

# **95 North Sewall's Point Road**

**5104**

**DEMOLITION**

MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 10/6/00

Building to be erected for STAN & CYNTHIA MERKIN BUILDING PERMIT NO. 5104

Applied for by L.E.B. DEMOLITION Type of Permit DEMOLITION

(Contractor) Building Fee \$69.12

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 95 N. SEWALL'S POINT RD. Impact Fee \_\_\_\_\_

Type of structure S.F.R. (BRSTG.) A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Parcel Control Number 35-37-41-000-000-0020.0-00000 Plumbing Fee \_\_\_\_\_

Roofing Fee \_\_\_\_\_

Amount Paid \$69.12 Check # 4663 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 7,200.00 TOTAL Fees \$69.12

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

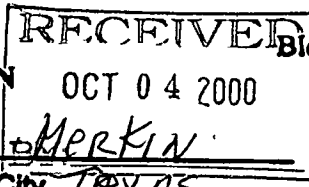
**This permit must be visible from the street, accessible to the inspector.**

**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT, NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.**

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



Town of Sewall's Point BUILDING PERMIT APPLICATION



Bldg. Permut Number \_\_\_\_\_

Owner or Titleholder's Name STAN & CYNTHIA MERKIN Phone No. (512) 259-7787
Street: 425- DOE RUN GEORGETOWN City TEXAS State Zip 78628

Parcel Number: \_\_\_\_\_

Location of Job Site: 95- N. Sewalls Point Road

TYPE OF WORK TO BE DONE: Demolition of House

CONTRACTOR/Company Name: L.E.B. Demolition & Consulting CATC Phone No (561) 229-8525
Street: 12805- Indian River Dr City Jensen Beach State FL Zip 34957
State Registration: RX0062363 State License: SP 01128

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: \$ 7200
Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_
If improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_ NO \_\_\_
Method of determining Fair Market Value: \_\_\_\_\_

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

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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

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

OWNER or AGENT SIGNATURE (Required)

CONTRACTOR SIGNATURE (Required)

State of Florida, County of: MARTIN On this the 4 day of October, 2000, by Leroy E Beckford who is personally known to me or produced FLDL B216-525-33-326-0 as identification.

State of Florida, County of: MARTIN On this the 4 day of October, 2000, by Leroy E Beckford who is personally known to me or produced FLDL B216-525-33-326-0 as identification.

Notary Public

Notary Public

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Seal)

(Seal)



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 L.E.B. Demolition & Consulting  
For 2 abandonment permits @ 100.  
Name Kate Koster  
Permit # MERKIN

Environmental Health

No 54176

<sup>FX</sup>  
461-3077

*me*  
Cashier's Signature

# 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**  
*he/m*

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  
AUG - 9 2000  
BY: *[Signature]*

**FILE COPY**

**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	<b>GENERAL LIABILITY</b> <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
B	<b>AUTOMOBILE LIABILITY</b> <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)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT	\$
					OTHER THAN AUTO ONLY EA ACC	\$
					AGG	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>				WC STATUTORY LIMITS	OTH ER
					E L EACH ACCIDENT	\$
					E L DISEASE EA EMPLOYEE	\$
					E L DISEASE POLICY LIMIT	\$
	<b>OTHER</b>					

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

*[Signature]*

**PRODUCER**

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

**FILE**

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

**INSURERS AFFORDING COVERAGE**

**INSURED**

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

INSURER A Ameritrust  
INSURER B  
INSURER C  
INSURER D  
INSURER E

**RECEIVED**  
JUL 14 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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	1002-02078-00	07/01/00	07/01/01	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH ER E L EACH ACCIDENT \$ 100,000 E L DISEASE EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED, INSURER LETTER</b>	<b>CANCELLATION</b>
SEWELLS  TOWN OF SEWELL'S POINT FAX 561-220-4765 1 SO SEWELL'S POINT RD STUART FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES  <i>[Signature]</i> Nordmar-Henrion Insurance



**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**



DESCRIPTION:

SWIFT, VINCENT - (LARD)

LINE N. 274.85' CONT LOT 2, SEC. 36/37/41

SEWELLS

"NOT INCLUDED"

HOUSE

15' BASEMENT STAKED

EXIST' FENCE

- SET IRON PIPE
- 5" CONCRETE MARK
- 4" CONCRETE MARK

LEGEND

SCALE 1" = 60'

PN 5104

FILE

TRUD. COPIE  
95 P. SEWELLS PT. NO.

10/6/60 TRUD OF SEWELLS' REPORT  
 REWELLS  
 [Signature]

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 10-20, 2000;

Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
✓ 5102	Graham	serv	PASSED	→ 9: if possible
✓ ①	100 N S P McBride	change (REINSPECTION 1.00 PM W/ HMR PERM.)	↗	FYL 223-4208 METER RELEASE 2:15 PM
✓ 4799	JORES	FENCE FINAL	FAIL	PERMIT ISSUED 1/25/00
✓ ③	51 S SEWALLS UNITED	(REINSPECT W/ TOWN FILE) RINGEOUND AROUND SIDE 5'-6" HIGH	↗	NO SITE REINSPECTION FILE RELEASED SHOWS SETBACK REG NOTES
✓ 4550	Smith	tree	VERIFIED	9:30 MTG. W/ C.C. & LINDA RECH
✓ ②	133 S River Rd March	removal 03504 (UNDERCUT REMOVED 1.5% FOR T/R-DEVEL.)	↗	
✓ 4692	Bench	in progress	PERFORMED	12/20/99 "FINAL" FAILED - NO IN PROGRESS INSPECTIONS.
✓ ④	4 Morgan Wilfram - JEFF (OPERATIONS MGR) 561-546-0300	?	↗	10:50 DATE
✓ 4943	BOTWINICK	STAIR (REINF.)	PASSED	10/20 8:00 INSP. REG. ON MESSAGE
✓ ⑤	27 EMARITA WAY FIRST FLORINA DEVEL.	(REINSPECT) (MAIN STAIR)	↗	- REG. DUG REG. FOR NORTH STOOP/STAIR & GEN. PAD.
5104	MERKIN	FINAL	PASSED	
⑥	95 N. SEWALLS POINT RD LEB DEMOLITION		↗	
5105	MERKIN	FINAL	PASSED	
⑦	93 N. SEWALL'S POINT RD LEB DEMOLITION		↗	

OTHER "DAVB" 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 REG. IS FINISHING WORK (ON SITE TODAY) AS SUB - FORMER WILFRAM EMPLOYEE

INSPECTOR (Name/Signature) \_\_\_\_\_

**6019**

**FENCE**

### TOWN OF SEWALL'S POINT

Date 11-5-02

BUILDING PERMIT NO. 6019

Building to be erected for Stan & Andy Merkin

Type of Permit FENCE

Applied for by ALL Quality FENCE (Contractor)

Building Fee 30.00

Subdivision Port Gov't Lot 2 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 95 N. Sewall's Point Road

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

Electrical Fee \_\_\_\_\_

353 741 600 000 0020 0000 00

Plumbing Fee \_\_\_\_\_

Amount Paid 30.00 Check # \_\_\_\_\_ Cash 30.00 Other Fees ( \_\_\_\_\_ )

Roofing Fee \_\_\_\_\_

Total Construction Cost \$ 11,000 00

TOTAL Fees 30 00

Signed Jal Bon  
Applicant

Signed Gene Simmons (Hsu)  
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 checked="" 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 STAN & CYNTHIA MERKIN Building Permit Number 0000000000 00000000
Legal Description of Property Part God't Lot 2 Parcel Number 353741000000022060000
Location of Job Site 95 North Sewalls Point Road Type of Work To Be Done Install 4' High Green vinyl Fence south side and 4 rail white PVC Fence Eastside and rear All 4' high
CONTRACTOR/Company Name Robert Reitmeyer/All Quality Fences Repair Phone Number 561 776 8850
Street 3301 Pin Oak Court City Palm Beach Gardens State FL 2003 Zip 33410
State Registration Number State Certification Number Martin County License Number 520-021

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 \$11,000.00 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

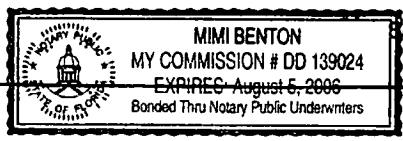
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES LAWS AND ORDINANCES DURING THE BUILDING PROCESS

OWNER OR AGENT SIGNATURE (Required) Cynthia Merkin State of Florida County of Martin This the 29th day of October 2002 by Cynthia Merkin who is personally known to me or produced LLC M625-113 55-586-0 as identification

Notary Public My Commission Expires 8/5/2006

CONTRACTOR SIGNATURE (Required) Robert W Reitmeyer On State of Florida, County of Martin This the 29th day of Oct 2002 by Robert W Reitmeyer who is personally known to me or produced P356 779 62 263 0 As identification

Notary Public My Commission Expires Linda A Otto My Commission Expires 08087852 Expires March 08, 2008 Seal



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)**

95 North Sewalls Point Road

**GENERAL DESCRIPTION OF IMPROVEMENT** 4' Feet High Green Vinyl Chain Link w/ White 4 rail PVC Fence

**OWNER** Cindy Merkin

**ADDRESS** 11401 Hawk Hollow, Lake Worth FL 33467

**PHONE #** 561 704 1411 **FAX #** \_\_\_\_\_

**CONTRACTOR** All Quality Fence & Repair

**ADDRESS** 3301 Pin Oak Ct. Palm Beach Gardens, FL

**PHONE #** 561-776-8950 **FAX #** SAME

**SURETY COMPANY (IF ANY)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

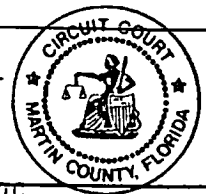
**BOND AMOUNT** \_\_\_\_\_

**LENDER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
MARSHA EWING, CLERK  
BY Jana Pina DC  
DATE 11-5-02



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

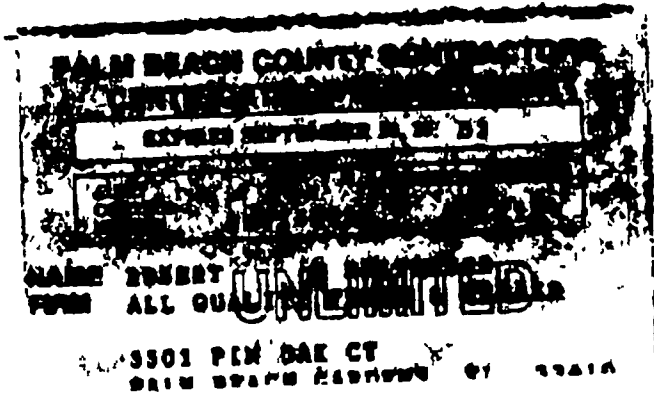
Cynthia M Merkin  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29<sup>th</sup> DAY OF October,  
2002 BY Cynthia M Merkin

OR  
PERSONALLY KNOWN  
PRODUCED ID  
TYPE OF ID FULL M625-113-55-506-0

Mimi Benton  
NOTARY SIGNATURE





RECEIVED  
NOV 04 2007  
BY: \_\_\_\_\_

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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION  
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 12/27/2000

EXPIRATION DATE 12/27/2007

EXEMPTED PERSON LAST NAME REITMEYER

FIRST NAME ROBERT


SOCIAL SECURITY NUMBER 138-88-8371

BUSINESS NAME ALL QUALITY FENCE & REPAIR INC

FEDERAL IDENTIFICATION NUMBER 850821180

BUSINESS ADDRESS 3301 PEN OAK CT

PALM BEACH GARDENS FL 33410



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
11/04/02

**PRODUCER**  
INSURANCE EXPRESS.COM  
P O BOX 1466  
WEST PALM BEACH FL 33402

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** AMERICAN INDEMNITY CO  
**COMPANY B**  
**COMPANY C**  
**COMPANY D**

**INSURED**  
ALL QUALITY FENCE & REPAIR INC  
ATTN: ROBERT REITMEYER  
3301 PIN OAK CT  
PALM BEACH GARDENS FL 33410

**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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	84029006	12/03/01	12/03/02	GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMPROP AGG \$1,000,000 PERSONAL & ADV INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b> <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 \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

FENCE INSTALLATION

**CERTIFICATE HOLDER**

TOWN OF SEWALLS POINT  
1 SOUTH SEWALLS POINT RD  
SEWALLS POINT FL 34996

**CANCELLATION**

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

BECKY RODRIGUEZ

BR A



2002-2003 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

Larry C O'Steen, Tax Collector, P O Box 9013, Stuart, FL 34995  
(561) 288-5604

LICENSE ~~2003-520-021~~ CERT ~~SPO-2895~~

PHONE ~~(561) 776-8850~~ SIC NO ~~235999~~

LOCATION

3301 PIN OAK CT PBC

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION  
OF FENCE CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF OCTOBER 2002  
AND ENDING SEPTEMBER 30 2003

REITMEYER, ROBERT W  
ALL QUALITY FENCE & REPAIR  
3301 PIN OAK COURT  
PALM BEACH GARDENS, FL 33410-4426

RECEIPT OF PAYMENT

LARRY C. O'STEEN 6018 1  
99 10/29/2002 OCC1 NORMAL  
200352000021000  
0220021029001362CK \$25.00

RECEIVED  
OCT 31 2002  
BY

# PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

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

**Application form must contain the following information:**

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

## **Submittals (2 copies)**

- 1 Current survey (boundary & topographic) containing the following information
  - a Legal Description of Lot
  - b Lot dimensions and bearings
  - c Street and Waterway names
  - d Easements
  - e ROW's
  - f Canals, Ponds, or Riverfront locations
  - g Location of existing and proposed fences
  - h Description of type and height of fence at all locations
- 2 Statement of Fact (owner/builder affidavit)
- 3 Proof of ownership (deed or tax recpt )
- 4 Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants
- 5 Application for tree removal or relocation (attach tree survey and removal or relocation plan)
- 6 A certified copy of the Notice of Commencement for any work over \$2500 00
- 7 Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
- 8 Copy of Workmen's Compensation
- 9 Copy of Liability Insurance

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

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(SIGNATURE OF APPLICANT)

DATE SUBMITTED: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 11/13/02, 2004, Page 1 of   



PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5636	FRANCIS 5 S. River Rd Wilberding	Tin tag (Guest house) El and ceiling	Passed Passed	INSPECTOR <i>[Signature]</i>
5916	Rica 5 Banyan Dr. A+G Concrete	FINAL Pool Kim - 878-7752	Failed	Deck permit? Screen run permit? INSPECTOR <i>[Signature]</i>
5734	Abesada/teck 8 Morgan Cir. Conway	FOOTER (STEEL)	Passed	INSPECTOR <i>[Signature]</i>
5068	Winer 19 Ridgeland Dr. Lear	CO	Passed	Dumpster to be Porto let removed INSPECTOR <i>[Signature]</i>
<del>6019</del>	<del>Martin</del> 95 N. Sewall's Pt Rd ALL Qual	<del>Frame</del>	<del>Permit</del> in Place	<del>Permit to be signed</del> Permit posted INSPECTOR <i>[Signature]</i>
5908	Wilberding 2 Paloma Way Wilberding	Tie Beam re-inspect	Passed	INSPECTOR <i>[Signature]</i>
6009	D'Alessandro 107 Abbie Ct Olympic	Pool-Steel + main drain	Rained	out, will call again INSPECTOR <i>[Signature]</i>

OTHER \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12-30-02, 2002; Page      of     .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
<del>6019</del>	<del>Merkin</del>	<del>Fence</del>	<del>Passed</del>	
	95 N. Sewall's Pt Rd			
	All Quality Fence			INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
1241	Abesada	tree	Passed	(in progress to
Tree	8 Morgan - circle			relacte / replaie)
	Conway			INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER 19 Emerita ?



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

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

CALL 8 00 AM - 12.00 NOON FOR INSPECTION - WORK HOURS 8 00 AM TO 5 00 PM - NO SUNDAYS

Owner Stan Merkin Address 95 N Sewalls Pt Phone 286-7360

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No of Trees REMOVE 4 Species unknown

No. of Trees RELOCATE \_\_\_\_\_ Species \_\_\_\_\_

No of Trees REPLACE \_\_\_\_\_ Species \_\_\_\_\_

\*\*\*ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION\*\*\*

Reason for tree removal /relocation (See notice above) Plant fruit trees in their place.

Signature of Property Owner Stan Merkin Date 3/23/2009

Approved by Building Inspector [Signature] Date 3/25 Fee -

NOTES \_\_\_\_\_

SKETCH  
See picture



3.23.2009 10:50