

92 North Sewall's Point Road

1957

DEMOLITION

1957

LUIS F. VILLAR, M.D., P.A.

RIVER ONE PLASTIC SURGERY CENTER

SUITE 201 • 309 E OSCEOLA ST • STUART FL 33494 • (305) 286-3722

July 1, 1986

Building Department
Town of Sewall's Point
Stuart, Florida

Gentlemen;

I hereby give permission to Surroundings Development Corp to demolish
my house at 92 North Sewall's Point Road

Sincerely,



Luis F Villar, M.D.
Arlene Villar

Demolition

1957

TOWN OF SEWALL'S POINT, FLORIDA

Application for a Permit to Build a House or Commercial Building

PERMIT NO. 1957

DATE JUNE 27 1986

To obtain this permit, the following documents are necessary:

1. Florida certification of Builder and Sub-contractors.
2. Certificate of insurance from Contractor or owner builder for liability and workmen's compensation.
3. Three sets of building plans which include 1/4" scale for building drawings, plot plan, foundation plan, floor plans, wall and roof cross-sections; plumbing, electrical and air-conditioning layouts, and at least two elevations, as applicable.
4. Warranty deed to the property
5. Septic tank permit and one set of plans with Health Dept seal
6. Energy code calculations.
7. Notorized copy of the attached affidavit which states that all Brazilian Pepper, Australian Pine, and Melaluca have been permanently removed from the property.
8. If trees other than in Item 7 are to be removed, a separate tree removal permit.
9. Designation of the Flood Control Zone in which the property is located as defined by the latest Flood Control Map. If the location is questionable, it must be certified by a licensed surveyor. If in "A" Zone, the proposed slab elevation should be specified. If in "V-13", the proposed elevation of the top of pier or piling is required.
10. A manufacturer's window schedule with symbols of sizes.

Owner DR & MRS L VILLAR Present Address 90 NO SEWALL PT RD

Phone _____

General Contractor SURROUNDINGS DEV. CORP Address 500 COLORADO AVE STUART FLA

Phone 286 2660

Where Licensed F/A License No. LCB 17211

Plumbing Contractor _____ License No. _____

Electrical Contractor _____ License No. _____

Roofing Contractor _____ License No. _____

Air-Conditioning Contractor _____ License No. _____

Describe the building, or alteration to existing building REMOVAL of EXISTING BUILDING, SLAB & FOOTERS (FIRE DESTROYED HOUSE)

Name the street on which the building, its front building line and its front yard will face NO SEWALL POINT RD.

Subdivision _____ Lot No. _____ Area _____

Building area, inside walls _____

Area of garage-carport-porch-square feet _____

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 3500⁰⁰/₁₀₀

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

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

1. The building area inside walls is required to show conformance to the ordinance requiring a minimum of 155 sq. ft.
2. The contract price is the expected cost of the building including all but land, carpeting, appliances and landscaping. The permit fee is calculated at \$5.00 per thousand of this. If no contract is submitted as proof, it will be based on a cost of \$60.00 per sq.ft for inside walls; \$25.00 per sq.ft for any other area. In addition, a \$10.00 fee for each subcontractor is included in the permit fee.
3. Before a C.O. is issued the following are necessary
 - a. An owner's affidavit of building cost. A standard form is available. Any discrepancy between original permitfee and new fee based on affidavit will be adjusted here.
 - b. If property is in "A" flood zone, an affidavit from a licensed surveyor showing slab elevation. If property is in "V" zone, an affidavit from a licensed surveyor showing elevation of top of piers or pilings. In addition, certification by a qualified engineer or architect of the structural adequacy of dwelling. Elevation is distance above mean sea level. A standard affidavit form is available.
 - c. Rough grading and clean-up of grounds.
 - d. Approval by the Health Dept. of Septic installation.
4. The South Florida Building Code latest revision is part of the Town's ordinance.
5. Building permits are issued for 1 year's duration. If construction takes longer, a full year's renewal fee is required. Construction must be started within 180 days of issuance or the permit is subject to revocation with the forfeiture of fee.
6. Any changes in plan must be approved by the Building Inspector
7. Work hours are from 8:00 AM to 5 00 PM Monday through Saturday.
8. Portable toilet must be provided.
9. The grounds should be policed each day to clean up trash and scrap building material. A dumpster should be provided to contain these.
10. Inspections are performed from Monday through Friday from 8 00 AM to Noon. Twenty-four hours notice is required.
11. To facilitate set-back inspection at the start of the project, lines shall be strung along the property lines of the lot.
12. Within 90 days after a C.O is issued, the grounds must be landscaped to be compatible with the neighborhood
13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDNANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR BUILDER FROM COMPLIANCE WITH TOWN ORDNANCES.

Signed Contractor _____

Owner _____

Approved by Building Inspector _____
 Approved by Commissioner _____
 Certificate of Occupancy issued _____

Dale Brown
J C Shubell

Date 7/2/86
 Date 7/2/86
 Date _____

9801

FENCE



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.	9081	DATE ISSUED	JANUARY 9, 2009
SCOPE OF WORK	FENCE		
CONDITIONS			
CONTRACTOR	A GREAT FENCE		
PARCEL CONTROL NUMBER	353741-000-000-002322	SUBDIVISION	GOVT LOT 2
CONSTRUCTION ADDRESS	92 N SEWALL SPT RD		
OWNER NAME	VILLAR		
QUALIFIER	DARRICK BAILEY	CONTACT PHONE NUMBER	812-0223

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8.00AM TO 4 00PM INSPECTIONS 8 30AM TO 12 00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE 12-29-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION Permit Number _____
Date 12-29-08

OWNER/TITLEHOLDER NAME Luis Villar Phone (Day) 772-286-3722 (Fax) 772-286-7096

Job Site Address 92 N. Sewalls Point Road City Stuart State FL Zip 34996

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

Owner Address (if different) 309 SE Osceola St. # 201 City Stuart State FL Zip 34994

Scope of work installing 160' of 4' bronze rail aluminum and 30' of 4' black vinyl chainlink

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)

CONSTRUCTION VALUES - (Required on ALL permit applications)
Estimated Value of Improvements \$16,000
Notice of Commencement required when over \$2500 prior to first inspection
Is subject property located in flood hazard area? V _____ A9 _____ A8 _____ X _____
FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS 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 A Great Fence, LLC Phone 772-812-0223 Fax 772-408-0272

Street 361 SW Undallo Road City PSL State FL Zip 34953

State Registration Number _____ State Certification Number _____ Municipal License Number _____

PROJECT SUPERINTENDANT Darrick Bailey CONTACT NUMBER 772-812-0223

ARCHITECT N/A Lic # _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER N/A Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

AREA SQ FOOTAGE Living _____ Garage _____ Covered Patios _____ Screened Porch _____

Carport _____ Total Under Roof _____ Wood Decks/walkways _____ Accessory Building _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2004 (W/2006 Rev)
National Electrical Code 2005 Florida Energy Code 2004 Florida Accessibility Code 2004 Florida Fire Code 2004

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

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

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

X
Luis Villar
OWNER OR AUTHORIZED AGENT SIGNATURE (required)

Darrick Bailey
CONTRACTOR SIGNATURE (required)

State of Florida, County of St Lucie

On State of Florida County of St Lucie

This the 30th day of December, 2008

This the 30th day of December, 2008

by Luis Villar who is personally

by Darrick Bailey who is personally

known to me or produced _____

known to me or produced _____

as identification Deborah Raffel
Notary Public

As identification Deborah Raffel
Notary Public

My Commission Expires Apr 10, 2010

My Commission Expires Apr 10, 2010

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



Martin County, Florida
Laurel Kelly, C.F.A

Site Provided by
 governmax.com T1 14

Summary

print Owner 2 of 7

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
35-37-41-000-000-00232-2	92 SEWALL'S POINT RD	9389	Owner	0	1

Summary

Property Location 92 SEWALL'S POINT RD
Tax District 2200 Sewall's Point
Account # 9389
Land Use 101 0100 Single Family
Neighborhood 193000
Acres 1 015

Legal Description
Property Information
 S 108 70' OF N 800 48' OF GOVT LOT 2 E OF S PT RD

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 VILLAR, LUIS F & ARLENE P

Mail Information
 92 N SEWALLS POINT RD
 STUART FL 34996-6501

Assessment Info
Front Ft

Market Land Value \$578,790
Market Impr Value \$558,980
Market Total Value \$1,137,770

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
Sale Amount \$0

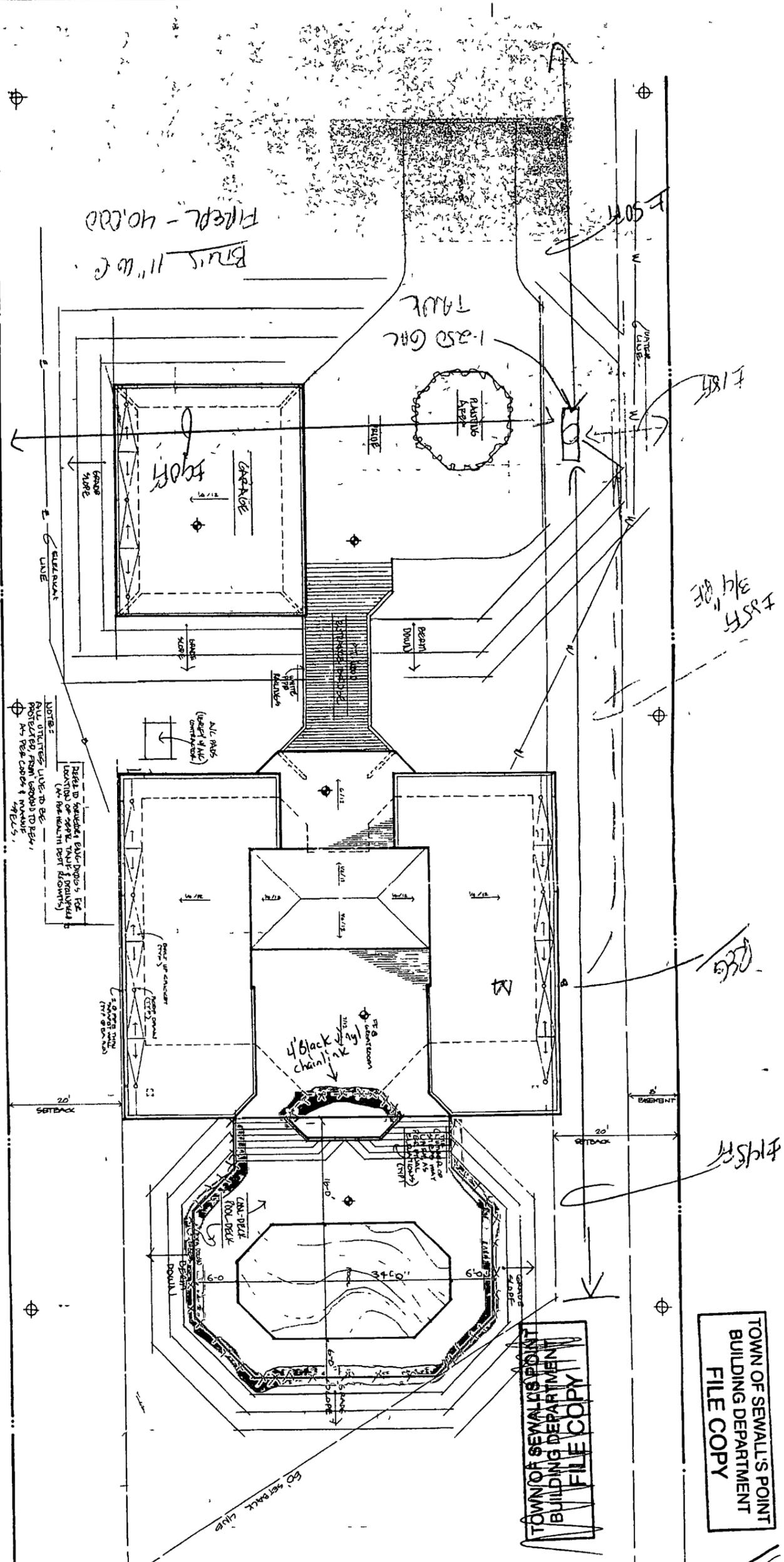
Sale Date 12/28/2007
Book/Page 2300 1367

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 12/22/2008





NOTE:
REFER TO SUPERIOR/ENR
DRAWINGS FOR SITE & 3D00 FINISHED
ELEVATIONS, 1/4\"/>

ARCHITECTURAL
SITE PLAN 1/8" = 1'-0"
ROOF PLAN

NO PERMANENT STRUCTURES
IN SET-BACK AREAS

Approval of these plans is the joint
responsibility of the applicant and the
Town of Sewall's Point. The applicant
agrees to live and abide by the Florida
Building Code and the State Building Code
of Sewall's Point, Florida.
Michael Emswiler, Mayor

RECEIVED
RECEIVED
RECEIVED
11/11/86

00 11/13/86 OK
18-11c

4' tall ^{2rail} Bronze aluminum fence around pool

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

comm no.	revisions
drawn by	date description
checked by CRS	
date. 6/2/86	

VILLAR RESIDENCE
SEWALL'S POINT, FLORIDA

ARCHITECT • PLANNER
CHARLES R. STINSON
9 east osceola street
stuart, florida 305/286/7777

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 2-6 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9081	Villar	final	PASS	CLOSE
3	92 N Sewalls Pt A Great Fence			INSPECTOR <i>[Signature]</i>
8735	Stark 87 Silver Rd Harbor Bay Pools	final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
8441	Dressler 12 Island Rd Harbor Course	final	FAIL	INSPECTOR <i>[Signature]</i>
8421	CUMMINGS 83 S. RIVER ELIAS M.B.F.	FOUNTAIN		INSPECTOR
TREE	GIACHINO 19 SIMARA ST.	TREE	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

1969

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER L. Villan M.D.
 CONTRACTOR Surroundings
 LOT 2 Block Gate.
 NO. N.S.P. Rd. St. or Ave.

NO. 1969 Date Issued 7-23-86

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

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1 LOT STAKES/SET BACKS	7/26/86	
2 TERMITE PROTECTION	9/24/86	
3 FOOTING - SLAB	OK 12/11/86 DB	
4 ROUGH PLUMBING	OK 12/11/86 DB	
5 ROUGH ELECTRIC	OK 12/11/86 DB	
6 LINTEL		
7 ROOF		
8 FRAMING	OK 12/14/86 DB	
9 INSULATION	OK 12/14/86 DB	
10 A/C DUCTS	OK 12/11/86 DB	
11 FINAL ELECTRIC	OK 4/16/87 DB	
12 FINAL PLUMBING	OK 4/16/87 DB	
13 FINAL CONSTRUCTION	OK 4/16/87 DB	

TO CONSTRUCT residence

REMARKS.
7/23/86

Permit No 1969

Date JULY 11 1986

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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

Owner DR & MRS LOIS VILLAR Present address 309 EAST OSCOLA ST
Phone _____ STUART FLA

General contractor SURROUNDINGS DEV. CORP Address 500 COLORADO AVE
Phone 2862660 STUART FLA

Where licensed FLA License No. _____

Plumbing contractor LINDQUIST License No. RF 0037479

Electrical contractor HERNDON License No. ER0007907

Air-conditioning contractor R+R License No. CAC 008035

Describe the building, or alteration to existing building we will construct
A New Residence on Piling

Name the street on which the building, its front building line and its front yard will face 92 NO SEWALLS POINT RD

Subdivision _____ Lot No. Government #2 Area _____

Building area, inside walls (excluding garage, carport, porches, pools, etc.) ..square feet 3640

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 125,000.00

Cost of permit \$ 1165^{XX} Plans approved as submitted _____ or, as marked _____

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

Contractor James Capeland CBC 017211

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

* Owner Lois Villar

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

TOWN RECORD

Date submitted 7/11/86

Approved by Building Inspector (date) 7/15/86

Inspector's initials DOB

Approved by Town Commissioner (date) 7/16/86

Commissioner's initials JB

Certificate of Occupancy issued (date) 4/17/87 DOB

1969

TOWN of SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

COMMISSIONERS

JOHN C. QUENTHER Mayor
GILBERT C. STRUBEL Vice Mayor
DOROTHY D. ROCHE Commissioner
DUFFY D. B. DRAKE Commissioner
ROBERT R. AUNE Commissioner

BUILDING DEPARTMENT

TELEPHONE (305) 287 2455

JOAN H. BARROW
Town Clerk
E. J. MATUSZAK
Chief of Police

1. The Town of Sewall's Point has adopted the South Florida Building Code as a part of its building ordinances.
2. Building permits are issued for one year's duration. Construction must be started within 180 days or the permit will be subject to revocation, with forfeiture of fee.
3. ALL changes in plans must be approved by the Building Department.
4. Work hours are from 8 AM to 5 PM Monday thru Saturday NO SUNDAY WORK
5. Portable toilets must be on all construction sites.
6. Roof sheeting plywood must be 5/8" not 1/2" as in the county.
7. Inspections are made Monday thru Friday, 8 AM to Noon. 24 hour notice is required prior to all inspections
8. Rough grading and property clean-up must be completed before a Certificate of Occupancy is issued.
9. Trash, debris and scrap building materials must be policed daily. All debris must be contained in a dumpster.
10. Building permit fees are \$5. per thousand dollars of the cost of the building, plus \$10 each for plumbing, electric, air conditioning and roofing. For example, a \$50,000. building x \$5. = \$250. plus \$40. (pl., el., a.c. and roof) = \$290. total cost of permit
11. The building department will request proof of contract costs.
12. Business or advertising signs on the job site will be permitted only with prior approval of the Town Commission
13. If trees are to be removed, replaced or relocated, a permit is required. Check with the building inspector before removing or relocating any trees.
14. Submit separate square foot areas for inside walls, garage, carport, porches, etc.
15. Inside walls are calculated at \$60 per square foot minimum for building permit fee cost. All other areas are calculated at \$25. per square foot minimum
16. Contractors must submit a manufacturer's window schedule with symbols and sizes.
17. Inspection for setbacks will be made by the building inspector if the builder supplies lines from the property stakes OR a survey showing the location of the building on the lot (by a licensed surveyor) will be required.

REQUIREMENTS FOR BUILDING PERMITS

- 1 - FLORIDA CERTIFICATION OF BUILDER AND SUBS
- 2 - CERTIFICATE OF INSURANCE FROM CONTRACTOR OR OWNER BUILDER FOR LIABILITY AND WORKMEN'S COMPENSATION.
- 3 - 3 SETS OF PLANS
- 4 - WARRANTY DEED SHOWING OWNERSHIP.
- 5 - SEPTIC TANK PERMIT AND ONE DRAWING (SET OF PLANS) WITH HEALTH DEP'T SEAL
- 6 - ENERGY CODE CALCULATIONS - BLANKS IN BLDG DEPT.
- 7 - SHOWING LOWEST LIVING FLOOR (ROOM) ELEVATION IN ACCORDANCE TO LATEST FLOOD MAP.



RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

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

Item	
1 LOT STAKES/SET BACKS	_____
2 TERMITE PROTECTION	_____
3 FOOTING - SLAB	_____
4 ROUGH PLUMBING	_____
5 ROUGH ELECTRIC	_____
6 LINTEL	_____
7 ROOF	_____
8 FRAMING	_____
9 INSULATION	_____
10 A/C DUCTS	_____
11 FINAL ELECTRIC	_____
12 FINAL PLUMBING	_____
13 FINAL CONSTRUCTION	_____

Signed _____

Approved by _____

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector _____ date

Approved by Building Commissioner _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)



Surroundings Development Corp.
Department of Professional Regulation

Construction Industry Licensing Board

Richard P. Daniel State Regional Office
111 Coast Line Drive East, Suite 504
Post Office Box 2
Jacksonville, Florida 32201
(904) 359-6310

8818
CGENCT

H - 878-5004
O - 286-2660

H - 1565 S.E. CROWBERRY DR.
P.S.L 33452

November 19, 1986

Mr. Eugene Joseph Naimo
Surroundings Development Corp.
500 Colorado Avenue
Stuart, Florida 33497

CERTIFICATION AS A STATE CERTIFIED GENERAL CONTRACTOR

CERTIFICATION NO: CG C020757

EXPIRATION DATE: JANUARY 18, 1987

Dear Mr. Naimo:

This will serve as your Temporary License as the qualifier of the above entity.

Until the above expiration date, you are entitled to all the privileges allowed under the Law, Part I, Chapter 489, of the Florida Statutes.

Your permanent license will be forwarded to you from Tallahassee.

Sincerely,

THE FLORIDA CONSTRUCTION
INDUSTRY LICENSING BOARD

Milton Rubin
Milton Rubin
Administrative Assistant

MR:tb

Board Members

- | | | | |
|---------------------|----------------------|-------------------|-----------------------|
| Stanton M Alexander | Henry G Bachara | Selma S Barganier | Michael L Blankenship |
| Samuel M Bloom | Danny G Carson | J R Crockett | G E Daniel |
| Thelma Dudley | William R Ellis | John Fix | Edwin Dickey |
| Wayne Masur | Terance W McLaughlin | Edward A Parker | Terry L Mannque |
| George A Rogers, Jr | Louis P Samuels | Robert S Reed | Joe M Richards |
| | Donald W Stobs | Frank L Whitehead | |

MARTIN COUNTY PUBLIC HEALTH UNIT Phone: 287-0525

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: HD86-332

NAME OF APPLICANT: SURROUNDINGS

HOME PHONE: 225-4051

WORK PHONE: _____

MAILING ADDRESS OF APPLICANT: 18 SIMARA ST. STUART FL. 33494

LOT _____ BLOCK _____ SUBDIVISION SEE LEGAL

PLAT BOOK _____ PAGE _____ DATE SUBDIVIDED _____

RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3

HEATED OR COOLED AREA OF HOME 2500± SQUARE FEET

COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ NUMBER PEOPLE _____

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:

STEPHEN J. BROWN

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1200 GALLONS

DRAINFIELD SIZE 500 SQUARE FEET

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

20" above minimum B.M. EL. 8.0

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 17'

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

24" above minimum B.M. EL. 8.0

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

ISSUED BY: Donald M. Suskowsky
ENVIRONMENTAL HEALTH SPECIALIST

DATE: 6-18-86

PLEASE NOTE:

1. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
2. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.
5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

Permit VOID, if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

Inspection results will be posted in electrical box.

FINAL INSPECTION

CONSTRUCTION APPROVED BY: _____
ENVIRONMENTAL HEALTH SPECIALIST

DATE: _____

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? No
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
10. 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
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS 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
13. THERE IS 900 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION NONE SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 8.00 SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 7.00 SHOW LOCATION ON PLOT PLAN. 4.00 4/13/86 SRS
3. 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? 9.00 NGVD 1929 (ELEVATION OPTIONAL)

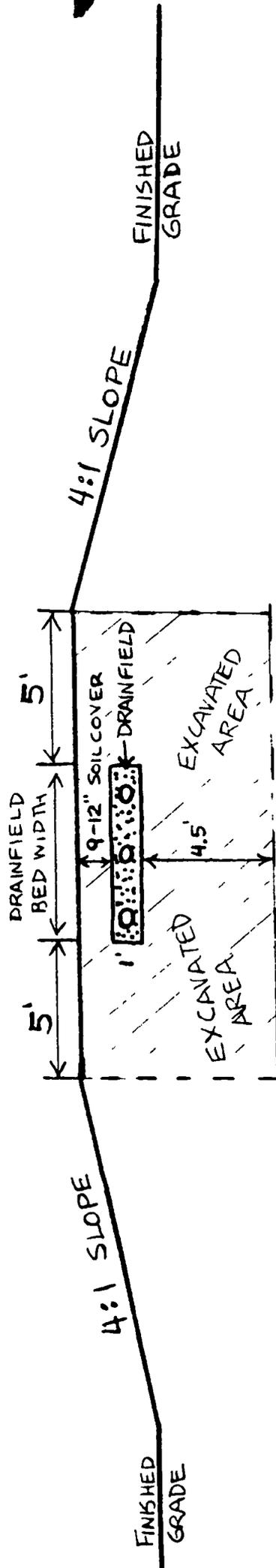
NOTE: MUST BE CERTIFIED BY REGISTERED SURVEYOR OF ENGINEER IN THE STATE OF FLORIDA.

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO: 7849
DATE: 6-5-86 JOB NO: 531-071

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

DRAINFIELD MOUND REQUIREMENTS

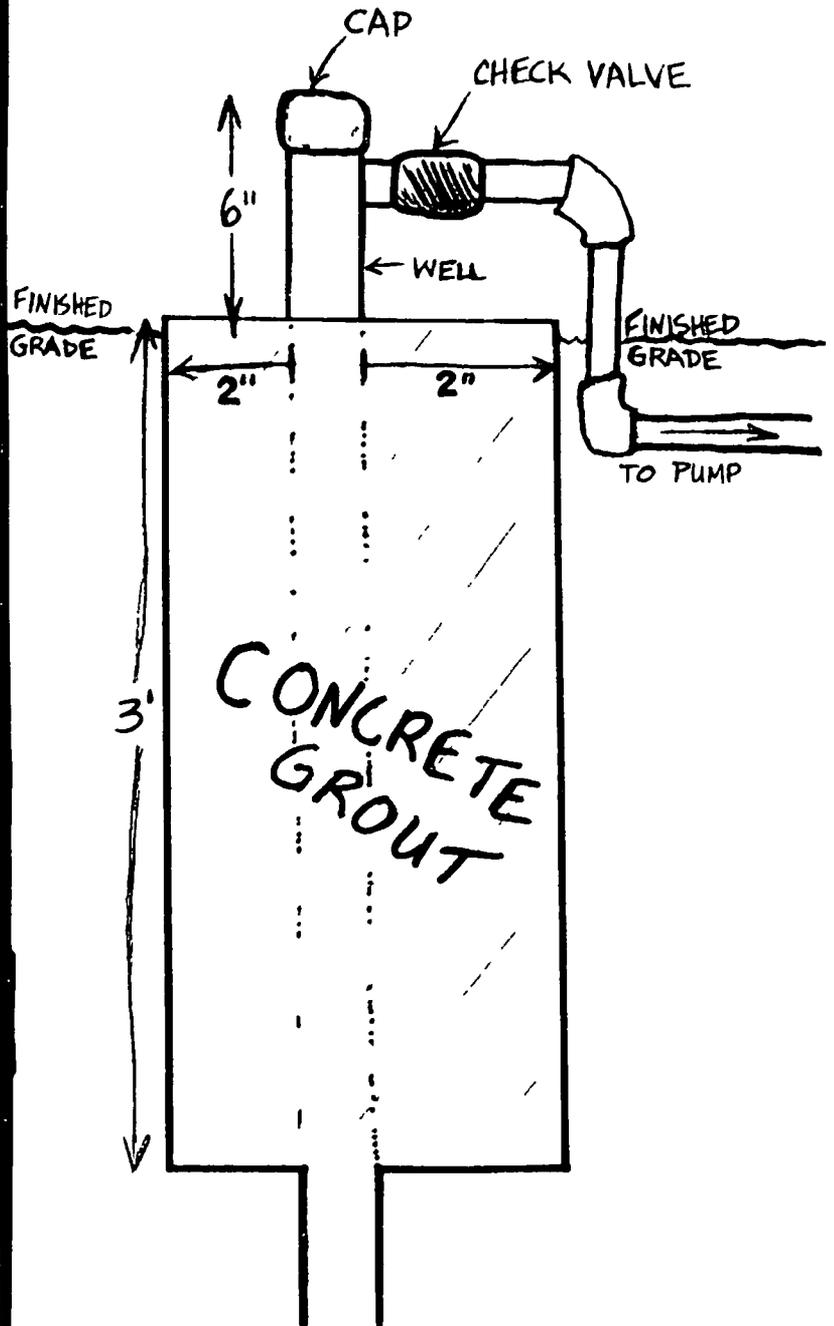


NOTES THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

MMC 4185

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.



2nd

SITE EVALUATION

APPLICANT: Surroundings
LEGAL DESCRIPTION: Twin Rivers

SOIL PROFILE



USDA SOIL TYPE Waveland

USDA SOIL NUMBER 4

Impervious soils are present at 53' feet below natural grade

PRESENT WATER DEPTH BELOW NATURAL GRADE 2.5' FEET.

WET SEASON RANGE PER SOIL SURVEY 10" FEET.

ESTIMATED WET SEASON WATER DEPTH BELOW NATURAL GRADE _____ FEET

INDICATOR VEGETATION PRESENT Sand pine, Palmettos, oak

IS BENCHMARK LOCATED ON PLOT PLAN AND PRESENT ON SITE? yes

APPROXIMATE AMOUNT OF FILL ON NEIGHBORING LOTS 1"

OTHER FINDINGS: transition zone # 4, 9

EVALUATION BY: Jacqueline Dikely
DATE: 6-16-86

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/17/87

This is to request that a Certificate of Approval for Occupancy be issued to Villar
 For property built under Permit No 1969 Dated 7/23/86 when completed in
 conformance with the Approved Plans

Item		
1 LOT STAKES/SET BACKS	<u>7/26/86 DB</u>	Signed _____
2 TERMITE PROTECTION	<u>9/22/86</u>	
3 FOOTING - SLAB	<u>9/27/86 DB</u>	Approved by _____
4 ROUGH PLUMBING	<u>12/11/86 DB</u>	
5 ROUGH ELECTRIC	<u>12/11/86 DB</u>	
6 LINTEL		
7 ROOF		
8 FRAMING	<u>12/14/86 DB</u>	
9 INSULATION	<u>12/16/86 DB</u>	
10 A/C DUCTS	<u>12/11/86 DB</u>	
11 FINAL ELECTRIC	<u>4/17/87 DB</u>	
12 FINAL PLUMBING	<u>4/17/87 DB</u>	
13 FINAL CONSTRUCTION	<u>4/17/87 DB</u>	

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 4/17/87 date

Approved by Building Commissioner G.C. Strubell date

Utilities notified 4/17/87 date

Original Copy sent to _____

(Keep carbon copy for Town files)

2155

POOL

Permit No. 2155

Date 1/8/87

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

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

Owner Luis Villar 90 Surroundings Per. Co Present Address 500 Colorado Ave

Phone 286-2660 Stuart, Fla 334

Contractor Olympic Pools Address 1565 S.W. Martin Hwy

Phone 286-6070 Palm City, Fla. 33490

Where licensed State Certified License number #CPCO

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: Swimming Pool

92 Sewalls Point Rd North

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

Subdivision Sect 35; Twp 37S-Rq 41E Lot number 2 Block number

East of Sewalls PE RD

Contract price \$ 11,000 Cost of permit \$ 65.00

Plans approved as submitted Plans approved as marked

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

Contractor [Signature]

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

Owner [Signature] Surroundings Per. Co

TOWN RECORD

Date submitted Approved Dale Brown 1/15/87 Building Inspector Date

Approved: [Signature] 1/15 Commissioner Date Final Approval given: Date

Certificate of Occupancy issued (if applicable) 5/6/87 Date

SP1282

Permit No. 2155

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.

FLOOD ZONE A-10
ELEV. 8.0

FLOOD ZONE A-10
ELEV. 9.0

FLOOD ZONE V-13
ELEV. 10.0

(ASSUMED BEARING)

385.60' ± WEST

18' ROAD EASEMENT

8' ACCESS EASEMENT

PARCEL "B"

S. 29° 35' 18" E
125'

23' 89' ±
54.05
185.6' ±

DWELLING
UNDER-CONST.

GARAGE
UNDER-CONST
FIN. EL. 8.38

FIN. EL. ELEV.
11.42

FIN. C.M.

403' ± EAST

189' 5' ±

SOUTH LINE OF NORTH
800.48' OF LOT 2

INDIAN RIVER

APPROXIMATE
H.W.L.

SEWELL'S POINT ROAD
N. 23° 30' 30" W
60' ±

NOTES:
1 Survey of description as
2 Lands shown hereon
and/or rights-of-way
(P) Denotes distance
(F) Denotes measured

5686

REROOF

TOWN OF SEWALL'S POINT

Date 2/2/02

BUILDING PERMIT NO. 5686

Building to be erected for LUIS VILLAR

Type of Permit RE-ROOF

Applied for by PACIFIC ROOFING (Contractor)

Building Fee 120.00

Subdivision GOVT. Lot 2 Block _____

Radon Fee _____

Address 92 N. SEWALL'S POINT RD.

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number

Electrical Fee _____

353741000000023220000

Plumbing Fee _____

Amount Paid \$120.00 Check # 8545 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 15,000.00

TOTAL Fees 120.00

Signed _____
Applicant

Signed Mene Simmons / nk
Town Building Inspector
OFFICIAL

PERMIT

- | | | |
|-------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input checked="" 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	<u>3/25/02</u>

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number _____

Owner or Titleholder Name DR. VILLAR RESIDENCE City SEWALL State FL Zip 34996

Legal Description of Property SEE M.O.C. Parcel Number 35-37 41-000-000-0023 2-2

Location of Job Site 92 N SEWALLS POINT ROAD Type of Work To Be Done RE-ROOF FLAT SECTION ONLY

CONTRACTOR/Company Name PACIFIC ROOFING Phone Number 283 7663

Street P.O. Box 2697 City SEWALL State FL Zip 34995

State Registration Number _____ State Certification Number CCC056793 Martin County License Number _____

ARCHITECT _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living 224 Garage _____ Covered Patios _____ Screened Porch _____

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

Type Sewage _____ Septic Tank Permit Number From Health Dept _____ Well Permit Number _____

FLOOD HAZARD INFORMATION Flood Zone _____ Minimum Base Flood Elevation (BFE) _____ NGVD

Proposed First Floor Habitable Floor Finished Elevation _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements \$15,000 Estimated Fair Market Value (FMV) Prior

To Improvements _____ If Improvement Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing PACIFIC ROOFING State FL License Number CCC056793

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural Mechanical Plumbing Gas) _____ South Florida Building Code (Structural Mechanical Plumbing Gas) _____

National Electrical Code _____ Florida Energy Code _____

Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required) [Signature]

State of Florida County of MARTIN

This the 14 day of FEB, 2002

by Rob Astin / Luis Villar who is personally

known to me or produced _____

as identification _____

Notary Public

My Commission Expires [Signature]

CONTRACTOR SIGNATURE (Required) _____

On State of Florida County of MARTIN

This the 14 day of FEB, 2002

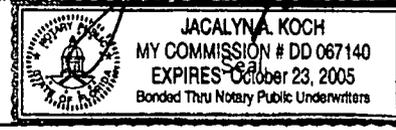
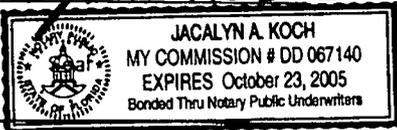
by Richard J. Gomes who is personally

known to me or produced _____

as identification _____

Notary Public

My Commission Expires [Signature]



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 35-37-41-000-000-0027.2.2

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MANATEE

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):

S 108 70' OF N 800.48' OF 60' LOT 2 E OF S PT RD

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: Luis Villar

ADDRESS: 92 N. SEWALL POINT ROAD STUART, FL. 34996

PHONE #: _____

FAX #: _____

CONTRACTOR: PACIFIC ROOFING

ADDRESS: P.O. Box 2697 STUART, FL. 34995

PHONE #: 283-7663

FAX #: 283-9505

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

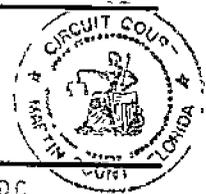
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14 DAY OF FEB 2007 BY Rosie A. Koch

PERSONALLY KNOWN OR PRODUCED ID

NOTARY SIGNATURE



CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO / DATE
WC2-57518 126136
1/23/02 1:25:43 PM

Risk Placements Inc
South Binger Street
Arlington TX 75069
4-733-9645 fax 425-671-4567

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

INSURERS AFFORDING COVERAGE

INSURER A National Fire Insurance Company of Hartford
INSURER B
INSURER C
INSURER D
INSURER E

INSURED
Pacific Roofing Corporation
803 South East Dixie Hwy
Stuart FL 34994
fax 561-283-9505

COVERAGES

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

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
GENERAL LIABILITY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS COMP/OP AGG \$ _____		
	AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____	
		GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY EA ACC \$ _____ AGG \$ _____
			<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC249189627	1/22/02	9/1/02	X W.C. STAT. TOBY LIMITS EL EACH ACCIDENT \$ _____ EL DISEASE EA EMPLOYEE \$ 1,000,000 EL DISEASE POLICY LIMIT \$ 1,000,000	
	OTHER				LIMIT \$ _____ LIMIT \$ _____		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1 Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing Inc

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

BATCH NUMBER



GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

CC-C056793

RECEIVED
SEP 21 2000
BY *[Signature]*

FILE
hep/ris



MIAMI-DADE COUNTY FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

U S Intec, Inc
1212 Brau Drive
Port Arthur TX 77643

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

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

PRODUCT CONTROL DIVISION
(305) 375 2902 FAX (305) 372 6359

Your application for Product Approval of
U S Intec Modified Bitumen Roof Systems for Wood Deck
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein

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

The expense of such testing will be incurred by the manufacturer

Acceptance No. 00-0329.05

Expires 08/01/2003

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE</p>	
DATE	_____ 1 of 32 _____
<p>_____ BUILDING OFFICIAL Gene Simmons</p>	

Approved 05/26/2000

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

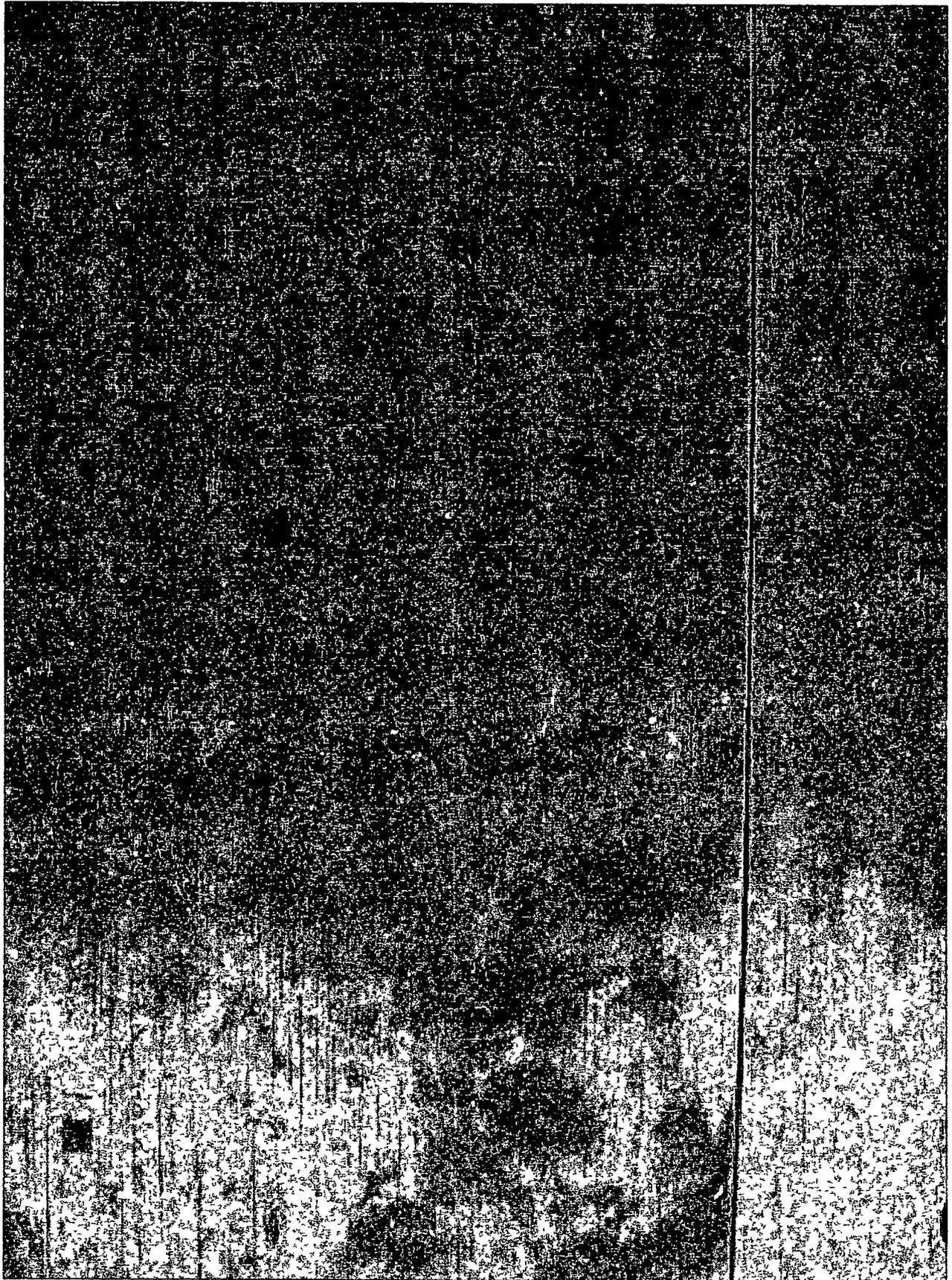


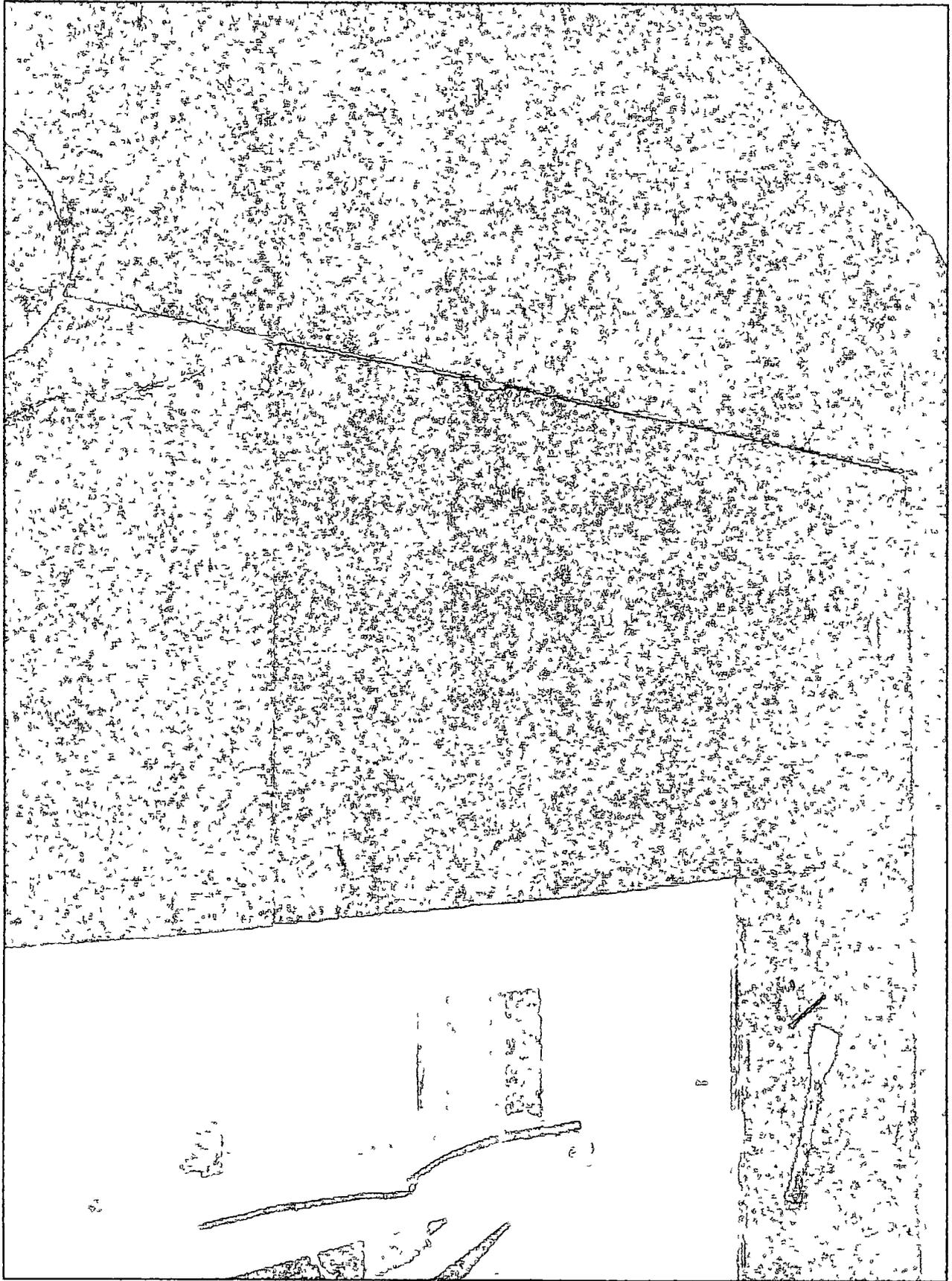
92 N Sewalls Pt. Rd

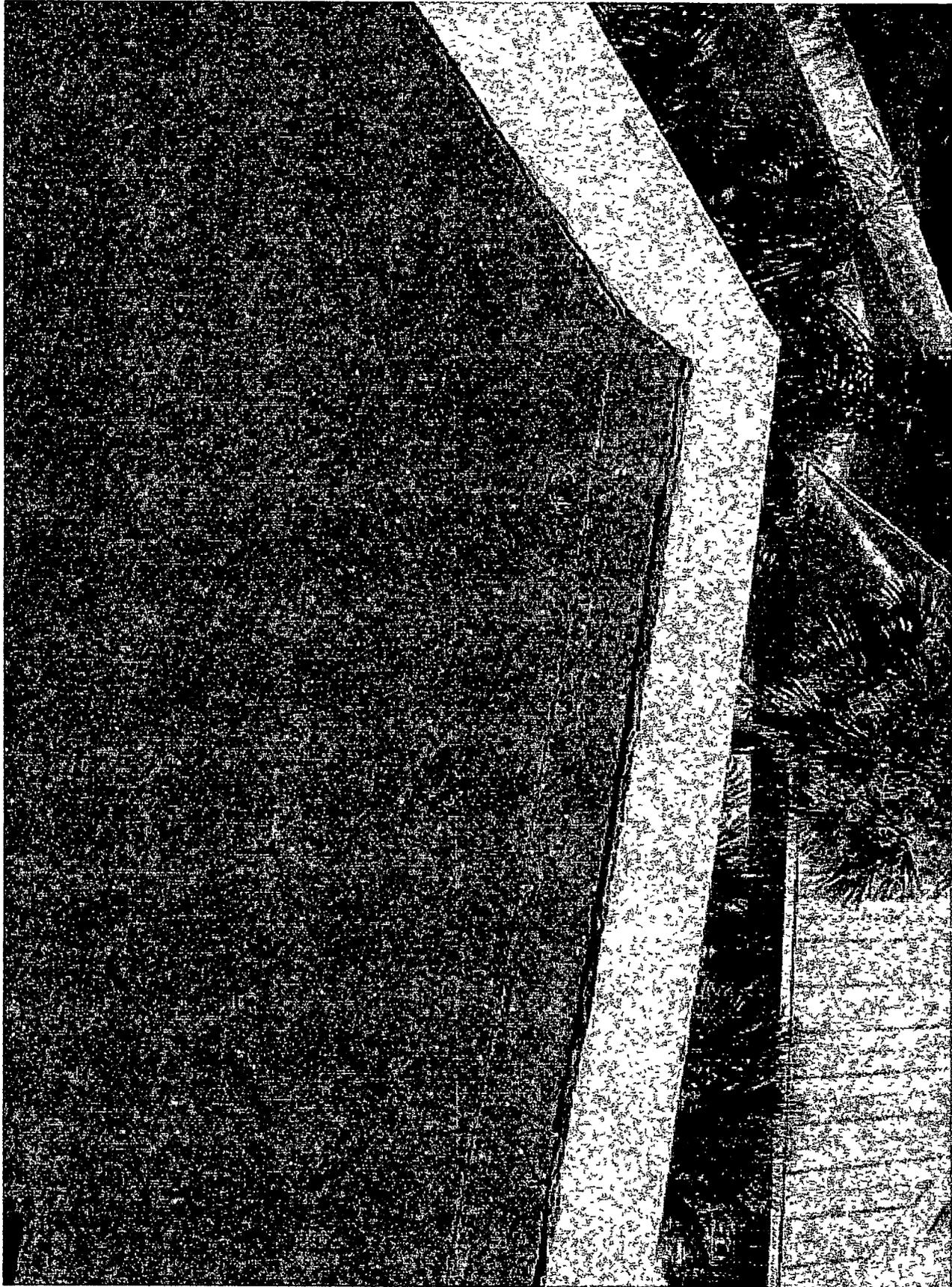
~~11~~ 5686

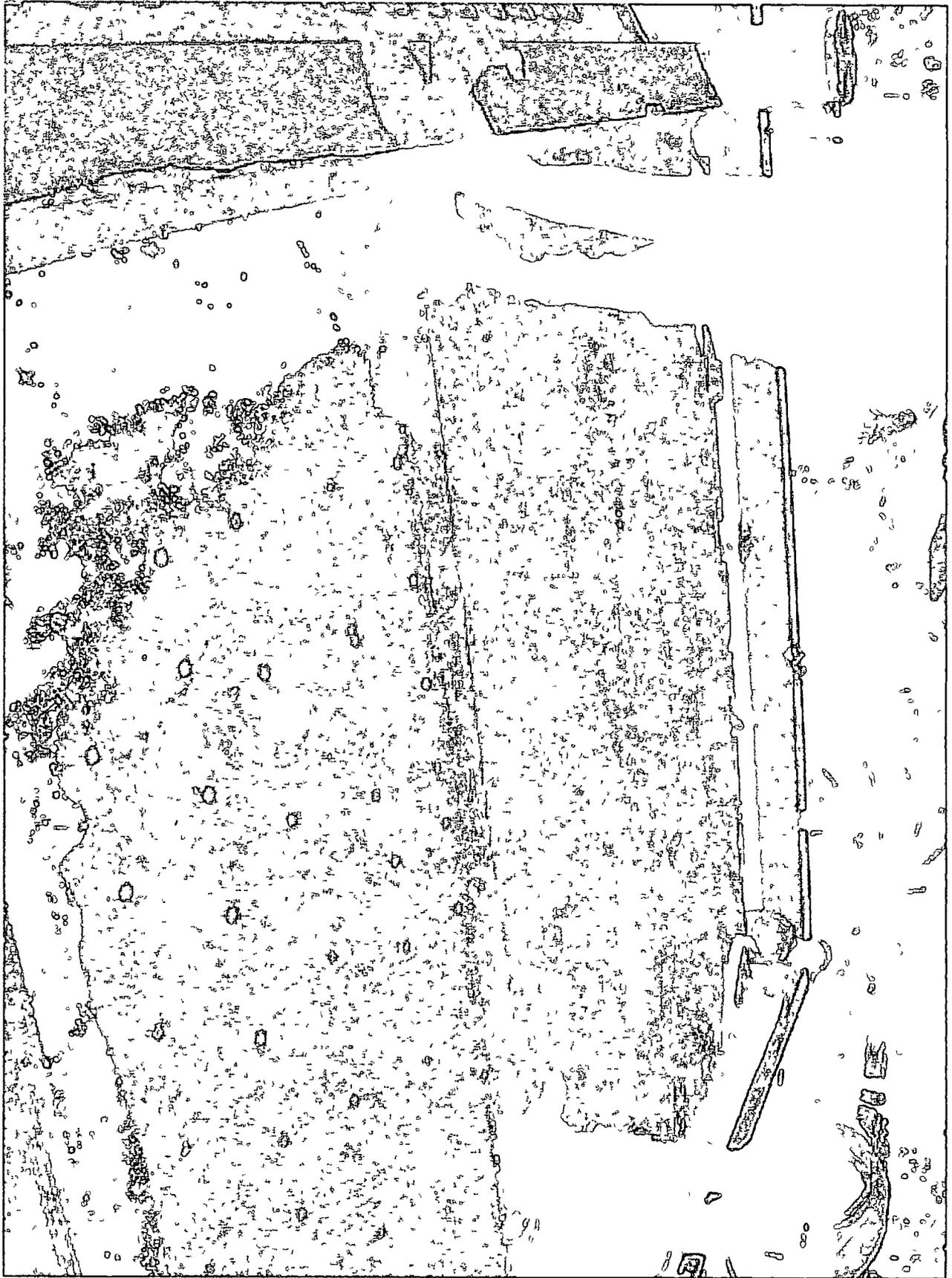
Rob - Villar Res















1. 2. 2



1. 2. 2

1







TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS 92 N. Sewalls Pt Rd

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

Roof Sheathing

No access

\$20. - recall

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 3/13/2

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MARCH 18, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5068	WINER	INSULATION	Passed	
(4)	19 RIDGELAND LEAR			INSPECTOR 
5358	WALKER	POOL PLUMBING	Failed	
(5)	6 CRAWES NEST. OLYMPIC			INSPECTOR 
5636	VILLAR	SNEATHING	Failed	
(3)	92 N. SEWALLS PT RD PACIFIC			INSPECTOR 
5567	INGRAM	EARLY POWER RELEASE	Passed	→ approval?
(2)	101 N. SEWALLS PT RD BUFORD.			INSPECTOR 
5656	D'AMINO, 5 ISLAND RD. TAYLOR	FINAL ROOF	Passed	INSPECTOR 
5501	ALMAN	ELECTRICAL + MECH ROUGH	Failed Passed	
(1)	3 SUMMER LN. ALMAN			INSPECTOR 
5718	MADDEN	Roof Final	Passed	
(7)	160 S RIVER RD. COLLINS	283 4202		INSPECTOR 

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~March 25th~~, 2001; Page 1 of .

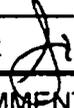
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5686	Villar	Flat roof final	Pass	Q30
(4)	92 N Sewalls Pt. Pacific			INSPECTOR
5682	Waudor	Fence	Pass	
(1)	26 Simara United Fence 330 2627			INSPECTOR
4799	Melissa Jones ^{287 4824}	fence	Failed	Owner wants to be present
(2)	51 S. Sewalls Pt. United Fence	G/water: 35'		* INSPECTOR
5720	Varquez	fence	Pass	
(3)	82 S Sewalls Pt. Quality Fence			INSPECTOR
5509	MYLORD	FINAL BLDG	Failed	papers / temp windows *
(5)	4 FIELDWAY DR MYLORD			INSPECTOR
5483	VITALE	1.) EARLY POWER	Failed	*
(6)	13 KNOWLES RD. ----- DECOR	RELEASE. 2.) HURRICAN SHUTTERS	Passed	INSPECTOR
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Fri~~ ^{THU} ~~MAR 23~~ ²³, 2001; Page ___ of ___.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5501	Alman 3 Summer Ln. Alman	Roof in prog.	Passed	
				INSPECTOR 
5728	Doyle 42 s. Sewalls Pt. Ace Block.	Dock electr.	Passed	
				INSPECTOR 
5689	HENDERSON 24 ISLAND RD BURLING	SLAB	Passed	
				INSPECTOR 
5686	VILLAL 92 N SEWALLS PT RD PACIFIC	ROOF FINAL	Passed	
				INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

7471

DRYWALL

DEMO

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/8/05

BUILDING PERMIT NO. 7.471

Building to be erected for VILLAR

Type of Permit Demolition

Applied for by O/B

(Contractor) Building Fee 250.00
Work w/o Permit

Subdivision Gov't Lot Lot Part 2 Block _____

Radon Fee _____

Address 92 N. Sewall's Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number.

Electrical Fee _____

3537410000000023220000

Plumbing Fee _____

Amount Paid 250.00 Check # 12002 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 1000.00

TOTAL Fees 250.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

APR 07 2005

BY: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date 4-7-05 Permit Number OFFICE 286-3722

OWNER/TITLEHOLDER NAME LUIS F. VILLAR MD Phone (Day) _____ (Fax) _____

Job Site Address 92 N SEWALLS PT RD City STUART State FL Zip 34994

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

Owner Address (if different) 92 N SEWALLS PT RD City STUART State FL Zip 34994

Description of Work To Be Done CLEAN UP! CLEAN UP! CLEAN UP! DEMOLITION STORM

DAMAGE 1000 !

WILL OWNER BE THE CONTRACTOR?

YES NO

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 0
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ _____

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

Method of Determining Fair Market Value _____

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

CONTRACTOR/Company _____ Phone _____ Fax _____

Street NA City _____ State _____ Zip _____

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

SUBCONTRACTOR INFORMATION

Electncal _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

ARCHITECT _____ Lic # _____ Phone Number _____

Street NA City _____ State _____ Zip _____

ENGINEER _____ Lic# _____ Phone Number _____

Street NA City _____ State _____ Zip _____

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

Carport _____ Total Under Roof NA 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)
Luis Villar MD

State of Florida, County of MARTIN

This the 7th day of APRIL, 2005

by Luis Villar who is personally

known to me or produced by Luis Villar ex 4/27/06

as identification _____
Notary Public

My Commission Expires _____

CONTRACTOR SIGNATURE (required)

On State of Florida County of _____

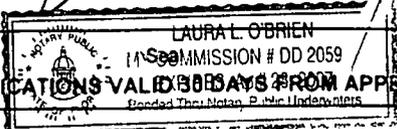
This the _____ day of _____ 200 _____

by _____ who is personally

known to me or produced _____

As identification _____
Notary Public

My Commission Expires _____ Seal



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

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

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

DISCLOSURE STATEMENT

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

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

Name: LOUIS E. VILLAG Date: 4-8-05

Signature: [Handwritten Signature]

Address: 92 N SEWALLS PT RD

City & State: STUART FL 34994

Permit No. 17471

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/8, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7062	DEESSLER	Final Door Repair	 	
11	87 S. RIVER RD DIB			SCHEDULE FOR MONDAY INSPECTOR
6534	DEESSLER	Dem Residence	 	
11	87 S. RIVER RD HARBOR COURSE			SCHEDULE FOR MONDAY INSPECTOR
7335	VAN'T BOSCH	COURTESY INSP	DONE	
16	36 S. RIVER RD FLORIDA'S FINEST	STRUCTURAL PLUMBING RELATED ISSUE		INSPECTOR <i>[Signature]</i>
 	VAN'T BOSCH	COURTESY INSP	DONE	
19	92 N. SEWALL'S PT	HURRICANE DAMAGE ASSESSMENT FOR PLANS REVISIONS		INSPECTOR <i>[Signature]</i>
7428	BOUCHER	DRY-IN	FAIL	
3	21 MIDDLE RD ED DENNIS CONST			INSPECTOR <i>[Signature]</i>
7427	HOLLY	DRY-IN	 	will Reschedule
	41 S. RIVER RD ED DENNIS CONST.			INSPECTOR
7388	MULLIGAN	FINAL FENCE		RESCHEDULE MONDAY
18	20 FIELDWAY O/B			4/11 INSPECTOR

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-5, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0083	Villar	Final-roof	PASS	CLOSE
2	92 N Sewalls Pt Mager Const.			INSPECTOR <i>[Signature]</i>
0471	Villar	Interior demo Final	PASS	CLOSE
2	92 N Sewalls Pt O/B			INSPECTOR <i>[Signature]</i>
0116	Villar	Final-renovation	CANCEL	
2	92 N Sewalls Pt Mager Const			INSPECTOR <i>[Signature]</i>
8478	Villar	INSULATION DRYWALL	CANCEL	
2	92 N Sewalls Pt Mager			INSPECTOR <i>[Signature]</i>
0085	Misel	Final	PASS	CLOSE
5	21 Island Rd Adm City Design			INSPECTOR <i>[Signature]</i>
7643	Merill	Final	FAIL	
<u>155</u>	24 Fieldway DR OB	receptacle Going out of town		INSPECTOR <i>[Signature]</i>
Tree	Moscattello	Tree	PASS	
8	Wouth Ct O/B	(OFF RIDGE LAUD)		INSPECTOR <i>[Signature]</i>

OTHER: _____

8317

REROOF

Martin County #SPO1
MASTER PERMIT NO. 20060083

TOWN OF SEWALL'S POINT

Receipt #

Date 7-20-06
Building to be erected for Villa
Applied for by Mage Const (Contractor)
Subdivision Port Lot Lot 2 Block _____
Address 92 N. Sewalls Pt Rd
Type of structure SFR

BUILDING PERMIT NO. 8317
Type of Permit Permit
Building Fee 120
Radon Fee _____
Impact Fee _____
A/C Fee _____
Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____

Parcel Control Number:

3537-41-000-000-002322

Amount Paid \$120 Check # 6519 Cash _____ Other Fees (_____) _____
Total Construction Cost \$ 52000 TOTAL Fees 120

Signed [Signature] Applicant
Signed [Signature] Town Building Official Dept Clerk

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date 7-11-06 Permit Number _____

OWNER/TITLEHOLDER NAME Chris Villar Phone (Day) _____ (Fax) _____

Job Site Address 92 N. Sewalls Pt. Rd City Sewalls Pt State Fla Zip _____

Legal Desc Property (Subd/Lot/Block) 5-108 OF N 800 48 OF Parcel Number 35-37-41-000-000-00282-2

Owner Address (if different) GOVT LOT 2 E OF SPT RD City _____ State _____ Zip _____

Description of Work To Be Done Roofing

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 \$ 52,000

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ 859,000

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

Method of Determining Fair Market Value _____

CONTRACTOR/Company MAGER CONSTRUCTION Phone 772-595-8290 Fax 772-286-0248

Street 4597 SW RIVERSIDE WAY City Palmdale State Fla Zip 34990

State Registration Number CGC059059 State Certification Number CCC057019 Martin County License Number 1993-513-044

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)
Chris Villar
State of Florida, County of MARTIN
This the 6TH day of JULY 2006
by _____ who is personally

known to me or produced as identification Mary E Rollins
Commission # DD215281
Notary Expires May 26, 2007
Bonded Thru _____
My Commission Expires _____
Atlantic Bonding Co., Inc
Seal

CONTRACTOR SIGNATURE (required)
Ferry Mager
On State of Florida, County of Martin
This the 6th day of July 2006
by Ferry Mager who is personally

known to me or produced as identification Star D Mashler
Notary Public
My Commission Expires _____
Star D Mashler
Commission # DD166451
Expires Nov 19, 2006
Bonded Thru _____
Atlantic Bonding Co., Inc



MARTIN COUNTY BUILDING PERMIT

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

Permit Number	SP01 - 20060083
Permit Type	SEWALLS POINT
Date Issued	17-JUL-06
Project	
Scope of Work	Roofing

Applicant/Contact	MAGER, TERRENCE J	/
Parcel Control Number	35-37-41-000-000-0023 2-20000	
Subdivision		
Construction Address	92 SEWALLS POINT RD	
Location Description		
Owner Name	VILLAR, LUIS	
Prime Contractor	MAGER, TERRENCE J 4597 SW RIVERSEND WAY PALM CITY, FL 34990	MAGER CONSTRUCTION INC 772-466-4040 License No CCC057019

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

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

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

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

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

INSPECTIONS

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

6099 Residential Final _____



Home | Residents | Visitors | Business | Government | News | Services | Kids/Teens | Contact | Events
 Help Home Look Up Genealogy Summary

Permit Summary

Permit:	SP01 20060083	Flags	NO
Temporary:	SP01 T90		
Description:	SEWALLS POINT		
Project:			
Status:	OPEN	Entered:	07/12/06
Issued:	07/17/06	Completed:	
Decision:			
Expiration:		Last Renew Date:	07/12/06
Location Desc.:			

Parcel Information	
Address	APN
92 SEWALLS POINT RD	3537410000000023220000

Subdivision: METES and BOUNDS 353741000	Block: 000	Lot: 0023
Section: 35 Township: 37 Range: 41		
Domain: C Type: PAR		

Scope of Work
Roofing

Applicant Information	
Company:	
Applicant:	MAGER, TERRENCE J
Representative:	MAGER CONSTRUCTION INC
Title:	CONTACT
Address:	4597 SW RIVERSEND WAY
City / State / ZIP:	PALM CITY, FL, 34990
Work Phone:	Extension:
Home Phone:	FAX:
E-Mail:	

Contact Information	
Company:	
Name:	

Representative:	
Title:	
Address:	
City / State / ZIP:	
Work Phone:	Extension:
Home Phone:	FAX:
E-Mail:	

Permit Owner	
Name:	VILLAR, LUIS
Address:	309 E OSCEOLA ST
City / State / ZIP:	STUART, FL 34996-6501
Country:	
Phone:	FAX:
E-Mail:	

Professionals / Contractors	
MAGER, TERRENCE J as PRIME	
4597 SW RIVERSEND WAY	Phone: 772-466-4040
PALM CITY, FL 34990	
CCC - ROOFING CONTRACTOR CERTIFIED	
License: CCC057019 Expires: 08/31/08	

Conditions of Approval			
Seq.	Condition	Description	Status
1	BNOC-ROOF	NOTICE OF COMMENCEMENT	DONE
2	PPMISC	PLAN REVIEW COMMENTS	DONE

Required Inspections			
Inspection	Description	Clear Date	Cleared By
6099	RESIDENTIAL FINAL		

Inspections							
Inspection	Result	Completed Date	Completed By	Schedule	C		
					O	C	N
6056 - ROOF UNDERLAYMENT/FLASHING	PASS	09/29/06	PWIN	09/29/06	0	0	N
6097 - ROOF FINAL	FAIL	09/27/06	PWIN	09/27/06	0	0	Y
6056 - ROOF UNDERLAYMENT/FLASHING	FAIL	09/15/06	PWIN	09/15/06	0	0	Y

Activities					
Description	Assigned	Est. Completion	Target End	Decision	Compl
STRUCTURAL REVIEW	AREVW	07/14/06	07/14/06	FAIL	07/13/06
DECISION ON PLAN REVIEW PASS/FAIL	PRTECH	07/17/06	07/17/06	FAIL	07/13/06
STRUCTURAL RE-REVIEW - ACCESSORY	AREVW	07/24/06	07/24/06	PASS	07/17/06
RE-REVIEW DECISION	PRTECH	07/25/06	07/25/06	PASS	07/17/06
PERMIT READY/NOTIFY APPLICANT	TECH1	07/26/06	07/26/06	PASS	07/17/06

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID SE MAGEC-1	DATE (MM/DD/YYYY) 07/11/06
PRODUCER Stuart Insurance, Inc 3070 S W Mapp Palm City FL 34990 Phone 772-286-4334 Fax 772-286-9389		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
		INSURERS AFFORDING COVERAGE	
INSURED Mager Construction, Inc 4597 SW Riversend Way Palm City FL 34990		INSURER A	Auto Owners Insurance Co
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	

COVERAGES

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

INSR	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20585222	03/17/06	03/17/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below				WC STATU TORY LIMITS | OTH-ER E L EACH ACCIDENT \$ E L DISEASE EA EMPLOYEE \$ E L DISEASE POLICY LIMIT \$
		OTHER				

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

Building Contractor - State of Florida

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE 01/17/2005
** EXPIRATION DATE 01/17/2007

PERSON MAGER
FEIN 850381206

BUSINESS NAME MAGER CONSTRUCTION INC
AND ADDRESS 4597 SW RIVERSIDE WAY
PALM CITY FL 34990

**REISSUANCE
EXEMPTIONS**

SCOPE OF BUSINESS OR TRADE:
1- CERTIFIED GENERAL CONTRACTOR 2- COMMERCIAL CONTRACTOR

F
O
L
D

H
E
R
E

IMPORTANT

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

QUESTIONS? (850) 413-1609

CUT HERE

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

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

LICENSE 1993-513-044 CERT
PHONE (561)286-0248 LIC NO 001521

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

LOCATION
4597 RIVERS END WAY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR \$	.00	LIC FEE \$	25.00
\$	.00	PENALTY \$	00.00
\$	.00	COL. FEE \$	00.00
\$	.00	TRANSFER \$	00.00
TOTAL			25.00



MAGER, TERRENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERS END WAY
PALM CITY FL 34990

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION
OF **CERT GENERAL CONTRACTOR**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

18 DAY OF AUGUST 2005
AND ENDING SEPTEMBER 30 2006

12 05081701 002992



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MAGER, TERRENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990

STATE OF FLORIDA AC# 2608389
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CGC059059 06/07/06 050805799
 CERTIFIED GENERAL CONTRACTOR
 MAGER, TERRENCE JOHN
 MAGER CONSTRUCTION INC
 IS CERTIFIED under the provisions of Ch 489 FS
 Expiration date: AUG 31, 2008 L06060701065

DETACH HERE

2608389 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L06060701065

DATE	BATCH NUMBER	LICENSE NBR
07/07/2006	050805799	CGC059059

The GENERAL CONTRACTOR named below IS CERTIFIED under the provisions of Chapter 489, FS.
 Expiration date: AUG 31, 2008

MAGER, TERRENCE JOHN
 MAGER CONSTRUCTION INC
 4597 SW RIVERSEND WAY
 PALM CITY FL 34990

JEB BUSH GOVERNOR
 SIMONE MARSTILLER SECRETARY
 DISPLAY AS REQUIRED BY LAW



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MAGER, TERRENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990

STATE OF FLORIDA AC# 2608185
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD
 CCC057019 06/07/06 050806953
 CERTIFIED ROOFING CONTRACTOR
 MAGER, TERRENCE JOHN
 MAGER CONSTRUCTION INC
 IS CERTIFIED under the provisions of Ch 489 FS.
 Expiration date: AUG 31, 2008 L06060700863

DETACH HERE

#2608185 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L06060700863

DATE	BATCH NUMBER	LICENSE NBR
06/07/2006	050806953	CCC057019

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

MAGER, TERRENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

MARTIN COUNTY REROOF CERTIFICATION

CONTRACTOR'S NAME Terry Maga Mayer Con's PHONE # (772) 595-8290 PERMIT # 222-286-0248 FAX ()

OWNER'S NAME Luis Villar

CONSTRUCTION ADDRESS 92 Sewalls Pt Rd CITY Sewalls Pt STATE Fla

REROOF RESIDENTIAL(SINGLE FAMILY) COMMERCIAL/MULTI-FAMILY **-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

ROOF TYPE. HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 7 /12 SLOPE

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGINEER'S WRITTEN SPECIFICATIONS AND PLANS WITH DETAILS DESCRIBING ATTACHMENT REQUIREMENTS (NAIL OR SCREW LENGTH AND PATTERNING PATTERN INTO FRAMING MEMBERS) SPECIFICATIONS SHALL BE SUBMITTED AT TIME OF ROOFING PERMIT APPLICATION

RE-SHEATH (REMOVAL OF SPACED SHEATHING FOR APPLICATION OF 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 Tile + Modified

EXISTING ROOF COVERING _____ EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED ROOF COVERING Standing Seam Metal + Modified
John's Manville Modified Bitumen - 03-0212.01
MANUFACTURER E.E. Metals PRODUCT NAME 1" Standing Seam PRODUCT APPR 03-0213.09
(APPROVED ROOF COVERING MATERIAL FROM MARTIN COUNTY'S APPROVED ROOF COVERING LIST)
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

NOTE: ANY REROOFING CATEGORIES ABOVE WITH AN ASTERISK WILL REQUIRE THE PERMIT PACKAGE TO BE REVIEWED BY MARTIN COUNTY BUILDING DEPARTMENT ALL OTHER CATEGORIES OF REROOFING WILL BE PERMITTED OVER THE COUNTER

PROPOSED FLASHING. GALV/STEEL ALUMINUM COPPER LEAD COPPER OTHER

RIDGEVENT TO BE INSTALLED. YES NO

DESCRIPTION OF WORK _____

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

Terry Maga
SIGNATURE OF CONTRACTOR

DATE: 7-13-06

INSTR # 1946611 OR BK 02161 PG 0911 RECD 07/11/2006 11:15:41 AM
Pg 0911 - 912: (2pgs)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # _____

TAX FOLIO #

35-37-41-000-000-
00232-2

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF _____

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

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

see Attachment

GENERAL DESCRIPTION OF IMPROVEMENT: ReRoof / Renovations

OWNER: Lois's Villa

ADDRESS: 92^N Sewalls Pt Rd Sewalls Pt - Florida
PHONE # _____ FAX # _____

INTEREST IN PROPERTY OWNER

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

CONTRACTOR: MAGER CONSTRUCTION

ADDRESS: 4597 SW RIVERS END WAY Palm City Fla 34990
PHONE # _____ FAX # _____
SURETY COMPANY (IF ANY): 772-595-8290 772-286-0248

ADDRESS _____
PHONE # _____ FAX # _____
BOND AMOUNT _____



LENDER/MORTGAGE COMPANY _____
ADDRESS _____
PHONE # _____ FAX # _____

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

NAME _____
ADDRESS _____
PHONE # _____ FAX # _____

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

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

SIGNATURE OF OWNER [Signature]
SWORN TO AND SUBSCRIBED BEFORE ME THIS 28TH DAY OF JUNE 2006
BY Mary E Rollins

PERSONALLY KNOWN _____ OR PRODUCED ID _____
TYPE OF ID _____

NOTARY SIGNATURE Mary E. Rollins
Commission #DD215281
Expires May 26, 2007
Bonded Thru
Atlantic Bonding Co., Inc





**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

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

NOTICE OF ACCEPTANCE (NOA)

**Johns Manville Corporation
717 17th Street
Denver, CO 80202**

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 Division 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 Division (in Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

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

DESCRIPTION: Johns Manville APP Modified Bitumen Roofing Systems Over Wood Decks

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 consists of pages 1 through 16

The submitted documentation was reviewed by Frank Zuloaga, RRC



**NOA No 03-0212 01
Expiration Date 06/14/06
Approval Date 07/17/03
Page 1 of 16**



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

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

NOTICE OF ACCEPTANCE (NOA)

**Southeastern Metals Manufacturing Corporation
11801 Industry Drive
Jacksonville, FL 32218**

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 Division 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 Division (in Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

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

DESCRIPTION: SEM-Lok Snap Lok Standing Seam Metal Roof Panels

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 NOA consists of pages 1 through 9.

The submitted documentation was reviewed by Frank Zuloaga, RRC.



**NOA No. 03-0213 09
Expiration Date 04/03/08
Approval Date: 04/03/03
Page 1 of 4**



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 92 N SPR.

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

ROOFING
ADD CHIST STRIP AT
PARADET WALLS - TOP
SHEET OF FLAT ROOF
SYSTEM TO BE FULLY
ADHERED TO BASE SHT.

FRAMING -
ADD 2X4 SCABS AT TOP
ROOF TRUS WHERE WOOD
POT OCCURS - NEED
SUPPORT AT OBL 2X8
FLOOR BEAMS AT REAR PORCH.

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 9/15

OK

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-15, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0118	Boland	rough	PASS	
3	97 N Sewall St Terrell Gas			INSPECTOR <i>[Signature]</i>
0109		FINAL GAS	PASS	CLOSE
9	18 N. LIPBEVIEW	5091		INSPECTOR <i>[Signature]</i>
0083	[REDACTED]	DRY IN	PASS	
2	92 N SEWALLS PT RD	ROOF SHEATHING		INSPECTOR <i>[Signature]</i>
5185	SPEIGLE	POWER RELEASE	PASS	CONTACT
11	14 HERONS NEST	11:00 A.M.		FPL INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 92 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

FINAL ROOF

METAL PANELS SHOULD OVERHANG
1 1/2 AT EAVES -

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 9/27

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-27, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0121		FRAMING	FAIL	
11	20 N. RIVER			INSPECTOR <i>OM</i>
0100		FINAL SHUTTER	FAIL	
7	8 PALMETTO DR.			INSPECTOR <i>OM</i>
0079		ROOF FINAL	FAIL	
2	18 SE RIVERVIEW DR.			INSPECTOR <i>OM</i>
0116		ROOF FINAL	FAIL	
0088	96 N.S.P.R.	FRAMING	PASS	
9		10:30.		INSPECTOR <i>OM</i>
0020		FINAL	PASS	CLOSE
3	109 S S P R.	POOL DECK		INSPECTOR <i>OM</i>
0024		GEN & ELEC	FAIL	
5	26 SIMARA			INSPECTOR <i>OM</i>
0040		FINAL GAS	PASS	
5	26 SIMARA	5091		INSPECTOR <i>OM</i>

OTHER.

GAS COMPANY MUST CALL IN FOR
U. G. TAPIC & LIVE ROW
HAVE GAS COMPANY RESCHEDULE FINAL GAS FOR
FRIDAY 9/29/06 -



"BLINKY'S"

J.A. TAYLOR ROOFING, INC.

LICENSED CONTRACTORS

Semco 1" standing Seam Metal Roofing Panels

Installation Instructions

Project: 92 N. Sewell's Pt. Rd.

Stuart, Fl. 34997

Permit # SPO1-20060083

FILE

This is to certify that the installation of 1" Standing Seam Metal roofing panels were completed in accordance with SEMCO (Southeastern Metals).

Reference to installation options regarding Eave Flashing Details. See pages (7 & 9) attached.

Respectfully Submitted,

**Russ Morgan
(J.A. Taylor Roofing, Inc.)**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Wed Fri 2-5, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0083	Villar	Final-roof	PASS	CLOSE
2	92 N Sewalls Pt Mager Const.			INSPECTOR <i>[Signature]</i>
7471	Villar	Interior demo Final	PASS	CLOSE
2	92 N Sewalls Pt O/B			INSPECTOR <i>[Signature]</i>
0116	Villar	Final-renovation	CANCEL	
2	92 N Sewalls Pt Mager Const			INSPECTOR <i>[Signature]</i>
8478	Villar	INSULATION DRY/WALL	CANCEL	
2	92 N Sewalls Pt Mager			INSPECTOR <i>[Signature]</i>
0085	Misel	Final	PASS	CLOSE
5	21 Island Rd Adm City Design			INSPECTOR <i>[Signature]</i>
7643	Merrill	Final-	FAIL	
<u>155</u>	24 Fieldway DR OB	receptacle Going out of town		INSPECTOR <i>[Signature]</i>
Tree	Moscattello	Tree	PASS	
8	Worth Ct O/B	(OFF RIDGE LAND)		INSPECTOR <i>[Signature]</i>

OTHER: _____

8367

RENOVATIONS

Martin County # SPO/1
MASTER PERMIT NO. 80060116

TOWN OF SEWALL'S POINT

Receipt

Date 8-29-06

BUILDING PERMIT NO. 8367

Building to be erected for Villar

Type of Permit Renovations

Applied for by Magu Construction (Contractor)

Building Fee 153.60

Subdivision Port Lot Lot 2 Block _____

Radon Fee _____

Address 92 W Sewalls Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:
353741-000-000-00232 0000

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$153.60 Check # _____ Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 16000

TOTAL Fees 153.60

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official / Clerk



MARTIN COUNTY BUILDING PERMIT

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

Permit Number	SP01 - 20060116
Permit Type	SEWALLS POINT
Date Issued	25-AUG-06
Project	
Scope of Work	Reframe wall sections, install plywood, wire lathe stucco

Applicant/Contact	MAGER, TERRENCE J /		
Parcel Control Number	35-37-41-000-000-0023 2-20000		
Subdivision			
Construction Address	92 SEWALLS POINT RD		
Location Description			
Owner Name	VILLAR, LUIS		
Prime Contractor	MAGER, TERRENCE J 4597 SW RIVERSEND WAY PALM CITY, FL 34990-1864	MAGER CONSTRUCTION INC 772-286-0248	License No CGC059059

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

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

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

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

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

INSPECTIONS

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

6099 Residential Final _____ 6050 Frame _____

RECEIVED
8-17-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number _____

Date _____

OWNER/TITLEHOLDER NAME Luis Villar/Arlane Villar Phone (Day) _____ (Fax) _____

Job Site Address 92N Sewall's Pt Rd City Sewall's Pt State Fla Zip _____

Legal Desc Property (Subd/Lot/Block) Cont Lot 2 Parcel Number 35-37-41-000-000-0023

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

Description of Work To Be Done ReFrame Wall sections, Install Plywood, wire & rebar stucco

WILL OWNER BE THE CONTRACTOR?

YES NO

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 161,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ 859.00

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

Method of Determining Fair Market Value 859.00 TAX Assesd

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

CONTRACTOR/Company MAGER CONSTRUCTION (FERR) Phone 772-595-8290 Fax 772-286-0248

Street 4597 SW Riverstone Way City Palmdale City State Fla Zip 34980

State Registration Number CGC059059 State Certification Number _____ Martin County License Number 1993-513-044

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)
Luis Villar

State of Florida, County of Martin

This the 17 day of August, 2006

by Arlane Villar who is personally

known to me or produced _____

as identification _____

My Commission Expires _____

Notary Public Sharon Shuler
Commission #DD211842
Expires May 13, 2007
Bonded Thru Atlantic Bonding Co., Inc

CONTRACTOR SIGNATURE (required)
Terrence Mager

On State of Florida, County of Martin

This the 17 day of August, 2006

by Terrence Mager who is personally

known to me or produced Fla

As identification Joan Barrow

My Commission Expires _____

Notary Public
JOAN H BARROW
MY COMMISSION # DD 107713
EXPIRES November 30, 2006
Bonded Thru Notary Public Underwriters

PERMIT # _____

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

NOTICE OF COMMENCEMENT

00232-2

STATE OF Florida

COUNTY OF _____

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

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

See Attachment

GENERAL DESCRIPTION OF IMPROVEMENT:

ReRoof / Renovations

OWNER:

Lois's Villar

ADDRESS

92 N Sewalls Pt Rd Sewalls Pt - Florida

PHONE # _____

FAX # _____

INTEREST IN PROPERTY

Owner

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

CONTRACTOR:

MAGER CONSTRUCTION

ADDRESS

4597 SW RIVERS END WAY Palm City Fla 34990

PHONE # _____

772-595-8290

FAX # _____

772-286-0248

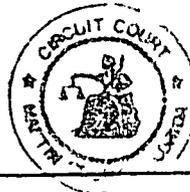
SURETY COMPANY (IF ANY) _____

ADDRESS _____

PHONE # _____

FAX # _____

BOND AMOUNT _____



LENDER/MORTGAGE COMPANY _____

ADDRESS _____

PHONE # _____

FAX # _____

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

NAME _____

ADDRESS _____

PHONE # _____

FAX # _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____

OF _____

TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN

SECTION 713 13(1)(B), FLORIDA STATUTES

PHONE # _____

FAX # _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT

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

SIGNATURE OF OWNER

[Signature]

SWORN TO AND SUBSCRIBED BEFORE ME THIS

28TH

DAY OF

JUNE

2006

BY

Mary E Rollins

PERSONALLY KNOWN

OR PRODUCED ID

TYPE OF ID _____

NOTARY SIGNATURE



Mary E. Rollins

Commission #DD215281

Expires May 26, 2007

Bonded Thru

Atlantic Bonding Co., Inc

INSTR # 1946611 DR BK 02161 PG 0911 RECD 07/11/2006 11:15:41 AM
Pgs 0911 - 912 (2pgs)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID 38 MAJEC-1	DATE (MM/DD/YYYY) 07/11/06
PRODUCER Stuart Insurance, Inc 3070 S W Mapp Palm City FL 34990 Phone 772-286-4334 Fax 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Mager Construction, Inc 4597 SW Riversend Way Palm City FL 34990	INSURERS AFFORDING COVERAGE		NAIC #
	INSURER A	Auto Owners Insurance Co	18988
	INSURER B		
	INSURER C		
	INSURER D		
INSURER E			

COVERAGES

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

INSR ADOL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	20585222	03/17/06	03/17/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS COMP/OP AGG \$ 1,000,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below OTHER				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E L EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E L DISEASE EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E L DISEASE POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E L EACH ACCIDENT	\$	E L DISEASE EA EMPLOYEE	\$	E L DISEASE POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER												
E L EACH ACCIDENT	\$												
E L DISEASE EA EMPLOYEE	\$												
E L DISEASE POLICY LIMIT	\$												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Building Contractor - State of Florida													

CERTIFICATE HOLDER

TOWSP-1

Town of Sewalls Point
 1 South Sewalls Point Road
 Sewalls Point FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE 01/17/2005
** EXPIRATION DATE 01/17/2007

PERSON. MAGER

FEIN: 89028120

BUSINESS NAME MAGER CONSTRUCTION INC
AND ADDRESS 659 SW RIVERSIDE WAY
GAINES CITY FL 34990

SCOPE OF BUSINESS OR TRADE:

1- CERTIFIED GENERAL CONTRACTOR 2- COMMERCIAL CONTRACTOR

F
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D

H
E
R
E

IMPORTANT

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

QUESTIONS? (850) 413-1609

CUT HERE

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

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1993-513-044 CERT. _____

PHONE (561) 286-0248 IC NO 001521

LOCATION 4597 RIVERS END WAY MAR

CHARACTER COUNTS IN MARTIN COUNTY

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



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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

18 DAY OF AUGUST 2005
AND ENDING SEPTEMBER 30, 2006

JOHN TERRENCE HAGER
HAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990

12 05081701 002992

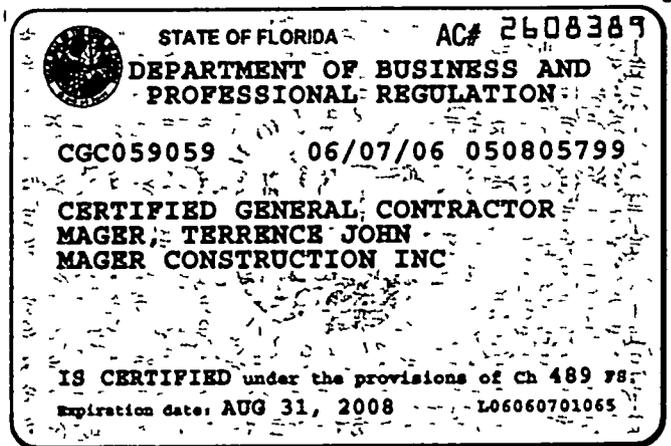
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MAGER, TERRENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990



DETACH HERE

2608389 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L06060701065

DATE	BATCH NUMBER	LICENSE NBR
/07/2006	050805799	CGC059059

The GENERAL CONTRACTOR
named below IS CERTIFIED
under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

MAGER, TERRENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990

JEB BUSH GOVERNOR
SIMONE MARSTILLER SECRETARY
DISPLAY AS REQUIRED BY LAW



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MAGER, TERENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990

STATE OF FLORIDA AC# 2608185
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CCC057019 06/07/06 050806953
 CERTIFIED ROOFING CONTRACTOR
 MAGER, TERENCE JOHN
 MAGER CONSTRUCTION INC
 IS CERTIFIED under the provisions of Ch 489 FS.
 Expiration date: AUG 31, 2008 L06060700863

DETACH HERE

#2608185 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD SEQ#L06060700863

DATE	BATCH NUMBER	LICENSE NBR
06/07/2006	050806953	CCC057019

The ROOFING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2008

MAGER, TERENCE JOHN
 MAGER CONSTRUCTION INC
 4597 SW RIVERSEND WAY
 PALM CITY FL 34990



JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

Representative:	
Title:	
Address:	
City / State / ZIP:	
Work Phone:	Extension:
Home Phone:	FAX:
E-Mail:	

Permit Owner	
Name:	VILLAR, LUIS
Address:	309 E OSCEOLA ST
City / State / ZIP:	STUART, FL 34996-6501
Country:	
Phone:	FAX:
E-Mail:	

Professionals / Contractors	
MAGER, TERRENCE J as PRIME	
4597 SW RIVERSEND WAY	Phone: 772-286-0248
PALM CITY, FL 34990-1864	
CGC - GENERAL CONTRACTOR CERTIFIED	
License: CGC059059 Expires: 08/31/08	

Conditions of Approval			
Seq.	Condition	Description	Status
1	BNOC-21	NOTICE OF COMMENCEMENT	DONE

Required Inspections			
Inspection	Description	Clear Date	Cleared By
6099	RESIDENTIAL FINAL		
6050	FRAME		

Inspections							
Inspection	Result	Completed Date	Completed By	Schedule	C		
					O	C	N
6072 - LATH	PASS	10/11/06	PWIN	10/11/06	0	0	N
6050 - FRAME	PASS	09/27/06	PWIN	09/27/06	0	0	N
6050 - FRAME	FAIL	09/15/06	PWIN	09/15/06	0	0	Y

Activities						
Description	Assigned	Est. Completion	Target End	Decision	Compl	
STRUCTURAL REVIEW	AREVW	08/23/06	08/23/06	APPR	08/25/06	
DECISION ON PLAN REVIEW PASS/FAIL	PRTECH	08/24/06	08/24/06	PASS	08/25/06	
PERMIT READY/NOTIFY APPLICANT	TECH1	08/25/06	08/25/06	PASS	08/25/06	

Permit Flags		
Flag	Description	Status

There are no flags on this application

Report Link Or Other Problem

[Home](#) | [Contact Us](#) | [Sitemap](#) | [Search](#) | [Privacy](#) | [Accessibility Policy](#) |  [Acrobat Reader](#) |  [Flash Player](#)
Copyright © 2006 Martin County, Florida, All rights reserved and other Copyrights Apply

8478

INSULATION

&

DRYWALL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-13-06

BUILDING PERMIT NO. 8478

Building to be erected for Villa

Type of Permit Insulation & Drywall

Applied for by Mazen Construction

(Contractor) 35,825.00 Building Fee 344

Subdivision Coast Lot Lot 2 Block _____

Radon Fee _____

Address 92 W Sewalls Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number 35-314-000-0003-0000

Revision: Plaster 2/5/07
Plumbing Fee 35.00
Roofing Fee

Amount Paid FE-1 Check # 6773 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 35500 TOTAL Fees 344

Signed _____
Applicant

Signed _____
Town Building Official

PERMIT

- | | | |
|----------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input checked="" 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 checked="" 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	_____

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12-13-06

BUILDING PERMIT NO. 8478

Building to be erected for Villa

Type of Permit Insulation & drywall

Applied for by Mager Construction

(Contractor) 35,820.94 Building Fee 344

Subdivision Coastal Lot 2 Block _____

Radon Fee _____

Address 92 N Sewalls Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number
35-31-41-000-000-0023-20000

Electrical Fee _____

Plumbing Fee 35.00

Roofing Fee _____

Amount Paid \$344 Check # 6773 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 35,820

TOTAL Fees 344

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|----------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input checked="" 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 checked="" type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

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

RECEIVED
12-13-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number _____

Date _____

OWNER/TITLEHOLDER NAME Luis and Arlene Villar Phone (Day) 772-708-7744 (Fax) _____

Job Site Address 92 N. Sewalls Pt Rd City Sewalls Pt State Fla Zip _____

Legal Desc Property (Subd/Lot/Block) S. 108 OF N 800 OF GOVT Parcel Number 35-37-41-000-000-0023

Owner Address (if different) LOT 2 E OPS PT RD City _____ State _____ Zip 20000

Description of Work To Be Done R-30 Insulation in Ceilings R-11 Walls 1/2" Drywall - Throughout

WILL OWNER BE THE CONTRACTOR? YES NO

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 35,820
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ _____

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

Method of Determining Fair Market Value _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company MAKER CONSTRUCTION Phone 772-545-8290 Fax 772-286-0248

Street 4597 SW RIVERSIDE WAY City PALM CITY State FLA Zip 34990

State Registration Number CGC054059 State Certification Number _____ Martin County License Number 1993-513-0044

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 5,000 Wood Deck _____ Accessory Building _____

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

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

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

OWNER OR AGENT SIGNATURE (required) [Signature]

State of Florida, County of _____
This the 11 day of December, 2006

by Luis Villar who is personally known to me or produced _____

as identification Sharon Shuter Commission # DD211842

My Commission Expires May 13, 2007 Bonded Thru _____
Atlantic Bonding Co., Inc

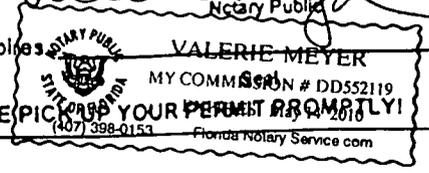
CONTRACTOR SIGNATURE (required) [Signature]

On State of Florida, County of Martin
This the 13th day of December 2006

by Terrence Mager who is personally known to me or produced PLN# 2060-810-53-059-0

As identification Valerie Meyer Notary Public

My Commission Expires _____ VALERIE MEYER
MY COMMISSION # DD552119



11:15:41 AM
07/11/2006
PG 0911 RECD
DR BK 02161
INSTR # 1946611
Pg 0911 - 912 (2pgs)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # _____

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

NOTICE OF COMMENCEMENT

00232-2

STATE OF Florida

COUNTY OF _____

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

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

See Attachment

GENERAL DESCRIPTION OF IMPROVEMENT: ReRoof / Renovations

OWNER: Louis Villar

ADDRESS: 92 N Sewalls Pt Rd

Sewalls Pt - Florida

INTEREST IN PROPERTY Owner

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

CONTRACTOR: MAGER CONSTRUCTION

ADDRESS: 4597 SW RIVERS END WAY

PHONE #: 772-595-8290

SURETY COMPANY (IF ANY) _____

FAX # 772-286-0248

34890

ADDRESS: _____

PHONE #: _____

BOND AMOUNT _____

FAX # _____

LENDER/MORTGAGE COMPANY _____

ADDRESS _____

PHONE #: _____

FAX # _____

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

NAME _____

ADDRESS _____

PHONE #: _____

FAX # _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____

OF _____

SECTION 713 13(1)(B), FLORIDA STATUTES

PHONE #: _____

TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN

FAX # _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT

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

SIGNATURE OF OWNER [Signature]

SWORN TO AND SUBSCRIBED BEFORE ME THIS 28TH DAY OF JUNE 2006

BY Mary E. Rollins

PERSONALLY KNOWN

OR PRODUCED ID

TYPE OF ID _____

NOTARY SIGNATURE



Mary E. Rollins
Commission #DD215281
Expires: May 26, 2007
Bonded Thru
Atlantic Bonding Co., Inc

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-5, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0083	Villar 92 N Sewalls Pt Mager Const.	Final-roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
7471	Villar 92 N Sewalls Pt O/B	Interior demo Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
0116	Villar 92 N Sewalls Pt Mager Const	Final-renovation	CANCEL	INSPECTOR <i>[Signature]</i>
8478	Villar 92 N Sewalls Pt Mager	INSULATION Drywall	CANCEL	INSPECTOR <i>[Signature]</i>
0085	Misel 21 Island Rd Palm City Dredge	Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
7643 <u>155</u>	Merrill 24 Fieldway DR OB	Final- receptacle	FAIL	Going out of town INSPECTOR <i>[Signature]</i>
Tree 8	Moscattello Worth Ct O/B	Tree (OFF RIDGELAND)	PASS	INSPECTOR <i>[Signature]</i>
OTHER. _____				



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS 92 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

INSULATION

- LOOSE ELEC RECEPTACLE & STUD IS DISLODGED FROM WALL ON BEARING WALL 2ND FLOOR HALL.
- FIREPLACE BOX IS MISSING N.E. ROOM. OPEN FLUE & SUPPLY AIR DUCT -
- BROKEN H.W.H DRAIN PAN PVC DRAIN.
- POST PERMIT FOR INTERIOR REPAIR WORK -

PN 8478

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 5/2/07

JAN

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of inspection: Mon Wed Fri 5-2, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0100	Hockett	Courtesy to	X	TALKED w/ owner
1st	12 S River Rd	determine		
	01B	status		INSPECTOR <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7711	Utrata	Final Dock	PASS	CLOSE
11	117 N Sewalls Pt			
	J+B Boatlift			INSPECTOR <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
1801	Summings	Roof	X	
	83 S River Rd	not needed		INSPECTOR
	Superior			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8441	Dressler	2nd TP Column	CANCEL	
3	12 Island Rd	& roof beam		
	Harbor Court			INSPECTOR <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8468	Mariano	In progress	PASS	
2	23 Middle Rd			
	Horton Roof			INSPECTOR <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8528	Masterpiece	slab	PASS	
4	5 Mandalay	AFTER 9:00		
	Masterpiece			INSPECTOR <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8478	Villar	insulation	PASS	
10	92 N Sewalls Pt			
	Mager			INSPECTOR <i>AM</i>

O'HLR.

CE 26 N.S.P.A

WEEDS & BOAT
IN BACKYARD.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Wed Fri 5-7, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7495	DeSantis	Final rooftop	FAIL	
2	735 Silver Rd			
	O/B (215-4120)	call w/ time both		INSPECTOR <i>JAV</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0088	foole	mechanical	FAIL	
3	94 N. Sewalls	electric	PASS	INSPECTOR <i>JAV</i>
	Walter White	low voltage	PASS	
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8478	Villar	insulation	PASS	
4	92 N Sewalls Pt	9:30		INSPECTOR <i>JAV</i>
	Mager			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8475	Hepworth	UG tank in line	FAIL	\$40 FEE
1	8 Rio Vista Dr			INSPECTOR <i>JAV</i>
	Eutegas			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OT IDR: _____

STOP WORK
ORDER

STOP WORK ORDER

DATE: 6/20/07

ADDRESS: 92 N.S.P.R.

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

PLUMBING, ELECTRICAL,
DRY WALL NEETS 'A
PERMIT -

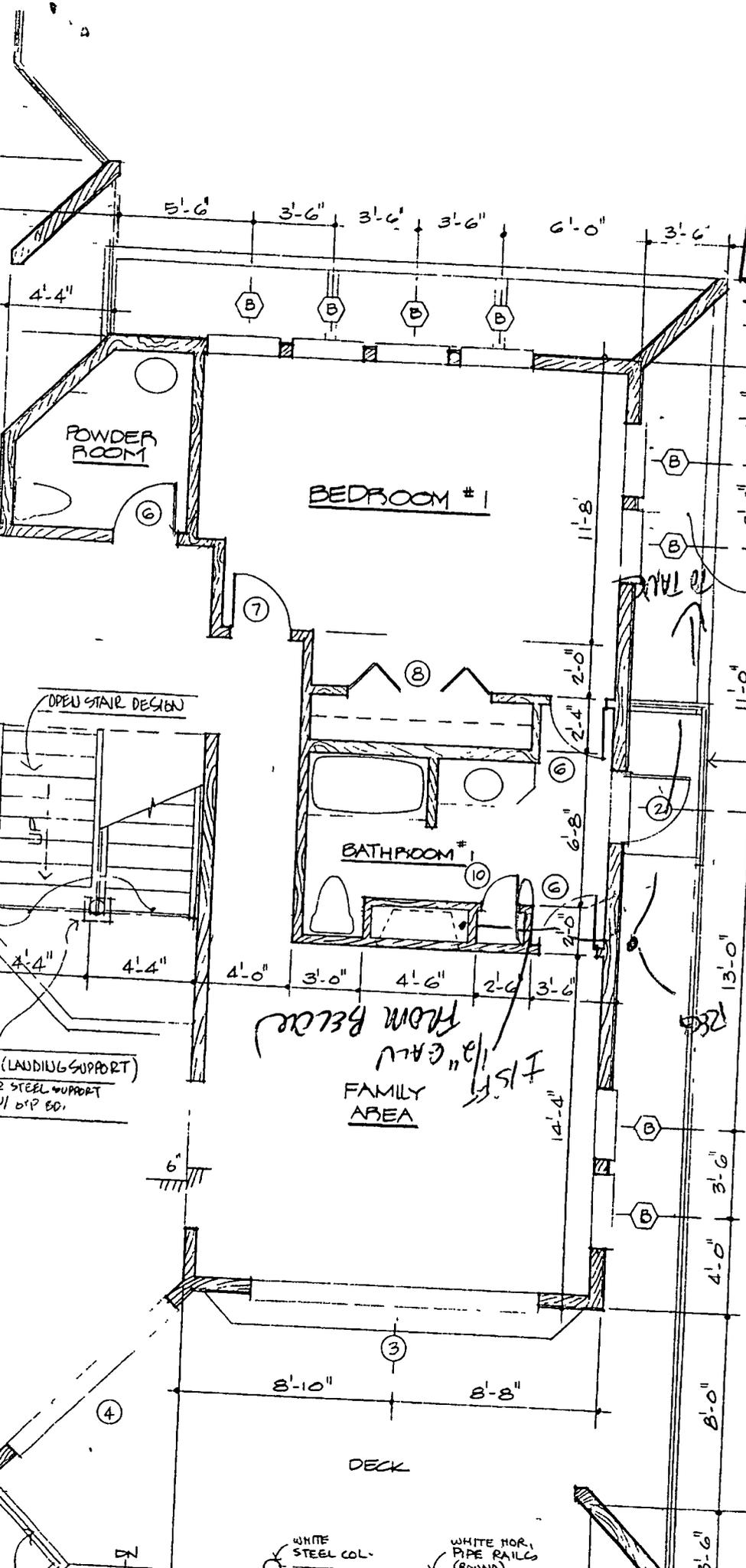
Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**

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



OK
11/15/86
REC'D

Approval of these plans in
relieves the contractor or b
complying with the Town of
Point's Ordinances the Sew
Building Code and the State
Model Energy Efficiency La

MARTIN COUNTY HEALTH
Approval Number H080-2
By Edward M. Cook
Date 7-9-86

WHITE STEEL COL.
WHITE HOR. PIPE RAILS (ROUND)

8546

DEMO GARAGE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3-22-07 BUILDING PERMIT NO. 8546

Building to be erected for Villar Type of Permit Demo Garage

Applied for by LEB Demolition (Contractor) Building Fee 35-

Subdivision 02800 Govt Lot 2 Block _____ Radon Fee _____

Address 92 N Sewalls Pt Rd Impact Fee _____

Type of structure SFR A/C Fee _____

Electrical Fee _____

Parcel Control Number _____ Plumbing Fee _____

353741-000-000-002322-0000 Roofing Fee _____

Amount Paid \$35 Check # 12878 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2400- TOTAL Fees 35-

Signed [Signature] Signed [Signature]

Applicant Town Building Official

PERMIT

- | | | |
|-------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input checked="" 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 3-21-2007

Permit Number _____

OWNER/TITLEHOLDER NAME Louis And Arlene Villar Phone (Day) 286-0248 (Fax) _____

Job Site Address 92# N-Sewall's Point Road City Stuart State FL Zip _____

Legal Desc Property (Subd/Lot/Block) _____ Parcel Number 35-37-41-000-000-00232-2

Owner Address (if different) 92# N Sewall's Point Road City STUART State FL Zip _____

Description of Work To Be Done Demolition of Garage only

WILL OWNER BE THE CONTRACTOR?

YES NO

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 2400.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ _____

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

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

Method of Determining Fair Market Value _____

CONTRACTOR/Company L.E.B Demolition & Consulting Cont Inc Phone 772-216-1284 Fax 229-2036

Street 12905-S-Jordan River Dr City Jensen Beach State FL Zip 34957

State Registration Number _____ State Certification Number _____ Martin County License Number SP 01128

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 _____

Carpot _____ 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/AGENT SIGNATURE (required)

[Signature]

State of Florida County of Martin

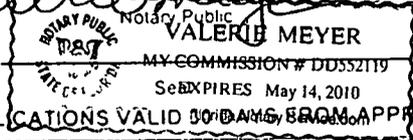
This the 21st day of March 2007

by Louis Villar who is personally

known to me or produced FLDL# V460-526-47-213-0

as identification [Signature]

My Commission Expires _____



CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida County of Martin

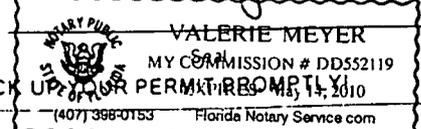
This the 21st day of March 2007

by LEROY E BECKFORD who is personally

known to me or produced FLDL# B216-525-33-326-0

As identification [Signature]

My Commission Expires _____



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/17/2006

PRODUCER Admiral Insurance Associates, Inc. 2213 S Kanner Highway Stuart FL 34994 772 781-1099	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED L E B Demolition & Consulting Contractors, Inc 12805 S Indian River Drive Jensen Beach FL 34957	INSURER A	Scottsdale Insurance Company
	INSURER B	PROGRESSIVE INSURANCE
	INSURER C	
	INSURER D	
	INSURER E	

COVERAGES

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

INSR ADD'L YR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC	CLS1054649	07/30/2006	07/30/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 1,000,000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	03602617-0	06/30/2006	06/30/2007	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCJR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below				WC STATU TORY LIMITS <input type="checkbox"/> OTH ER <input type="checkbox"/> \$1 EACH-ACCIDENT \$ EL DISEASE EA EMPLOYEE \$ EL DISEASE POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 220-4765

CERTIFICATE HOLDER Town of Sewalls Point One Sewalls Point Rd Sewalls Point, FL 34998	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE <i>Gregory Lude</i>
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR LH
LEBDE-1

DATE (MM/DD/YYYY)
07/05/06

PRODUCER
Atlantic Pacific Insurance-PBG
11382 Prosperity Farms, #123
Palm Beach Gardens FL 33410
Phone 800-538-0487 Fax 561-626-3153

INSURED
L E B Demolition & Consulting
Contractors, Inc
12805 So Indian River Drive
Jensen Beach FL 34957

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A AmComp	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below	WC7053345	07/01/06	07/01/07	<table border="1"> <thead> <tr> <th>WC STATU TORY LIMITS</th> <th>OTH ER</th> </tr> </thead> <tbody> <tr> <td>E L EACH ACCIDENT</td> <td>\$ 1000000</td> </tr> <tr> <td>E L DISEASE EA EMPLOYEE</td> <td>\$ 1000000</td> </tr> <tr> <td>E L DISEASE POLICY LIMIT</td> <td>\$ 1000000</td> </tr> </tbody> </table>	WC STATU TORY LIMITS	OTH ER	E L EACH ACCIDENT	\$ 1000000	E L DISEASE EA EMPLOYEE	\$ 1000000	E L DISEASE POLICY LIMIT	\$ 1000000
WC STATU TORY LIMITS	OTH ER												
E L EACH ACCIDENT	\$ 1000000												
E L DISEASE EA EMPLOYEE	\$ 1000000												
E L DISEASE POLICY LIMIT	\$ 1000000												
	OTHER												

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

CERTIFICATE HOLDER	CANCELLATION
SEWELLS TOWN OF SEWELL'S POINT 1 SO SEWELL'S POINT RD STUART FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE Lois L <i>Henriksen</i>



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

DEMOLITION

License Number SP01128 Expires 30-SEP-07

BECKFORD, LEROY E

L E B DEMOLITION & CONSULTING

12805 S INDIAN RIVER DR

JENSEN BEACH, FL 34957

ROBERT FULLAN
ARCHITECT

ROBERT FULLAN, RA

ASSOCIATE
ROBERT F MACHEN

FLORIDA OFFICES
ROBERT FULLAN ARCHITECT AR0014925
PORT ST LUCIE OFFICE 225 N W ST JAMES BLVD
PORT ST LUCIE, FL 34983
(772) 336-8102

March 23, 2007

Louis & Arlene Villar
92 N.Sewell's Point Rd
Sewell's Point, Florida

RE Villar Res Garage building

Mr & Mrs Villar

A site inspection on the above referenced project has produced the following findings

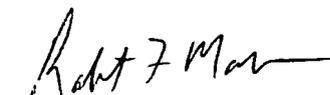
- 1 Near complete destruction of the roof system which has left the entire interior of the building exposed to water infiltration
2. Plywood siding has started to de-laminate due to excessive exposure to moisture
- 3 Some framing members (studs, plates, etc) show signs of wood rot
- 4 Nearly all wood members (studs, plates, roof framing, wall and roof sheathing) are covered with mold and mildew

Based on the above findings, it is our recommendation that the building not be renovated, but completely demolished above the concrete slab and re-built.

If you have any questions or comments please call or fax

Sincerely,


Robert Fullan, RA
AR0014925


Robert F Machen, Associate

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

E DANIEL MORRIS
Mayor

PAMELA M BUSHA
Vice Mayor

THOMAS P BAUSCH
Commissioner

NEIL SUBIN
Commissioner

DON OSTEEN
Commissioner



ROBERT KELLOGG
Town Manager

JOAN H BARROW
Town Clerk

ERIC CERNIGLIA
Chief of Police

JOHN R ADAMS
Building Official

Luis Villar
309 E Osceola St
Stuart, FL 34996-6501

March 27, 2007

RE Unsafe structure at 92 N Sewall's Point Rd

Dear Dr Villar,

On March 7, 2007 I performed an inspection with photographs on the garage at your above referenced property I have subsequently received the requested letter from your architect, Robert Fullan, and he has confirmed my findings that the garage is unsafe for its intended purpose The building's primary structural elements have deteriorated beyond repair due to sustained water intrusion from the breached roof system, the electrical systems are a fire hazard due to exposure to the elements The trash and debris create a health hazard Photos are attached

Section 50-72 of the Town of Sewall's Point Code of Ordinances states

"Unsafe buildings or systems

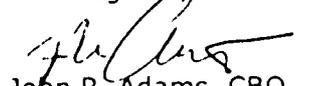
All buildings, structures, electrical, gas, mechanical or plumbing systems which are unsafe, unsanitary, or do not provide adequate egress or which constitute a fire hazard, or are otherwise dangerous to human life, or which in relation to existing use, constitute a hazard to safety or health, are considered unsafe building or service systems All such unsafe buildings structures or service systems are hereby declared illegal and shall be abated by repair and rehabilitation or by demolition In accordance with the provisions set forth in sections 50-75 through 50-78 of this article "

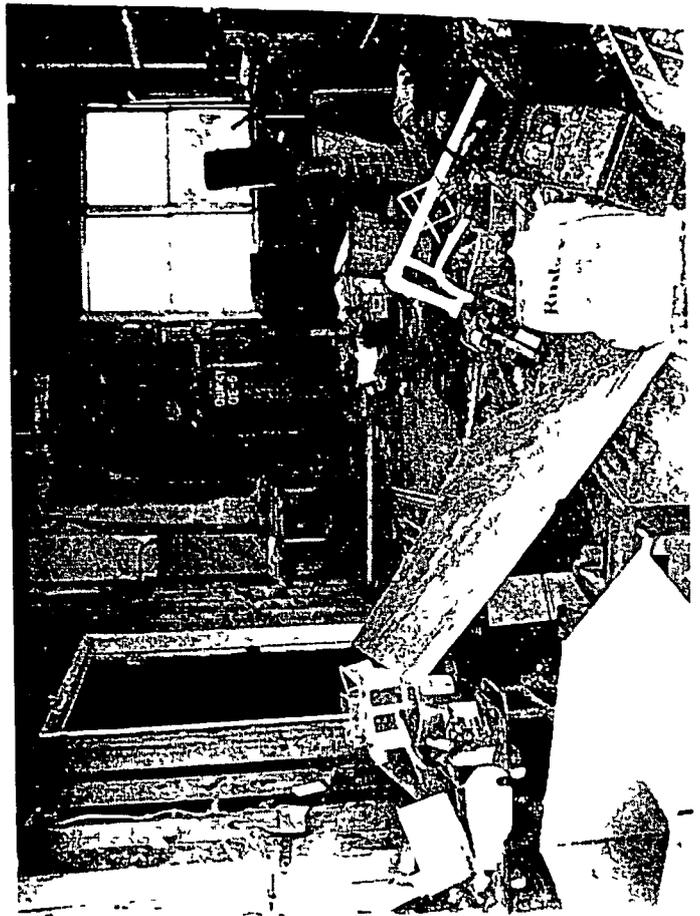
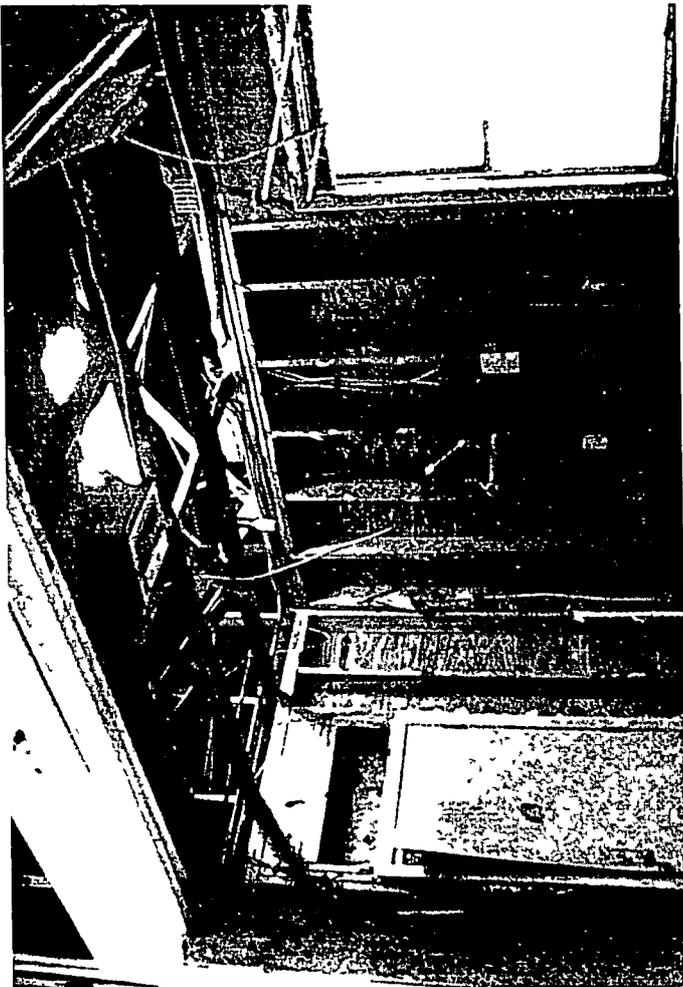
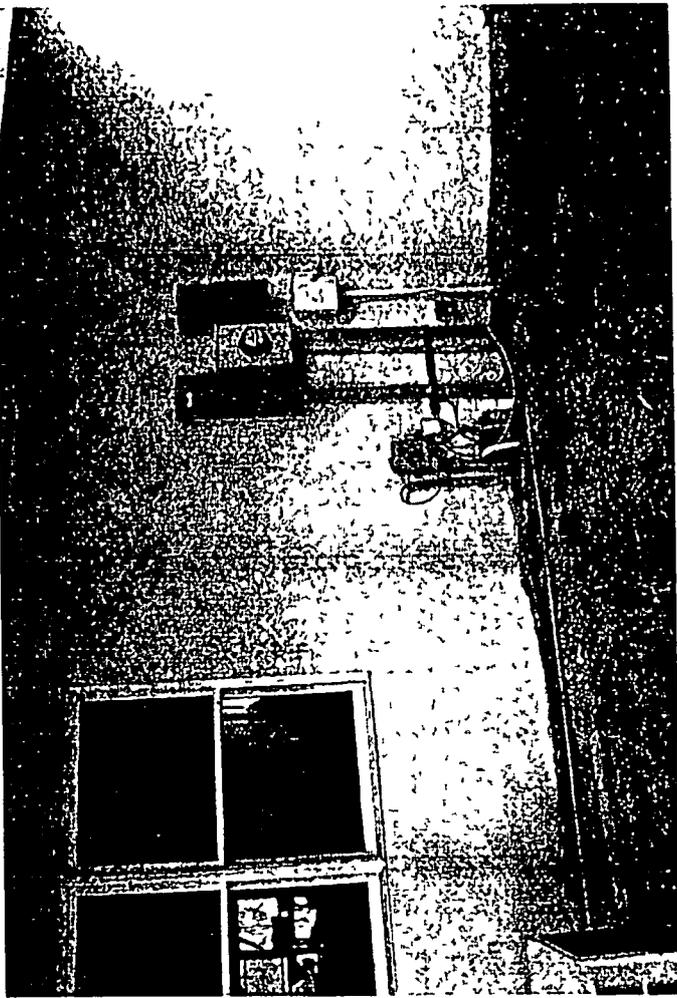
In accordance with Town Ordinance 50- 76 you are hereby required to, within 10 days, abate this unsafe building by demolition If any delay is necessary, you are required to secure the building and prevent the occupancy thereof, you are also required to have the power disconnected until such time when the demolition can be arranged

You have the right to appeal this decision in writing within 15 days of the receipt of this notice in a formal public hearing before the Town Commission, the date and time of which would be set pending your appeal

If you have any questions regarding this notice, please contact my office as soon as possible

With regards,


John R. Adams, CBO
Town of Sewall's Point







TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS 92 N.S.P.R.

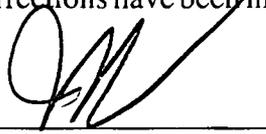
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same

FINAL DEMO

WALLS WHERE ELECTRICAL
EQUIPMENT IS MOUNTED NEEDS
TO BE ADEQUATELY BRACED
UNTIL SUCH TIME WHEN
NEW GAR. IS CONSTRUCTED.
ABANDONED MATERIAL NEEDS TO
BE REMOVED.

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 4/4



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection. Mon Wed Fri 4/4, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8546	W. W. ...	Final-dump	FAIL	
3	92 N Sewall St LEB			INSPECTOR <i>AM</i>
8523	Falco	Final-	PASS	CLOSE
4	15 N River Rd Sennist Proctor			INSPECTOR <i>AM</i>
8391	Cobella	Final-window/plaster	PASS	CLOSE
1255 1194	8 N Sewall St Palm City Plaster	Final-dock Window/DOORS	FAIL PASS	CLOSE INSPECTOR <i>AM</i>
8172	Mariano	Rough plumbing	PASS	
1	23 Middle Rd Ken Wendell	wire latte		INSPECTOR <i>AM</i>
8499	Holland W. P. Lidgwick Old Coaster	Roofing	POST	PHURS.
8423	Silas	beam + column	CANCEL	
1012	10 Castle Hill Palm Beach Grading	(late please)		INSPECTOR <i>AM</i>
8556	Rossario	left. line	PASS	
1A	137 Seward Rd Paw Disc			INSPECTOR <i>AM</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of inspection: Mon Wed ~~Thu~~ Thurs. 6-21, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8533	XXXXX	XXXX		
	XXXXXXXXXX	XXXX		
	XXXX	XXXX		
		reschedule		INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8626	Brunelle 32 E High Pt	Final irrigation	PASS	CLOSE
	Recent			INSPECTOR <i>JM</i>
8516	XXXX	Final general	PASS	CLOSE
	92 N. Sewalls Pt	XXXX		
	LEB Demo			INSPECTOR <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8625	HILLMAN	CAR. DOOR	PASS	CLOSE
	1 HERITAGE			INSPECTOR <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

8638

RENOVATIONS

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

EXP +

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	8636	DATE ISSUED	JUNE 21, 2007
SCOPE OF WORK	RENOVATIONS; AC CHANGEOUT		
CONTRACTOR	O/B		
PARCEL CONTROL NUMBER	35374100000002320000	SUBDIVISION	GOVT LOT - LOT 2
CONSTRUCTION ADDRESS	92 N SEWALLS POINT RD		
OWNER NAME	LUIS VILLAR		
QUALIFIER	O/B	CONTACT PHONE NUMBER	772-286-3722

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

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

24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8 00AM TO 4 00PM INSPECTIONS 8 30AM TO 12 00PM - MONDAY, WEDNESDAY & FRIDAY

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

Mrs V-283-6756 - no ans

6-6-08 left mess - 6/23/08

285-2823 10/30/08 credit Mrs Villar - left mess to call

Town of Sewall's Point

Date 6-21-07 **RECEIVED** **BUILDING PERMIT APPLICATION** Permit Number _____

OWNER/TITLEHOLDER NAME LUIS VILLAR Phone (Day) 226 3722 (Fax) 226 4096

Job Site Address 92 N. JAMES ST. RD. City SPARTAN State FL Zip 34991

Legal Desc Property (Subd/Lot/Block) LOT 2 Parcel Number 35-37-41-000-000-0073

Owner Address (if different) SAME City SPARTAN State FL Zip 34694

Scope of work RENOVATIONS, ROOFING & WIRE, BRONZE WIRE, DR & WALL, & LIGHT FIXTURES, TUB, SHOWER PAN

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

COST AND VALUES
Estimated Value of Construction or Improvements \$ 61000 ^{APC charged 332.51} ^{total 61332.51}
(Notice of Commencement required over \$2500)

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO

Estimated Fair Market Value prior to improvement \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

(Must include a copy of all variance approvals with application) Method of Determining Fair Market Value _____

CONTRACTOR/Company _____ Phone _____ Fax _____

Street _____ City _____ State _____ Zip _____

State Registration Number _____ State Certification Number _____ Municipality License Number _____

ARCHITECT STANSON 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 _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2004 (W/2006 Rev)
National Electrical Code 2005 Florida Energy Code 2004 Florida Accessibility Code 2004 Florida Fire Code 2004

NOTICES TO OWNERS AND CONTRACTORS
1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL S POINT AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS STATE AGENCIES, OR FEDERAL AGENCIES
3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95

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

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required)
[Signature]

State of Florida, County of Martin
This the 21st day of June, 2007
by LUIS VILLAR who is personally

known to me or produced
as identification [Signature]

My Commission Expires _____
Notary Public BARBE MEYER
MY COMMISSION # DD552119
EXPIRES May 14 2010
Seal Florida Notary Service.com
(407) 398-0113

CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida County of _____
This the _____ day of _____, 200____
by _____ who is personally

known to me or produced _____
As identification _____

My Commission Expires _____
Notary Public _____
Seal

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

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT MUST BE COMPLETED PRIOR TO PERMIT ISSUANCE

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND COMMERCIAL IMPROVEMENTS < \$25,000

NOTICE FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT

Owner/Builder Applicant Name LUIS F. VILLAR MA
Site address of the proposed building work 92 N SEWALLS PT RD
Name of legal title owner of the address above LUIS + ARLEEN VILLAR
Describe the scope of work for the proposed new construction RENOVATIONS

Name of Architect of Record STANLEY Structural Engineer of Record _____

Who will supervise the trade work to meet the applicable code? SAMUEL ZARHO

What provisions have you made for Liability and Property Damage Insurance? STATE FARM

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? WAGES ONLY

What previous Owner/Builder improvements have you done in the State of Florida?

Location _____ Scope of Work Done N/A Year _____
Location _____ Scope of Work Done _____ Year _____

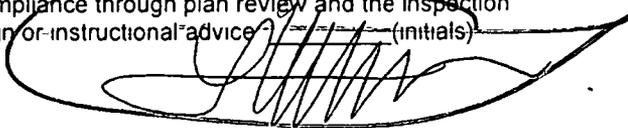
What code books do you have available for reference? Building Florida Building Code 2006
Electric NATIONAL Electrical Code 2005 Plumbing _____ HVAC Florida Energy Code 2004
Other _____

The Florida Building code is available for viewing @ www.floridabuilding.org

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? (Yes/no)

Have you consulted with your Homeowner's Insurance Agent? Lender? _____ Attorney? _____

In order to assure your success in this project, please signify your awareness that the function of the Building Department is to issue you a building permit and verify code compliance through plan review and the inspection process and that staff is not obligated to offer supervision, design or instructional advice _____ (initials)



OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION

1 THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY

2 FLORIDA STATUTES 489 103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY

3 AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT

4 IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR

5 YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE

6 UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION

7 THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT

8 THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY

9 ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE

10 YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES

11 ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS

REGARDING ZONING REGULATIONS OR CODE SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455)

12 YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT

13 AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE

14 AS AN OWNER/BUILDER YOU MAY BECOME LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY

15 I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT

ON THIS _____ DAY OF JUNE, 2007

PROPERTY ADDRESS 92 N. SEWALLS PT RD

CITY SEWALLS STATE FL ZIP 39994

[Signature]
SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 21st DAY OF June 2007

BY LUIS VILLAR

PERSONALLY KNOWN ✓

OR PRODUCED ID _____

TYPE OF ID [Signature]

NOTARY SIGNATURE



Transferred from 8367 + 8478
8367 abandoned - Renewal \$154

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6-21-07
Building to be erected for Villar
Applied for by OLB
Subdivision Govt Lot Lot 2 Block _____
Address 92 N Sewalls Pt Rd
Type of structure SFR

BUILDING PERMIT NO. 8636
Type of Permit Renovations
Building Fee 15400
Radon Fee _____
Impact Fee _____
A/C Fee 70-
Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____
Other Fees hand fee, 25-
TOTAL Fees 249-

Parcel Control Number 353741-000-000-00232-0000
Amount Paid \$9504.54 Check # 13170 Cash 13171
Total Construction Cost \$ 61000-

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

LUIS F. VILLAR MD PA
309 E OSCEOLA AVE, SUITE 201
STUART, FL 34994

Wachovia
Wachovia Bank, N.A.
wachovia.com
63-643/670

6-21-2007

PAY TO THE ORDER OF TOWN OF SEWALL'S PT. \$ 95.00
ninety five dollars no cents DOLLARS

LUIS F. VILLAR MD PA
309 E OSCEOLA AVE, SUITE 201
STUART, FL 34994

Wachovia
Wachovia Bank, N.A.
wachovia.com
63-643/670

13171

6-22-07

PAY TO THE ORDER OF SEWALLS POINT \$ 154.00
One hundred fifty four dollars DOLLARS

MEMO _____
[Signature] AUTHORIZED SIGNATURE

MASTER PERMIT NO. _____

Transferred # 0367 + 8478
8367 abandoned - Renewal \$154

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 8636

Date 6-21-07

Building to be erected for Villar

Type of Permit Renovations

Applied for by OIB (Contractor)

Building Fee 154.00

Subdivision Port Lot Lot 2 Block _____

Radon Fee _____

Address 92 N. Sewalls Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee 70-

1418 on Common GAS 35725760
PLC # 3194

Electrical Fee _____

Parcel Control Number 353741-000-000-00232-0000

Plumbing Fee _____

Amount Paid \$95 + \$154 Check # 13170 + 13171 Cash

Other Fees transfer 25-

Total Construction Cost \$ 61000-

TOTAL Fees 249-

Signed [Signature]
Applicant

Signed John Adams
Town Building Official

**PROPANE SERVICES INC
DBA ELITE GAS CONTRACTORS**

PH (772) 220-9678
PO BOX 1246
PALM CITY FL 34981

3794

PAY TO THE ORDER OF Seawalls Point
John Adams

DATE 7-18-07

\$ 600

DOLLARS



FOR [Signature]

[Signature]

Handwritten calculations:
154
70
60

284

Transferred # 8367 + 8478
8367 abandoned - Renewal \$154

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6-21-07

BUILDING PERMIT NO. 8636

Building to be erected for Villar

Type of Permit Renovations

Applied for by O/B

(Contractor) Building Fee 154.00

Subdivision Govt Lot Lot 2 Block _____

Address 92 N Sewalls Pt Rd

Radon Fee _____

Type of structure SFR

Impact Fee _____

7-18-07 Revision: GAS 35+25 \$60
pd ck # 3194

A/C Fee 70-

Parcel Control Number
353741-000-000-00232-0000

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$95 \$154 Check # 13170 Cash 13171

Roofing Fee _____

Other Fees transfer, 25-

Total Construction Cost \$ 61000-

TOTAL Fees 249-

~~Renewal \$224 - pd ck # 13108 - ck # 13000~~

Signed [Signature]
Applicant

Signed John Adams
Town Building Official

3-31-09 - called DR's office - out - will call back Wed.

286-3722 - office

2-18-10 285-2823 - left mess
for return of papers

MBN LUIS F. VILLAR, M.D., P A
RIVER ONE PLASTIC SURGERY CENTER
SUITE 201
309 E OSCEOLA ST
STUART, FL 34994

11/15/2006

13000

WACHOVIA BANK N.A.

PAY TO THE ORDER OF TOWN SEWALLS PT

\$ 224.66
106

TWO HUNDRED TWENTY FOUR DOLLARS

DOLLARS

MEMO

[Signature]

Details on back Security Features Included

First Union Bank

WIK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER 8636

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

OWNERS NAME LUIS VILLAR

CONSTRUCTION ADDRESS 92N SEWALL'S PT RD

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK LP TANK (U.G.) & LINES TO FIREPL

VALUE OF CONSTRUCTION \$ 2095.00

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

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

[Signature]
SIGNATURE OF LICENSED CONTRACTOR

3267 SE FEDERAL HWY SUITE FL
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME ~~PROPANE~~ PROPANE SERVICES INC (CAYLENNE ELLISON)

TELEPHONE NO 772-220-9678 FAX NO 772-220-1829
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER 18361

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED _____

PARCEL CONTROL # _____

SUBDIVISION _____ LOT _____ BLK _____ PHASE _____

SITE ADDRESS _____

SEND OR FAX TO TOWN OF SEWALL'S BUILDING DEPARTMENT



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER

8636

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

OWNER'S NAME VILLAR

CONSTRUCTION ADDRESS 92 N. Sewalls Pt Rd

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- PFI GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK set EQUIPMENT

VALUE OF CONSTRUCTION \$ 10,000

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

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

SIGNATURE OF LICENSED CONTRACTOR _____ ADDRESS OF CONTRACTOR 1254 SW 34th

COMPANY OR QUALIFIER'S NAME CLASSIC COOLING

TELEPHONE NO 283-8716 FAX NO 283-8735

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER CA1124403

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED VILLAR

PARCEL CONTROL # 353741-000-000-00232-0

SUBDIVISION Govt Lot LOT 2 BLK _____ PHASE _____

SITE ADDRESS 92 N Sewalls Pt Rd

SEND OR FAX TO TOWN OF SEWALL'S BUILDING DEPARTMENT

OR

TOWN OF SEWALL'S POINT
VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER ~~8636~~ 8636

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

OWNERS NAME Villar

CONSTRUCTION ADDRESS 92 N Sewall Pt Rd

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

Whisper in MB

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK Remodel Plumbing

VALUE OF CONSTRUCTION \$ 5000⁰⁰

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

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

Dave Howard
SIGNATURE OF LICENSED CONTRACTOR

449 SE Seville St
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER S NAME DAVE'S PLUMBING
PLEASE PRINT

TELEPHONE NO 2878128 FAX NO 288 7127 CFC051625

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER 0030 ~~8636~~

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

***VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED _____

PARCEL CONTROL # _____

SUBDIVISION _____ LOT _____ BLK _____ PHASE _____

SITE ADDRESS _____

Send or Fax to
Town of Sewall's Building Department
1 S Sewall's Point Road
Sewall's Point, FL 34996
FAX # (772) 220-4765

City



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER ~~8636~~ 8636

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

OWNERS NAME DR VILLAR

CONSTRUCTION ADDRESS 92 N SEWALLS POINT RD.

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRICAL
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK TRIM OUT EXISTING ELECTRICAL WIRING.

VALUE OF CONSTRUCTION \$ 5,000

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

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

[Signature] 382 NE SOLIDA CIR PT ST LUDE
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME MUSTANG ELECTRIC CORP.
PLEASE PRINT
TELEPHONE NO 772 201-6326 FAX NO 772 621-9053

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC 13003606

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED _____

PARCEL CONTROL # _____

SUBDIVISION _____ LOT _____ BLK _____ PHASE _____

SITE ADDRESS _____

SEND OR FAX TO TOWN OF SEWALL'S BUILDING DEPARTMENT

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BR
MUSTE-1

DATE (MM/DD/YYYY)
08/15/07

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

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

INSURER'S AFFORDING COVERAGE		NAIC #
INSURER A	Old Dominion Insurance Company	40231
INSURER B	Florida Citrus, Business & Ind	
INSURER C		
INSURER D		
INSURER E		

INSURED
Mustang Electric Corp.
Jeff Curtis
382 NE Solida Circle
Port St Lucia FL 34983

COVERAGES

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

INSR ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	MPG88055	04/12/07	04/12/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	10640786	05/01/07	05/01/08	<input checked="" type="checkbox"/> WC STATE MANDATORY LIMITS <input type="checkbox"/> OTHER CL EACH ACCIDENT \$ 100,000 CL DISEASE - EA EMPLOYEE \$ 100,000 CL DISEASE POLICY LIMIT \$ 500,000
	OTHER				

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

Electrical Work -

CERTIFICATE HOLDER

SEWAP-1

Sewalls Point Building Dept.
Attn: Valerie
1 S Sewalls Point Road
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Joseph E. [Signature] ACORD CORPORATION

Florida Department of
Business and Industry
Professional Regulation
Master Electrician
AM07958

Eff 03/01/2007
Exp 02/28/2009



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
EC13003606 05/30/07 060689063
CERTIFIED ELECTRICAL CONTRACTOR
CURTIS, JEFFREY C
MUSTANG ELECTRIC CORP
IS CERTIFIED under the provisions of Ch 489 FS
expiration date, AUG 31, 2008
L07053000115

[Signature]
Chairman American Red Cross
Instructor's Signature
[Signature]
Chapter
Treasure Coast
Holder's Signature
[Signature]
Cert: 653998 (Rev. Oct. 2001)

CITY OF FORT PIERCE, FLORIDA
CERTIFICATE OF COMPETENCY
CONTROL # 08-00016244
TO WHOM IT MAY CONCERN
THE BOARD OF EXAMINERS
FOR THE CITY OF FORT PIERCE
FLORIDA
DATE 12.10.07
1261553
AMOUNT PAID
EXPIRES

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
ELITG-1

DATE (MM/DD/YYYY)
05/25/07

PRODUCER

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

INSURED

Propane Services, Inc. dba
Elite Gas Contractors
P.O. Box 1245
Palm City FL 34991

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A Scottsdale Insurance Company	
INSURER B Progressive	24260
INSURER C	
INSURER D	
INSURER E	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPS0852646	05/25/07	05/25/08	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS COMP/OP AGG \$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	3693705-0	09/19/06	09/19/07	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 100000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$ 300000
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$ 50000
	<input type="checkbox"/> NON OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTH ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT \$
	If yes describe under SPECIAL PROVISIONS below				E L DISEASE EA EMPLOYEE \$
	OTHER				E L DISEASE POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Installation of Propane Gas & Equipment / State of Florida

CERTIFICATE HOLDER

CANCELLATION

TOWSP - 1

Town of Sewalls Point
1 South Sewalls Point Road
Sewalls Point FL 34996

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

AUTHORIZED REPRESENTATIVE
Paul Halcomb

PRODUCER
AON RISK SERVICES OF FLORIDA
 1001 BRICKELL BAY DRIVE, SUITE 1100
 MIAMI, FL 33131
 (305) 372-9950

Serial # 621350

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	ZURICH AMERICAN INSURANCE COMPANY
COMPANY B	
COMPANY C	
COMPANY D	

INSURED
Oasis Outsourcing Holdings, Inc , Alt Emp
Propane Services, Inc DBA Elite Gas Contractors
 4400 N Congress Ave , Suite 250
 West Palm Beach, Fl 33407-3288

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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 29-38-687-05	06/01/07	08/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1000000 EL DISEASE - POLICY LIMIT \$ 1000000 EL DISEASE - EA EMPLOYEE \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF
 PROPANE SERVICES, INC DBA ELITE GAS CONTRACTORS

TOWN OF SEWALLS POINT
 1 S SEWALLS POINT RD
 SEWALLS POINT, FL 34996

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, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

AON RISK SERVICES, INC OF FLORIDA

**2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 2004-290-0008 CERT 18361
PHONE 772-220-9678 SIC NO 422720

LOCATION
3267 SE FEDERAL HWY F-1 STU

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>	

IS HEREBY LIC. INSD TO ENGAGE IN THE BUS. OF THE PROFESSION OF OCCUPATION
OF **PROPANE REPAIR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

31 DAY OF AUGUST 2006
AND ENDING SEPTEMBER 2007

PROPANE SERVICES, INC
PO BOX 1245
PALM CITY FL 34991

In order to update our records, please indicate any changes
If there are no changes, return the bottom portion with payment.

New Location Address: _____
New Mail Address: _____
Business Telephone: (____) _____
Owner Telephone: (____) _____

**** If your business has changed, please sign here: _____ ****

Important Notice

An Occupational License is not valid to and not in lieu of any other license required by law and may be subject to zoning or any other regulatory requirements. It expires September 30 of each year. Beginning October 1 a collection fee and delinquent requirements penalties will be assessed as follows: October, \$32.50, November \$33.75, December \$35.00. Failure to pay the Occupational License tax within 30 days of the mailing notice can result in a civil penalty of up to \$250.00.

Return the bottom portion with your payment

Make Check Payable To:

Larry C. O'Steen
Martin County Tax Collector
PO Box 9013
Stuart, FL 34995-9013

PROPANE SERVICES, INC	
Amt Paid.	<u>\$ 25.00</u>

Questions? Call (772) 288-5604

Account Number: 2004-290-008

37 2004290008 2500 1

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas
P O Box 6720
Tallahassee, Florida 32399-6720

License Number 18361

Business Mailing Address

Licensed Location Address

PROPANE SERVICES INC
PO BOX 1245
PALM CITY FL 34991-6245

PROPANE SERVICES, INC
3267 SE FEDERAL HWY
STUART FL 34997-4911

The liquefied petroleum gas license at the bottom of this form is valid ONLY for the company located at the address on the license. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections to

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas
P O Box 6720
Tallahassee, Florida 32399-6720



Cut Here



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Standards
Bureau of Liquefied Petroleum Gas
(850) 921-8001
Tallahassee, Florida

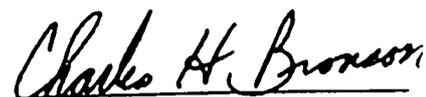
License Number 18361
Expiration Date August 31 2007
Date of Issue September 1 2006
License Fee \$200 00
Type and Class 0803

Liquefied Petroleum Gas License
LP GAS INSTALLER

GOOD FOR ONE LOCATION

This license is issued under authority of Section 527 02, Florida Statutes to

PROPANE SERVICES, INC.
3267 SE FEDERAL HWY
STUART, FL 34997-4911


CHARLES H BRONSON
COMMISSIONER OF AGRICULTURE

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas
P O Box 1650
Tallahassee, Florida 32399-1650

Master Qualifier Mailing Address

CHEYENNE ELLISON
PROPANE SERVICES, INC
PO BOX 1245
PALM CITY, FL 34991-6245

Licensed Location Address

PROPANE SERVICES, INC
3267 SE FEDERAL HWY
STUART, FL 34997-4911

Certificate Number

16322

License Number

18361

This Master Qualifier Certificate is issued pursuant to Chapter 527, Florida Statutes. This certificate is valid only for the person and licensed holder listed. Any changes to the Master Qualifier status (such as transfer or termination of employment) must be reported to the Bureau of LP Gas Inspections at 850/921-8001 immediately.

The Master Qualifier Certificate is valid only through the date noted on the Certificate. A notice of renewal will be sent to you in advance of your expiration date. A Master Qualifier Certificate may be renewed if certification of a minimum of 12 (twelve) hours continuing education is provided along with the renewal. If training cannot be documented, an examination must be taken.

For future correspondence, please make any needed corrections or changes to this certificate, and return the upper portion with corrections to:

Bureau of Liquefied Petroleum Gas Inspections
P O Box 1650
Tallahassee, Florida 32399-1650



Cut Here



State of Florida
Department of Agriculture and Consumer Services

Division of Standards
Bureau of Liquefied Petroleum Gas
(850) 921-8001
Tallahassee, Florida

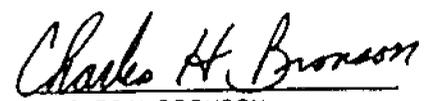
Certificate No 16322
Exam Date May 30 2003
Issue Date July 30 2006
Expiration Date July 29 2009
Exam 0803

MASTER QUALIFIER CERTIFICATE

This Certificate is issued under authority of Section 527.02, Florida Statutes, to

CHEYENNE ELLISON

Valid For
License Number 18361
PROPANE SERVICES, INC
3267 SE FEDERAL HWY
STUART, FL 34997 4911


CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE

ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID JG CLASSC-1	DATE (MM/DD/YYYY) 12/27/06
PRODUCER Stuart Insurance, Inc 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
INSURED Classic Cooling Personalized A/C of Stuart Inc 1259 SW 34th Street Palm City FL 34990		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: FCCI	
		INSURER B: Auto Owners Insurance Co	18988
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

TYPE	DESCRIPTION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	72645560	01/01/07	01/01/08	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS COMP/OP AGG \$2,000,000	
	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	9543511302	01/01/07	01/01/08	COMBINED SINGLE LIMIT (Ea accident) \$500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$			
		A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below OTHER	001WC07A32893	01/01/07	01/01/08

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Heating & A/C Systems & Equip Installation, Service or Repair

CERTIFICATE HOLDER

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

CANCELLATION

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

AC# 26991

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06080500231

LICENSE NBR

08/05/2006 B60008758 CAC029403

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

STRAIT, STEPHEN ALAN
CLASSIC COOLING
1259 SW 34TH STREET
PALM CITY FL 34990

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C O'Shea Tax Collector P.O. Box 9013 Stuart FL 34995
(772) 288-5004

TAX# 4973-512-0383 CCMT CAC 029403
PHONE# 2722-203-8710 SIC NO 435110

LOCATION:
1259 SW 34TH ST PC

CHARACTERISTICS BY MARTIN COUNTY

PREV YR \$	.00	INCOME \$	25.00
\$	.00	PENALTY \$	.00
\$	.00	COL FEE \$	.00
\$	.00	TRANSFEE \$	.00
TOTAL		25.00	

CLASS B AIR CONDITIONING CONTRACTOR

AT THE ABOVE LISTED PLACE FOR PERMITS OCCURRING ON 1/1/07

13 DAY OF AUGUST 2007
AND EXPIRES SEPTEMBER 30, 2007

CLASSIC COOLING
PERSONALIZED AIR CONDITIONING
OF STUART, INC.
1259 SW 34TH STREET
PALM CITY FL 34990

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/30/07

PRODUCER

FEDERATED MUTUAL INSURANCE COMPANY
20 Perimeter Summit Blvd
Atlanta, GA 30319
Phone 1-888-333-4949
Home Office Owatonna, MN 55060

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 FEDERATED MUTUAL INSURANCE COMPANY OR FEDERATED SERVICE INSURANCE COMPANY

COMPANY B

COMPANY C

COMPANY D

INSURED 141-263 4
DAVES PLUMBING INC
499 SE SEVILLE STREET
STUART FL 34994

COVERAGES

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

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER S & CONTRACTOR S PROT	9040854	04/01/07	04/01/08	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS COMP/OP AGG \$ 2,000,000
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	9040854	04/01/07	04/01/08	COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$
					OTHER THAN AUTO ONLY
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	9041337	04/01/07	04/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					EL EACH ACCIDENT \$ 500,000
					EL DISEASE POLICY LIMIT \$ 500,000
					EL DISEASE EA EMPLOYEE \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

1412634
TOWN OF SEWALLS POINT
ONE SOUTH SEWALLS POINT DR
STUART FL 34996

310

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

[Signature]
PRESIDENT



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

MASTER PLUMBER

License Number MP00030 Expires 30-SEP-07

HUSNANDER, DAVE
 DAVE'S PLUMBING INC
 499 SE SEVILLE ST
 STUART, FL 34994

18/28/2006 07 34 7722887127

DAVES PLUMBING

PAGE 03

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

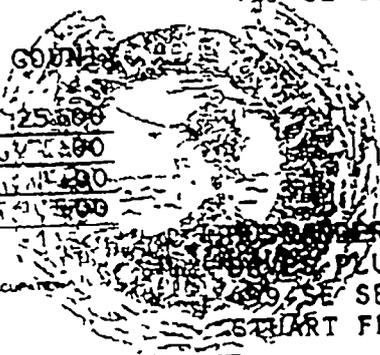
Larry C. O Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (772) 288-5804

LICENSE 1900-524-0007 CERT _____
 PHONE (561) 287-8128 IC NO 023511

LOCATION
 499 SE SEVILLE ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR	4	-00	LC FEE	\$	25.00
	1	-00	PENALTY	\$	0.00
	3	-00	COL FEE	\$	0.00
	5	-00	TRANSFER	\$	0.00
		TOTAL			25.00



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION OF **PLUMBING**
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE _____ DAY OF _____ 2006
 _____ DAY OF _____ 2007

13 DAY OF SEPTEMBER 20 06
 AND ENDING SEPTEMBER 30, 2007

11 2005 43602.0001

18/28/2006 07 34 7722887127

DAVES PLUMBING

PAGE 02

AC# 2769218

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L08083101882

DATE	BATCH NUMBER	LICENSE NBR
08/31/2006	050832094	CPC051625

The **PLUMBING CONTRACTOR**
 Named below IS CERTIFIED
 Under the provisions of Chapter 489, F.S.
 Expiration date: AUG 31, 2008

HUSNANDER, DAVID E JR
 DAVE'S PLUMBING INC
 499 SE SEVILLE ST
 STUART FL 34994-4449

JEB BUSH
 GOVERNOR

SIMONE MARSTILLER
 SECRETARY



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

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

DATE: 7-13-07 PERMIT NUMBER: 8636

JOB ADDRESS: 92 N. SEWALL'S PT RD

PLEASE CHECK ONE OF THE FOLLOWING:

CONDITION OF INSPECTION APPROVAL (Needed for an inspection)

CONDITION OF PERMIT APPROVAL (Corrections/Permit not issued, in review process)

REVISIONS (Changes to an issued permit)

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

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

DESCRIPTION OF REVISION(S) ADD 4P UNES TO FIREPL + U.G TANK
(250 GAC)

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 2095.00
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME J. KOTIS VILLAR - SIGNATURE [Signature]
 PHONE NUMBER _____ FAX NUMBER _____

FOR OFFICE USE ONLY.

Reviewed by: [Signature] Date 7-17-07 Approve Deny

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

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

Other declared value increase (must be based on value not cost) 2095 963/1000 x 2% = _____

Other additional fees. 2 insp @ 75.00 Revision review fee 1 Pages @ \$25.00/Page 25.00

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 35.00 + 25.00 = 60

Applicant notified by _____ Date: _____



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

USE:
 RESIDENTIAL COMMERCIAL _____

HOOK UP:
 TANK METERED UTILITY GAS _____ OTHER _____

TANK SPECS:
 SIZE 250 GALS ABOVE GROUND _____ UNDERGROUND
 TANK TYPE DOT _____ ASME OTHER _____

TANK DISTANCE: (MINIMUM)
 SOURCE OF IGNITION 70 FT BUILDING OPENINGS 70 FT BUILDING 50 FT

PROPOSED SETBACKS FROM LOT LINE
 FRONT 30 FT SIDE 1 18 FT SIDE 2 90 FT REAR 145 FT

GAS SPECS: (SEE FBC/FUEL GAS TABLES 402)
 NATURAL _____ LP _____ OTHER _____
 GAS PRESSURE OF _____ psi AND PRESSURE DROP OF _____
 BASED ON A _____ SPECIFIC GRAVITY GAS

PIPE/TUBING SPECS (CHECK ALL THAT APPLY)
 IRON _____ SCH 40 SEMI-RIGID _____ CSST _____
 POLYETHYLENE PLASTIC S S _____ OTHER _____

COMBUSTION AIR:
 REQUIRED YES _____ NO
 METHOD FOR SUPPLYING COMBUSTION AIR _____

WHO PROVIDED THE COMBUSTION AIR CALCS?
 ARCHITECT/ENGINEER OF RECORD _____ GAS COMPANY _____
 OTHER _____

GAS APPLIANCE SPECS (LIST APPLIANCE TYPE AND BTU)
 APPLIANCE #1 FIREP 40,000 BTU 1/2" *DIA PIPE 15 FT -LENGTH
 APPLIANCE #2 _____ BTU _____ *DIA PIPE _____ FT -LENGTH
 APPLIANCE #3 _____ BTU _____ *DIA PIPE _____ FT -LENGTH
 APPLIANCE #4 _____ BTU _____ *DIA PIPE _____ FT -LENGTH
 APPLIANCE #5 _____ BTU _____ *DIA PIPE _____ FT -LENGTH
 APPLIANCE #6 _____ BTU _____ *DIA PIPE _____ FT -LENGTH

(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)
 *THE ABOVE PIPE SIZES WERE TAKEN FROM 2004 FBC W/2006 REVISIONS/FUEL GAS TABLE NO _____

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 7-17-07

BUILDING OFFICIAL



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

File

RECEIVED
 DATE 11-26-07
 TOWN OF SEWALL'S POINT

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

DATE: 11/26/07 PERMIT NUMBER: 36316

JOB ADDRESS 92 N SEWALLS POINT RD.

PLEASE CHECK ONE OF THE FOLLOWING:

CONDITION OF INSPECTION APPROVAL (Needed for an inspection)

CONDITION OF PERMIT APPROVAL (Corrections/Permit not issued, in review process)

REVISIONS (Changes to an issued permit)

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

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

DESCRIPTION OF REVISION(S) NEW 200A METER MAIN ON HOUSE.
DEMO OLD SERVICE ON GARAGE

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

CONTACT NAME JEFF CURTIS / MUSTANG EGGS SIGNATURE Jeffrey A. Curtis

PHONE NUMBER 772 201-6326 FAX NUMBER 772 - 621-9053

FOR OFFICE USE ONLY

Reviewed by [Signature] Date 11-27-07 Approve Deny

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

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

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

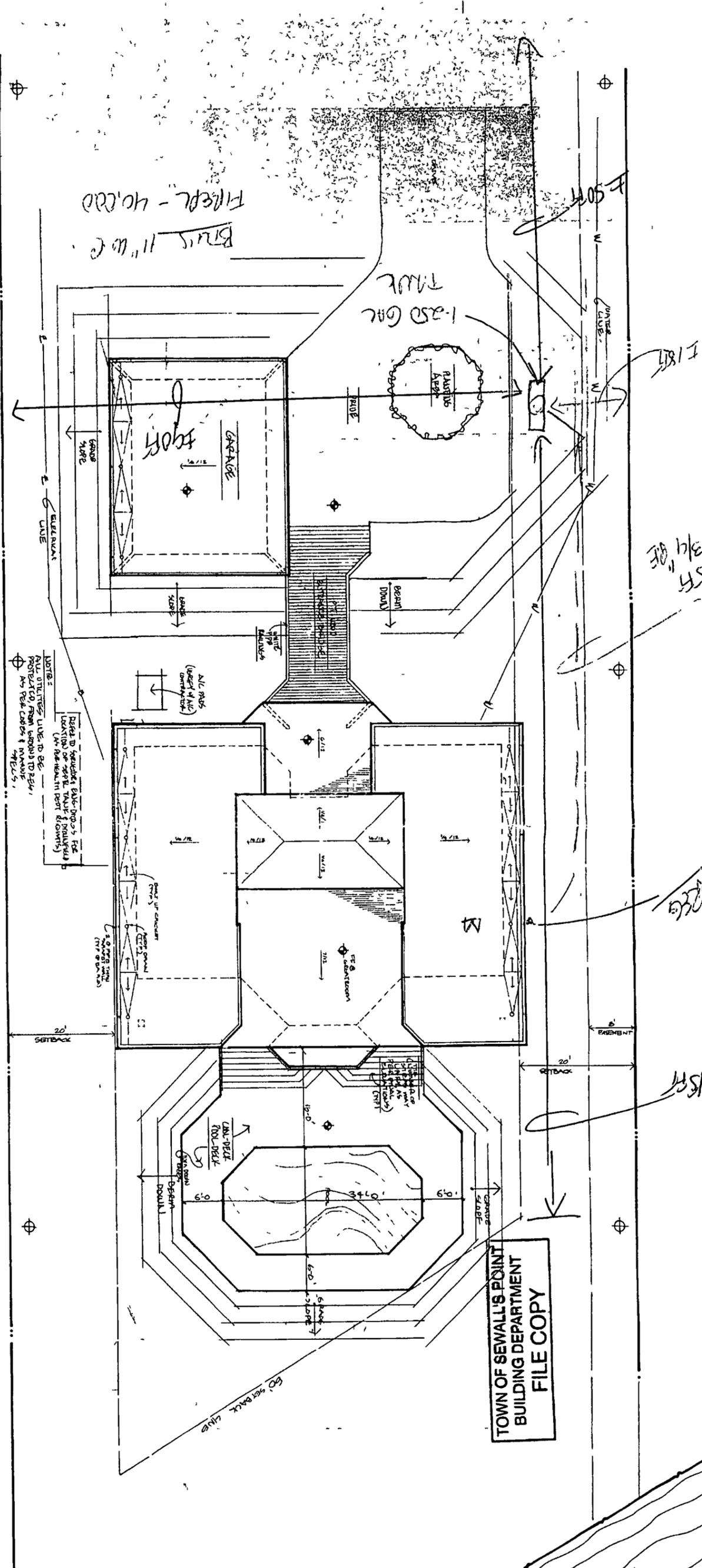
Other additional fees 2 INSP x 75 EA Revision review fee 1 Pages @ \$25.00/Page 25

Radon Fee Professional Regulation Fee Road impact assessment

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 175.00

Applicant notified by Valerie Date 11-27-07

pd 11/28/07 ckt#1259



NOTE:
 REFER TO SUBTRACTOR/END
 DRAWS FOR SITE & SUBS FINISHED
 ELEVATIONS // AS PER ROAD CODE

NOTE:
 ALL UTILITIES LIVE TO BE
 PROTECTED FROM WORKS TO REM,
 AS PER CODES & MANUALS

ARCHITECTURAL
 SITE PLAN 1/8" = 1'-0"
 ROOF PLAN

NO PERMANENT STRUCTURES
 IN SET-BACK AREAS

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Approval of these plans in accordance with the provisions of the Florida Building Code, Chapter 630, Part 1, shall be the responsibility of the applicant. The State of Florida Building Code Enforcement Unit, Miami, Florida.

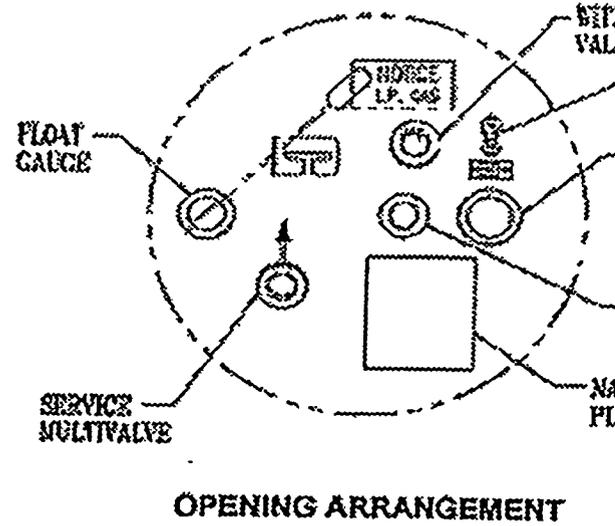
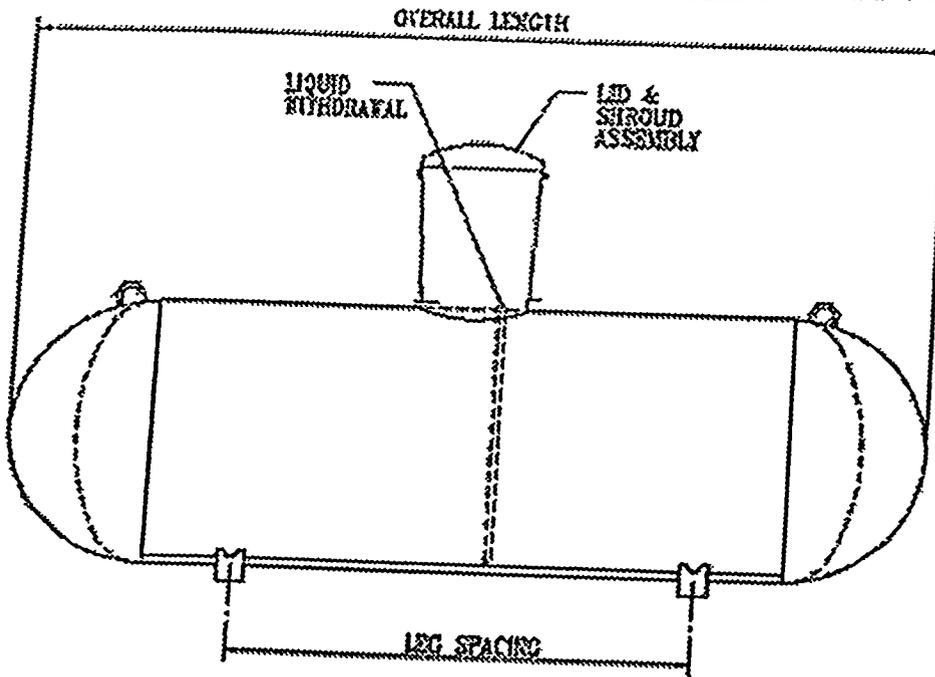
RECEIVED
 REVENUE
 RECEIVED
 11/11/86
 OK
 11/11/86
 11/11/86

comm. no.	revisions
drawn by	date description
checked by CRS	
date 6/2/86	

VILLAR RESIDENCE
 SEWALL'S POINT, FLORIDA

ARCHITECT • PLANNER
CHARLES R. STINSON
 9 east ocala street
 stuart, florida 305/286/7777

sheet



Aboveground / Underground LPG Tank

General Specifications

Conforms to the latest edition and addenda of the ASME Code for Pressure Vessels, Section VIII Division I. Complies with NFPA 58 and is listed by Underwriters Laboratories, Inc.

All tanks are pre-purged and ready to be filled.

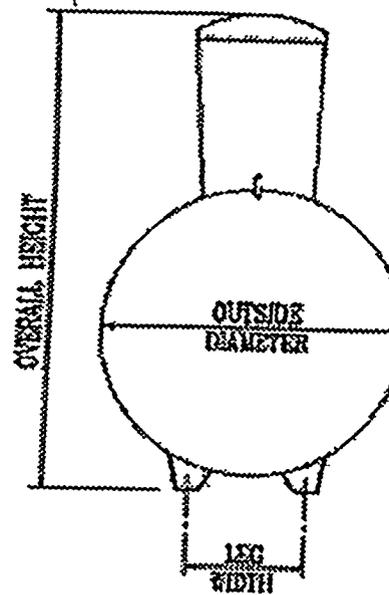
Rated at 250 psig from -200 degrees F. to 125 degrees F.
 All tanks may be evacuated to a full (14.7 in. Hg) vacuum.

Please read and understand all warranty and installation instructions before installing the tank.

Finish: Coated with epoxy red powder. (Tanks coated with the epoxy powder must be buried). For aboveground use, tanks may be coated with TGIC powder.

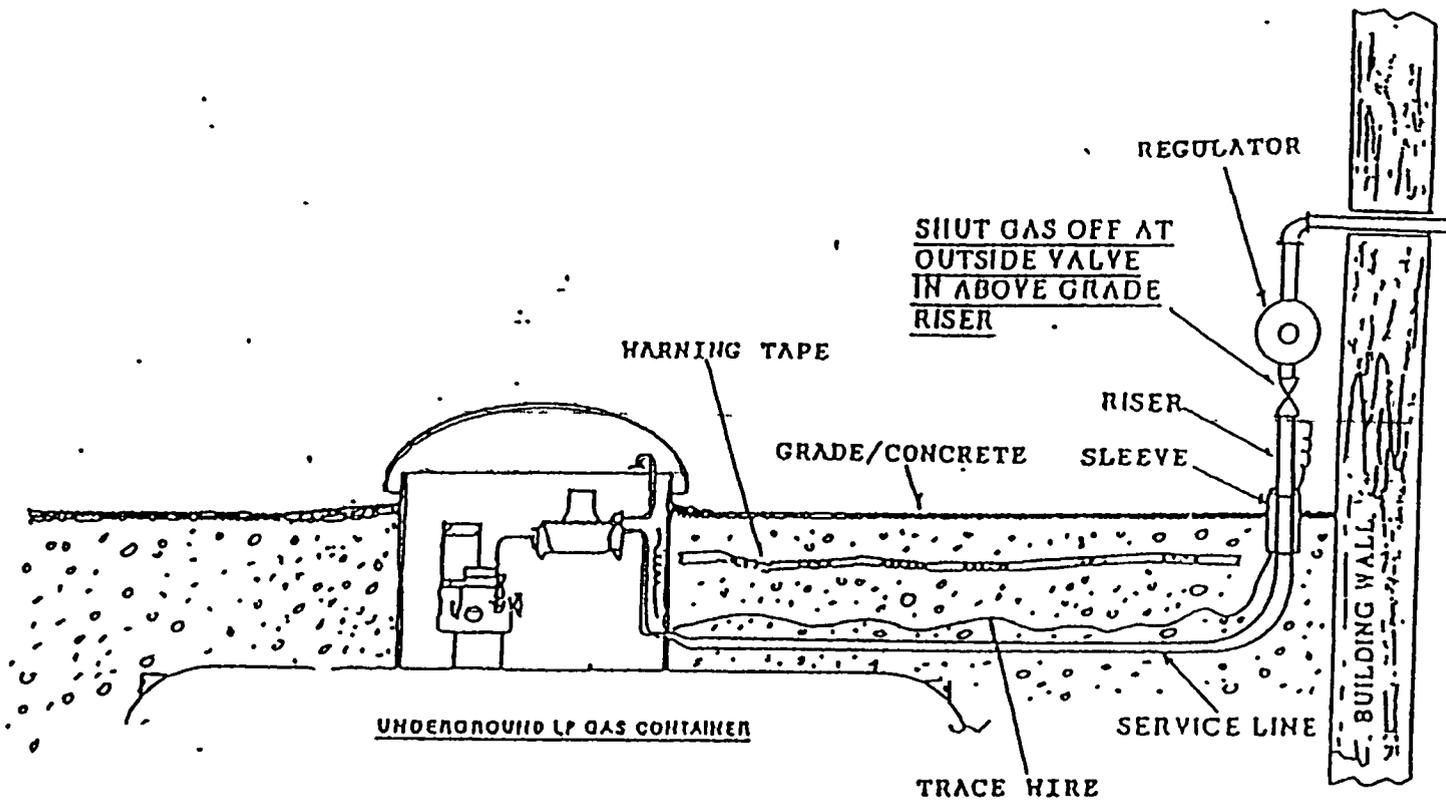
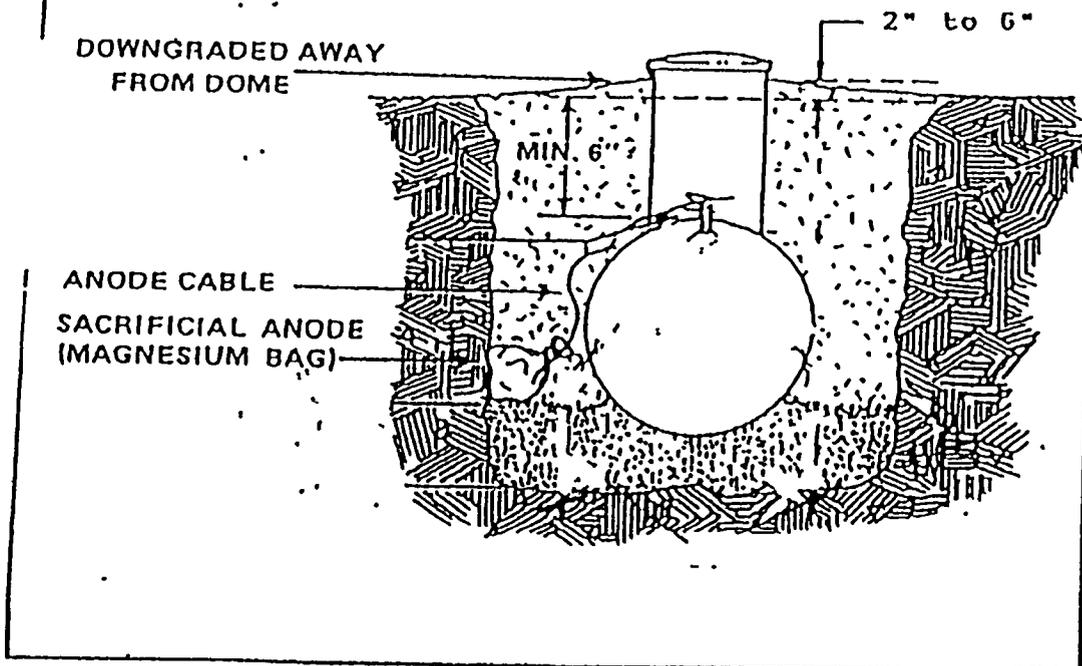
Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state or local regulations.

All vessel dimensions are approximate.



WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT W/ LID & SHROUD ASSEMBLY		LEG WIDTH	LEG SPACING	WEIGHT
				8"	18"			
120 wg. 454.2 L	24" 609.6 mm	Ellip.	5'-5 7/8" 1671.6 mm	3'-0 1/4" 919.2 mm	3'-10 1/4" 1122.4 mm	10 1/8" 257.2 mm	3'-0" 914.4 mm	245 lbs. 111.1 kg
250 wg. 946.3 L	31.5" 800.1 mm	Heml.	7'-2 1/2" 2197.1 mm	3'-9 3/4" 1109.7 mm	4'-5 3/4" 1363.7 mm	12 3/4" 323.9 mm	3'-6" 1066.8 mm	472 lbs. 214.1 kg
320 wg. 946.3 L	31.5" 800.1 mm	Heml.	8'-11 3/4" 2736.9 mm	3'-9 3/4" 1109.7 mm	4'-5 3/4" 1363.7 mm	12 3/4" 323.9 mm	4'-0 1/4" 1225.6 mm	588 lbs. 266.7 kg
500 wg. 1892.5 L	37.42" 950.5 mm	Heml.	9'-10" 2997.2 mm	4'-1 5/8" 1260.5 mm	4'-11 5/8" 1514.5 mm	15" 381.0 mm	5'-0" 1524.0 mm	871 lbs. 395.1 kg
1,000 wg. 3785.0 L	40.96" 1040.4 mm	Heml.	15'-10 7/8" 4846.6 mm	4'-5 3/4" 1351.0 mm	5'-3 1/4" 1605.0 mm	16 1/4" 412.8 mm	9'-0" 2743.2 mm	1729 lbs. 784.3 kg

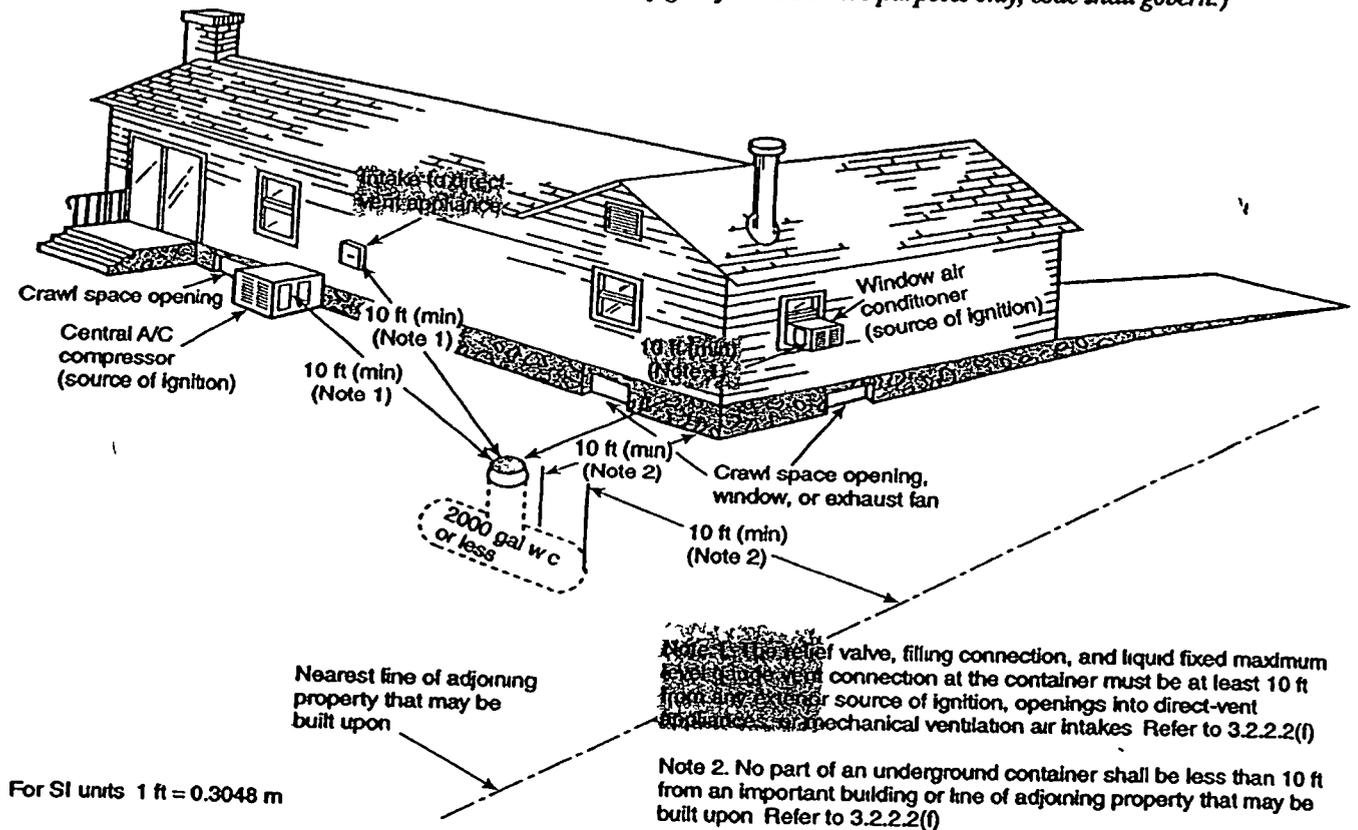
UNDERGROUND TANK INSTALLATION



PROPANE CONSTRUCTION NOTES

1. All pipe and fittings above ground and inside building shall be SCH. 40 Galvanized ASTM A120 or AGA approved corrugated stainless steel (C.S.S.T.) pipe.
2. All polypipe and fittings shall be ASTM D2513 or ASTM D2517 and shall be buried outside underground at a depth of 18" with warning tape and tracer wire.
3. All pipe and meter locations are approximate and subject to change.
4. All polypipe shall be joined by heat fusion or approved mechanical couplings.
5. All galvanized pipe shall be threaded.
6. All pipe shall be pressure tested to 20 # PSI for a period of 24 hours.

FIGURE I.1(c) Underground ASME containers. (This figure for illustrative purposes only; code shall govern.)



Appendix J Referenced Publications

J.1 The following documents or portions thereof are referenced within this code for informational purposes only and are thus not considered part of the requirements of this code unless also listed in Chapter 13. The edition indicated here for each reference is the current edition as of the date of the NFPA issuance of this code.

J.1.1 NFPA Publications. National Fire Protection Association, 1 Batterymarch Park, P O Box 9101, Quincy, MA 02269-9101.

NFPA 10, *Standard for Portable Fire Extinguishers*, 1998 edition

NFPA 30, *Flammable and Combustible Liquids Code*, 2000 edition

NFPA 37, *Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines*, 1998 edition

NFPA 50, *Standard for Bulk Oxygen Systems at Consumer Sites*, 2001 edition

NFPA 50A, *Standard for Gaseous Hydrogen Systems at Consumer Sites*, 1999 edition

NFPA 51, *Standard for the Design and Installation of Oxygen-Fuel Gas Systems for Welding, Cutting, and Allied Processes*, 1997 edition

NFPA 54, *National Fuel Gas Code*, 1999 edition

NFPA 61, *Standard for the Prevention of Fires and Dust Explosions in Agricultural and Food Products Facilities*, 1999 edition

NFPA 68, *Guide for Venting of Deflagrations*, 1998 edition

NFPA 77, *Recommended Practice on Static Electricity*, 2000 edition

NFPA 80, *Standard for Fire Doors and Fire Windows*, 1999 edition

NFPA 251, *Standard Methods of Tests of Fire Endurance of Building Construction and Materials*, 1999 edition

NFPA 252, *Standard Methods of Fire Tests of Door Assemblies*, 1999 edition.

NFPA 780, *Standard for the Installation of Lightning Protection Systems*, 1997 edition

NFPA 1192, *Standard on Recreational Vehicles*, 1996 edition

J.1.2 Other Publications.

J.1.2.1 API Publications. American Petroleum Institute, 1220 L Street, NW, Washington, DC 20005

API 620, *Design and Construction of Large, Welded, Low-Pressure Storage Tanks*, 1996

API 1632, *Cathodic Protection of Underground Petroleum Storage Tanks and Piping Systems*, 1996

API 2510, *Design and Construction of LP-Gas Installations*, 1995

API-ASME Code for Unfired Pressure Vessels for Petroleum Liquids and Gases.

J.1.2.2 ASCE Publication. American Society of Civil Engineers, United Engineering Center, 345 East 47th St., New York, NY 10017

ASCE 56, *Sub-Surface Investigation for Design and Construction of Foundation for Buildings*.

J.1.2.3 ASME Publication. American Society for Mechanical Engineers, Three Park Avenue, New York, NY 10016-5990

ASME Boiler and Pressure Vessel Code, 1998

ASME Code Case Interpretations and Addenda.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE 01/17/2005 ** EXPIRATION DATE 01/17/2007</p> <p>PERSON: MAGER FEIN: 8541120</p> <p>BUSINESS NAME: MAGER CONSTRUCTION INC AND ADDRESS: 459 W RIVERSEND WAY TAMPA CITY FL 34990</p> <p>SCOPE OF BUSINESS OR TRADE: 1- CERTIFIED GENERAL CONTRACTOR 2- COMMERCIAL CONTRACTOR</p> <p>NOT REISSUANCE REQUIREMENTS</p> 	<p>F O L D H E R E</p> <p>IMPORTANT</p> <p>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>QUESTIONS? (850) 413-1609</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CUT HERE

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

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

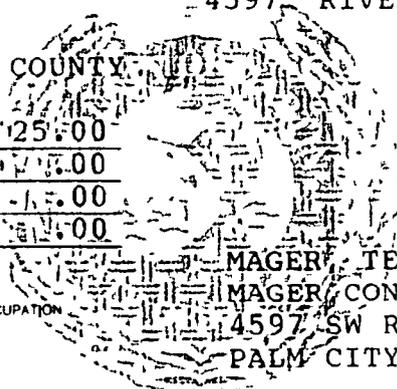
LICENSE 1993-513-0044 CERT _____
PHONE (561) 286-0248 SIC NO 001521

LOCATION
4597 RIVERS END WAY 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>

RECEIPT of PAYMENT
LARRY C O'STEEN
99 08/11/2006 NORMA
19930005130004
002 2005 0010845
MAGER CONSTRUCTION



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

MAGER, TERRENCE JOHN
MAGER, CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990

A* LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF AUGUST 2006
AND ENDING SEPTEMBER 30, 2007



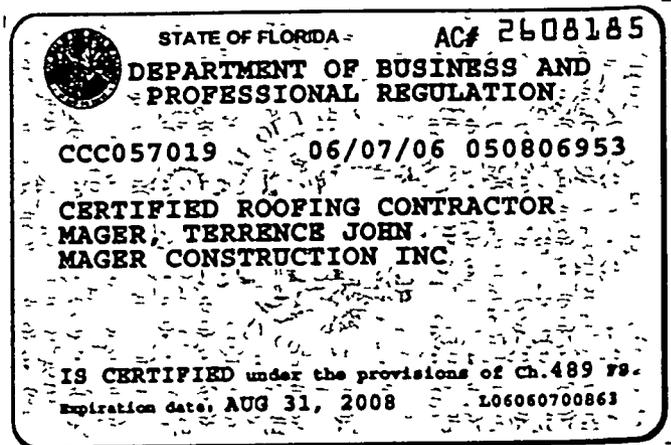
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MAGER, TERRENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990



DETACH HERE

2608185 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L06060700863

DATE	BATCH NUMBER	LICENSE NBR
06/07/2006	050806953	CCC057019

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2008

MAGER, TERRENCE JOHN
MAGER CONSTRUCTION INC
4597 SW RIVERSEND WAY
PALM CITY FL 34990

JEB BUSH GOVERNOR
SIMONE MARSTILLER SECRETARY
DISPLAY AS REQUIRED BY LAW



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

CHANGE OF CONTRACTOR APPLICATION PACKAGE

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

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

You will need the following to change contractors or to change from contractor to owner/builder:

- _____ 1 Copy Letter from the owner releasing the old contractor and hiring the new Contractor or assuming owner/builder status
- _____ 1 Copy New permit application
- _____ \$25 Transfer Fee

* If changing from a contractor to an owner/builder, the owner must supply the following:

- _____ 1 Copy recorded warranty deed
- _____ 1 Copy owner/builder application

Please read Florida Statute, section 489.103

** If new plans are needed, the new contractor (or owner) must supply the following:

- _____ 1 Copy Plans to be re-stamped at the time of the application This process will take a minimum of 24 hours.

6-7-07

*I am dismissing Mega Construction
and assuming owner/builder status*

J. Villar
6015 F. VILLAR MD

MAGER Construction Inc.

Phone / Fax 772-286-0248 • Mobile 772-595-8290
CGC 059059



To Whom it may concern,

I will no longer
be working at 92 N.
Swalk Pt Road and would
like permit #8478 and permit
#8367 withdrawn and cancelled.
as of 6-20-07.

Thank You
Frey Mage



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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME LUIS VILLU BLDG PERMIT # _____

MAILING ADDRESS 309 E. OSPEDA ST SUITE EL 34994

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917 PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG	<i>Drywall 3 Alum Systems</i>	
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
✓ PLU	* PLUMBING	<i>Davis - plumbing</i>	
AC	* HVAC	<i>Classic - cooling</i>	
EL	* ELECTRICAL	-	



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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

* REQUIRES SEPARATE VERIFICATION FORMS

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

[Handwritten Signature]

SIGNATURE OF CONTRACTOR
 (OR OWNER/BUILDER IF APPLICABLE)

STATE OF Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 21st day
 of June, 2007

[Handwritten Signature]
 NOTARY PUBLIC

MY COMMISSION EXPIRES _____



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-11, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8105	Galinis	roof sheathing	PASS	
10	26 Sewalls Driftwood	sub siding	PASS	INSPECTOR <i>[Signature]</i>
0097		INSULATION FIBRE	PASS	
8	14 S. VIA LUCINDIA	ROUGH TRADES	PASS	INSPECTOR <i>[Signature]</i>
		MARK 214-0788		
0056		BOATLIFT FINAL	PASS	CLOSE
9	3 ST. LUCIE CT.			INSPECTOR <i>[Signature]</i>
0027		FTR/SLAB	FAIL	
11	3 TUSCAN LANE			INSPECTOR <i>[Signature]</i>
0105		UG ROUGH ELEC.	PASS	
3	97 N. S. P.R.	FOR GENERATOR		INSPECTOR <i>[Signature]</i>
0116		BATH	PASS	
2	92 N. S. P.R.			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Wed Fri 2-5, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
0083	Villar	Final-roof	PASS	CLOSE
2	92 N Sewalls Pt Mager Const.			INSPECTOR <i>[Signature]</i>
7471	Villar	Interior demo Final	PASS	CLOSE
2	92 N Sewalls Pt O/B			INSPECTOR <i>[Signature]</i>
0176	Villar	Final-renovation	CANCEL	
2	92 N Sewalls Pt Mager Const			INSPECTOR <i>[Signature]</i>
8478	Villar	INSULATION DRYWALL	CANCEL	
2	92 N Sewalls Pt Mager			INSPECTOR <i>[Signature]</i>
0085	Misel	Final	PASS	CLOSE
5	21 Island Rd Adm City Dredge			INSPECTOR <i>[Signature]</i>
7643	Merrill	Final-	FAIL	
<u>155</u>	24 Fieldway DR OB	receptacle Going out of town		INSPECTOR <i>[Signature]</i>
Tree	Moscattello	Tree	PASS	
8	Wouth Ct O/B	(OFF RIDGELAND)		INSPECTOR <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Wed Fri 8-10, 2007 Page 1 of 1

PERM	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8596	Cobielli	Footing		
2	8 N. Sewalls Sunrise Const.	Columns PASS	PASS	INSPECTOR <i>JA</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8672	Ferraro	Rough elect	PASS	
5	4 Kingston Ct Quick	rough plumbing framing	PASS PASS	INSPECTOR <i>JA</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8598	Legal	Final		
6	6 Mandalay Dr O/B	(A/C opening)	PASS	CLOSE INSPECTOR <i>JA</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8636	Villar	Interior Rough		
1	92 N Sewalls Dr Elite Gas	GAS Rough	PASS	INSPECTOR <i>JA</i>
PERM T	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8644	Cooney	Insulation		
7	17 Middle Rd Advantage Const		PASS	INSPECTOR <i>JA</i>
PERM T	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8667	Cabrera	Final		
3	3 Melody Ln Seaside Roof		PASS	CLOSE INSPECTOR <i>JA</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8634	Wattles	Final		
4	20 N Ridgeview George Seitz		PASS	CLOSE INSPECTOR <i>JA</i>
OTHER	?			
	? 16 MIDDLE RD - WEEDS VACANT			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-15, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
786	Walker	window	PASS	
3	LeCannes Nest Wm G. Camier	(free by the way) (bill wants to speak to you)		INSPECTOR <i>[Signature]</i>
8672	Ferraro	window + door	PASS	
1	4 Kingston Ct Guelich			INSPECTOR <i>[Signature]</i>
8636	Villar	UG gas tank	PASS	
5	92 N Sewalls Elite			INSPECTOR <i>[Signature]</i>
C.E.		WORK w/o PERMIT	OK	PAINTING/ WALL PAPER ETC INSPECTOR <i>[Signature]</i>
	61 S S P.R.			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-17, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8636	Villar	UG lines	PASS	
3	92 N Sewalls Elite			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8675	Topping 7 Middle Rd Cardinal Roof.	in-progress Partial	OK	INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8680	Anderson 2 9 Palmetto DR Martin Fence	Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8277 (0025)	Went 3 Knowles Rd frup Disc	Final Key-back door open max	FAIL	INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
C.E.	22 PALMETTO	W/O. PERMIT ?	-	OK PER CONTRACTOR APPROVED BY J. ADAMS PERMIT WILL BE APPROV. FOR. INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8603	Kipling 143 S River Rd Driftwood	Final-siding SO. GROVE COTTAGE	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-7, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8123	Luloh 20 E High Pt Seagate	Motor final	PASS	INSPECTOR <i>AM</i>
8019	2B Cinnamon Ln Florida Forest	Final	PASS	CLOSE 9/24/07 RECEIVED EMBL REPORT. INSPECTOR <i>AM</i>
2A	37 W High Pt	Roof structure investigate		SPOKE w/ OWNER NEED PERMIT FOR REPAIR INSPECTOR <i>AM</i>
8516	Cummings 83 S River Rd Wilco	Final seawall only	FAIL	INSPECTOR <i>AM</i>
1837	Krapil 4 Rio Vista Advanced Concepts	Garage door	FAIL	INSPECTOR <i>AM</i>
8636	Villar	electrical	PASS	CONTACT
5 10AM	92 N Sewalls Pt O/B	service charge		INSPECTOR <i>AM</i> T.P.C. INSPECTION
8769	Behinger 18 Indialucie Handyman Matter	buckets WINDOWS	PASS	INSPECTOR <i>AM</i>

OTHER:

Valerie Meyer

From Valerie Meyer [vmeyer@sewallspoint martin fl us]
Sent Friday, December 07, 2007 12:09 PM
To 'FPL (tc_inspections@fpl.com)'
Subject. 92 N Sewalls Point Rd

Please install meter for a service change at the following

Villar
92 N Sewall's Point Rd
Sewall's Point, FL

Valerie Meyer
Town of Sewall's Point
Building Department
772-287-2455 Ext 13



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 92 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

FINAL

LABEL PANELS -

OPEN J-BOX UNDER SINK (UNCOVERED)

MISSING PEDESTAL SINK IN DOWNER

NEED ACCESS PANEL FOR

WHIRLPOOL TUB MOTOR &
EQUIPMENT.

SECURE HOSE DIN & PIPE @ REAR

STAIRS -

MISSING WATERPROOF COVER @

RECEPT. @ S.E. PORCH.

REMOVE ABANDONED ELEC. EQUIP. @ OLD GARAGE

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

DATE 12/16

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection. Mon Wed Fri 12-10, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
1801	Cummings	1st fl Plumbing	PASS	
3	835 River Elias Mgmt			INSPECTOR <i>GM</i>
8710	Hompson	Final FRONT + REAR	PASS	CLOSE
4	6 Pineapple La Stuart Fence			INSPECTOR <i>GM</i>
6963	Bailey/Burkhard	Final	PASS	CLOSE
5	7 Periwinkle O/B			INSPECTOR
7005	Bailey	Final	FAIL	
5	7 Periwinkle Propane Disc.			INSPECTOR
8748	McGovern	Plumbing	PASS	
8748	2 Tuscan 1st Driftwood Homes			INSPECTOR <i>GM</i>
8636	Villar	Final	FAIL	
6	92 N Sewalls O/B			INSPECTOR <i>GM</i>
8765	Kurlander	Final	FAIL	
1B	1765 River Stuart Fence			INSPECTOR <i>GM</i>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS

92 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

FINAL

RAISED PATIO ON S.E. CORNER
RAILING.

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

4/30/08

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed 6-30, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8636	Wular	Final	FAIL	
5	92 N Sewalls OB			INSPECTOR <i>QW</i>
8814	Brush	Final	PASS	CLOSE
3	2 Mindow St Olympic Pool			INSPECTOR <i>QW</i>
8820	Deschane	reinspect hidown truss eng		
6	64 N River Rd JMC	*all trades	PASS FAIL	INSPECTOR <i>QW</i>
8492	Vasko	meter	PASS	
4 9AM	985 River Rd OB	or call 631-2442?		INSPECTOR <i>QW</i>
8813	Hepworth	meter release	PASS	CONTACT F.P.L. <i>OK</i>
2	3 Riverview Sand Castle	changed breaker		INSTALL METER @ INSPECTOR <i>QW</i> HOUSE
8938	Smith	Final	PASS	CLOSE
1	133 Silver Rd Ben Franklin Plumb			INSPECTOR <i>QW</i>
CE	12 KNOWLES RD	FENCE W/O PERMIT	OK	OK - REPLACING BAD SLATS ON EQUIP. FENCE. INSPECTOR

OTHER:
 CE. DEL CARVED OVERGROWN. SENT N.O.V.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **6-5** 2009 Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9066	Bruccia	Buck &	PASS	CLOSE
1	2 Kington Ct Jupiter Alum	Final		INSPECTOR <i>JAW</i>
Tree	Kelso	Tree	PASS	
2	18 Rio Vista Dr			INSPECTOR <i>JAW</i>
9164	Beulitz	Final	PASS	CLOSE
3	10 S Via Lucinda OB	fence		INSPECTOR <i>JAW</i>
6860	Rappaport	Final	PASS	CLOSE
	9 Rivercrest Ct Circle 2			INSPECTOR <i>JAW</i>
7147	Dayton	Final	PASS	CLOSE
	14 Palm Ct Parks Co			INSPECTOR <i>JAW</i>
9155	Merkin	Final	PASS	CLOSE
	95 N Sewalls OB	Concrete		INSPECTOR <i>JAW</i>
9036	VIGBAR	FINAL	PASS	CLOSE
	92 N. S PR O.B.			INSPECTOR <i>JAW</i>