

86 North Sewall's Point Road

2279

BOATLIFT

ENCLOSURE GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

2279

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 Phillip Neill Present Address 1294 NW River Terrace
Stuart, FL 34994

Contractor Phillip Neill Address 1294 NW River Terrace
Stuart, FL 34994

Home Licenses Martin County License number MC 00186

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 boat lift only, no dock

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

Subdivision Captain's Cove Lot number 1 Block number _____

Contract price \$ 4,000. 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 the Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor Phillip Neill

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 Phillip Neill

TOWN RECORD
Approved Dele Brown
Building Inspector Date _____

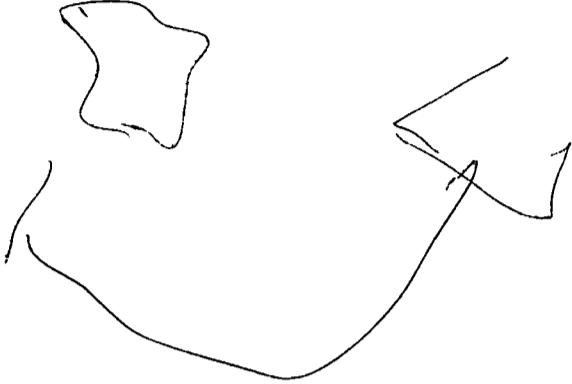
Date submitted _____
Approved Kilordelle Clorke 4/13/88
Commissioner Date Final Approval given _____ Date

Certificate of Occupancy issued (if applicable) _____
Date _____

57,282

Permit No _____

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



N 89° 31' 00" E

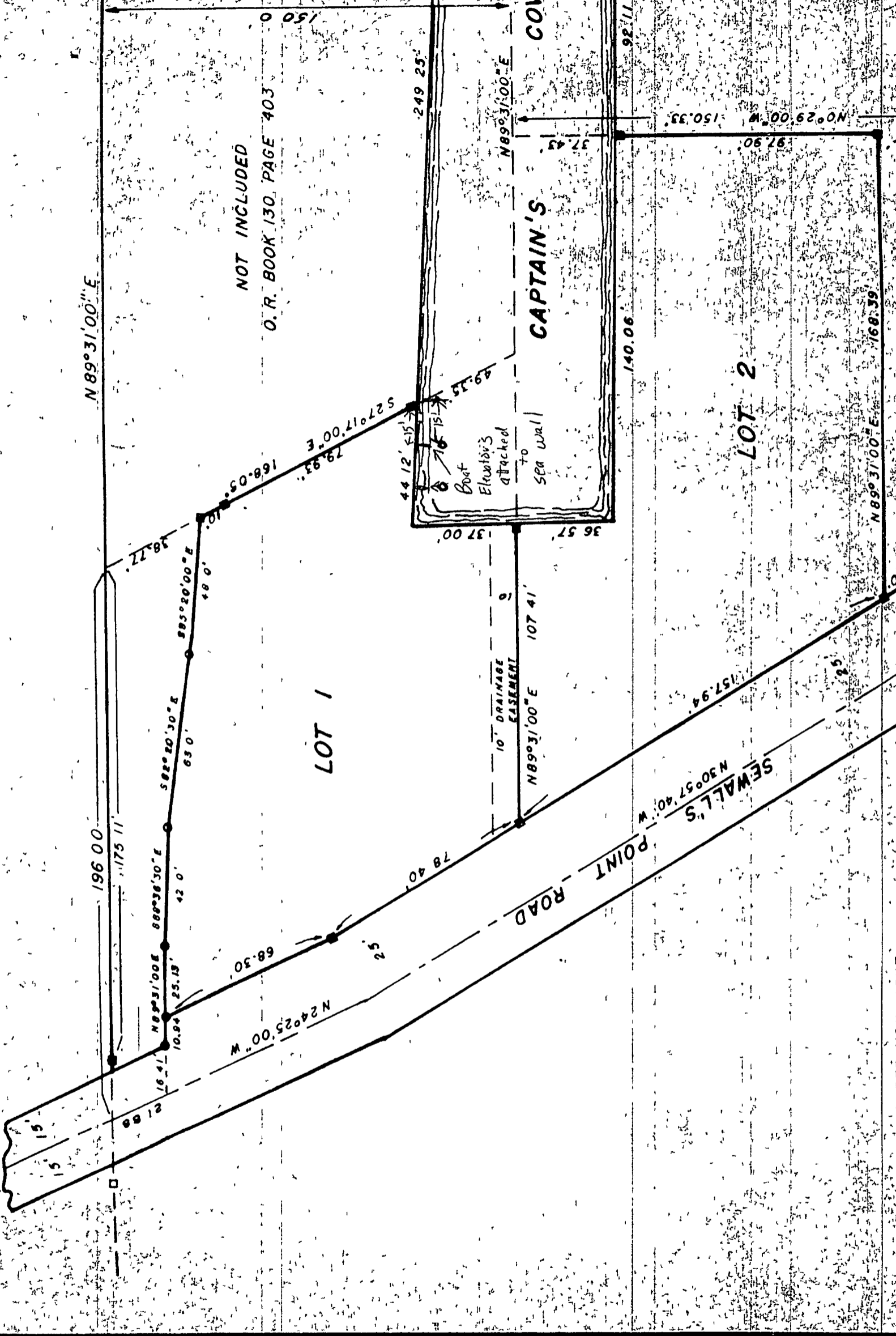
NOT INCLUDED
O.R. BOOK 130, PAGE 403

LOT 1

LOT 2

CAPTAIN'S COV

SEWALL'S POINT ROAD



2327

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Phillip Neill
 CONTRACTOR Neill Const. Co
 LOT 1 BLOCK _____ SUB Captain's Cove
 NO 86 North Sewall point Road St or Ave.

NO. 2327 Date Issued 6/29/88

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

TOWN OF SEWALL'S POINT BUILDING PERMIT

- * REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.
- * ALL WORK MUST BE IN COMPLIANCE WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, THE STATE OF FLORIDA ENERGY EFFICIENCY BUILDING CODE AND ELEVATIONS BASED ON THE LATEST FLOOD INSURANCE RATE MAP

- * WORKING HOURS ARE FROM 8:00 to 5 00 P M. MONDAY THRU SATURDAY
- PORTABLE TOILET FACILITIES MUST BE ON JOB SITE BEFORE INITIAL INSPECTION
- TO CONSTRUCT New Residence

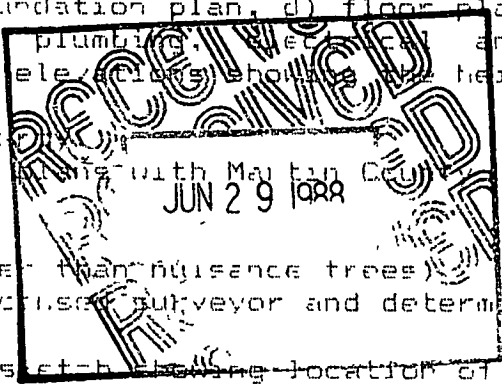
REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1 LOT STAKES/SET BACKS		
2 TERMITE PROTECTION	<u>7/19/88</u>	
3 FOOTING - SLAB	<u>Footer OK 7/14/88</u>	<u>DB Collins</u>
4 ROUGH PLUMBING	<u>OK 10/14/88</u>	<u>DB</u>
5 ROUGH ELECTRIC	<u>OK 10/14/88</u>	<u>DB</u>
6 LINTEL		
7 ROOF		
8 FRAMING	<u>OK 10/14/88</u>	<u>DB</u>
9 INSULATION	<u>OK 10/24/88</u>	<u>DB</u>
10 A/C DUCTS	<u>OK 10/14/88</u>	<u>DB</u>
11 FINAL ELECTRIC		
12 FINAL PLUMBING		
13 FINAL CONSTRUCTION		

REMARKS

TRANS EW
7-19-88

PERMIT NUMBER _____ DATE OF APPLICATION 6-24-56

2327



146
42125
188

- To obtain a permit the following are required:
1. Florida certification of builder and sub-contractors.
 2. Certification of insurance from contractor or owner/builder re: liability and workers compensation.
 3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, f) plumbing, electrical and air conditioning layouts, g) at least two elevations showing the height of building from finished floor.
 4. Recorded warrant, deed to the property.
 5. Septic tank permit and one set of plans with Martin County Health Department seal.
 6. Energy code calculations.
 7. Tree removal permit for trees other than nuisance trees.
 8. Certification of elevation from licensed surveyor and determination of flood zone.
 9. Amount of fill anticipated through sketch showing location of fill.
 10. Manufacturer's schedule of windows.

Owner Phillip Neill Current Address 7 Perriwinkle Cir., Stuart 34996
 Telephone 283-1805 or 220-4539
 General Contractor Neill Construction, Inc. Address 7 Perriwinkle Cir., Stuart 34996
 Telephone 283-1805 or 220-4539
 Other Licensed Martin County License Number MC 00186
 Plumbing Contractor White Plumbing, Inc. License Number MC 00152
 Electrical Contractor Cook Electric, Inc. License Number MC 00060
 Roofing Contractor The Hammand Corporation License Number SPD 1115
 A/C Contractor Alltemp License Number CACO 39704

Describe the building or alterations 2 story, 3 bedroom, 3 bath on 10' pilings
 Name the street on which the building, its front building line and its front yard are located 86 N Sewall's Pt Rd

Subdivision Captain's Cove Lot 1 Block _____
 Building area (inside walls) 2439 Garage, porch, carport area 1,686
 Contract price (including carport, land, appliances, landscaping) \$ 188,000.
 Cost of permit \$ 1,345 Plans approved as submitted _____ as marked _____

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

1. Building area inside walls must be a minimum of 1,500 square feet
2. Building permit fees are \$5. per \$1,000. of the cost of the building, plus \$10. each for plumbing, electric, a.c. and roof. For example a \$100,000 building = \$500. plus \$40.(a.c., pl., el., roof) = \$540. cost of permit + \$365 impact fee = \$905. total.
3. If no contract is submitted as proof as cost, the permit will be based on \$50. per square foot (inside walls) and \$25. per square foot (other areas).
4. The town has adopted the South Florida Building Code.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK.
9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.
11. String lines along property lines to facilitate set back inspections.
12. Before a certificate of occupancy is issued, the following are required:
 - a. An owner's affidavit of building cost (form available) any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
 - b. Approval of septic tank installation by Martin Co. Health Dept.
 - c. Rough grading and clean up of grounds.
 - d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone)
 - e. Certification by a qualified engineer or architect of the structural adequacy of the building.

13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

14. 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.

Contractor's Signature Phillip Neill Owner's Signature Phillip Neill
 Approval by Building Inspector Dale Brown Date 6/29/88
 Approval by Building Commissioner Dale Brown Date 6/30/88
 Certificate of Occupancy issued Dale Brown Date 12/23/88

Warranty Deed

(STATUTORY FORM—SECTION 689 02 FS)

This Indenture, Made this 28th day of MAY 1988, Between
EDWARD CRAVEN and CHERYL CRAVEN, his wife

of the County of Westchester, State of New York grantor* and
PHILLIP J NEILL and TERRALON NEILL, his wife

whose post office address is 7 Perriwinkle Circle, Stuart, FL 34996

of the County of Martin State of Florida grantee*

Witnesseth, That said grantor, for and in consideration of the sum of

-----TEN AND NO/100 (\$10.00)----- 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

Lot 1, CAPTAIN'S COVE, according to the Plat thereof as recorded in Plat
Book 4, Page 66, of the Public Records of Martin County, Florida.

Subject to Restrictions, Easements and Zoning of Record.

FLA. DOC. PND
\$ 6050
BL D.C.

CLERK OF CIRCUIT COURT
MAY 29 1988
D.C.

Property Tax I.D. Number:
35-37-41-001-000-00010-90000

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

James J. Schuch
Walter E. Elbert

Edward Craven (Seal)
EDWARD CRAVEN
Cheryl M Craven (Seal)
CHERYL CRAVEN
(Seal)

STATE OF NEW YORK
COUNTY OF WESTCHESTER SUFFOLK

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared
EDWARD CRAVEN and CHERYL CRAVEN, his wife

BOOK 770 PAGE 2264

to me known to be the personS described in and who executed the foregoing instrument and acknowledged before me that
they executed the same

WITNESS my hand and official seal in the County and State last aforesaid this 28th day of May
1988

My commission expires

David P Valle
Notary Public
DAVID P VALLE
NOTARY PUBLIC, State of New York
No 52450861, Suffolk County
res March 30 1989



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER 4088-396 HOME PHONE _____
 NAME OF APPLICANT PHILLIP J. NEILL WORK PHONE (407) 286-2020
 MAILING ADDRESS OF APPLICANT NEILL CONSTRUCTION, INC.
1294 N.W. TERRACE, STUART, FL ZIP CODE 34994
 LOT 1 BLOCK _____ SUBDIVISION CAPTAIN'S COVE
 IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
 PLAT BOOK 4 PAGE 65 DATE SUBDIVIDED APRIL 4, 1968
 RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3
 LOT SIZE 21,427 FT² HEATED OR COOLED AREA OF HOME 2,347 FT²
 COMMERCIAL: TYPE OF BUSINESS PROPOSED _____
 BUILDING SIZE _____ FT²

-----AFFIDAVIT-----

I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS.

SIGNATURE OF PROPERTY OWNER OR OWNER'S
LEGALLY AUTHORIZED REPRESENTATIVE

Phillip Neill

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 1050 GALLONS
 DRAINFIELD SIZE 500 SQUARE FEET 12'w x 42'L
 DRAINFIELD ROCK MUST BE 14 FEET FROM FRONT OR REAR PROPERTY LINES
 AND 14 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE
 THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

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

38" ABOVE CROWN OF ROAD EL (3.47)
NGVD

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

42" ABOVE CROWN OF ROAD EL (3.47)
NGVD

ISSUED BY: Jeff Cwells DATE 6-27-88
MARTIN COUNTY PUBLIC HEALTH UNIT

PLEASE NOTE:

- (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS.
- (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND.
- (3) \$60 REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION.
- (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX.
- (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
- (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
- (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED
- (8) IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS

-----FINAL INSPECTION-----

CONSTRUCTION APPROVED BY _____ DATE _____
MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE



APPLICANT PHILLIP J. NEILL

LEGAL DESCRIPTION LOT 1, CAPTAIN'S COVE

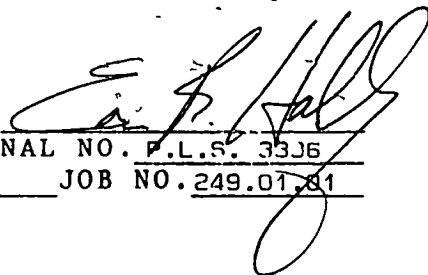
-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? YES
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1,700 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 3.47 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 4.57 NGVD SHOW LOCATION ON PLOT PLAN
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 4.97 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 8.00 NGVD.

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

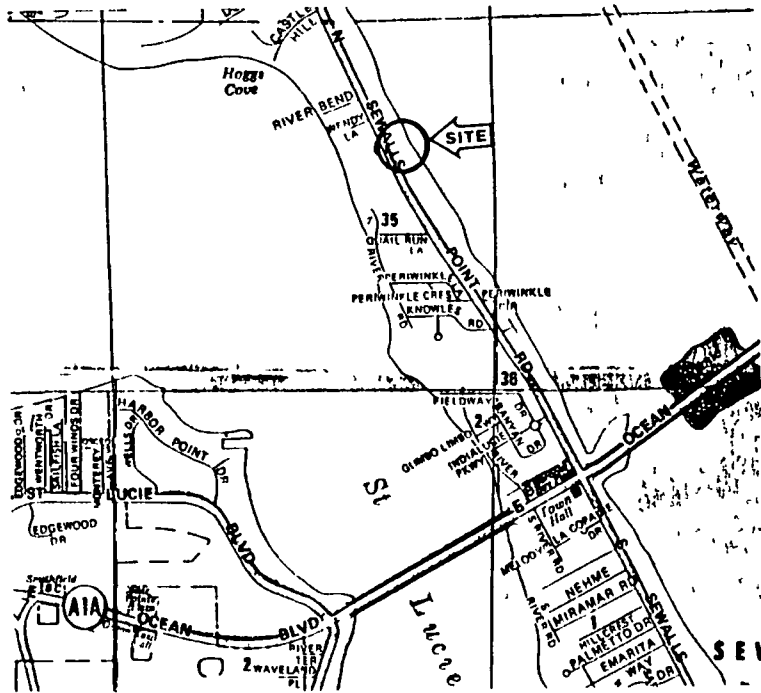
CERTIFIED BY: 
FL. PROFESSIONAL NO. P.L.S. 3336
DATE: 6/24/88 JOB NO. 249.01.81



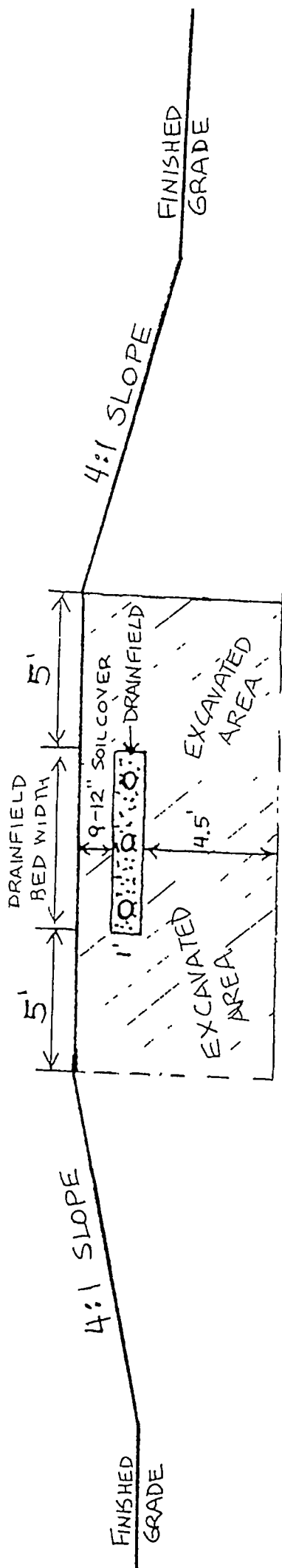
APPLICANT PHILLIP J. NEILL

LEGAL DESCRIPTION LOT 1, CAPTAIN'S COVE

SITE LOCATION MAP OR
DETAILED DIRECTIONS TO SITE



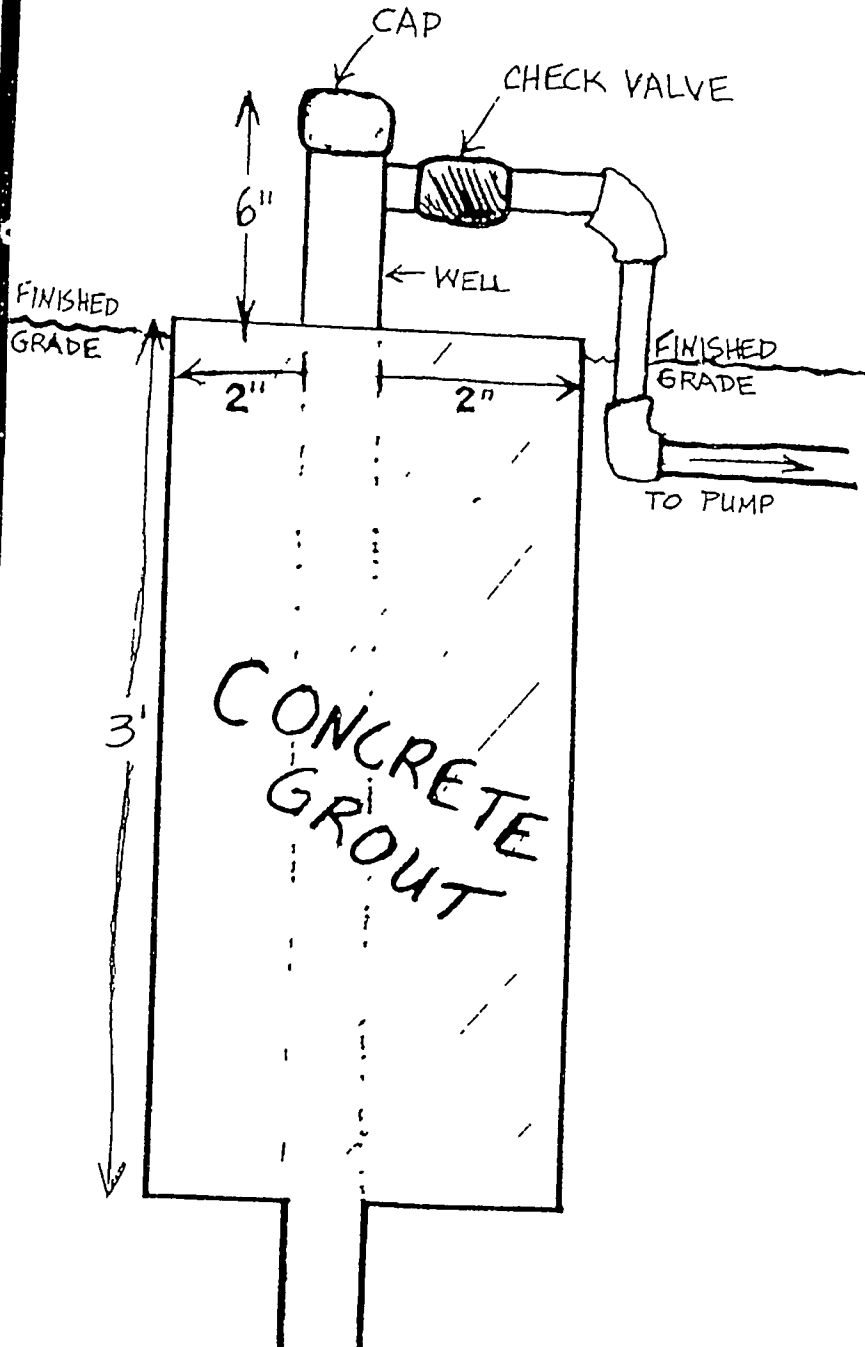
DRAINFIELD MOUND REQUIREMENTS



NOTES THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

WELL REQUIREMENTS

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



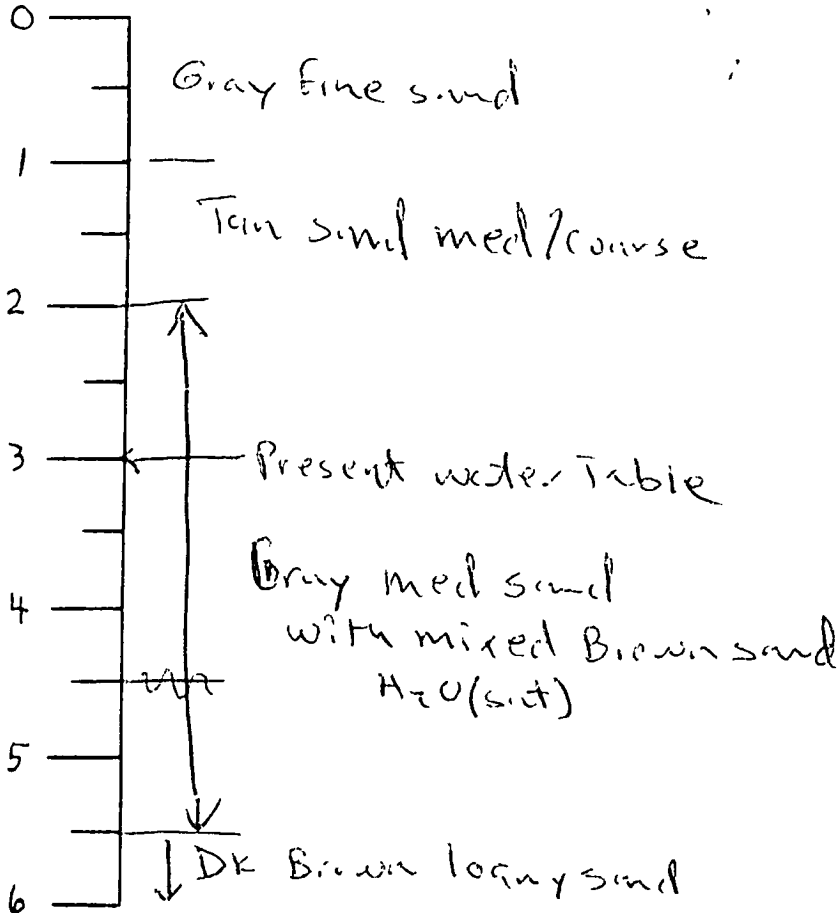
IMAC 4/85

MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 34997
287-2277
SITE EVALUATION

APPLICANT. Phillip J. Neill

LEGAL DESCRIPTION: Lot 1 ' Captain's Cove

SOIL PROFILE



USDA SOIL TYPE 9

USDA SOIL NUMBER Pomello

No Impervious soils are present at 6' below natural grade.

Present Water Depth Below Natural Grade 3'

Wet Season Range Per Soil Survey 24"-40" for 2-4 months / 40"-60" for 8 months

Estimated Wet Season Water Depth Below Natural Grade 2 1/2 - 3

Indicator Vegetation Present Cabbage Palm, Live oak, Hibiscus

Is Benchmark Located on Plot Plan and Present on Site? Sea wall B.M. present Crown of Rd. B.M. absent

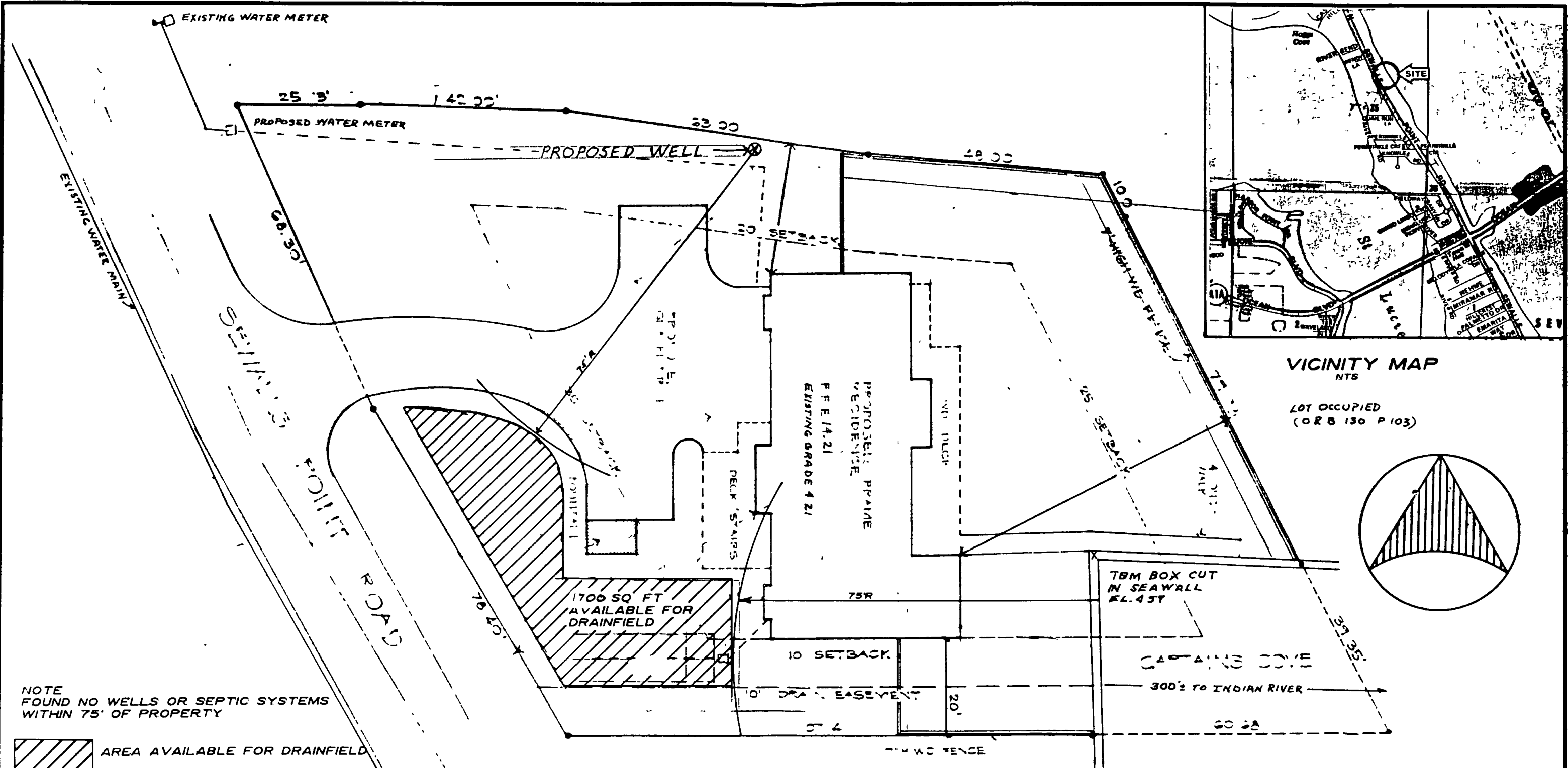
Approximate Amount of Fill on Neighboring Lots 3'

Other Findings:


Public water is available

EVALUATION BY. Keith Ferris

DATE 6-22-55



NOTE
 FOUND NO WELLS OR SEPTIC SYSTEMS
 WITHIN 75' OF PROPERTY

 AREA AVAILABLE FOR DRAINFIELD
 ELEVATIONS NGVD 1929

VACANT

PLANDEV, Inc.

Eric B. Holly
 BY: ERIC B. HOLLY
 PROFESSIONAL LAND SURVEYOR
 FLORIDA REGISTRATION NO 3336

DATE 6.24.88

HRS SEPTIC SYSTEM SITE PLAN

SCALE 1" = 20'	APPROVED BY. EBH	DRAWN BY CO
DATE JUNE, 1988	REVISOR C/21/88 QDM	
PREPARED FOR PHILLIP NEILL		
LOT 1, CAPTAIN'S COVE PB 4, P 66,		DRAWING NUMBER 249-01-01

#20

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT Phillip J. Nail
LEGAL DESCRIPTION LOT 1 Captain's Cove.
SEPTIC TANK PERMIT NUMBER HD98-396

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

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

Date Observed _____

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

CERTIFIED BY _____

As applicant or applicant's representative, I understand the above requirements

Date _____ Job Number _____

Phillip J. Nail
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

(Date)

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 12/23/88

This is to request that a Certificate of Approval for Occupancy be issued to Neill
 For property built under Permit No 2327 Dated 6/29/88 when completed in
 conformance with the Approved Plans

Item	Signed	Approved by
1 LOT STAKES/SET BACKS		
2 TERMITE PROTECTION	<u>7/19/88</u>	
3 FOOTING - SLAB	<u>7/11/88</u> <u>7/20/88</u> <u>7/25/88</u>	
4 ROUGH PLUMBING	<u>10/14/88</u>	
5 ROUGH ELECTRIC	<u>10/14/88</u>	
6 LINTEL	<u>7/25/88</u>	
7 ROOF	<u>10/14/88</u>	
8 FRAMING	<u>10/14/88</u>	
9 INSULATION	<u>10/29/88</u>	
10 A/C DUCTS	<u>10/14/88</u>	
11 FINAL ELECTRIC	<u>12/23/88</u>	
12 FINAL PLUMBING	<u>12/23/88</u>	
13 FINAL CONSTRUCTION	<u>12/23/88</u>	

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 12/23/88 date

Approved by Building Commissioner Walter Clarke 12/23/88 date

Utilities notified F.P.L. date

Original Copy sent to Phillip Neill

(Keep carbon copy for Town files)

2450

FENCE

Permit No.

Date

2450
APPLICATION FOR PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

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

Owner NEILL CONSTRUCTION Present Address 86 N. SEWALL'S PT RD

Phone 283-1805

Contractor ALL AMERICAN FENCE Address 554 NW MARION AVE 1

Phone 335-0928 PORT ST. LUCIE

Where licensed MARTIN COUNTY License number SF 00872

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 6' HIGH SHADOWBOX FENCE

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

86 N. SEWALL'S PT RD.

Subdivision CAPTAIN'S COVE Lot number 1 Block number _____

Contract price \$ 2325. Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Michael J. Dempsey

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 Phillip Neill MD.

TOWN RECORD

Date submitted _____ Approved Dale Brown 12/12/85
Building Inspector _____ Date

Approved _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. _____

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



All American Fence Contractors Inc

554 NW Marion Ave • Port St. Lucie, FL 34983
(407) 335-0928 / 878-1650

12/9

LICENSES
St. Lucie County #2151
Indian River County #1060
Marrn County #00872
State of Florida #RX0054663

Date 11-30-88

Name <u>N^o 11 Construction</u>		Job Name	
Address <u>86 N Sewell's Pt RD</u>		Job Address <u>Same</u>	
City <u>Sewell's Pt</u>			
Phones <u>283-1805</u>	Job Phone		Installation Date Week of <u>2-3 weeks</u>

LEGAL DESCRIPTION

Lot <u>1</u>	Block	Section	Plat	Subdivision <u>DEC 20TH</u>
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SPECIFICATIONS

Captains Cove

- Top Rail Straight Follow Contour Split Knuckle Up Barb Up Lines Clear of Obstruction

CHAIN LINK

Total Footage _____

Height _____

Gauge Wire _____

Dia Top Rail _____

Dia Line Post _____

Dia Terminal Post _____

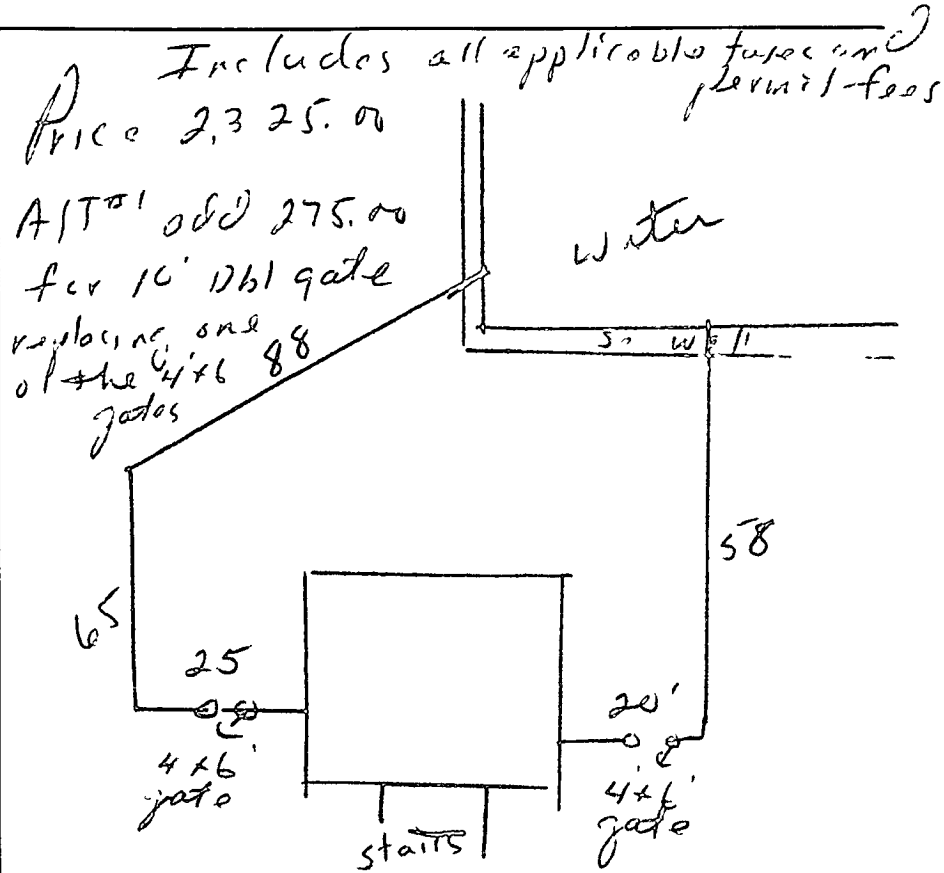
Dia Gate Post _____

Gates _____

Sizes _____

Tension Wire _____

Specialty Items _____



WOOD

756' Pressure Treated Pine

Style Shadow Box

Height 6'

Stain 1"x6" slats 2"x4" runner

Sections 4"x4" joists galv nails in out

86 Indian River Dr
Diagram 1" = _____ Ft

Custom built on jobsite

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practice. Any alteration or deviation from 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 Workmen's Compensation Insurance.

THE FENCE REMAINS THE PROPERTY OF ALL AMERICAN FENCE CONTRACTORS INC UNTIL CHARGES ARE COMPLETELY PAID.

ALL AMERICAN FENCE CONTRACTORS INC IS NOT RESPONSIBLE FOR PROPERTY LINES OR UNDERGROUND UTILITIES INCLUDING SPRINKLER SYSTEMS.

Total Price 2325.00

Deposit 1/3

Balance Due on Completion 2/3 000

Authorized Signature [Signature]

ACCEPTED 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.

Date _____

Signature [Signature]

2788

ELEVATOR

Permit No _____

Date 2783

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

ELEVATOR

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

Owner Bill, Dee Bew Present Address 86 N. Sewall's Pt. Rd

Phone _____ Stuart, FL. 34996

Contractor Neill Construction, Inc Address 4021 Sugar Hill Ave.

Phone 334-1210 Jensen Bch, FL 34957

Where licensed Martin CO License number MC 00186

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 ELEVATOR

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

Subdivision Captain's Cove Lot number 1 Block number _____

Contract price \$ 5,000. Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Phillip Neill, pres.

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

Owner Bill Dee Bew

TOWN RECORD Approved [Signature] Building Inspector _____ Date _____

Date submitted _____

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

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282 Permit No _____

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

3053

DOCK

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

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

Owner James William Bew Present Address 86 N Sewalls Pt Rd

Phone 407-220-9132 Stuart, FL 34996

Contractor Plaza Marine Const. Inc Address 1200 S.E. Cutoff Rd

Phone 407-220-3625 Stuart, FL 34994

Where licensed Martin County License number SP 1585

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:

To construct a 20' x 3' 8" Dock & 10' x 3' ramp

State the street address at which the proposed structure will be built:
86 N Sewalls Pt Rd, Stuart, FL 34996

Subdivision Captains Cove Lot number 1 Block number _____

Contract price \$ 1,217.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Salvatore Juliano Jr.

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 James Bew

TOWN RECORD Approved: Dale Brown 8/30/91
Building Inspector Date

Date submitted _____

Approved _____
Commissioner Date

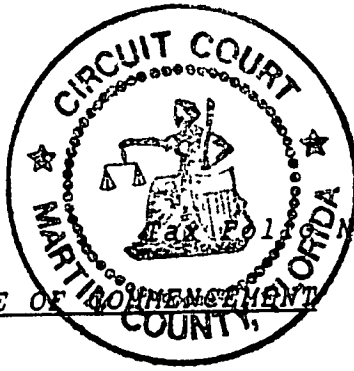
Final Approval given: _____
Date

Certificate of Occupancy issued (if applicable) _____
Date

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.

901569

STATE OF FLORIDA
COUNTY OF MARTIN



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

Permit No. _____

NOTICE OF COMMENCEMENT

MARSHA STILLER, CLERK

BY [Signature] DC
DATE 8-30-91

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)

86 N. Sewalls Point Rd, Stuart, FL 34996

Section 35, Township 37S, Range 41E

General Description of Improvements: 20' x 3'8" Dock - 10' x 3' ramp

Owner: James William Bew

Address: 86 N Sewalls Point Rd, Stuart, Florida 34996

Owner's interest in property: _____

Fee Simple Title Holder (if other than owner): _____

Address: _____

Contractor: PLAZA MARINE Construction, Inc.

Address: 1200 S.E. Cutoff Rd, Stuart, Florida 34994

Surety Co. (if any) _____

Address: _____ Amt. of Bond \$ _____

Lender's Name: _____

Address: _____

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

Name: _____

Address: _____

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.

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____.

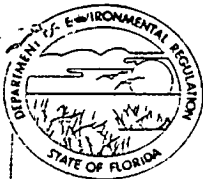
[Signature]
Signature of Owner

Sworn to and subscribed before me this 30th day of August, 1991

[Signature]
Notary Public

My Commission Expires
Notary Public
State of Florida at Large
My Commission Expires
August 30, 1993

FILED FOR RECORD
21 AUG 30 AM 11:43
MARSHA STILLER
CLERK OF CIRCUIT COURT
DC



Florida Department of Environmental Regulation

Twin Towers Office Bldg • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-312900(1)
Form Title	Joint Ap. for Works in the Waters of Florida
Effective Date	October 10, 1990
DER Application No.	(Filled in by DER)

Joint Application for Works in the Waters of Florida

Department of the Army (Corps)/Florida Department of Environmental Regulation (DER)/
Department of Natural Resources (DNR)/Delegated Water Management District (Delegated-WMD)

Type or Print Legibly

Corps Application Number (official use only)		DER Application Number (official use only) 131902598	
1 Applicant's Name and Address			
Name <u>JAMES WILLIAM BEW</u> <small>Last Name, First name (if Individual) Corporate Name Name of Govt Agency</small>			
Street <u>186 N. SEWALL'S POINT RD</u>			
City <u>STUART, FL.</u>		State <u>FLORIDA</u> Zip <u>34996</u>	
Telephone <u>(407) 220-9132</u> (Day)		<u>() SAME</u> (Night)	
2 Name Address, Zip Code, Telephone Number and Title of Applicant's Authorized Agent			
Name <u>SALVATORE JULIANO</u> <small>Last Name, First Name</small>			
Corporate Name, Name of Govt Agency <u>PLAZA MARINE CONSTRUCTION, INC</u>			
Street <u>1200 SE CUTOFF RD</u>			
City <u>STUART</u>		State <u>FL</u> Zip <u>34994</u>	
Telephone <u>(407) 220-3625</u> (Day)		<u>(1-800) 837-0789</u> (Night)	
3 Name of Waterway at Work Site <u>CAPTAIN'S COVE OFF INDIAN RIVER (LOT #1)</u>			
4 Street, Road or Other Location of Work <u>86 N SEWALLS POINT RD</u>			
Incorporated City or Town <u>SEWALLS POINT STUART, FL 34996</u>			
Section <u>35</u>		Township <u>37 South</u> Range <u>41 EAST</u>	
Section _____		Township _____ Range _____	
Section _____		Township _____ Range _____	
County(ies) <u>MARTIN</u>			
Coordinates in Center of Project		Federal Projects Only _____ x _____ y	
Latitude _____ ° _____ "		Longitude _____ ° _____ ' _____ "	
Lot _____ Block _____		Subd _____ Plat Bk _____ Pg _____	
Directions to Locate Site _____			
5 Names, Addresses, and Zip Codes of Adjacent Property Owners Whose Property Also Adjoins the Water (Excluding Applicant) Show Numbers or Names of These Owners on Plan Views If More Than Six (6) Owners Adjoin the Project, You May Be Required to Publish a Public Notice for the DER			
1 <u>ROBERT & HAZEL YAHN</u> <u>84 N. SEWALLS PT. RD</u> <u>STUART, FL 34996</u>		2 <u>MRS & MRS D F DOLD</u> <u>88 N. SEWALLS PT. RD</u> <u>STUART, FL 34996</u>	
4 _____		3 <u>HEATHER DANA - OWNER</u> <u>OF VACANT LOT</u> <u>82 EXHIBIMENTAL RD</u> <u>REGISTRATION, FL 34996</u> <u>EXHIBIMENTAL TRUST OF FL, N.A.</u>	
5 _____		PUBLISHER TO <u>FORSEY KAY & COMPANY (INC)</u> DATE <u>MAR 05 1991</u> <u>PALM BEACH, FL, 33480.</u>	

RECEIVED
MAR 15 1991

6 Proposed Use (Check one or more as applicable) Private Single Family Multi Family
 Public Commercial New Work Alteration of Existing Works Maintenance Other (Explain) _____
 7 Desired Permit Duration (see Fee Schedule)
 5 Yr 10 Yr Other (Specify) 1 YEAR
 8 General Permit or Exemption Requested
 DER General Permit FAC Rule 17-312 _____ DER Exemption FAC Rule 17-312 Section 403 _____ FS

9 Total Extent of Work in Jurisdictional Open Waters or Wetlands (Use additional sheets and provide complete breakdown of each category if more space is needed)

NA a. Within Corps Jurisdiction
 Fill _____ Sq Ft. _____ Acres _____ Cu Yds.
 Excavation _____ Sq Ft. _____ Acres _____ Cu Yds.

NA b. Within DER Jurisdiction
 Fill _____ Sq Ft. _____ Acres _____ Cu Yds.
 Excavation _____ Sq Ft. _____ Acres _____ Cu Yds.
 Excavation Waterward of MHW _____ cu yds. (Information needed for DNR)

NA c. DER Jurisdictional Area Severed (Area Landward of Fill Structures which will be Severed)
 _____ Sq Ft. _____ Acres

NA d. DER Jurisdictional Area Created (New Excavation from Uplands, Exclusive of Mitigation)
 _____ Sq Ft. _____ Acres

e. Docks, Piers, and Over Water Structures:
 Total Number of Slips _____ Total Number of Mooring Pilings 3 Piling
 Length 30 FEET Width 3.75 FEET Height above MHW 2.5 FEET
 Length _____ Width _____ Height above MHW _____
 Number of Finger Piers _____ Length _____ Width _____ Height _____
 Number of Finger Piers _____ Length _____ Width _____ Height _____
 Total area of structure over waters & wetlands 105 SQ FT. 103 sq ft as per conversation w/ agent
 Use of structure DOCK FOR 20 FOOT PLEASURE CRAFT.

	No	Yes	Number
Will the docking facility provide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Liveboard Slips	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fueling Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sewage Pump-out Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Other Supplies or Services Required for Boating (Excluding refreshments, bart and tackle)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

f Seawall length _____ ft. Seawall material _____
 Riprap revetment length _____ ft. Slope $\frac{H}{V}$ _____
 Riprap at toe of seawall length _____ ft. Slope $\frac{H}{V}$ _____
 Size of riprap _____
 Type of riprap or seawall material _____
 g Other (See Item 10)

FLORIDA
DEPARTMENT OF ENVIRONMENTAL
REGULATION
EXEMPT

PURSUANT TO FACR 17-312.050 (1)(d)
 DATE MAR 05 1991
 SIGNATURE Tom Franklin



DEPARTMENT OF THE ARMY
MIAMI FIELD OFFICE, 8410 NW 53RD TERRACE MONTEREY BLDG , SUITE 225
MIAMI, FLORIDA 33166-4565

March 8, 1991

REPLY TO
ATTENTION OF

Miami Regulatory
Field Office
199130207 (LF-NW)

James William Bew
c/o Plaza Marine Construction
1200 S.E. Cutoff Road
Stuart, Florida 34994

Dear Mr. Bew:

Reference is made to your permit application concerning construction of a dock and 3 pilings in Captains' Cove off Indian River in Martin County.

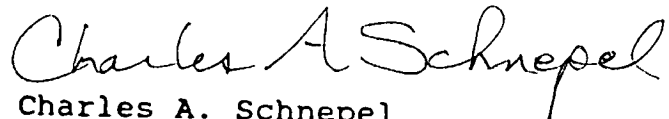
Your proposal is authorized by a nationwide permit in accordance with the enclosed copy of our regulations as stated in 33 CFR Part 330.5(a)(2). This verification will be valid until the nationwide permit is modified, reissued, or revoked. All the nationwide permits are scheduled to be modified, reissued, or revoked prior to January 13, 1992. It is incumbent upon you to remain informed of changes to the nationwide permits. We will issue a public notice announcing the changes when they occur. Furthermore, if you commence or are under contract to commence this activity before the date the nationwide permit is modified or revoked, you will have twelve months from the date of the modification or revocation to complete the activity under the present terms and conditions of this nationwide permit.

A separate Department of the Army permit is not required providing the work is done in accordance with the enclosed drawings/information submitted, the conditions listed in 33 CFR 330.5(b)(1-14), and the following conditions: Activities authorized by a Nationwide Permit may be initiated only after the State permit/certification pursuant to Chapters 253 and 403 of Florida Statutes and concurrence with coastal zone consistency pursuant to 15 CFR 930, if applicable, has been granted by the State of Florida. The State shall not be deemed to waive its right to certify any activity proposed under Corps Nationwide Permits for failure to issue a State permit or certification within 60 days of application to the State. Waivers shall only be effective when specifically exercised by the State.

This letter does not give absolute authority to perform the work as specified on your application. The proposed work may be subject to local building restrictions mandated by the National Flood Insurance Program. You should contact your local office that issues building permits to determine if your site is located in a flood-prone or floodway area, and if you must comply with the local building requirements mandated by the National Flood Insurance Program. If the local office cannot provide you the necessary information, you may provide this office a letter with a small scale map showing the location of the site, requesting a flood-hazard evaluation of the site. The request should be addressed to the Chief, Flood Control and Floodplain Management Branch, Jacksonville District, U.S. Army Corps of Engineers, P.O. Box 4970, Jacksonville, Florida 32232-0019. This letter of authorization does not obviate the necessity to obtain any other Federal, State, and local permits which may be necessary for your proposed work. You should check State permitting requirements with the Florida Department of Environmental Regulation. A list of addresses of the appropriate State office is enclosed for your information and use.

Thank you for your cooperation with our permit program.

Sincerely,



Charles A. Schnepel
Chief, Regulatory Section
Miami

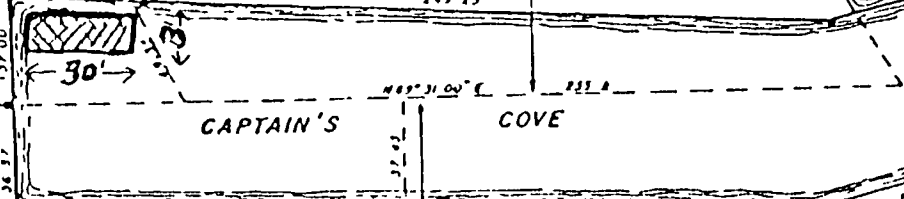
DF. Dold

88 N SEWALLS PT RD
STUART, FL. 34496

NOT INCLUDED
O R BOOK 130 PAGE 103

J.W. BEW
(APPLICANT)
LOT
86 N. SEWALLS PT RD
STUART, FL 34496

Excavation
Deck SITE



ROBERT & HAZEL YAHN
84 N SEWALLS PT RD
STUART, FL 34496
Helen Dana

Helen Dana - OWNER

VACANT LOT.
82 N SEWALLS PT RD
STUART, FL. 34496

SCALE 1" = 40'

- - CONCRETE MONUMENT
- - IRON PIPE

SOUTH LINE OF GOVT LOT 2, SECTION 35

TOWNSHIP 37 SOUTH RANGE 41 EAST

N89°31'00"E

STATE OF FLORIDA SS
COUNTY OF MARTIN

CERTIFICATE

I HEREBY CERTIFY THAT THE PLAT SHOWN ABOVE IS A TRUE REPRESENTATION OF A SURVEY MADE UNDER MY DIRECTION AND THAT SAID SURVEY IS ACCURATE TO THE BEST KNOWLEDGE AND BELIEF AND THAT PERMANENT REFERENCE MONUMENTS HAVE BEEN PLACED AS REQUIRED BY LAW

D P DeBerry
D P DEBERRY REGISTERED LAND SURVEYOR
FLORIDA CERTIFICATE NO 1448

THIS 15TH DAY OF November A D 1967, AT STUART, FLORIDA

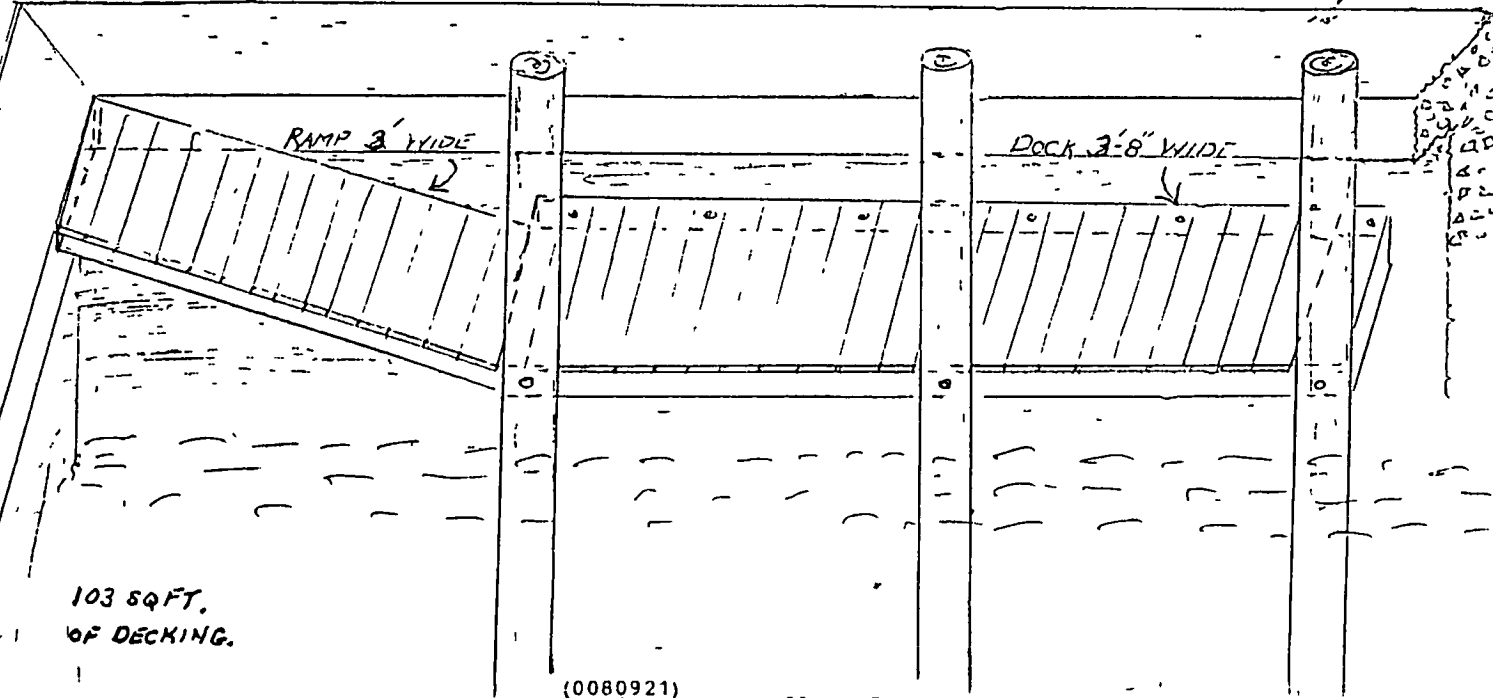
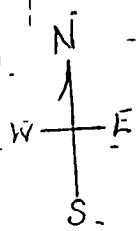
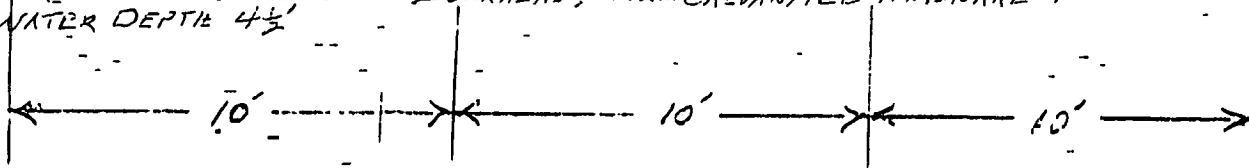
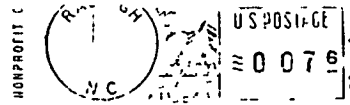
(4' ABOVE AND 4' BELOW AVG. WATER LEVEL)

DOCK TO BE 2' BELOW TOP OF BULKHEAD.

PILING TO BE ~~LEVEL WITH~~ ^{2' ABOVE} TOP OF BULKHEAD (4' HIGHER THAN DOCK DECKING)

STRINGER TO BE BOLTED TO BULKHEAD, ALL GALVANIZED HARDWARE.

AVG. WATER DEPTH 4 1/2'



RAMP 3' WIDE

DOCK 3'-8" WIDE

103 SQFT.
OF DECKING.

(0080921)
Mr. & Mrs. J. William Bew
86 N. Sewalls Point Rd
Stuart, FL 34996
PHONE 407-220-9132

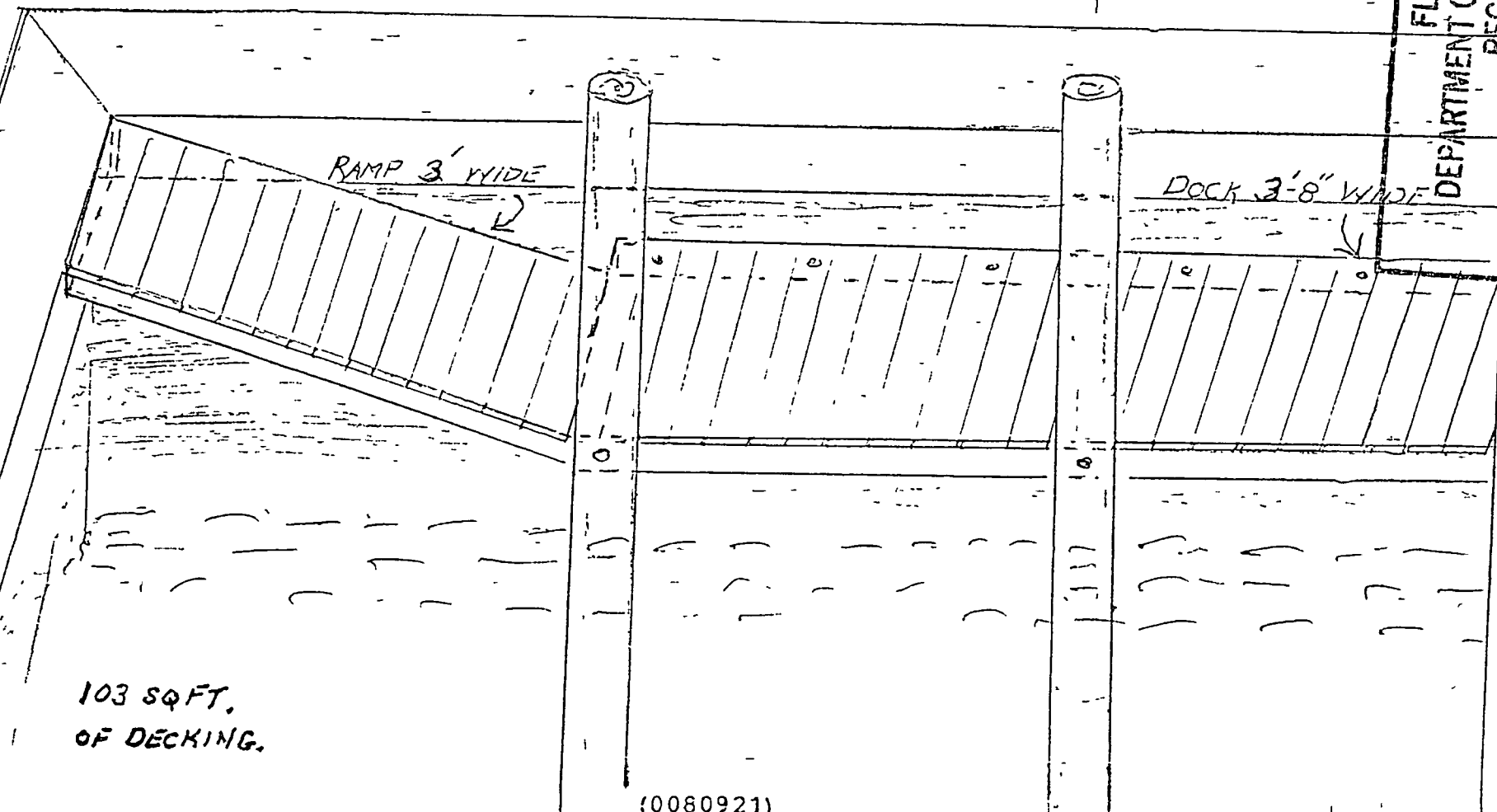
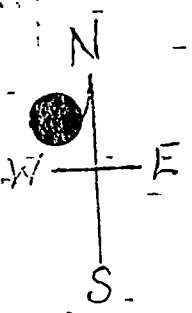
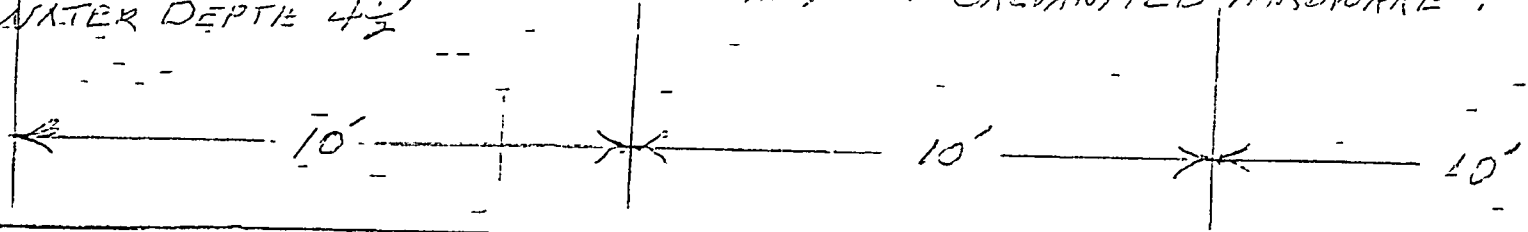
S. J. Amico P.E.
8-26-91

AN 8 CONCRETE BULKHEAD IS IN PLACE.-(ON MY PROPERTY)
(4' ABOVE AND 4' BELOW AVG. WATER LEVEL)

DOCK TO BE 2' BELOW TOP OF BULKHEAD.

PIILING TO BE ~~LEVEL WITH~~ ^{2' ABOVE} TOP OF BULKHEAD. (4' HIGHER THAN DOCK DECKING)

STRINGER TO BE BOLTED TO BULKHEAD, ALL GALVANIZED HARDWARE.
AVG. WATER DEPTH 4 1/2'



103 SQFT.
OF DECKING.

(0080921)
Mr. & Mrs. J. William Bew
86 N. Sewalls Point Rd
Stuart, FL 34996
PHONE 407-220-9152

NONPROFIT ORG

RALEIGH NC

FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
EXEMPT

PURSUANT TO FACR 17-310.050(1)(d)
DATE: MAR 05 1999

SIGNATURE: Jim Frankler

US POSTAGE

6365

STORM SHUTTERS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/7/03

BUILDING PERMIT NO. 6365

Building to be erected for BEW

Type of Permit ACCORDIAN STORM SHUTTERS

Applied for by BANNER ALUMINUM

(Contractor) 9.60 x 7000/1000 = 67.20
Building Fee

Subdivision CAPTAIN'S COVE Lot 1 Block _____

Radon Fee _____

Address 86 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number.

Electrical Fee _____

3537410010000001090000

Plumbing Fee _____

Roofing Fee _____

Amount Paid 67.20 Check # 7069 Cash _____ Other Fees (_____)

Total Construction Cost \$ 7000.00

TOTAL Fees 67.20

Signed Helena O. Dufais
Applicant

Signed Gene Simmons (B.S.)
Town Building Official

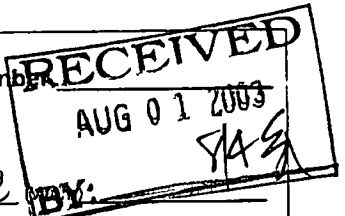
PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input checked="" 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 _____ |

Permit Number



Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME WILLIAM BEW Phone (Home) 220-9132

Job Site Address 86 N SEWALLS PT DR City STUART State FL Zip 34996

Legal Description of Property CAPTAINS COVE LOT 1343 Parcel Number 35-37-41-001-000-00010:9

Ownr Address (if different) SAME City STUART State FL Zip 34996

Description of Work To Be Done INSTALL ACCORDIAN TYPE HURRICANE SHUTTERS

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

CONTRACTOR/Company Name BANNER ALUMINUM Phone Number 772-466-7210

Street 504 S 33 RD ST City FT PIERCE State FL Zip 34947

State Registration Number State Certification Number Martin County License Number SP02469

COST AND VALUES Estimated Cost of Construction or Improvements \$ 7000.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION

Electrical Mechanical Plumbing Roofing State License Number

ARCHITECT Phone Number City State Zip

ENGINEER KNEZEVICH & ASSO'S Phone Number (954) 677-9500 Street 1260 N UNIVERSITY DR SUITE 180 City FT LAUDERDALE State FL Zip 33322

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

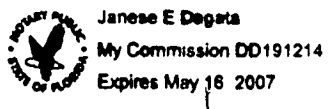
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION National Electrical Code 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001 Florida Energy Code 2001 Florida Accessibility Code 2001

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) [Signature] State of Florida County of MARTIN This the 29TH day of JULY 2003 by WILLIAM BEW (who is personally known to me or produced as identification) [Signature] Notary Public My Commission Expires Seal

CONTRACTOR SIGNATURE (required) [Signature] On State of Florida, County of MARTIN This the 29TH day of JULY 2003 by DAVID LOPER (who is personally known to me or produced as identification) [Signature] Notary Public My Commission Expires Seal

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



NOTICE OF COMMENCEMENT

Permit No _____
State Of FL

Tax ID No 35-37-41-001-000-00016-9
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 CAPTAINS COVE
LOT 1 OR 343/1328

General description of improvements INSTALL HURRICANE SHUTTERS
Owner WILLIAM BEW
Address 86 N SEWALLS PT DR. STUART FL 34996
Owner's interest in site of improvement FREE SIMPLE

Fee Simple Title holder (if other than owner) _____

Address _____

Contractor BANNER ALUMINUM Phone# 466-7210
Address 504 S. 33RD ST FT PIERCE FL 34947 Fax# 466-1427

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

Lender _____ Phone# _____
Address _____ Fax# _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713 13 (1) (a) 7 , Florida Statutes

Name _____ Phone# _____
Address _____ Fax# _____

In addition to himself, owner designates DAVIDN LOPER of BANNER ALUMINUM (Phone# 466-7210 Fax# 466-1427) 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 is one year from the date of recording unless a different date is specified _____

William Bew
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF MARTIN
Sworn to and subscribed before me this 29TH day of JULY, 2003, by WILLIAM BEW, who is personally known to me or who has produced _____ as identification



Janese E Dagata (seal)
My Commission DD191214
Expires May 16, 2007

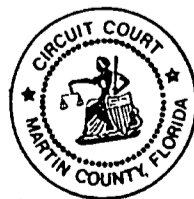
Janese E Dagata
SIGNATURE OF NOTARY
JANESE E DAGATA
TYPE OR PRINT NAME OF NOTARY
NOTARY PUBLIC TITLE
COMMISSION NUMBER

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 Janese E Dagata
DATE 8-1-03



PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR HURRICANE SHUTTERS

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

Application form must contain the following information:

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

Submittals (2 copies)


- 1 Window design pressures for site specific conditions
- 2 Product approvals from Miami/Dade for the following items
 - a Hurricane Shutters
- 3 Statement of Fact (owner/builder affidavit)
- 4 Proof of ownership (deed or tax recpt)
- 5 Manufactures specifications or shop drawings for hurricane shutters with highlighted areas of specific installation connectors and tracks (one copy signed and sealed)
- 6 A certified copy of the Notice of Commencement for any work over \$2500 00
- 7 Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
- 8 Copy of Workmen's Compensation
- 9 Copy of Liability Insurance

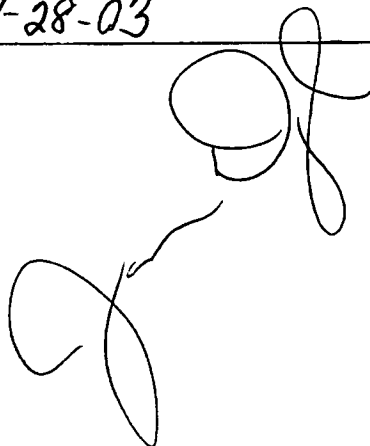
ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE



 (SIGNATURE OF APPLICANT)

DATE SUBMITTED: 7-28-03

 Janese E Dagata
 My Commission DD191214
 Expires May 16, 2007



ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
DEC 3 02

PRODUCER
SID BANACK INSURANCE AGENCY
2045 14TH AVE
P O BOX 130
VERO BEACH FL 32961
PHONE 772-562-3369

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 AUTO OWNERS INSURANCE CO
COMPANY B OWNERS INSURANCE CO
COMPANY C AUTO OWNERS INSURANCE CO
COMPANY D
COMPANY E

RECEIVED
DEC 06 2002
BY: _____

INSURED
BANNER ALUMINUM INC, BANNER EXTERIORS, INC
504 SOUTH 33RD STREET
FT PIERCE FL 34947

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	912312-2002B303-02	DEC 1 02	DEC 1 03	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any One Fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any One Person) \$ 10,000
					PERSONAL & ADV INJURY \$ 500,000
					GENERAL AGGREGATE \$ 500,000
					PRODUCTS-COMP/OP AGG \$ 500,000
B	GEN'L AGGREGATE LIMIT APPLIES PER				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY	95-424-573-00	DEC 1 02	DEC 1 03	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 \$				
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
C	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
A	EXCESS LIABILITY	95-424-573-01	DEC 1 02	DEC 1 03	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
	<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 \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

ADDITIONAL INSURED, INSURER LETTER

CANCELLATION

TOWN OF SEWALL POINT
1 S SEWALL'S POINT RD
SEWALLS POINT FL 34996

Attention FAX 772-220-4765

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY 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 IT S AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Michael W Harris



ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 03/29/2002
PRODUCER USI Northeast 555 Pleasantville Rd. Ste 201 N Briarcliff Manor NY 10510	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 Twin City Fire Insurance Company		
COMPANY B		
COMPANY C		
COMPANY D		
INSURED Strategic Outsourcing, Inc. PO Box 241448 Charlotte NC 28224 800-572-2412-7020		

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

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPER <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY				BODILY INJURY OCC \$ BODILY INJURY AGG \$ PROPERTY DAMAGE OCC \$ PROPERTY DAMAGE AGG \$ BI & PD COMBINED OCC \$ BI & PD COMBINED AGG \$ PERSONAL INJURY AGG \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (Private Passg) <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> PROPRIETARY PARTNERS/SELF-CATIVE OFFICERS ARE	16M0070500	03/01/2003	03/01/2004	<input checked="" type="checkbox"/> WC BY STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Banner Exteriors, Inc. aka Banner Aluminum, Inc 504 S. 33rd Street Fort Pierce, FL 34947	Limited to Employees Leased to Banner Exteriors, Inc aka Banner Aluminum, Inc by SOI attn Janese Degata
--	--

CERTIFICATE HOLDER  Banner Aluminum Inc 3902-1/2 Enterprise Road Ft. Pierce FL 34960	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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 
--	---

RECEIVED
OCT 29 2002
BY: _____



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency
License: SP02469
Expires September 30, 2003

LOPER, DAVID N
BANNER ALUMINUM INC
504 S 33 ST
FT PIERCE, FL 34947
ALUMINUM/CONCRETE CONTRACTOR

SBCCI®

PST & ESI®

SBCCI PUBLIC SAFETY TESTING AND EVALUATION SERVICES INC.

900 Montclair Road, Suite A; Birmingham, Alabama 35213-1206

www.sbccies.org

a Participating Member of the NES, Inc

Evaluation Reports are the opinion of the Committee on Evaluation, based on the findings, and do not constitute or imply an approval or acceptance by any local community. The Committee, in review of the data submitted, finds that in their opinion the product, material, system, or method of construction specifically identified in this report conforms with or is a suitable alternate to that specified in the Standard and International Codes,

SUBJECT TO THE LIMITATIONS IN THIS REPORT

The Committee on Evaluation has reviewed the data submitted for compliance with the *Standard Building Code*, the *SBCCI Standard for Hurricane Resistant Residential Construction SSTD 10*, the *Florida Building Code-Building*, and the *International One and Two Family Dwelling Code* and submits to the Building Official or other authority having jurisdiction the following report. The Committee on Evaluation, SBCCI PST & ESI and its staff are not responsible for any errors or omissions to any documents, calculations, drawings, specifications, tests or summaries prepared and submitted by the design professional or preparer of record that are listed in the Substantiating Data Section of this report. Portions of this report were previously included in Evaluation Report #2110. Copyrighted © 2003 SBCCI PST & ESI

REPORT NO 2304

EXPIRES See current SBCCI PST & ESI EVALUATION REPORT LISTING

CATEGORY DOORS AND WINDOWS

SUBMITTED BY

TOWN AND COUNTRY INDUSTRIES, INC
400 WEST McNAB ROAD
FORT LAUDERDALE, FLORIDA 33309

1 PRODUCT TRADE NAME

- 1 1 0 040 Storm Panel
- 1 2 0 050 Storm Panel
- 1 3 0 060 Storm Panel
- 1 4 ~~6 1/8" Accordion Shutter~~
- 1 5 HR Accordion Shutter
- 1 6 Super 50 Roll-Up Shutter
- 1 7 0 0232" Steel Storm Panels
- 1 8 0 0285" Steel Storm Panels
- 1 9 0 085 Clear Polycarbonate Storm Panel

2 SCOPE OF EVALUATION

- 2 1 Impact Resistance under SSTD 12-99
- 2 2 Structural - Transverse Wind Loads

3 USES

Town and Country Storm Panels and Shutters are used to protect glazed openings and doorways from windborne debris.

4 DESCRIPTION

4 1 General - Models

4 1 1 0 040 Storm Panel

The panel is 0 040 inch (1 0 mm) thick corrugated aluminum alloy sections conforming with 3004-H34 Aluminum Alloy with a minimum yield strength of 25 ksi (172 MPa). The full panels are 14 375 inches (365 mm) wide and 2 inches (51 mm) deep. Half panels 8 332 inches (212 mm) wide and 2 inches (51 mm) deep are also available. Panels are overlapped for unlimited width openings. Extrusions for mounting panels are 6063-T6 aluminum alloy. Mounting extrusions are "h" header, "U" Header, Build-Out "U" Header, Stud Angle, Angle, C-Track, Build-Out F-Track, "F" Track, and "F" Angle-Track. See Tables 1 and 2 of this report for allowable loads and maximum and minimum spans.

4 1 2 0 050 Storm Panel

The panel is 0 050 inch (1 3 mm) thick corrugated aluminum alloy sections conforming with 5052-H32 Aluminum Alloy with a minimum yield strength of 23 ksi (159 MPa). The full panels are 14 375 inches (365 mm) wide and 2 inches (51 mm) deep. Half panels 8 332 inches (212 mm) wide and 2 inches (51 mm) deep are also available. Panels are overlapped for unlimited width openings. Extrusions for mounting panels are 6063-T6 aluminum alloy. Mounting extrusions are "h" header, "U" Header, Build-Out "U" Header, Stud Angle, Angle, C-Track, Build-Out F-Track, "F" Track, and "F" Angle-Track. See Tables 1 and 2 of this report for allowable loads and maximum and minimum spans.

4 1 3 The 0 060 Storm Panel

The panel is 0 060 inch (1 5 mm) thick corrugated aluminum alloy sections conforming with 3004-H34 Aluminum Alloy with a minimum yield strength of 25 ksi (172 MPa).

The full panels are 14 375 inches (365 mm) wide and 2 inches (51 mm) deep Half panels 8 332 inches (212 mm) wide and 2 inches (51 mm) deep are also available Panels are overlapped for unlimited width openings Extrusions for mounting panels are 6063-T6 aluminum alloy Mounting extrusions are "h" header, "U" Header, Build-Out "U" Header, Stud Angle, Angle, C-Track, Build-Out F-Track, "F" Track, and "F" Angle-Track See Tables 1 and 2 of this report for Allowable Loads and Maximum and Minimum Spans

~~4 1 4 6 8 Accordion Shutters~~

The 6 8 Accordion Shutters are 6063-T6 Aluminum Alloy Slats with interlocking male and female knuckles The typical slats are 4 603 inches (117 mm) long and 0 054 inch (1 4 mm) thick The alternate slats are 4 510 inches (115 mm) long and 0 054 inches (1 4 mm) thick The coverage of two successive slats when the slats are fully extended is 6 8" (173 mm) Extrusions for mounting the Accordion Shutters are 6063-T6 Aluminum Alloy Mounting Extrusions are Wall Headers, Build out Wall Header, Headers, Wall Sill, Base Sill, and Base Track See Table 3 of this report for Allowable Loads and Maximum Spans

4 1 5 HR Accordion Shutters

The HR Accordion Shutters are 6063-T6 Aluminum Alloy Slats with interlocking male and female knuckles The slats are 4 596 inches (117 mm) long and 0 060 inch (1 5 mm) thick The coverage of two successive slats when the slats are fully extended is 5 62 inches (143 mm) Extrusions for mounting the Accordion Shutters are 6063-T6 Aluminum Alloy Mounting Extrusions are Wall Headers, Headers, Base Sill, and Base Track See Table 3 of this report for Allowable Loads and Maximum Spans

4 1 6 Super 50 Roll-Up Shutters

The Super 50 Roll-Up Shutters are assembled from interlocking Extruded Aluminum Slats The Slats are 6036-T6 Aluminum Alloy with a thickness of 0 054 inches (1 4 mm) and a cross section of 2 410 inches (61 mm) wide by 0 540 inches (14 mm) deep Extrusions for mounting are 6063-T6 Aluminum Alloy The shutter is rolled up into a cover at the top of the opening when not in use See Table 4 of this report for Allowable Loads and Maximum Spans

4 1 7 0 0232" Steel Storm Panel

The 0 0232" steel storm panels are bare metal thickness of 0 0232 inch (0 6 mm) corrugated steel sections conforming with ASTM A 653 SS Grade 40 with a minimum yield strength of 33 ksi (228 MPa) and galvanized under ASTM A G 60 The full panels are 14 375 inches (365 mm) wide and 2 inches (51 mm) deep Panels are overlapped for unlimited width openings They are mounted directly to the wall or by the use of mounting extrusions Extrusions for mounting panels are 6063-T6 aluminum alloy Mounting extrusions are "h" Header, "U" Header, Build-out "U" Header, Stud Angle, Angle, C-Track, Build-out F-Track, "F" Track, "F" Angle-Track See Tables 1 and 5 of this report for minimum allowable panel lengths and allowable loads

4 1 8 0 0285" Steel Storm Panel

The 0 0285" steel storm panels are bare metal thickness of 0 0285 0 0478 inch (0 7 mm) corrugated steel sections conforming with ASTM A 653 SS Grade 33 with a minimum yield strength of 33 ksi (228 MPa) and galvanized under ASTM A G 60 The full panels are 14 375 inches (365 mm) wide and 2 inches (51 mm) deep Panels are overlapped for unlimited width openings They are mounted directly to the wall or by the use of mounting extrusions Extrusions for mounting panels are 6063-T6 aluminum alloy Mounting extrusions are "h" Header, "U" Header, Build-out "U" Header, Stud Angle, Angle, C-Track, Build-out F-Track, "F" Track, "F" Angle-Track See Tables 1 and 5 of this report for minimum allowable panel lengths and allowable loads

4 1 9 0 085 Clear Polycarbonate Storm Panel

The clear polycarbonate storm panels are used in conjunction with the aluminum storm panels The panels are 0 085 inches (2 mm) thick, 8 inches (203 mm) wide, and 2 inches (51 mm) deep Panels are fabricated from Sheffield Plastic's HYZOD (SBCCI PST & ESI 9564D) A minimum of one full width aluminum panel is required to be installed immediately adjacent to each side of the polycarbonate panel See Tables 1 and 6 of this report for minimum allowable panel lengths and allowable loads

4 2 Large Missile Impact Resistance under SSTD 12

The Town and Country Storm Panels and Shutters were tested for large missile impact resistance under SSTD 12 using 9 foot (2 7 m) long 9 pound (4 kg) projectiles traveling 50 feet (15 m) per second The panels tested passed the large missile impact test The panels listed in this report may be used to protect glazed openings and doorways from windborne debris in any wind zone region

5 INSTALLATION

The manufacturer's published installation instructions and this report shall be strictly adhered to and a copy of these instructions shall be available at all times on the job site during installation The instructions within this report govern if there are any conflicts between the manufacturer's instructions and this report

BANNER ALUMINUM

TYPE CONSTRUCTION FRAME

HOMEOWNERS NAME

M/M WM. BEW

BLDG HEIGHT 0-30 0-15

EXPOSURE B C

VEL PRESSURE 57.3

130/140 140

ADDRESS OF JOB

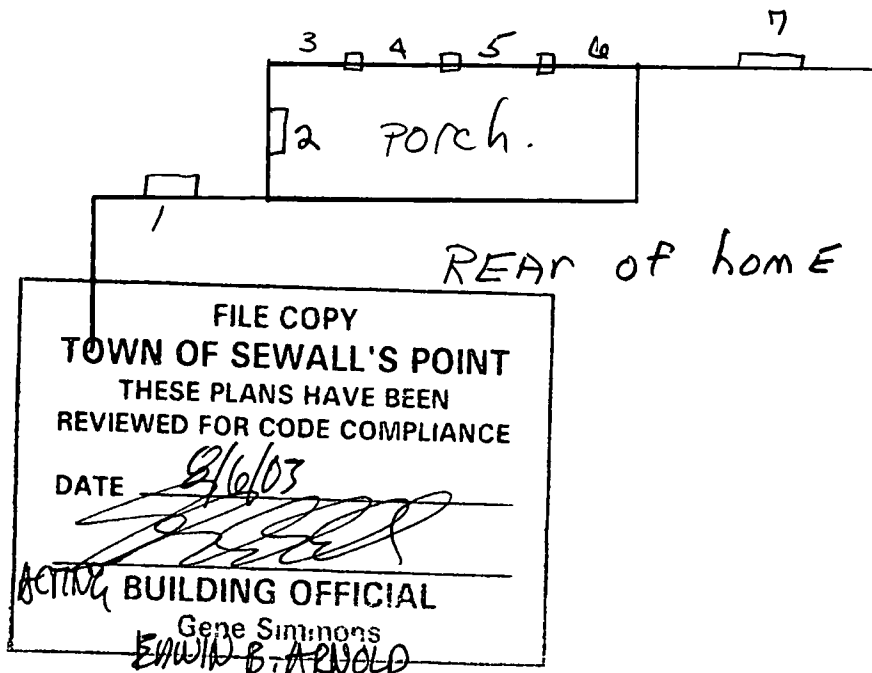
86 N SEWALLS PT RD.

CITY

STUART

OPENING	OPENING SZ	PNL OR ACC	ANCHOR	SPACING	ZONE	SHUTTER SPAN	INSTALL DTL	NOTES
1		ACC	wood LAG	18"	EXT	65	C-2	$W = 36.7$ $\times 1.40 \text{ Adj for "C"}$ $51.3 = \text{Limit HEIGHT}$
2		"	"	"	"	99	"	
3	132	"	"	"	"	99	"	
4	132	"	"	"	"	99	"	
5	132	"	"	"	"	99	"	
6	132	"	"	"	"	99	"	
7		"	"	"	"	65	"	
8								
9								
10								
11								
12								
13								
14								
15								

INSTALL ACCORDIAN STORM PROTECTION



FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 2/6/03

 ACTING BUILDING OFFICIAL
 Gene Simmons
 EDWIN B. ARNOLD

NORTH

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS Pg 1

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
7158	Robinson	164 Madison	Retire Deck system	
6323	Brown	7 Fieldway Dr	Solar pool heater	JM 12/28/07 ✓
6868	Heck	28 Fieldway Dr	Fence driveway - fence	JM 12/28/07 ✓
6939	Foote	22 N Sewalls Pt	Deck repair	
7023	Dee	26 N Sewalls Pt	Roof shingle repair	
7001	Motley	34 N Sewalls Pt	Fence, repair	JM 12/28/07 ✓
7001	Motley	34 N. Sewalls Pt	Repair dock & seawall	JM 12/28/07 ✓
7071	Sparks	200 N. Sewalls Pt	Fence repair	
6997	Donelson	35 N. River Rd	Deck floor board repair	
7417	Young	40 N. River Rd	Fence, repair	JM 12/28 ✓
6569	Young	40 N. River Rd	Fill for landscaping	JM 12/28 ✓
7018	Koch	71 N. River Rd	Repair dock	WORK NOT DONE
7038	Stanford	73 N. River Rd	Fence, repair	JM 12/31/07
6364	Hanan	84 N. Sewalls Pt	Accordion shutters	JM 12/31/07
6365	Bew	86 N. Sewalls Pt	Accordion shutters	JM 12/31/07
8051	Bessemer	116 N. Sewalls Pt	Pool Enclosure	JM 12/31/07
6187	Ballard	2 Palm Ct	Fence	JM 12/28 ✓
6387	Ballard	2 Palm Ct	Fence	JM 12/28 ✓

6921

DRYWALL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/8/04

BUILDING PERMIT NO. 6921

Building to be erected for BEW

Type of Permit REPAIR DRYWALL

Applied for by WALTER M WHITE CONSTR. CO (Contractor)

Building Fee _____

Subdivision CAPTAIN'S COVE Lot 1 Block _____

Radon Fee _____

Address 86 N. SEWALL'S POINT RD

Impact Fee N/C

Type of structure _____

A/C Fee HURRICANE DAMAGE

Parcel Control Number
3537410010000001090000

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ 6000.00

TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
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 | _____ |

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date 10/5/04 Permit Number _____

OWNER/TITLEHOLDER NAME William Bew Phone (Day) 220-9332 (Fax) _____

Job Site Address 86 N. Sewall's Point Rd. City Stuart State FL Zip 34986

Legal Desc Property (Subd/Lot/Block) #1 CAPTAINS COVE Parcel Number _____

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

Description of Work To Be Done hurricane repair (remove & replace drywall insulation)

WILL OWNER BE THE CONTRACTOR?

YES NO

COST AND VALUES

Estimated Cost of Construction or improvement 6000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement 75000

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

Method of Determining Fair Market Value real estate comps

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

(If yes Owner Builder Affidavit must accompany application)

CONTRACTOR/Company Walter M. White Const. Co. Phone 334-5819 Fax 334-3757

Street 3920 N.E. Sugarhill Dr. City Jensen Beach State FL Zip 34957

State Registration Number _____ State Certification Number 660774 Martin County License Number _____

SUBCONTRACTOR INFORMATION

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living 2800 Garage 1600 Covered Patios _____ Screened Porch _____
Carport _____ Total Under Roof 4400 Wood Deck _____ Accessory Building _____

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

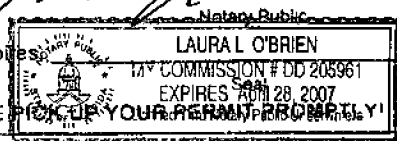
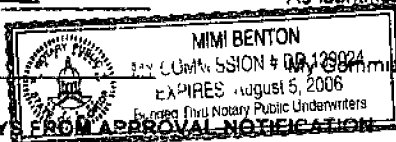
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001
National Electrical Code 2002 Florida Energy Code 2001 Florida Accessibility Code 2001

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

OWNER OR AGENT SIGNATURE (required)
William Bew
State of Florida, County of Martin
This the 5th day of OCTOBER, 2004
by J. WILLIAM BEW, OWNER who is personally known to me or produced DRIVERS LICENSE as identification William Bew

CONTRACTOR SIGNATURE (required)
Walter M. White
On State of Florida, County of MARTIN
This the 7th day of OCTOBER, 2004
by WALTER MITCHELL WHITE who is personally known to me or produced FDL W30091356-375-0 as identification Walter M. White

My Commission Expires 8/5/2006
Notary Public



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE MM/DD/YYYY
05/25/2004

PRODUCER (772)567-1188 FAX (772)778-1416
SCHLITT INSURANCE SERVICES INC
1717 INDIAN RIVER BLVD
SUITE 300
VERO BEACH, FL 32960

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 Walter M White Construction Company
3920 NE Sugarhill Ave
Jensen Beach, FL 34957

INSURERS AFFORDING COVERAGE	NAIC #
Mid-Continent Casualty Company	

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 ADDL POLY INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	04GL000535073	01/16/2004	01/16/2005	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 100,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY				\$ excluded
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				\$ 1,000,000
	<input type="checkbox"/> CONTRACTORS POLLUTANTS LIABILITY				\$ 2,000,000
					\$ 2,000,000
	AUTOMOBILE LIABILITY				
	GARAGE LIABILITY				
	EXCESS UMBRELLA LIABILITY				
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ACCORD BY ENDORSEMENT, SPECIAL PROVISIONS

CERTIFICATE HOLDER

Martin County Building Dept
2401 SE Monterey Street
Stuart, FL 34996

CANCELLATION

IF SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, HEREIN THE ASSURED 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 ON ANY AND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jeffrey Schlitt CPCU/LAR

Jeffrey M. Schlitt

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	01/06/2003	EXPIRATION DATE	01/05/2005
PERSON	WHITE	WALTER	M
SSN	267-80-1598		
FEIN	592055666		
BUSINESS	WHITE WALTER M CONSTRUCTION CO INC 3920 NE SUGARHILL AVE JENSEN BEACH FL 34957		

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 FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION		F O L D H E R E	NOTE Pursuant to chapter 440 10(1),(g),2, F S , a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440
CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW			
EFFECTIVE	01/06/2003		
EXPIRATION	01/05/2005		
PERSON	WHITE WALTER		
SSN	267-80-1598		
FEIN	592055666		
BUSINESS	WHITE WALTER M CONSTRUCTION CO 3920 NE SUGARHILL AVE JENSEN BEACH FL 34957		

CUT HERE

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

AC# 1454283

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04061700966

DATE	BATCH NUMBER	LICENSE NBR
06/17/2004	030731733	CGC017774

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



WHITE, WALTER M
 WALTER M WHITE CONSTRUCTION COMPANY
 3920 NE SUGARHILL AVE
 JENSEN BEACH FL 34957

JEB BUSH
 GOVERNOR

DIANE CARR
 SECRETARY

DISPLAY AS REQUIRED BY LAW

**2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

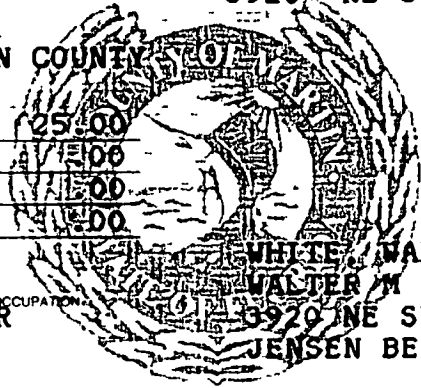
LICENSE 1996-513-018 CERT _____

PHONE (561)334-5819 SIC NO 001521

LOCATION _____
3920 NE SUGARHILL AVE MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR \$	<u>.00</u>	LIC FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL		<u>25.00</u>	



**WALTER M
WALTER M WHITE CONSTRUCITON CO
3920 NE SUGARHILL AVE
JENSEN BEACH FL 34957**

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERT. GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

15 DAY OF SEPTEMBER 2004
AND ENDING SEPTEMBER 30, 2005

12 04091401 001756

**CIUFO & SONS ELECTRIC, INC.
1861 SW BILTMORE ST.
PORT ST. LUCIE, FLORIDA
34984
772-878-6753**

FILE

To Whom It May Concern

Replaced receptacles on lower bedroom and raised 2 feet from the floor Also moved television and phone jack 2 feet from the floor. Found no damaged wire in bedroom. Left wall open to dry out and then to be drywalled.

William Bew Residence
86 N. Sewalls Pt. Rd.
Sewalls Pt. , Florida

Thank you,

Gerard F Ciuffo

Gerard F Ciuffo

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

November 30, 2004

Job No 04 1979

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

Attention Gene Simmons, CBO
Building Official

Subject BILL BEW RESIDENCE
86 NORTH SEWALL'S POINT ROAD
HURRICANE DAMAGE

Dear Gene

At the request of Walter White, General Contractor, I have inspected the single family residence referenced above

The subject residence experienced the storm surge during the recent hurricanes. The building is a wood frame structure with a garage and non-living space on the ground level

There is evidence of the water intrusion in the garage area. however, there is no structural damage as a result of the hurricanes

This building was designed and constructed to have frangible walls that are intended to fail when subjected to severe storm forces. The walls did not fail which indicates that the storm surge was not severe

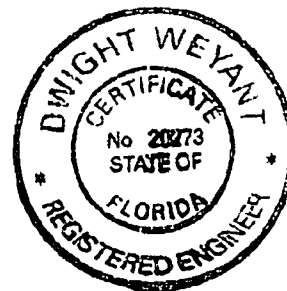
Based upon my inspection, I herein report that the structural integrity and serviceability of the wood framing and their metal connectors are undamaged and will function as initially intended. No repair or replacement is required as a result of the hurricane storms

CERTIFIED THIS 30TH DAY OF NOVEMBER 2004

WEYANT ENGINEERING, INC

Dwight R. Weyant

Dwight R. Weyant, P E
Principal Structural Engineer





TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS 86 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.

PRE DRYWALL

NEED LTR FROM ELECTRICAL CONTRACTOR ATTESTING TO SERVICEABILITY OF ELEC. WIRING, JUNCTION BOXES & CIRCUITS

NEED ENGR. LTR ATTESTING TO SERVICEABILITY OF METAL CONNECTIONS & STRUCTURAL INTEGRITY OF WOOD FRAMING ON 1ST LEVEL.

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 10/11

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/11, 2002 Page of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6921	BEN	POE DOWNHILL	FAIL	
2	86 N. SEWALL'S Pt WHITE CONST.			INSPECTOR <i>OM</i>
	MOORE	DG TANK LINES	FAIL	
1	5 Oak Hill GENERAL GAS			#40 FEET INSPECTOR <i>OM</i>
6920	JONAH	SHEATHING	PASS	
4	12 N. SEWALL'S Pt STUART ROOFING			INSPECTOR <i>OM</i>
6919	KIPUNGER	SHEATHING	 	CANCEL - SCHEDULE FOR WED.
5	143 S. RIVER RD STUART ROOFING			INSPECTOR
6861	MARCONI	SHEATHING	PASS	
3	6 MICHAEL ROAD STUART ROOFING			INSPECTOR <i>OM</i>
6	71 S. RIVER DR.	CHECK DOCK FOOTPRINT	OK	INSPECTOR <i>OM</i>
	LOOK AT FENCE BY MAYORS HOUSE	COULD NOT FIND FENCE IN QUESTION -		INSPECTOR
OTHER: BOAT HOUSE FROM AYERS HOUSE COULD NOT ACCESS PROPERTY -				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Dec 6, 2008 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6921	BEN	FINAL REPAIR	PASS	CLOSE
8	86 N. SEWALL'S PT WAIVER WHITE	DRYWALL		INSPECTOR
6741	OSTEEN	GARAGE SLAB	FAIL	
5	1 RIDGEVIEW ANGUS ENTERPRISES			INSPECTOR
6812	MADER	SEPTIC	PASS	
2	106 ABBIE COURT PARADIGM PUMBINA			INSPECTOR
6719	DONAHUE	FOOTING	FAIL	WILL RESCHEDULE
1	163 S. SEWALL'S PT SAMMENS/HAN	BAM? (EARLY PLEASE)		INSPECTOR
6820	AMOS	FINAL DECK/BAU	FAIL	
4	114 S. SEWALL'S PT MASTERPIECE			*7662 (IF WORKING) MANUALLY IF GATE NOT WORKING OPEN INSPECTOR
7070	WINSLOW	FRAMING <small>MISC. BEDRM</small>		
7	10 S. SEWALL'S PT OIB	PL/ELEC/AC	FAIL	INSPECTOR
6847	MCALPIN	FINAL POOR INST.	PASS	CLOSE
3	S PINEAPPLE LA GHOTO			INSPECTOR

OTHER: _____

8066

DRIVEWAY

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/16/06

BUILDING PERMIT NO. 8006

Building to be erected for BEW

Type of Permit PARTIAL DRIVEWAY

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision CAPTAIN'S COVE Lot 1 Block _____

Radon Fee _____

Address 86 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure DRIVE

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number:

3537410010000001090000

Amount Paid 35.00 Check # 1769 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 200.00

TOTAL Fees 35.00

Signed J. Paul Baker
Applicant

Signed Jane Sumner (R)
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
- PAVED DRIVE

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
1/13/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date 1-13-06 Permit Number _____

OWNER/TITLEHOLDER NAME James William Bew Phone (Day) 220-9132 (Fax) _____

Job Site Address 86 N. SEWALLS PT Rd City STUART State FL Zip 34996

Legal Desc Property (Subd/Lot/Block) LOT 1, CAPTAINS COVE Parcel Number PLAT BOOK 4 PAGE 66

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

Description of Work To Be Done EXTENSION OF NEIGHBORS DRIVEWAY APPROX

WILL OWNER BE THE CONTRACTOR?.

YES NO

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

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 2,000.00
(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 _____

CONTRACTOR/Company _____ Phone _____ Fax _____

Street _____ City _____ State _____ Zip _____

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

SUBCONTRACTOR INFORMATION

Electrical _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

ARCHITECT _____ Lic # _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

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

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

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)

James William Bew

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 _____

This the _____ day of _____, 200_____

by _____ who is personally

known to me or produced _____

As identification _____

Notary Public

My Commission Expires _____

Seal

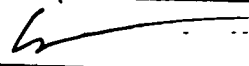
1-13-06

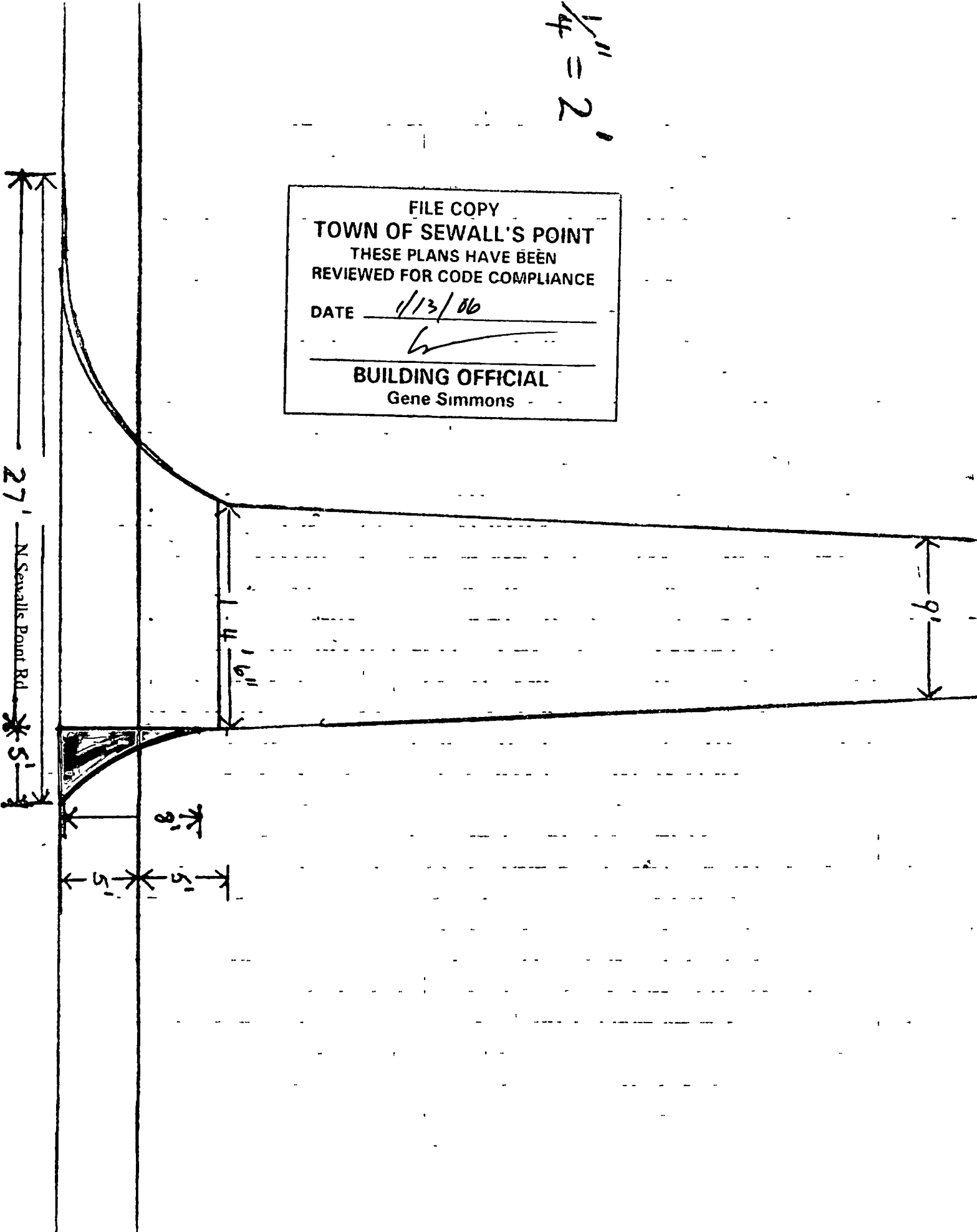
To the Town of Sewall's Point:

I, James William Bew hereby
give my permission to J. ROEL BAKER
to pull my permit for the
installation of his driveway apron
on my property.

James Bew
JAMES WILLIAM BEW

1/4" = 2'

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 1/13/06

BUILDING OFFICIAL
Gene Simmons



27' N Sewalls Point Rd

1.4'
1.6'

9'

8'

5'
5'

WATER METER
SBTR BOX
POWER/POLE

Fd 1" W/Cap
N89°31'00"E
10.94'

Fd 3/4" Iron Pipe
S88°36'30"E
42.00'

Driveway Encroaches 6.87'

10' ASPHALT DRIVE
S82°20'30"E 63.00'

Fd 3/4" Iron Pipe
S85°20'00"E 48.00'

Fd 23.5" SW
OF CORNER POST

FENCE IS 2 3/4" W OF P/L
Fd 4x4 CM 0.06 W

N24°25'00"N 68.30'

N30°57'40"N 78.40'

N30°57'40"N 78.40'

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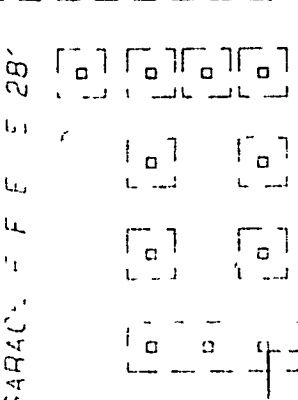
N30°57'40"N 78.40'

N30°57'40"N 78.40'

N30°57'40"N 78.40'

N30°57'40"N 78.40'

APPROX.
24,650 SQ FT
OR Roughly 1/2 ACRE +



ONE STORY WOOD
FRAME BUILDINGS
FIRST FLOOR
E 13'28'
E 28'
GARAGE
E 7'01'
E 18'01'

20' SET BACK

35' SET BACK

10' SET BACK

10' DRAINAGE EASEMENT

10' SET BACK

10' SET BACK

10' SET BACK

10' SET BACK

10' SET BACK

10' SET BACK

PARKING

20' SET BACK

20' SET BACK

20' SET BACK

20' SET BACK

20' SET BACK

20' SET BACK

20' SET BACK

20' SET BACK

20' SET BACK

25' SETBACK

4' SIDEWALK

BM 10.00
NW Cor Seawall
Set. Box Cut

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

FENCE ON P/L

Fd. Box Cut C/L Seawall

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

43.34'

37.87'

60.68'

60.68'

60.68'

60.68'

FENCE IS 10' S
W OF P/L

Fd. Box Cut C/L Seawall

SEAWALL

SEAWALL

SEAWALL

SEAWALL

SEAWALL

Fd. 14x4" 6" Top Brn
BY POLE'S ANCHOR

S89°31'00"N 107.41'

S89°31'00"N 107.41'

S89°31'00"N 107.41'

S89°31'00"N 107.41'

FENCE IS 10' S
W OF P/L

Fd. Box Cut C/L Seawall

SEAWALL

SEAWALL

SEAWALL

FENCE IS 10' S
W OF P/L

Fd. Box Cut C/L Seawall

SEAWALL

SEAWALL

SEAWALL

FENCE IS 10' S
W OF P/L

Fd. Box Cut C/L Seawall

SEAWALL

SEAWALL

SEAWALL

FENCE IS 10' S
W OF P/L

Fd. Box Cut C/L Seawall

SEAWALL

SEAWALL

SEAWALL

FENCE IS 10' S
W OF P/L

Fd. Box Cut C/L Seawall

SEAWALL

SEAWALL

SEAWALL

CAPTAIN

LOT 2

LOT 1

NOT

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7969	SHAFFER	FINAL POOL	PASS	CLOSE
9	36 CASTLEHILL WY			INSPECTOR <i>[Signature]</i>
	A & G POOLS			
8007	BAUER	FINAL DRIVEWAY APRON	PASS	CLOSE
8	88 N SEWALL'S PT			INSPECTOR <i>[Signature]</i>
	O/B	before??		
8048	BAKER	FINAL ROOF	PASS	CLOSE
8	88 N. SEWALL'S PT	(ROOF OVER)		INSPECTOR <i>[Signature]</i>
	O/B			
8006	BEW	FINAL DRIVEWAY APRON	PASS	CLOSE
7	86 N. SEWALL'S PT			INSPECTOR <i>[Signature]</i>
	O/B			
8039	BUSSEY	PAVER POOL DECK +	PASS	CLOSE
5	1 PALMETTO DR	TURF BLOCK DRIVE		INSPECTOR <i>[Signature]</i>
	O/B	mailbox permit box		
	BTRACKEN	CUTTESA	—	NEEDS REDESIGN OF
	4 DELAND	ROOF.		WATER RUNOFF AT
	ALL-AMER			N.W. CORNER INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER: _____

10032

REDECK DOCK



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	10032	DATE ISSUED	MARCH 13, 2012
SCOPE OF WORK	REDECK SECTION OF DOCK		
CONTRACTOR	HARBOR BAY MARINE		
PARCEL CONTROL NUMBER	353741001-000-000109	SUBDIVISION	CAPTAINS COVE - L 1
CONSTRUCTION ADDRESS	86 N SEWALLS PT RD		
OWNER NAME:	BEW		
QUALIFIER	SCOTT SZAFRANSKI	CONTACT PHONE NUMBER	485-2298

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8 00AM TO 4 00PM INSPECTIONS 9 00AM TO 3 00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

Town of Sewall's Point

Date 3-6-12

BUILDING PERMIT APPLICATION

Permit Number 10032

OWNER/TITLEHOLDER NAME Jim Benu Phone (Day) (Fax)

Job Site Address 86 N. Sewall's Point Rd City Sewall's Pt State FL Zip

Legal Description Captain's Cove Lot Lor Parcel Control Number 35-37-41-001-000-00010-9

Owner Address (if different) City State Zip

SCOPE OF WORK (PLEASE BE SPECIFIC) - redock 20' x 3'-8" section of Dock

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO X Has a Zoning Variance ever been granted on this property? YES (YEAR) NO X

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements \$ 1,500 Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY Estimated Fair Market Value prior to improvement \$ PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company Harbor Bay Marine Phone 485-2298 Fax 335-7080

Qualifiers name Scott Szabanski Street 1525 S.E. Cambridge City PSL State FL Zip 34952

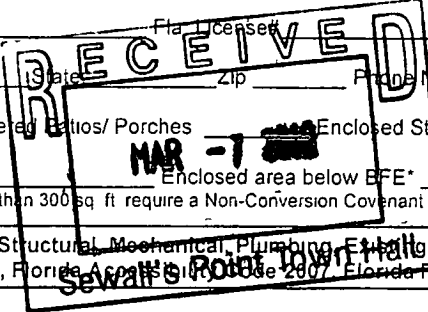
State License Number OR Municipality MARTIN License Number SP02985

LOCAL CONTACT Scott 485-2298 Phone Number 485-2298

DESIGN PROFESSIONAL Street City Phone Number

AREAS SQUARE FOOTAGE Living Garage Covered Patios/ Porches Enclosed Storage Carport Total under Roof Elevated Deck Enclosed area below BFE*

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



NOTICES TO OWNERS AND CONTRACTORS:

- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95
4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID REF FBC 2007 SECT 105 4 1 105 4 11 - 5

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

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

OWNER NOTORIZED SIGNATURE (required proof of commission expires) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) James W Benu State of Florida, County of Martin On This the 7th day of March by James W Benu who is personally known to me or produced by Valerie Meyer As identification Valerie Meyer My Commission Expires

CONTRACTOR NOTORIZED SIGNATURE (required proof of commission expires) Scott Szabanski State of Florida, County of Martin On This the 6 day of Mar by Scott Szabanski who is personally known to me or produced by Valerie Meyer As identification Valerie Meyer 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!

(4' ABOVE AND 4' BELOW AVG. WATER LEVEL)

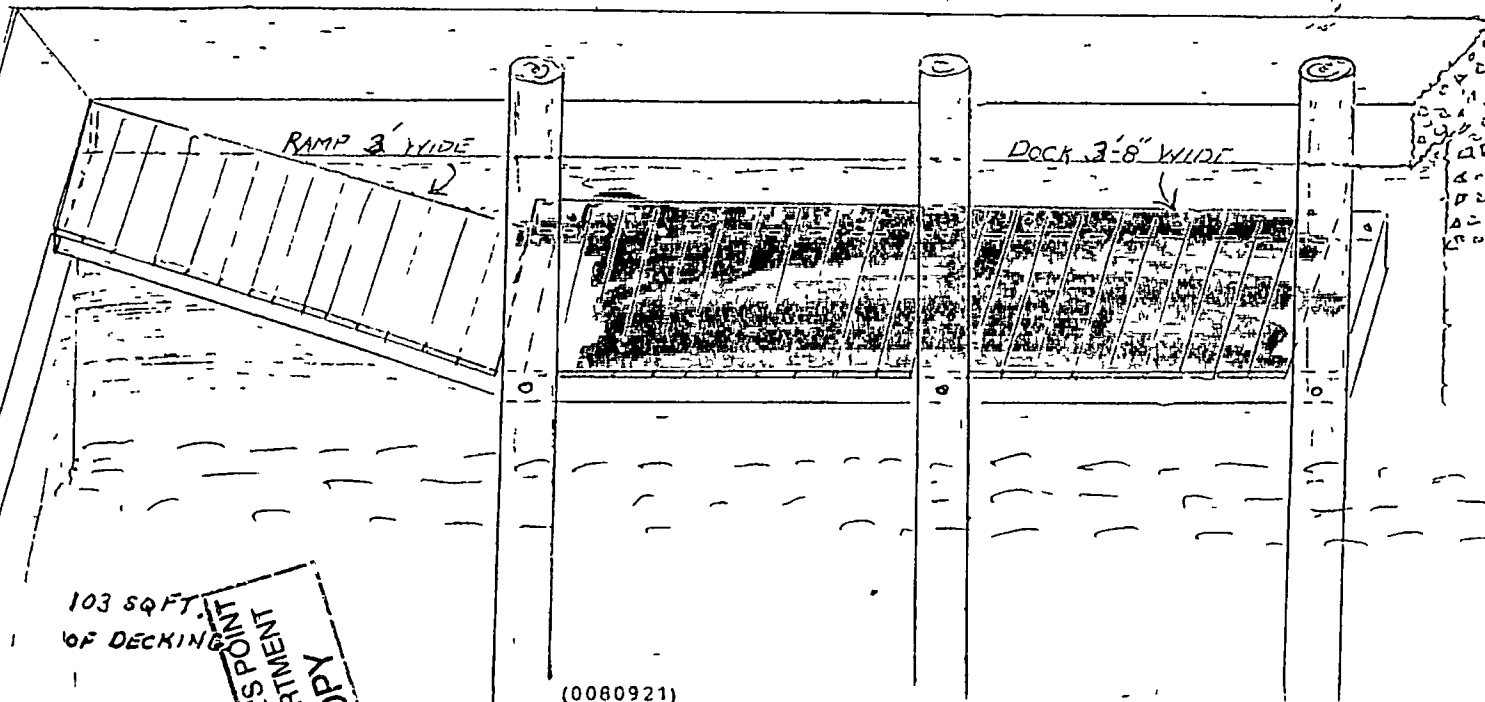
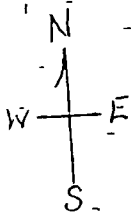
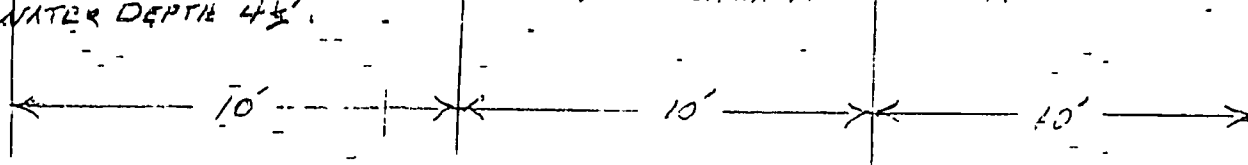
DOCK TO BE 2' BELOW TOP OF BULKHEAD.

PILING TO BE ~~LEVEL WITH~~ ^{2' ABOVE} TOP OF BULKHEAD (4' HIGHER THAN DOCK DECKING)

STRINGER TO BE BOLTED TO BULKHEAD, ALL GALVANIZED HARDWARE.

AVG. WATER DEPTH 4 1/2'.

NONPROFIT
N.C.
03-031010L
110076

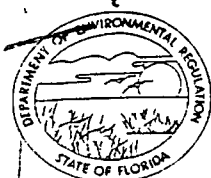


103 SQ FT
OF DECKING

TOWN OF SEWALLS POINT
ENGINEERING DEPARTMENT
FILE COPY

(0080921)
Mr. & Mrs. J. William Bew
86 N. Sewalls Point Rd
Stuart, FL 34996
PHONE 407-220-9152

S. J. Amico P.E.
8-26-91



Florida Department of Environmental Regulation

Twin Towers Office Bldg • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-312.900(1)
Form Title	Joint Ap. for Works in the Waters of Florida
Effective Date	October 10, 1990
DER Application No.	(Filled in by DER)

Joint Application for Works in the Waters of Florida

Department of the Army (Corps)/Florida Department of Environmental Regulation (DER)/
Department of Natural Resources (DNR)/Delegated Water Management District (Delegated WMD), 1301

Type or Print Legibly

Corps Application Number (official use only)	DER Application Number (official use only) 431902598
--	--

1 Applicant's Name and Address

Name JAMES WILLIAM BEW
Last Name First name (if Individual) Corporate Name Name of Govt Agency

Street 186 N. SEWALL'S POINT RD

City STUART, FL. State FLORIDA Zip 34996

Telephone (407) 220-9132 (Day) () SAME (Night)

2 Name, Address, Zip Code, Telephone Number and Title of Applicant's Authorized Agent

Name SALVATORE JULIANO
Last Name First Name

Corporate Name Name of Govt Agency PLAZA MARINE CONSTRUCTION, INC

Street 1700 SE CUTOFF RD

City STUART State FL. Zip 34994

Telephone (407) 220-3625 (Day) (1-800) 834-0789 (Night)

3 Name of Waterway at Work Site CAPTAIN'S COVE OFF INDIAN RIVER (LOT #1)

4 Street Road or Other Location of Work 86 N SEWALLS POINT RD

Incorporated City or Town SEWALLS POINT STUART, FL 34996

Section 35 Township 37 South Range 41 EAST

Section _____ Township _____ Range _____

Section _____ Township _____ Range _____

County(ies) MARTIN

Coordinates in Center of Project

Latitude _____ Longitude _____

Lot _____ Block _____ Subd _____ Plat Bk _____ Pg _____

Directions to Locate Site _____

5 Names, Addresses, and Zip Codes of Adjacent Property Owners Whose Property Also Adjoins the Water (Excluding Applicant) Show Numbers or Names of These Owners on Plan Views If More Than Six (6) Owners Adjoin the Project, You May Be Required to Publish a Public Notice for the DER

1 <u>ROBERT & HAZEL YAHN</u> <u>84 N. SEWALLS PT. RD</u> <u>STUART, FL 34996</u>	2 <u>Mrs + Mrs D F DOLD</u> <u>88 N. SEWALLS PT. RD</u> <u>STUART, FL 34996</u>	3 <u>HEIDI DANA - OWNER</u> <u>05 VACANT LOT</u> <u>87 N SEWALLS POINT RD</u> <u>STUART, FL 34996</u>
4 _____	5 _____	_____

_____ HOSPITAL TRUST OF FL, N.A.

_____ WILLIAM T. FARR (KAYAK PROMOTIONS)

DATE MAR 05 1991 PALM BEACH, FL, 33480.

SIGNATURE Tom Frankler

6 Proposed Use (Check one or more as applicable) Private Single Family Multi Family
 Public Commercial New Work Alteration of Existing Works Maintenance Other (Explain) _____
 7 Desired Permit Duration (see Fee Schedule)
 5 Yr 10 Yr Other (Specify) 1 YEAR
 8 General Permit or Exemption Requested
 DER General Permit FAC Rule 17-312 _____ DER Exemption FAC Rule 17-312 Section 403 _____ FS

9 Total Extent of Work in Jurisdictional Open Waters or Wetlands (Use additional sheets and provide complete breakdown of each category if more space is needed)

NA a. Within Corps Jurisdiction
 Fill _____ Sq Ft _____ Acres _____ Cu Yds.
 Excavation _____ Sq Ft _____ Acres _____ Cu Yds.

NA b. Within DER Jurisdiction
 Fill _____ Sq Ft _____ Acres _____ Cu Yds.
 Excavation _____ Sq Ft _____ Acres _____ Cu Yds.
 Excavation Waterward of MHW _____ cu yds. (Information needed for DNR)

NA c. DER Jurisdictional Area Severed (Area Landward of Fill Structures which will be Severed)
 _____ Sq Ft _____ Acres

NA d. DER Jurisdictional Area Created (New Excavation from Uplands, Exclusive of Mitigation)
 _____ Sq Ft _____ Acres

e. Docks, Piers, and Over Water Structures
 Total Number of Slips _____ Total Number of Mooring Pilings 3 P. Pilings
 Length 30 FEET Width 3.75 FEET Height above MHW 2.5 FEET
 Length _____ Width _____ Height above MHW _____
 Number of Finger Piers _____ Length _____ Width _____ Height _____
 Number of Finger Piers _____ Length _____ Width _____ Height _____
 Total area of structure over waters & wetlands 105 SQ FT. 103 sq ft Area Conversion w/ a g of ft 2-8'
 Use of structure DOCK FOR 20 FOOT PLEASURE CRAFT.

Will the docking facility provide	No	Yes	Number
Liveaboard Slips	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fueling Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sewage Pump-out Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Other Supplies or Services Required for Boating (Excluding refreshments, bait and tackle)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

NA f. Seawall length _____ ft. Seawall material _____
 Riprap revetment length _____ ft. Slope _____
 Riprap at toe of seawall length _____ ft. Slope _____
 Size of riprap _____
 Type of riprap or seawall material _____
 NA g Other (See Item 10)

FLORIDA
DEPARTMENT OF ENVIRONMENTAL
REGULATION
EXEMPT

PURSUANT TO FACR 17-312.050 (1)(c)
 DATE MAR 05 1991
 SIGNATURE Tom Franklin

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 3-14-12 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9109	Twohey 112 Henry Sewall Seagate	Pond R. Green	Pass	INSPECTOR <i>A</i>
Tree	43 W High Pt	Tree	OK	INSPECTOR
1032	Twohey	Pool	Pass	INSPECTOR
<i>P</i>	86 NSPR Harbor Bay Marine	Pool	Pass	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10257

ROOF REPAIR



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:	10257	DATE ISSUED	OCTOBER 31, 2012
SCOPE OF WORK:	REPLACING 8 ROOF PANELS		
CONTRACTOR:	PINNACLE ROOFING		
PARCEL CONTROL NUMBER:	353741001-000-000109	SUBDIVISION	CAPTAINS COVE-L1
CONSTRUCTION ADDRESS	86 N SEWALLS PT RD		
OWNER NAME:	BEW		
QUALIFIER:	HARRY HERY	CONTACT PHONE NUMBER	349-2735

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8 00AM TO 4 00PM INSPECTIONS 9 00AM TO 3 00PM – MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

Town of Sewall's Point

Date Oct 1st 2012

BUILDING PERMIT APPLICATION

Permit Number 10257

OWNER/LESSEE NAME JAMES William BEW (TR) Phone (Day) (432) 918 1867 (Fax) _____
Job Site Address 860N SEWALL'S POINT RD City SEWALL'S POINT State FL Zip 34996
Legal Description CAPTAINS COVE-L1 Parcel Control Number 35 37 41001-000-000109
Fee Simple Holder Name _____ Address _____
City _____ State _____ Zip _____ Telephone _____

*SCOPE OF WORK (PLEASE BE SPECIFIC) REPLACE 8 ROOF PANELS

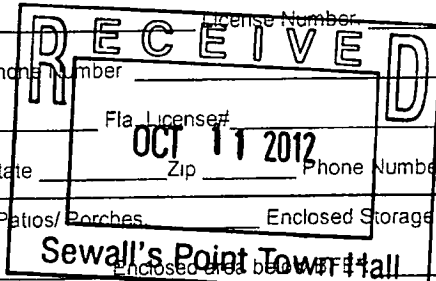
WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO
Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO
(Must include a copy of all variance approvals with application)

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 1,000.00
(Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out)
Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 ___
FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY
Estimated Fair Market Value prior to improvement \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company Pinnacle Roofing Svc LLC Phone 772-349-2735 Fax _____
Qualifiers name Harry A. Hery Street 8600 S IRD City FL Ridge State FL Zip 34982
State License Number CC1326185 OR Municipality _____

LOCAL CONTACT _____ Phone Number _____
DESIGN PROFESSIONAL NA _____
Street _____ City _____ State _____ Zip _____ Phone Number _____

AREAS SQUARE FOOTAGE Living _____ Garage _____ Covered Patios/Porches _____ Enclosed Storage _____
Carport _____ Total under Roof _____ Elevated Deck _____
Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq ft require a Non-Conversion Cover-on Agreement



CODE EDITIONS IN EFFECT THIS APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) 2010
National Electrical Code 2008, Florida Energy Code 2010, Florida Accessibility Code 2010, Florida Fire Prevention Code 2010

WARNINGS 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 A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION
- 2 IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
- 3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50 95
- 4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID REF FBC 2007 SECT 105 4 1, 105 4 1 1 - 5

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

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

OWNER /AGENT/LESSEE NOTARIZED SIGNATURE _____
X _____
State of Florida, County of _____
On This the 31st day of _____
by _____ who is personally known to me or produced _____
As identification _____
Notary Public _____
My Commission Expires _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE _____
X _____
State of Florida, County of _____
On This the 11 day of Oct
by Harry Hery who is personally known to me or produced FLDL#H600-361-48-364-0
As identification _____
Notary Public _____
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 SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-27-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10272	Watson	rough elec		Cancel / Reschedule followed
157	16 Revereview	rough plumb		
	Hemmingway	window attach		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10286	Campbell	rough plumbing		Cancel / Reschedule followed
	1 Oakwood Dr	rough electric		
	OB			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10212	Jones	rough plumbing		
	48 N River	UNDERGROUND		
	OB	Plumb	Pass	
				INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10247	Ottermann	Final		NEED CFM OF KITCHEN HOOD FOR M.U. AIR CALL
<i>PM</i>	107 N Sewalls		FAIL	CONCRETE STEPS NOT TO CODE
	Suncan Group			
				INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10270	Breheny	window		
<i>10-10-30</i>	6 Revereview	attachment	Pass	
	Freedom Home			
				INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10256	Morris	in-progress		
	120 Hillcrest		Pass	
	Pinnacle			
				INSPECTOR <i>JF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10259	Brew	Final		
	86 N Sewalls	rough panels	Pass	Close
	Pinnacle			
				INSPECTOR <i>JF</i>

10717

A/C CHANGEOUT



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER	10717	DATE ISSUED	DECEMBER 17, 2013
SCOPE OF WORK.	AC CHANGEOUT CONTRACTOR TO SUPPLY LADDER FOR INSPECTION		
CONTRACTOR.	MR COOL A/C		
PARCEL CONTROL NUMBER	353741001-000-000109	SUBDIVISION	CAPTAINS COVE - L 1
CONSTRUCTION ADDRESS:	86 NSEWALLS PT RD		
OWNER NAME	ADRIAN		
QUALIFIER:	THOMAS AYERS	CONTACT PHONE NUMBER:	286-2164

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

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

24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8 00AM TO 4 00PM INSPECTIONS 9 00AM TO 3 00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

UNDERGROUND PLUMBING _____
 UNDERGROUND MECHANICAL _____
 STEM-WALL FOOTING _____
 SLAB _____
 ROOF SHEATHING _____
 TIE DOWN /TRUSS ENG _____
 WINDOW/DOOR BUCKS _____
 ROOF DRY-IN/METAL _____
 PLUMBING ROUGH-IN _____
 MECHANICAL ROUGH-IN _____
 FRAMING _____
 FINAL PLUMBING _____
 FINAL MECHANICAL _____
 FINAL ROOF _____

UNDERGROUND GAS _____
 UNDERGROUND ELECTRICAL _____
 FOOTING _____
 TIE BEAM/COLUMNS _____
 WALL SHEATHING _____
 INSULATION _____
 LATH _____
 ROOF TILE IN-PROGRESS _____
 ELECTRICAL ROUGH-IN _____
 GAS ROUGH-IN _____
 METER FINAL _____
 FINAL ELECTRICAL _____
 FINAL GAS _____
 BUILDING FINAL _____

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

Town of Sewall's Point

Date 12-10-2013 BUILDING PERMIT APPLICATION Permit Number 10717

OWNER/LESSEE NAME KEVIN & MARYLOW ADRIAN Phone (Day) 772-631-2334 (Fax) \

Job Site Address 86 N SEWALLS POINT RD City STUART State FL Zip 34996

Legal Description CAPTAIN'S COVE, LOT 1 Parcel Control Number 35-37-41-0001-000-00010-9

Fee Simple Holder Name Address

City State Zip Telephone

*SCOPE OF WORK (PLEASE BE SPECIFIC)

A/C change-out

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

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

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements \$ 3,715.00 (Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY Estimated Fair Market Value prior to improvement \$ (Fair Market Value of the Primary Structure only Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company MR COOL AIR CONDITIONING- LLC Phone 772-286-2164 Fax 772-286-6160

Qualifiers name THOMAS P AYERS Street 4086 N CARROLL CT. City JENSEN BCH State FL Zip 34997

State License Number CAC055513 OR Municipality License Number CAC1817565

LOCAL CONTACT CAROL V POOL Phone Number 772-286-2164

DESIGN PROFESSIONAL Fla License#

Street City State Zip Phone Number

AREAS SQUARE FOOTAGE Living 1250 Garage Covered Patios/ Porches Enclosed Storage

Carport Total under Roof 2569 Elevated Deck Enclosed area below BFE

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

CODE EDITIONS IN EFFECT THIS APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) 2010 National Electrical Code 2008, Florida Energy Code 2010, Florida Accessibility Code 2010, Florida Fire/Prevention Code 2010

WARNINGS TO OWNERS AND CONTRACTORS

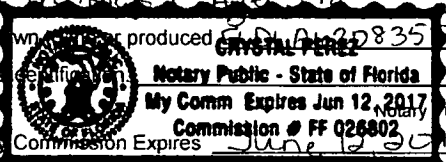
- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE X State of Florida County of On This the day of ,20 by who is personally known to me or produced As identification Notary Public My Commission Expires

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE X Th P. Ayers State of Florida, County of Martin On This the 10th day of December 2013 by Thomas P Ayers who is personally known to me or produced Notary Public - State of Florida My Comm Expires Jun 12, 2017 Commission # FF 026802 My Commission Expires June 12 2017



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!

CERTIFICATE OF INSURANCE

ISSUE DATE

12/10/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUDER, AND THE CERTIFICATE HOLDER

IMPORTANT IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST BE ENDORSED IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S)

PRODUCER Galen Insurance Agency 9121 N Military Trail #217 Palm Beach Gardens, FL 33410	INSURER(S) AFFORDING COVERAGE	
	INSURER	A Lloyd's of London
INSURED Mr Cool Air Conditioning, LLC 4351 SE Dixie Ross Street Stuart, FL 34997	INSURER	B N/A
	INSURER	C
	INSURER	D
	INSURER	E N/A

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	AMTE021474	1/10/2013	1/10/2014	GENERAL AGGREGATE	600,000
					PRODUCTS-COM/OP AGG	300 000
					PERSONAL & ADV INJURY	300,000
					EACH OCCURRENCE	300,000
					DAMAGE PREM RENTED TO YOU	100,000
					MED EXPENSE (Any one person)	5 000
B	PERSONAL LIABILITY				COMBINDED SINGLE LIMIT	
					MEDICAL PAYMENTS TO OTHERS	
C	EXCESS LIABILITY				EACH OCCURRENCE	
					AGGREGATE	
D						
E	PROPERTY				BUILDING	
					CONTENTS	
					BUSINESS INCOME	

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY

DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS

Air Conditioning Systems or Equipment dealers or distributors & installation servicing or repair

SURPLUS LINES AGENT VIRGINIA C PHILLIPS LICENSE# A206695
13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762

CERTIFICATE HOLDER
 Sewalls Point Building Dept
 1 S Sewalls Point Road
 Stuart, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED SIGNATURE





01-23-2012

JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

*** * CERTIFICATE OF ELECTION TO BE EXEMPT 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 01/23/2012 EXPIRATION DATE 01/22/2014

PERSON POOL CAROL V

FEIN 203143577

BUSINESS NAME AND ADDRESS

MR COOL AIR CONDITIONING LLC
4351 SE DIXIE ROSS ST
STUART FL 34997

SCOPES OF BUSINESS OR TRADE

1- AIR CONDITIONING

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 Pursuant to Chapter 440 05(12) F.S. Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt Pursuant to Chapter 440 05(13) F.S. Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if at any time after the filing of the notice or the issuance of the certificate the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS COMPENSATION LAW</p> <p>EFFECTIVE 01/23/2012 EXPIRATION DATE 01/22/2014</p> <p>PERSON CAROL V POOL</p> <p>FEIN 203143577</p> <p>BUSINESS NAME AND ADDRESS MR COOL AIR CONDITIONING LLC 4351 SE DIXIE ROSS ST STUART FL 34997</p> <p>SCOPE OF BUSINESS OR TRADE 1 AIR CONDITIONING</p>		<p>IMPORTANT</p> <p>F 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</p> <p>H Pursuant to Chapter 440 05(12) F.S. Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt</p> <p>E Pursuant to Chapter 440 05(13) F.S. Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section</p>
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QUESTIONS? (850) 413-1609

CUT HERE

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



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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


(850) 487-1395

AYERS, THOMAS PAUL III
MR COOL AIR CONDITIONING LLC
4086 NE CARROLL CT
JENSEN BEACH FL 34957

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC1817565 ISSUED 07/28/2013

CERTIFIED AIR COND CONTR
AYERS, THOMAS PAUL III
MR COOL AIR CONDITIONING LLC

IS CERTIFIED under the provisions of Ch 489 FS
Expiration date AUG 31 2014 L1307280000261



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to www.VivaFlorida.org

DETACH HERE

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

LICENSE NUMBER	
CAC1817565	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date AUG 31, 2014



AYERS, THOMAS PAUL III
MR COOL AIR CONDITIONING LLC
4351 SE DIXIE ROSS STREET
STUART FL 34997



RICK SCOTT
GOVERNOR

ISSUED 07/28/2013 SEQ# L1307280000261
DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY

2013-2014

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S E. WILLOUGHBY BLVD , STUART, FL 34994
(772) 288-5604

ACCOUNT# 2004-512-0059 CERT# GAC016122

PHONE (772) 286-2164 SIC NO 233210

LOCATION
4351 SE DIXIE ROSS ST STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR	\$.00	LIC FEE	\$ 26.25
	\$.00	PENALTY	\$.00
	\$.00	COL FEE	\$.00
	\$.00	TRANSFER	\$.00
TOTAL			<u>26.25</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION
OF **AIR COND REPAIR / INSTALL**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

04 DAY OF OCTOBER 2013
AND ENDING SEPTEMBER 30 2014

POOL, PETER A
MR. COOL AIR CONDITIONING, LLC.
4351 SE DIXIE ROSS ST
STUART, FL 34997



11 2013 00670.0001 26.25 PAID

MR. COOL AIR CONDITIONING LLC

CAROL POOL, OWNER

Address. 4351 SE Dixie Ross Street - Stuart, Florida 34997

Office 772 -286-2164 Fax 772-286-6160 E-mail poolacar@comcast.net

Kevin & Marylou Adrian

86 N Sewalls Point Rd

Stuart, Fl 34996

DATE 12/10/13

RE Contract/Proposal to remove and replace existing air conditioning

QUOTE Install RUUD, R410A, /3 Ton, 16 SEER Air Handler with 8kw electric heat and Condensor Unit

TOTAL COST \$4,300 00, LESS FP&L REBATE OF \$500.00 BRINGS YOUR TOTAL COST TO \$3,800 00

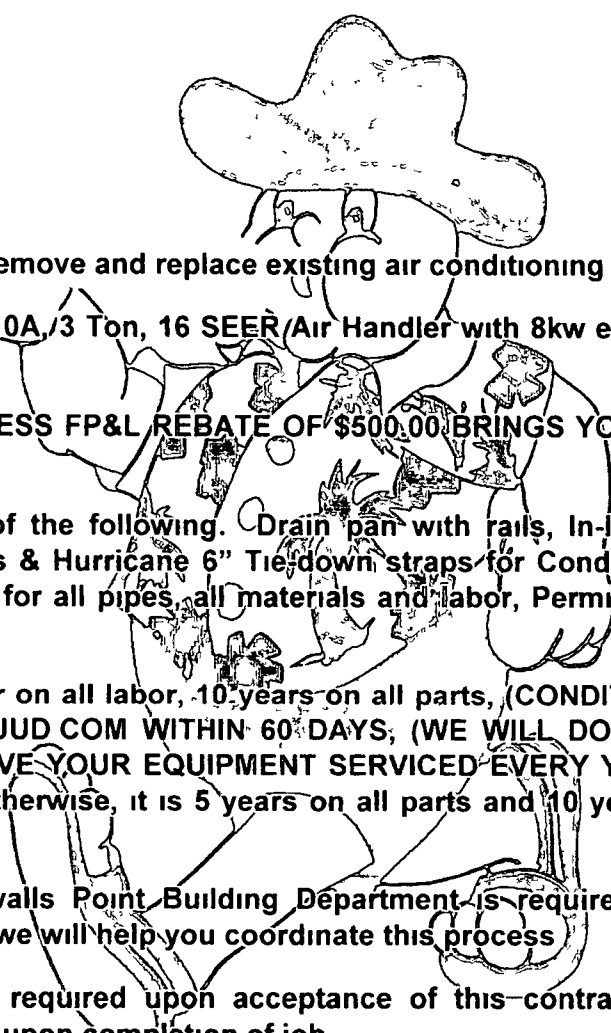
This system includes all of the following. Drain pan with rails, In-line Safe-T-Switch, Freon locking caps & Hurricane 6" Tie-down straps for Condensor Unit, (code required), Insulation for all pipes, all materials and labor, Permit, Warranty and Inspection .

Warranty as follows 1 year on all labor, 10 years on all parts, (CONDITIONAL TO MUST REGISTER WITH RUUD COM WITHIN 60 DAYS; (WE WILL DO THIS FOR YOU), AND YOU MUST HAVE YOUR EQUIPMENT SERVICED EVERY YEAR WITH PROOF OF DOING SO) . otherwise, it is 5 years on all parts and 10 years on the compressor

An inspection by the Sewalls Point Building Department is required within 6 months of permit date and we will help you coordinate this process

A deposit of \$1,900 00 is required upon acceptance of this contract and the balance of \$1,900.00 is due upon completion of job.

This system also qualifies for a Federal Energy Residential Tax Credit, (up to \$300 00), if this is your main home and if it is installed before the end of 2013 I am enclosing the IRS Form 5695 for you to file with your 2013 taxes



Thank you for considering Mr Cool Air Conditioning LLC for your air conditioning needs We promise to take good care of you now and in the future.

Sincerely,



Carol Pool, Owner/President

David Grant, Vice President

Mr Cool Air Conditioning LLC

State License CAC1817565 and Insured

FP&L REBATE VENDOR# C837-267158

BETTER BUSINESS BUREAU MEMBER FOR 7 YEARS

Customer Signature *Ken Adre's*

Date. 12-10-13



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

Quinn A FWP

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101 4 7 1 1 & FS 553 912)

Owner KEVIN & MARYLOU ADRIAN Contractor name AYERS ELECT. & A/C INC
MR. COOL AIR CONDITIONING LLC
 Street address 86 N. SEWALLS POINT RD Jurisdiction _____
 City STUART, FL Permit No _____
 Zip 34996 Final inspection date _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101 4 7 1 1 as indicated below

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent
- Ducts are located within conditioned space (Section 101 4 7 1 1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101 4 7 1 1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101 4 7 1 1 exception 3)

Signature *[Signature]* Date DEC 10, 2013

Printed Name _____

Contractor License # _____

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in w c)

Signature _____ Date _____

Printed Name _____



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

Residential Commercial _____

Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No

Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes ___ No

Rooftop A/C Stand Installation ___ Yes No - ^{10' PLATFORM} ~~Curb~~ Installation Yes ___ No

Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg RUUD Model# ^{RHLL HM} 3617JA
 Volts 230 CFM's 1080-1410 Heat Strip 8 Kw
 Min Circuit Amps 36/41 Wire gauge 8
 Max Breaker size 45 Min Breaker size 40
 Ref line size Liquid 3/8 Suction 7/8
 Refrigerant type R410A
 Location Existing New _____
 (Attic) Garage/Closet (specify) ATTIC
 Access NEEDS LADDER/OWNER SUPPLIED

Condenser: Mfg RUUD Model# 14AJM36A01
 Volts 230 SEER/EER 15.50 BTU's 36,200
 Min Circuit Amps 30/30 Wire gauge 10
 Max Breaker size 35 Min Breaker size 35
 Ref line size Liquid 3/8 Suction 7/8
 Refrigerant type R410A
 Location Existing New _____
 Left/Right/Rear/Front/Roof LEFT/PLATFORM(10')
 Condensate Location LEFT WALL

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg RHEEM Model# U/K
 Volts 230 CFM's U/K Heat Strip 8 Kw
 Min Circuit Amps 36 Wire gauge 8
 Max Breaker size 45 Min Breaker size 40
 Ref line size Liquid 3/8 Suction 7/8
 Refrigerant type R-22
 Location Ext New _____
 (Attic) Garage/Closet (specify) ATTIC
 Access NEEDS LADDER

Condenser: Mfg RHEEM Model# U/K
 Volts 230 SEER/EER 13 BTU's 36,000
 Min Circuit Amps 30 Wire gauge 10
 Max Breaker size 35 Min Breaker size 35
 Ref line size Liquid 3/8 Suction 7/8
 Refrigerant type R-22
 Location Ext New _____
 Left/Right/Rear/Front/Roof LEFT PLATFORM(10')
 Condensate Location LEFT WALL

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N) 1107 & 1108

Jn P. Ayers
 Signature

Dec 10, 2013
 Date



DesignStar Load Calculation

Results are intended for use with Ruud heating and cooling systems

Customer Information

Street Address 86 N Sewalls Point Rd, Stuart, FL 34996

Latitude, Longitude 26 6726°, -80 0706°

House Square Footage 1250 sq. ft.

Name Kevin & Marylou Adrian

Phone 772-631-2333

Email

House Information

SHR 75

Number of residents 2

Ceiling height 9

Wall U-value | R-value 0.09 | 11

Floor U-value | R-value 0.2 | 5

Ceiling U-value | R-value 0.053 | 19

Window U-value 0.5

Window SHGF 0.85

Moisture grains 64

Duct loss % 10

Duct gain % 10

Cooling infiltration (ACH) 0.6

Heating infiltration (ACH) 0.8

Winter ventilation 0

Summer ventilation 0

Design Conditions

Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64

Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15



Certificate of Product Ratings

AHRI Certified Reference Number 3412409

Date 12/6/2013

Product Split System Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number 14AJM36

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

Manufacturer RHEEM SALES COMPANY, INC

Trade/Brand name RHEEM, RUUD, WEATHERKING

Series name

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC

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

Cooling Capacity (Btuh)	36200
EER Rating (Cooling)	13 00
SEER Rating (Cooling)	15 50
IEER Rating (Cooling)	

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

DISCLAIMER

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

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced, copied, disseminated, entered into a computer database, or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

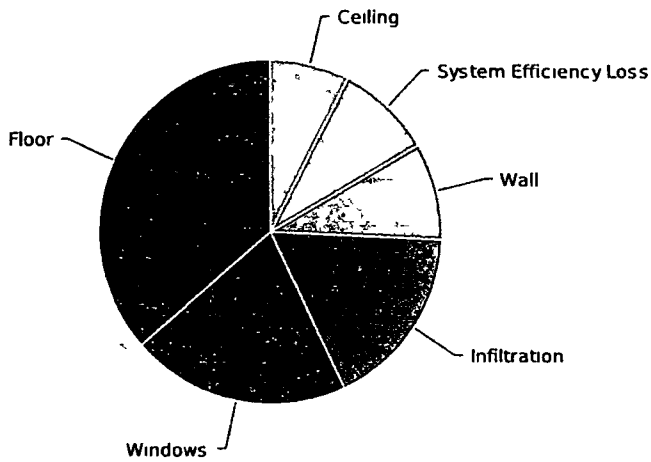
CERTIFICATE NO.

130308357508043096

Heating Loads

Area	Btuh	% of load
Wall	1873	9.2
Floor	7443	36.4
Ceiling	1524	7.4
Windows	4232	20.7
Infiltration	3529	17.2
System Efficiency Loss	1860	9.1
Total	20461	

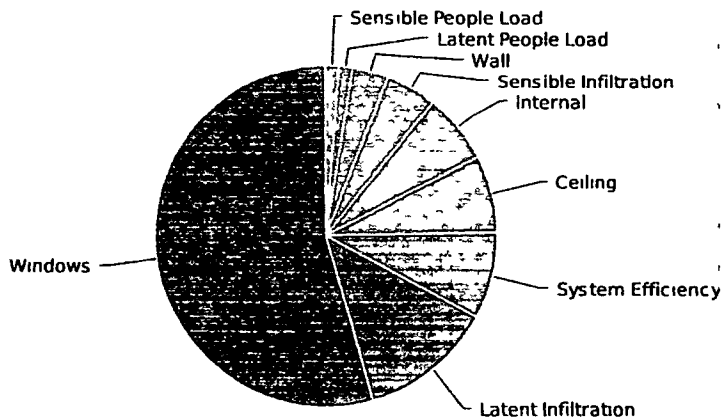
Heating Loads
20,461 BTU/hr



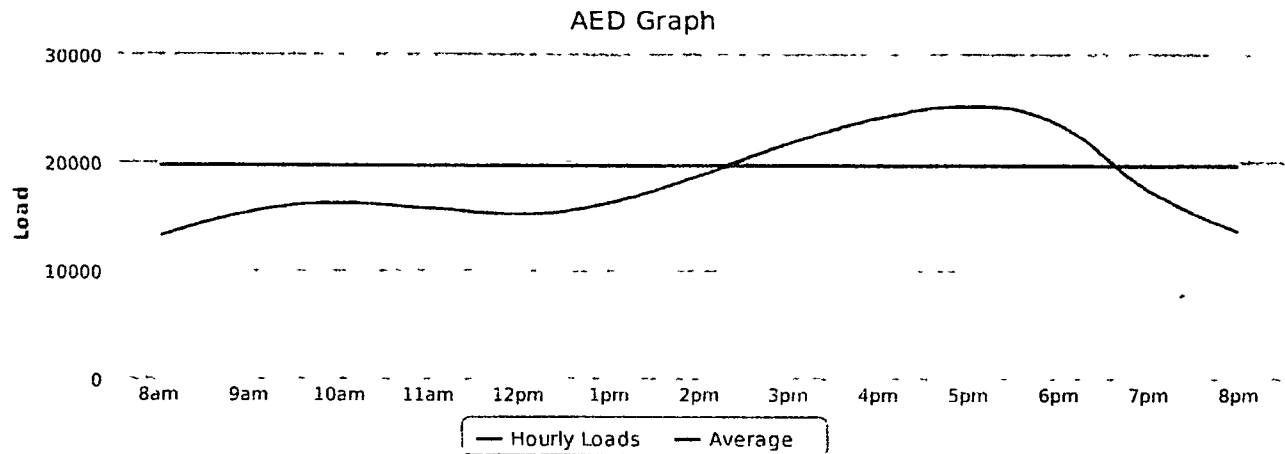
Cooling Loads

Area	Btuh	% of load
Wall	1221	3.4
Ceiling	2650	7.3
Windows	19644	54.4
Sensible Infiltration	1726	4.8
Latent Infiltration	4553	12.6
System Efficiency Gain	2979	8.3
Internal	2400	6.6
Sensible People Load	460	1.3
Latent People Load	460	1.3
Total	36094	
Sensible load		31081
Latent load		5013
SHR		0.86
Capacity at .75 SHR		3.45 Tons

Cooling Loads
36 094 BTU/hr



Adequate Exposure Diversity



Equipment selection

System equipment selection will be made using the following derived values

Glass (W)	186 sq ft
Glass (N)	26 sq ft
Glass (S)	26 sq ft
Glass (E)	130 sq ft
Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	31,081 Btuh
Latent Cooling	5,013 Btuh
Required Cooling Airflow	1,413 CFM
Sensible Heating	20,461 Btuh
Required Heating Airflow	266 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101 4 7 1 1 & FS 553 912)

Owner KEVIN & MARYLOU ADRIAN Contractor name AYERS ELECT & A/C INC
MR. COOL AIR CONDITIONING LLC
 Street address 86 N. SEWALLS POINT RD Jurisdiction _____
 City STUART, FL Permit No _____
 Zip 34996 Final inspection date _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101 4 7 1 1 as indicated below

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent
- Ducts are located within conditioned space (Section 101 4 7 1 1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101 4 7 1 1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101 4 7 1 1 exception 3)

Signature [Signature] Date DEC 10, 2013

Printed Name _____

Contractor License # _____

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in w c)

Signature _____ Date _____

Printed Name _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **6/11 - 14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10870	Williams 24 Cattle Hill Way Morris	Fence (Pool Safety)	Pass	Allen Morris CLOSE INSPECTOR <i>A</i>
10776	Sharpe 73 N River Rd Warrell Bldg	Partial Steel Shed CONCRETE WALL	Pass	INSPECTOR <i>A</i>
		DOOR FINAL	Pass	2207945 CLOSE INSPECTOR <i>A</i>
10829	Shle 121 Hill Crest Dr. GLG Homes	Garage Door Final	Pass	Pyford CLOSE INSPECTOR <i>A</i>
10866	Shle 121 Hill Crest Dr.	Plumbing, Electrical Framing Sinks	Pass	INSPECTOR <i>A</i>
10917	Adrian 86 N Sewall's Pt Rd Mr Cool A/C	A/C Final PRESET FOR 6/12	FAIL	286-2164 NEED CONT. LABOR INSPECTOR <i>A</i>
10680	WINSLOW 10 S SPT RD GBC	WINDOW Columns	Pass	24. N River INSPECTOR 10870 14 W. N 1) END

10732

REROOF



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:	10732	DATE ISSUED	01/14/2014
SCOPE OF WORK:	REROOF		
CONTRACTOR:	PINNACLE ROOFING SERVICES		
PARCEL CONTROL NUMBER:	353741001-000-000190	SUBDIVISION	CAPTAINS COVE-L 1
CONSTRUCTION ADDRESS:	86 N SEWALLS PT RD		
OWNER NAME:	ADRIAN		
QUALIFIER:	HARRY HERY	CONTACT PHONE NUMBER:	349-2735

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8 00AM TO 4 00PM INSPECTIONS 9 00AM TO 3 00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER.	10732
ADDRESS	86 N SEWALLS PT RD - ADRIAN
DATE 01/14/2014	SCOPE OF WORK REROOF

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350 00 SFR, \$175 00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space (@ \$121 75 per sq ft)		sf	
Total square feet non-conditioned space, or interior remodel (@ \$59 81 per sq ft)		sf	
Total square feet remodel with new trusses @ \$90 78 per sq ft		\$	
Total Construction Value		\$	
Building fee (2% of construction value SFR or >\$200K)		\$	
Building fee (1% of construction value < \$200K + \$100 per insp)			
Total number of inspections (Value < \$200K)@\$100ea		\$	
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)		\$	
DBPR Licensing Fee (1 5% of permit fee - \$2 00 min)		\$	
Road impact assessment (04% of construction value - \$5 min)			
Martin County Impact Fee		\$	
TOTAL BUILDING PERMIT FEE		\$	

ACCESSORY PERMIT	Declared Value	\$	10,000
Total number of inspections @ \$100 00 each	3		300
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)		\$	4 50
DBPR Licensing Fee (1 5% of permit fee - \$2 00 min)		\$	4 50
Road impact assessment (04% of construction value - \$5 min)		\$	5 00
TOTAL ACCESSORY PERMIT FEE:		\$	314

pd
CK# 2536

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date 12/31/13 Permit Number _____
 OWNER/LESSEE NAME Kevin Adrian Phone (Day) (772) 631-2334 (Fax) _____
 Job Site Address 86 Sewalls Pt Rd. City Seewall State FL Zip _____
 Legal Description _____ Parcel Control Number _____
 Fee Simple Holder Name _____ Address _____
 City _____ State _____ Zip _____ Telephone _____

***SCOPE OF WORK (PLEASE BE SPECIFIC)**

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

COST AND VALUES (Required on ALL permit applications)
 Estimated Value of Improvements \$ 10,000.00
 (Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY
 Estimated Fair Market Value prior to improvement \$ _____
 (Fair Market Value of the Primary Structure only Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company Pinnacle Roofing Svc, LLC Phone 772-349-2735 Fax _____
 Qualifiers name Harry A Hery Street 800 S. Tulee River City Ft. Pierce State FL Zip 34982
 State License Number _____ OR Municipality _____ License Number _____

LOCAL CONTACT _____ Phone Number _____
 DESIGN PROFESSIONAL NA Phone Number _____
 Street _____ City _____ State _____ Zip _____ Phone Number _____

AREAS SQUARE FOOTAGE Living _____ Garage _____ Covered Patios/ Porches 7 Enclosed Storage _____
 Carport _____ Total under Roof _____ Elevated Deck _____ Enclosed area below BFE* _____
 * Enclosed non habitable areas below the Base Flood Elevation greater than 300 sq ft require a Non Conversion Covenant Agreement

CODE EDITIONS IN EFFECT THIS APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) 2010
 National Electrical Code 2008, Florida Energy Code 2010, Florida Accessibility Code 2010, Florida Fire Prevention Code 2010

WARNINGS TO OWNERS AND CONTRACTORS

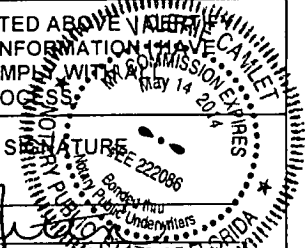
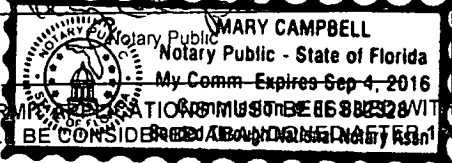
- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST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

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

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

OWNER /AGENT/LESSEE NOTARIZED SIGNATURE
 X Kevin Adrian
 State of Florida, County of Martin
 On This the 2nd day of January, 2014
 by Kevin Adrian who is personally
 known to me or produced _____
 As identification FL ID
 My Commission Expires _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE
 X Harry A Hery
 State of Florida, County of Martin
 On This the 7 day of Jan, 2014
 by HARRY A HERY who is personally
 known to me or produced FLDL#H600-36148-364-0
 As identification Valerie Camet
 My Commission Expires _____



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

ACORD

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
01/06/14

PRODUCER

AMERICAN INSURANCE COMPANY
775 N. W. 51st Street, Miami, FL 33149
Tel: 305.441.1111
Fax: 305.441.1111

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: ENDORSEMENT FORM NO. 2010-1115
- COMPANY B:
- COMPANY C:
- COMPANY D:

INSURED

HARRY HENRY
DEVELOPMENT BUILDING SUPPLY, LLC
8400 S. INDIAN HAVEN BLVD
MIAMI BEACH, FLA 33149

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	FEC10001027400	12/20/13	12/31/14	GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> OWNER'S & CONT PROT				EACH OCCURRENCE \$500,000
					FIRE DAMAGE (Any one fire) \$1,000,000
					MED EXP (Any one person) \$1,000,000
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
	EXCESS LIABILITY				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
I	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS \$
	<input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EACH ACCIDENT \$
					DISEASE POLICY LIMIT \$
					DISEASE EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

10000 SW 10th St, Miami, FL 33155

ATTN: HENRY HENRY
TOWN OF MIAMI BEACH
10000 SW 10th St
MIAMI BEACH, FL 33155

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

AUTHORIZED REPRESENTATIVE
[Signature]



12-17-2012

JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

* * CERTIFICATE OF ELECTION TO BE EXEMPT 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 12/17/2012 EXPIRATION DATE 12/17/2014

PERSON HERY HARRY A

FEIN 571189035

BUSINESS NAME AND ADDRESS

PINNACLE ROOFING SERVICES LLC
8600 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34982

SCOPES OF BUSINESS OR TRADE


1- ROOFING - ALL KINDS AND DRIVER

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 Pursuant to Chapter 440 05(12) F S Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt Pursuant to Chapter 440 05(13) F S Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if at any time after the filing of the notice or the issuance of the certificate the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS COMPENSATION LAW</p>  <p>EFFECTIVE 12/17/2012 EXPIRATION DATE 12/17/2014 PERSON HARRY A HERY FEIN 571189035 BUSINESS NAME AND ADDRESS PINNACLE ROOFING SERVICES LLC 8600 SOUTH INDIAN RIVER DRIVE FORT PIERCE FL 34982 SCOPE OF BUSINESS OR TRADE 1 ROOFING ALL KINDS AND DRIVER</p>	<p>IMPORTANT</p> <p>F 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</p> <p>H Pursuant to Chapter 440 05(12), F S, Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt.</p> <p>E Pursuant to Chapter 440 05(13) F S Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if at any time after the filing of the notice or the issuance of the certificate the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section</p> <p>QUESTIONS? (850) 413-1609</p>
--	---

CUT HERE

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



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

HERY, HARRY ALTON
PINNACLE ROOFING SERVICES LLC
8600 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34982

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation...

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com...

Our mission at the Department is License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers...

Official license stamp for HERY, HARRY ALTON, PINNACLE ROOFING SERVICES LLC, AC# 6321196, expires 08/30/12.

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6321196

STATE OF FLORIDA

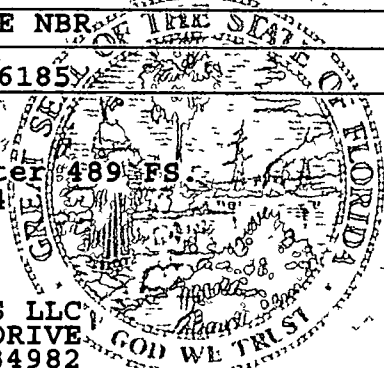
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12083002467

Table with columns: DATE, BATCH NUMBER, LICENSE NBR. Row: 08/30/2012, 128063449, CCC1326185

The ROOFING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2014

HERY, HARRY ALTON
PINNACLE ROOFING SERVICES LLC
8600 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34982



RICK SCOTT GOVERNOR

KEN LAWSON SECRETARY

DISPLAY AS REQUIRED BY LAW

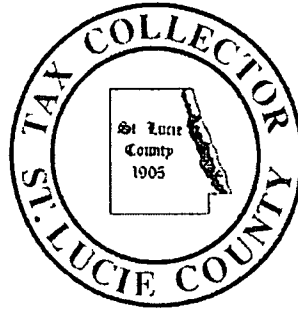
FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 8
 TYPE OF BUSINESS 1761 ROOFING/SHEET METAL CONTRACTOR
 (ROOFINGSHEET METAL)

EXPIRES SEPTEMBER 30, 2014

BUSINESS/ Harry A Hery

DBA NAME Pinnacle Roofing Services LLC
 MAILING Harry A Hery
 ADDRESS 8600 S Indian River Drive
 Fort Pierce, FL 34982

BUSINESS 8600 S Indian River Drive
 LOCATION Fort Pierce, FL 34982
 St Lucie County
 3519-501-0003-000/1



RENEWAL ORIGINAL TAX	\$12 35
PENALTY	\$3 09
COLLECTION COST	\$3 00
TOTAL	\$18 44

L03000038489

Paid 01/10/2014 18 44

0025-20140110-008491

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid, provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1 00 to \$5 00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Harry A Hery
 8600 S Indian River Drive
 Fort Pierce, FL 34982

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500 00 (\$7,500 Mechanical)

PERMIT # _____ TAX FOLIO # 35-37-41-001-000-00019-9 9407

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) 86 Sawells Pt Rd, Stuart, FL
X ~~CADWALK COVE, LOT 1, OR 343/1328~~

GENERAL DESCRIPTION OF IMPROVEMENT REMOVE EXISTING ROOF; INSTALL NEW METAL ROOF

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME Kevin Adrian
X ADDRESS 86 N Sawells Pt Rd Stuart, FL 34996
X PHONE NUMBER 772-631-3339 FAX NUMBER _____
X INTEREST IN PROPERTY owner

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER)
3 Bedroom / 2 1/2 Bath / 2 car garage / wide water view 2400 sq Ft

CONTRACTOR Dynamic Roofing Services, LLC
ADDRESS 8600 S Indian River Dr, Ft Pierce, FL 34982
PHONE NUMBER 772-349-2735 FAX NUMBER _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) _____

ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
BOND AMOUNT _____

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

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

NAME _____
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____
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 MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

WARNING TO OWNER ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92 525, FLORIDA STATUTES)

X Kevin Adrian
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY IN FACT

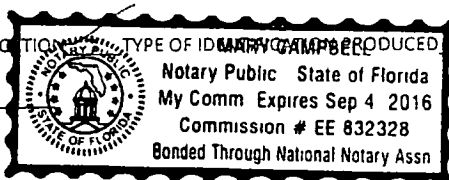
X SIGNATORY'S TITLE/OFFICE owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 1 DAY OF January, 2013

BY Kevin Adrian AS owner FOR n/a
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED FI

Kevin Adrian
NOTARY SIGNATURE SEAL



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE
BY Carolyn Timmann CLERK
DATE _____



RECORDED 01/07/2014 10:18:21 AM
INDEXED
MARTIN COUNTY CLERK
INSTR # 2434417
OR BK 2696 PG 1869
(1195)



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

RE-ROOF CERTIFICATION

PERMIT # _____
 CONTRACTOR'S NAME Primmer Roofing LLC LIC # 772-349-2735
 OWNER'S NAME Kevin Adrian
 CONSTRUCTION ADDRESS 86 Sewall's Point Rd STATE FL

RE ROOF RESIDENTIAL (SINGLE FAMILY)
 COMMERCIAL ** REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

** DISCONNECT/RECONNECT HVAC ELECTRIC YES NO
 ** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F.S. YES NO - INSURED VALUE OF RESIDENCE \$ _____

ROOF TYPE HIP BOSTON-HIP GABLE FLAT OTHER _____

ROOF PITCH 7 /12 SLOPE

ROOF DECK * SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED
 RE SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004"
 SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004"

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING 5/8 Metal EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING 5/8 Gyp Gable

MANUFACTURER Summit Metal PRODUCT NAME _____ PRODUCT APPR # _____

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
 MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION

PROPOSED FLASHING GALV/STEEL ALUMINUM COPPER OTHER _____

RIDGEVENT TO BE INSTALLED YES NO

DESCRIPTION OF WORK EXISTING ROOF PANELS & UNDERLAYMENT TO BE REMOVED, NEW UNDERLAYMENT & METAL PANELS

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING

SIGNATURE OF CONTRACTOR [Signature] DATE 1/7/2014



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

**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553 844)**

ALL RE-ROOFS REGARDLESS OF VALUE SHALL COMPLY WITH THE FOLLOWING

Re-nailing All sheathing and decking shall be re-nailed per section 201 1 and a secondary water barrier installed

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in or less o c may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in o c along framing
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

_____ All joints in roof sheathing shall be covered with a minimum of 4 in strip of self-adhering polymer modified bitumen tape Wood deck and self-adhering tape shall be covered by one layer of approved underlayment

✓
_____ Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet No additional underlayment is required

_____ Outside of the HVHZ, an underlayment complying with section 1507 2 3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps For slopes of 2 12 to 4 12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above (No additional underlayment shall be required over the top of this sheet)

_____ Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-mopped shall be deemed to meet the requirements for secondary water barrier

Residential Structures valued at \$300,000 or more shall comply with the following

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following
 - 1 Sufficient amount of eave sheathing shall be removed to view 6 ft of roof rafters
 - 2 Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding
 - a Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201 3 OR
 - b Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c Refer to sections 201 3 1 to 201 3 4 for prescriptive requirements



**BUILDING AND NEIGHBORHOOD COMPLIANCE DEPARTMENT (BNC)
BOARD AND CODE ADMINISTRATION DIVISION**

**MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION**

11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/building/

NOTICE OF ACCEPTANCE (NOA)

**Sunlast Metal, Inc.
2120 SW Poma Drive
Palm City, FL. 34990**

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Section and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ)

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

DESCRIPTION: 5-V Metal Roof System

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

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

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

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

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

This renews 05-1110 05 and consists of pages 1 through 5
The submitted documentation was reviewed by Alex Tigera



NOA No : 11-0118 05
Expiration Date: 05/04/16
Approval Date: 03/10/11
Page 1 of 5

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-16-14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10733	Huffman 42 Red Vista Dr Gulfstream Alum	Final Shutter on garage we have pictures	PASS	CLOSE INSPECTOR <i>AT</i>
10728	Smith 2 Heritage Way Smith bus	electric rough	PASS	INSPECTOR <i>AT</i>
	McKuge 31 W High Rd	Ridge	<i>OK</i>	INSPECTOR
10732	Adrian 86 N Spillo Pinnacle Roofing	Dry in/mem	PASS	INSPECTOR <i>AT</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-27-14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10736	Besson 7 Copair Rd H Solar East	Final Solar Pool	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10720	Walker 21 W High Pt Wm Day Inc	Rough plumbing Rough elect Rough mech.	PASS	INSPECTOR <i>[Signature]</i>
10685	Dickenson 19 Emaita Pioneer Screen	Final Screen	Fail	Egress LIGHTING INSPECTOR <i>[Signature]</i>
10729	Bethell (Webber) 107 Hillcrest Ct Honest Air	Final AC	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10734	Allen Sherman 171 SR Rd	Final Roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10732	Kentn Adrian 86 NSP Rd Pinnacle	Final Roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10731	WILLIAMS 24 CASTLE HILL S. PL. Custom Pools	Piping	PASS	INSPECTOR <i>[Signature]</i>

10943

A/C CHANGEOUT



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10943		
ADDRESS:	86 N SEWALLS POINT RD		
DATE ISSUED:	7/17/2014	SCOPE OF WORK.	A/C CHANGEOUT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
---	----------------	----	--

Plan Submittal Fee (\$350 00 SFR, \$175 00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121 75 per sq ft s f		\$	-
Total square feet non-conditioned space, or interior remodel @ \$ 59 81 per sq ft s f		\$	-
Total square feet remodel with new trusses \$ 90 78 per sq ft s f		\$	-
Total Construction Value		\$	\$ -
Building fee (2% of construction value SFR or >\$200K)		\$	n/a
Building fee (1% of construction value < \$200K + \$100 per insp)		\$	-
Total number of inspections (Value < \$200K) \$ 100 00 per insp # insp			n/a
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)		\$	n/a
DBPR Licensing Fee (1 5% of permit fee - \$2 00 min)		\$	n/a
Road impact assessment (04% of construction value - \$5 min)			n/a
Martin County Impact Fee		\$	
TOTAL BUILDING PERMIT FEE		\$	

ACCESSORY PERMIT	Declared Value	\$	\$ 4,741.00
Total number of inspections @ \$ 100 00 per insp # insp		\$ 1.00	\$ 100 00
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)		\$	\$ 2 00
DBPR Licensing Fee (1 5% of permit fee - \$2 00 min)		\$	\$ 2 00
Road impact assessment (04% of construction value - \$5 min)		\$	\$ 5 00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number

Date 7/15/14

OWNER/TITLEHOLDER NAME KEVIN & MARYLOU ADRIAN Phone (Day) 772-631-2334 (Fax) \

Job Site Address 86 N. SEWALLS POINT RD. City STUART State FL Zip 34996

Legal Description CAPTAIN'S COVE, LOT 1 Parcel Control Number 35-37-41-0001-000-00010-9

Owner Address (if different) City State Zip

Scope of work (please be specific)

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO X Has a Zoning Variance ever been granted on this property? YES (YEAR) NO X (Must include a copy of all variance approvals with application)

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements \$ 4,741.00 (Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY Estimated Fair Market Value prior to improvement \$ (Fair Market Value of the Primary Structure only Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company MR. COOL AIR CONDITIONING- LLC Phone 772-286-2164 Fax 772-286-6160

Street 4351 SE DIXIE ROSS ST. City STUART State FL Zip 34997

State License Number CACO55513/THOMAS AYERS/QUALIFIER CAC1817565 OR Municipality License Number

LOCAL CONTACT CAROL POOL Phone Number

DESIGN PROFESSIONAL Lic# Phone Number

Street City State Zip

AREAS SQUARE FOOTAGE Living 1320 Garage Covered Patios/ Porches Enclosed Storage

Carport Total under Roof 2569 Elevated Deck Enclosed area below BFE* * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq ft require a Non-Conversion Covenant Agreement.

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

NOTICES TO OWNERS AND CONTRACTORS:

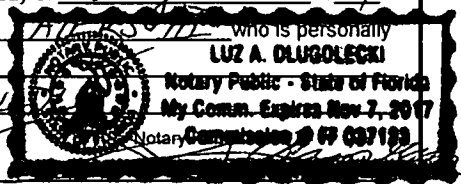
- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95
4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID REF FBC 2004 W/ 2006 REVISIONS SECT 105 4 1, 105 4 1 1 - 5

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

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

OWNER SIGNATURE (required) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) State of Florida, County of This the day of ,20 by who is personally known to me or produced as identification Notary Public My Commission Expires

CONTRACTOR SIGNATURE (required) On State of Florida, County of This the day of 20 by THOMAS P. AYERS who is personally known to me or produced as identification My Commission Expires



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

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



LICENSE NUMBER	
C-0035513	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date AUG 31, 2016

AYERS, THOMAS PAUL III
AYERS ELECT & A/C INC
6350 LAKE CIRCLE DRIVE
STUART FL 34997



ISSUED 06/18/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406180000823

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD



LICENSE NUMBER	
EC0001626	

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date AUG 31 2016

AYERS, THOMAS PAUL III
AYERS ELECT & A/C INC
4086 NE CARROLL CT
JENSEN BEACH FL 34957



ISSUED 06/09/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406090001165

AC# 11111111



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

(850) 487-1395

**AYERS, THOMAS PAUL III
MR COOL AIR CONDITIONING LLC
4086 NE CARROLL CT
JENSEN BEACH FL 34957**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CAC1817565 ISSUED 06/18/2014

**CERTIFIED AIR COND. CONTR.
AYERS, THOMAS PAUL III
MR COOL AIR CONDITIONING LLC**

**IS CERTIFIED under the provisions of Ch 489 FS
Expiration date AUG 31 2016 L1406180000824**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

LICENSE NUMBER	
CAC1817565	

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date AUG 31, 2016



**AYERS, THOMAS PAUL III
MR COOL AIR CONDITIONING LLC
4351 SE DIXIE ROSS STREET
STUART FL 34997**





JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF ELECTION TO BE EXEMPT 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. 1/22/2014 **EXPIRATION DATE** 1/22/2016

PERSON POOL CAROL V

FEIN 203143577

BUSINESS NAME AND ADDRESS

MR COOL AIR CONDITIONING LLC

4351 SE DIXIE ROSS STREET

STUART FL 34997

SCOPES OF BUSINESS OR TRADE

HEATING, VENTILATION,
AIR-COND

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 Pursuant to Chapter 440 05(12) F S , Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt Pursuant to Chapter 440 05(13), F S Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/24/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER

IMPORTANT If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

PRODUCER Campbell-Wilson Insurance Agency 8827 SE Bridge Road Hobe Sound FL 33455-5310	CONTACT NAME Commercial Lines Department
	PHONE (A/C No. Ext.) (772) 546-5600 FAX (A/C No.) (772) 546-1008 E-MAIL ADDRESS
INSURED Mr Cool Air Conditioning, LLC 4351 SE Dixie Ross Street Stuart FL 34997-8309	INSURER(S) AFFORDING COVERAGE
	INSURER A Southern Owners Insurance Comp
	INSURER B Owners Insurance Company
	INSURER C FirstCompMarkel
	INSURER D
	INSURER E
	INSURER F

COVERAGES CERTIFICATE NUMBER 2014 REVISION NUMBER

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			142382 72676992 14	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN L AGGREGATE LIMIT APPLIES PER						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 600,000	
						PRODUCTS - COMP/OP AGG \$ 600,000	
B	AUTOMOBILE LIABILITY			49 676 992 00	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
						Uninsured motorst Bl single \$ 100,000	
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						RETENTION \$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY			MWC0058691 01	1/1/2014	1/1/2015	<input checked="" type="checkbox"/> WC STATU TORY LIMITS <input type="checkbox"/> OTH ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y/N	N/A				E L EACH ACCIDENT \$ 1,000,000
	If yes describe under DESCRIPTION OF OPERATIONS below						E L DISEASE EA EMPLOYEE \$ 1,000,000
							E L DISEASE POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schedule, if more space is required)
State of Florida HVAC installation service repair

CERTIFICATE HOLDER	CANCELLATION
(772) 220-4765	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS
Town of Sewall's Point 1 S Sewalls Point Road Sewalls Point, FL 34996	AUTHORIZED REPRESENTATIVE
	Joanne Wilson/JO



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change-out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes ___ No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation Yes ___ No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

<u>Air handler:</u> Mfg <u>RUUD</u> Model# <u>RH1F3617ST</u> Volts <u>230</u> CFM's _____ Heat Strip <u>5</u> Kw Min Circuit Amps <u>36/41</u> Wire gauge <u>6</u> Max Breaker size <u>45</u> Min Breaker size <u>40</u> Ref line size Liquid <u>3/4</u> Suction <u>3/8</u> Refrigerant type <u>R410A</u> Location Existing <input checked="" type="checkbox"/> New _____ <u>Attic</u> /Garage/Closet (specify) <u>ATTIC</u> Access <u>YES NEED CONTRACTOR LADDER</u>	<u>Condenser:</u> Mfg <u>RUUD</u> Model# <u>14AJM30AO1</u> Volts <u>230</u> SEER/EER <u>16/13</u> BTU's <u>29000</u> Min Circuit Amps <u>25/25</u> Wire gauge <u>8</u> Max Breaker size <u>30</u> Min Breaker size <u>25</u> Ref line size Liquid <u>3/8</u> Suction <u>3/4</u> Refrigerant type <u>R410A</u> Location Existing <input checked="" type="checkbox"/> New _____ Left/Right/Rear/Front/Roof <u>SOUTH SIDE</u> Condensate Location <u>EXISTING / 10' PLY FORM</u>
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NOTE CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

<u>Air handler</u> Mfg <u>U/K</u> Model# <u>U/K</u> Volts <u>230</u> CFM's _____ Heat Strip <u>5</u> Kw Min Circuit Amps <u>36/41</u> Wire gauge <u>6</u> Max Breaker size <u>45</u> Min Breaker size <u>40</u> Ref line size Liquid <u>3/4</u> Suction <u>3/8</u> Refrigerant type <u>R-22</u> Location Ext <input checked="" type="checkbox"/> New _____ <u>Attic</u> /Garage/Closet (specify) <u>ATTIC</u> Access <u>NEEDS LADDER</u>	<u>Condenser:</u> Mfg <u>U/K</u> Model# <u>U/K</u> Volts <u>230</u> SEER/EER <u>13/?</u> BTU's <u>?</u> Min Circuit Amps <u>25</u> Wire gauge <u>8</u> Max Breaker size <u>30</u> Min Breaker size <u>25</u> Ref line size Liquid <u>3/8</u> Suction <u>3/4</u> Refrigerant type <u>R-22</u> Location Ext <input checked="" type="checkbox"/> New _____ Left/Right/Rear/Front/Roof <u>10' PLATFORM</u> Condensate Location _____ <u>SOUTH SIDE</u>
--	--

Certification

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

J. P. Ayers

Signature

Date



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013

Certificate of Product Ratings

AHRI Certified Reference Number: 7148125

Date 7/16/2014

Product: Split System Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RH1T3617STAN+RCH3617STAM

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

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

Cooling Capacity (Btuh)	29000
EER Rating (Cooling)	13.00
SEER Rating (Cooling)	16.00
IEER Rating (Cooling)	

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

DISCLAIMER

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

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced, copied, disseminated, entered into a computer database or otherwise utilized in any form or manner or by any means, except for the user's individual personal and confidential reference.

CERTIFICATE VERIFICATION

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

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AIR-CONDITIONING HEATING & REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.:

130499870195985079



DesignStar Load Calculation

Results are intended for use with Ruud heating and cooling systems

Customer Information

Street Address	86 N Sewalls Pt. Rd , Stuart, FL 34996
Latitude, Longitude	26 6726° , -80.0706°
House Square Footage	1320 sq ft.
Name	Kevin & Marylou Adrian
Phone	772-631-2334
Email	

House Information

SHR	75
Number of residents	2
Ceiling height	9
Wall U-value R-value	0.09 11
Floor U-value R-value	0.2 5
Ceiling U-value R-value	0.053 19
Window U-value	0.5
Window SHGF	0.85
Moisture grains	64
Duct loss %	10
Duct gain %	10
Cooling infiltration (ACH)	0.6
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

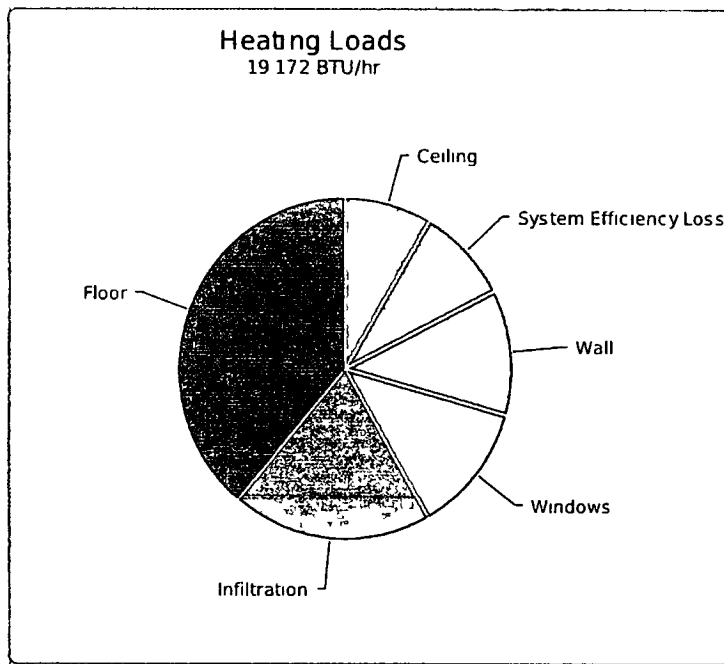
Design Conditions

Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64

Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15

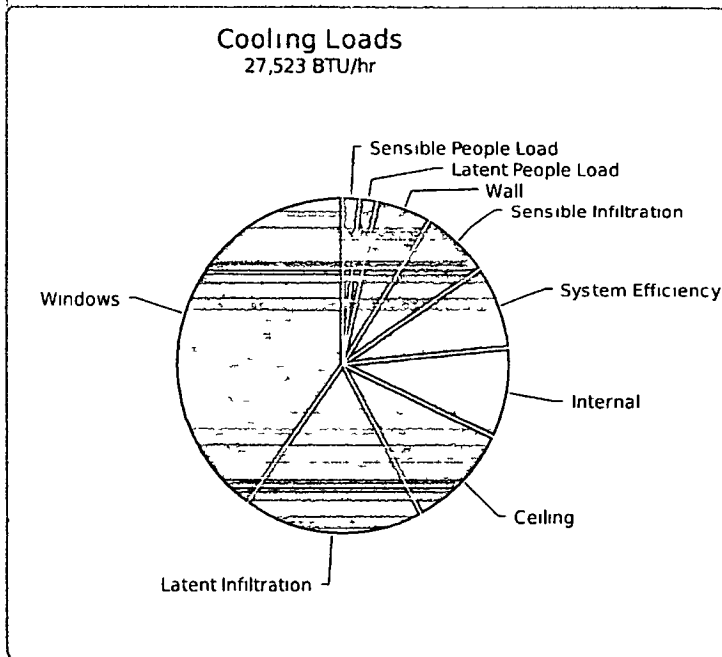
Heating Loads

Area	Btuh	% of load
Wall	2281	11.9
Floor	7443	38.8
Ceiling	1609	8.4
Windows	2369	12.4
Infiltration	3727	19.4
System Efficiency Loss	1743	9.1
Total	19172	

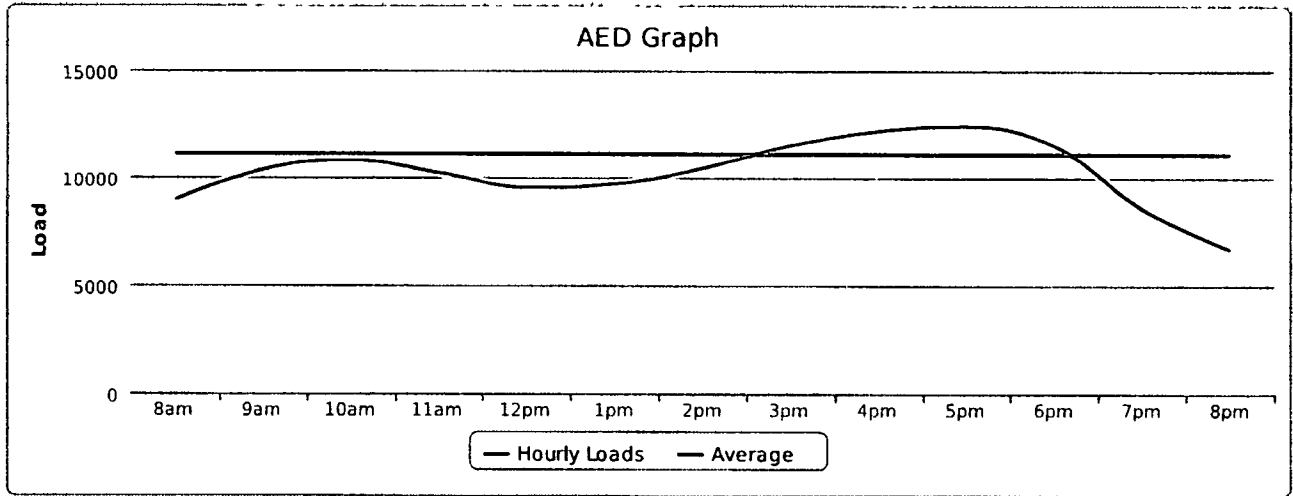


Cooling Loads

Area	Btuh	% of load
Wall	1488	5.4
Ceiling	2798	10.2
Windows	11085	40.3
Sensible Infiltration	1823	6.6
Latent Infiltration	4808	17.5
System Efficiency Gain	2200	8
Internal	2400	8.7
Sensible People Load	460	1.7
Latent People Load	460	1.7
Total.	27523	
Sensible load	22255	
Latent load	5268	
SHR	0.81	
Capacity at .75 SHR	2.47 Tons	



Adequate Exposure Diversity



Equipment selection

System equipment selection will be made using the following derived values

Glass (E)	98 sq. ft.
Glass (S)	15 sq ft
Glass (N)	15 sq ft.
Glass (W)	78 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	22,255 Btuh
Latent Cooling	5,268 Btuh
Required Cooling Airflow	1,012 CFM
Sensible Heating	19,172 Btuh
Required Heating Airflow	249 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101 4 7 1 1 & FS 553 912)

Owner KEVIN & MARYLOU ADRIAN Contractor name MR COOLA/C - AYERS' ELECT & A/C

Street address 86 N SEWALLS PT. RD Jurisdiction _____

City STUART, FL Permit No _____

Zip 34996 Final inspection date _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101 4 7 1 1 as indicated below

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent
- Ducts are located within conditioned space (Section 101 4 7 1 1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101 4 7 1 1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101 4 7 1 1 exception 3)

Signature THOMAS P AYERS Date _____

Printed Name THOMAS P AYERS

Contractor License # _____

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in w c)

Signature _____ Date _____

Printed Name _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-29 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	JONES 48 N. RIVER RD	TREE	PH	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	CHECK OUT BEES E HOME WOOD BANK MARCELLA CAMPBLEN 708 N 08		?	DID NOT SEE BEE SWARM
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10849	GOULD 48 S. SEWALLS PT HADDAD	PART ELECT LATHE	PASS	
				INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10843	ADDAMINI 86 N. SEWALLS MIL COOL MIL	MIL FURN	PASS	CLOSE
9:00				INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10913	GILBERT 29 FIELDWAY SPUNKY ROOFING	ROOF FINAL	PASS	CLOSE
				INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10896	DEMIBENSKI FRATEK 4 KNOWLES RD HOME DEPOT	FURNACE WATER PARTIAL DOORS ONLY	PASS	
				INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10930	WILLIAMS 66 GUMBO LIMBO CODE RED ROOFING	ROOF IN PROGRESS	PASS	
				INSPECTOR <i>A</i>

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

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

Owner Phillip Neill Address 7 Perriwinkle Cir Phone ²⁸³283-1805

Contractor Neill Construction, Inc Address 7 Perriwinkle Cir Phone 283-1805

Number of trees to be removed (list kinds of trees) 14 - Cabbage Palms

Number of trees to be relocated within 30 days (no fee) (list kinds of trees) 0

Number of trees to be replaced within 30 days (list kinds of trees) 0

Permit Fee \$ 18.00 (\$5 for first tree plus \$1. for each additional tree - not to exceed \$25.)

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

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit \$5

Signature of applicant *Phillip Neill* Date submitted 6/24/88

Approved by Building Inspector *Dale Brown* Date 6/24/88

Approved by Building Commissioner _____ Date _____

Completed _____
Date _____ Checked by _____

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

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

415

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

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

Owner DONALD F. DERENTHALEK & ANDRE DORAN address P.O BOX 7305 VB. Phone 334-1446

Contractor ANDY BUILDING CORP. Address P.O BOX 7305 VB Phone 334-7305

Number of trees to be removed (list kinds of trees) COCONUT PALMS

CABBAGE PALMS MANGO

Number of trees to be relocated within 30 days (no fee) (list kinds of trees) _____

NONE

Number of trees to be replaced within 30 days (list kinds of trees) _____

NONE

Permit Fee \$ _____ (\$5 for first tree plus \$1 for each additional tree - not to exceed \$25)

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

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year Fee for renewal of expired permit \$5

Signature of applicant Donald F. Derenthal Date submitted 06-27-88

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____
Date _____ Checked by _____

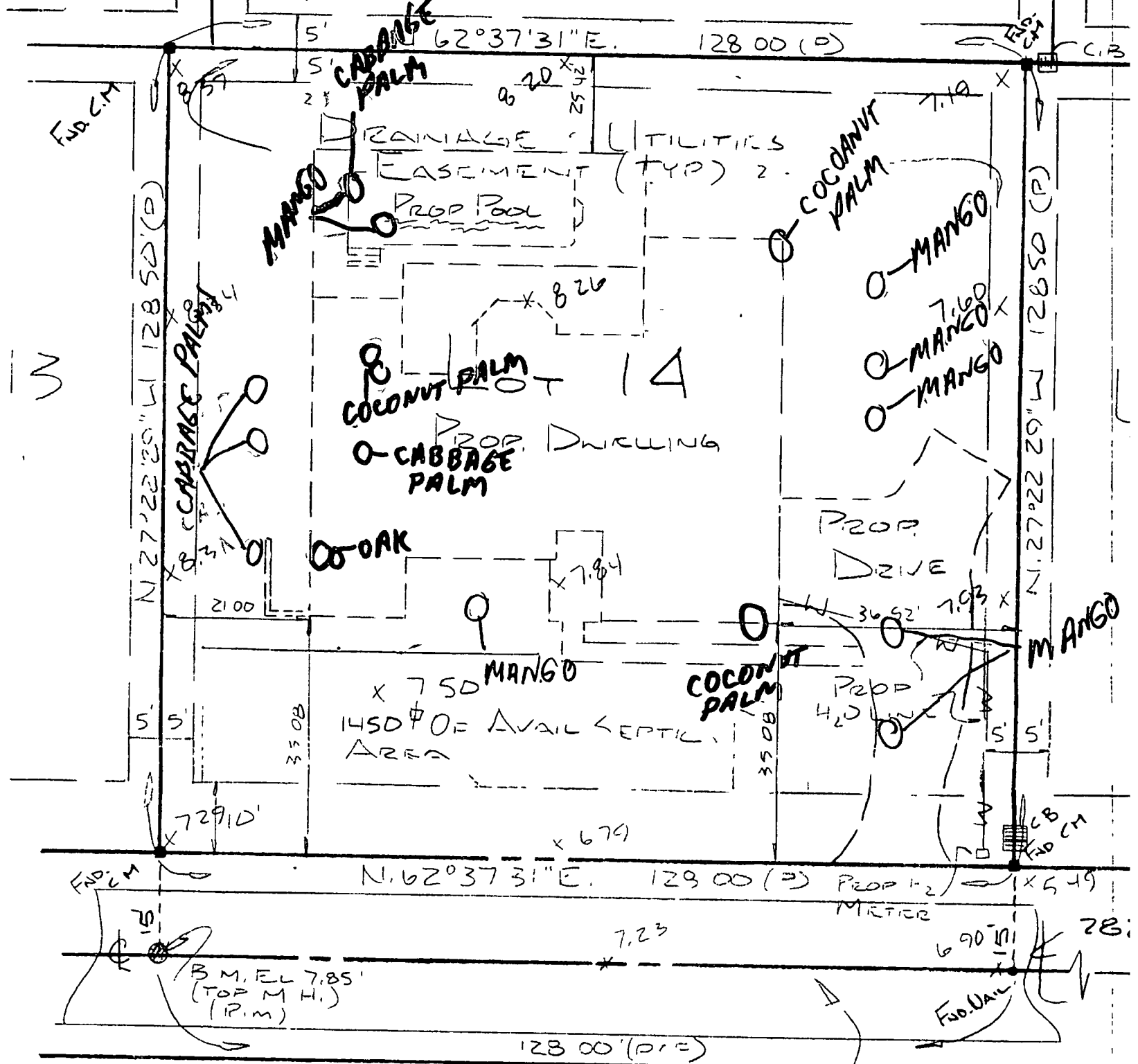
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THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

T 22
1/4

NORTH

LOT 21
VAC



HERITAGE WAY
30' R/W

* BEARING BASE: HERITAGE WAY
(N. 62°37'31\"E.)

PROPERTY LOCATED WITHIN FLOOD ZONE
PROPERTY ADDRESS

NOTIFIED TO ANDRE DORAWIA
DON DEFFENTHALER

NOTES

- 1 Survey of description as furnished
- 2 Lands shown hereon were not of record and/or rights-of-way of record
- (P) Denotes distance or bearing by
- (F) Denotes measured distance or
- (C) Denotes calculated distance or be
- 3 All bearings are referenced to