

93 North Sewall's Point Road

4972

DOCK

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 6/14/00 BUILDING PERMIT NO. 497.2
 Building to be erected for STAN MERKIN Type of Permit DOCK
 Applied for by ROBT. SANDY (Contractor) Building Fee \$240.00
 Subdivision _____ Lot _____ Block _____ Radon Fee _____
 Address 93 1/2 N. SEWALL'S POINT RD Impact Fee _____
 Type of structure SFR A/C Fee _____
 Electrical Fee _____
 Parcel Control Number _____ Plumbing Fee _____
35-37-41-000-000 00220 Roofing Fee _____
 Amount Paid \$240.00 Check # 9228 Cash _____ Other Fees (_____)
 Total Construction Cost \$ 12,000.00 TOTAL Fees \$240.00

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

DOCK PERMIT

INSPECTIONS

SETBACKS	DATE _____	WATER	DATE _____
PILINGS	DATE _____	ELECTRIC	DATE _____
BOAT LIFT	DATE _____	DECK	DATE _____
		FINAL	DATE <u>12/26/01</u>

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455
WORK HOURS – 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

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

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

MASTER PERMIT NO. N/A ^C

TOWN OF SEWALL'S POINT

Date 6/14/00

BUILDING PERMIT NO. 4972

Building to be erected for STAN MERKIN

Type of Permit DOCK

Applied for by ROBT. SANDY - 220-4051

(Contractor) Building Fee \$240.00

Subdivision 22^c Govt Lot 2 Block _____

Radon Fee _____

Address 93 1/2 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure S.FR

A/C Fee _____

Parcel Control Number 8/7/02 - Gene lift Vmail reg. - renewal - \$
8/8/02 - Renewal

Electrical Fee _____

CK # 2286 \$240.00
35-37-41-000-000 0022060000

Plumbing Fee _____

Amount Paid \$240.00 Check # 9228 Cash _____ Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 12,000.00

TOTAL Fees \$240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

ROBERT SANDY CONSTRUCTION, INC
PH 772 220-4051
1028 S W 36TH TERRACE
PALM CITY FL 34990

**FIRST NATIONAL
BANK AND TRUST COMPANY**
THE SUPER COMMUNITY BANK
PALM CITY FLORIDA 34990

2286
63-5157
670

8/8/2002

PAY TO THE ORDER OF Town Of Sewalls Point

\$ **240 00

Two Hundred Forty and 00/100*****

DOLLARS

MEMO # 4972
Merkin-renewal

[Signature] MP

080003 1091

Town of Sewall's Point

RECEIVED
MAY 11 2000
BY: _____

PLN _____

Date 5-8-00

BUILDING PERMIT APPLICATION

to construct:

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CF

OTHER: Dock CONTRACT PRICE \$ 12,000⁰⁰

Owner's Name Stan Merkin (#2)

Owner's Address 425 Doe Run, Georgetown TX 78628

Fee Simple Titleholder's Name (If other than owner) _____

Fee Simple Titleholder's Address (If other than owner) _____

City _____ State _____ Zip _____

Contractor's Name Robert Sandy Construction, Inc

Contractor's Address 1028 SW 36th Terrace

City Palm City State FL Zip 34990

Job Name _____

Job Address 93 1/2 N. Sewall's Point Road

City Sewall's Point State FL Zip 34996

Legal Description 35-37-41-000-000-00220

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNERS AFFIDAVIT: 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.

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.

Stan + Cynthia Merkin
Owner or Agent 10/12/1999
Date

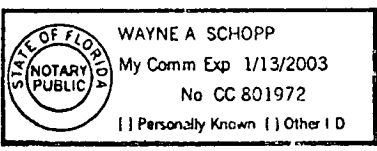
Robert J. Sandy
Contractor 3/10/00
Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 12 day of October, 1999 by Stan + Cynthia Merkin who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: Wayne Schopp
Typed, printed or stamped

(NOTARY SEAL)



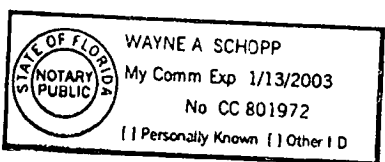
I am a Notary Public of the State of Florida having a commission number of CC 801972 and my commission expires: 1/13/2003

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 16 day of March, ²⁰⁰⁰ 1999 by Robert H. Sandy who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: Wayne Schopp
Typed, printed or stamped

(NOTARY SEAL)



I am a Notary Public of the State of Florida having a commission number of CC 801972 and my commission expires: 1/13/2003

Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC 040310

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/05/2000

PRODUCER (561) 335-8804 FAX (561) 335-8847

S M FINES INSURANCE AGENCY
1250 S E PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34952-5392

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

Assurance Co of America

COMPANY B

COMPANY C

COMPANY D

FILE Ext
permut

FILE
LIC/WS

Attn Schichtel, Rae
INSURED
Robert Sandy
175 SW Kenner Hwy.
Stuart, FL 34997

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 600,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 600,000
A	CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT	SCP30598990	01/01/2000	01/01/2001	PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS OTH ER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE	INCL EXCL			EL EACH ACCIDENT \$ EL DISEASE POLICY LIMIT \$ EL DISEASE EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

State of Florida

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING 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

Susan Fines/DRS

Susan M Fines

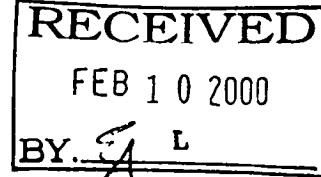
09-14-1999

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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 08/01/1999
EXPIRATION DATE 07/31/2001
EXEMPTED INDIVIDUAL NAME SANDY ROBERT
S.S. 314-46-0788
BUSINESS NAME SANDY ROBERT CONSTRUCTION INC
FEIN 650920022
BUSINESS ADDRESS 175 SW KANNER HIGHWAY
STUART FL 34997



NOTE: Pursuant to Chapter 440.10(1)(g), 2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 08/01/1999
EXPIRATION DATE 07/31/2001
EXEMPTED PERSON LAST NAME SANDY
FIRST NAME ROBERT
SOCIAL SECURITY NUMBER 314-46-0718
BUSINESS NAME SANDY ROBERT CONSTRUCTION INC
FEDERAL IDENTIFICATION NUMBER 650920022
BUSINESS ADDRESS 175 SW KANNER HIGHWAY
STUART FL 34997

F
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NOTE Pursuant to chapter 440.10(1)(g), 2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

CUT HERE

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



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST. INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
SUITE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

SANDY, ROBERT LEE
INDIVIDUAL
175 SW KANNER HWY
STUART

FL 34997

STATE OF FLORIDA AC# 519811
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CG -C040310 07/06/1998 98900041
 CERTIFIED GENERAL CONTRACTOR
 SANDY, ROBERT LEE
 INDIVIDUAL
 IS CERTIFIED under the provisions of Ch. 489 F
 Expiration Date AUG 31, 2000

DETACH HERE

AC# 5198115

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

DATE	DATCH NUMBER	LICENSE NBR
7/06/1998	98900041	CG -C040310

The GENERAL CONTRACTOR
named below IS CERTIFIED
under the provisions of Chapter 489 FS.
expiration date: AUG 31, 2000

SANDY, ROBERT LEE
INDIVIDUAL
175 SW KANNER HWY
STUART

FL 34997

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

93 1/2 N. Sewall's Point Road, Sewall's Point, FL

GENERAL DESCRIPTION OF IMPROVEMENT: Construction of Dock + Boat Lift

OWNER: Stan merkin(#2)

ADDRESS: 425 Doe Run, George Town, TX 78628

PHONE #: _____

FAX #: _____

CONTRACTOR: Robert Sandy Construction, Inc.

ADDRESS: 175 SW Kanner Hwy, Stuart FL 34997

PHONE #: 561-220-4051

FAX #: _____

SURETY COMPANY(IF ANY) _____

ADDRESS: _____

PHONE # _____

FAX # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

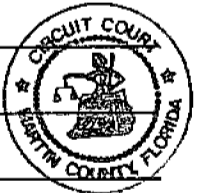
PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA STILLER-SLEEK

FAX # _____ DC
DATE 3/3/00



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.

Stan Merkin
SIGNATURE OF OWNER

WAYNE A. SCHOPP
My Comm Exp 1/13/2003
No CC 801972
[] Personally Known [] Other ID

SWORN TO AND SUBSCRIBED BEFORE ME THIS 16th DAY OF March
2000 BY Stan + Cynthia Merkin

Wayne A. Schopp
NOTARY SIGNATURE

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

LETTER OF NO OBJECTION

We, Neil and Stella Boland

being the owner(s) of certain property adjacent to and abutting the property of Stan + Cynthia Merkin who have applied for a dock permit for construction, have read and reviewed the drawing of the dock and I have no objection to the proposed dock pursuant to the plan attached herein.

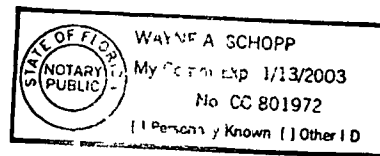
Stella Boland

STATE OF FL
COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 8 day of May, 2000.

Wayne Schopp
Notary Public

My Commission Expires:



25' MIN. SETBACK | 22' | 8' | 12' | 25' MIN. SETBACK



30'
20'
160'

ST LUCIE RIVER

DOOR
LIFT

5' M.L.W

E.B.B



TO CHANNEL
1000' +

WATER WAY
WIDTH 2500' +

6' + DEPTH @ TERMINAL
WITH NO GRASSES

NATURAL OPENING

MANGROVE FRINGE

M.H.W.

78' ±

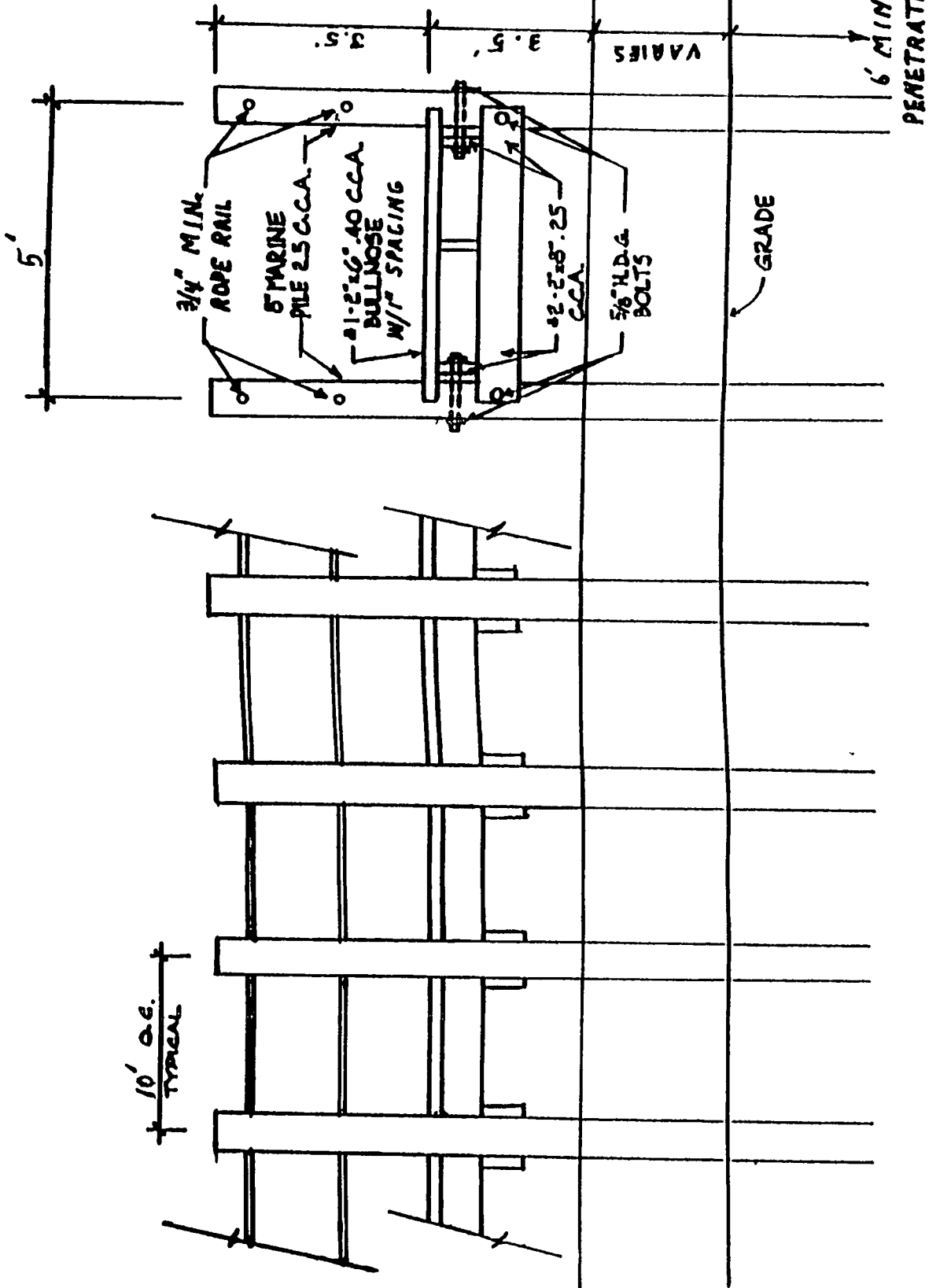
80' ±

15'

SHARLINE APPROX. 160' ±

93 1/2 N. SEWALLS PT. RD

Stan Merkin (#2)



10' O.C.
TYPICAL

PROPOSED - DOCK
STAN MERKIN (#2)

ROBERT SANDY CONSTRUCTION

*NOT TO SCALE

LETTER OF NO OBJECTION

We, JAMES D. BERCAW and JUNE D. BERCAW

being the owner(s) of certain property adjacent to and abutting the property of Stan Merkin (#2) who have applied for a dock permit for construction, have read and reviewed the drawing of the dock and I have no objection to the proposed dock pursuant to the plan attached herein.

James D. Bercaw
June D. Bercaw

STATE OF FLORIDA

COUNTY OF PALM BEACH

SWORN TO AND SUBSCRIBED before me this 05 day of MAY, 19 2000

Michael B. Rickard



Michael B Rickard
My Commission CC917870
Expires March 30 2004

Notary Public

My Commission Expires: 30 MARCH 2004

25' MIN. SETBACK | 22' | 8' | 12' | 25' MIN. SETBACK



30'
20'

○ ○

○ ○

Boat
LIFT

12'

5' m.l.w

E B B
FLOW

ST LUCIE
RIVER

160'

TO CHANNEL
1000' +

WATER WAY
WIDTH 2500' +

6' + DEPTH @ TERMINAL
WITH NO GRASSES

NATURAL OPENING

MANGROVE FRINGE

M.H.W.

70' ±

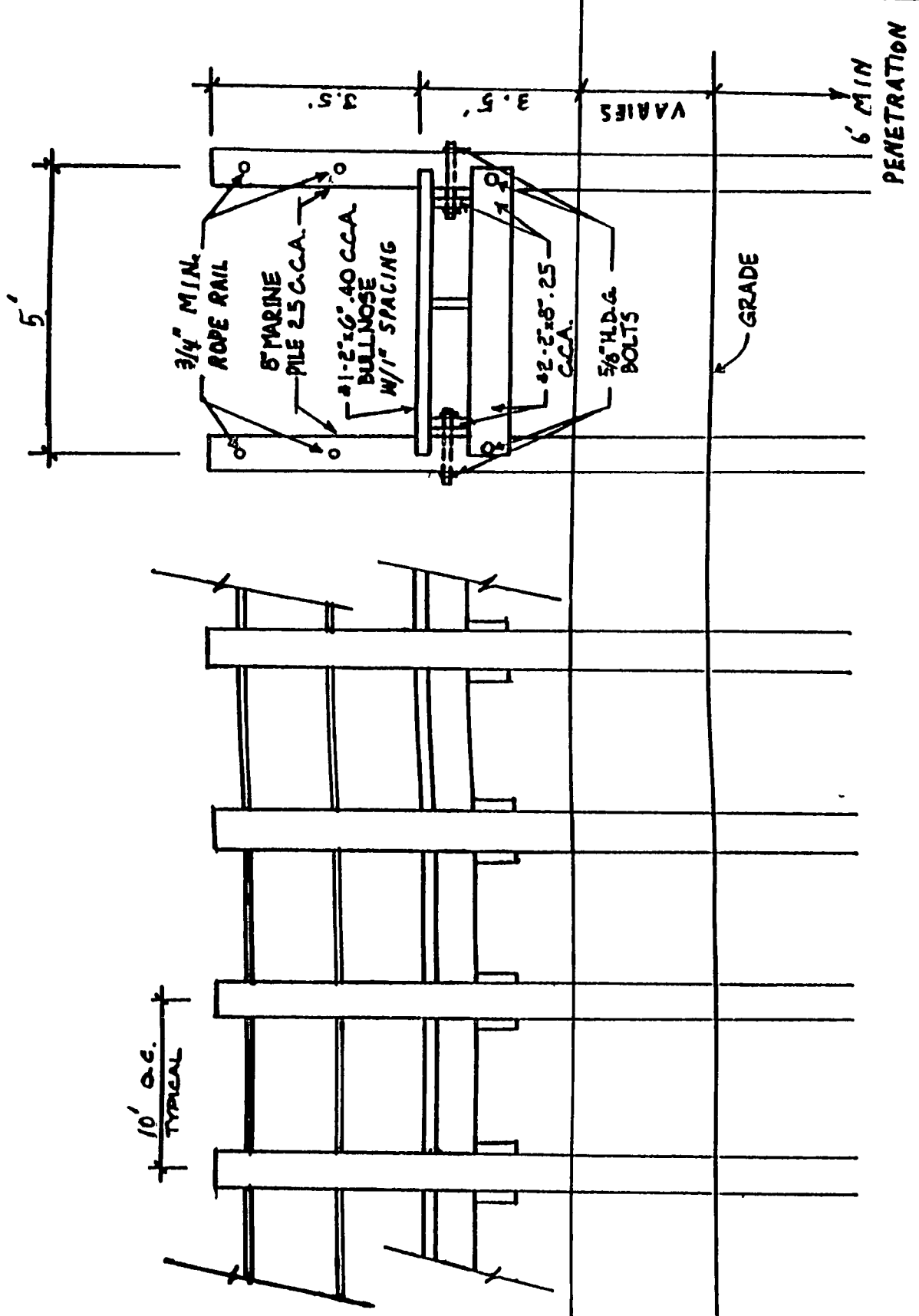
80' ±

15'

SHARLINE APPROX. 160' ±

93 1/2 N. SEWALLS PT. RD

Stan Merkin (#2)



*NOT TO SCALE

PROPOSED - DOCK
 STAN MERKIN (#2)

ROBERT SANDY CONSTRUCTION

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-4-02, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5987	RAOS	SLAB	Failed	Need P. board sub.
(10)	16 Castle Hill Way MACY 461 6167	Boledeck exten.		INSPECTOR
5766	HANT-Bosch	Final	Passed	
(2)	36 S. RIVER Rd Chitwood	Power DECK		INSPECTOR
5985	Lowell	Footing	Passed	
(4)	7-16 H PT Rd Foniero	Fin. wall		INSPECTOR
5847	Bauer	Roof Sheeting	Passed	
(13)	10 CoPaire Rd SEAGATE			INSPECTOR
5967	Fowler	Form + Steel	Passed	
(11)	18 Fieldway Dr. National			INSPECTOR
4972	Merkio	Final on Deck	Passed	
(9)	93 1/2 N-Sewell's Pt Rd Robert Sandy			INSPECTOR
5880	HARTE	Electrical Rough	Passed	
(3)	3 E H PT Rd NAVARRO	MC ROUGH FRAMING	Passed Passed	INSPECTOR

OTHER _____

5105

DEMOLITION

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 10/6/00 BUILDING PERMIT NO. 5105
 Building to be erected for STAN & CYNTHIA MERKIN Type of Permit DEMOLITION
 Applied for by L.B.B. DEMOLITION (Contractor) Building Fee \$70.08
 Subdivision _____ Lot _____ Block _____ Radon Fee _____
 Address 93 N. SEWALLS POINT RD. Impact Fee _____
 Type of structure SPR & ACCESS STRUCT. / SLAB A/C Fee _____
 Electrical Fee _____
 Parcel Control Number 35-57-41-000-000-0021.0-80000 Plumbing Fee _____
 Roofing Fee _____
 Amount Paid \$70.08 Check # 4663 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 7,300.00 TOTAL Fees \$70.08

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

DEMOLITION

INSPECTIONS

UTILITIES FLAGGED	DATE _____	WATER DISC	DATE _____
ASBESTOS CERT	DATE _____	ELECTRIC DISC	DATE _____
DEBRIS REMOVAL	DATE _____	SITE RESTORATION	DATE _____
		FINAL	DATE <u>10/20/00</u>

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455
WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

TOTAL PARTIAL EXPLORATORY

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



Town of Sewall's Point BUILDING PERMIT APPLICATION

Bldg. Permit Number: VED

OCT 04 2000

Owner or Titleholder's Name STANLEY THIN MORTON

Phone No. ()

Street: 405 DOE RD GEORGETOWN TEXAS

State: TX Zip: 78628

Legal Description of Property:

Parcel Number:

Location of Job Site: 93- N Sewalls Point Rd 1

TYPE OF WORK TO BE DONE: House + garage

CONTRACTOR/Company Name: EB Demolition

Phone No (501) 229 8525

Street: 12805 S Federal River Dr City Jensen Beach

State: FL Zip: 34954

State Registration: PX0062363

State License: SP 0028

ARCHITECT:

Phone No. ()

Street:

City

State:

Zip

ENGINEER

Phone No ()

Street:

City

State.

Zip

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____

Garage Area: _____

Carport: _____

Accessory Bldg: _____

Covered Patio: _____

Scr Porch: _____

Wood Deck: _____

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

New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

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

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 7300 CC

Estimated Fair Market Value (FMV) prior to improvement: \$ _____

If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____

Method of determining Fair Market Value: _____

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

Electrical: _____ State: _____ License # _____

Mechanical: _____ State: _____ License # _____

Plumbing: _____ State: _____ License # _____

Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)

[Signature]

State of Florida, County of: MARTIN On

the 4 day of October, 2000,

by Leroy E. Beckford who is personally

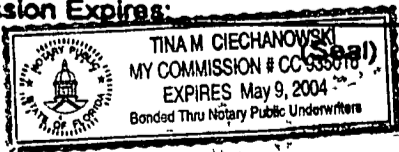
known to me or produced FL DL B21652533326U

as identification.

[Signature]

Notary Public

My Commission Expires:



CONTRACTOR SIGNATURE (Required)

[Signature]

State of Florida, County of: MARTIN On

the 4 day of October, 2000,

by Leroy E. Beckford who is personally

known to me or produced FL DL B216525-33-326-0

as identification.

[Signature]

Notary Public

My Commission Expires:



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/28/00

PRODUCER
Admiral Insurance Associates
2213 S Kanner Highway
Stuart, FL 34994
561 781-1099

FILE
dec/ins

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 L E B. Demolition & Consulting Co
12805 S. Indian River Drive
Jensen Beach, FL 34957

INSURER A Legion Ins Co
INSURER B Empire Fire & Marine Ins Co
INSURER C
INSURER D
INSURER E

COPY

AUG - 9 2000

BY: *[Signature]*

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GL10239203	07-30-00	07-30-01	EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					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
					GEN L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CL751945	06-30-00	06-30-01	COMBINED SINGLE LIMIT (Ea accident) \$300,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AGG \$
	EXCESS LIABILITY <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				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

Demolition Services

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
City of Sewells Point One S 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 <i>[Signature]</i>

<p>PRODUCER</p> <p>Atlantic Pacific Insurance-PBG 11382 Prosperity Farms, #123 Palm Beach Gardens FL 33410 Phone 800-538-0487 Fax 561-626-3153</p>	<p style="font-size: 2em; font-weight: bold; text-align: center;">FILE</p> <p style="text-align: center;"><i>Mc/ky</i></p> <p>INSURERS AFFORDING COVERAGE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">INSURER A</td> <td style="width:50%;">Ameritrust</td> </tr> <tr> <td>INSURER B</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> </table>	INSURER A	Ameritrust	INSURER B		INSURER C		INSURER D		INSURER E	
INSURER A	Ameritrust										
INSURER B											
INSURER C											
INSURER D											
INSURER E											
<p>INSURED</p> <p>L E B Demolition & Consulting Contractors, Inc 12805 So Indian River Drive Jensen Beach FL 34957</p>	<p>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</p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p style="font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em;">JUL 14 2000</p> <p>BY: <i>[Signature]</i></p> </div>										

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<p>GENERAL LIABILITY</p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR</p> <p>GEN L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC</p>				<p>EACH OCCURRENCE \$</p> <p>FIRE DAMAGE (Any one fire) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL & ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS COMP/OP AGG \$</p>
	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p>				<p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
	<p>GARAGE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p>				<p>AUTO ONLY EA ACCIDENT \$</p> <p>OTHER THAN EA ACC \$</p> <p>AUTO ONLY AGG \$</p>
	<p>EXCESS LIABILITY</p> <p><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p>DEDUCTIBLE RETENTION \$</p>				<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>\$</p> <p>\$</p> <p>\$</p>
A	<p>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</p>	1002-02078-00	07/01/00	07/01/01	<p><input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH ER</p> <p>E L EACH ACCIDENT \$ 100,000</p> <p>E L DISEASE - EA EMPLOYEE \$ 100,000</p> <p>E L DISEASE - POLICY LIMIT \$ 500,000</p>
	<p>OTHER</p>				

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

CERTIFICATE HOLDER	N	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
<p>SEWELLS</p> <p>TOWN OF SEWELL'S POINT FAX 561-220-4765 1 SO SEWELL'S POINT RD STUART FL 34996</p>			<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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</p> <p style="text-align: center;"><i>[Signature]</i> Nordman-Henrion Insurance</p>



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License SP01128
Expires September 30, 2001

BECKFORD, LEROY E

L E B DEMOLITION & CONSULTING

12805 S INDIAN RIVER DR

JENSEN BEACH, FL 34957

DEMOLITION

Prepared by and return to
Christopher J. Twohey, Esq.
BAUER & TWOHEY, P.A.
312 Denver Avenue
Stuart, Florida 34994
(561) 221-8221

Parcel ID Number 35-37-41-000-000-0021.0-80000

Warranty Deed

This Indenture, Made this 21st day of October, 1999 AD, Between David C. Gulick and Elizabeth L. Gulick, husband and wife of the County of Martin, State of Florida, grantors, and Stanley L. Merkin and Cynthia M Merkin, husband and wife whose address is 425 Doe Run, Georgetown, Texas 78628 of the County of _____, State of Texas, grantees.

Witnesseth that the GRANTORS, for and in consideration of the sum of TEN DOLLARS (\$10) DOLLARS, and other good and valuable consideration to GRANTORS in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, have granted, bargained and sold to the said GRANTEES and GRANTEES' heirs, successors and assigns forever, the following described land, situate, lying and being in the County of Martin, State of Florida to wit: The South one-half of the following described land, to wit:

Start at a concrete marker on the South line of the North 634.33 feet of Government Lot 2, Section 35, Township 37 South, Range 41 East, 50 feet East of the waters edge of the St. Lucie River, thence run East on said South line to the West right-of-way line of the Sewall's Point Road; thence run Northwesterly along the West right-of-way of the Sewall's Point Road to a point on a line parallel to and 156.55 feet North of the said South line; thence run West along the parallel line to the St. Lucie River; thence run Southeasterly along shore of St. Lucie River to said South line; thence East along said South line 50 feet to the Point of Beginning. LESS the following described tract of land to wit:

Starting at concrete marker on the South line of the North 634.33 feet of Government Lot 2, Section 35, Township 37 South, Range 41 East, 50 feet from the waters edge of the St. Lucie River; thence run 320 feet East on said South line; thence Northwesterly to a point on a line parallel to and 156.55 feet North of said South line a distance of 370 feet from the waters edge of the St. Lucie River; thence West along said parallel line 370 feet to the St. Lucie River; thence Southeasterly along the shore of St. Lucie River to said South line; thence East along South line 50 feet to the Point of Beginning.

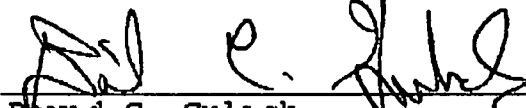
(Continued on Attached)

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

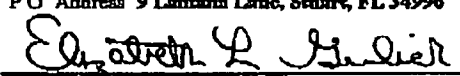
In Witness Whereof, the grantors have hereunto set their hands and seals the day and year first above written.

Signed, sealed and delivered in our presence:


Printed Name: Christopher J. Twohey
Witness


David C. Gulick (Seal)
P O Address 9 Lantana Lane, Stuart, FL 34996


Printed Name: Vicki Plummer-Wellmaker
Witness


Elizabeth L. Gulick (Seal)
P O Address 9 Lantana Lane, Stuart, FL 34996

STATE OF Florida
COUNTY OF Martin

The foregoing instrument was acknowledged before me this 21st day of October, 1999 by David C. Gulick and Elizabeth L. Gulick, husband and wife

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



Christopher J Twohey
MY COMMISSION # CC966908 EXPIRES
July 28, 2000
BONDED THRU TROY FARM INSURANCE, INC.

~~Christopher J. Twohey~~
~~Notary Public~~

Christopher J. Twohey
Notary Public
My Commission Expires 07/28/00

WERKING

Laser Generated by © Display Systems, Inc., 1998 (841) 763-5555 Form PLWD-1

Warranty Deed - Page 2

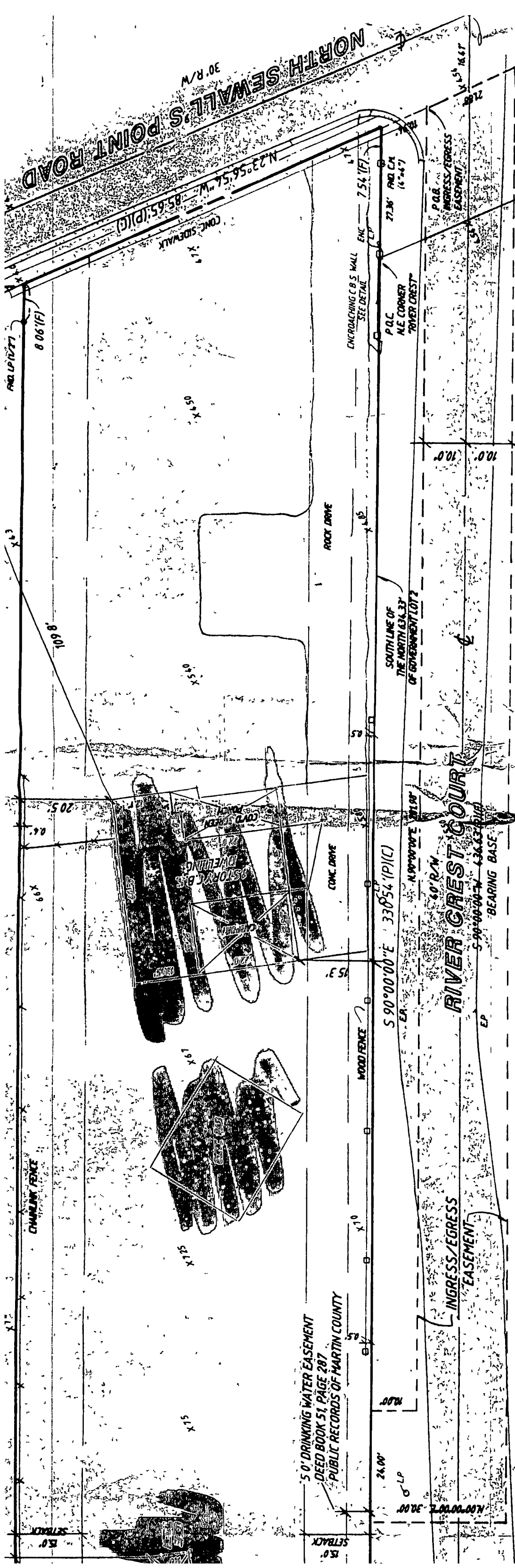
Parcel ID Number 35-37-41-000-000-0021.0-80000

SUBJECT TO:

1. Taxes for the year 1999 and all subsequent years;
2. Zoning restrictions, prohibitions and other requirements imposed by governmental authority;
3. Restrictions, and matters appearing on the plat or otherwise common to the subdivision; and
4. Public utility easements of record, if any.

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

TO HAVE AND TO HOLD, the same in fee simple forever.



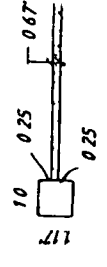
10/6/00 TOWN OF SEWALL'S POINT REVIEWED BY OFFICIAL

TOWN COPY
93 N SEWALL'S POINT RD

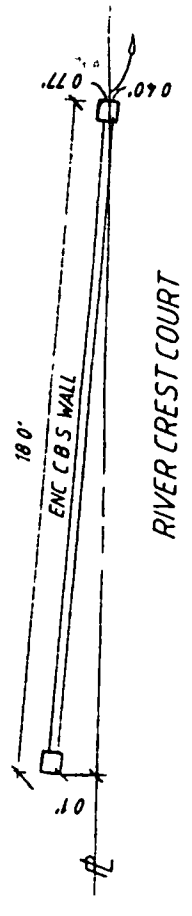
FILE

PN 5105

COLUMN & WALL DETAIL
NOT TO SCALE



SUBJECT PROPERTY



RIVER CREST COURT

RIVER CREST

PLAT BOOK 12, PAGE 11
PUBLIC RECORDS OF MARTIN COUNTY, FL

FLOOD ZONE: "A-10" ELEV 8 00

PANEL NUMBER: 120164 00010

STREET ADDRESS: 93 NORTH SEWALL'S POINT DRIVE,
STUART, FL 34996

CERTIFIED TO: TOWN OF SEWALL'S POINT

**WALL ENCROACH
DETAIL**
NOT TO SCALE

561-287-7120 464 7323

MARTIN COUNTY HEALTH DEPT.

620 S Dixie Hwy
Stuart, FL 34994
(561) 221-4090

Cash _____
Money Order # 14635
Personal Check # _____
Cashier's Check # _____

Received From LEB. Demolition & Consulting

For 2 abandonment permits \$100.

Name Kate Koster

Permit # MERKIN

Environmental Health

No 54176

^{FAX}
461-3077


Cashier's Signature

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu 10-20 2000;

Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
✓ 5102	Graham	serv	PASSED	→ 9: if possible
N (1)	100 N. S P McBride	change (REINSPECTION 1.00 PER HOUR RATE)	✗	FPL 223-4208 METER RECALIB 2:15 PM
✓ 4799	JORES	FENCE FINAL	FAIL.	PERMIT ISSUED 1/25/00
S (3)	51 S. SEWALLS UNITED	(REINSPECT W/TOOL FILE) RINGEOUND RUS (1/2 5'-6" HIGH)	✗	100 SITE REINSPECTION FILE RELABEL SHOWS SETBACK REQ NOTES
✓ 4550	Smith	tree	VERIFIED	9:30 MTG. W/ G.C. & L.M.D. ARCH
S (2)	133 S River Rd Mason	removal 03524 (UNDECK REMOVED 1/2" FOR T/R-DEVEL.)	✗	
✓ 4692	Bench	in progress	PERFORMED	12/20/99 "FINAL" FAILED - NO (IN PROGRESS INSPECTIONS.
S (4)	4 Morgan Wilfram - JEFF OPERATIONS MGR) 561-546-0300	?	✗	10:50 PAUSE
✓ 4943	BOTWINICK	STAIR (REINF.)	PASSED	10/20 8:00 INSP. REQ. ON MESSAGE
S (5)	27 EMARITA WAY FIRST FLORIDA DEVEL.	(REINSPECT) (MAIN STAIR)	✗	- REQ. DUG REQ. FOR WORK STOOP/STAIR & GEN. PAD.
5104	MERKIN	FINAL	PASSED	
(6)	95 N. SEWALL'S POINT RD LEB DEMOLITION		✗	
5105	MERKIN	FINAL	PASSED	
(7)	95 N. SEWALL'S POINT RD LEB DEMOLITION		✗	

OTHER "DUB" DUREN ROOFING 561-546-7595 cc-c057675

NOTE: JOB INCOMPLETE - ROOF DRAINS TO BE LOWERED; OWNER ADVISES THAT WILFRAM HAS REFUSED TO COME BACK DURING PAST 9 MONTHS; DUREN RFG IS FINISHING WORK (ON SITE TODAY) AS SUB - FORMER WILFRAM EMPLOYEE

INSPECTOR (Name/Signature) _____

5905

ELECTRIC

DOCK & HOUSE

TOWN OF SEWALL'S POINT

Date 8-9-2002

BUILDING PERMIT NO. 5905
Type of Permit ELECTRICAL Svc TO RES + Boat Dock

Building to be erected for STAN MERKIN

Applied for by First Quality Electric (Contractor) Building Fee _____

Subdivision GOU't Lot 2 Block _____ Radon Fee _____

Address 93 1/2 N Sewall's Point Rd Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number 35 37 41 000 000 00 220 6000 0

Electrical Fee 120.00

Plumbing Fee _____

Roofing Fee _____

Amount Paid 120 00 Check # 209 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 5,000 00 TOTAL Fees 120.00

Signed Mitchell Haney
Applicant

Signed Gene Simmons (RFR)
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 _____

MERKIN → 512-259 7787
Town of Sewall's Point (C) 512 751-6170

BUILDING PERMIT APPLICATION

Owner or Titleholder Name Stan Merkin 425 Doe Run Building Permit Number _____
City Georgetown State TX Zip 78628
Legal Description of Property Attached Parcel Number 35-37-41-000-000-00220
Location of Job Site 93 1/2 N. Sewall's Point Road Type of Work To Be Done Electrical Repairs
and service upgrade and dock wiring
CONTRACTOR/Company Name Michael Flanagan/First Quality Electric Phone Number 722 263 8088
Street 132 W Park Ave #12 City Elgin State FL Zip 32152
State Registration Number ER0612204 State Certification Number _____ Martin County License Number ME00448

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living _____ Garage _____ Covered Patios _____ Screened Porch _____
Carport _____ Total Under Roof _____ Wood Deck _____ Accessory Building _____
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 5,000 Estimated Fair Market Value (FMV) Prior
To Improvements _____ If Improvement Is Cost Greater Than 50% Of Fair Market Value YES _____ NO X

SUBCONTRACTOR INFORMATION

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical Plumbing, Gas) 2001 South Florida Building Code (Structural Mechanical Plumbing Gas) _____
National Electrical Code 2002 Florida Energy Code 2001
Florida Accessibility Code 2001

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

OWNER OR AGENT SIGNATURE (Required) _____
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 _____

CONTRACTOR SIGNATURE (Required) Michael Flanagan
On State of Florida, County of Martin
This the 5th day of August 2002
by Michael Flanagan who is personally
known to me or produced _____
As identification Karen Holland
Notary Public

My Commission Expires _____
KAREN HOLLAND
Notary Public, State of Florida
My comm exp June 21, 2004 Seal
Comm No CC947419

Seal



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

~~FLANAGAN, MICHAEL~~
MICHAEL FLANAGAN ENTERPRISES
132 W PARK AVE #12
EDGEWATER FL 32132-1719

*1st Quality Electric
772-263-8088*

STATE OF FLORIDA AC# 0505403
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 ER0012204 07/25/02 793115397
 REG ELECTRICAL CONTRACTOR
 FLANAGAN, MICHAEL
 MICHAEL FLANAGAN ENTERPRISES
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)
 HAS REGISTERED under the provisions of Ch 489 FS
 Expiration date: AUG 31, 2004 SEQ # L02072501931

DETACH HERE

AC# 0505403

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD SEQ# L02072501931

DATE	BATCH NUMBER	LICENSE NBR
07/25/2002	793115397	ER0012204

The ELECTRICAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

FLANAGAN, MICHAEL
MICHAEL FLANAGAN ENTERPRISES
132 W PARK AVE #12
EDGEWATER FL 32132-1719

PRODUCER
Burt Insurance Services Inc
P O Box 40
1131 N Dixie Frwy (US-1)
New Smyrna Beach FL 32168
Phone 386-427-1341 Fax 386-428-7124

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

Michael Flanagan Ent
132 West Park Ave #12
Edgewater FL 32132-1719

INSURER A Bankers Insurance Company
INSURER B
INSURER C
INSURER D
INSURER E

RECEIVED

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	090004843590504	05/06/02	05/06/03	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS COMP/OP AGG \$ 1,000,000
	GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS OTHER
					E L EACH ACCIDENT \$
					E L DISEASE EA EMPLOYEE \$
					E L DISEASE POLICY LIMIT \$
	OTHER				

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

Electrical Contractor

CERTIFICATE HOLDER

N ADDITIONAL INSURED, INSURER LETTER

CANCELLATION

SEWALLS

The Town of Sewall's Point
Richard Macy
1 South Sewall's Point Rd
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

James C Burt, CPCU

James C Burt

08/02/2002

PRODUCER
RISK TRANSFER SOLUTIONS, INC
LANDMARK CENTER ONE
315 EAST ROBINSON STREET, STE 580
ORLANDO, FL 32801

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	FIRST COMMERCIAL MUTUAL
COMPANY B	
COMPANY C	
COMPANY D	

RECEIVED
 AUG 06 2002
 BY: _____

INSURED SUNSHINE COMPANIES IV, INC
 dba PRESIDION SOLUTIONS V, INC
 5825 US 27 NORTH
 SEBRING, FL 33870
 PH 800-477-5606

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 EXCLUSION AND CONTITION 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"/> OWNERS & 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 EMPLOYER S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	15846-0	08/01/2002	07/31/2003	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH ER	
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE POLICY LIMIT	\$ 1,000,000
					EL DISEASE EA EMPLOYEE	\$ 1,000,000
	OTHER LOCATION COVERAGE		08/01/2002	07/31/2003		

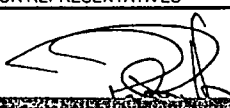
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA BUT NOT SUBCONTRACTORS OF
 8526 M FLANAGAN ENT/PARK AVE GYM
 616 US 1, NEW SMYRNA BEACH, FL 32168

CERTIFICATE HOLDER / CANCELLATION

TOWN OF SEWALL'S POINT
 1 SOUTH SEWALL'S POINT ROAD
 SEWALL'S POINT, FL 34996-
 ATTN RICHARD MACY

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
 Paul R. Hughes



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

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

93 1/2 N Sewall Pt Rd Sewall Pt Fl

GENERAL DESCRIPTION OF IMPROVEMENT: Electrical Repairs

OWNER: Stan & Cynthia M Merkin

ADDRESS: 425 Doe Run, Georgetown, TX 78628

PHONE # 512 259 7787 FAX # 512 723 1951

CONTRACTOR: Michael Flanagan First Quality Electric

ADDRESS: 132 W Park Ave # 12 Edgewater Fl 32132

PHONE # 772 263 8088 FAX # 772 225 8069

SURETY COMPANY (IF ANY) _____

ADDRESS _____

PHONE # _____ FAX # _____

BOND AMOUNT _____

LENDER _____

ADDRESS _____

PHONE # _____ FAX # _____

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

NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

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

PHONE # _____ FAX # _____

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

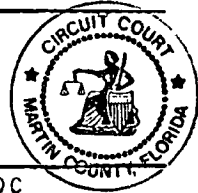
Cynthia M Merkin
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7th DAY OF August 2002 BY Cynthia M Merkin

Deborah S Kasper
NOTARY SIGNATURE

PERSONALLY KNOWN OR PRODUCED ID FL DL # 4625-113-55-586-0

DEBORAH S. KASPER
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES **MARCH 29, 2006**



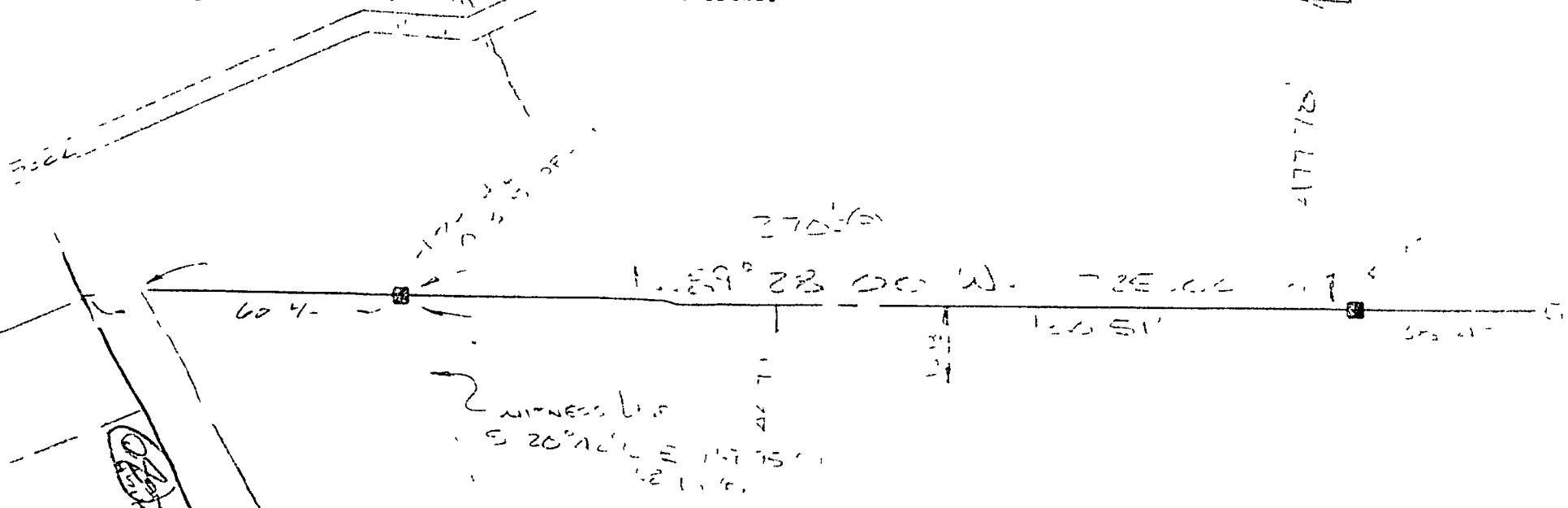
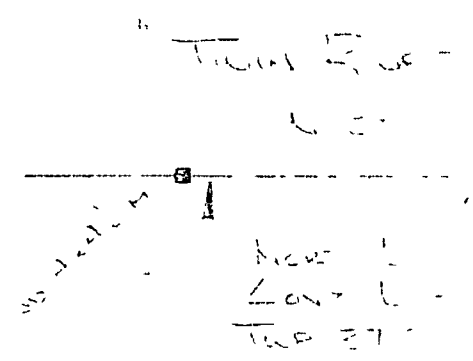
THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL

MARSHA EWING CLERK
BY [Signature] DC
DATE 8.9.02

Merkin

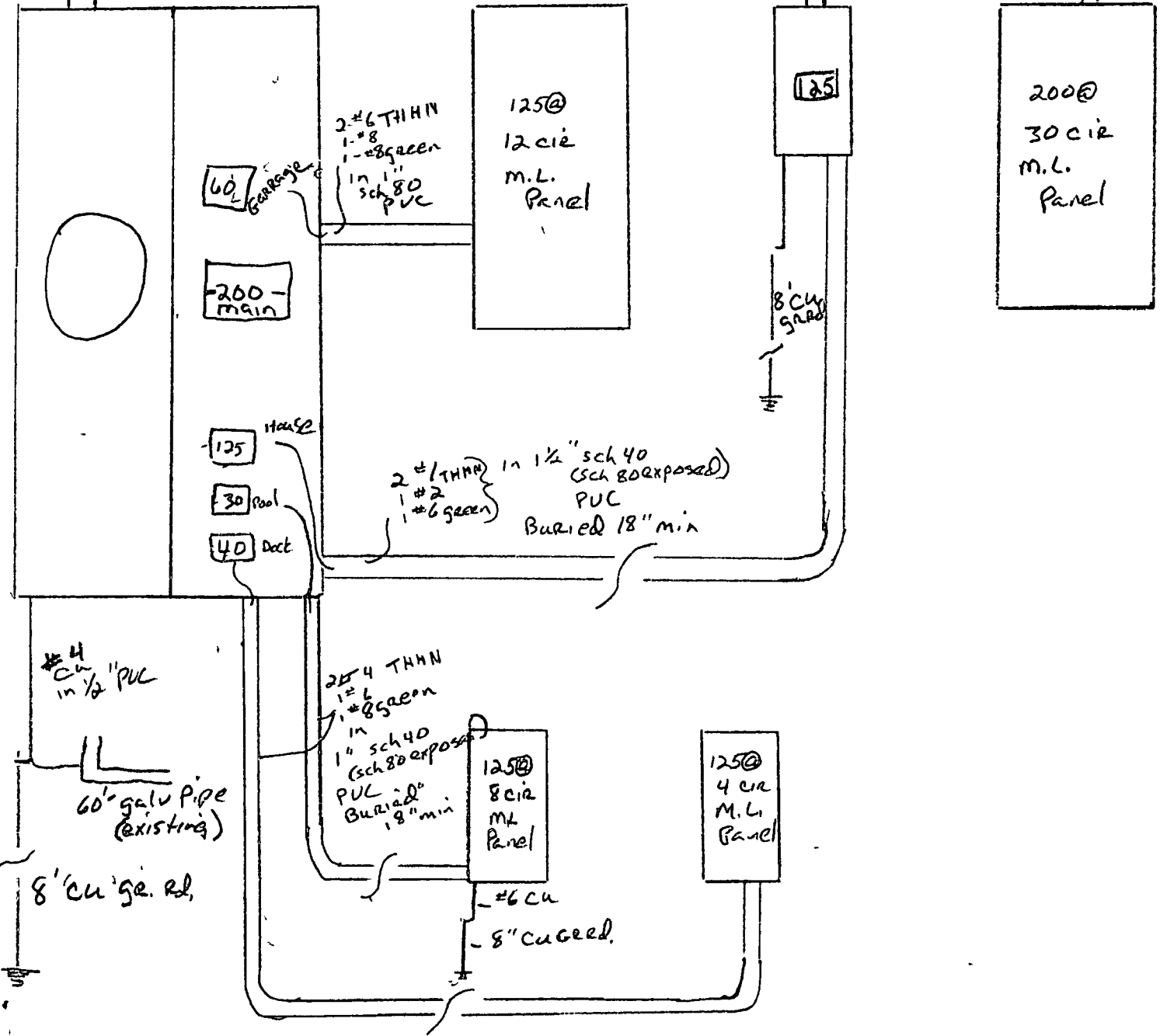
9 3/4 N. Sewall's Point Road LEGAL DESCRIPTION

Starting at concrete marker on the South line of the North 634.33' of Government Lot 2, Section 35, Township 37 South, Range 41 East 50' more or less from the water's edge of the East Bank of the St. Lucia River; thence run 320' East on said South line to a point; thence Northwesterly to a point on a line parallel to and 156.55' North of the said South line for a distance of 370', more or less, from the water's edge of the St. Lucia River; thence West along the said parallel line 325' to a concrete marker; thence continue West on said parallel line 45' more or less, to the water's edge of the East bank of the St. Lucia River; thence Southwesterly meandering shore of St. Lucia River to said South line; thence East along said South line 50 feet, more or less, to the point of beginning. TOGETHER WITH all riparian rights thereunto appertaining. As per survey of Stafford & Brock dated January 17, 1951. Together with an easement for ingress and egress (driveway purposes) over a strip of land 15' in width extending Easterly along and immediately South of said line which is 156.55' North of the South line of the North 634.33 feet of said Government Lot 2 from the Northwesterly corner of property here conveyed to County Road. Subject, however, to restrictions and ordinances of record and an easement for ingress and egress to Jean N. Niebling and Fred J. Niebling, her husband, and Etta R. Nichols and Charles S. Nichols, her husband, for drinking water privileges over a strip of land 5' in width and 150' in length running Westerly and parallel to the N and S lines of property here conveyed, from center of the E line of the property here conveyed. It is agreed, however, that said easement for drinking water privileges may be moved either N or S upon mutual agreement of the said Fred J. Niebling and Jean N. Niebling, husband and wife, and Charles S. Nichols and Etta R. Nichols, husband and wife, or their successors in title, the grantee herein, or their successors in title.



3-2/0 CU THHN
 1" 2" galv IMC

2 #1 THHN } in 1 1/2" sch 80 PVC
 1 #2 } enclosed above
 1 #6 green } ceiling



PANEL LAYOUT
 REQUIRED & ROUGH-IN

FILE COPY

TOWN OF SEWALL'S POINT
 THESE PLANS, HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE

DATE 8/7/02

BUILDING OFFICIAL
 Gene Simmons

FIRST QUALITY ELECTRIC

RESIDENTIAL - COMMERCIAL - MARINE

Efficient Electrical Systems Installed and Repaired

Michael Flanagan – ER 0012204

Panel A (Garage)

Lighting and receptacles	3000			
Washer	1500			
Dryer	5000	9500	$9500/240=39.58$	40 amp

Panel B (House)

Lighting and receptacles	6000			
2- small appliances	3000			
Range	8000			
Water heater	2500			
Dishwasher	1200			
Heat (nameplate)	10000	30700	10k at 100%/240=41 20.7k at 40%/240=35	76 amp

Panel C (pool)

Pump	1800			
Light and timer	1000	2800	$2800/240=11.7$	12 amp

Panel D (dock)

Lights	1000			
30a 120v receptacle	3600			
Lift	3500	8100	$8100/240=33.75$	34amp
	51100		$10k@100%/240=41.6$	
			$41.1k@40%/240=68.5$	110 amp
				200 amp service

132 W Park Avenue - Edgewater, FL 32132

Phone - 561-285-9373 Fax - 561-225-8069

25' MIN. SETBACK | 22' | 8' | 12' | 25' MIN. SETBACK



30'
20'

300W Halogen Flood
100W HPS Flood
4 Cir GE Paintable Panel

Boat Lift

12'

5' m.l.w.

EBB
FLOW

ST LUCIE RIVER

2-#4 THHN
1-#6 THHN
1-#8 in
1 1/2" sch 40 PUC
w/ expansion couplings
every 100'

160'

TO CHANNEL
1000'+

WATER WAY
WIDTH 2500'+

6' DEPTH @ TERMINAL
WITH NO GRASSES

NATURAL OPENING

MANGROVE FRINGE

M.H.W.

70'+

80'+

15'

SHARLINE APPROX. 160'±

93 1/2 N. SEWALLS PT. RD

Stan Merkin (#2)



#5905

TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS 93 $\frac{1}{2}$ 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

METER - ROUGH GROUND TO METER CAN

NOT PROTECTED

- REPT'S + SWITCHES MISSING

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 8/16/02

COLE
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Aug-16, 2001; Page 2 of 2.








PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5863	Newman	Roof dry-IN	PASSED	
②	15 Periwinkle Crescent EMMICK			INSPECTOR <i>h</i>
5761	Lowell	Insulation	FAILED	
12	7 W. High Pt Rd Laniero			INSPECTOR <i>h</i>
5905	MERKIN	Partial Elec	FAILED	
②	93 1/2 N Sewall Pt Rd First Qual Elec	SVC-FPL		INSPECTOR <i>h</i>
5842	JARVIS	TINTAG +	PASSED	
⑩	11 Oakwood Dr PACIFIC	metal		INSPECTOR <i>h</i>
5888	Pawluc	FINAL	FAILED	8/30
①	102 Hillcrest Pacific			INSPECTOR <i>h</i>
5828	Walker	Electrical	PASSED FAILED	
⑪	21 W. High Point Rd Holmes	A/C Plumbing	PASSED FAILED	INSPECTOR <i>h</i>
5667	HORVIT.	Furn Co.		Cancel
③	11 PERIWINKLE LN EMMICK			INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Aug. 21, 2001; Page 2 of 3.

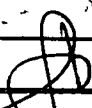
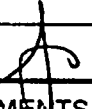
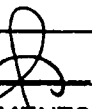
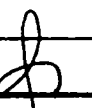

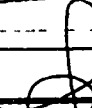

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5907	HENDERSON	Interior Rough-IN	Passed	
(6)	24 Island Way FERREL GAS			INSPECTOR 
5845	LUCAS	FENCE	Failed	\$30.-
(10)	1 Mandalay Rd Quality	Final		INSPECTOR 
5734	Abesada Turk	TIE BEAM Garage	Passed	
(11)	8 Magon Circle CONWAY	Pae Down Steel Stem Wall	Passed	INSPECTOR 
5875	MAXSON	FOOTER	Passed	6x20 → 12x24
(17)	95 River Rd Knepper			INSPECTOR 
5905	MERRIN	Electrical	Passed	Bushings/Covers/
(4)	93 1/2 N. Sewalls Pt Rd FIRST QUAL ELECTRIC	(RE-INSPECTION)		INSPECTOR 
5714	ROMARD	TIN TAG + JOL.	Passed	
(5)	21 SIMARA ST O/B			INSPECTOR 
5915	Kupczyk	TIN TAG	Failed	\$30.-
(9)	9 E. High Pt Rd PACIFIC	8/2 left Nail for job	8/2 per Memo - Failed	NO FINE Failed Passed INSPECTOR 

OTHER fence 6' + 2', poor work, dirt at neighbors

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-24, 2004, Page 3 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6039	ROHLOFF	MOORING PILES	Passed	close file
(1)	20 RIVERVIEW DR DREDGE + MARINE	FINAL		INSPECTOR 
6083	MISER	BOATLIFT	Passed	close file
(5)	21 ISLAND ROAD J&B BOATLIFT		Final	INSPECTOR 
5700	D'Alessandro	INSULATION	Passed	
(4)	107 ABBIE COURT Frasier	(walls only)		INSPECTOR 
6097	RISEDORPH	TIN TAG + METAL	Passed	
(2)	17 S. VIA LUCINDIA MARC PROVENCER			INSPECTOR 
5734	ABESADA-TURK	TIE BEAM	Passed	
(3)	8 MORGAN CIRCLE CONWAY			INSPECTOR 
5905	MERLIN	ELECTRICAL	Passed	close file
(6)	93 1/2 N. SEWALLS PT RD FIRST QUALITY ELEC	FINAL ? FOR BOAT LIFT	Final	INSPECTOR 
6022	MERLIN	BOAT LIFT FINAL	Passed	close file
(7)	93rd SEWALLS PT. RD SANDY		Final	INSPECTOR 

OTHER _____

5965

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9-10-02

BUILDING PERMIT NO. 5965

Building to be erected for A.G. Thompson

Type of Permit ROOFING-(RE)

Applied for by Rhodes Roofing + Const.

(Contractor) Building Fee 120 00

Subdivision RIO VISTA Lot 25 Block _____

Address 955 Sewalls Pt Rd

Type of structure SFR

Radon Fee _____

Impact Fee _____

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number.

1738410020000025040000

Amount Paid 120 00 Check # 4352 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1,800 00 TOTAL Fees 120.00

Signed Darel A. Rhodes
Applicant

Signed Gene Simmons (Rgn)
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 _____

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name H. G. Thompson Lot 25 Building Permit Number _____
City Sewalls Point State Fl Zip 34996
Legal Description of Property Single family RIO VISTA Parcel Number 12-38-41-002-000-00250-40000
Location of Job Site 958. Sewalls Point Rd Type of Work To Be Done Reroof flat roof

CONTRACTOR/Company Name Rhoades Roofing & Const. Phone Number 772 546-1310
Street 8154 S E Carlton St - 70 City Wade land State Fl Zip 33455
State Registration Number RC 006 7097 State Certification Number _____ Martin County License Number SP00390

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements \$18000.00 Estimated Fair Market Value (FMV) Prior
To Improvements _____ If Improvement Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

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

OWNER OR AGENT SIGNATURE (Required)
State of Florida County of Dade
This the 9 day of Sept 2002
by D Rhoades who is personally
known to me or produced _____
as identification _____

CONTRACTOR SIGNATURE (Required)
On State of Florida County of _____
This the _____ day of _____ 2002
by _____ who is personally
known to me or produced _____
As identification _____

My Commission Expires _____ My Commission Expires _____
Notary Public _____ Notary Public _____

NOTARY PUBLIC Sea Kathleen E States II
Commission # CC 770800
Expires OCT 21, 2002
BONDED THRU
ATLANTIC BONDING CO. INC

Seal



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

G A F. Materials Corporation
1361 Alps Road
Wayne NJ 07470

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) 375 6339

Your application for Product Approval of *GAF Ruberoid 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 : 00-0331 08
Expires: 11/06/2003

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

Approved 07/06/2000

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 7/10/02

BUILDING OFFICIAL
Gene Simmons

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



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-11-02, 2002 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	Lucas	TREE	Passed	Dogs on Property
(7)	Sewall's Pt Road Mandalay			INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5958	SK SKINNER	HURRICANE	Fail	No Permit No Layout
(5)	15 S.E. PALMETTO DR SKINNER (STREAM)	SHUTTERS		\$30. INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5944	JONES	FINAL ROOF	Passed	
(4)	18 Emanta WAY ALL AMERICAN			INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	LURIEA	TREE	Passed	
(3)	3 S Sewall's Pt Rd			INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5986	Flough	Pool Deck	Passed	
(2)	6 India Lucia PKWY SF Custom Pools	Re-inspec - Form Board SURVEY		INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5965	Thompson	Shooting		(unless it ruins) ✓
(6)	95 S. Sewall's Pt. Rd Rhoades Roofing	Dry-IN + METAL		→ Friday INSPECTOR: <i>J</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5501	ALMAN	R206 FINAL	UTG	Swales / F-Road Surv
(8)	3 SUMMER W. ALMAN	1) Pool safety fence (up to Gate) 2) Pay 1113.60 3) Health Dept		\$30 INSPECTOR: <i>J</i>

OTHER 18 S. River Paver Driveway → permit at office? *J* ✓ completed
 23 SP4/Miramar Fence Permit not vis nobody there ✓
 17 Island. Rd Permit not visible it is *J* ✓

~ 11 Riverview / S. River Dumpster? no permit

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-13-02, 2002; Page 1 of 2.






PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5924	MENDEZ	Final Roof	Passed	
(13)	20 CRANE'S NEST ALL AMERICAN			INSPECTOR <i>[Signature]</i>
5949	HOPPIER	Foundation	Passed	no compact reqd.
(10)	173 S. Sewalls Pt Rd O/B			INSPECTOR <i>[Signature]</i>
5972 5959	GRAHAME	FINAL FILL	Passed	
(4)	100 N. Sewalls Pt Rd. O/B	PLACEMENT.		INSPECTOR <i>[Signature]</i>
5908	Wilberding	Temp Pole	Passed	Call FPL 1150 ✓
(3)	2 Palama Way O/B			INSPECTOR <i>[Signature]</i>
5914	Abesada-Terk	Form Steel		CANCELLED
	8 Morgan Circle	Roof		INSPECTOR
	Harbour Bay			
5965	THOMPSON	Sheating,	NA	if possible closet to 1150
(8)	95 S. Sewalls Pt Rd RHODES	DRY-IN + Metal		rained out INSPECTOR <i>[Signature]</i>
TREE	GUERARD	TREE	O.K.	2 out yard tree dead
(11)	104 Abbie Ct			INSPECTOR <i>[Signature]</i>

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-16-02, 2002; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5914	Abesada-Terk 8 Morgan Circle Narbour Ky	Steel/Bond/Plumb	Passed	INSPECTOR 
5736	FRANCIS 5 S River Rd Wilberding	Window Buck	Passed	INSPECTOR 
5905	Thompson 95 S-Sewall's Pt Rd Rhodes	Sheating Dry-In Metal	Passed	INSPECTOR If Possible 10-11 ⁰⁰ 
TREE	BEVAN 46 N. River Rd	TREE	Passed	INSPECTOR 
5973	Wittman 13 Riverview Dr. Brush Bldg	Wall -	Passed	Close 12 ⁰⁰ INSPECTOR 
				INSPECTOR
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-23-02, 2001; Page ___ of ___.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5900	Lipschutz 53 S River Rd Palmetto	Roof in Progress		for Wednes day
				INSPECTOR
5960	Lewis 41 Rio Vista Dr.	Temp Pole	Passed	
(3)	Heritage Electric			INSPECTOR
5965	Thompson 95 S Sewall's PR	Final Roof	Passed	
(4)	Rhodes			INSPECTOR
5966	Comp 5 Palamoy Way	FENCE	Passed	
(1)	Quality			INSPECTOR
5955	KUNDSON 13 S VIA LUCINDA.	POOL STEEL	Passed	(See note - correction)
(2)	ALMAR			INSPECTOR
		Street lights	Dist. fr. center of Road	
	Western Betator	35' Rd. Right of-way	- Pole numbers	
		10' Utility Easement		INSPECTOR
	6 7158 9233	6 7158 9535	671 58 9532	
	20' 7 1/2' curb	16' 4 1/2' curb	12' 24' & curb	
				INSPECTOR

OTHER Brake light out Island w. transformer
~~5636~~
SB

6022

BOATLIFT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11-07-02

BUILDING PERMIT NO. 6022

Building to be erected for Stanley + Cynthia Merkin Type of Permit Boat Lift

Applied for by Robert Sandy Construction (Contractor) Building Fee 67.20

Subdivision _____ Lot _____ Block _____ Radon Fee _____

Address 93 N. Sewall's Point Road Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number _____ Electrical Fee _____

353 741 000000 0020000000 Plumbing Fee _____

Amount Paid 73.92 Check # 3425 Cash _____ Other Fees (Plan Rev) 6.72

Total Construction Cost \$ 17,000.00 TOTAL Fees 73.92

Signed [Signature]
Applicant

Signed [Signature]
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 checked="" type="checkbox"/> SCREEN BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name Stanley + Cynthia Merkin 425 Doe Run Building Permit Number
Legal Description of Property See Attached City Georgetown State TX Zip 78628
Location of Job Site 932 N. Sewalls Point Road Type of Work To Be Done Install Boatlift

CONTRACTOR/Company Name Robert Sandy Construct, on, Inc Phone Number 220-4051
Street 1028 SW 31st Terrace City Palm City State FL Zip 34990
State Registration Number CGC040310 State Certification Number Martin County License Number

ARCHITECT
Street City State Zip
Phone Number

ENGINEER
Street City State Zip
Phone Number

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

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

COST AND VALUES Estimated Cost of Construction or Improvements \$7,000 Estimated Fair Market Value (FMV) Prior
To Improvements If Improvement Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION

Electrical Mike Flanagan/First Quality State ER 001220 License Number
Mechanical State License Number
Plumbing State License Number
Roofing State License Number

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical Plumbing, Gas) 2001 South Florida Building Code (Structural Mechanical Plumbing Gas)
National Electrical Code 2002 Florida Energy Code 2001
Florida Accessibility Code 2001

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

OWNER OR AGENT SIGNATURE (Required) Cynthia M Merkin
State of Florida County of Martin
This the 30th day of October 2002
by Cynthia Merkin who is personally
known to me or produced
as identification

CONTRACTOR SIGNATURE (Required) Robert Sandy
On State of Florida, County of Martin
This the 30th day of October 2002
by Robert Sandy who is personally
known to me or produced
As identification

Notary Public Karen Holland
My Commission Expires KAREN HOLLAND

Notary Public Karen Holland
My Commission Expires KAREN HOLLAND

Notary Public, State of Florida
My comm exp June 21, 2004
Comm No CC947419

Notary Public, State of Florida
My comm. exp June 21, 2004
Comm No CC947419

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/21/2001

PRODUCER (561)335-8804 FAX (561)335-8847
S.M. FINES INSURANCE AGENCY
1250 S E. PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34952-5392
Baumker, Rae

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 Robert Sandy Construction, Inc.
1028 SW 36th Terrace
Palm City, FL 34990

INSURER A Assurance Co. of America
INSURER B
INSURER C
INSURER D
INSURER E

RECEIVED

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	SCP30598990	01/01/2002	01/01/2003	EACH OCCURRENCE	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire)	\$ 300,000 SP
	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)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PROPERTY DAMAGE (Per accident)	\$
	OTHER				AUTO ONLY EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY AGG	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
					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

State of Florida

CERTIFICATE HOLDER

ADDITIONAL INSURED, INSURER LETTER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

Susan Fines/DRB

Susan M Fines



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST. INDUSTRY LICENSING BOARD
7950 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

(904) 727-6030

RECEIVED
JUN 10 2002
BY:

SANDY, ROBERT LEE
ROBERT SANDY CONSTRUCTION INC
1028 SW 36TH TERRACE
PALM CITY FL 34990

STATE OF FLORIDA AC# 6092066
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CG -C040310 11/08/2000 0001248
 CERTIFIED GENERAL CONTRACTOR
 SANDY, ROBERT LEE
 ROBERT SANDY CONSTRUCTION INC

IS CERTIFIED under the provisions of Ch 489
 Expiration Date AUG 31, 2002

DETACH HERE

AC# 6092066

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

DATE	BATCH NUMBER	LICENSE NBR
11/08/2000	00012485	CG -C040310

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

SANDY, ROBERT LEE
ROBERT SANDY CONSTRUCTION INC
1028 SW 36TH TERRACE
PALM CITY FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

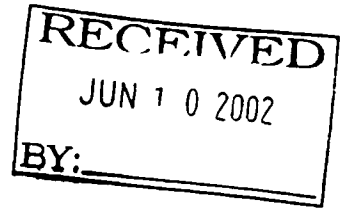
KIM BINKLEY-SEYER
SECRETARY

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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



EFFECTIVE	04/25/2002	EXPIRATION DATE	04/24/2004
PERSON	SKINNER	VIRGIL	R
SSN	265-45-4327		
FEIN	650920022		
BUSINESS	ROBERT SANDY CONSTRUCTION, INC 1028 SW 36TH TERRACE PALM CITY FL 34990		

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

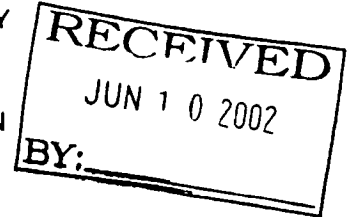
STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF WORKERS' COMPENSATION		F O L D H E R E	NOTE Pursuant to chapter 440 10(1),(g),2, F S , a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Woerks' Compensation Law may not recover benefits or compensation under Chapter 440
CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW			
EFFECTIVE 04/25/2002			
EXPIRATION 04/24/2004			
PERSON SKINNER VIRGIL			
SSN 265-45-4327			
FEIN 650920022			
BUSINESS ROBERT SANDY CONSTRUCTION, INC			
1028 SW 36TH TERRACE			
PALM CITY FL 34990			

CUT HERE

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

05-22-2001

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



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 03/08/2001
EXPIRATION DATE 03/08/2003
EXEMPTED INDIVIDUAL NAME CHRISTENSEN ERIK D
SS 252-47-3574
BUSINESS NAME SANDY ROBERT CONSTRUCTION INC
FEIN 650920022
BUSINESS ADDRESS 1028 SW 36TH TERRACE
PALM CITY FL 34990

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW
EFFECTIVE DATE 03/08/2001
EXPIRATION DATE 03/08/2003
EXEMPTED PERSON LAST NAME CHRISTENSEN
FIRST NAME ERIK D
SOCIAL SECURITY NUMBER 252-47-3574
BUSINESS NAME SANDY ROBERT CONSTRUCTION INC
FEDERAL IDENTIFICATION NUMBER 650920022
BUSINESS ADDRESS 1028 SW 36TH TERRACE
PALM CITY FL 34990

C U T H E R E

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

CRITIQUE

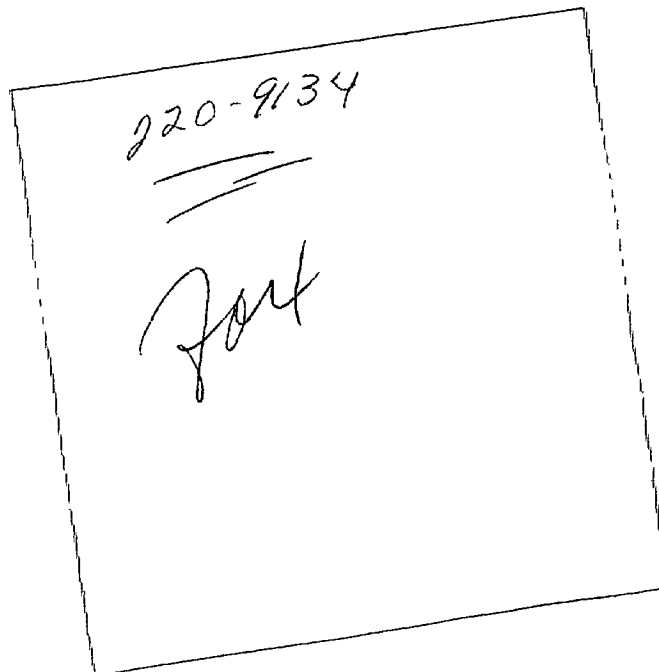
Owner: Stanley & Cynthia Merkin
Contractor: Robert Sandy Construction
Contractor's Phone Number: 220-4051

Date: November 1, 2002
Contact Person:
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR BOATLIFT LOCATED AT 93 N. SEWALL'S POINT ROAD

Submittals (2 copies)

- 1 Current survey containing the following information
 - a Legal Description of Lot
 - b Lot dimensions and bearings
 - c Street and Waterway names
 - d Location of all structures
 - e Location of dock and proposed boatlift
 - f Certified to the Town of Sewall's Point
 - g Letter of No Objection for Homeowners Association or letter from owner stating there is no association
 - h Letters of No Objection from adjoining property owners



Stanley and Cynthia Merkin
425 Doe Run
Georgetown, TX 78628

November 1, 2002

Gene Simmons
Building Official
Town Of Sewall's Point
1 South Sewall's Point Road
Stuart, FL 34996

Dear Mr Simmons.

As owner(s) of property located at 93 N Sewall's Point Road, and identified under parcel control numbers.

35-37-41-000-000-0021 0-8

35-37-41-000-000-0020.0-0

35-37-41-000-000-0022 0-6

I/we wish to inform you that I/we are not members of or regulated by any property owners association or homeowners association

Sincerely,

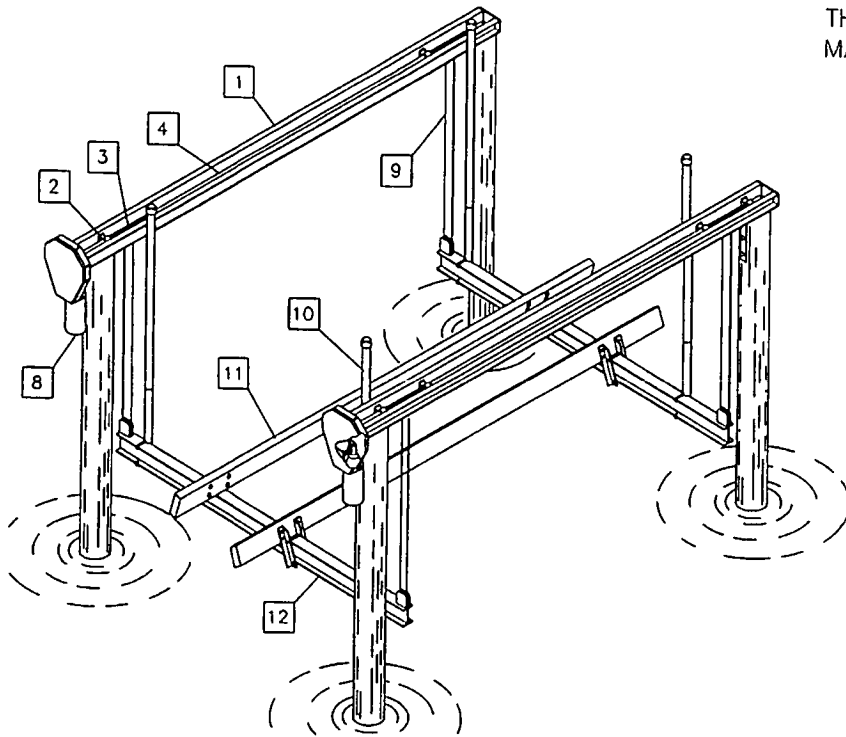
Stanley and/or Cynthia Merkin

QUALITY BOAT LIFTS

ALUM-A-VATOR BOAT LIFT SPECIFICATIONS
4 POST BOAT LIFTS WITH 2 CRADLE BEAMS AND 4 CABLES

DESIGNED IN ACCORDANCE WITH

FLORIDA BUILDING CODE 2001
THE ALUMINUM ASSOCIATION DESIGN
MANUAL 2000



FILE COPY

TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE 11/4/02

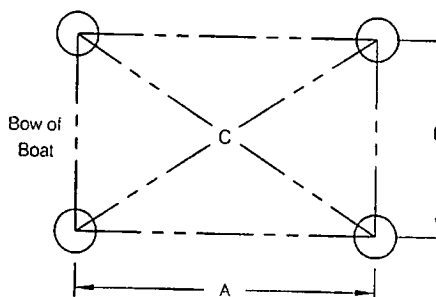
[Signature]

BUILDING OFFICIAL
Gene Simmons

1	2	3	4	5	6	7	8	9							
UFT CAPACITY LBS	CABLE BEAM SIZE "C" CHANNEL INCHES	HO OF BEARINGS	GROOVED CABLE WANDER SIZE INCHES	DRIVE SHAFT SIZE INCHES	DRIVE SHAFT SPROCKET	CHAIN SIZE	GEAR DRIVE SPROCKET	GEAR DRIVE RATIO	HO OF MOTORS H P	HO OF CABLES AND SIZE INCHES	CABLE SPREAD INCHES	INCHES OF LIFT PER MINUTE	GUIDE POST HEIGHT	BOAT BUNGS INCHES	CRADLE BEAM SIZE 1 BM INCHES
4 500	CS 4x2 33 6061 T6	10	2 375 DIA 16" LG LIFTS 14 FT	1 937 TUBE	60 TOOTH	#50	11 TOOTH	54:1	(2) 3/4 HP 120V/25A 240V/13A	25 DIA. 15 FT 1 PART	102	45	7	2 x 8 x 144	1 6x1 03 6061 T6 120 L
7 000	CS 5x2 21 6061-T6	10	2 375 DIA. 16 LG LIFTS 14 FT	1 937 TUBE	60 TOOTH	#50	9 TOOTH	54:1	(2) 3/4 HP 120V/25A 240V/13A	312 DIA. 15 FT 1 PART	114	36	7	2 x 8 x 144	1 6x1 03 6061 T6 144 L
10 000	CS 6x2 83 6061-T6	10	2 375 DIA. 19" LG LIFTS 14 FT	1 937 TUBE	60 TOOTH	#50	11 TOOTH	54:1	(2) 3/4 HP 120V/25A 240V/13A	25 DIA. 30 FT 2 PART	114	22.5	7	2 x 8 x 144	1 8x6 18 6061 T6 150 L
13 000	CS 7x3 21 6061-T6	10	2 375 DIA. 19" LG LIFTS 14 FT	1 937 TUBE	60 TOOTH	#50	9 TOOTH	54:1	(2) 3/4 HP 120V/25A 2-0V/13A	312 DIA. 30 FT. 2 PART	114	18	7	2 x 8 x 144	1 8x6 18 6061 T6 150 L
16 000	CS 7x4 72 6061-T6	10	2 375 DIA 19 LG LIFTS 14 FT	1 937 TUBE	50 TOOTH	#60	12 TOOTH	60:1	(2) 1 1/4 HP 120V/40A 240V/20A	312 DIA. 30 FT 2 PART	114	22	10	3 x 10 x 168	1 12x11 7 6061 T6 168 L
20 000	CS 8x5 79 6061 T6	10	2 375 DIA 23" LG LIFTS 14 FT	1 937 TUBE	50 TOOTH	#60	12 TOOTH	60:1	(2) 1 HP 120V/40A 240V/20A	312 DIA. 45 FT. 3 PART	124	16	10	3 x 10 x 192	1 12x11 7 6061 T6 192 L
27 000	CS 9x6 97 6061 T6	10	2 375 DIA. 23" LG LIFTS 14 FT	1 937 TUBE	50 TOOTH	#60	12 TOOTH	60:1	(2) 1 HP 120V/40A 240V/20A	312 DIA. 45 FT 3 PART	148	16	10	3 x 10 x 192	1 12x11 7 6061 T6 192 L

ALL SPACING TO CENTER OF PILING

LIFT CAPACITY	A	B	C	RECOMMENDED PILING SIZES
4 500 LB	132"	120"	178 3/75"	8 DIA
7 000 LB	144	144	203 6/25"	8" DIA
10 000 LB	144"	150"	208	8 DIA
13 000 LB	144"	150"	208"	8 DIA.
16 000 LB	144"	168"	221 25	10" DIA
20 000 LB	168"	192"	255 1/25"	10" DIA
27 000 LB	192"	192"	271 50	10" DIA



STANDARD PILING SPACING

[Handwritten Signature]
12/13/01

Quality
BOAT LIFTS INC

17030 Alico Center Rd

Ft Myers Fl 33912

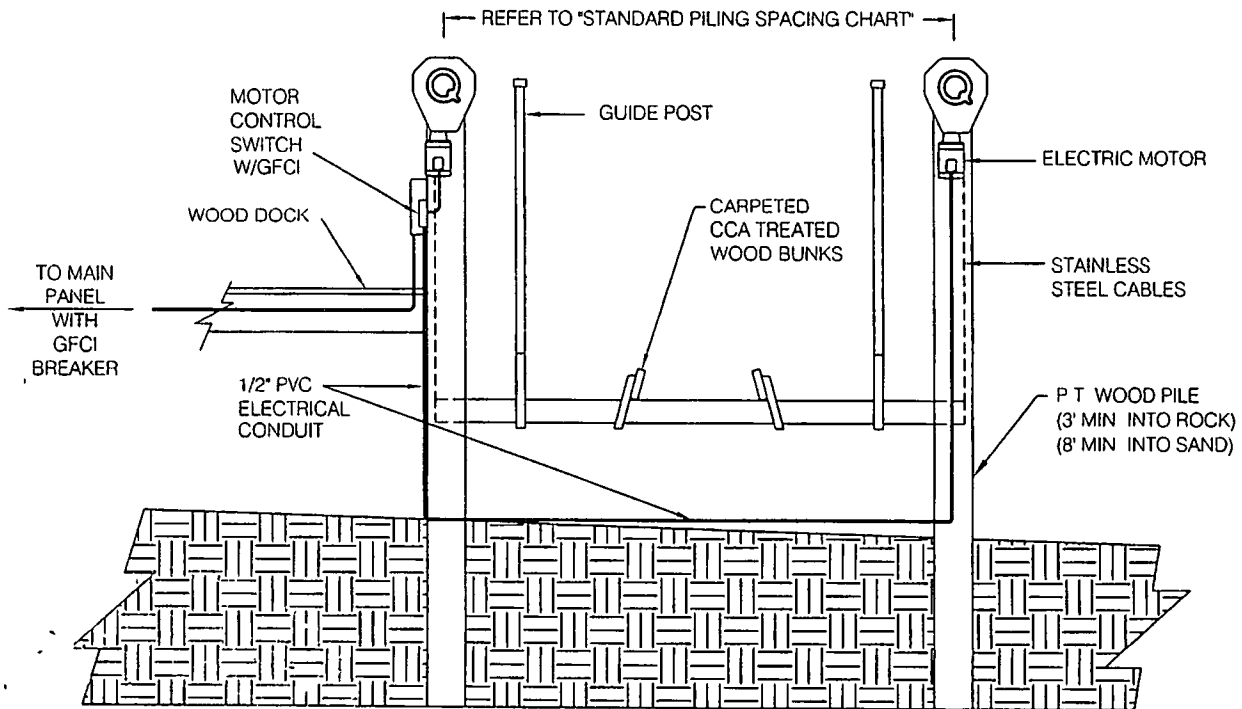
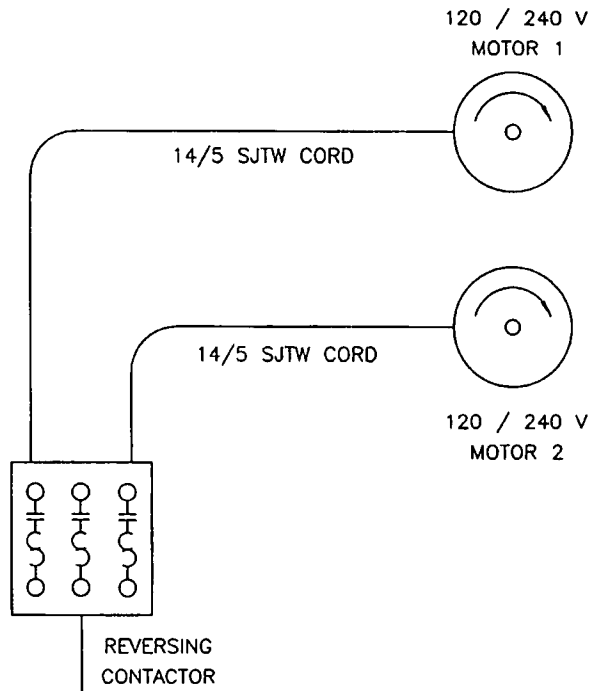
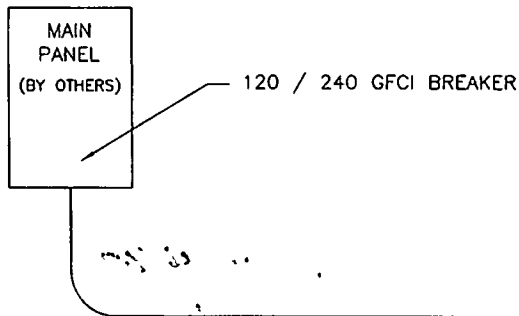
1/800-545 5603

600059

Fax (941)432-0019

ALUM-A-VATOR WIRING SCHEMATIC

MINIMUM RECOMMENDED WIRE SIZE TABLE (AWG)				
COPPER WIRE ONLY				
LIFT CAPACITY	MAXIMUM DISTANCE FROM SERVICE TO CONTROLLER			
	75 FEET	150 FEET	300 FEET	400 FEET
4500# TO 13000# AT 120 VOLTS	#10	#8	#6	#6
4500# TO 13000# AT 240 VOLTS	#12	#10	#8	#6
16000# TO 27000# AT 240 VOLTS	#10	#8	#6	#4
32000# TO 54000# AT 240 VOLTS	#6	#4	#2	#0



25' MIN. SETBACK | 22' | 8' | 12' | 25' MIN. SETBACK



30'
20'
160'

ST LUCIE RIVER

Boat Lift

12'

5' m.l.w.

EBB
FLOW

REVIEWED BY
JOHN W. WEBER
NO. 17455
STATE OF
FLORIDA
JUN 06 2000
REGISTERED ENGINEER
FOR STRUCTURAL
INTEGRITY

TO CHANNEL
1000' +

WATER WAY
WIDTH 2500' +

existing dock
to be removed

6' DEPTH @ TERMINAL
WITH NO GRASSES

NATURAL OPENING

MANGROVE FRINGE

M.H.W.

70' ±

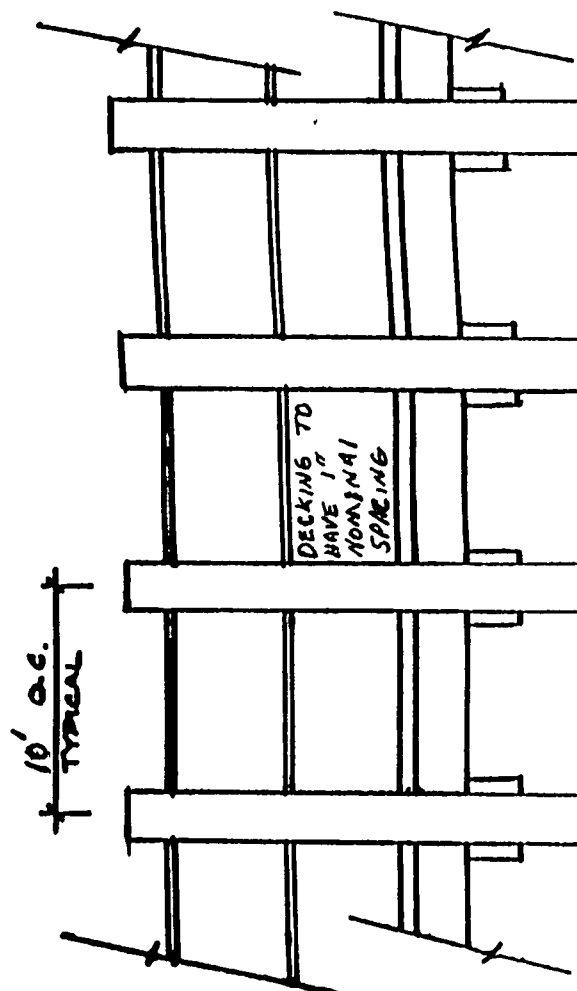
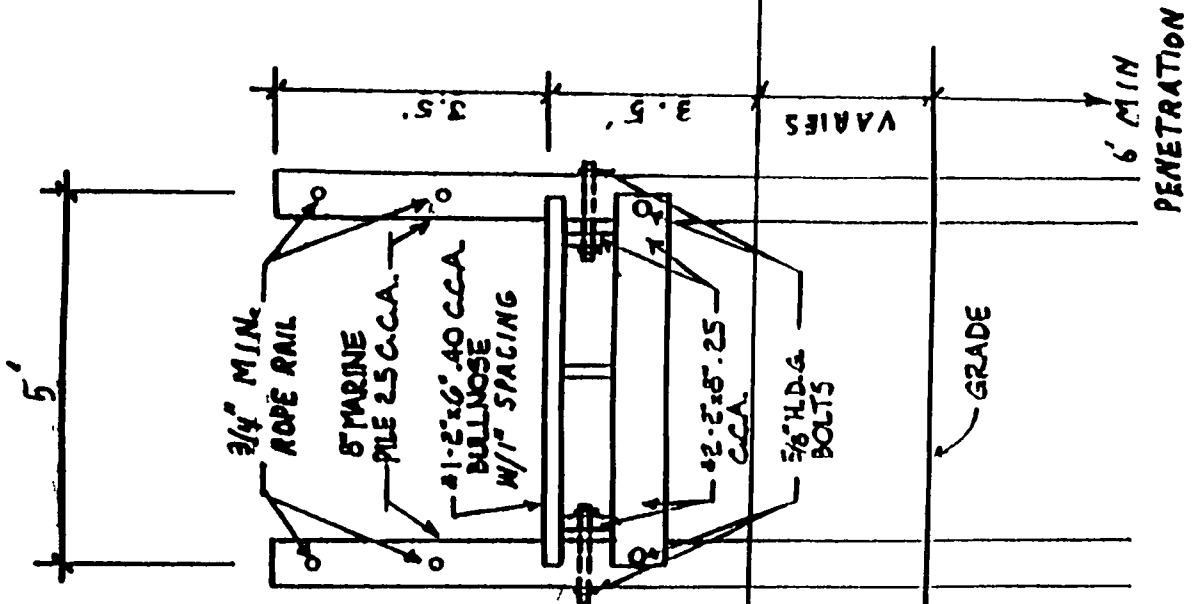
80' ±

15'

SHARLINE APPROX. 160' ±

93 1/2 N. SEWALLS Pt. RD

Stan Merkin (#2)



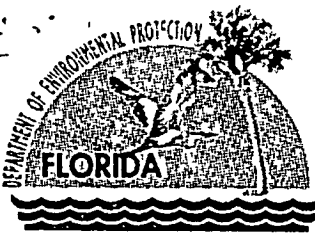
***NOT TO SCALE** Detail added 6-6-00

REVIEWED BY
 JOHN CLARK
 REGISTERED PROFESSIONAL ENGINEER
 NO. 17455
 STATE OF FLORIDA
 EXPIRES 6-2000

FOR STRUCTURAL INTEGRITY

PROPOSED - DOCK
 STAN MERKIN (#2)

ROBERT SANDY CONSTRUCTION



Jeb Bush
Governor

Department of Environmental Protection

Port St Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St Lucie, FL 34952
(561)398-2806/Fax# (561)398-2815

David B. Struhs
Secretary

FEB 18 2000

Stan Merkin (2)
425 Doe Run
Georgetown, TX 78628

File Number 43-0165629-001
Martin County

Dear Mr. Merkin:

On February 4, 2000, we received your application for an exemption to perform the following activities: construct a 960 square foot single family dock with a 160' x 5' access pier and a 20' x 8' terminal platform and associated boatlift and mooring area. This project is in the St. Lucie River (Class III waters of the state), located at 93 1/2 South Sewall's Point Road (Section 1 Township 38 South, Range 41 East), Stuart, Martin County.

Your application has been reviewed to determine whether it qualifies for any of three kinds of authorization that may be necessary for works in wetlands or waters of the United States. The kinds of authorization are (1) regulatory authorization, (2) proprietary authorization (related to state-owned submerged lands), and (3) federal authorization. The authority for review and the outcomes of the reviews are listed below. Please read each section carefully. Your project may not have qualified for all three forms of authorization. If your project did not qualify for one or more of the authorizations, refer to the specific section dealing with that authorization for advice on how to obtain it.

REGULATORY AUTHORIZATION - EXEMPTION VERIFIED

The Department has the authority to review your project under Part IV of Chapter 373, Florida Statutes (F.S.), Title 62, Florida Administrative Code (F.A.C.), and in accordance with operating agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F.A.C.

Based on the information you submitted, we have determined that your project is exempt from the need to obtain a DEP Environmental Resource Permit under Rule 40E-4.051(3)(b), F.A.C. This determination is based solely on the information provided to the Department and the statutes and rules in effect when the application was submitted and is effective only for the specified activity. In addition, any substantial modifications in your plans should be submitted to the Department for review, as changes may result in a permit being required.

PROPRIETARY AUTHORIZATION - GRANTED

The Department acts as staff to the Board of Trustees of the Internal Improvement Trust Fund and issues certain authorizations for the use of sovereign submerged lands. The Department has the authority to review your project under Chapters 253 and 258, F.S. Chapters 18-20 and 18-21, F.A.C., and Section 62-343.075, F.A.C.

Your project may occur on sovereign submerged land and may require authorization from the Board of Trustees to use public property. As staff to the Board of Trustees, we have reviewed the proposed project and have determined that, as long as it is located within the described boundaries and is consistent with the attached general consent conditions, the project qualifies for consent to use sovereign submerged lands. Therefore, pursuant to Chapter 253.77, Florida Statutes, you may consider this letter as authorization from the Board of Trustees for the upland riparian owner to perform the project.

SPGP REVIEW - AUTHORIZATION GRANTED

Federal authorization for the proposed project is reviewed by DEP pursuant to an agreement between the Department and the U.S. Army Corps of Engineers (the Corps). The agreement is outlined in a document titled *Coordination Agreement Between the U.S. Army Corps of Engineers and the Florida Department of Environmental Protection State Programmatic General Permit, Section 10 of the Rivers and Harbor Act of 1899 and Section 404 of the Clean Water Act*.

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

Stan Merkin
File Number 43-0165629-001
Page Two

Your project has been reviewed for compliance with a State Programmatic General Permit (SPGP) Your proposed activity as outlined on the attached drawings is in compliance with the SPGP program U S Army Corps of Engineers (Corps) General conditions apply to your project, as attached **No further permitting for this activity is required by the Corps** The authority granted under this SPGP expires December 17, 2003 Your project must be completed prior to this expiration date

NOTICE OF RIGHTS OF SUBSTANTIALLY AFFECTED PERSONS

Be advised that your neighbors and other parties who may be substantially affected by the proposed activity allowed under this determination of exemption have a right to request an administrative hearing on the Department's decision that the proposed activity qualifies for this exemption If an administrative hearing is timely requested by a substantially affected person, the finding that the proposed activity qualifies for this exemption must be reconsidered, and it is possible that the hearing could result in a determination that the proposed activity does *not* qualify for the exemption Under Rule 28-106 111, F A C , a request for such an administrative hearing must be filed with the Department's Clerk in the Office of General Counsel within 21 days of either (a) publication of notice in a newspaper of general circulation in the county where the activity is to take place, or (b) the substantially affected person's receipt of written notice which includes the information contained in Attachment (A)

The Department will not publish notice of this determination *Publication of this notice by you is optional and not required for you to proceed* However, in the event that an administrative hearing is held and the Department's determination is reversed, proceeding with the proposed activity before the time period for requesting an administrative hearing has expired would mean that the activity was conducted without the required permits

If you wish to limit the time within which *all* substantially affected persons may request an administrative hearing you may elect to publish, at your own expense, the enclosed notice (Attachment A) one time only in the legal advertisement section of a newspaper of general circulation in the county where the activity is to take place If you wish to limit the time within which any *specific* person(s) may request an administrative hearing, you may provide such person(s), by certified mail, a copy of this determination, including Attachment A

For the purposes of publication, a newspaper of general circulation means a newspaper meeting the requirements of Sections 50 011 and 50 031, F S In the event you do publish this notice, within seven days of publication, you must provide to the following address a certification or affidavit of publication issued by the newspaper If you provide direct written notice to any person as noted above, you must provide to the following address a copy of the direct written notice

Florida Department of Environmental Protection, Southeast District - Port St Lucie Branch Office
Submerged Lands & Environmental Resources Program, 1801 SE Hillmoor Drive Suite C-204, Port St Lucie, FL 34952

Thank you for applying to the Submerged Lands and Environmental Resource Program If you have questions regarding this matter, please contact **Bruce Jerner** of this office, at telephone (561) 398-2806

Sincerely,



Gary N Roderick
Environmental Administrator

GNR/BJ/cft

Enclosures General Consent Conditions
Federal Manatee Conditions, Federal General Conditions for SPGP III- R1 and Transfer Request
Attachment A- Notice of Determination of Qualification for Exemption
Attachment D- General Single-Family Dock Information

cc U S Army Corps of Engineers, Stuart [without enclosures]
Robert Sandy Construction, Inc (Agent) [without enclosures]

25' MIN. SETBACK | 23' | 8' | 12' | 25' MIN. SETBACK

RECEIVED

N

2000 FEB -6 P 107

F.L. DIVISION PROTECTION
177 ST LUCIE



ST LUCIE RIVER

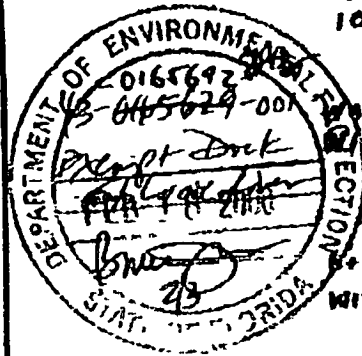
Out
175'

5' M.A.W.



TO CHANNEL
1000' +

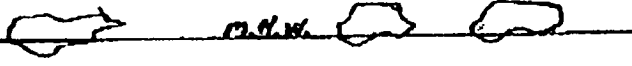
WATER WAY
WIDTH 2500' +



DEPTH @ TERMINAL
WITH NO GRASSES

NATURAL OPENING

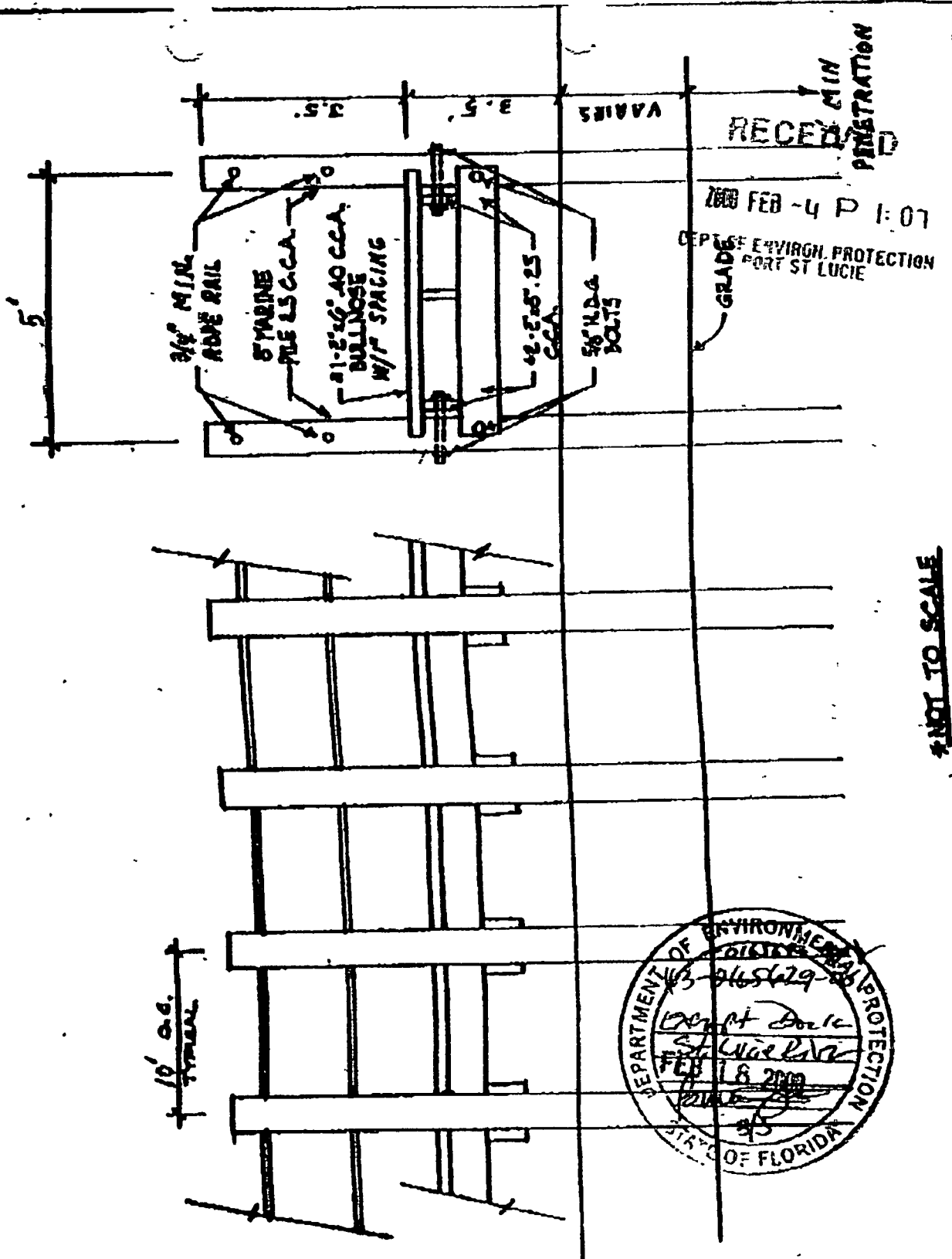
MANGROVE FRINGE



SHARLINE APPROX. 160' ±

15'

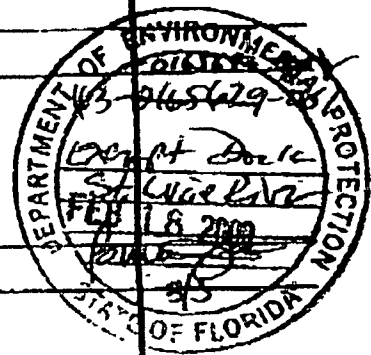
93 1/2 S. SEWALLS PT. RD



RECEIVED
 PENETRATION
 MIN

2000 FEB -4 P 1:07
 DEPT. OF ENVIRON. PROTECTION
 PORT ST LUCIE

NOT TO SCALE



PROPOSED - DOCK

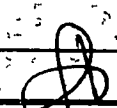
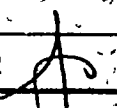
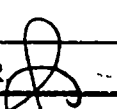
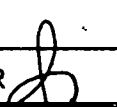
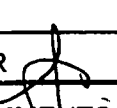
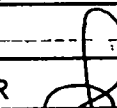
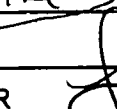
ROBERT SANDY CONSTRUCTION

STAN MERKIN

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-24, 2004, Page 3 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6039	ROHLOFF	MOORING PILES	Passed	close file
(1)	20 RIVERVIEW DR	FINAL		
	DREDGE + MARINE			INSPECTOR 
6083	MISER	BOATLIFT	Passed	close file
(5)	21 ISLAND ROAD		Final	
	J&B BOATLIFT			INSPECTOR 
5700	D'Alessandro	INSULATION	Passed	
(4)	107 ABBIE COURT	(walls only)		
	Frasier			INSPECTOR 
6097	RISEDORPH	TIN TAG + METAL	Passed	
(2)	17 S. VIA LUCINDIA			
	MARC PROVENCHER			INSPECTOR 
5734	ABESADA-TURK	TIE BEAM	Passed	
(3)	8 MORGAN CIRCLE			
	CONNAY			INSPECTOR 
5905	MERKIN	ELECTRICAL	Passed	close file
(6)	9 3/2 N. SEWALLS PT RD	FINAL ? FOR	Final	
	FIRST QUALITY ELEC	BOAT LIFT		INSPECTOR 
6022	MERKIN	BOAT LIFT FINAL	Passed	close file
(7)	9320 SEWALLS PT. RD		Final	
	SANDY			INSPECTOR 

OTHER _____

6185

GAS

TANK & LINES

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/12/03

BUILDING PERMIT NO. 6185

Building to be erected for MERKIN Type of Permit Propane Tank Lines

Applied for by FURRELL GAS (Contractor) Building Fee 35.00

Subdivision GOVT LOT Lot _____ Block _____ Radon Fee _____

Address 95 N. Sewall's Point Rd Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number _____ Electrical Fee _____

3537410000000200000 Plumbing Fee _____

Amount Paid 35.00 Check # _____ Cash _____ Other Fees (_____) _____ Roofing Fee _____

Total Construction Cost \$ 1327.00 TOTAL Fees 35.00

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

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number _____

Owner or Titleholder Name STANLEY MERKIN City STUART State FL Zip 34996
Legal Description of Property 95 N. SEWALL'S POINT RD. Parcel Number 35-37-41-00000000-2-00000
Location of Job Site _____ Type of Work To Be Done PROPANE TANKY LINES

CONTRACTOR/Company Name FERRELL GAS Phone Number 287-4330
Street 3232 SE DIXIE HWY City STUART State FL Zip 34997
State Registration Number 13551 State Certification Number 13351 Martin County License Number SP00125

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements 1327⁵⁰ Estimated Fair Market Value (FMV) Prior
To Improvements _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO X

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

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

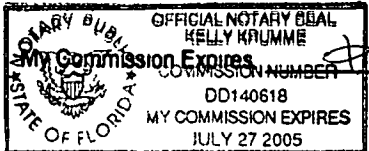
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION
Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of _____
This the _____ day of _____, 200 _____
by _____ who is personally
known to me or produced _____
as identification _____

CONTRACTOR SIGNATURE (Required) Gary Kernan
On State of Florida, County of Martin
This the 6th day of march 200 3
by Gary Kernan who is personally
known to me or produced _____
As identification _____

Notary Public
My Commission Expires _____
Seal



Notary Public
Kelly Kraume
Seal



Proposal to: Cindy Merkin

2/3/03

Job Name: Residence @ 95 N. Sewalls Point Rd.,

Billing address: 2336 SE Ocean Blvd, PMB#368, Stuart FL

34996-3310

Installation of gas services for range, grills and pool heating with pool heater.

- a. One 500 gallon storage tank with magnesium anode and fiberglass dome assembly
- b. Installation of tank under ground with exterior gas line, regulators and final connections(includes removal of old tank if possible)
- c. Installation of gas line across patio exterior wall with Two areas for grill and turkey fryer connections. Interior exposed gas piping for range
- d. Permit (requires a submittal of survey)

Total-----\$ 1406.84

Propane fill billed separately

Please note: Sod replacement "by others"

Terms: Each section due as completed

Customer's signature Cindy Merkin date 2/6/2003

Ferrellgas Gary Kernan date 2/6/2003

Gary Kernan 772-287-4330 fax 772-287-3456

ACORD CERTIFICATE OF LIABILITY INSURANCE

08/01/2003

DATE (MM/DD/YY)

11/13/02

PRODUCER
 LOCKTON COMPANIES
 444 W 47TH STREET, SUITE 900
 (816) 960 9000
 KANSAS CITY MO 64112-1906

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 FERRELLGAS, L P
 80265 ONE LIBERTY PLAZA
 LIBERTY MO 64068

INSURER A USF & G
INSURER B FIDELITY & GUARANTY INS. CO.
INSURER C
INSURER D
INSURER E

RECEIVED
 NOV 13 2002

COVERAGES YA

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	D002L00028	08/01/2002	08/01/2003	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> FIRE DAMAGE (Any one fire) \$ 50,000 <input type="checkbox"/> MED EXP (Any one person) \$ 5,000 <input type="checkbox"/> PERSONAL & ADV INJURY \$ 3,000,000 <input type="checkbox"/> GENERAL AGGREGATE \$ 7,500,000 <input type="checkbox"/> PRODUCTS COMP/OP AGG \$ Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
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 type="checkbox"/> NON-OWNED AUTOS	D002A00072 (AOS) D002A00073 (TX)	08/01/2002	08/01/2003	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX AUTO ONLY EA ACCIDENT \$ XXXXXXXX OTHER THAN AUTO ONLY EA ACC AGG \$ XXXXXXXX
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORD <input type="checkbox"/> RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX
B A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	D002W00096 (AOS) D002W00098 (NJ) D002W00097 (RETRO)	08/01/2002	08/01/2003	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE POLICY LIMIT \$ 1,000,000
A A	OTHER CARGO	D002A00009 (AOS) D002A00010 (TX)	08/01/2002 08/01/2002	08/01/2003 08/01/2003	\$100,000


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

CERTIFICATE HOLDER TOWN OF SEWALLS POINT
 1 SOUTH SEWALLS 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 

2002-2003 MARTIN COUNTY GENERAL
COUNTY OCCUPATIONAL LICENSE
 Larry C O'Steen, Tax Collector, P O Box 9013, Stuart, FL 34995
 (561) 286-5004

LICENSE 1967-249-008 CENT 880-0025 01237
 PHONE (561) 287-4330 ACNO 221210
 LOCATION 3232 SE DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR \$	.00	LIC FEE \$	25.00
\$	.00	PENALTY \$	0.00
\$	.00	COL FEE \$	0.00
\$	.00	TRANSFER \$	0.00
TOTAL			25.00

IS HOLDER LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **COUNTY ONLY**
 AT LOCATION LISTED FOR THE PREVIOUS PERIODS OR THE

BRIAN JAYCE GENERAL MANAGER
 FERRELL GAS
 3232 SE DIXIE HWY
 STUART FL 34997

07 of or AUGUST 20 02
 AND ENDING SEPTEMBER 31 2003

RECEIVED
 NOV 13 2002
 BY: _____

RECEIPT of PAYMENT

LARRY C. O'STEEN
 99 08/07/2002 DCCI NORMAL
 1967249000000000
 8220020007005656CX

\$25.00

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-14-2003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6185	MERKIN	ROUGH		
	95 N. Sewalls Pt	Gas Tank & Lines	Passed	
	Ferrell Gas	Ground rough		INSPECTOR
5832	WEBER	FINAL GAS	Passed	close
	4 MANDALAY			
	Ferrell Gas			INSPECTOR
5777	ALLMAN	FINAL GAS	Passed	close
	3 SUMMER			
	Ferrell Gas			INSPECTOR
6037	FRANCIS	INT. ROUGH IN	?	not called. c-
	5 S. RIVER ROAD			
				INSPECTOR
TREE	NAUDIN	TREE	Passed	
	19 RIDGEVIEW N			
				INSPECTOR
5774	JANSON	FENCE	Passed	close
	132 S. RIVER RD			
	O/B			INSPECTOR
6176	KAKOYANNIS	ROUGH ELEC	Passed	
	80 S. RIVER ROAD	Plumbing rough	Passed	
	O/B			INSPECTOR
OTHER:				



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 93 1/2 N. SEWALL 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

GAS GROUND + ROUGH-IN - COPPER LINE
COMING FROM GROUND TO MANIFOLD
MUST BE PROTECTED (SLEEVED)

ELEC. GROUND RETURN ON PIPING
AT KITCHEN

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 6/14/03

CAEVE

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/11, 20013 Page of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5908	WILBERDING 2 PALAMA WAY O/B	INSULATION	PASSED	INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6085	MERLIN	GASTAVILLE	Final	
	95 N. SEWALL'S Pt RD FERRELL	FINAL		INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5875	MAXSON 9 S. RIVER ROAD KNEPPER	TRUSS ENG	PASSED	INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6259	HILLMAN 1 HERITAGE STAUDOHR	ROOF FINAL	PASSED	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

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/1, 20003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6310	MERKIN 95 N. SEWALLS Pt O/B	ELECTRICAL	PASS	REWORK INSPECTOR PAUL
6185	MERKIN 95 N. SEWALLS Pt FERRELL GAS	INSPECT GROUNDING	PASS	PARTIAL SLEEPING INSPECTOR CHAS LIND FAIL
5960	LEWIS 43 RIO VISTA	FINAL	FAIL	REMOVE DERRIS INSPECTOR
TREE	WHITMAN 13 RIVERVIEW	TREE	PASS	NO TREE CLOSE PROXIMITY TO HOUSE INSPECTOR
6405	STEARNS 80 N. SEWALLS Pt HOECKER SUCS	FINAL ROOF	FAIL	REMOVE FLASHING DERRIS INSPECTOR PAUL
TREE	POTSDAM 50 RIO VISTA	TREE		SEE NOTES INSPECTOR
6370	ROBLAN 14 COPAIR WOODWARD	FRAMING	PASS	PARTIAL FOR LETTER FILE/PLAN INSPECTOR

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/3, 2007 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6413	POWERS	FOOTERS	Passed	
(2)	70 S. SEWALL'S Pt	Partial		
	FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6291	MISER	FINAL A/C	await	AC coils added
(5)	21 ISLAND RD			info
	MARTIN'S A/C			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6-185	MERKIN	RE-INSPECTION	Failed	no access
(1)	95 USPRD	FINAL GAS		nobody here
	FERRAL GAS (JOE)			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6396	MUFSON	PARTIAL FOOTER	Passed	
(3)	17 S. RIVER ROAD	Sewall front		
	BUFORD			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
	Bussy	Trussing/Tied	Failed	has posit delayed
(4)	1 Palmetto Dr.	??	responsibility Royal w/e/eng	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/12, 20013 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6185	MEEVIN	FINAL GAS	Passed	close
④	95 N. SEWALL'S PT. FERREL GAS			2 dead @ Palms INSPECTOR
6525	HAYNES	TIN TAG	Passed	
③	6 PALM ROAD BUTCHER ROOFING			INSPECTOR
6533	KLOSE	REP. COND UNIT	Passed	Siding + window
②	2 BAKU STREET TREASURE COAST AIR (also structural)	FINAL	close	replacement INSPECTOR
5036	FRANCIS	FINAL C/O	Failed	900
①	55 RIVER ROAD WILBERDING			INSPECTOR
6402	KING	FINAL DOCK	Passed	
⑤	30 RIO VISTA DREDGE + MARINE		close	INSPECTOR
6478	KING	FINAL DOCK FEE	Passed	
⑥	30 RIO VISTA FIRST QUALITY FEE		close	INSPECTOR
6755	Paradise	Door Buder	Passed	
⑦	11 Ridgeland Todd Homes			INSPECTOR
OTHER: _____				

6310

KITCHEN

RENOVATIONS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/26/03
 Building to be erected for MERKIN
 Applied for by O/B (Contractor)
 Subdivision Gov't Lot Lot part of 2 Block _____
 Address 95 N. SEWALL'S POINT ROAD
 Type of structure SFR

BUILDING PERMIT NO. 6310
 Type of Permit KITCHEN ELECTRIC # CABINETS

Building Fee 35.00
 Radon Fee _____
 Impact Fee _____
 A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____
 Other Fees (O/B FEE) 8.75
 TOTAL Fees 43.75

Parcel Control Number
3537410000000020000000

Amount Paid 43.75 Check # 4314 Cash _____

Total Construction Cost \$ 2000.00

Signed [Signature]

Applicant

Signed Gene Simmons (AOT)

Town Building Official

PERMIT

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

INSPECTIONS

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

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME Stan Merkin Phone (Day) 772 286 7360 (Fax) _____

Job Site Address 95 N Sewall's Pt Rd City Sewalls Pt State FL Zip 34996

Legal Description of Property 353741 00000000 2206 0000 Parcel Number ✓

Owner Address (if different) 2336 SE Ocean Blvd PMB#368 City Stuart State FL Zip 34996

Description of Work To Be Done update kitchen electric & install cabinets

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

CONTRACTOR/Company Self/owner Phone _____ Fax _____

Street _____ City _____ State _____ Zip _____

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

COST AND VALUES Estimated Cost of Construction or Improvements \$ 5000 (Notice of Commencement needed over \$2500)

2000.00

SUBCONTRACTOR INFORMATION

Electrical _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

ARCHITECT _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living 1700 Garage _____ Covered Patios _____ Screened Porch _____

Carport _____ Total Under Roof 1700 Wood Deck _____ Accessory Building _____

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

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

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

OWNER OR AGENT SIGNATURE (required)
Stan Merkin

State of Florida, County of Martin

This the 25 day of June, 2003

by Stan Merkin who is personally

known to me or produced FLDL

as identification Joan Barrow

CONTRACTOR SIGNATURE (required)
S

On State of Florida, County of _____

This the _____ day of _____, 200

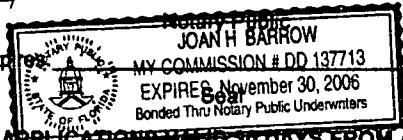
by _____ who is personally

known to me or produced _____

As identification _____

Notary Public

My Commission Expires _____



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: Stan Merkin Date: 06/25/2003

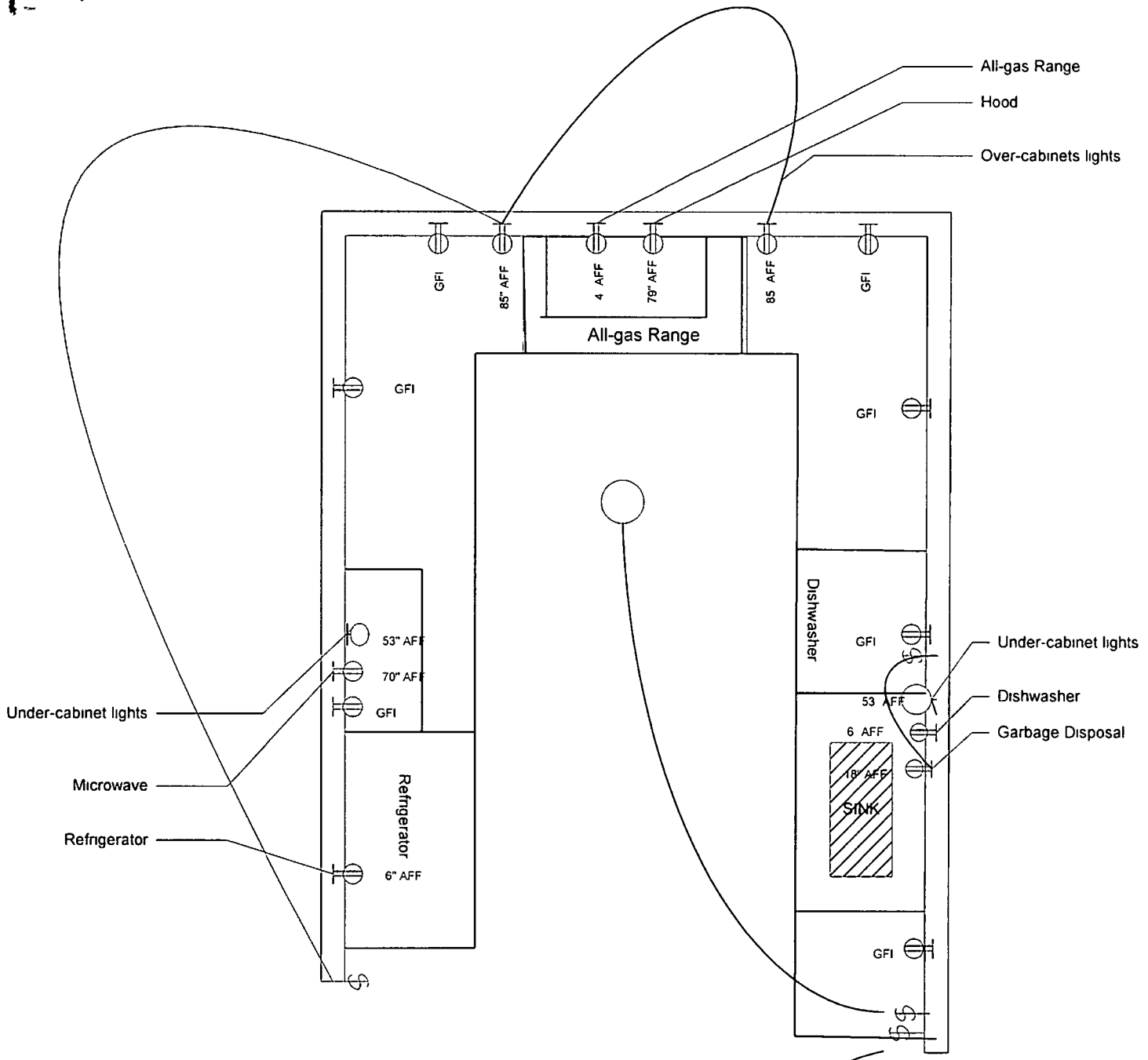
Signature: *Stan Merkin*

Address: 95 N Sewalls Point Rd

City & State: Sewall's Pt, FL

Permit No. _____

This form is for all permits except electrical.



Outlets are 44" AFF unless otherwise noted

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 6/25/03

BUILDING OFFICIAL
 Gene Simmons

95 N Sewall's Pt Rd Kitchen#1

LOAD CALCULATIONS

General Lighting	
1700 sqft @ 3W/sqft	5100
Microwave	1500
Refrigerator	1500
3 Small Appl Ckts @ 1500 ea	4500
Dishwasher	1200
Water Heater	4500
Disposal	870
	<hr/>
TOTAL	19170

First 10000 @ 100%	10000
Remaining 9170 @ 40%	<hr/> 3668
SUBTOTAL	13668
AC Heat Load (nameplate)	<hr/> 10000
TOTAL	23668
DIVIDED BY	240 volts
EQUAL	99 amps
SERVICE SIZE TO USE	<u>125 amp</u> (existing)

PANEL DIAGRAM
(Existing House Panel)

#12 wire used throughout

Refrigerator	20A
Dishwasher	20A
Small Appliances	20A
Small Appliances	20A
Microwave	20A
Lighting	20A
Lighting	20A
Small Appliances	20A

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/1, 20023 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6310	MERKIN 95 N. SEWALLS Pt O/B	ELECTRICAL	PASS	ROUGH INSPECTOR: PAUL
6185	MERKIN 95 N. SEWALLS Pt FERKEL GAS	INSPECT GROUNDING	PASS	PARTIAL SLEEVING INSPECTOR: PAUL
5960	LEWIS 43 RIO VISTA	FINAL	FAIL	REMOVE DEBRIS INSPECTOR:
TREE	WHITMAN 13 RIVERVIEW	TREE	PASS	NO FEE CLOSE PROXIMITY TO HOUSE INSPECTOR:
6405	STEARNS 80 N. SEWALLS Pt HOEKER SUCS	FINAL ROOF	FAIL	REMOVE FLASHING DEBRIS INSPECTOR: PAUL
TREE	POTSDAM 50 RIO VISTA	TREE		SEE NOTES INSPECTOR:
6370	ROBMAN 14 COPAID WOODWARD	FRAMING	PASS	PARTIAL FOR LETTER FILE/PAUL INSPECTOR:

OTHER:



6320

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 95 N. SEWALL'S PT.

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

KITCHEN FINAL

COPCI DOES NOT WORK AT
RIGHT OF KIT. SINK.
RECEPT. TO RIGHT OF
MICROWAVE IS LOOSE
D.W. DRAIN HOSE SHOULD
BE MOUNTED TO BOTTOM
SIDE OF COUNTERTOP.

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 6/21

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/21, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6513	DUNN	RET WALL	PASS	
3	31 N. RIVER RD	ROOF SHEATHING	—	
	FIRST FLORIDA			INSPECTOR <i>[Signature]</i>
6396	MUFSON	TINTAG	PASS	
2	17 S. RIVER			
	BUFFORD			INSPECTOR <i>[Signature]</i>
6799	GOVEL	FRAMING	—	
1	5 RIVERVIEW	ELEC ROUGH	FAIL	\$40 FEE
	O/B			INSPECTOR <i>[Signature]</i>
6729	BAY TREE	FENCE FINAL	PASS	
6	148 S SEWALL'S PT			
	STUART FENCE			INSPECTOR <i>[Signature]</i>
6310	MERLIN	KITCH. ELEC + CAB.	FAIL	
5	95 N. SEWALL'S PT			
	O/B			INSPECTOR <i>[Signature]</i>
6787	O'KEEFE	FINAL POOL ENCL	FAIL	
4	29 FIELDWAY			
	SAILFISH ALUMINUM			INSPECTOR <i>[Signature]</i>
				INSPECTOR

OTHER:

1 MARGAURITA - NO SILK SCREEN - DIRT ALL OVER THE ROAD
781 - 1733 HEMMINGWAY

12 POWER / EXPOSED CABLE BOX

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/23, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6750	SCHRADER	WINDOW+	PASS	CLOSE
4	4 EMARITA O/B	FR. DR BUCKS		INSPECTOR
6551	LANGER	FOUNDATION	FAIL	
11	3 LOFTING WAY FLORIDA FINEST	SLAB ^{GARAGE/} MTH/LGH		\$10 FEE INSPECTOR
6797	WERLE	HARDIPLANK	PASS	
9	3 KNOWLES DENNIS PROCTOR	SUB-SIDING		INSPECTOR
6513	DUNN	ROOF SHEATHING	PASS	
8	31 N. RIVER FIRST FLORIDA			INSPECTOR
6310	WERZIN	FINAL KITCHEN	PASS	CLOSE
10	95 N. SEWALL'S Pt O/B	REMODEL		INSPECTOR
6355	PARADISE	GRADE	PASS	
5	11 RIDGELAND DR TODD CUSTOM HOMES			INSPECTOR
6413	POWERS	WINDOW+DOOR	PASS	
4	70 S. SEWALL'S Pt FLORIDA FINEST			INSPECTOR

OTHER: _____

6631

JET SKI LIFT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/10/04

BUILDING PERMIT NO. 6631

Building to be erected for MERKIN

Type of Permit JET SKI LIFT

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision PART GOVT LOT Lot 2 Block _____

Radon Fee _____

Address 93 1/2 N. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure JET SKI LIFT

A/C Fee _____

Parcel Control Number

Electrical Fee _____

353741000000002206000

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ 3500.00

TOTAL Fees 35.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

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

FEB 04 2004

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME Stanley & Cynthia Merkin Phone (Day) *561 704 1411 (Fax) _____

Job Site Address 93 1/2 N. Sewalls Pt. Rd City Stuart State FL Zip 34996

Legal Description of Property See attached Parcel Number 35.37.41.000.000.00220.6

Owner Address (if different) 2336 SE Ocean Blvd PMB 368 City Stuart State FL Zip 34996

Description of Work To Be Done Install Jet Ski Lift onto existing dock using existing electric

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

CONTRACTOR/Company _____ Phone _____ Fax _____

Street _____ City _____ State _____ Zip _____

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

COST AND VALUES Estimated Cost of Construction or Improvements \$ 3500.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION

Electrical _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

ARCHITECT _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Cynthia M Merkin

State of Florida, County of MARTIN

This the 4th day of FEBRUARY, 2004

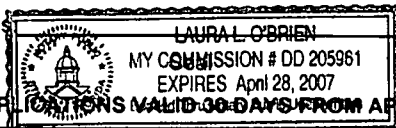
by CYNTHIA M MERKIN who is personally

known to me or produced FLD 4 M625 113-55-586-0x3/6/07

as identification [Signature]

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: Cynthia M Merkin Date: 2/4/2004

Signature: Cynthia Merkin

Address: 2336 SE Ocean Blvd PMB 368

City & State: Stuart FL 34996

Permit No. _____

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # _____

TAX FOLIO # 35.37.41.000.000.00220.6

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

93 1/2 N. Sewalls Point Rd.

GENERAL DESCRIPTION OF IMPROVEMENT. Install Jet Ski lift onto existing dock using existing electric

OWNER. Stanley & Cynthia Merkin

ADDRESS 2336 SE Ocean Blvd PMB 368, Stuart, FL 34996

PHONE # 561 704 1411 FAX # _____

CONTRACTOR. owner / builder

ADDRESS _____

PHONE # _____ FAX # _____

SURETY COMPANY (IF ANY) _____

ADDRESS STATE OF FLORIDA
MARTIN COUNTY

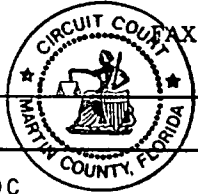
PHONE # _____ THIS IS TO CERTIFY THAT THE

BOND AMOUNT FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL

LENDER. MARSHA EWING CLERK

ADDRESS BY [Signature] DC

PHONE # _____ DATE 2-4-07 FAX # _____



INSTR # 1726580
OR BK 01863 PG 1707
RECORDED 02/04/2007 11:11:43 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix

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

Cynthia M Merkin
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4th DAY OF FEBRUARY 2007 BY CYNTHIA M MERKIN

PERSONALLY KNOWN _____
OR PRODUCED ID X FLDL M625 11355 586-0
TYPE OF ID _____ X 3/6/07

[Signature]
NOTARY SIGNATURE





Department of Environmental Protection


Jeb Bush
Governor

Port St Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St Lucie, FL 34952
(772)398-2806 Fax # (772)398-2815

David B. Struhs
Secretary

FEB 16 2004

Stan and Cynthia Merkin
2336 SE Ocean Boulevard PMB 368
Stuart, FL 34996

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 3/10/04

BUILDING OFFICIAL
Gene Simmons

File Number 43-0165692-002
Martin County

Dear Mr and Mts Merkin

On February 5, 2004, we received your application for an exemption to perform the following activities install a jet ski lift on an existing 960 square foot dock in the St Lucie River, Class III Waters of the State, located at 93 1/2 N Sewall's Point Road (Section 1, Township 38 South, Range 41 East), Stuart Martin County

Your application has been reviewed to determine whether it qualifies for any of three kinds of authorization that may be necessary for works in wetlands or waters of the United States The kinds of authorization are (1) regulatory authorization, (2) proprietary authorization (related to state-owned submerged lands) and (3) federal authorization The authority for review and the outcomes of the reviews are listed below Please read each section carefully Your project **may not** have qualified for all three forms of authorization If your project did not qualify for one or more of the authorizations, refer to the specific section dealing with that authorization for advice on how to obtain it

1. Regulatory Review - EXEMPTION VERIFIED

The Department has the authority to review your project under Part IV of Chapter 373, Florida Statutes (F S), Title 62, Florida Administrative Code (F A C), and in accordance with operating agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F A C

Based on the information you submitted, we have determined that your project is exempt from the need to obtain a DEP Environmental Resource Permit under Rule 40E-4 051(3)(b), (F A C)

2. Proprietary Review (related to state-owned lands) – GRANTED

The Department acts as staff to the Board of Trustees of the Internal Improvement Trust Fund (B O T) and issues certain authorizations for the use of sovereign submerged lands The Department has the authority to review your project under Chapter 253, F S , Chapter 18-21, F A C , and Section 62-343 075, F A C

Your project shall occur on sovereign submerged land and shall require authorization from the Board of Trustees to use public property As staff to the Board of Trustees, we have reviewed the proposed project and have determined that, as long as it is located within the described boundaries and is consistent with the attached general consent conditions, the project qualifies for consent to use sovereign submerged lands Therefore, pursuant to Chapter 253 77, Florida Statutes, you may consider this letter as authorization from the Board of Trustees for the upland riparian owner to perform the project

"More Protection, Less Process"

Printed on recycled paper

Stan and Cynthia Merkin
File Number 43-0165692-002
Page Two

3. Federal Review (State Programmatic General Permit) - AUTHORIZATION GRANTED

Federal authorization for the proposed project is reviewed by DEP pursuant to an agreement between the Department and the U S Army Corps of Engineers (the Corps) The agreement is outlined in a document titled *Coordination Agreement Between the U S Army Corps of Engineers and the Florida Department of Environmental Protection State Programmatic General Permit, Section 10 of the Rivers and Harbor Act of 1899 and Section 404 of the Clean Water Act*

Your project has been reviewed for compliance with a State Programmatic General Permit (SPGP) Your proposed activity as outlined on the attached drawings is in compliance with the SPGP program U S Army Corps of Engineers (Corps) General conditions apply to your project, as attached **No further permitting for this activity is required by the Corps** The authority granted under this SPGP expires June 17, 2004 Your project must be completed prior to this expiration date

The determinations in this letter are based solely on the information provided to the Department and on the statutes and rules in effect when the application was submitted The determinations are effective only for the specific activity proposed These determinations shall automatically expire if site conditions materially change or if the governing statutes or rules are amended In addition, any substantial modifications in your plans should be submitted to the Department for review, as changes may result in a permit being required In any event, this determination shall expire after one year

This letter does not relieve you from the responsibility of obtaining other permits (federal, state, or local) that may be required for the project

NOTICE OF RIGHTS OF SUBSTANTIALLY AFFECTED PERSONS

This letter acknowledges that the proposed activity is exempt from ERP permitting requirements under Rule 40E-4 051(3)(b), F A C This determination is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed under sections 120 569 and 120 57 of the Florida Statutes as provided below If a sufficient petition for an administrative hearing is timely filed, this determination automatically becomes only proposed agency action subject to the result of the administrative review process Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department The procedures for petitioning for a hearing are set forth in the attached notice

This determination is based on the information you provided the Department and the statutes and rules in effect when the application was submitted and is effective only for the specific activity proposed This determination shall automatically expire if site conditions materially change or the governing statutes or rules are amended In addition, any substantial modifications in your plans should be submitted to the Department for review, as changes may result in a permit being required In any event, this determination shall expire after one year

Be advised that your neighbors and other parties who may be substantially affected by the proposed activity allowed under this determination of exemption have a right to request an administrative hearing on the Department's decision that the proposed activity qualifies for this exemption Because the administrative hearing process is designed to redetermine final agency action on the application the filing of a petition for an administrative hearing may result in a final determination that the proposed activity is not authorized under the exemption established under Rule 40E-4 051(3)(b), F A C

← 25' MIN. SETBACK | 22' | 8' | 12' | 25' MIN. SETBACK →



30'

20'

160'

ST LUCIE RIVER



Boat Lift

12'

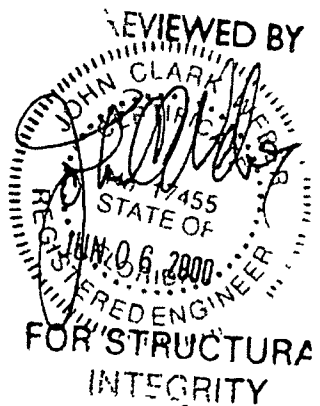
5' m.l.v.

EBB

FLOW

Existing piling

Jet Ski Lift



TO CHANNEL 1000' +

WATER WAY WIDTH 2500' +

6' DEPTH @ TERMINAL WITH NO GRASSES

existing dock to be removed

NATURAL OPENING

MANGROVE FRINGE

M.H.W.

P.L.

70' ±

80' ±

P.L.

15'

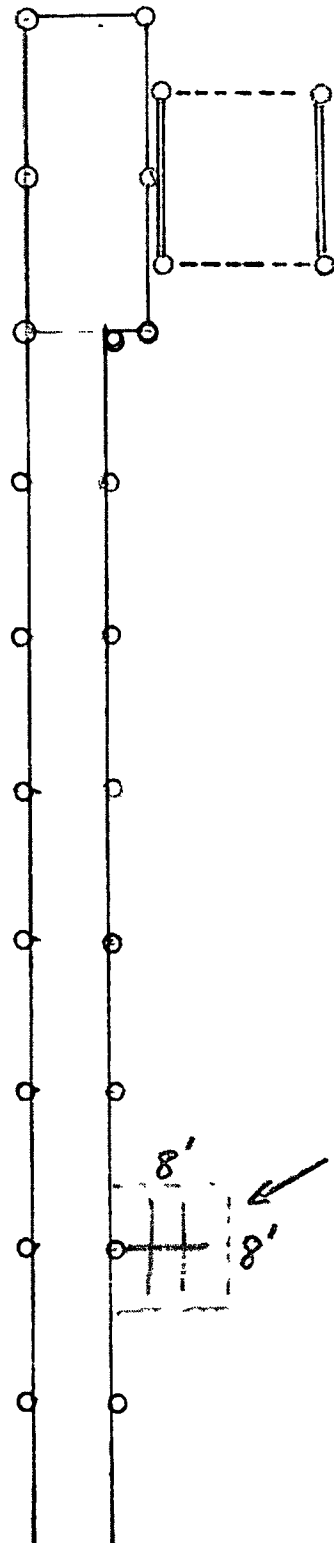
SHARLINE APPROX. 150' ±

93 1/2 N. SEWALLS PT. RD

Stan Merkin (#2)

93 1/2 N. Sewalls Pt
Rd

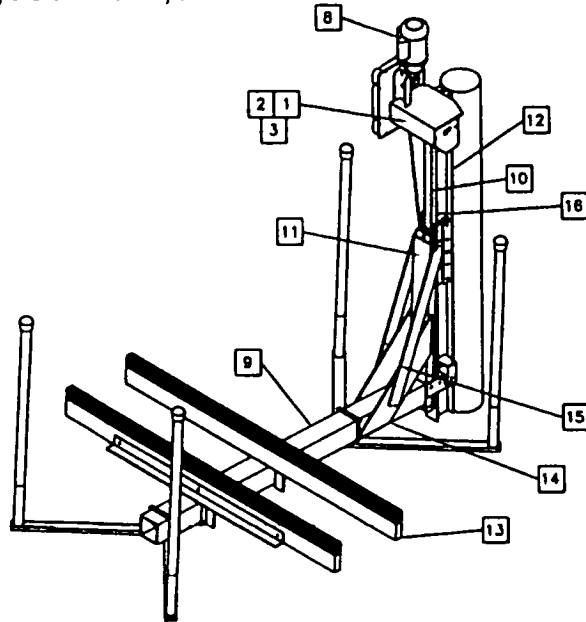
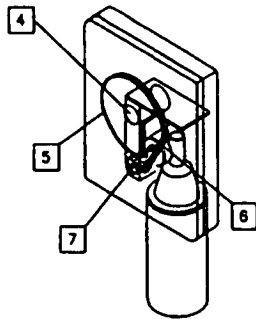
Stan Merkin



Mount jet ski
lift to existing
piling

QUALITY BOAT LIFTS

ELEVATOR BOAT LIFT SPECIFICATIONS AND WIRING SCHEMATIC
 VERTICAL ONE RAIL BOAT LIFTS WITH BOX CRADLE BEAMS AND ONE CABLE
 2,000# & 3,000#



QUALITY BOAT LIFTS, INC IS NOT RESPONSIBLE FOR THE DOCK STRUCTURE OR ITS ABILITY RESIST THE APPLIED LOADS OF THE ELEVATOR BOAT LIFT THE SITE SHOULD BE VERIFIED BY A LICENSED MARINE CONTRACTOR APPLIED LOADS WILL BE PROVIDED UPON REQUEST

1	2	3	4	5	6	7	8	9		
LIFT CAPACITY LBS	CABLE BEAM SIZE BEARING BLOCK INCHES	NO OF BEARINGS	GROOVED CABLE SPOOL SIZE INCHES	DRIVE SHAFT SIZE INCHES	DRIVE SHAFT SPROCKET	CHAIN SIZE	GEAR DRIVE SPROCKET	GEAR DRIVE RATIO	NO OF MOTORS & HP	CRADLE BEAM SIZE BOX BM INCHES
2 000	3/4"x5" BAR 7" LENGTH	2	3 00 DIA. 15 50" LG LIFTS 14 FT	1 937 TUBE	60 TOOTH	#50	11 TOOTH	54:1	(1)-3/4hp-120V/10A 240V/5A	6 x 25 H 6 x 25 W 96 L
3,000							9 TOOTH			
10	11	12	13	14	15	16				
NO OF CABLES AND SIZE INCHES	CARRIAGE BEAM SIZE "C" CHANNEL INCHES	MAIN RAIL BEAM SIZE "I" BEAM INCHES	BOAT BUNKS INCHES	SUPPORT STRAP SIZE LARGE INCHES	SUPPORT STRAP SIZE SMALL INCHES	COMPOSITE ROLLER SIZE INCHES	INCHES OF LIFT PER MINUTE	GUIDE POST HEIGHT		
(1)- 25 DIA 30 FT 2 PART	6 x 170 H	6 00 x 210 H	2 x 8 x 96	8 x 375	4 x 375	4 00 DIA. 1 50 LG	54	7'		
(1)- 31 DIA 30 FT 2 PART	2 50 x 290 W	4 00 x 350 W		36 0 L	43 0 L		44			

Richard W. Arnold
7/3/03

STRUCTURAL ENGINEERING REVIEW

THE DESIGN FOR THESE BOAT LIFTS HAVE BEEN CALCULATED TO COMPLY WITH THE FLORIDA BUILDING CODE, 2001, CHAPTER 20, IN ACCORDANCE WITH SPECIFICATIONS & GUIDELINES FOR ALUMINUM STRUCTURES ALUMINUM DESIGN MANUAL 2000 OF THE ALUMINUM ASSOCIATION

RICHARD W. ARNOLD, P.E.
 CONSULTING ENGINEER
 REG. FLORIDA #19334

ARNOLD/SANDERS CONSULTING ENGINEERS, INC
 16681 MCGREGOR BLVD, SUITE 202
 FORT MYERS, FLORIDA 33908
 239-267-3666 FAX 239-267-2771

Quality
 BOAT LIFTS INC

17030 Alco Center Rd

Ft Myers Fl 33912

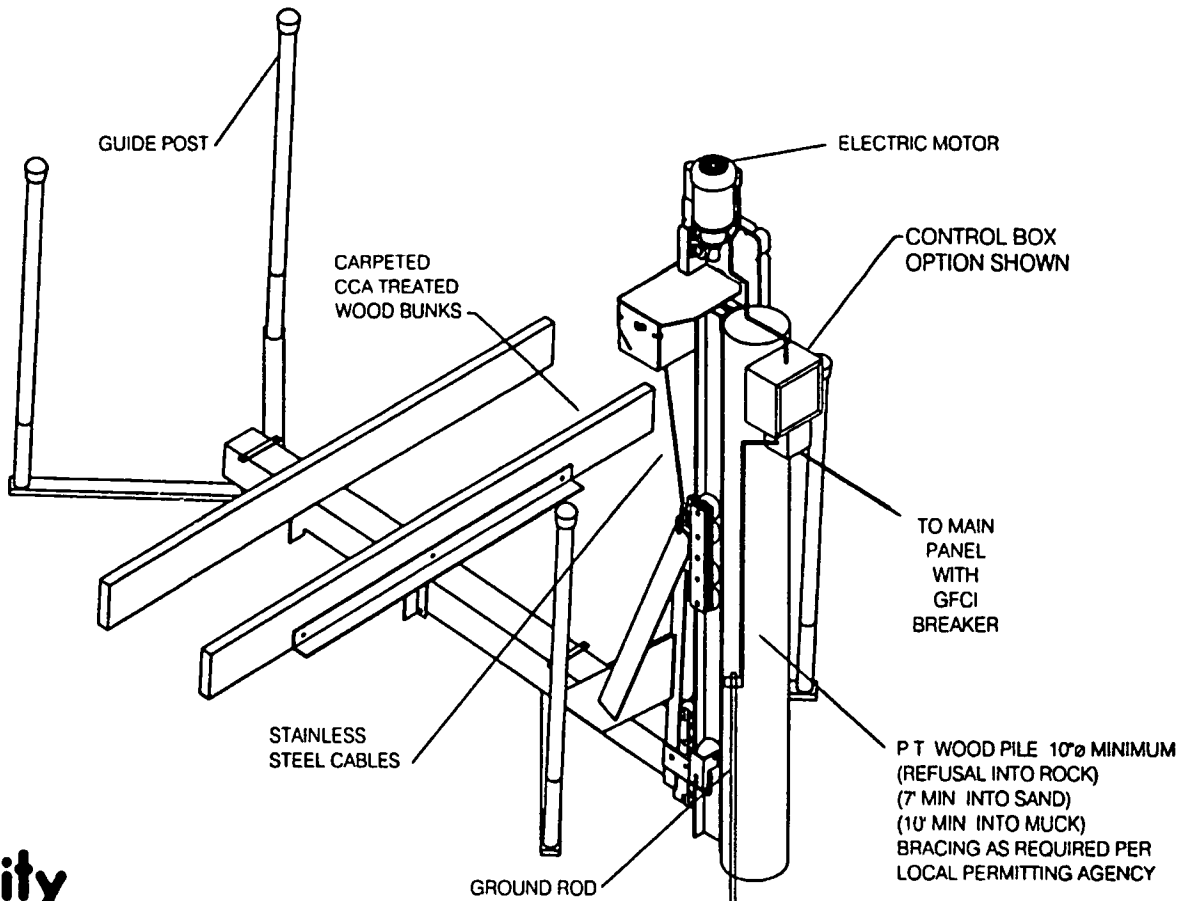
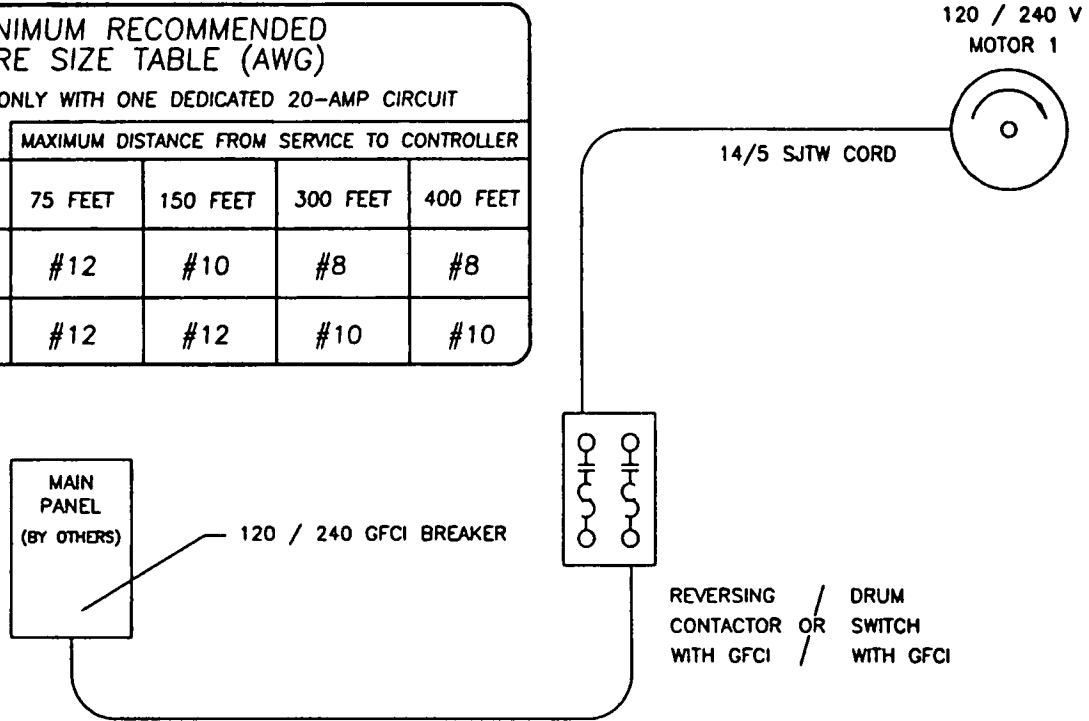
Phone (800) 545 5603

DWG 600034
 Fax (239) 432 0019

SINGLE MOTOR ELEVATOR WIRING SCHEMATIC

MINIMUM RECOMMENDED WIRE SIZE TABLE (AWG)
COPPER WIRE ONLY WITH ONE DEDICATED 20-AMP CIRCUIT

LIFT CAPACITY	MAXIMUM DISTANCE FROM SERVICE TO CONTROLLER			
	75 FEET	150 FEET	300 FEET	400 FEET
2,000 ELEVATOR AT 120 VOLTS	#12	#10	#8	#8
AT 240 VOLTS	#12	#12	#10	#10



Quality
BOAT LIFTS INC

17030 Alico Center Rd

Ft Myers, Fl 33912

Phone (800) 545 5603

Fax (239) 432 0019

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/10, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6689	MARLEY	FINAL Demo Screen	FAIL	
1	39 W. HIGH PT O/B			INSPECTOR <i>[Signature]</i>
6544	LANCASTER	TIE BEAM	FAIL	
2	8 PINEAPPLE LA. MASTERPIECE BLDG			INSPECTOR <i>[Signature]</i>
6711	TAN/ARNETTE	PRE POUR	PASS	
4	7 COPAIRE O/B			INSPECTOR <i>[Signature]</i>
6355	PARADISE	POWER RELEASE	FAIL	
3	11 RIDGELAND TODD CUSTOM HOMES			INSPECTOR <i>[Signature]</i>
6031	MADRID	JET SKI LIFT	PASS	CLOSE
5	93 1/2 N. SEWALL'S PT RD O/B			INSPECTOR <i>[Signature]</i>
6717	RAPPAPOET	ROUGH PLUMBING	PASS	
6	9 RIVER CREST CT DAVE'S PLUMBING			INSPECTOR <i>[Signature]</i>
6682	MILORD.	FIG + FOUNDATION	PASS	NO COMPACTION TEST FOUL AT OWN RISK
7	10 N. SEWALL'S PT. RD. MILORD CO.		FAIL	INSPECTOR <i>[Signature]</i>

OTHER:

~~CUT CURBS TO PROVIDE SITE ACCESS w/o PLANKS~~

AHU. #1
60 A. PANEL
COMP. #1
40 A. PANEL

AHU. #2
40 A. PANEL
COMP. #2
30 A.

8816

RE-ROOF



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	8816	DATE ISSUED	FEBRUARY 7, 2008
SCOPE OF WORK	REROOF		
CONDITIONS .			
CONTRACTOR	ALL AMERICAN ROOFING		
PARCEL CONTROL NUMBER	35374100000002206	SUBDIVISION	PT OF GOVT LOT 2
CONSTRUCTION ADDRESS.	93 N SEWALLS POINT RD		
OWNER NAME.	MERKIN		
QUALIFIER	PAUL WILKINS	CONTACT PHONE NUMBER	463-8055

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 2-4-08
TOWN OF SEWALL'S POINT

Date 1 30 08 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number _____

OWNER/TITLEHOLDER NAME MERKIN, STANLEY L Phone (Day) 286-7360 (Fax) _____

Job Site Address 93 N. SEWALL'S PT RD City STUART State FL Zip 34996

Legal Desc Property (Subd/Lot/Block) ON S 1/2 OF BEGON ST CLUIER RIVER ON S 1/2 OF N 634 33', ETC Parcel Number 35 37 41-000-000 00200-0

Owner Address (if different) 2336 SE OCEAN BLVD City STUART State FL Zip 34996

Scope of work RE-ROOF

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 17,003.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V ___ A8 ___ A8 ___ X ___
FOR ADDITIONS REMODELS AND RE-ROOF APPLICATIONS ONLY
Estimated Fair Market Value prior to improvement \$ _____
Fair Market Value of the Primary Structure only (Minus the land value)
** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION **

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

CONTRACTOR/Company ALL AMERICAN ROOFING OF THE TREASURE COAST, INC Phone 463-8055 Fax 463-8054

Street 3006 SE WALKER STREET City STUART State FL Zip 34997

State Registration Number CCC058118 State Certificator Number _____ Municipality License Number _____

PROJECT SUPERINTENDANT _____ CONTACT NUMBER _____

ARCHITECT _____ Lic # _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Lic # _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

AREA SQ FOOTAGE (W/SEWER & ELECTRIC) Living _____ Garage _____ Covered Patios _____ Screened Porch _____
Carport _____ Total Under Roof _____ Wood Deck _____ Accessory Building _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION Florida Building Code - Reg Build, Mech, Plmb, Fuel Gas) 2004 (W/2006 Rev)
National Electrical Code 2005 Florida Energy Code 2004 Florida Accessibility Code 2004 Florida Fire Prevention Code 2004

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

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS REF FBC 2004 W/ 2006 REVISIONS SECT 105 4 1, 105 4 1 1 - 5
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS

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

OWNER SIGNATURE (required)
Cynthia Merkin

State of Florida, County of MARTIN
This the 31st day of JANUARY 2008

by CYNTHIA MERKIN who is personally known to me or produced DRIVER'S LICENSE

As identification *Yvonne M. Koehler*

My Commission Expires _____
Yvonne M. Koehler
Commission # DD452231
Expires September 29, 2009

CONTRACTOR'S SIGNATURE (required)
Paul D. Wilkins

On State of Florida, County of MARTIN
This the 31st day of JANUARY 2008

by PAUL D. WILKINS who is personally known to me or produced

As identification *Yvonne M. Koehler*

My Commission Expires _____
Yvonne M. Koehler
Commission # DD452231
Expires September 29, 2009

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



SMART DATA STRATEGIES

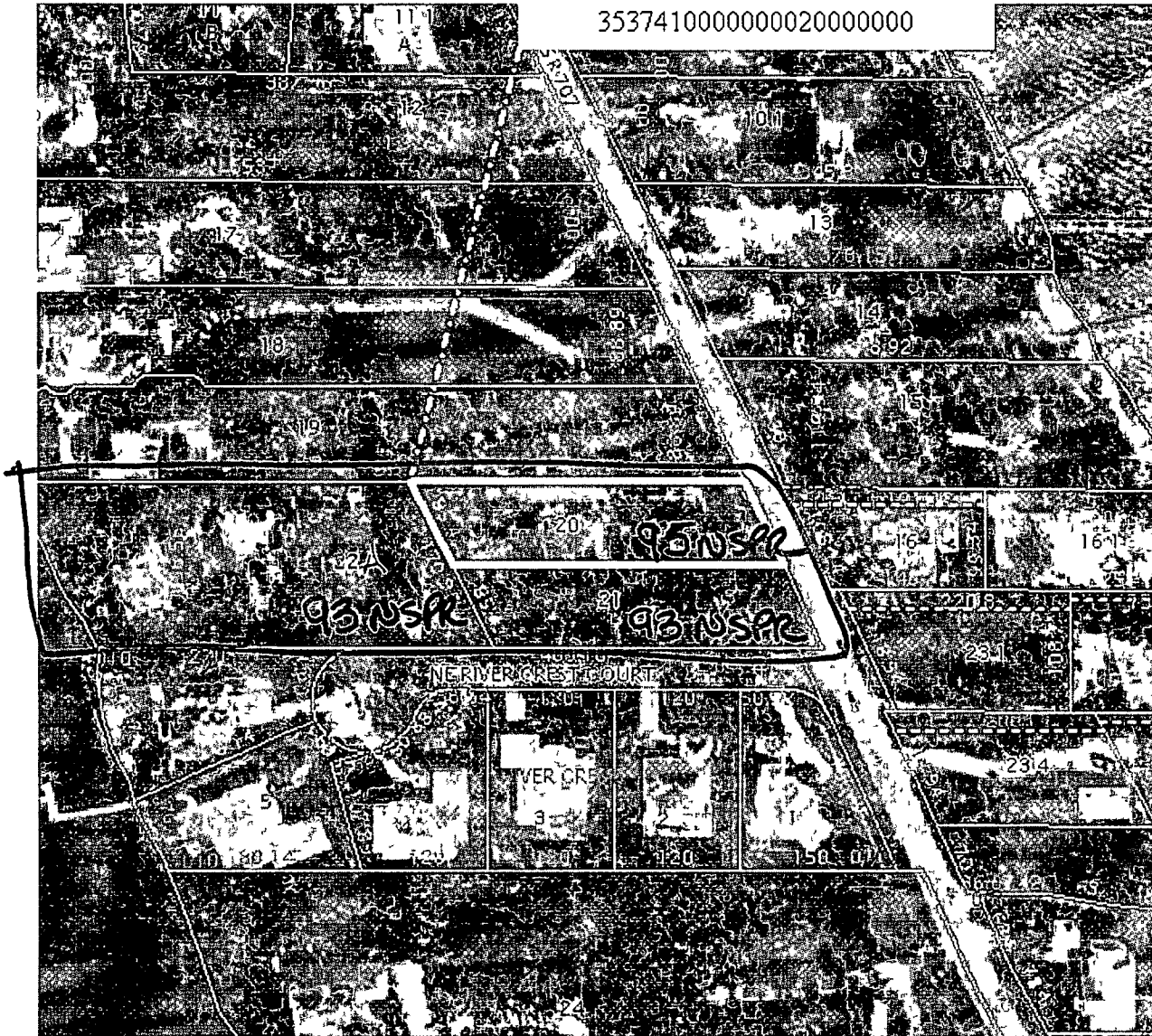


Martin County



*Per Reither
Post Office
Use 91 or
93 A*

3537410000000020000000



Martin County, Florida Disclaimer
Information deemed reliable but not guaranteed
Copyright © 2008



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

**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION
(FLORIDA STATUTE 553.844)**

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual" Effective date October 1, 2007

Note These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract

All re-roofs regardless of value shall comply with the following.

Re-nailing All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed

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

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

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

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

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

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of cave sheathing shall be removed to view 6 ft. of roof rafters
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.



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

LICENSED CONTRACTORS' REROOF WINDSTORM LOSS
 MITIGATION COMPLIANCE AFFIDAVIT

TO BE COMPLETED ONLY IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000
 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED _____ INSURED OR PA IMPROVED VALUE \$ _____

DESCRIPTION OF WORK _____

JOB SITE ADDRESS _____

QUALIFIER NAME _____ LICENSE NO _____

COMPANY NAME _____ PHONE NO _____

N/A (SEE ATTACHED)

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

- Roof to wall connections must be enhanced up to 15% additional cost of the reroofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following
 - 1 Sufficient amount of eave sheathing shall be removed to view 6 ft of roof rafters
 - 2 Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements

[Handwritten Signature]
 Qualifier's Signature

Owner's Signature _____

Date _____

Date _____

Sworn to and subscribed before me
 this _____ day of _____ 20____

Sworn to and subscribed before me
 this _____ day of _____ 20____

By _____

By _____

Notary Public, State of Florida

Notary Public, State of Florida

Personally known to me _____
 Produced ID _____
 Type _____

Personally known to me _____
 Produced ID _____
 Type _____

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER. 8816

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

OWNERS NAME: MERKIN

CONSTRUCTION ADDRESS 93 N. SEWALLS PT RD

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Moving unit for roof repairs + replacing same eq.

VALUE OF CONSTRUCTION \$ _____

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

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

SIGNATURE OF LICENSED CONTRACTOR James Keebler ADDRESS OF CONTRACTOR 11763 SW VALENCIA CT PALM CITY FL

COMPANY OR QUALIFIER'S NAME JIM KEEBLER A/C INC. PLEASE PRINT

TELEPHONE NO 772-287-7182 FAX NO _____

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: SP00033

** WORK CANNOT 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 _____

Handwritten: No req'd EC



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 8816

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

OWNERS NAME MERLIN

CONSTRUCTION ADDRESS 93 N Sewall's Point Rd

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK Replace AC disconnect - Reconnect AC

VALUE OF CONSTRUCTION \$ 1500

<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 Michael Henry ADDRESS OF CONTRACTOR 2331 SE Ocean Blvd #114 Street F1 34996

COMPANY OR QUALIFIER'S NAME First Quality Electrical Service Inc

TELEPHONE NO 772 263 8068 FAX NO 772 225 8069

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC13002096

** 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 _____

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT # _____ TAX FOLIO # 35 37.41 000.000 00200.6

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE) Q5 SEWALL'S Pt. RD. N 1/2 OF BEG ON St. LUCIE RIVER ON SWN OF N 634.33' OF GOLF, RUN E 370' FOR BEG NW 1/4
GENERAL DESCRIPTION OF IMPROVEMENT RE-ROOF

OWNER NAME MERKIN STANLEY L & CYNTHIA M
ADDRESS 2336 SE OCEAN BLVD, STUART, FL 34996
PHONE NUMBER _____ FAX NUMBER _____

INTEREST IN PROPERTY _____
NAME AND ADDRESS OF PARTY (OTHER THAN OWNER) ALL AMERICAN ROOFING

CONTRACTOR OF THE TREASURE COAST, INC
3006 SE WAALER ST
ADDRESS STUART, FL 34997
PHONE NUMBER 463-8055 FAX NUMBER 463-8054

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

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

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

NAME _____
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____

IN ADDITION TO HIMSELF OR HERSELF OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE FOREGOING NOTICE AS PROVIDED IN SECTION 713.13(1)(B).

FLORIDA STATUTES _____
PHONE NUMBER _____ FAX NUMBER _____

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

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

Cynthia Merkin
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 4th DAY OF FEB 2008

BY CYNTHIA MERKIN AS OWNER FOR SELF
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

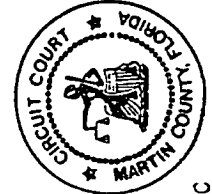
PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED DRIVER'S LICENSE

Yvonne M Koehler
NOTARY SIGNATURE/SEAL

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

Cynthia Merkin
(Signature of Natural Person Signing Above)

Yvonne M Koehler
Commission # DD452231
Expires September 29, 2009
Banded Trav Fain Insurance Inc 800 385-7019



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
BY Harsha Ewing CLERK
DATE _____

INSTR # 2064598 OR BK 02207 PG 0307 RECD 02/04/2009 02:32:46 PM
Pg 0307 (1pg)
HARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood



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

RE-ROOF CHECKLIST

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

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

The following minimum requirements must be provided for permitting and inspections

- 1 Copy Completed application
- 2 Copies Complete list of proposed materials
- 2 Copies Re-roof certification
- 1 Copy Re-roof Inspection affidavit if used, prior to final inspection

RESIDENTIAL REROOFS

- 2 Copies approved roofing manufacturer specifications for all products used
 - Manufacturer specs/fastening schedule for roof shingles (must meet the minimum area wind load)
 - Location of proposed re-roof (if only a partial re-roof)

COMMERCIAL REROOFS

- 2 Copies Roof Plan
 - Show all features (pitch, drains, equipment, etc.)
 - Details 3/4" - 1' 0" min scale
 - Parapet or edge
 - Rooftop mounting or equipment expansion joints
 - Type of roofing (& insulation if any) being removed
 - Type of roof deck
- 2 Copies Approved roofing manufacturer specifications for all products used
 - Manufacturers complete roofing system specifications & installation guidelines
 - (Include fastening schedule meeting minimum area wind load)
- 1 Copy Verification of Contractor form
 - Contractor verification form (HVAC and/or electric) required if roof top HVAC equipment is removed/reinstalled and/or if HVAC electric is disconnected/reconnected

All Product Approval & Installation Spec's must be on the job site for inspection
All tile re-roofs require an "in progress" tile installation inspection or certified pull test at final



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 COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 06-30-08
[Signature]
BUILDING OFFICIAL

RE-ROOF PERMIT CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME FULL AMERICAN ROOFING PHONE # 463-8055 FAX 463-8054

OWNER'S NAME MERLIN STANLEY & CYNTHIA M

CONSTRUCTION ADDRESS 95 N. SEWALL'S PT. RD CITY STUART STATE FL

RE-ROOF RESIDENTIAL (SINGLE FAMILY)

COMMERCIAL ** REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

DISCONNECT/RECONNECT HVAC ELECTRICAL YES NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

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

RE-ROOF INSPECTION AFFIDAVIT TO BE PROVIDED IN LIEU OF BUILDING DEPARTMENT INSPECTION YES NO

ROOF TYPE HIP BOSTON HIP GABLE FLAT OTHER

ROOF PITCH 1/12 SLOPE

ROOF DECK * SHEATH OVER (APPLYING PLYWOOD PANELS OVLR EXISTING SPACED

RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE 2004

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED SHEATHING BOARD MAY BE FILL FILL-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE 2004

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

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

PROPOSED NEW ROOF COVERING FLAT ROOF

MANUFACTURER _____ PRODUCT NAME _____ PRODUCT APPR # _____

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

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

PROPOSED FLASHING GALV/STFL ALUMINUM COPPER OTHER

RIDGE VENT TO BE INSTALLED YES NO

DESCRIPTION OF WORK REMOVE FLAT ROOF DOWN TO DECK, RE-NAIL DECK TO

CODE. INSTALL 1 SMOOTH & 1 WHITE GRANULAR MODIFIED CAP SHEET, HOT MOP APPLIED OVER 30# BASE SHEET.

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

[Signature]
 SIGNATURE OF CONTRACTOR

DATE 1 30 08



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2201765

ROOFING MATERIAL LIST

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
1	43# FEET	30	Rolls	
2	GAW DRIP	46	Pcs.	
3	Smooth Modified	27	Rolls	
4	CAP SHEET	42	Rolls	
5	INSULATION	29	SQUARES	

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Main House



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)

~~Ramko Building Products, Inc.~~
P.O. Box 1404
Joplin, MO 64802

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 Florida Building Code, including the High Velocity Hurricane Zone of the Florida Building Code.

~~DESCRIPTION: RAMKO Modified Bitumen Roof System 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 NOA renews NOA #04-0506 03 and consists of pages 1 through 19.
The submitted documentation was reviewed by Alex Tigera



NOA Nos 07-0111-03
Expiration Date 03/23/12
Approval Date 05/10/07
Page 1 of 19

Garage



MIAMI DADE
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)

~~Tamko Building Products, Inc.~~
P.O. Box 1404
Joplin, MO 64802

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.

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This NOA renews NOA #04-0506 03 and consists of pages 1 through 19.
The submitted documentation was reviewed by Alex Tigera

Alex Tigera



~~NOA No. 07-0111-03
Expiration Date: 05/23/12
Approval Date 05/10/07
Page 1 of 19~~

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-3, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8801	BARNFATHER	ROOF DRY-IN	PASS	
8	49. S.S.P.R.	INSULATION	PASS	
	EVERBLADES			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8816	MARLIN	CEILING	PASS	
10	95 NSPRD	2nd floor		
	ALL AMERICAN	UNB-SHEATHING		INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8812	HERWORTH	beam	PASS	
1st	3 RIMMERS DR			
	SAND CASTLE			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8727	PEREZ	FINAL	PASS	CLOSE
7	6 N. RIDGEVIEW			
	BRINKS ALARM.			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8831	Marsad	Final	PASS	CLOSE
3	17 E High Pt			
	Jupiter Alum.			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8737		FENCE	PASS	CLOSE
4	3 DELAND	PERMIT BY CARDPORT		
		DECK		INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8708	Masterpiece	Final	PASS	CLOSE
5	5 Mandalay			
	Schiller Pools			INSPECTOR <i>OM</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-26, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8813	Hepworth	hvac eng.		
X	3 Riverview	plumbing		
	Sand Castle			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8814	Cotler	reinspect	PASS	
1	605 River Rd	for skylight		
	All Am.			INSPECTOR <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8820	Dexlane	slab	FAIL	
2	64 N River Rd			
	JMC			INSPECTOR <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
Tree	Langer	Tree	PASS	
3	3 Lofting Way			
				INSPECTOR <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8816	Murkin	Final	PASS	Close
4	95 N Sewalls	FAIC	PASS	
	All American			INSPECTOR <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8648	Fetzner	mailing 2 nd Flank	PASS	
5	2 W High Pt	sub-slooding		
	OIB	@ WAW	FAIL	INSPECTOR <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8813	Hepworth	plumbing rough	PASS	
6 LAST	3 Riverview	HVAC rough	PASS	
	Sand Castle	PASS		INSPECTOR <i>JM</i>
OTHER:				
8672	Jerraw	Final	PASS	Close
	4 Kingston Ct			
	Gulick	10:00		<i>JM</i>

5A

9155

DRIVEWAY



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	9155	DATE ISSUED	MAY 7, 2009
SCOPE OF WORK	CONCRETE PARKING PAD		
CONDITIONS			
CONTRACTOR	OB		
PARCEL CONTROL NUMBER	353741000-000-002108	SUBDIVISION	GOVT LOT 2
CONSTRUCTION ADDRESS	93 N SEWALL SPT RD		
OWNER NAME	MERKIN		
QUALIFIER	OB	CONTACT PHONE NUMBER	286-7360

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 4-29-09
TOWN OF SEWALL'S POINT

Date 4/29/2009 **Town of Sewall's Point** BUILDING PERMIT APPLICATION Permit Number _____

OWNER/TITLEHOLDER NAME Stan & Cynthia Merkin Phone (Day) 286-7360 (Fax) _____

Job Site Address 9 1/2 N Sewalls Point Rd. City Stuart State FL Zip 34996

Legal Description Government Lot 2 Parcel Control Number 353741000000026080000

Owner Address (if different) mailing 2336 SE Ocean Blvd #368 City Stuart State FL Zip 34996

Scope of work (please be specific) CONCRETE PARKING PAD

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

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 12,000.00
(Notice of Commencement required when over \$2500 prior to first inspection \$7500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8
FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY
Estimated Fair Market Value prior to improvement \$ _____
(Fair Market Value of the Primary Structure only Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company Plaster Phone _____ Fax _____

Street _____ City _____ State _____ Zip _____

State License Number CEC03227 OR Municipality _____ License Number _____

LOCAL CONTACT _____ Phone Number _____

DESIGN PROFESSIONAL _____ Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

AREAS SQUARE FOOTAGE Living 2079 Garage 1284 Covered Patios/ Porches 255 Enclosed Storage _____

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

CODE EDITIONS IN EFFECT THIS APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) 2004 W/ 2006 REV
National Electrical Code 2005 Florida Energy Code 2004/6 Florida Accessibility Code 2004/6 Florida Fire Prevention Code 2004/6

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

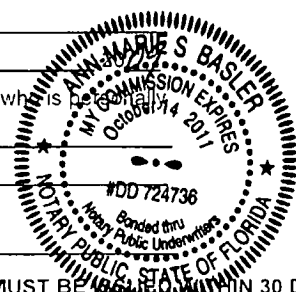
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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

OWNER SIGNATURE (required)
OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Cynthia Merkin

State of Florida, County of Martin
This the 29th day of April
by Cynthia Merkin who is personally
known to me or produced _____

as identification _____
Ann-Marie S Basler Notary Public
My Commission Expires 10/14/11



CONTRACTOR SIGNATURE (required)

On State of Florida County of _____
This the _____ day of _____ 20____
by _____ who is personally
known to me or produced _____

As identification _____
My Commission Expires _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE APPROVED 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!

10-51-33 AM
05/22/2009
02391 PG 275 REC
2148270 OR BY 02391 PG 275 REC
1775 (APP)
MARSHA EMERIS HARRIS

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT # 9155 TAX LIOLO # 353741-000-000-002108

STATE OF FLORIDA COUNTY OF MARTIN

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

GENERAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE) 43 1/2 N Sawalls Point Rd (Golf Lot 2)

GENERAL DESCRIPTION OF IMPROVEMENT Create concrete parking pad

OWNER NAME Stan & Cindy Merkin
ADDRESS 2331 SE Dagon Blvd #368, Stuart, FL 34996
PHONE NUMBER 772 286 7360 FAX NUMBER _____

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

CONTRACTOR Escker Concrete Co
ADDRESS 7000 SW Market St, Palm City, FL 34990
PHONE NUMBER 772 263 8526 FAX NUMBER _____

PROPERTY COMPANY (IF ANY)
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
BOND AMOUNT _____

MORTGAGE COMPANY
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____

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

NAME _____
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____

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

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

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

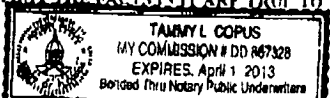
Cynthia Merkin
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 22 DAY OF May, 2009
BY Cynthia Merkin AS Owner FOR herself
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED DL 1762543-55-58
NOTARY SIGNATURE / SEAL Tammy L Copus

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

Cynthia Merkin
Signature of Natural Person Signing Above





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

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

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE

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

ALL QUESTIONS MUST BE ANSWERED IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name Stan & Cynthia Merkin

Site address of the proposed building work 93 1/2 N. Sewalls Point Rd

Name of legal title owner of the address above Stan & Cynthia Merkin

Describe the scope of work for the proposed new construction Create concrete parking pad in front of house.

Name of Architect of Record N/A Structural Engineer of Record N/A

Who will supervise the trade work to meet the applicable code? Self

What provisions have you made for Liability and Property Damage Insurance? None

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

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

Location 93 1/2 N. Sewalls Point Rd Scope of Work Done Kitchen electrical Year 2003

Location " Scope of Work Done Kitchen cabinets Year 2003

What code books do you have available for reference? Building None

Electric None Plumbing None HVAC None

Other NA

I have internet access and will view The Florida Building code at www.floridabuilding.org YES [checked] NO

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

Have you consulted with your Homeowner's Insurance Agent? No Lender? N/A Attorney? No

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



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

OWNER/BUILDER DISCLOSURE STATEMENT

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

- 1 THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY
- 2 FLORIDA STATUTES 489 103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY
- 3 AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT
- 4 IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR
- 5 YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE
- 6 UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION
- 7 THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT
- 8 THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY
- 9 ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE
- 10 YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES
- 11 ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455)



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

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

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

14 ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT 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

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 29th DAY OF April, 2009

PROPERTY ADDRESS 93 1/2 N. Sewalls Point Rd

CITY Stuart STATE FL ZIP 34996

Cynthia Merkin

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29th DAY OF April 2009

BY Cynthia Merkin

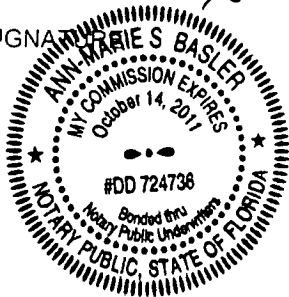
PERSONALLY KNOWN

OR PRODUCED ID _____

TYPE OF ID _____

Ann-Marie S Basler

NOTARY SIGNATURE

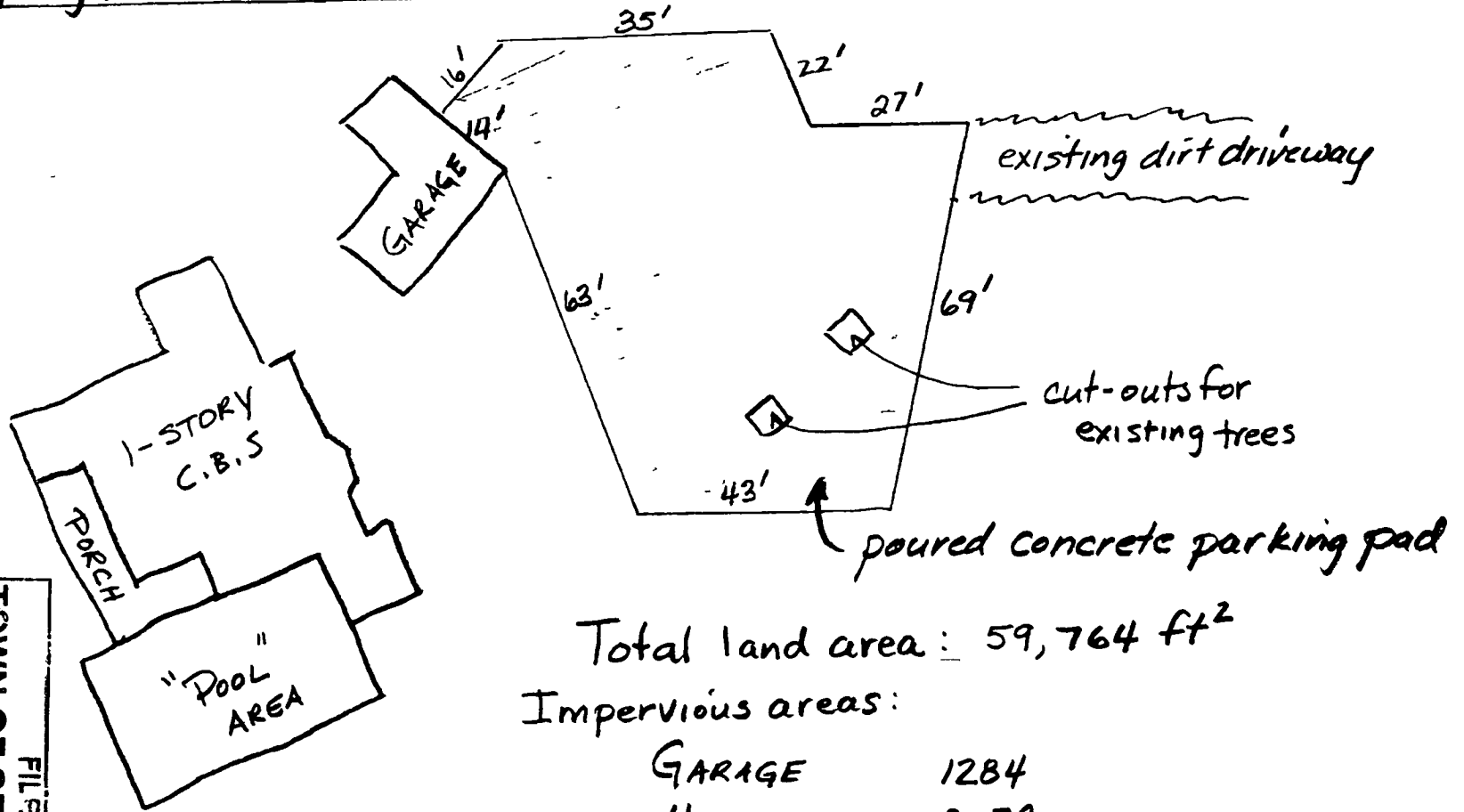


93 1/2' N. Sewalls Point Rd (Stan & Cindy Merkin)
 Addition of Concrete parking pad



Parcel "A"

Northern property line



Total land area: 59,764 ft²
 Impervious areas:

GARAGE	1284	
HOUSE	2079	
POOL AREA	1242	
PORCH	255	
PARKING PAD	4144	
	<hr/>	
	9004	= 15% land area

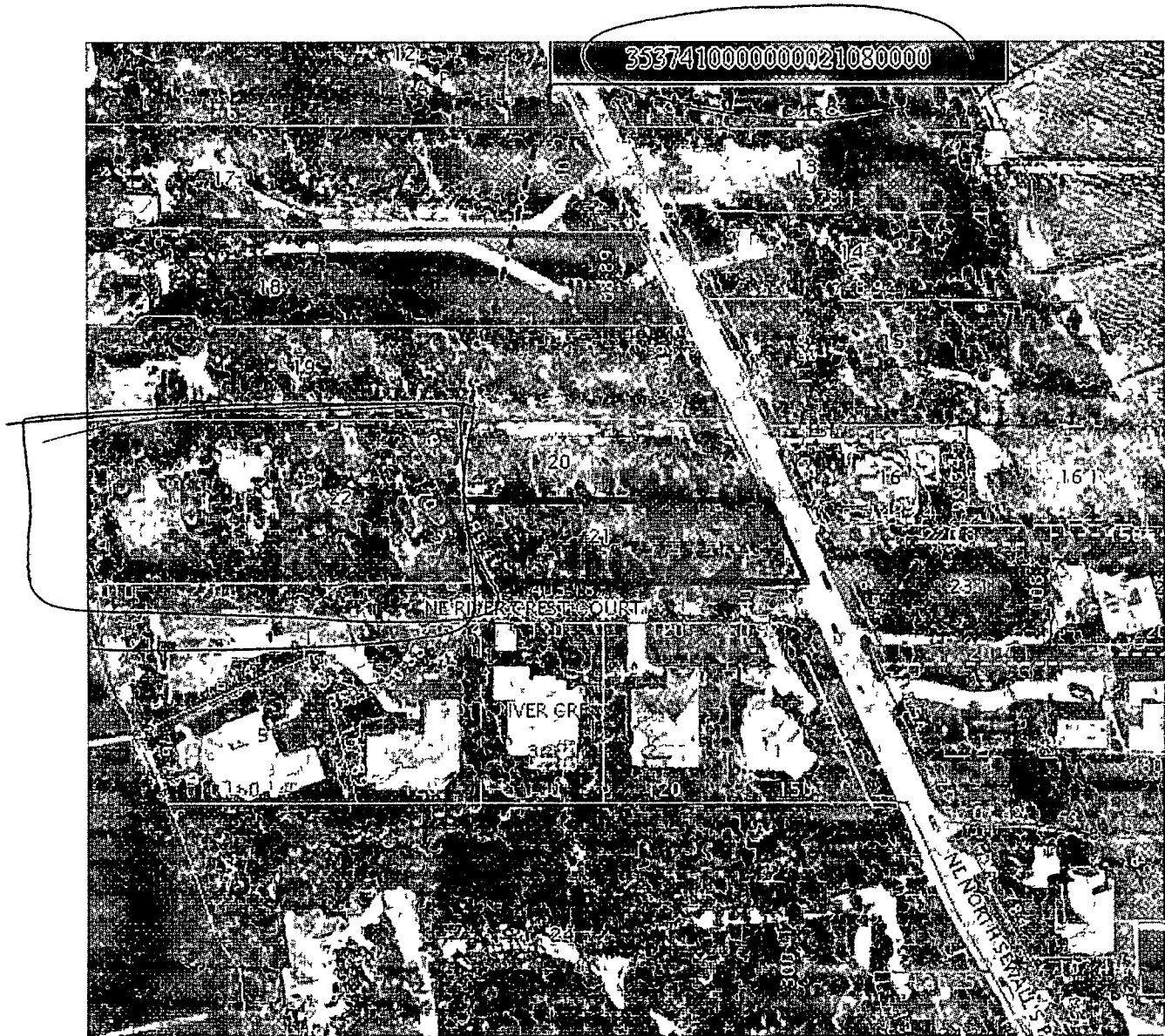
BUILDING OFFICIAL
 FILE COPY
 TOWN OF SEWALLS POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 9.30.09



SMART DATA STRATEGIES



Martin County



Martin County, Florida Disclaimer
 Information deemed reliable but not guaranteed
 Copyright © 2009

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-27** 2009 Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8648	Ietzner	Electrical	PASS	
1st	2 W High Pt OB	HVAC	PASS	INSPECTOR <i>[Signature]</i>
9142	Hinners	retaining wall	PASS	
3.	4 Morgan Cir Gibben			INSPECTOR <i>[Signature]</i>
9143	Hinners	elevated deck	PASS	
3	4 Morgan Cir Gibben	on storage shed		INSPECTOR <i>[Signature]</i>
9155	Morgan	slab	PASS	2
4	95 ⁹³ Sewalls Pt OB	11:00		INSPECTOR <i>[Signature]</i>
9103	Armstrong	Final dock	FAIL	
2	41 W High Pt Terreina Conot			INSPECTOR <i>[Signature]</i>
9161	ELDER	PAVER FINAL	PASS	CLOSE
5	12 EMARITA O.B.			INSPECTOR <i>[Signature]</i>
Tree	12 Middle Rd	Tree		
#9149	Marsh	electric		
9	16 S Sewalls TCIBI	UNDERGROUND	PASS	INSPECTOR <i>[Signature]</i>

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 Kingston 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 Surinca 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>
8636	VILLAR	FINAL	PASS	CLOSE
	92 N. S PR O.B.			INSPECTOR <i>JAW</i>

9195

WALKWAY



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	9195	DATE ISSUED	JULY 7, 2009
SCOPE OF WORK:	CONCRETE WALKWAYS		
CONDITIONS			
CONTRACTOR	OB		
PARCEL CONTROL NUMBER	353741-000-000-002206	SUBDIVISION	GOVT LOT 2
CONSTRUCTION ADDRESS	93 N SEWALLS PT RD		
OWNER NAME.	MERKIN		
QUALIFIER	OB	CONTACT PHONE NUMBER	286-7360

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date 7/6/2009 Permit Number _____
 OWNER/TITLEHOLDER NAME Stan & Cindy Merkin Phone (Day) 286-7360 (Fax) _____
 Job Site Address 93 1/2 N. Sewalls Point Rd City Sewalls Pt State FL Zip 34996
 Legal Description 353741-000-000-002/08 Parcel Control Number Govt Lot 2
 Owner Address (if different) _____ City _____ State _____ Zip _____

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

COST AND VALUES (Required on ALL permit applications)
 Estimated Value of Improvements \$ 1200.00
 (Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY
 Estimated Fair Market Value prior to improvement \$ _____
 (Fair Market Value of the Primary Structure only Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company Esker Concrete Co. Phone 772 263 0526 Fax _____
 Street 7000 SW Market St ESKER City Palm City State FL Zip 34990
 State License Number _____ Municipality _____ License Number _____

LOCAL CONTACT _____ Phone Number _____
 DESIGN PROFESSIONAL See permit 9155 Lic# _____ Phone Number _____
 Street _____ City _____ State _____ Zip _____

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

CODE EDITIONS IN EFFECT THIS APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) 2004 W/ 2006 REV
 National Electrical Code 2005 Florida Energy Code 2004/6 Florida Accessibility Code 2004/6 Florida Fire Prevention Code 2004/6

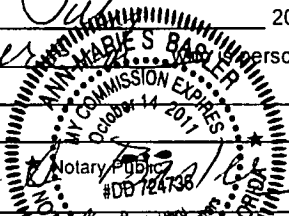
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- 4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED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

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

OWNER SIGNATURE (required)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Gilbert M. Merkin
 State of Florida, County of Martin
 This the 6th day of July 2009
 by Cynthia Merkin personally
 known to me or produced _____
 as identification _____
Cynthia Merkin Notary Public
 My Commission Expires _____



CONTRACTOR SIGNATURE (required)

 On State of Florida, County of _____
 This the _____ day of _____ 20____
 by _____ who is personally
 known to me or produced _____
 As identification _____
 My Commission Expires _____
 Notary Public

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



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

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

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE

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

ALL QUESTIONS MUST BE ANSWERED IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name Stan & Cindy Merkin

Site address of the proposed building work 93 1/2 N. Sewalls Point Rd

Name of legal title owner of the address above Same as above

Describe the scope of work for the proposed new construction Add walkways

Name of Architect of Record Structural Engineer of Record

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

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

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

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

Location Same Scope of Work Done electrical Year 2004

Location " Scope of Work Done Concrete pad Year 2009

What code books do you have available for reference? Building

Electric Plumbing HVAC

Other

I have internet access and will view The Florida Building code at www.floridabuilding.org YES [checked] NO

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

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

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you
a building permit and verify code compliance through plan review and the inspection process I am aware that town staff is not obligated
to offer supervision, design or instructional advice prior or during my project [Signature] (initials)



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

OWNER/BUILDER DISCLOSURE STATEMENT

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

- 1 THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY
- 2 FLORIDA STATUTES 489 103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY
- 3 AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT
- 4 IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR
- 5 YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE
- 6 UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION
- 7 THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT
- 8 THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY
- 9 ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE
- 10 YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES
- 11 ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455)



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

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

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

14 ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT 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

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 6th DAY OF July, 2009

PROPERTY ADDRESS 93 1/2 N. Sewalls Point Rd

CITY Sewalls Point STATE FL ZIP 34996

Cynthia M. Merken

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6th DAY OF July 2009

BY Cynthia Merken

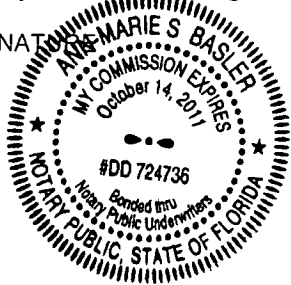
PERSONALLY KNOWN _____

OR PRODUCED ID _____

TYPE OF ID _____

Ann-Marie S. Basler

NOTARY SIGNATURE



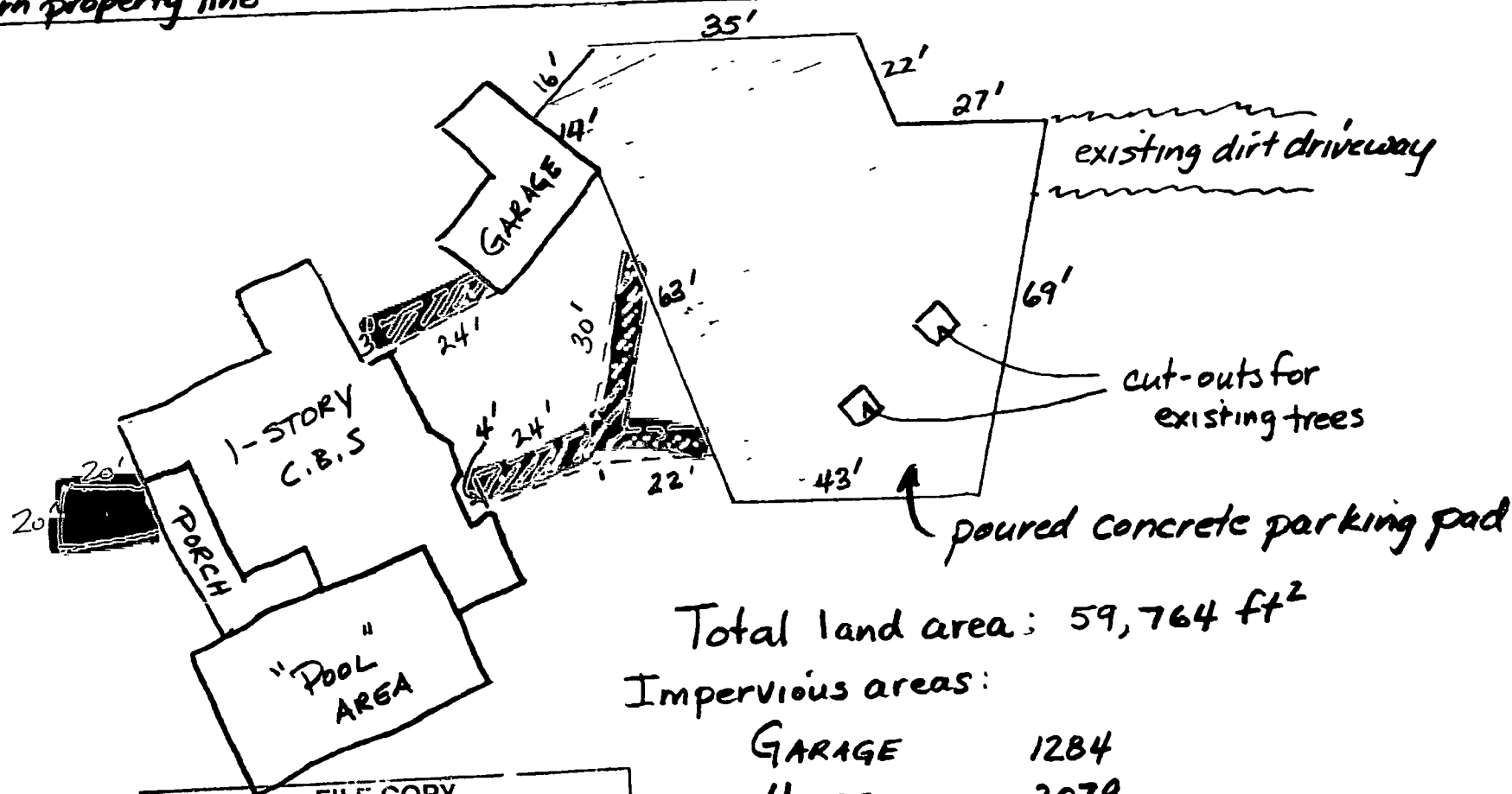
93 1/2 N. Sewalls Point Ra (Marie Linay MERRIN)

Addition of Concrete parking pad

(Addendum: Add walkways (cross-hatched areas))

Parcel "A"

Northern property line




Total land area: 59,764 ft²
 Impervious areas:

GARAGE	1284
HOUSE	2079
POOL AREA	1242
PORCH	255
PARKING PAD	4144

$$\frac{9004}{59764} = 15\% \text{ land area}$$

WALKWAYS

$$\frac{376 + 400 + 16}{59764} = 15.7\% \text{ land area}$$

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 7.7.09

BUILDING OFFICIAL

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-9 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9166	Orlene 113 Hillcrest Krauss & Crane	Final AC	PASS	Close INSPECTOR <i>[Signature]</i>
9195	108 Henry	the floor	PASS	INSPECTOR
1PM on	93 N Sewalls O/B		PASS	INSPECTOR <i>[Signature]</i>
9114	Olney 108 Henry Sewal Parks Co	wire lath	PASS	INSPECTOR <i>[Signature]</i>
9113	Olney 108 Henry Sewal Parks Co	Gasbo wire lath	PASS	INSPECTOR <i>[Signature]</i>
	12 Palm Rd KRAUSS & CRANE	A/c CHANGE OUT NO PERMIT		\$250 ⁰⁰ FINE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection


 Wed.

 Thur

 Fri

7-20 2009

Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9203	Truitt	Final		
923	395 River Rd Kamell	Doors	PASS	Close INSPECTOR <i>JA</i>
9142	Henners 4 Morgan Cir Gubler	retaining walls FINAL CONCRETE	PASS	INSPECTOR <i>JA</i>
CC	2 Via de Cristo	lawn again		INSPECTOR
9200	Conway 4 Oakhill Way Conway (285-2673)	Final windows	PASS	Close INSPECTOR <i>JA</i>
9196	Jenkins OFF RIDGELAND 4 Sabal Ct 11 Solar East	Final solar	PASS	Close INSPECTOR <i>JA</i>
9195	Meriden 93 N Sewalls OB	Final CONCRETE	PASS <i>JA</i>	Close INSPECTOR <i>JA</i>
9162	Ames 114 S Sewalls Jensen Beach Alum (code 1994)	Window Buck	PASS	INSPECTOR <i>JA</i>

9371

WINDOWS



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.	9371	DATE ISSUED.	02/19/2010
SCOPE OF WORK	WINDOW REPLACEMENT		
CONDITIONS			
CONTRACTOR	JAM CARPENTRY		
PARCEL CONTROL NUMBER	35374100000002206	SUBDIVISION	GOVT LOTS
CONSTRUCTION ADDRESS	93 & 95 N SEWALL'S POINT RD		
OWNER NAME.	MERKIN		
QUALIFIER	JEFF MEANEY	CONTACT PHONE NUMBER	772-486-0773

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

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

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

REQUIRED INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER	9371		
ADDRESS	93 & 95 S. SEWALL'S POINT RD.		
DATE.	02/19/2010	SCOPE:	WINDOW REPLACEMENT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350 00 SFR \$175 00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space (@ \$110 25 per sq ft)		s f	
Total square feet non-conditioned space (@ \$51 60 per sq ft)		s f	
Total Construction Value		\$	
Building fee (2% of construction value SFR or >\$200K)		\$	
Building fee (1% of construction value < \$200K + \$75 per insp)			
Total number of inspections (Value < \$200K) @\$75 ea		\$	
Radon Fee (\$ 005 per sq ft under roof)		\$	
DBPR Licensing Fee (\$ 005 per sq ft under roof)		\$	
Road impact assessment (04% of construction value - \$5 00 min)			
Martin County Impact Fee		\$	
TOTAL BUILDING PERMIT FEE		\$	

ACCESSORY PERMIT	Declared Value	\$	
			12000
Total number of inspections @ \$75 00 each	2	\$	150 00
Road impact assessment (04% of construction value - \$5 00 min)		\$	5 00
TOTAL ACCESSORY PERMIT FEE.		\$	155 00

LISA
 GIVEN TO client
JA

RECEIVED
2-11-10

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number 9371

Date 2/11/2010

OWNER/TITLEHOLDER NAME Stan & Cindy Merkin Phone (Day) 772 286 7360 (Fax) _____

Job Site Address 93 1/2 N Sewall's Point Rd City Stuart State FL Zip 34996

Legal Description Part of Govt Lot 2 Parcel Control Number 3537 41 00000000 2206

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

Scope of work (please be specific) Window Replacement

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 12,000.00
(Force of Commencement required when over \$2500 prior to first inspection \$7500 on HV-C change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 X
FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY
Estimated Fair Market Value prior to improvement \$ _____
(Fair Market Value of the Primary Structure only. Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

OP

CONTRACTOR/Company J.A.M. CARPENTRY Phone 772-287-1095

Street 6614 SE SYLVAN PL City HOBE SOUND State FL Zip 33455

State License Number _____ OR Municipality _____ License Number MCAR 1733

LOCAL CONTACT JEFF MEANEY Phone Number 772-486-0773

DESIGN PROFESSIONAL _____ Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

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

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

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

NOTICES TO OWNERS AND CONTRACTORS

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

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

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

OWNER SIGNATURE (required)
Cynthia Merkin

CONTRACTOR SIGNATURE (required)
Jeff Meaney

State of Florida County of Martin

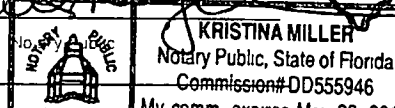
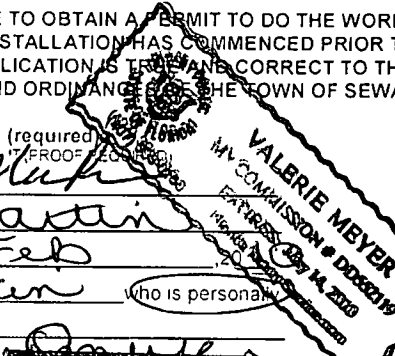
On State of Florida County of Martin

This the 11th day of Feb

This the 10th day of February 2010

by Cynthia Merkin who is personally known to me or produced as identification Valerie Meyer

by Jeffrey Meaney who is personally known to me or produced as identification Kristina Miller



My Commission Expires _____

My Commission Expires 5-23-10

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



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

WINDOW/DOOR REPLACEMENT CHECKLIST AND SCHEDULE

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

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

_____ 1 Copy Completed Permit Application

_____ 2 Copies Window/Door Schedule

_____ 2 Copies Manufacturer's Florida Product Approval and Specifications

_____ 2 Copies Floor Plan Sketch – Show location & ID number of each window/door
Must match window/door schedule

***PLEASE NOTE** At least one (1) exterior window or door must comply with the 2007 F B C R310.4 as a single means of escape

ALL NEW WINDOWS AND/OR DOORS WITH GLAZING MUST HAVE IMPACT PROTECTION (SHUTTERS OR IMPACT GLASS). IF SHUTTERS ARE USED, A SEPARATE SHUTTER PERMIT MUST BE ISSUED PRIOR TO FINAL INSPECTION OF THE WINDOW/DOOR REPLACEMENT PERMIT.

PARTIAL WINDOW OR GLAZED DOOR REPLACEMENT THAT REPRESENTS LESS THAN 25% OF THE TOTAL GLAZED AREA OVER A 12 MONTH PERIOD IS EXEMPT FROM IMPACT PROTECTION REQUIREMENTS.



01-14-2010

ALEX SINK
CHIEF FINANCIAL OFFICER

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

*** * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * ***

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE 02/23/2010 **EXPIRATION DATE** 02/23/2012

PERSON **MEANEY** **JEFFREY**

FEIN **161687596**

BUSINESS NAME AND ADDRESS

J A M CUSTOM CARPENTRY INC
6614 SE SYLYAN PLACE
HOBE SOUND FL 33455

SCOPES OF BUSINESS OR TRADE

1- CARPENTRY

IMPORTANT Pursuant to Chapter 440 05(14) F S an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter Pursuant to Chapter 440 05(12) F S Certificates of election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt Pursuant to Chapter 440 05(13) F S, Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if at any time after the filing of the notice or the issuance of the certificate the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section

QUESTIONS? (850) 413-1609

NOTICE OF COMMENCEMENT
 TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2 500 00

PERMIT # _____ TAX ROLIO # 35 37 41. 000. 000. 00200. 6

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE) 95 N. Sewall's Pt Rd N 1/2 of reg on St. Lucie River on S/LN of N 634.33' of Govt Lot 2, Run E 370' for beg only

GENERAL DESCRIPTION OF IMPROVEMENT Install Windows

OWNER NAME Stanley I. & Cynthia M Merkin
 ADDRESS 2336 SE Ocean Blvd #368, Stuart, FL 34996
 PHONE NUMBER 772 286 7360 FAX NUMBER _____

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

CONTRACTOR J A. m. Carpentry STATE OF FLORIDA
 ADDRESS 6614 SE Sylvan Pt Hoboken, Florida FL 33455
 PHONE NUMBER 772-282-1095 FAX NUMBER _____

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

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

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

NAME _____
 ADDRESS _____
 PHONE NUMBER _____ FAX NUMBER _____

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

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

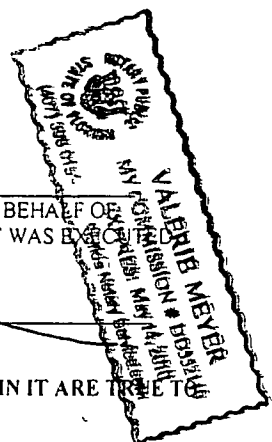
WARNING TO OWNER ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713 PART I SECTION 713 13 FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT MUST BE RECORDED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

Cynthia M Merkin
 SIGNATURE OF OWNER OR OWNER S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
 SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 11th DAY OF Feb 2010
 BY Cynthia Merkin AS Owner FOR _____
 NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____
 TYPE OF IDENTIFICATION PRODUCED _____

Valerie Meyer
 NOTARY SIGNATURE/SEAL

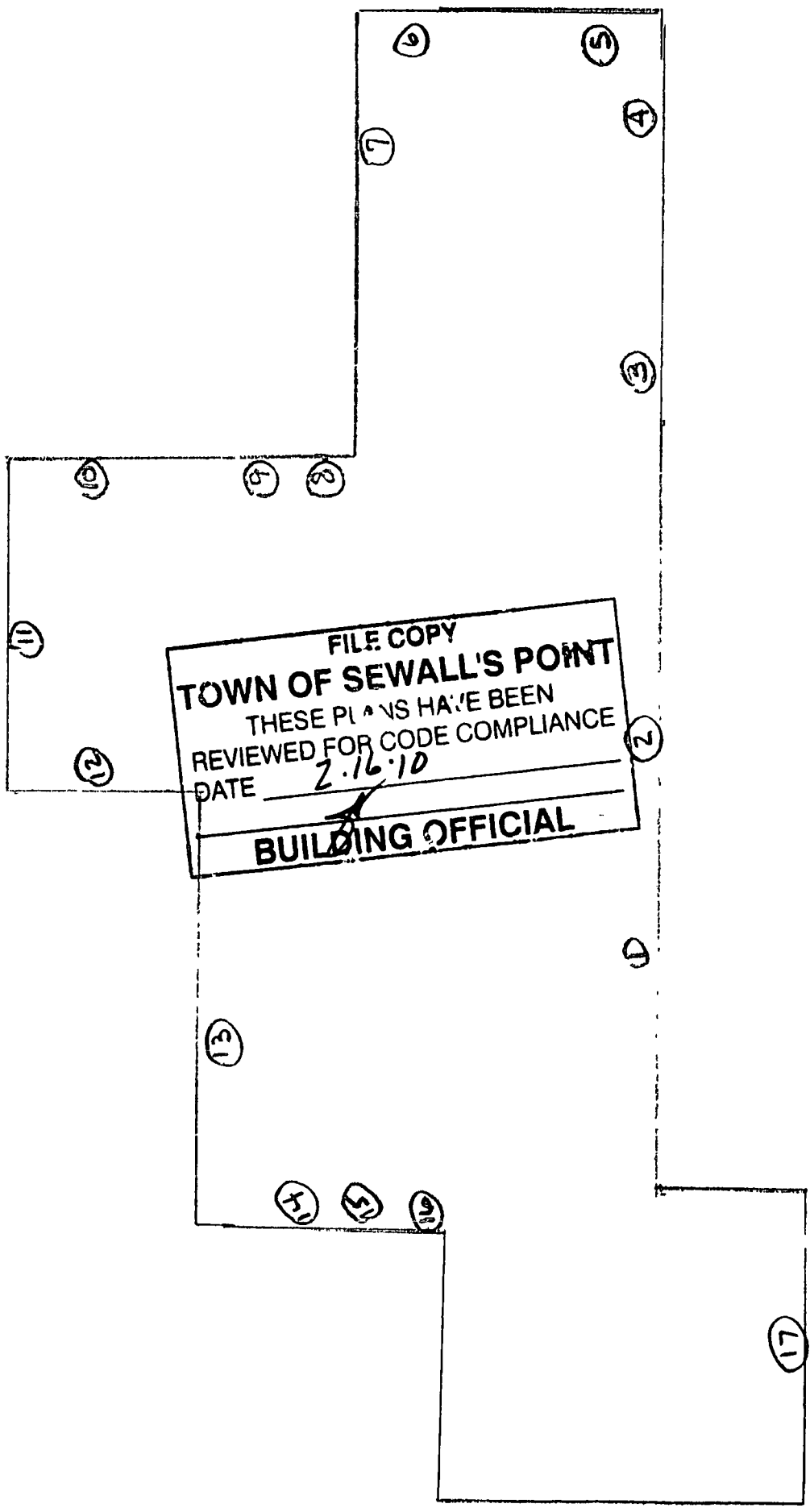


UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92 525, FLORIDA STATUTES)

Cynthia Merkin
 (Signature of Natural Person Signing Above)

INSTR # 2192288 DR BK 02436 PG 2065 RECD 02/11/2010 11:44:04 AM
 Pg 2065: (1p)
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK S FROENIX





FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 2.16.10
BUILDING OFFICIAL

WINDOW/DOOR SCHEDULE

ID NO	APPROX OPENING SIZE (W X H)	DESIGNATION	TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	17" X 61"	25	SH		X	EXAMPLE
1	25x60		DH		X	
2	72x61		DH		X	
3	51x49		DH		X	
4	51x49		DH		X	
5	35x49		DH		X	
6	35x49		DH		X	
7	51x49		DH		X	
8	17x49		PW		X	
9	17x49		PW		X	
10	51x49		DH		X	
11	102x48		DH		X	
12	37x49		DH		X	
13	150x68		SL		X	
14	105x80		SL		X	
15	60x80		SL		X	
16	36x37		SH		X	
17	36x37		SH		X	
18						
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30						

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

TOTAL GLAZED OPENING AREA FOR STRUCTURE 100 SF

*PERCENTAGE OF NEW GLAZED AREA 100 %

(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period shall require impact protection on all proposed glazed opening replacement (approved shutter or impact resistant glazing) as per 2007 FBC, EXISTING BUILDING 207.3

* TYPE WINDOWS

SH - SINGLE HUNG
 DH - DOUBLE HUNG

AWN - AWNING
 CAS - CASEMENT

SL - SLIDING
 FIX - FIXED



**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)

**PGT Industries
1070 Technology Drive
Nokomis, FL 34275**

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 Florida Building Code, including High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: Series SH-4000 Aluminum Single Hung Window W/H.D. MTG. Rail

APPROVAL DOCUMENT: Drawing No 2737, titled "Aluminum Single Hung Window, W/H D MTG RAIL", dated 04/18/01 with revision "H" on 09/20/06, sheets 1 through 7 of 7, prepared by manufacturer, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: None

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 renews NOA # 05-0112.01 and, consists of this page 1 and evidence pages E-1, and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by **Jaime D. Gascon, P.E.**



*J. Gascon
9/29/06*

**NOA No 06-0706 03
Expiration Date October 08, 2011
Approval Date: October 19, 2006
Page 1**

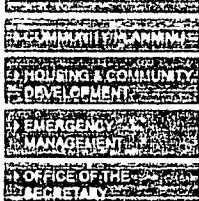


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[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)



FL # FL7058-R2
 Application Type Revision
 Code Version 2007
 Application Status Approved
 Comments
 Archived

Product Manufacturer PGT Industries
 Address/Phone/Email 1070 Technology Drive
 Nokomis, FL 34275
 (941) 486-0100 Ext 22318
 druark@pgtindustries.com

Authorized Signature Lucas Turner
 lturner@pgtindustries.com

Technical Representative Lucas A Turner
 Address/Phone/Email 1070 Technology Drive
 Nokomis, FL 34275
 (941) 480-1600
 lturner@pgtindustries.com

Quality Assurance Representative
 Address/Phone/Email

Category Windows
 Subcategory Double Hung

Compliance Method Certification Mark or Listing

Certification Agency Keystone Certifications, Inc
 Validated By Keystone Certifications, Inc

Referenced Standard and Year (of Standard)	Standard	Year
	ANSI/AAMA/WDMA 101/I S 2/NAFS	2002
	ASTM E-1886	2004
	ASTM E-1996	2004

Equivalence of Product Standards Certified By Florida Licensed Professional Engineer or Architect
FL7058_R2_Equiv_EquivalencyCertification560.pdf

Product Approval Method Method 1 Option A

Date Submitted 12/21/2008
 Date Validated 12/24/2008
 Date Pending FBC Approval 01/01/2009
 Date Approved 02/03/2009

Summary of Products		
FL #	Model, Number or Name	Description
7058 1	DH-460	Vinyl Double Hung Window
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant No Design Pressure +50/-50 Other Rating is H-R50 S2 125x75 (actual window buck size) with 1/8 Annealed - 1/8 Annealed Insulating Glass or stronger Please see test report FTL-4953 for other product description and test information		Certification Agency Certificate FL7058 R2 C CAC DH460-CAR-178 pdf Quality Assurance Contract Expiration Date 05/24/2010 Installation Instructions FL7058 R2 II DH460-560 Anchorage pdf FL7058 R2 II DH460-FTL-4953 pdf Verified By Lucas A Turner, P E 58201 Created by Independent Third Party No Evaluation Reports Created by Independent Third Party
7058 2	DH-560 (Impact)	WinGuard Vinyl Double Hung Window
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant Yes Design Pressure +50/-50 Other Impact Resistant, Missile Level D (9 0 lb 2x4 travelling at 50 f/s) Rating is H-R50 S2 125x75 (actual window buck size) with 1/8 Annealed - air space - 5/16 Laminated Annealed/Annealed Insulating Glass or stronger Please see test report FTL-4928 for other product description and test information		Certification Agency Certificate FL7058 R2 C CAC DH560-CAR-179 pdf FL7058 R2 C CAC DH560-CAR-212 pdf Quality Assurance Contract Expiration Date 05/25/2010 Installation Instructions FL7058 R2 II DH460-560 Anchorage pdf FL7058 R2 II DH560-FTL-4928 pdf Verified By Lucas A Turner, P E 58201 Created by Independent Third Party No Evaluation Reports Created by Independent Third Party

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DCA Administration

Department of Community Affairs
 Florida Building Code Online
 Codes and Standards
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399 2100
 (850) 487-1824 Fax (850) 414 8436

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Product Approval Accepts



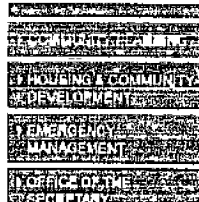


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Product Approval
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[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



FL #	FL12965								
Application Type	New								
Code Version	2007								
Application Status	Approved								
Comments									
Archived									
Product Manufacturer	PGT Industries								
Address/Phone/Email	1070 Technology Drive Nokomis, FL 34275 (941) 486-0100 Ext 22318 druark@pgtindustries.com								
Authorized Signature	Robert Clark bclark@pgtindustries.com								
Technical Representative	PTC, LLC								
Address/Phone/Email	1535 N Cogswell Street Suite C-25 Rockledge, FL 32955 (321) 690-1788 info@ptc-corp.com								
Quality Assurance Representative									
Address/Phone/Email									
Category	Exterior Doors								
Subcategory	Sliding Exterior Door Assemblies								
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer ✓ Evaluation Report - Hardcopy Received								
Florida Engineer or Architect Name who developed the Evaluation Report	Robert J. Amoruso, P.E.								
Florida License	PE-49752								
Quality Assurance Entity	Keystone Certifications, Inc								
Quality Assurance Contract Expiration Date	12/01/2013								
Validated By	Charles A. Pagen, P.E., Ph.D. ✓ Validation Checklist - Hardcopy Received								
Certificate of Independence	FL12965_R0_COI_Product_Evaluation.pdf								
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>TAS 201</td> <td>1994</td> </tr> <tr> <td>TAS 202</td> <td>1994</td> </tr> <tr> <td>TAS 203</td> <td>1994</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	TAS 201	1994	TAS 202	1994	TAS 203	1994
<u>Standard</u>	<u>Year</u>								
TAS 201	1994								
TAS 202	1994								
TAS 203	1994								
Equivalence of Product Standards Certified By									

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

08/27/2009

Date Validated

09/02/2009

Date Pending FBC Approval

09/04/2009

Date Approved

10/13/2009

Summary of Products		
FL #	Model, Number or Name	Description
12965 1	Series 670 Aluminum Sliding Glass Doors	Series 670 Aluminum Sliding Glass Doors (Straight & 90 Degree Corners)
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant No Design Pressure N/A Other See sheets 3 thru 5 of Drawing # PGT0006 for DP and anchorage charts See sheet 2 for glazing options		Installation Instructions FL12965_R0_II_PGT0006 - Series 670 Non-Impact.pdf Verified By Robert J Amoruso, P E 49752 Created by Independent Third Party Yes Evaluation Reports FL12965_R0_AE_Product Evaluation.pdf Created by Independent Third Party Yes
12965 2	Series 670 H P Aluminum Sliding Glass Doors	Series 670 H P Aluminum Sliding Glass Doors (XO, OX, XX, OXX, XXO, OXO, OXXO)
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant No Design Pressure N/A Other See sheet 3 of Drawing # PGT0008 for DP and anchorage charts See sheet 2 for glazing options		Installation Instructions FL12965_R0_II_PGT0008 - Series 670 HP Non-Impact.pdf Verified By Robert J Amoruso, P E 49752 Created by Independent Third Party Yes Evaluation Reports FL12965_R0_AE_Product Evaluation.pdf Created by Independent Third Party Yes
12965 3	Series 770 Aluminum Sliding Glass Doors	Series 770 Aluminum Sliding Glass Doors - LMI (Straight & 90 Degree Corners)
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant Yes Design Pressure N/A Other See sheets 4 thru 6 of Drawing # PGT0007 for DP and anchorage charts See sheets 2 thru 3 for glazing options		Installation Instructions FL12965_R0_II_PGT0007 - Series 770 LMI.pdf Verified By Robert J Amoruso, P E 49752 Created by Independent Third Party Yes Evaluation Reports FL12965_R0_AE_Product Evaluation.pdf Created by Independent Third Party Yes
12965 4	Series 770 H P Aluminum Sliding Glass Doors - LMI	Series 770 H P Aluminum Sliding Glass Doors - LMI (XO, OX, XX, OXX, XXO, OXO, OXXO)
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant Yes Design Pressure N/A Other See sheet 3 of Drawing # PGT0009 for DP and anchorage charts See sheet 2 for glazing options		Installation Instructions FL12965_R0_II_PGT0009 - Series 770 HP LMI.pdf Verified By Robert J Amoruso, P E 49752 Created by Independent Third Party Yes Evaluation Reports FL12965_R0_AE_Product Evaluation.pdf Created by Independent Third Party Yes
12965 5	Series 770 H P Aluminum Sliding Glass Doors - SMI	Series 770 H P Aluminum Sliding Glass Doors - SMI (OX, OX, XX, OXX, XXO, OXO, OXXO)
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant Yes Design Pressure N/A Other See sheet 3 of Drawing # PGT0010 for DP and anchorage charts See sheet 2 for glazing options		Installation Instructions FL12965_R0_II_PGT0010 - Series 770 HP SMI.pdf Verified By Robert J Amoruso, P E 49752 Created by Independent Third Party Yes Evaluation Reports FL12965_R0_AE_Product Evaluation.pdf Created by Independent Third Party Yes



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Product Approval Menu > Product or Application Search > Application List > Application Detail

FL # FL1844-R4
 Application Type Revision
 Code Version 2007
 Application Status Approved
 Comments
 Archived

Product Manufacturer PGT Industries
 Address/Phone/Email 1070 Technology Drive
 Nokomis, FL 34275
 (941) 486-0100 Ext 22318
 druark@pgtindustries.com

Authorized Signature Lucas Turner
 lturner@pgtindustries.com

Technical Representative Lucas A Turner
 Address/Phone/Email 1070 Technology Drive
 Nokomis, FL 34275
 (941) 480-1600
 lturner@pgtindustries.com

Quality Assurance Representative
 Address/Phone/Email

Category Windows
 Subcategory Horizontal Slider

Compliance Method Certification Mark or Listing

Certification Agency Keystone Certifications, Inc
 Validated By Keystone Certifications, Inc

Referenced Standard and Year (of Standard)	Standard	Year
	AAMA/WDMA/CSA 101/I S 2/A440	2005
	ASTM E-1886	2004
	ASTM E-1996	2004

Equivalence of Product Standards Certified By Florida Licensed Professional Engineer or Architect
[FL1844 R4 Equiv EquivalencyCertification510.pdf](#)

Product Approval Method Method 1 Option A

Date Submitted 12/17/2008
 Date Validated 12/24/2008
 Date Pending FBC Approval 01/01/2009
 Date Approved 02/03/2009
 Date Revised 12/11/2009

Summary of Products		
FL #	Model, Number or Name	Description
1844 1	HR-201	Aluminum Horizontal Roller Window with Slip-On Nailing Fin
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant No Design Pressure N/A Other XOX format 111x63 size achieves a rating of HS-R45 XO or OX format 74x72 size achieves a rating of HS-R45 Please see test report ATI-78026 01-401-47 for additional information Glass requirements may limit product size or require glass upgrades to achieve full design pressures		Certification Agency Certificate FL1844 R4 C CAC 201-CAR-465 pdf FL1844 R4 C CAC 201-CAR-466 pdf Quality Assurance Contract Expiration Date 01/10/2012 Installation Instructions FL1844 R4 II 78026 01-401-47-R0 pdf FL1844 R4 II HR-201 Anchorage pdf Verified By Lucas A Turner, P E 58201 Created by Independent Third Party No Evaluation Reports Created by Independent Third Party
1844 2	HS-410	Vinyl Horizontal Sliding Window
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant No Design Pressure N/A Other For XO or OX configuration, rating is HS-C60 73x62 (actual window buck size) For XOX 1/4-1/2-1/4 configuration, rating is HS-C60 110x62 (actual window buck size) Please see test reports FTL-5351 and 5500 for other product description and test information Glass requirements may limit product size or require glass upgrades to achieve full design pressures		Certification Agency Certificate FL1844 R4 C CAC 410-510-CAR-433 pdf FL1844 R4 C CAC 410-CAR-456 pdf Quality Assurance Contract Expiration Date 08/17/2011 Installation Instructions FL1844 R4 II 410-510-FTL-5351 pdf FL1844 R4 II 410-FTL-5500 pdf FL1844 R4 II HS-410-510 Anchorage pdf Verified By Lucas A Turner, P E 58201 Created by Independent Third Party No Evaluation Reports Created by Independent Third Party
1844 3	HS-510 (Impact)	WinGuard Vinyl Horizontal Sliding Window
Limits of Use Approved for use in HVHZ No Approved for use outside HVHZ Yes Impact Resistant Yes Design Pressure N/A Other Impact Resistant, Missile Level D (9 0 lb 2x4 travelling at 50 f/s) Available in XO or OX configuration only Rating is HS-C60 73x54 (actual window buck size) Please see test reports FTL-4831, 4832, and 5351 for other product description and test information Glass requirements may limit product size or require glass upgrades to achieve full design pressures		Certification Agency Certificate FL1844 R4 C CAC 410-510-CAR-433 pdf FL1844 R4 C CAC 510-CAR-225 pdf Quality Assurance Contract Expiration Date 01/16/2010 Installation Instructions FL1844 R4 II 410-510-FTL-5351 pdf FL1844 R4 II 510-FTL-4831 pdf FL1844 R4 II 510-FTL-4832 pdf FL1844 R4 II HS-410-510 Anchorage pdf Verified By Lucas A Turner, P E 58201 Created by Independent Third Party No Evaluation Reports Created by Independent Third Party



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 Tallahassee, Florida 32399-2100
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Product Approval Accepts



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **3-16-10** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9371	Markin	Final		
1130	95 N Sewalls JAM Carpenter	Final	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9287	SHARFI 73 N. SPY RD STRATICON	DOORS & WINDOWS ATTACH	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	26 WEST HIGH PT	Playhouse		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR