s @ 12" O/C HORIZONTAL AND VERTICAL



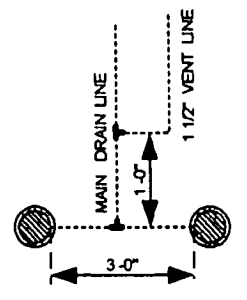
DOWEL AND EPOXY #3'S @ 9" CENTERS, 4" INTO EXISTING POOL

1. Review of all drawings and specifications.
2. Alternative materials and methods to be approved by the contractor.
3. The approved plan and specifications to be on the job site at the time of installation.
4. Inspection of coating to be between 8:00 am and 4:30 pm.
5. Plan review and revisions to be between 1:30 pm and 4:30 pm.

-ENTRAPMENT SPA DETAIL



ANTI-ENTRAPMENT



MAIN DRAINS TO HAVE ANSI / ASME A112 19 8M ANTI VORTEX COVER

SPA MAIN DRAIN DETAIL

POOL MAIN DRAINS TO BE INSTALLED 3' APART

PUMPING FLOW RATES @ 80 TDH		VENT PIPE	
HP	FLOW RATE	SIZE	MAX LENGTH
3/4 hp =	55 gpm	1 1/2"	28 LF
1 0 hp =	75 gpm	1 1/2"	40 LF
1 5 hp =	90 gpm	1 1/2"	49 LF
2 0 hp =	95 gpm	1 1/2"	51 LF
2 5 hp =	115 gpm	1 1/2"	62 LF
3 0 h =	150 gpm	1 1/2"	78 LF

BASED UPON STA-RITE MAX E-PRO SELF PRIMING PUMP

PIPE SIZE	PRESSURE FLOW CAPACITY (10FPS)	SUCTION FLOW CAPACITY (8FPS)
1 5	80 gpm	49 gpm
2 0"	100 gpm	80 gpm
2 5"	150 gpm	110 gpm
3 0"	220 gpm	180 gpm

POOLDESIGN.NET

1000 EAST ATLANTIC BLVD
SUITE 100
POMPANO BEACH FLA 33060
(954) 941-1124

info@swimmingpoolplan.com

CERTIFICATE OF AUTHORIZATION N 9871

DESIGN PER FLORIDA BUILDING CODE 424 2 INCLUDING BUT NOT LIMITED TO

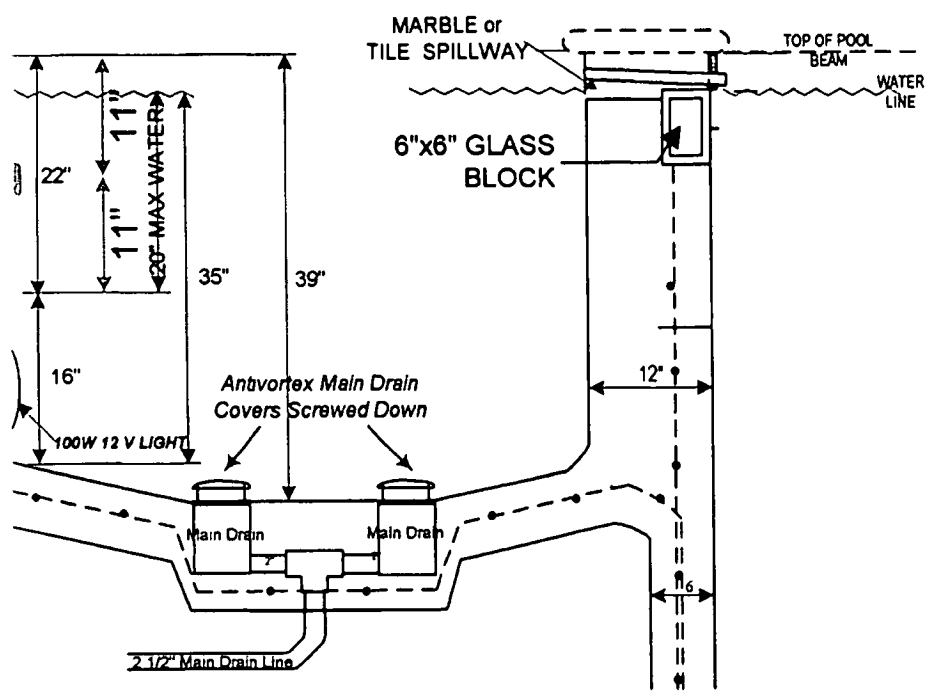
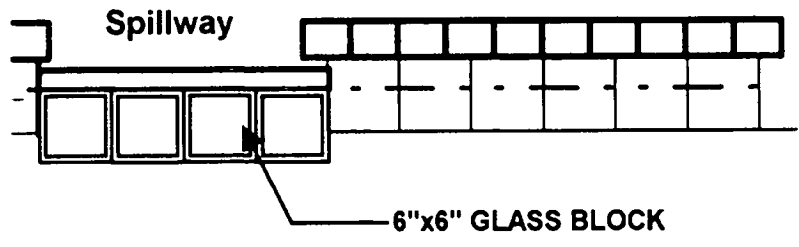
424 2 6 6 ENTRAPMENT PROTECTION FOR SUCTION INLETS

424 2 17 RESIDENTIAL SWIMMING BARRIER REQUIREMENTS

REVISIONS

GENERAL NOTES STRUCTURAL

- 1) PLANS DESIGNED PER 2004 F B C
- 2) THE SITE MUST HAVE UNDISTURBED SAND ROCK, SAND AND ROCK WITH A MINIMUM BEARING VALUE OF 1500 PSF
- 3) THE FOLLOWING IS DETERMINED BY RATIONAL ANALYSIS SOIL CONDITIONS IN THIS AREA HAVE BEEN BY PAST EXPERIENCE CAPABLE OF SUPPORTING A POOL AND DECK OF SIMILAR SIZE AND DEPTH IF CONDITIONS DIFFER FROM CONDITIONS SPECIFIED ABOVE THIS ENGINEER SHALL BE NOTIFIED PRIOR TO FURTHER CONSTRUCTION OF THIS PROJECT
- 4) ALL CONCRETE SHALL CONFORM TO A C I 318 02 CONCRETE SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3 000 PSI FOR PNEUMATICALLY PLACED CONCRETE (GUNITE/SHOTCRETE) AND 2 500 P S I FOR POURED CONCRETE
- 5) ALL REINFORCING STEEL SHALL BE INTERMEDIATE GRADE DEFORMED BARS OR NEW BILLET STEEL CONFORMING TO A T S M 15 STEEL SHALL BE BENT LAPPED AND PLACED IN ACCORDANCE WITH A C I STANDARDS AND SPECIFICATIONS
- 6) PIPING ALL POOL PIPING SHALL BEAR THE NSF PW SEAL OF APPROVAL AND SHALL BE SCHEDULE 40 P V C MIN POOL PIPING TO COMPLY WITH F B C POOL EQUIPMENT TO APPLY TO F B C
- 7) WATER SUPPLY AND DISPOSAL SHALL BE SO ARRANGED THAT THERE IS NO CROSS CONNECTION WITH A DOMESTIC WATER SUPPLY OR WATER DISPOSAL SYSTEM AND SHALL MEET ALL REQUIREMENTS IN F B C



Karen M. Akers
7/28/2006

KAREN M. AKERS
1000 E ATLANTIC BLVD
SUITE 100
POMPANO BEACH, FL 33060
P.E. 59993

ST. LUCIE ROCK WATERFALLS, INC

4775 NW GIMLET AVE
PORT ST LUCIE, FL 34983
TEL 772 528-1115 FAX 772-340-2651

DETAILS

TITLE

HADID RESIDENCE

DESCRIPTION

78 N SEWELLS PT ROAD
STUART, FL

Scale 1/4" = 1'-0"

DATE

7/28/2006

PAGE

3 OF 3

9'-0"	THERAPY JETS	6
8'-7"	LIGHT(S)	100 W 12V
2	HEATER	EXISTING
2 HP		

STOP WORK ORDER

DATE: 0/23/00

ADDRESS: 78 N. SPR.

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

CURRENT PERMIT IS

ONLY FOR POOL RESURFACING.

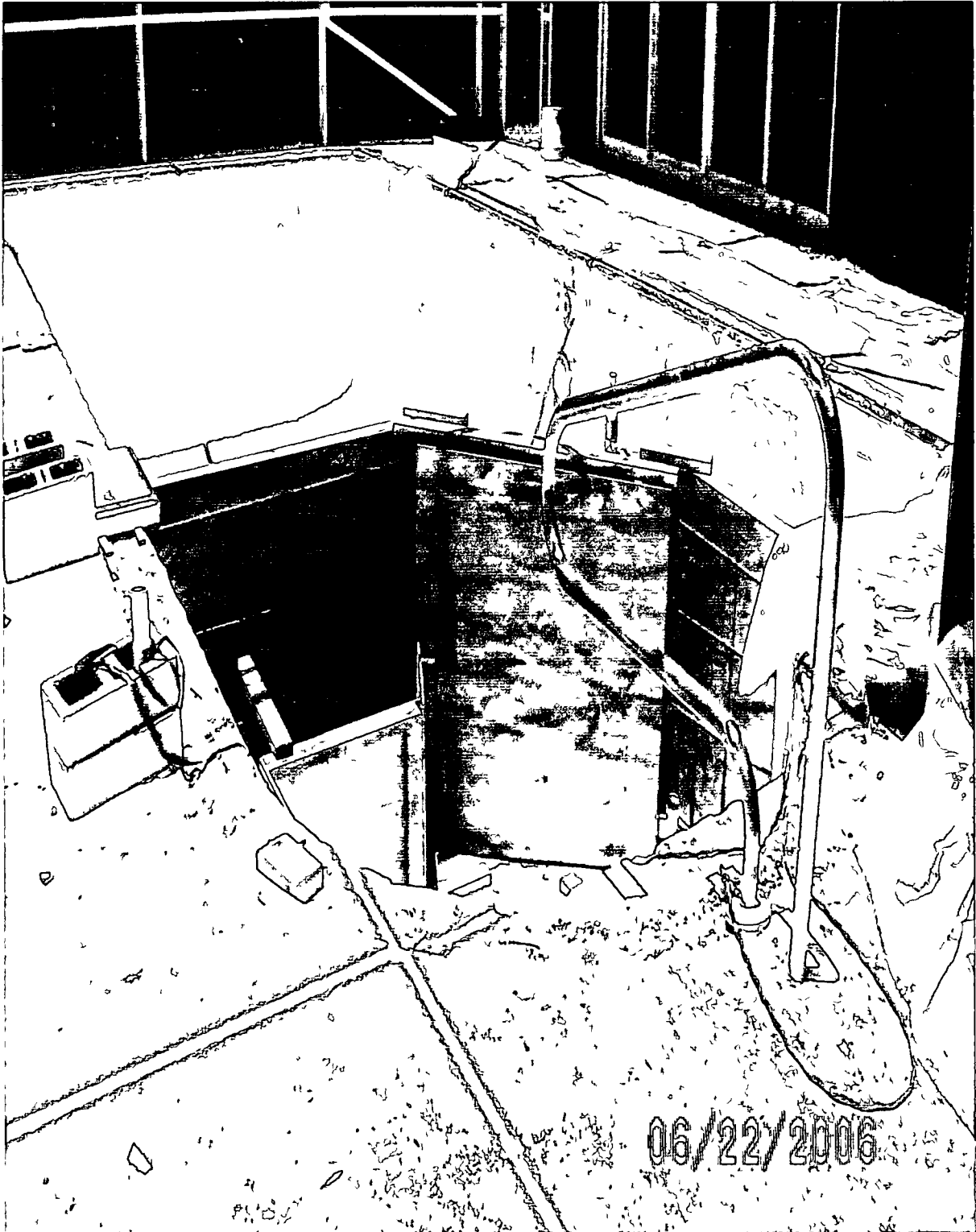
ADDITION OF SPA W/ STEEL & DRAINS MUST ADHERE TO 2004 FBC & MUST BE PERMITTED. REVISE CURRENT PERMIT ACCORDINGLY.

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**



June 22, 2006, 78 North Sewall's Point Rd

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-18, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0058	BAUM	GAS RATCH	PASS	
4	105 ABBIE CT.			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0107	HARD	POOL STEEL	PASS	
7	78 N.S.P.R.			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0082	DESTEFHAN	DRY-IN	PASS	
6A	68 S.S.P.R.			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0104	HILL	U.G. TANK & LINE	FAIL	
10	48 N. RIVER RD. SPECIALTY			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7576	SILAS	FINAL	PASS	CLOSE
	10 CASTLE HILL			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 78 N.S.P.R.

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

POOL FINAL

SECURE POOL HEATER UNIT TO SCAB
SECURE ELEC. CABLES TO HEATER.

ATMOSPHERIC RELIEF VENT NEED
2/90°'S.

NEED GFCI PROTECTED PREVENT.
AT ALL LOCATIONS AT KIT.
SINK.

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

DATE 10/4

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

5

Date of Inspection: Mon Wed Fri 10-4, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7901		2ND FLOOR	PASS	REVISED / RESTAMPED
4	83 S RIVER RD	DECK TOPPING		PLANS READY INSPECTOR:
8	12 SSPR	COMPLAINT ABOUT A/C EQUIPMENT ON HOUSE UNDER CONSTRUCTION SEE J A		COMPLAINANT MR WINSLOW 954-444 86 11 INSPECTOR:
0107		POOL DECK	FAIL	
9	78 N S.P.R.			INSPECTOR: <i>[Signature]</i>
0107		FRAME	FAIL	
9	78 N S.P.R.			INSPECTOR: <i>[Signature]</i>
0100		FRAME / ROUGH TRAVES	FAIL	NO ACCESS RESCHEDULE
5	72 S RIVER			INSPECTOR: <i>[Signature]</i>
0097		FRAME ROUGH TRAVES	FAIL	CANCEL
6	14 S. VIA LUCINDIA			INSPECTOR: <i>[Signature]</i>
5B	9 RIO VISTA	FENCE VIOLATION		REMOVED FENCE REINSTALLED EXIST FENCE FROM HURRICANE DAMAGE INSPECTOR: <i>[Signature]</i>
OTHER.		ELEC. ROUGH PLUMBING "	FAIL FAIL	<i>[Signature]</i>
5A	18 RIO VISTA			

MC9107



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 78 N.S.P.R.

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

POOL / RESIDENTIAL FINAL

NO PERMIT POSTED

NO ACCESS

SEWAGE POOL PUMPS &
EQUIP. TO PAD.

\$40 FEE ✓

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

DATE 12/1

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

MARTIN COUNTY FL
KIVA INFORMATION SYSTEMS
REPORT gprp30_mc

KIVA REPORTING SYSTEM
INSPECTORS REPORT

RUN DATE 01-DEC-2006
RUN TIME 04 30 34
PAGE 18

Part A INSPECTOR'S DAILY LOG

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

Pg 2 of 2

160 SP01 20060107 78 N SEWALL PT
Subdiv 353741000 / METES and BOUNDS 353741000

12/01/06 P 6030 RES-POOL DECK/BONE
Comment ~~NO PERMIT POSTED~~ ~~4:40 P.M.~~
Arrive ___ Depart ___ Units *FAIL*

161 SP01 20060107 78 N SEWALL PT
Subdiv 353741000 / METES and BOUNDS 353741000

12/01/06 P 6099 RESIDENTIAL FINAL
Comment ~~NO PERMIT POSTED~~
Arrive ___ Depart ___ Units ___

5 162 SP01 20060076 92 SOUTH RIVER RD
Subdiv 123841002 / RIO VISTA

12/01/06 P 3050 R/ELEC
Comment
Arrive ___ Depart ___ Units *PASS*

7 163 SP01 20060027 3 TUSCAN LN
Subdiv 013841016 / NONI ESTATES

12/01/06 P 6051 R/SHEATH
Comment *1ST FL. ROOF*
Arrive ___ Depart ___ Units ___

MARTIN COUNTY, FL
KIVA INFORMATION SYSTEMS
REPORT gpr30_mc

KIVA REPORTING SYSTEM
INSPECTORS REPORT

RUN DATE 06-DEC-2006
RUN TIME.04 30:34
PAGE. 19

Part A INSPECTOR'S DAILY LOG

Pg 3 of 3

Inspector: PWIN - WINTERCORN, PHIL
Discipline: B%
Scheduled Range: SCHEDULE RANGE. 01-JAN-1993 to 06-DEC-2006

8 (161 SP01 20060107 78 N SEWALL PT. 12/06/06 P 6030 RES-POOL DECK/BONE ~~PASS~~
Subdiv 353741000 / METES and BOUNDS 353741000 Comment FINAL

10 (162 SP01 20060087 144 N SEWALLS POINT RD 12/06/06 P 6099 RESIDENTIAL FINAL ~~PASS~~
Subdiv 263741000 / RACEYSTOP Comment

78 N S. P. D.
SP01 20060032 INTERIOR DEMOLITION & REMODEL. 12/06/06 FINAL - PASS

Fay 208-5911

8802

GAZEBO



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	8802	DATE ISSUED:	JANUARY 23, 2008
SCOPE OF WORK	GAZEBO		
CONDITIONS :			
CONTRACTOR	O/B		
PARCEL CONTROL NUMBER	35374100000002625	SUBDIVISION	117.77' GOVT LOT 3 & 2 32' GOVT LOT 2
CONSTRUCTION ADDRESS	78 N SEWALLS POINT RD		
OWNER NAME	HADID		
QUALIFIER	O/B	CONTACT PHONE NUMBER	283-9993

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8 00AM TO 4 00PM INSPECTIONS 8 30AM TO 12 00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

**ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER
 THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION FAILURE TO RECEIVE A SUCCESSFUL**

RECEIVED
DATE 1-22-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date 17 JAN 08 BUILDING PERMIT APPLICATION Permit Number _____

OWNER/TITLEHOLDER NAME MAHMOUD HADIS Phone (Day) 283-9993 (Fax) 288-7144

Job Site Address 78 NORTH SEWALLS POINT ROAD City SEWALLS PT State FL Zip _____

Legal Desc Property (Subd/Lot/Block) LOT # 293 SECTION 35 TOWN 37 SOUTH RANGE 41 EAST Parcel Number _____

Owner Address (if different) 2578 S.W. MANOR HILL DR. City PALM CITY State FL Zip 34990

Scope of work FOUNDATION FOR A PRE-BNG. GAZEBO

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 6400
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 X AE
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 ***

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

CONTRACTOR/Company _____
Phone 215-4442 Fax _____

Street _____ City _____ State _____ Zip _____

State Registration Number _____ State Certification Number _____ Municipality License Number _____

PROJECT SUPERINTENDANT _____ CONTACT NUMBER _____

ARCHITECT GARY KELLY Lic # 8341 Phone Number 283-3492

Street 119 S.W. SIXTH ST. City STUART State FL Zip 34994

ENGINEER _____ Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

AREA SQ FOOTAGE (W/SEWER & ELECTRIC) Living _____ Garage _____ Covered Patios _____ Screened Porch _____
Carport _____ Total Under Roof _____ Wood Deck _____ Accessory Building 128 SQ. FT.

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

NOTICES TO OWNERS AND CONTRACTORS
1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS REF FBC 2004 W/ 2006 REVISIONS SECT 105 4 1, 105 4 1 1 - 5
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS

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

OWNER SIGNATURE (required)
Mahmoud Hadis

CONTRACTOR SIGNATURE (required)

State of Florida, County of Martin
This the 22nd day of January, 2008

On State of Florida County of _____
This the _____ day of _____, 2008

by Mahmoud Hadis who is personally

by _____ who is personally

known to me or produced as identification Valerie Meyer

known to me or produced _____
As identification _____

Valerie Meyer
Notary Public
COMMISSION # DD552119
EXPIRES May 14, 2010
Florida Notary Services.com
(407) 388-0153

My Commission Expires _____

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!



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

**DESIGN CERTIFICATION FOR WIND LOAD
 COMPLIANCE BY ARCHITECT OR ENGINEER OF RECORD**

PROJECT NAME HADID GAZEBO BLDG PERMIT# _____
 ADDRESS 78 NORTH SEWALLS PT. RD OCCUPANCY TYPE SINGLE FAMILY
 _____ CONST TYPE _____

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by The Town of Sewall's Point Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS 2004 FLORIDA BUILDING CODE W/ 2006 REVISIONS
CHAPTER 6 OF ASCE 7-02

BUILDING DESIGN AS PARTIALLY ENCLOSED _____ ENCLOSED _____ OPEN
 WIND TUNNEL TEST _____

BASIC WIND SPLED EAST OF TURNPIKE 140 MPH 3 SECOND GUST 54

BUILDING CATEGORY I _____ II _____ III _____ IV

WIND IMPORTANCE/USE FACTOR I

INTERNAL PRESSURE COEFFICIENT _____

GARAGE DOOR DESIGN PRESSURE N/A +psf (positive) _____ -psf (negative)

DOOR DESIGN PRESSURE (INT ZONE) N/A +psf _____ -psf (END ZONE) _____ +psf _____ -psf

WINDOW DESIGN PRESSURE (INT ZONE) N/A +psf _____ -psf (END ZONE) _____ +psf _____ -psf

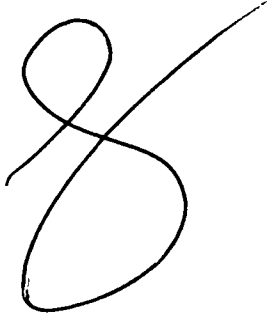
EXPOSURE B

IMPACT PROTECTION (EXTERIOR OPENINGS) APPROVED SHUTTERS N/A IMPACT RESIST GLASS _____

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME GARY KELLY
 CERTIFICATION # 8341
 DATE 17 JAN 08
 DESIGN FIRM KELLY & KELLY ARCHITECTS
 OTHER _____

SEAL 



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

PRODUCT APPROVAL CHECKLIST

Permit Type _____ Permit Number _____ Date 1-22-08

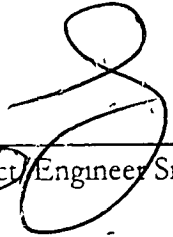
Owner's Name HADID Job Site Location 78 N SPRd

Design Professional Name A/E CARL DEMETER
GARY KELLY

Rule 9 B-72 requires the following information as promulgated by the Florida Building Commission. In the event that information required for product approval has been incorporated in to the plans, specifications or general notes, simply indicate page number on the affidavit

Product	Model Number	Manufacturer	Evaluation Agency	Expiration Date
Windows				
Exit Doors				
Garage Doors				
Off Ridge Vents/ Ridge Vent				
Soffits				
Skylights				
Shutters				
Roofing Materials	<u>SEE SUBMITTED INFORMATION</u>			
Panel Walls				
Structural Components and Cladding				
New/Alternative Materials				

In accordance with the Florida Architects and Engineers product approval system, this affidavit certifies that I have performed the building envelope evaluation as required by the Florida Building Code



 Architect/Engineer Signature & Seal

8341

 FL Certification/Registration Number



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

OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE

NOTICE FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT

ALL QUESTIONS MUST BE ANSWERED IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name MAHMOUD HADID
Site address of the proposed building work 78 N SEWALLS POINT RD.
Name of legal title owner of the address above Stuart, FL 34996
Describe the scope of work for the proposed new construction install GARAGE pre-Built

Name of Architect of Record GARY KELLY Structural Engineer of Record _____

Who will supervise the trade work to meet the applicable code? Homeowner

What provisions have you made for Liability and Property Damage Insurance? Home Insurance

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? N/A

What previous Owner/Builder improvements have you done in the State of Florida?

Location 78 N Sewalls Point Scope of Work Done interior - exterior Year 2006-7

Location _____ Scope of Work Done _____ Year _____

What code books do you have available for reference? Building Pre-Build

Electric N/A Plumbing N/A HVAC N/A

Other _____

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? Yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? Yes Lender? _____ Attorney? _____

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project MS (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

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION

- 1 THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY
- 2 FLORIDA STATUTES 489 103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY
- 3 AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT
- 4 IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR
- 5 YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE
- 6 UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION
- 7 THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT
- 8 THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY
- 9 ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE
- 10 YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES
- 11 ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455)



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

12 YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT

13 AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE

14 AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY

15 I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT OWNER/BUILDER APPLICANTS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT APPLICATION

PHOTO ID IS REQUIRED FOR PERSON SUBMITTING PERMIT APPLICATION

PERSON'S NAME SUBMITTING APPLICATION MAHMOUD HADID

ON THIS 22 DAY OF Jan., 2008

PROPERTY ADDRESS 79 N. SEWALLS POINT RD.

CITY Stuart STATE FL. ZIP 34996

[Signature]

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22nd DAY OF Jan 2008

BY Mahmoud Hadid

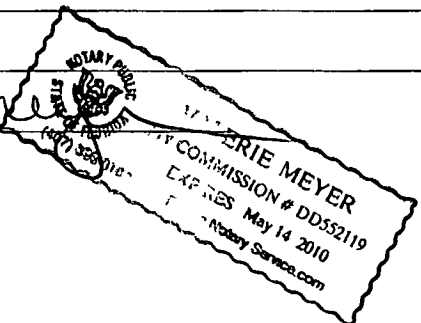
PERSONALLY KNOWN [check]

OR PRODUCED ID _____

TYPE OF ID _____

[Signature]

NOTARY SIGNATURE



NOTICE OF COMMENCEMENT

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

PERMIT # _____ TAX FOLIO # 353741-000-000-00262-5

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) LOT # 243 SECTION 35 TOWNSHIP 37 SOUTH RANGE 41 EAST 78 N. SUNDALLS PT. RD.

GENERAL DESCRIPTION OF IMPROVEMENT GAZEBO

OWNER NAME MAHMOUD HASID ADDRESS 2578 S.W. MANOR HILL DRIVE PALM CITY, FL 34980 PHONE NUMBER 888-9993 FAX NUMBER 888-7144

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

CONTRACTOR ADDRESS PHONE NUMBER FAX NUMBER

SURETY COMPANY (IF ANY) ADDRESS PHONE NUMBER FAX NUMBER BOND AMOUNT

LENDER/MORTGAGE COMPANY 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 ADDRESS PHONE NUMBER FAX NUMBER

IN ADDITION TO HIMSELF OR HERSELF OWNER DESIGNATES _____ 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

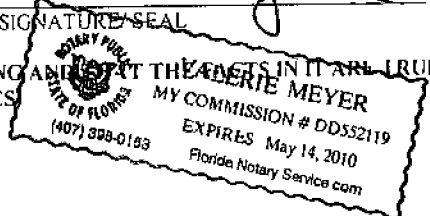
SIGNATURE OF OWNER OR OWNER S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER SIGNATORY S TITLE/OFFICE THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 22nd DAY OF Jun 20 08 BY MAHMOUD HASID AS Owner FOR _____ NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

Valerie Meyer NOTARY SIGNATURE SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92 525, FLORIDA STATUTES)

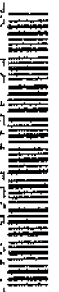
(Signature of Natural Person Signing Above)



STATE OF FLORIDA MARTIN COUNTY THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL MARSHA EWING CLERK BY Valerie Meyer DC DATE 01/22/2008



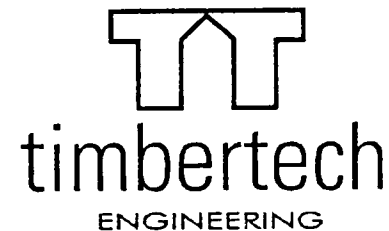
INSTR # 2061942 OR BK 0230+ FG 1511 RECD 01/22/2008 02:15:27 PM Pg 1511 (193) MARSHA EWING MARTIN COUNTY DEPUTY CLERK J Heault



12' Octagonal Majestic Gazebo for:

Sam Steger
 3201 S.W. Winding Way
 Palm City, FL 34990

DESIGN ENGINEER:



East 22 Denver Road Suite B Denver PA 17517
 717 335 2750 Fax 717 335 2753

West 206 S Main Street PO Box 509 Kouts IN 46347
 219 766 2499 Fax 219 766 2394

www.timbertecheng.com

a creative engineering firm, providing solutions
 and building relationships

Drawing Index

- Page 1- Floor Plan & Roof Framing Plan
- Page 2- Cross Section
- Page 3- Details

GENERAL NOTES

All notes do not necessarily apply due to different requirements on each project. This plan is intended to reflect only the structural design of this building. The contractor shall review all applicable local, state, and federal building codes prior to the start of construction to ensure building conformance. Timber Tech Engineering, Inc. is not responsible for information pertaining to this project if not shown on drawings or listed below. Revisions to the plans shall be approved by engineer of record.

DESIGN REQUIREMENTS

1. Governing Code:
 Including, not limited to: IBC 2003, ICC Electric Code 2003, IMC 2003, IPC 2003
 - A. Use Group Classification S-1
 - B. Type of Construction 5-B
2. Dead Loads:
 - A. Roof 5 psf
 - B. Floor 10 psf
 - C. Other n/a psf
3. Live Loads:
 - A. Roof (See also note #5) 20 psf
 - B. Floor 100 psf
 - C. Other n/a psf
4. Truss Loads:
 - A. Top Chord Live n/a psf
 - B. Top Chord Dead n/a psf
 - C. Bottom Chord Live n/a psf
 - D. Bottom Chord Dead n/a psf
5. Snow Loads:
 - A. Ground Snow (Pg) 0 psf
 - B. Flat Roof Snow (Pf) 0 psf
 - C. Snow Exposure Factor (Ce) 10
 - D. Snow Load Importance Factor (I) 10
 - E. Unbalanced Snow
 - i. Windward roof 0 psf
 - ii. Leeward roof 0 psf
6. Wind Load
 - A. Basic Wind Speed (V) 150 mph
 - B. Wind Load Importance Factor (I) 0.87
 - C. Wind Exposure Category C

ABBREVIATIONS:

at	at	mm	millimeter
bm.	beam	min.	minimum
conc.	concrete	nts	not to scale
cont.	continuous	o/c	on center
dia.	diameter	pcf	pounds per cubic foot
exst.	existing	ply	plywood
flr	floor	psf	pounds per square foot
ft.	foot/feet	psf req'd	pounds per square inch required
ga.	gauge	st.	stainless steel
hdw	hardware	st.	steel
hdr	header	thk	thick
gst.	joist	tr.	treated
kai	kips per square inch	typ.	typical
lbs.	pounds	w/	with
max.	maximum	mfr	manufacturer

WOOD

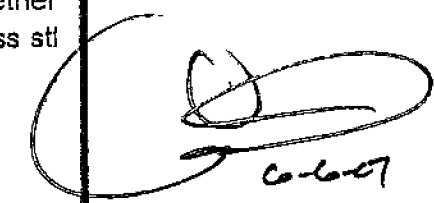
1. General Requirements
 - A. Structural wood members and connections shall be of sufficient size or capacity to carry all design loads without exceeding the allowable design values specified in "The National Design Specification for Wood Construction" (NDS), 1997 edition, and its "Supplement" by the American Forest and Paper Association (AF+PA)
 - B. Wood members used for load supporting purposes shall have the grade mark of a lumber grading agency certified by the American Lumber Standards Committee
2. Dimension Lumber
 - A. All lumber species, graded visually or mechanically, shall comply with the NDS by AF+PA, and the "American Softwood Lumber Standard" (PS 20-94) by the U.S. Department of Commerce
 - B. The minimum grade and species for posts, beams, headers, and other primary structural members shall be #2 Southern Pine, unless specified otherwise
 - C. Lumber used for secondary framing shall be #2 Spruce-Pine-Fir (SPF) or better
 - D. Post frame headers shall be two-span continuous beams with all multiple ply headers overlapping so that the butt joints for each ply do not occur at the same post
 - E. Mechanically laminated columns shall conform with ANSI/ASAE EP 559
3. Pressure Preservative Treatment (PPT)
 - A. Pressure treatment to be performed according to the American Wood Preservers' Association (AWPA) standards.
 - B. Pressure treated members shall have the inspection mark of an agency accredited by the American Lumber Standards Committee.
 - C. Preservative- chromated copper arsenate (CCA)
 - D. Minimum waterborne treatment retention shall be 0.4 pcf for members above ground, and 0.6 pcf for members in contact with earth.
 - E. Treat indicated items and the following:
 1. Wood members exposed to weather or insect infestation.
 2. Wood members in direct contact with earth or concrete
 3. Wood members exposed to high moisture content (>19% for dimension lumber, >16% for glued laminated timber)
 4. Wood members less than 12 inches above grade.
 - F. Field treat newly exposed wood where cutting, drilling or notching pressure treated lumber
 - G. Metal connectors used in treated wood shall be hot-dip galvanized as per ASTM A153-01a.
4. Connections shall be designed and constructed according to the NDS by AF+PA and shall conform to the following:
 - A. The minimum connection shall be two 12 penny nails, or as detailed on the drawings.
 - B. Other connections as per standard construction practice

Design Reaction Chart	
Max uplift at column base	650 lb
Max downward force at column base	1000 lb
Max shear at column base	250 lb

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Carl Demeter S.E., PE FL Cert # 48609

This drawing is the property of Timber Tech Engineering, Inc. and reproduction, alteration or use of this drawing without the written consent of Timber Tech Engineering, Inc. is prohibited. Drawings shall not be scaled to obtain dimensions. The contractor and builders involved on this project shall verify all dimensions and conditions before starting work and any discrepancy shall be reported to the engineer in writing before starting work.

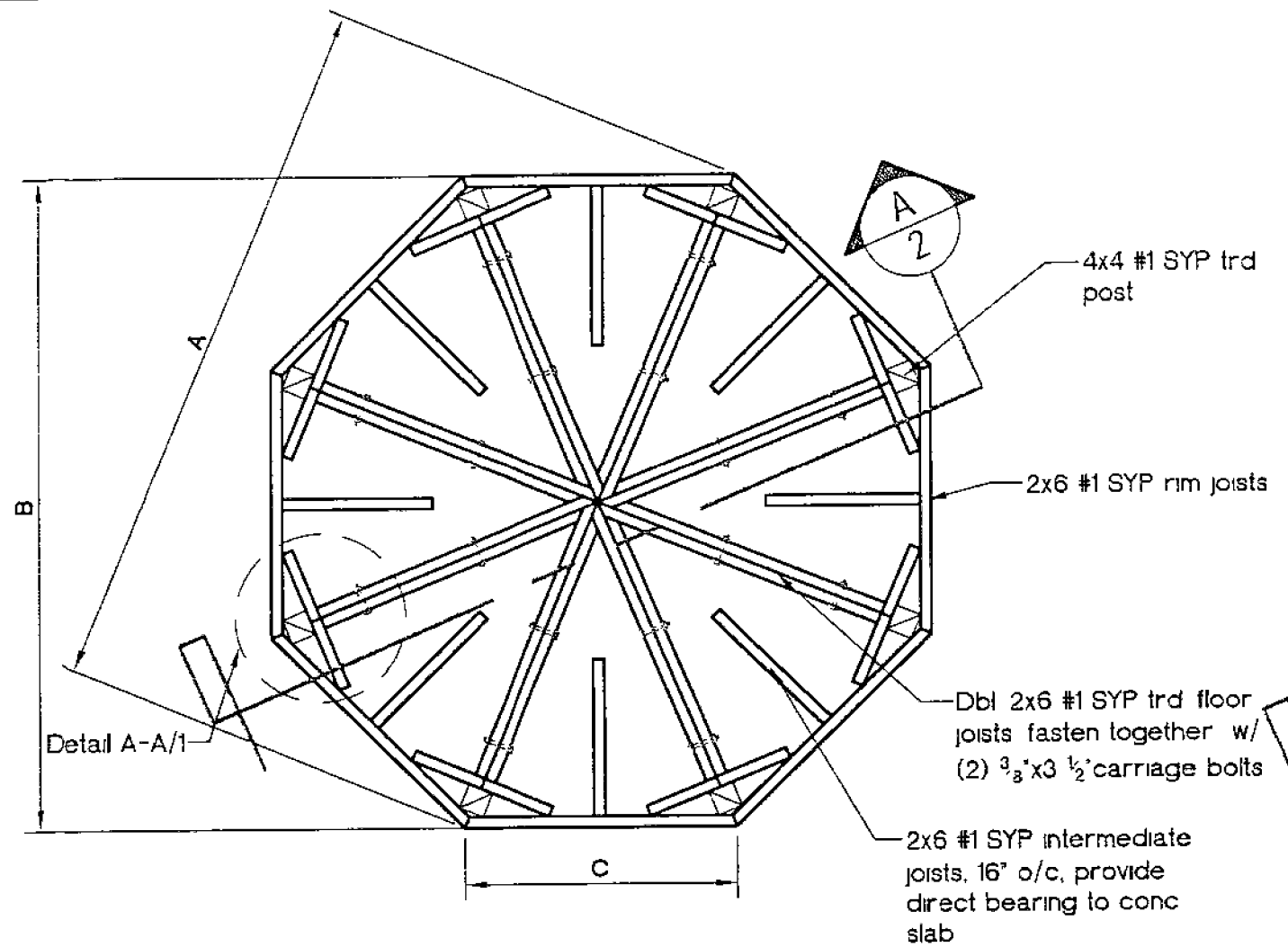


Carl Demeter, FL Eng. Carl # 48609
 CONTRACTOR
 Amish Country Gazebos
 340 Hostetter Rd.
 Manheim, PA 17545
 Ph: 800-700-1777
 Fax: 717-665-0374

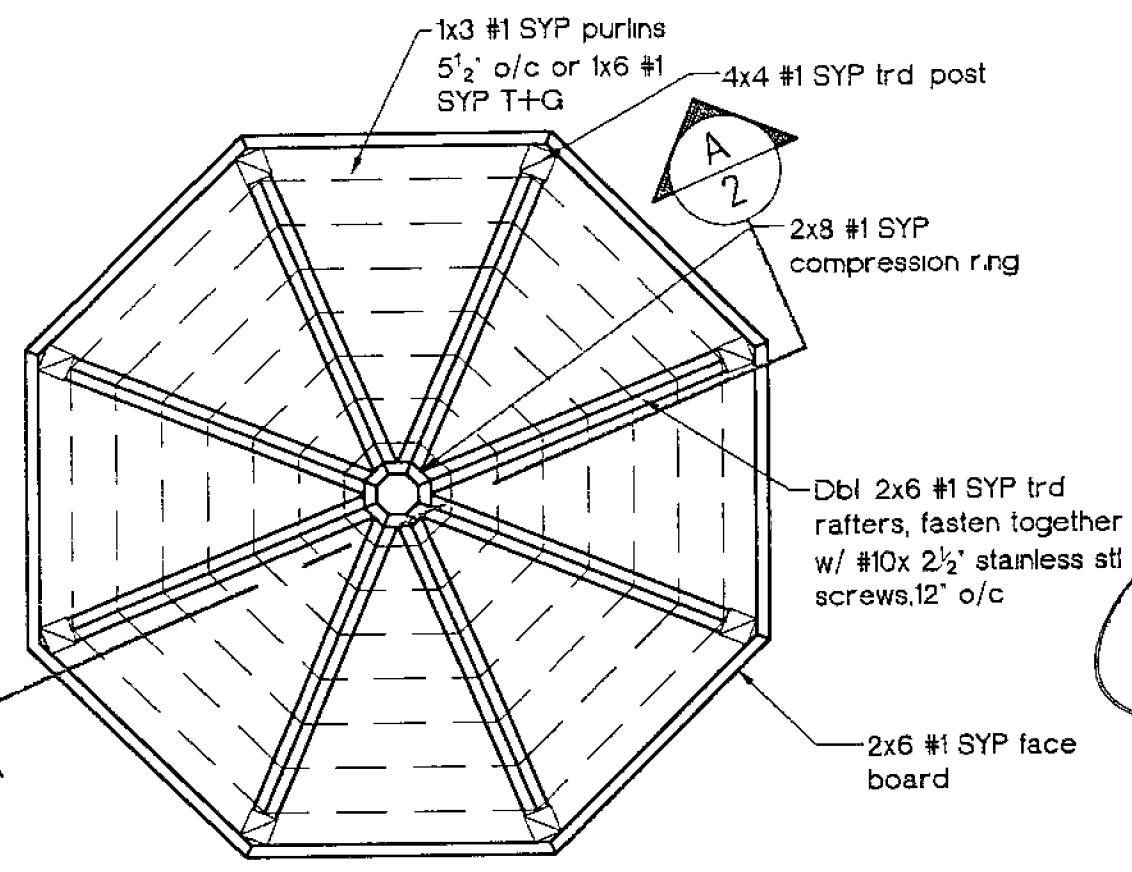
DRAWING TITLE
 Floor Framing Plan
 Roof Framing Plan
 Details

PROJECT
 12' Octagonal Gazebo
 Majestic Style Roof for
 Sam Steger
 3201 S.W. Winding Way
 Palm City, FL 34990

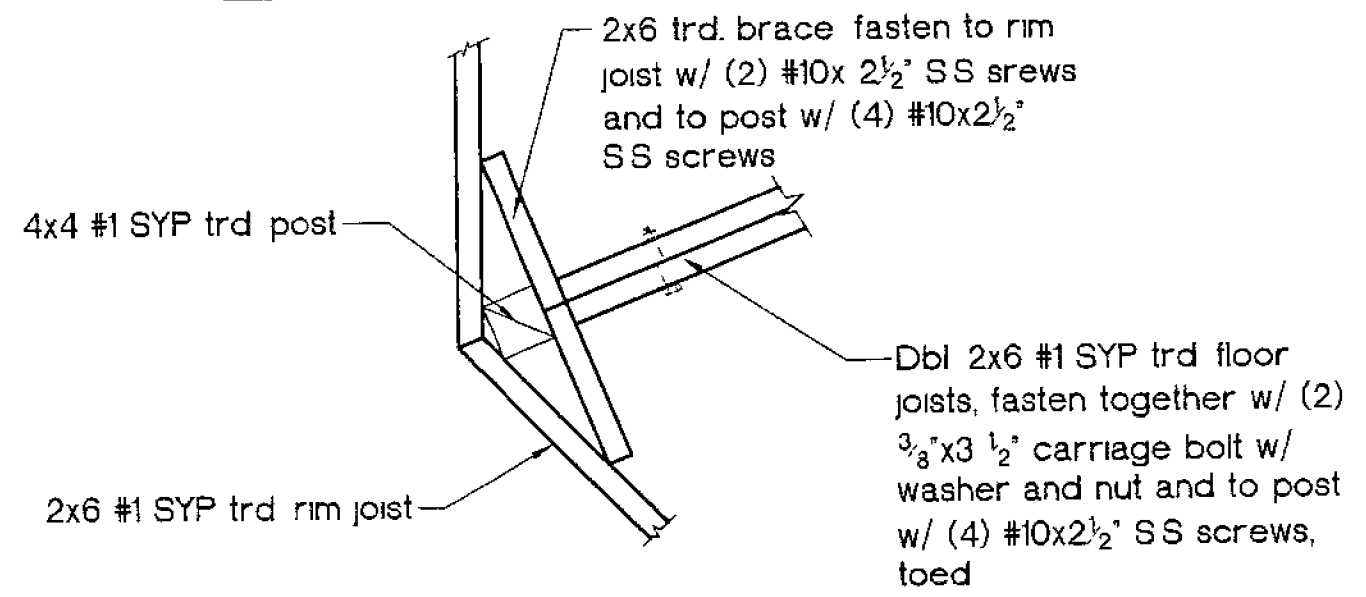
REVISIONS	DATE	BY
DRAWING NUMBER	E114-07	
DATE	6/1/07	PAGE 1 of 3
BY	cam	SCALE AS NOTED



Floor Framing Plan NTS



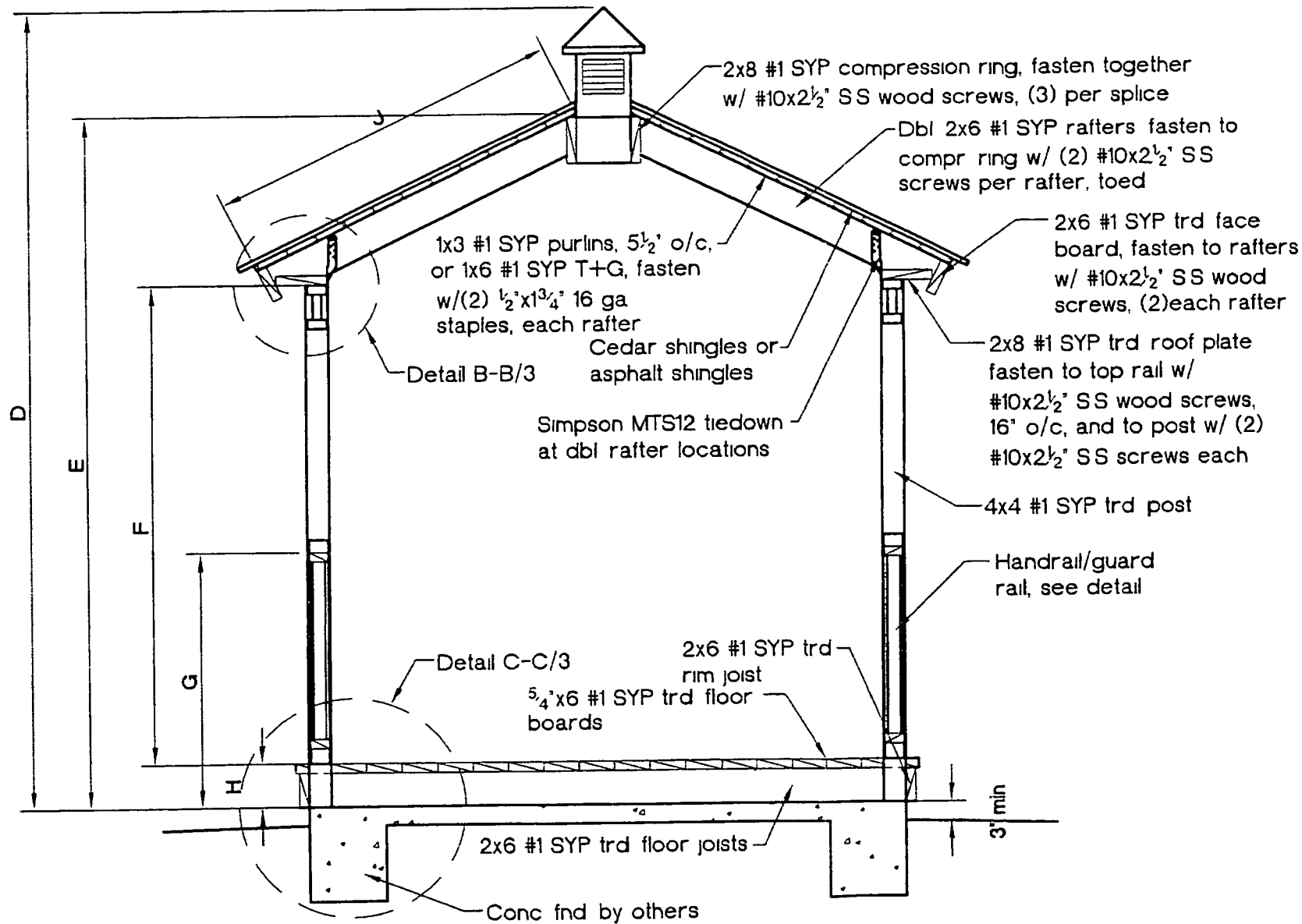
Roof Framing Plan NTS



Detail A-A/1 Scale 1" = 1'-0"

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Majestic Style Roof Specifications and Dimensions									
Size	A	B	C	D	E	F	G	H	J
12'	151 $\frac{1}{2}$ '	140'	58'	155 $\frac{5}{16}$ '	135 $\frac{5}{16}$ '	84'	40 $\frac{1}{2}$ '	6 $\frac{1}{2}$ '	89 $\frac{1}{4}$ '



Cross Section A/2

(With floor)

NTS

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

TT
timbertech
ENGINEERING

East: 22 Lanier Blvd, Suite 3, Palm Bay, FL 32909
Tel: 888-777-5252 Fax: 321-525-2752
West: 2001 N. 19th Ave, Suite 200, Kissimmee, FL 34741
Tel: 407-819-1199 Fax: 407-819-7662
www.timbertecheng.com
We are here to help you with your roofing and siding needs.

This drawing is the property of Timber Tech Engineering, Inc. and reproduction, alteration or use of this drawing without the written consent of Timber Tech Engineering, Inc. is prohibited. Drawings shall not be scaled to obtain dimensions. The contractor and builders involved on this project shall verify all dimensions and conditions before starting work and any discrepancy shall be reported to the engineer in writing before starting work.

Carl Demeter

Carl Demeter FL Eng. Cert. # 48609

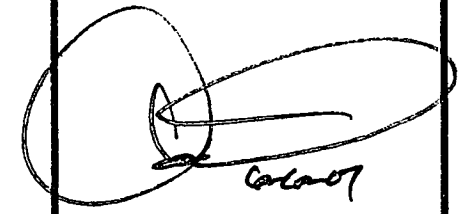
CONTRACTOR:
Amish Country Gazebos
340 Hostetter Rd.
Manheim, PA 17545
Ph: 800-700-1777
Fax: 717-665-0374

DRAWING TITLE:
Cross Section A/2

PROJECT:
12' Octagonal Gazebo
Majestic Style Roof for
Sam Steger
3201 S.W. Winding Way
Palm City, FL 34990

REVISIONS	DATE	BY
DRAWING NUMBER: E114-07		
DATE: 6/1/07	PAGE: 3 of 3	
BY: ram	SCALE: AS NOTED	

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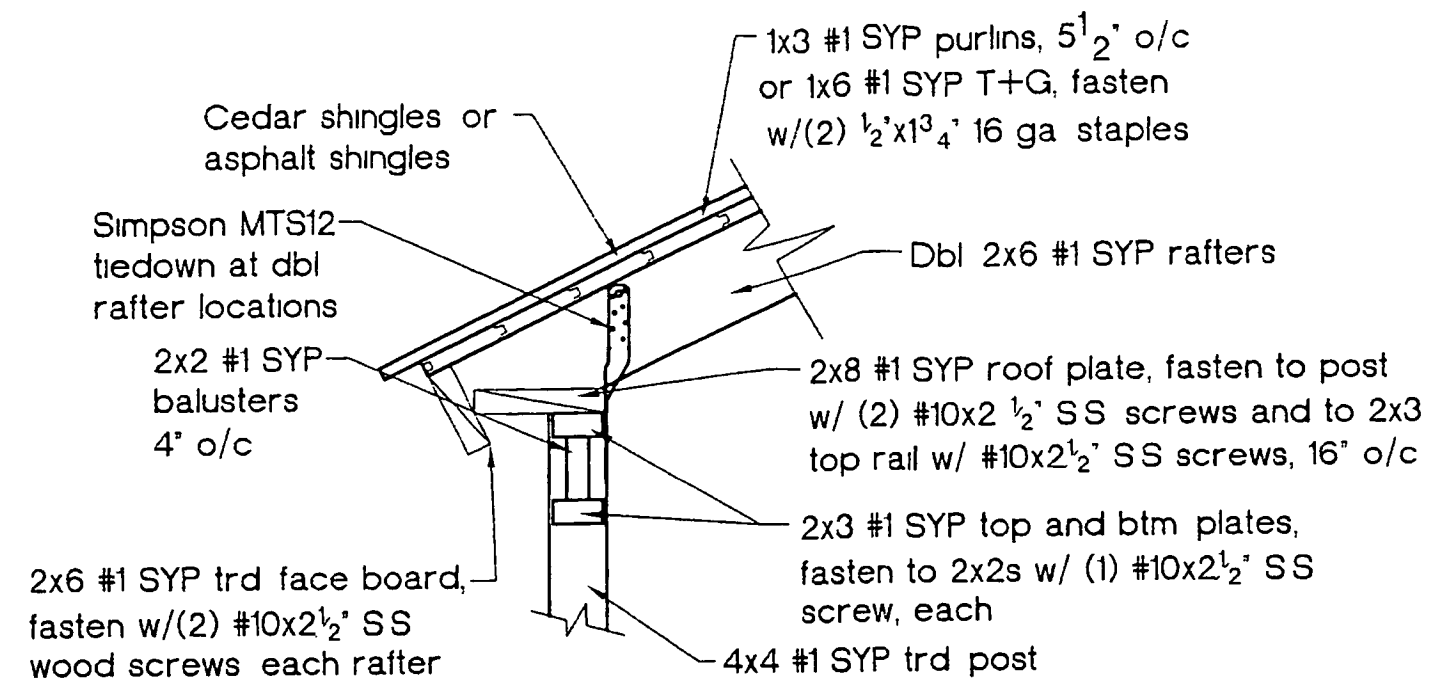


Carl Demeter FL Eng. Cert. # 48609
 CONTRACTOR
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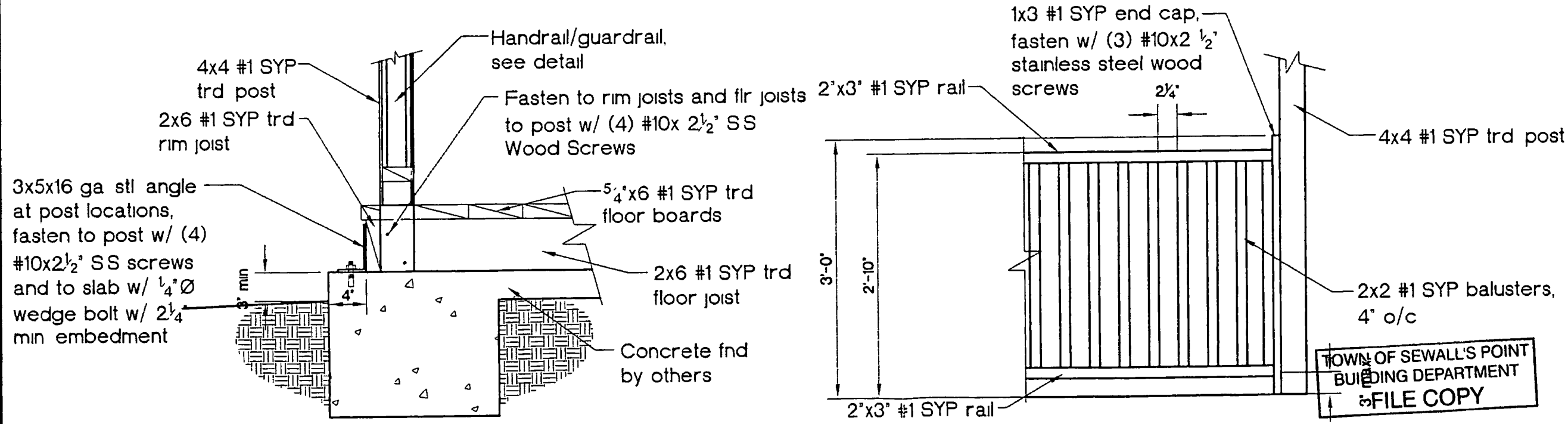
DRAWING TITLE
 Details

PROJECT
 12' Octagonal Gazebo
 Majestic Style Roof for
 Sam Steger
 3201 SW Winding Way
 Palm City, FL 34990

REVISIONS	DATE	BY
DRAWING NUMBER E114-07		
DATE 6/1/07	PAGE 2 of 3	
BY cam	SCALE as noted	



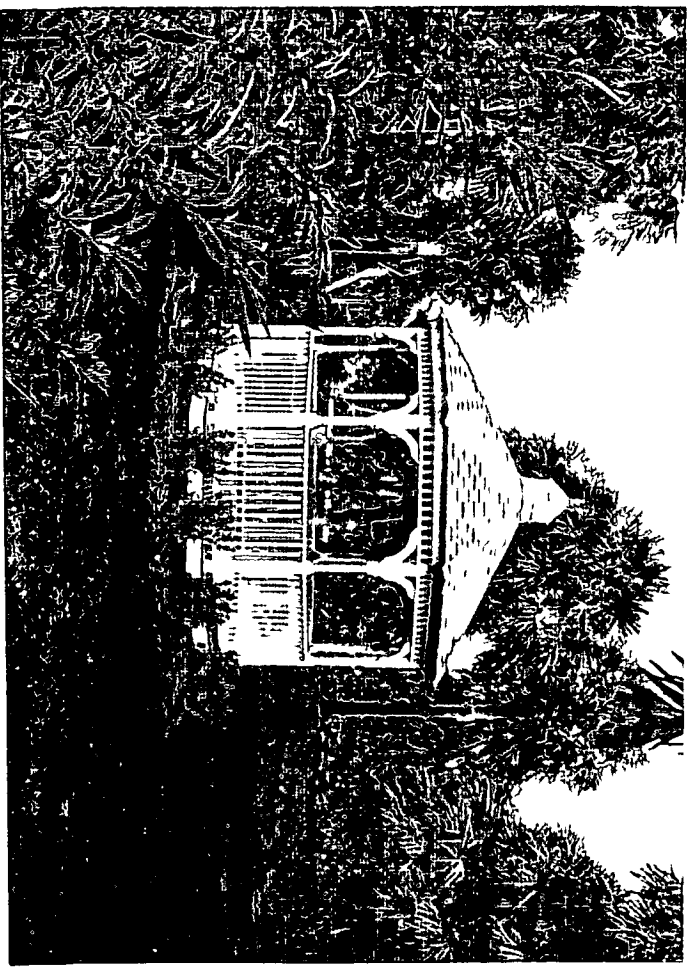
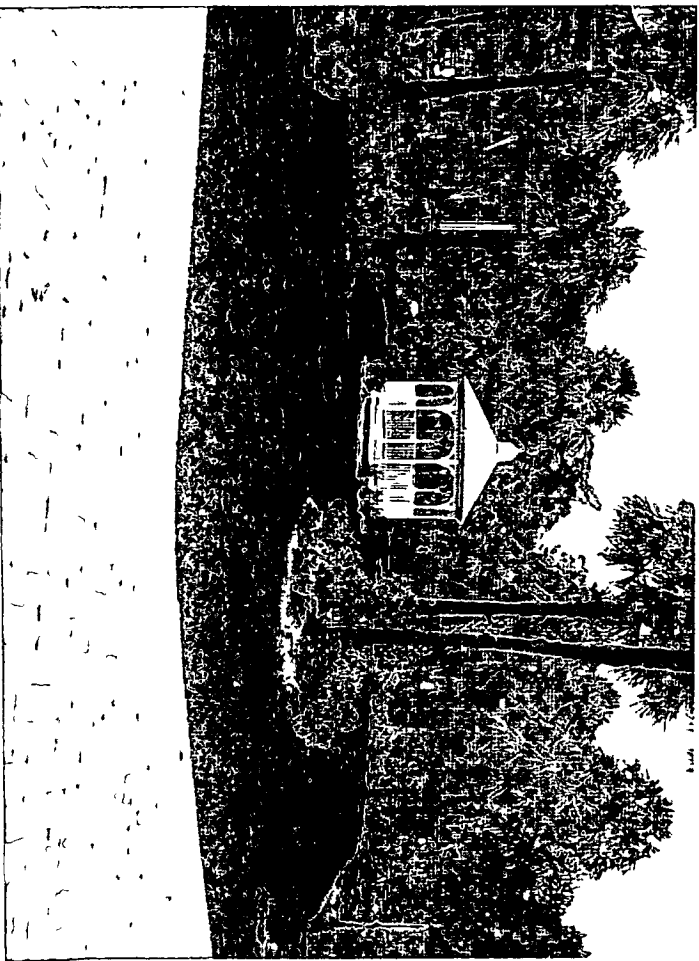
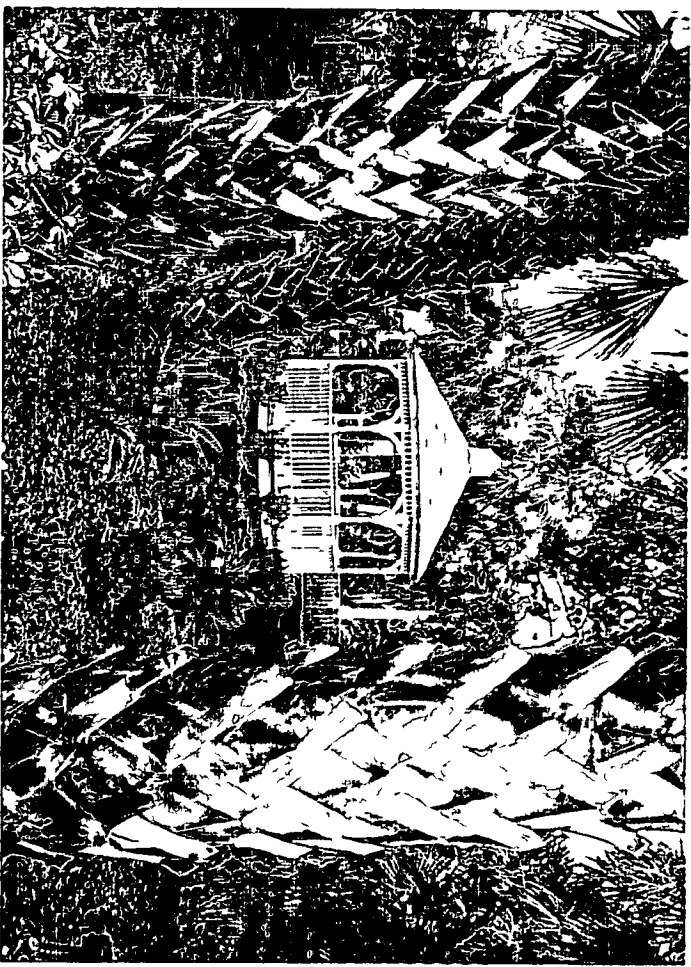
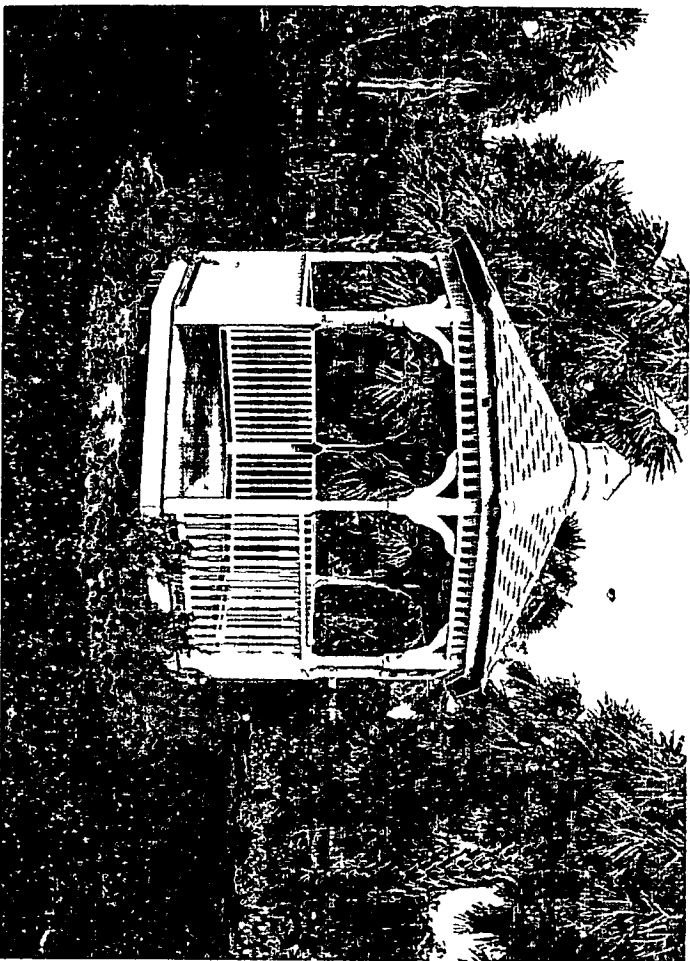
Detail B-B/3 Scale 1" = 1'-0"



Detail C-C/3 (With floor) Scale 1" = 1'-0"

Railing Detail Scale 3/4" = 1'-0"

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8802	Hand	Final	PASS	Close
<u>1st</u>	<u>78 N Sewalls Pt</u>			INSPECTOR <u>[Signature]</u>
	<u>OB</u>			
<u>8755</u>	<u>Turante</u>	<u>Roost porch</u>	<u>PASS</u>	
<u>2nd</u>	<u>48 S Sewalls</u>	<u>column</u>		INSPECTOR <u>[Signature]</u>
	<u>OB</u>	<u>2nd fl</u>		
<u>8764</u>	<u>Hogel</u>	<u>dry in / metal</u>	<u>PASS</u>	
<u>4</u>	<u>22 N Sewalls Pt</u>			INSPECTOR <u>[Signature]</u>
	<u>All American</u>			
<u>8648</u>	<u>Ietzner</u>	<u>partial roof</u>	<u>PASS</u>	<u>2nd FL ROOF</u>
<u>3</u>	<u>2 W High Pt</u>	<u>sheathing</u>		INSPECTOR <u>[Signature]</u>
	<u>O/B</u>			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

CORRESPONDENCE

MARTIN COUNTY BUILDING PERMIT CONDITIONS

Conditions

1 PLAN REVIEW COMMENTS Must be done prior to inspection. 3050

Need verification only non-load bearing walls being relocated

2 ELECTRICAL VERIFICATION-3050 Must be done prior to inspection: 3050

SUBMITTAL OF COMPLETED ELECTRICAL VERIFICATION REQUIRED PRIOR TO SCHEDULING A
ROUGH INSPECTION

#1 - Cosmetic work - see plans -
called Sharyl - 6/14/06 9:20 AM - said
she'll resubmit plans -
called me back to advise that Larry
said if Phil approves this at inspection
it's OK - 6/14/06 10:10 AM

STOP WORK ORDER

DATE: 6/5/06

ADDRESS: 78 NSPR.

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

PLUMBING

ELECTRICAL

DTM WALL

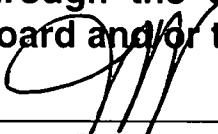
CONFER W/ BUILDING

INSPECTOR PHIL WINTERCORN

AT BUILDING DEPT.

287-2455 EXT 13

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**



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

Site Provided by
governmax.com T1 12

Summary

[print](#) | | | -/ -/ Parcel ID
1 of 1

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address
35-37-41-000-000-00262-5	78 N SEWALL'S PT RD

Serial ID	Index Order	Commercial	Residential
9399	Parcel ID	0	1

Summary

Property Location 78 N SEWALL'S PT RD
Tax District 2200 Sewall's Point
Account # 9399
Land Use 101 0100 Single Family
Neighborhood 193000
Acres

Legal Description

Property Information
 SEC 35-37-41, N 117 77' OF GOVT
 LOT 3 & S 2 32' OF GOVT LOT 2,
 ALL AS MSD-ALG SEWALL'S PT RD &

Owner Information

Owner Information
 SHAW, RICHARD A & MIMI L

Assessment Info

Front Ft 1 00

Mail Information

78 N SEWALLS POINT RD
 STUART FL 34996

Market Land Value \$672,000

Market Impr Value \$310,640

Market Total Value \$982,640

Recent Sale

Sale Amount \$1,200,000

Sale Date 9/9/2004

Book/Page 1937 0707

Site Functions

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

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

Legal disclaimer / Privacy Statement

Data updated on 05/29/2006



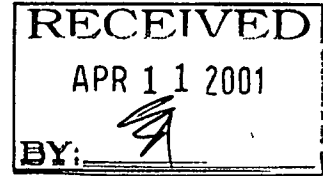
78 NSPRd

Shaw on file

Who is Habib
??
,



April 4, 2001



To The Sewell's Point Building Department

The homeowner, George Sachs, and Masterpiece Builders, the General Contractor requesting the permit for the remodeling being done to the residence at 78 N Sewell's Point Rd in the town of Sewell's Point, acknowledge the encroachments to the fifteen foot setbacks on the north and south boundaries of the property listed above. These eighteen-year-old encroachments are the existing Air Conditioning Condenser on the north side, the existing pool heater on the south side, and the existing pool deck and screen enclosure on the south side. Measures will be exercised for the resolution of these encroachments before the Final Inspection for the scope of work listed in the permit application is completed.

ALL ENCROACHMENT REVISIONS/RELOCATIONS REQUIRED FOR SETBACK COMPLIANCE ARE INCLUDED WITHIN SCOPE OF WORK UNDER THIS PERMIT. [signature] 4/12/01

Respectfully,

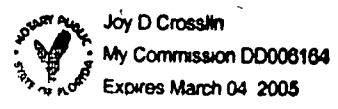
Homeowner

[Signature of George Sachs]
George Sachs

Date 4/5/01

Sworn to and subscribed before me this 5th day of April 2001 by GEORGE SACHS as the property owner. Personally known Produced ID Type

[Signature of Joy D Crosslin]
Notary Public, State of Florida

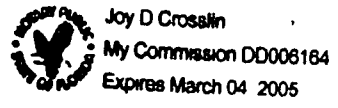


General Contractor
Masterpiece Builders

[Signature of Jeffrey A Bowers]
Jeffrey A Bowers, President Date 4/4/01

Sworn to and subscribed before me this 4th day of April 2001 by JEFFERY A BOWERS as the General Contractor. Personally known Produced ID Type

[Signature of Joy D Crosslin]
Notary Public, State of Florida



TOWN of SEWALL'S POINT



COMMISSIONERS

DOLORES deIC CLARKE MAYOR
CLARK T DONLIN VICE MAYOR
IRENE E O BRIEN COMMISSIONER
WILLIAM H BEDELL COMMISSIONER
ERIC B HOLLY COMMISSIONER

TELEPHONE (407) 287-2455

TOWN CLERK
JOAN H BARROW

CHIEF OF POLICE
LOUIS J SAVINI

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 34996

July 6, 1987

Frederick P. Hoban, M.D.

78 North Sewall's Point Road

Sewall's Point

Stuart, Florida 34996

Dear Dr. Hoban:

I am writing in response to your July 2nd letter regarding flood insurance.

Your residence is located in a V-1B zone according to the National Flood Insurance Program Flood Insurance Rate Map, community panel number 120164 0001 G, revised April 2, 1984.

The building permit for your residence was approved on August 2, 1983. No variances were granted. The approved plans, on file at the Town Hall, show a "finished floor elevation" of "3 minimum above mean high water line".

I trust this information will be helpful to you. Please do not hesitate to contact me, or the Town Building Inspector Dale Brown, if you need anything further.

With best wishes,

Sincerely,
TOWN OF SEWALL'S POINT

Joan Barrow

Joan Barrow, Town Clerk

#1598
replied 7-6-89

Frederick P. Hobin, MD
78 North Sewalls Point Road
Stuart, FL 34996

Ms. Joan Barrow
Town Clerk
1 South Sewalls Point Road
Stuart, FL 34996

July 2, 1989

Dear Ms. Barrow:

My insurance agent advises me that an application for flood insurance must be supported by certain documentation. From the town government, I must obtain two items.

First, I need to document the "flood zone" in which my residence is located. Second, I must obtain a letter stating that the original building permit for the house was granted without any zoning variances.

I would greatly appreciate it if you could provide or otherwise arrange for me to obtain this documentation.

Thank you in advance for your courtesy.

Sincerely yours,



Frederick P. Hobin