

**106 North Sewall's Point Road**

**786**

**SFR**

**RECEIVED**  
JAN 25 1978

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 786  
Date 2/6/78

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable) Copy of property Deed required for new home construction.

Owner J. DEBNAR-KILGALLEN Present Address 2600 S KANNER HWY N-6  
STUART, FLORIDA Ph 286-2584

General Contractor (OWNER-BUILDER) Address \_\_\_\_\_ Ph \_\_\_\_\_

Where licensed \_\_\_\_\_ License No. \_\_\_\_\_

Plumbing Contractor TOM WINTERCON / STUART License No. \_\_\_\_\_

Electrical Contractor KRAUSS & CRANE, STUART License No. \_\_\_\_\_

Street building will front on NORTH SEWALLS POINT ROAD

Subdivision \_\_\_\_\_ Lot No. 2 Area SEC 35, TWP 37S, R 41E

Building area, inside walls (excluding garage, carport, porches) Sq ft 2964

Other Construction (Pools, additions, etc.) ~~POOL~~

Contract Price (excluding land, rugs, appliances, landscaping) \$ 58,000

Total cost of permit \$ 310.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked X

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period

Signed by General Contractor \_\_\_\_\_

*mid proofs  
2/1/78*

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

J. Debnar-Kilgallen  
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted \_\_\_\_\_

Date approved 2/2/78 Chuck & George

Certificate of Occupancy issued 2/2/78 Joe Date #786

DEPARTMENT OF HEALTH AND REHABILITATIVE  
SERVICES

DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES  
DATA SHEET

Location: SEWANEE POINT ROAD Applicant: PRICE ENG CO FOR  
CITY OF SEWANEE POINT County: MARTIN  
JOHN KILGALLAN

NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

*See Attached  
Plot Plan  
Sht. 3 of 3*

Plot plan must show all data required in 10D-60 2(a) and all other pert. data.

NOTE: Contractor is responsible for verifying all demen shown in the above note prior to installation of septic tank system.

PLAN  
Scale: 1"= \_\_\_\_\_

SOIL DATA

0	
1	
2	C.I., G.P. SP
3	
4	WATER TABLE 3'-4"
5	WET SEASON (6-16-77)
6	
7	
8	

LEGEND

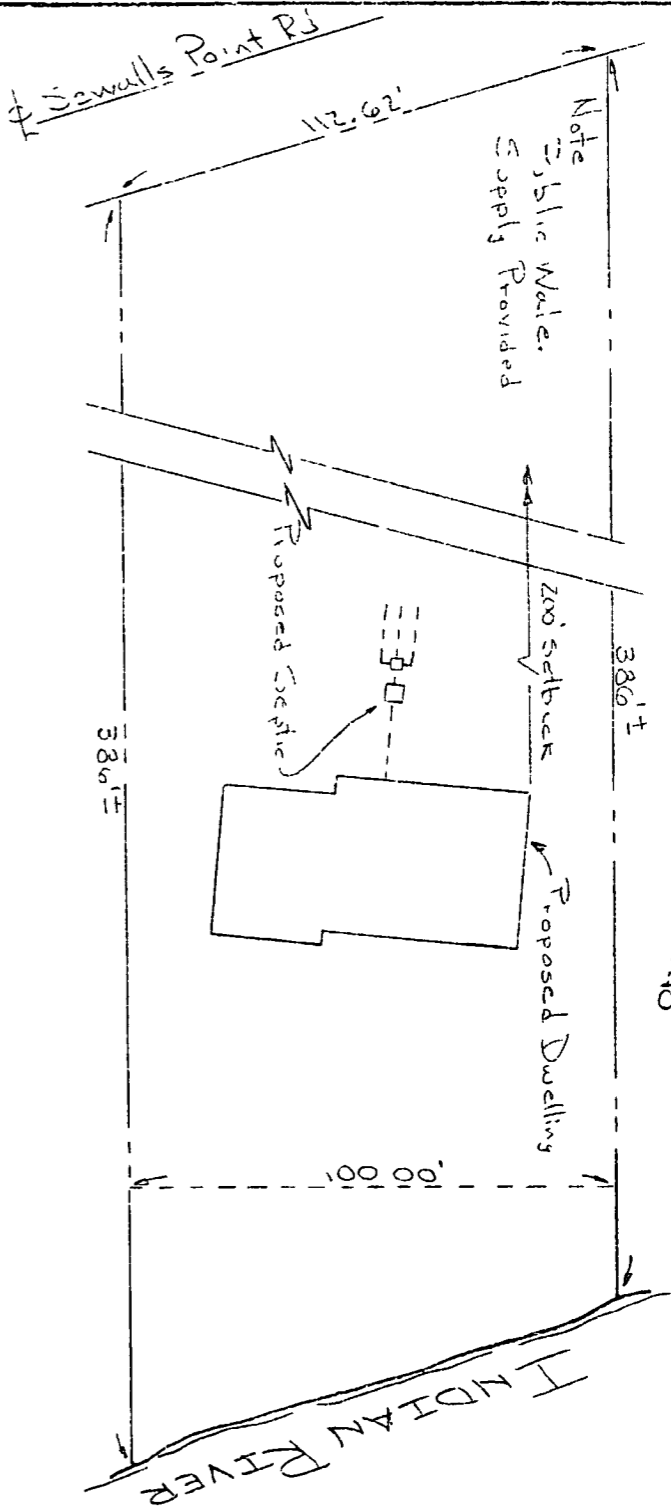
- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring & Percolation Test Location:

Soil Boring Log:

Soil Identification: (AS SHOWN ABOVE)  
CLASS \_\_\_\_\_ GROUP \_\_\_\_\_  
Soil Characteristics SANDY  
Percolation Rate 3/4 min/inch  
Water Table Depth 4'-4"  
Water Table Depth During Wet Season 3'-4"  
Compacted Fill of 0-0- Req'd  
Compacted Fill Checked By: \_\_\_\_\_  
Date \_\_\_\_\_

CERTIFIED BY: Ronald V. Price  
RONALD V. PRICE, P.E.  
Florida Professional  
Number 17288  
Date 1-16-78 Job # 77-147  
Sheet 2 Of 3

# 786



**PLOT PLAN**

A PORTION OF THE N 100' OF Gov Lot 2, Sect. 35, Twp. 37 S, Rge 41 E, Lying Easterly From The Sewalls Point Road, And Extends To The Waters Of The Indian River.

Prepared By  
**PRICE ENGINEERING Co**  
 Stuart Florida

Prepared For  
 Keith & Joann Kilgallen  
 Stuart Florida

*Keith & Joann Kilgallen*  
 # 786

Dwg By DC Date 1-4-78 Issued By [Signature] Date 1/19/78 Job No. 77-147

**PRICE ENGINEERING COMPANY**

**A PROFESSIONAL CORPORATION**

Engineers - Planners - Surveyors  
Environmental Consultants

~~XXXXXXXXXX~~

305-287-5628

Reply to

Keith & Joann Kilgallen  
2600 South Kanner Highway  
Apartment N-6  
Stuart, Florida 33494

P. O. Box 2116  
1320 Palm Beach Road  
Stuart, Florida 33494

**STATEMENT**

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TERMS: C. O. D

PROJECT SITE: Sewall's Point Road, Lot 2, Martin County  
P. O. #77-147      W. O. #8595

Prepare Percolation Test forms and applications..... \$25.00

TOTAL DUE... \$25.00

L. A. 307

January 18, 1978

*Paid ck # 100*

*P.C.*

278764

JAN 25 1978

# Warranty Deed

(STATUTORY FORM - SECTION 689.02-F5)

LARRY E. BUCHANAN  
of the Law Offices of  
CRARY, BUCHANAN & MEGINNISS  
P O Drawer 24  
STUART, FLORIDA 33494

This Indenture, Made this 20 day of July 19 77, Between  
C. B. NEVILLE and LUCY M. NEVILLE, his wife

of the County of Chatham, State of Georgia, grantor\*, and  
KEITH S. KILGALLEN and JOANN D. KILGALLEN, his wife,

whose post office address is 2600 South Kanner Hwy Apt N-6 Stuart

of the County of Monte, State of Florida, grantee\*,

Witnesseth, That said grantor, for and in consideration of the sum of  
-----TEN AND NO/100 (\$10.00)----- Dollars,

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

That portion of the North 100 feet of Government Lot 2, Section 35, Township 37 South, Range 41 East, lying Easterly from the Sewall's Point Road and extending to the waters of the Indian River; TOGETHER with all riparian rights and also TOGETHER with a perpetual easement in common with the Grantors, their successors and assigns, for the installation of wells and pump houses, and laying of pipe, over and across the North 5 feet and the South 5 feet of the North 200 feet of said Government Lot 2 that lies West of the said Sewall's Point Road, such Easement to extend a distance of 300 feet from the aforesaid Road;

SUBJECT, however, to building restrictions, zoning regulations... and easements of record in force and effect, and ALSO SUBJECT to taxes accruing subsequent to December 31, 1976.

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

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

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

Joann Wendel  
Jane Roberts

CB Neville (Seal)  
C. B. NEVILLE  
Lucy M Neville (Seal)  
LUCY M. NEVILLE

STATE OF GEORGIA  
COUNTY OF Chatham

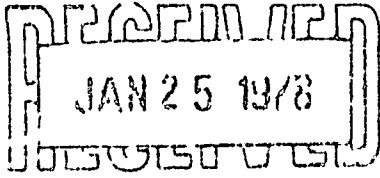
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared C. B. NEVILLE and LUCY M. NEVILLE, his wife

to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that they executed the same  
WITNESS my hand and official seal in the County and State last aforesaid this 20th day of July 1977

My commission expires

Sherric W. Sikes  
SHERRIE W SIKES  
Notary Public, Chatham County, Ga.  
M, Commission Expires Jan 27, 1980

# 786



TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date \_\_\_\_\_

This is to request that a Certificate of Approval for Occupancy be issued to Lot 9 Kellgallen

For property built under Permit No. 786 Dated 2/6/78

when completed in conformance with the Approved Plans.

Signed [Signature]

\*\*\*\*\*

RECORD OF INSPECTIONS

Item	Date	Approved by
Footings & Slab	4/4/78	Chas. Dwyer
Rough plumbing	4/11/78	Chas. Dwyer
Perimeter beam	5/16/78	Chas. Dwyer
Rough electric	4/22/78	John
Close in	4/22/78	John
Final plumbing	2/19/79	John
Final electric	2/19/79	John

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] date 2/27/79

Approved by Town Commissioner [Signature] date 28 Feb '79

Utilities notified Feb 27, 1979 date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

# 786



**885**

**POOL**

TOWN OF  
SEWALL'S POINT  
FLORIDA  
PARCEL #

Permit No. 885  
Date 10-24-78

APPLICATION FOR BUILDING PERMIT

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

RECEIVED  
OCT 30 1978  
BUILDING DEPT

Owner DR MRS K KILLGUS Present address 2600 KANNER WY  
Phone 286-2584

General contractor LAWREN PODS address 4306 S. U.S. 1  
Phone 283-4040 FT. PIERCE

Where licensed POOL CONTRACTOR - COMMERCIAL/RESIDENTIAL  
STATE CERTIFIED FILE NO. RR0021707

-Plumbing contractor \_\_\_\_\_ License No. \_\_\_\_\_  
-Electrical contractor \_\_\_\_\_ License No. \_\_\_\_\_

-Street the building will front on \_\_\_\_\_  
Subdivision No. 2001 of Sec. 35, TOWN 37 SO RANGE 4 EAST  
LOT 2 Lot No. \_\_\_\_\_ Area \_\_\_\_\_

-Building area, inside walls (excluding garage, carport, porches, etc.) 5800 square feet

-Other construction (pools, additions, etc.) 5800

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ 5800.00

-Total cost of permit \$ 30.00

-Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

I understand that this permit is good for 12 months from the date of its issue and that the building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12 month period.

[Signature]  
General Contractor

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

\_\_\_\_\_  
Owner

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

TOWN RECORD Date submitted \_\_\_\_\_

Approved: [Signature] 10/13/78  
Building Inspector Date

Approved: [Signature] 13 October 1978  
Commissioner Date

Completed 3/25/79  
Certificate of Occupancy issued None Date \_\_\_\_\_

TOWN OF  
SEWALL'S POINT  
FLORIDA  
ARLEY &

Permit No. 885

Date 10-24-78

APPLICATION FOR BUILDING PERMIT

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

RECEIVED  
OCT 3 - 1978  
PERMITS

Owner DET MRS K KIDGLEY Present address 2600 KANNER WY  
Phone 286-2584

General contractor Laura Potts address 4306 SO US-1  
Phone 283-4040 FT. PIERCE

Where licensed POOL CONTRACTOR - COMMERCIAL/RESIDENTIAL  
STATE CERTIFIED License No. RR0021707

Plumbing contractor \_\_\_\_\_ License No. \_\_\_\_\_

Electrical contractor \_\_\_\_\_ License No. \_\_\_\_\_

Street the building will front on \_\_\_\_\_

Subdivision No. 200 of Sec. 35, TOWN 37 SO RANGE 4 EAST  
LOT 2 Lot No. \_\_\_\_\_ Area \_\_\_\_\_

Building area, inside walls  
(excluding garage, carport, porches, etc.) ..square feet \_\_\_\_\_

Other construction (pools, additions, etc.) 5800

Contract price  
(excluding land, carpeting, appliances, landscaping, etc) \$ 5800.00

Total cost of permit \$ ~~2800~~ 30.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

I understand that this permit is good for 12 months from the date of its issue and that the building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12-month period.

[Signature]  
General Contractor

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

\_\_\_\_\_  
Owner

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

TOWN RECORD Date submitted \_\_\_\_\_

Approved: [Signature] 10/13/78  
Building Inspector Date

Approved: [Signature] 13 October 1978  
Commissioner Date

Completed 3/25/79 [Signature]  
Certificate of Occupancy issued None Date

**3747**

**REROOF**

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

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

Owner Joanne Kilgallon Present Address 106 N. Sewall's Point Rd.

Phone \_\_\_\_\_ Sewall's Point, Fl.

Contractor HEATON ENTERPRISES INC. Address P.O. BOX 1143

Phone 287-0116 PALM CITY, FL: 34990

Where licensed State of Fl. License number CCC036970

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

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

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

106 N. Sewall's Point Rd. 35-37-41-800-000-0010.10000

Subdivision \_\_\_\_\_ Lot number N100 or Gov. Lot 2 Block number \_\_\_\_\_

Contract price \$ 2,350.00 Cost of permit \$ 100.00

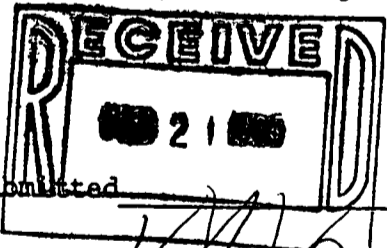
Plans approved as submitted N/A Plans approved as marked \_\_\_\_\_

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

Daniel E. Heaton, Pres.

Contractor Dan Heaton Pres

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



Owner J. Kilgallon

TOWN RECORD

Approved. Dale Brown 2/21/95  
Building Inspector Date

Date submitted \_\_\_\_\_

Approved: \_\_\_\_\_ Commissioner Date Final Approval given: \_\_\_\_\_ Date

Certificate of Occupancy issued (if applicable) \_\_\_\_\_ Date

SP1282 Permit No. \_\_\_\_\_

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

**4642**

**REROOF**

MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 7/8/99

BUILDING PERMIT NO. 4642

Building to be erected for JOANN KILGALLAN

Type of Permit RE-ROOF; FLAT (PTL)  
(LESS THAN 2500)  
Building Fee 30.00

Applied for by R & M RFG

(Contractor)

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Address 106 N. SEWALL'S POINT ROAD

Type of structure S.P.R.

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

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

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

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

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

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

Parcel Control Number 35-37-41-000-000-00100.10000

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

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees 30.00

Signed Rogers  
Applicant

Signed [Signature]  
Town Building Inspector

# RE-ROOFING PERMIT

#### INSPECTIONS

DRY IN  
PROGRESS

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

PROGRESS  
FINAL

DATE \_\_\_\_\_  
DATE 10/15/99 g

**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.**

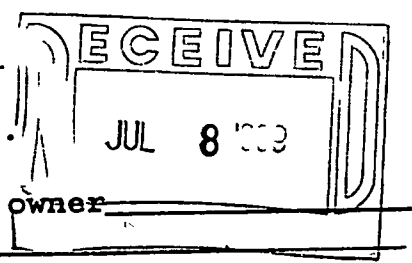
**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,  
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.**

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

Bldg. Pmt# 4642  
7/8/99

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

Date 7-8-99



Owner's Name: JOANN KILGallen Phone No. \_\_\_\_\_  
Owner's Present Address: 106 N. Sewall's Pt RD  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: 106 N. Sewall Point RD  
TYPE OF WORK TO BE DONE: Reroof FLAT Roof - Less than 25% of Structure

**CONTRACTOR INFORMATION**  
Contractor/Company Name: R&M Roofing Co Inc Phone No. 464-8419  
COMPLETE MAILING ADDRESS: 5702 Pinetree Dr Ft Pierce, FL 34982  
State Registration RC0040829 State License \_\_\_\_\_  
Legal Description of Property N 1/2 of Gov Lot 2 East of Road  
Parcel Number 35-37-41-600-000-00100.10000

**ARCHITECT/ENGINEER INFORMATION**  
Architect \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Engineer \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Area Square Footage: 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 finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
Cost of construction or Improvement 1700.00  
Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
Method of determining FMV \_\_\_\_\_

**SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)**  
Electrical \_\_\_\_\_ State License \_\_\_\_\_  
Mechanical \_\_\_\_\_ State License# \_\_\_\_\_  
Plumbing \_\_\_\_\_ State License# \_\_\_\_\_  
Roofing \_\_\_\_\_ State License# \_\_\_\_\_

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

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

**OWNER/ CONTRACTOR MUST SIGN APPLICATION**  
OWNER or AGENT SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.  
CONTRACTOR SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed \_\_\_\_\_ No. to be retained \_\_\_\_\_ No. to be planted \_\_\_\_\_  
Specimen tree removed \_\_\_\_\_ Fee \_\_\_\_\_ Authorized/Date \_\_\_\_\_  
DEVELOPMENT ORDER # \_\_\_\_\_

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
  - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
  - C. Contractor's name, address, phone number & license numbers.
  - D. Name all sub-contractors (properly licensed).
  - E. Current Survey
  - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:

1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC

# SELF INSURERS FUND

P O BOX 4907 • WINTER PARK, FL 32793 • (407) 671-FRSA  
1-800-767-3772 • FAX (407) 671-2520

## CERTIFICATE OF INSURANCE

### ISSUED TO

Town of Sewalls Point  
Attn: Phillip Caruana  
1 South Sewalls Point Road  
Stuart FL 34996

R & M Roofing Co , Inc. Roge  
5702 Pinetree Dr  
Fort Pierce FL 34982-3215

This is to certify that R & M Roofing Co , Inc. Roger Mosley, Qualifier  
5702 Pinetree Dr  
Fort Pierce FL 34982-3215

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND

COVERAGE NUMBER	<u>870-031053</u>	<u>LIMITS</u>	
EFFECTIVE DATE	<u>01/01/99</u>	Workers' Compensation	Statutory - State of Florida
EXPIRATION DATE	<u>01/01/00</u>	Employers' Liability	\$100,000 - Each Accident \$100,000 - Disease, Each Employee \$500,000 - Disease, Policy Limit

REMARKS Non-cancelable without 30 days prior written notice

This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above.

DATE 12/07/98

By *Tom Drake*  
Tom Drake, Administrator  
FRSA-SIF

By *Debbie Kemmerer*  
Debbie Kemmerer - SIF Accounts Representative  
FRSA-SIF

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
APR 21 99

PRODUCER

SID BANACK INSURANCE AGENCY  
2045 14TH AVE  
VERO BEACH FL 32961

PHONE 561-562-3369  
FAX 561-562-3466

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

### COMPANIES AFFORDING COVERAGE

COMPANY A TRANSCONTINENTAL

COMPANY B

COMPANY C

COMPANY D

INSURED

R & M ROOFING, INC  
5702 PINE TREE DRIVE  
FT PIERCE FL 34982

### 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
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR A <input type="checkbox"/> OWNER S & CONTRACTOR S PROT	B1 36197914	MAY 1 99	MAY 1 00	GENERAL AGGREGATE \$ 500,000 PRODUCTS COMP/OP AGG \$ 500,000 PERSONAL & ADV INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any One Fire) \$ 50,000 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 \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE EACH EMPLOYEE \$
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS


### CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT  
1 SOUTH SEWALL'S 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



Attention

ACORD 25-S (1/95)

Certificate # 10146



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**

**PAID - 10/15**

PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4701	Armstrong 41 W High Pt. Rd	rough plumbing (POOL)	PASSED	REPIPE EXSTG.
4522	Smith, Eric 121 White Ct.	tintag	PASSED	- GARAGE COVERED, UNABLE TO VERIFY VT EXSTG
4512	Kimmelman 108 Abbie Crt.	C.O.	NOT READY	- NO INSP; WALK THRU NEXT WK. WHEN CONTR. SCHED
4554	Glace/ Page 8 St Lucie Crt. 627-9554	tie beam/cd (UPPER)	PASSED	"ROSS" (call) 561-379-6223
	Kilgallen 106 N Sewalls Point Rd.	railing for screen enc.	PASSED	42" GUARD RAIL REQUIRED early AM before 9:30
4642	Fuglia 110 H Sewall	roof - final	PASSED	
4633	BENTON 1 CASTLE HILL WAY	ext. stairs & platforms	CANCEL BY CONTR 10/15 8.30	

**OTHER:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**4822**

**POOL/SPA**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 02/08/00

Building to be erected for MICHAEL BUONO

Applied for by RHR POOLS INC

Subdivision SEWALL'S POINT, SEC. 35 Lot 2 Block \_\_\_\_\_

Address 106 D SEWALL'S POINT RD

Type of structure \_\_\_\_\_

Parcel Control Number 35-37-41-000-000-001-001-00

Amount Paid \$240.00 Check # 2999 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 15,000.00

Signed [Signature] Applicant

Signed [Signature] Town Building Inspector

BUILDING PERMIT NO. 4822

Type of Permit POOL-SPA ADD'N

(Contractor) Building Fee \$240.00

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

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

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

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

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

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

TOTAL Fees \$240.00

# POOL / SPA PERMIT

INSPECTIONS			
SETBACKS	DATE _____	DECK	DATE _____
COMPACTION TESTS	DATE _____	ENCLOSURE & LATCH	DATE _____
GROUND ROUGH	DATE _____	DOOR ALARM(S)	DATE _____
STEEL & BOND	DATE _____	FINAL	DATE <u>8/4/00</u>
LIGHT NITCHE	DATE _____		

**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!**

*Need - pool - deck*

Bldg. Pmt# 4022  
2/8/00

**Town of Sewall's Point**

Date 1-24-00

**BUILDING PERMIT APPLICATION**

RECEIVED  
FEB - 3 2000  
936-0781

Owner's Name: Michael Buons Phone No. 936-0781  
Owner's Present Address: 106 North Sewell's Point Road  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: 106 North Sewell's Point Road  
TYPE OF WORK TO BE DONE: SP addition to existing pool, Diamond Brite interior, 50 heat pump, new tile  
CONTRACTOR INFORMATION  
Contractor/Company Name: Ryan Rothman / RHR Pools, Inc Phone No. 561-748-1563  
COMPLETE MAILING ADDRESS: 708 Commerce way west #6 - Jup FL 33458  
State Registration \_\_\_\_\_ State License QB-0013050  
Legal Description of Property LOT 2 Section 35 Sewell's Point  
Parcel Number 35-37-41-000-000-001-001-00

ARCHITECT/ENGINEER INFORMATION  
Architect NA Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Engineer El Sid Engineering Phone No. 863-1544  
Address 1825 7th Ave North Lake Worth FL 33461  
Area Square Footage: 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 finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
Cost of construction or improvement \$15,000  
Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
Method of determining FMV \_\_\_\_\_

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)  
Electrical Payuk Electric State License ME-00454 (Martin Co)  
Mechanical \_\_\_\_\_ State License# \_\_\_\_\_  
Plumbing \_\_\_\_\_ State License# \_\_\_\_\_  
Roofing \_\_\_\_\_ State License# \_\_\_\_\_

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

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

**OWNER/CONTRACTOR MUST SIGN APPLICATION**

OWNER or AGENT SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.

CONTRACTOR SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this 24th day of February, 2000 by Ryan Rothman who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.

SHARON ROTHMAN  
My Comm Exp 11/3/2001  
No CC69448  
Ordinarily Known [ ] Other [ ]

**TREE REMOVAL (Attach sealed survey)**  
No. of trees to be removed \_\_\_\_\_ No. to be retained \_\_\_\_\_ No. to be planted \_\_\_\_\_  
Specimen tree removed \_\_\_\_\_ Fee \_\_\_\_\_ Authorized/Date \_\_\_\_\_  
DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE :**

- A. Property Appraiser's Parcel Number.
  - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
  - C. Contractor's name, address, phone number & license numbers.
  - D. Name all sub-contractors (properly licensed).
  - E. Current Survey
  - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
1. Floor Plan
  2. Foundation Details
  3. Elevation Views - Elevation Certificate due after slab inspection.
  4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
  5. Truss layout
  6. Vertical Wall Sections (one detail for each wall that is different)
  7. Fireplace drawing: If prefabricated submit manufacturers data.

**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_



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 10/27/1999  
EXPIRATION DATE 10/26/2001  
EXEMPTED INDIVIDUAL NAME ROTHMAN RYAN H  
S S. 064-46-9391  
BUSINESS NAME R H R POOLS INC  
FEIN 650794866  
BUSINESS ADDRESS 708 COMMERCE WAY WEST #6  
JUPITER FL 33458

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 10/27/1999

EXPIRATION DATE 10/26/2001

EXEMPTED PERSON LAST NAME ROTHMAN

FIRST NAME RYAN H

SOCIAL SECURITY NUMBER 064-46-9391

BUSINESS NAME R H R POOLS INC

FEDERAL IDENTIFICATION NUMBER 650794866

BUSINESS ADDRESS 708 COMMERCE WAY WEST #6

JUPITER FL 33458



FOLD  
HERE

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.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/25/2000

**PRODUCER:**  
 JUPITER INSURANCE AGENCY, INC.  
 90 TOWN HALL AVENUE  
 JUPITER, FLORIDA 33458  
 (561) 747-0566

**INSURED:**  
 RH POOLS, INC.  
 703 COMMERCE WAY WEST, #6  
 JUPITER, FLORIDA 33458  
 (561) 748-1563

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

**INSURERS AFFORDING COVERAGE**

INSURER A: SCOTTSDALE INSURANCE COMPANY  
 INSURER B: \_\_\_\_\_  
 INSURER C: \_\_\_\_\_  
 INSURER D: \_\_\_\_\_  
 INSURER E: \_\_\_\_\_

RECEIVED  
 JAN 25 2000  
 BY: \_\_\_\_\_

**FILE**

**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  GENERAL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	C21335	12/11/99	12/11/00	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000
	<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 (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<b>TRAILER LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ _____ OTHER THAN EA ACC \$ _____ AUTO ONLY AGG \$ _____
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ _____ 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 \$ _____
A	<b>OTHER</b> E & O POOL POP ENDT.	C21335	12/11/99	12/11/00	1,000,000 50,000occ/100,000agg

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

**CERTIFICATE HOLDER**

**ADDITIONAL INSURED; INSURER LETTER**

**CANCELLATION**

TOWN OF SEWELLS POINT  
 ONE SOUTH SEWELLS POINT ROAD  
 SEWELLS POINT, FLORIDA 34996  
 FAX: 561-220-4765

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  
  
 ACORD CORPORATION 1998

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) <b>02/07/2000</b>
PRODUCER R V Howard & Assoc Inc 8487 South US 1 Port St Lucie, FL 34952	<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> FEB - 7 2000 BY: _____	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED RHR Pools Inc. 708 Commerce Way West #6 Jupiter, FL 33458		INSURERS AFFORDING COVERAGE INSURER A. <u>Frontier Insurance Company</u> INSURER B _____ INSURER C _____ INSURER D _____ INSURER E _____

**COVERAGES**

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

INSTR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GENTL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS COMP/OP AGG \$ _____								
	<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 - CA ACCIDENT \$ _____ OTHER THAN EA ACC \$ _____ AUTO ONLY 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>	821000002816098	02/19/1999	02/19/2000	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">WC STATUTORY LIMITS</td> <td style="width: 40%; border-bottom: 1px solid black;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE POLICY LIMIT</td> <td style="text-align: right;">\$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 100,000	E.L. DISEASE - EA EMPLOYEE	\$ 100,000	E.L. DISEASE POLICY LIMIT	\$ 500,000
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$ 100,000												
E.L. DISEASE - EA EMPLOYEE	\$ 100,000												
E.L. DISEASE POLICY LIMIT	\$ 500,000												
	<b>OTHER</b>												

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

<b>CERTIFICATE HOLDER</b>  Town of Sewells Point 1 South Sewells Point Road Sewells Point, FL 34996	<b>ADDITIONAL INSURED INSURER LETTER</b>  _____
<b>CANCELLATION</b> 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 	

MARTIN COUNTY CONTRACTORS  
CERTIFICATE OF COMPETENCY

W. H. HAN, FRANK  
F. POOLE  
THE COMMERCIAL BANK BUILDING  
MARTIN, TENN. 37550

EXPIRES SEPTEMBER 30, 20 06

AUDIT CONTROL NUMBER	37119	CERTIFICATE NUMBER	SP02559
----------------------	-------	--------------------	---------

CERTIFIED CONTRACTOR

SWIMMING POOL CONTRACTOR

SIGNATURE \_\_\_\_\_

ATTEST **VALERIE A. MESSNER**  
LICENSING ADMINISTRATOR

1823



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

RHR POOLS INC  
708 COMMERCE WAY WEST #6  
JUPITER FL 33458

STATE OF FLORIDA AC# 5716689  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 GB -0013050 10/25/1999 9901148  
 QUALIFIED BUSINESS ORGANIZATION  
 RHR POOLS INC  
 (NOT A LICENSE TO PERFORM WORK  
 ALLOWS COMPANY TO DO BUSINESS  
 IT HAS A LICENSED QUALIFIER.)  
 IS QUALIFIED under the provisions of Ch 489  
 Expiration Date AUG 31, 2001

DETACH HERE

AC# 5716689 STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
10/25/1999	99011482	GB -0013050

QUALIFIED BUSINESS ORGANIZATION  
 IS QUALIFIED  
 Under the provisions of Chapter 489 FS.  
 Expiration date: AUG 31, 2001  
 (THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS THE  
 COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

RHR POOLS INC  
 708 COMMERCE WAY WEST #6  
 JUPITER FL 33458

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON SECRETARY

PERMIT = \_\_\_\_\_

TAX FOLIO = 35 37 41 000 000 001 001-00

### 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)

LOT Section 35 106 North Sewell Point Rd.

GENERAL DESCRIPTION OF IMPROVEMENT

Spa addition

OWNER Michael Buono

ADDRESS 106 North Sewells Point Road Stuart 33496

PHONE # 936-0781

FAX # \_\_\_\_\_

CONTRACTOR RHR Pools, Inc

ADDRESS 708 Commerce Way West #6 Jupiter FL 33458

PHONE # 561-748-1563

FAX # 561-748-1564

SURETY COMPANY (IF ANY) NA

ADDRESS \_\_\_\_\_

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

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

LENDER NA

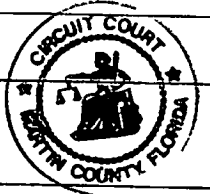
ADDRESS \_\_\_\_\_

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

FAX # \_\_\_\_\_  
STATE OF FLORIDA  
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
MARSHA STILLER, CLERK

BY TC DC  
DATE 1-21-00



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

NAME NA

ADDRESS \_\_\_\_\_

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

FAX # \_\_\_\_\_

IN ADDITION TO HIMSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_

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

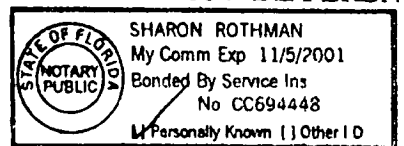
PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

EXPIRATION DATE OF NOTICE OF COMMENCEMENT \_\_\_\_\_

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

Michael Buono  
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 10th DAY OF January 2000 BY Michael Buono

OR PERSONALLY KNOWN   
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_



# EL-SID ENGINEERING

113 EBBTIDE DRIVE  
NORTH PALM BEACH, FLORIDA 33408  
(407) 863-1559  
(305) 380-7467

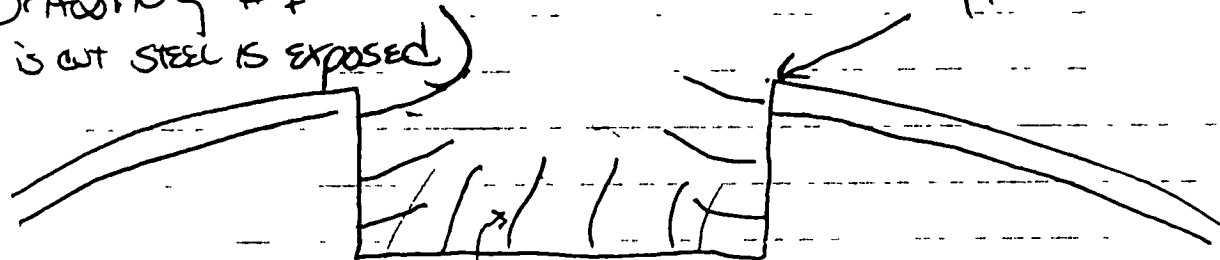
SIDNEY KOVNER, P E  
ISAAC KOVNER, E I  
HERMAN KATZ

2/1/00

BUONO RESIDENCE  
SEVELL'S POINT  
BLDG DEPT.

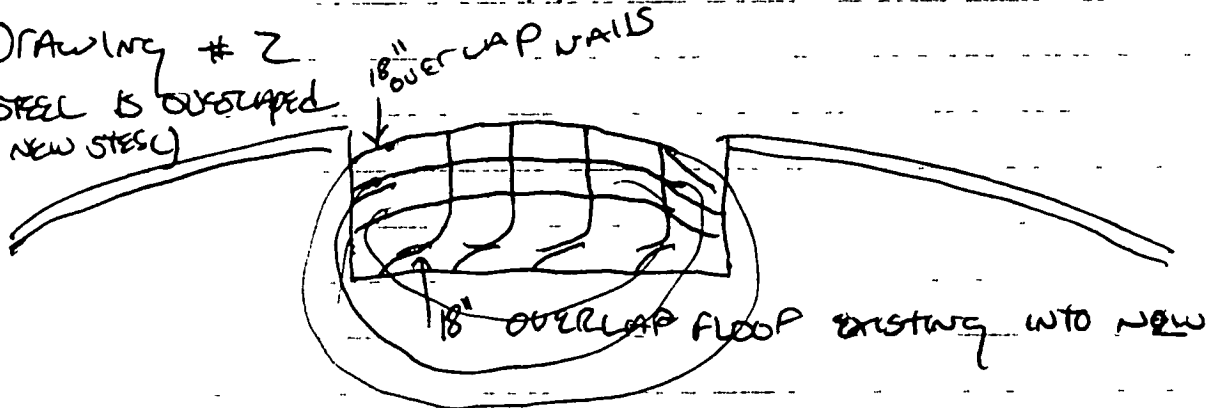
## SPA X-SECTION

DRAWING # 1  
(WALL IS CUT STEEL IS EXPOSED)



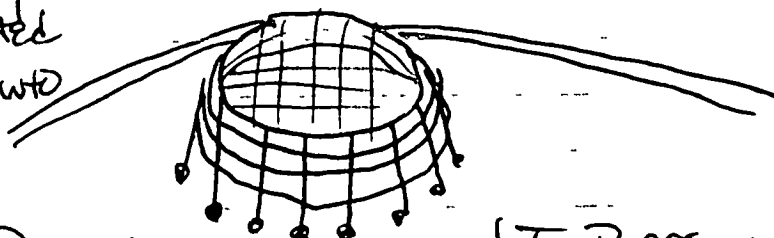
EXISTING STEEL  
(WALL HAS BEEN PRESERVED)  
NTS

DRAWING # 2  
(NEW STEEL IS OVERLAPPED INTO NEW STEEL)



NTS

DRAWING # 3  
CAGE IS FORMED SUPPORTED BY UPRIGHTS DOWELED INTO FLOOR.



epoxy DOWEL OF UPRIGHT BARS IN EXISTING POOL FLOOR  
NTS

Isaac Kovner  
2/1/00

**LEGAL DESCRIPTION**

THAT PORTION OF THE NORTH 100 FEET OF GOVERNMENT LOT 2, SECTION 35, TOWNSHIP 37 SOUTH, RANGE 41 EAST, LYING EASTERLY FROM THE SEWALLS POINT ROAD AND EXTENDING TO THE WATERS OF THE INDIAN RIVER,

TOGETHER WITH A PERPETUAL EASEMENT IN COMMON WITH THE GRANTORS, THEIR SUCCESSORS AND ASSIGNS, FOR THE INSTALLATION OF WELLS AND PUMP HOUSES, AND LAYING OF PIPE, OVER AND ACROSS THE NORTH 5 FEET AND THE SOUTH 5 FEET OF THE NORTH 200 FEET OF SAID GOVERNMENT LOT 2 THAT LIES WEST OF THE SAID SEWALLS POINT ROAD, SUCH EASEMENTS TO EXTEND A DISTANCE OF 300 FEET FROM THE AFORESAID ROAD

**FLOOD ZONE** : SPLIT ZONE:  
 A10-(120164-0002-D) AND  
 V13-(120164-0002-D)

**PROPERTY ADDRESS**  
 106 N SEWALL'S POINT ROAD  
 STUART, FL 33496

**INVOICE NUMBER** : 33269

**DATE OF FIELD WORK** : 12/06/99

**CERTIFIED TO**  
 MICHAEL J. BUONO  
 BAUER & TWOHEY, P.A.  
 ATTORNEYS TITLE INSURANCE FUND, INC.  
 RIVERSIDE NATIONAL BANK OF FLORIDA, ITS  
 SUCCESSORS AND/OR ASSIGNS

**LEGEND**

---	WOOD FENCE	Δ	CENTRAL ANGLE/Delta
- - -	WIRE FENCE	DB	DEED BOOK
FN	NAIL	D	DESCRIPTION OR DEED
●	PROPERTY CORNER	DH	DRILL HOLE
R	RECORD	D/W	DRIVEWAY
M	FIELD MEASURED	ESMT	EASEMENT
C	CALCULATED	EL	ELEVATION
CL	CLEAR	FF	FINISHED FLOOR
ENCR	ENCROACHMENT	FCM	FOUND CONCRETE MONUMENT
C	CENTERLINE	FPK	FOUND PARKER-KALON NAIL
CONC	CONCRETE	L	LENGTH
P	PROPERTY LINE	LAE	LIMITED ACCESS EASEMENT
CM	CONCRETE MONUMENT	MH	MANHOLE
FIR	FOUND IRON ROD	NTS	NOT TO SCALE
FIP	FOUND IRON PIPE	OR	OFFICIAL RECORDS
R/W	RIGHT OF WAY	ORB	OFFICIAL RECORDS BOOK
N&D	NAIL & DISC	P.C.P.	PERMANENT CONTROL POINT
DE	DRAINAGE EASEMENT	PRM	PERMANENT REFERENCE MONUMENT
UE	UTILITY EASEMENT	PG	PAGE
FD	FOUND	PVMT	PAVEMENT
P	PLAT	PB	PLAT BOOK
ASPH	ASPHALT	POB	POINT OF BEGINNING
OHL	OVERHEAD UTILITIES	P.O.C.	POINT OF COMMENCEMENT
PP	POWER POLE	P.O.L.	POINT ON LINE
TX	TRANSFORMER	P.C.	POINT OF CURVATURE
CATV	CABLE RISER	P.R.C.	POINT OF REVERSE CURVE
WM	WATER METER	P.T.	POINT OF TANGENCY
TEL	TELEPHONE FACILITIES	R	RADIUS (RADIAL)
CA	COVERED AREA	ROE	ROOF OVERHANG EASEMENT
BR	BEARING REFERENCE	S.I.R.	SET IRON ROD & CAP
CH	CHORD	S/W	SIDEWALK
RAD	RADIAL	T.B.M.	TEMPORARY BENCH MARK
N.R.	NON RADIAL	T.O.B.	TOP OF BANK
A/C	AIR CONDITIONER	TYP	TYPICAL
B.M.	BENCH MARK	WC	WITNESS CORNER
CB	CATCH BASIN	10.50	EXISTING ELEVATION
C	CALCULATED		

- GENERAL NOTES.**
- LEGAL DESCRIPTION PROVIDED BY OTHERS
  - THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS OR OTHER RECORDED ENCUMBRANCES NOT SHOWN ON THE PLAT
  - UNDERGROUND PORTIONS OF FOOTINGS FOUNDATIONS OR OTHER IMPROVEMENTS WERE NOT LOCATED
  - WALL TIES ARE TO THE FACE OF THE WALL
  - NOT VALID UNLESS SEALED WITH THE EMBOSSED SURVEYORS SEAL
  - ONLY VISIBLE ENCROACHMENTS LOCATED
  - NO IDENTIFICATION FOUND ON PROPERTY CORNERS UNLESS NOTED
  - DIMENSIONS SHOWN ARE PLAT AND MEASURED UNLESS OTHERWISE SHOWN
  - FENCE OWNERSHIP NOT DETERMINED
  - ELEVATIONS IF SHOWN ARE BASED UPON N.G.V.D UNLESS OTHERWISE NOTED
  - BEARINGS REFERENCED TO LINE NOTED AS B.R.

I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION

SIGNED \_\_\_\_\_ STATE OF FLORIDA  
 RALPH SWERDLOFF REGISTERED LAND SURVEYOR NO 341

SIGNED \_\_\_\_\_ STATE OF FLORIDA  
 CARL MICHAEL SMITH REGISTERED LAND SURVEYOR NO 3762

SIGNED \_\_\_\_\_ STATE OF FLORIDA  
 NOE ACUILAR REGISTERED LAND SURVEYOR NO 5571

SIGNED \_\_\_\_\_ STATE OF FLORIDA  
 CLYDE D McNEAL REGISTERED LAND SURVEYOR NO 2883

SIGNED \_\_\_\_\_ STATE OF TENNESSEE  
 JAMES C MCALEER REGISTERED LAND SURVEYOR NO 1,133

THIS SURVEY IS INTENDED FOR MORTGAGE OR REFINANCE PURPOSES ONLY EXCLUSIVELY FOR THIS USE BY THOSE TO WHOM IT IS CERTIFIED THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION PERMITTING DESIGN OR ANY OTHER USE WITHOUT THE WRITTEN CONSENT OF FPSI FINANCIAL SURVEYORS INC

**First Financial Surveyors, Inc.**  
 AND AFFILIATED COMPANIES  
 L B 6387 (FLORIDA)  
 Nationwide 1 800 787 8266 Fax 1-800 787 8260

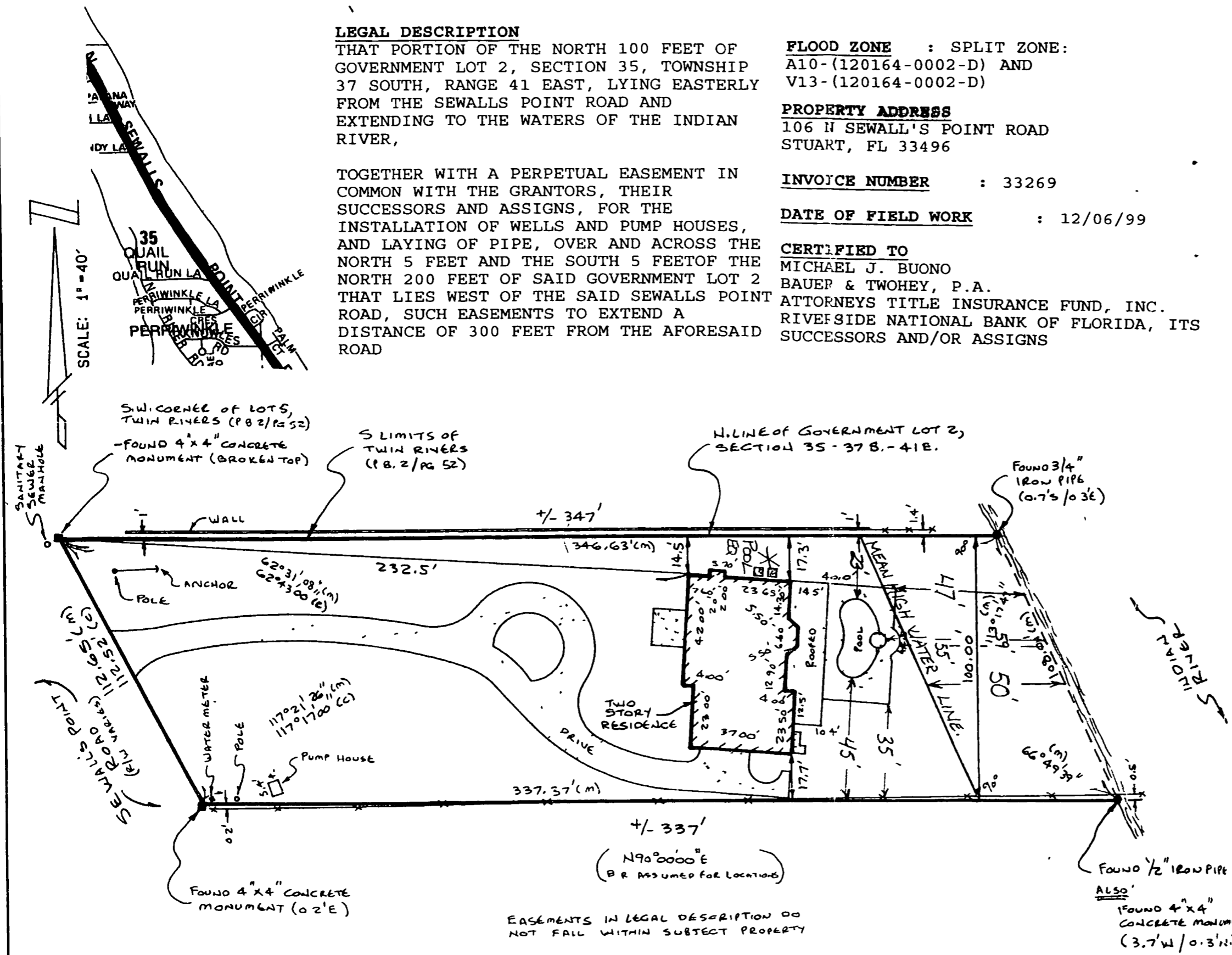
365 N. Vin Avenue Suite 1  
 Orlendo Florida 32765  
 (407) 977 7010 Fax (407) 977 7020

2500 SW 92nd Street Suite B204  
 Miami Florida 33156  
 (305) 271 3655 Fax (305) 271 8499

2000 N Florida Mango Road Suite 202  
 West Palm Beach Florida 33409  
 (561) 640 4800 Fax (561) 640 0576

1290 Bermuda Isle Circle Suite 429  
 Naples Florida 34109  
 (941) 513 6932 Fax (941) 513 6931

1187 Vulture Boulevard  
 Nashville Tennessee 37217  
 (615) 366 8432 Fax (615) 366 8477



EASEMENTS IN LEGAL DESCRIPTION DO NOT FALL WITHIN SUBJECT PROPERTY



# 2000 ~~1998~~ ~~1999~~

## Town of Sewall's Point

### Building Department - Inspection Log

PAGE 1 OF 1

In - 2/11/00

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4822	Buono	<del>inspect</del>	Passed	FORMBOARD SURVEY WAIVED
⑥	106 N. S. St. Rd. RHR POOLS	<del>inspect</del> (POOL/SPA ADDN)	By	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4665	Nicklas	framing	Passed	re-inspect
①	21 Castle Hill		By	All 2. Receptacles
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4797	10 Castle Hill	in w check of vs. lift on	Passed	Front Entrance at L.R.
⑤	Wm. Deane FLOORING SHUTTER	Shutters (REINSPECTION)	By	inspection
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4628	71 Castle Hill	Tin-top + metal	Rejct By	Re-nail 4' staggered
④	Strathmore			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4662	Foglia	Flamingo	Passed	Need Temp CLASS
⑧	106 Henry Sewall 106 Uair	L-Trade		in MASTER BACK
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4803	Foglia	Shutters	Passed	will check AT final insp
⑦	101 1/2 Sewall	small	PASS & (RENEW w/w/4)	needs SURVEY IF F.B. No Sub. Permits? Slab FOR GARAGE IS MISC
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4588	Grime's	final	Passed	ALL DOCUMENTS FOR CO REC'D.
③	15 CASTLE HILL WAY (0/6)	(REINSPECT)	By	

**OTHER:** CHECK 19 CASTLE HILL; VERIFY SITE CLEANUP & DUMPSTER EMPTY  
 (STRATHMORE - IF NOT IN COMPLIANCE ADVISE THAT STOP WORK ORDER  
 WILL BE POSTED THIS P.M.). SEE F/U NOTE ATTACHED TO INSP. LOG.

\* SPEAK WITH BUILDERS CLEANING LOT TODAY & WAIT EMPTY  
 Dumpster memo Ed said O.K. & PINE TREE WAS REMOVED. TYP. CO. DEPT

**INSPECTOR:** C. J. T. H. T. F. L. E. J. R. DATE: 2/11/00

2000 ~~1999~~ 1999

Town of Sewall's Point  
Building Department - Inspection Log

Fri: 2-18-00

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4820	FRARACCIO	sheathing	Partial	
⑩	26 E High Point PACIFIC REG.	11:00 AM	BS	11: AM SMALL AREA OF plywood INSTALLATION WITHIN FC SPOT CHECK
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4502	Carroll	Lintag & metal	Cancelled	After 2 PM on Set up for MON. NOT Ready
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4577	Seeley	garage & vacuolated concrete slab	Passed BS	1st fl slab
②	37 E of Highway			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4722	Neese	roof final	Passed BS	
⑧	8 S. River East of Ridgeview			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4722	Buono	foot piping	Passed BS	
①	106 N S.P. Rd.			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4784	Feolia	steel main drain	Passed BS	PIB - #50 pressure
⑬	110 H. Sewall way			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4830	Toaglia	Drywall screws	Partial BS	Just started
⑫	106 H. Sewall way			

OTHER: 1. T/R PERMIT APPL. 37 E. HIGHPOINT

INSPECTOR: \_\_\_\_\_

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-4, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5030	Demarkation 19 Castle Hill Way	shutters FINAL-REINSPECTION	PASSED	VERIFY M-VC APPR. LABELS (MFR. LTR. ON FILE)
⑨	Superior Storm	Shutters (MPN 4651)	SA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4943	Botwinick 27 Emmita	slab	PASSED	1st thing in AM
①	1st Fla. Dev.		SA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4595	Seely 37 Lofting Way	framing WALK-THRU; REINSPECTION	OK	REQUIRED FIRE-STOP
⑦	Gibben	MONDAY 8/7 - NO FILE	SA	\$FORM REQUIREMENT
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ <del>4595</del>	<del>Seely</del>	<del>framing</del>	<del>OK</del>	<del>REQUIRED FIRE-STOP</del>
⑪	<del>Seely</del>	final	PASSED	2/11/00 STL-BOND B-G
⑪	<del>Seely</del>	pool?	SA	2/11/00 STL-BOND B-G
⑪	Pool	IN PROGRESS INSP. 8/2		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5036	Seely	- for final	PASSED	NO ONE HOME, DO P. DOCS
②		verified record	SA	5' VINYL CT. CHAIN NET/SUB 6' WIND STOPPING RAIL (CPL)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4897	Van Wagner 3 Polara Way	deck	PASSED	COMP TEST RCVD 8/4
⑩	RHR Pools		SA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4921	Schram (P. WENPPLE)	insulation	PASSED	
④	109 S.S.P. Rd. Davison Insulation		SA	

OTHER: T/R APPL. - FIELD INSP.; 143 S. RIVER RD - KIPLINGER (P. TREE LONGE) 0/B  
 " " " " " " " " " " " " ( " " " ) MONTES TREE SERV.  
 288-1715 ✓ CODE B.P. COMPL.; 16 RIDGEWOOD, FL HURST CONS. (DEWMS) PD 5013 - VALGEXUS? RILL (PER TINA 8/9)

KEY  
WILL  
SIGNATURE  
TODAY

INSPECTOR (Name/Signature)

**5651**

**BERM**

MASTER PERMIT NO. \_\_\_\_\_

**TOWN OF SEWALL'S POINT**

Date 12/27/01

BUILDING PERMIT NO. 5651

Building to be erected for MICHAEL BUONO Type of Permit BERM

Applied for by KICKIN GRASS (Contractor) Building Fee 35.00

Subdivision SEWALLS POINT Lot 2 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 106 N. Sewall's Point Rd. Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

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

Parcel Control Number Plumbing Fee \_\_\_\_\_

35374100000000100100 Roofing Fee \_\_\_\_\_

Amount Paid \$35.00 Check # 2838 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ \$3,700.00 TOTAL Fees \$35.00

Signed [Signature]

Applicant

Signed Gene Simmons / rle

Town Building Inspector

OFFICIAL

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name Michael Buono Building Permit Number
City Sewalls Point State FL Zip 34986
Legal Description of Property 106 N Sewalls Point Rd Parcel Number
Location of Job Site SEWALLS POINT LOT 2 Type of Work To Be Done

CONTRACTOR/Company Name KICKIN GRASS LANDSCAPING Phone Number 692-8092
Street P.O. Box 1444 City J-B State FL Zip 34957
State Registration Number State Certification Number Martin County 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 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 \$3700 - 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)
State of Florida, County of
This the 14th day of December, 2001
by [Signature] who is personally
known to me or produced
as identification

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of
This the 14th day of December, 2001
by [Signature] who is personally
known to me or produced
as identification

Notary Public
My Commission Expires

Notary Public
My Commission Expires

Seal
Christina H. Schneider
MY COMMISSION # CC733887 EXPIRES
April 14, 2002
BONDED THRU TROY FAIN INSURANCE INC

2001-2002 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

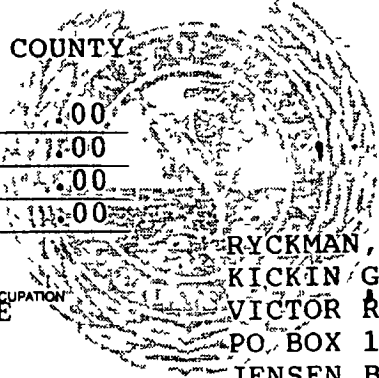
Larry C O'Steen, Tax Collector, P O Box 9013, Stuart, FL 34995  
(561) 288-5604

LICENSE 1997-267-031 CERT             
PHONE (561)692-8092 SIC NO 00872

LOCATION  
809 NW WATERLILY PL MAR

CHARACTER COUNTS IN MARTIN COUNTY

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



RYCKMAN, VICTOR  
KICKIN GRASS 1 BY  
VICTOR RYCKMAN  
PO BOX 1444 L  
JENSEN BEACH FL 34958-1444

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION  
OF LAWN MAINTENANCE LAWCARE

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF DECEMBER 2001  
AND ENDING SEPTEMBER 30 2002

12 01091301 003980 PAID

2001-2002 MARTIN COUNTY RECEIPT  
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1997-267-031 CERT             
PHONE (561)692-8092 SIC NO 00872

LOCATION  
809 NW WATERLILY PL MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

RYCKMAN, VICTOR  
KICKIN GRASS 1 BY  
VICTOR RYCKMAN  
PO BOX 1444 L  
JENSEN BEACH FL 34958-1444

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION  
OF LAWN MAINTENANCE LAWCARE

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF DECEMBER 2001  
AND ENDING SEPTEMBER 30 2002

12 01091301 003980 PAID

**ACORD. CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)

<b>PRODUCER</b> A BETTER DEAL INSURANCE AGENCY 1026 SW BAYSHORE BLVD PT ST LUCIE, FL 34983 561-871-1975	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  <b>INSURERS AFFORDING COVERAGE</b> INSURER A: MARYLAND INSURANCE COMPANY INSURER B: PROGRESSIVE INSURANCE INSURER C: CEIB INSURER D: INSURER E:
<b>INSURED</b> VICTOR RYCKMAN DBA KICKIN GRASS 809 NW WATER LILLY PLACE JENSEN BEACH, FL 34957	

**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

INSTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	SCP 33512709	7-15-98 7-15-00	7-15-00 7-15-02	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000								
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	04314758-0	3-30-00 3-30-01	3-30-01 3-30-02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$1,000,000 BODILY INJURY (Per accident) \$1,000,000 PROPERTY DAMAGE (Per accident) \$1,000,000								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY BA ACC \$ AGG \$								
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
X	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	13657-1	4-02-00 4-02-01	4-02-01 4-02-02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC BY TU TOY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E L EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>E L DISEASE EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E L DISEASE POLICY LIMIT</td> <td>\$ 100,000</td> </tr> </table>	WC BY TU TOY LIMITS	OTH-ER	E L EACH ACCIDENT	\$ 100,000	E L DISEASE EA EMPLOYEE	\$ 500,000	E L DISEASE POLICY LIMIT	\$ 100,000
WC BY TU TOY LIMITS	OTH-ER												
E L EACH ACCIDENT	\$ 100,000												
E L DISEASE EA EMPLOYEE	\$ 500,000												
E L DISEASE POLICY LIMIT	\$ 100,000												
	OTHER												

DESCRIPTION OF OPERATION/LOCATION/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**LAWN MAINTANCE**

<b>CERTIFICATE HOLDER</b>	ADDITIONAL INSURED-INSURER LETTER	<b>CANCELLATION</b>
		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 AUTHORIZED REPRESENTATIVE:



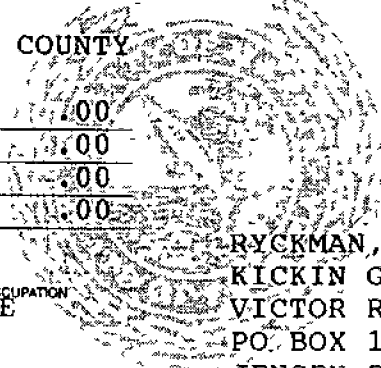
2001-2002 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1997-267-031 CERT             
PHONE (561)692-8092 SIC NO 00872  
LOCATION 809 NW WATERLILY PL MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR \$	<u>.00</u>	LIC FEE \$	<u>.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>



RYCKMAN, VICTOR  
KICKIN GRASS 1 BY  
VICTOR RYCKMAN  
PO BOX 1444 L  
JENSEN BEACH FL 34958-1444

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION  
OF LAWN MAINTENANCE LAWNCARE

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF DECEMBER 2001

AND ENDING SEPTEMBER 30 2002

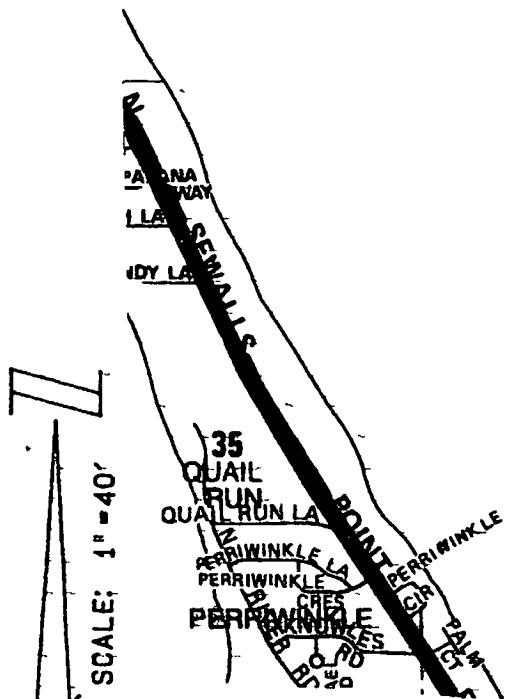
12 01091301 003980 PAID

**LEGAL DESCRIPTION**

THAT PORTION OF THE NORTH 100 FEET OF GOVERNMENT LOT 2, SECTION 35, TOWNSHIP 37 SOUTH, RANGE 41 EAST, LYING EASTERLY FROM THE SEWALLS POINT ROAD AND EXTENDING TO THE WATERS OF THE INDIAN RIVER;

TOGETHER WITH A PERPETUAL EASEMENT IN COMMON WITH THE GRANTORS, THEIR SUCCESSORS AND ASSIGNS, FOR THE INSTALLATION OF WELLS AND PUMP HOUSES, AND LAYING OF PIPE, OVER AND ACROSS THE NORTH 5 FEET AND THE SOUTH 5 FEET OF THE NORTH 200 FEET OF SAID GOVERNMENT LOT 2 THAT LIES WEST OF THE SAID SEWALLS POINT ROAD, SUCH EASEMENTS TO EXTEND A DISTANCE OF 300 FEET FROM THE AFORESAID ROAD

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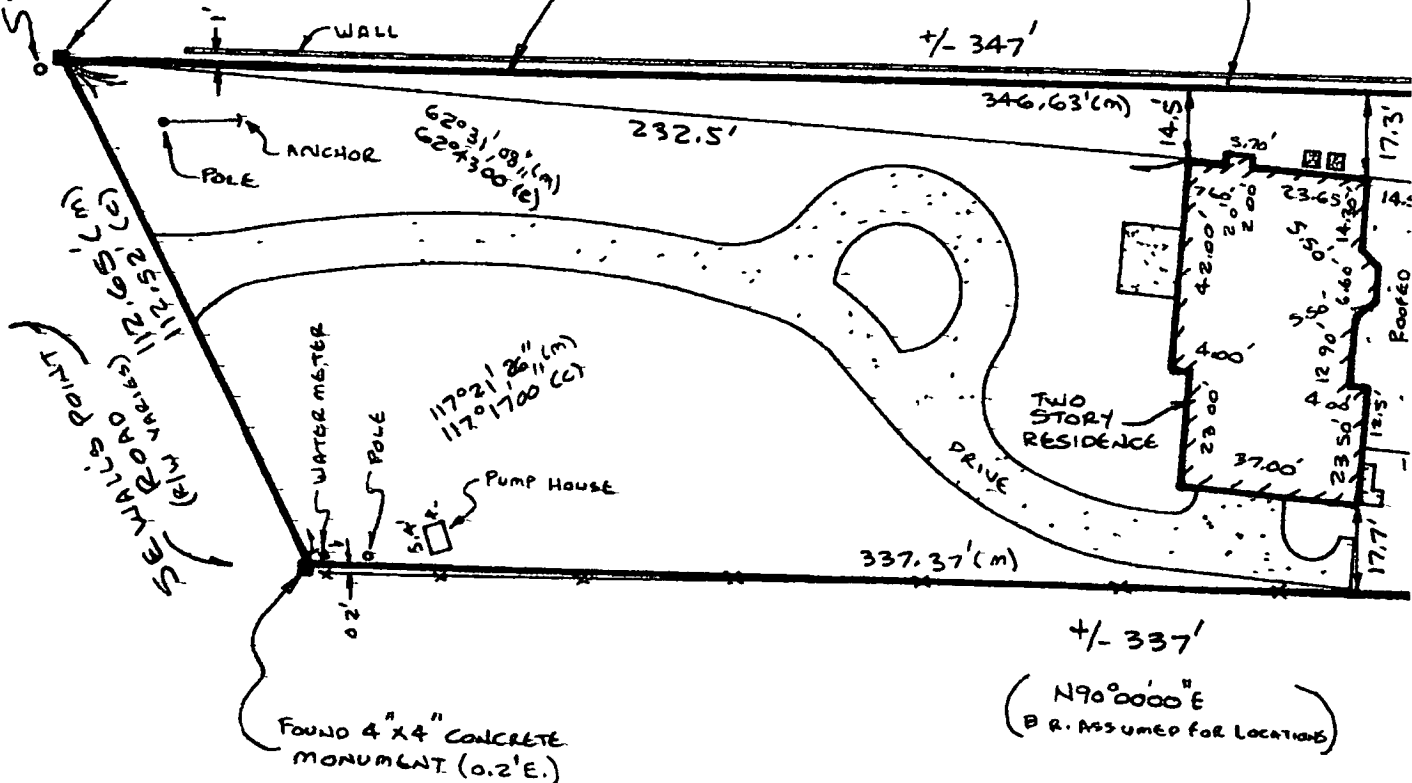
SCALE: 1" = 40'

SANITARY SEWER MANHOLE

SW. CORNER of LOTS, TWIN RIVERS (P.B. 2/PG 52)  
- FOUND 4" x 4" CONCRETE MONUMENT (BROKEN TOP)

S. LIMITS OF TWIN RIVERS (P.B. 2/PG 52)

N. LINE of G SECTION 3



EASEMENTS IN LEGAL DESCRIPTION DO NOT FALL WITHIN SUBJECT PROPERTY

**ZONE** : SPLIT ZONE:  
 120164-0002-D) AND  
 120164-0002-D)

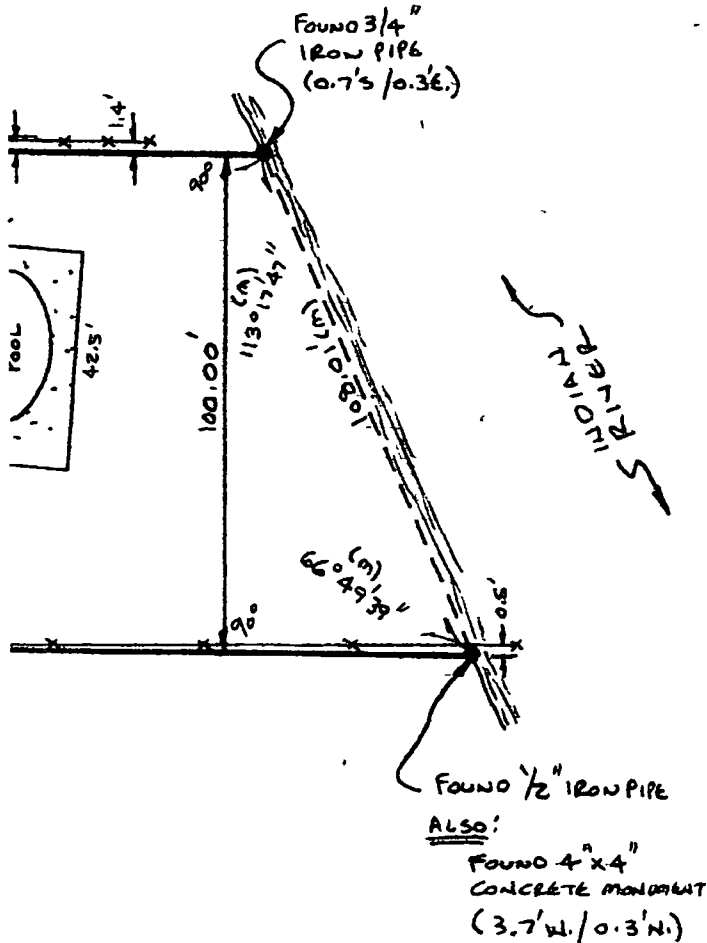
**TY ADDRESS**  
 SEWALL'S POINT ROAD  
 , FL 33496

**E NUMBER** : 33269

**F FIELD WORK** : 12/06/99

**IED TO**  
 L. J. BUONO  
 & TWOHEY, P.A.  
 EYS TITLE INSURANCE FUND, INC.  
 IDE NATIONAL BANK OF FLORIDA, ITS  
 BORS AND/OR ASSIGNS

MENT LOT 2,  
 17 B - 41 E.



— — — — —	WOOD FENCE	△	CENTRAL ANGLE/DELTA
- - - - -	WIRE FENCE	D.B	DEED BOOK
F N	NAIL	D	DESCRIPTION OR DEED
●	PROPERTY CORNER	D.H	DRILL HOLE
R	RECORD	D/W	DRIVEWAY
M	FIELD MEASURED	ESMT	EASEMENT
C	CALCULATED	E.L	ELEVATION
CL	CLEAR	F F	FINISHED FLOOR
ENCR	ENCROACHMENT	F.C.M	FOUND CONCRETE MONUMENT
⊕	CENTERLINE	F.P.K	FOUND PARKER-KALON NAIL
▬▬▬▬	CONCRETE	L	LENGTH
P	PROPERTY LINE	L.A.E.	LIMITED-ACCESS EASEMENT
C.M	CONCRETE MONUMENT	M.H	MANHOLE
F.I.R	FOUND IRON ROD	N.T.S	NOT TO SCALE
F.I.P	FOUND IRON PIPE	O.R	OFFICIAL RECORDS
R/W	RIGHT OF WAY	O.R.B.	OFFICIAL RECORDS BOOK
N&D	NAIL & DISC	P.C.P	PERMANENT CONTROL POINT
D.E	DRAINAGE EASEMENT	P.R.M	PERMANENT REFERENCE MONUMENT
U.E	UTILITY EASEMENT	P.G	PAGE
FD	FOUND	P.V.M.T	PAVEMENT
P	PLAT	P.B.	PLAT BOOK
▬▬▬▬	ASPHALT	P.O.B.	POINT OF BEGINNING
O.H.L	OVERHEAD UTILITIES	P.O.C	POINT OF COMMENCEMENT
P.P	POWER POLE	P.O.L	POINT ON LINE
T.X	TRANSFORMER	P.C	POINT OF CURVATURE
C.A.T.Y	CABLE RISER	P.R.C	POINT OF REVERSE CURVE
W.M	WATER METER	P.T	POINT OF TANGENCY
TEL.	TELEPHONE FACILITIES	R	RADIUS (RADIAL)
▬▬▬▬	COVERED AREA	R.O.E.	ROOF OVERHANG EASEMENT
B.R.	BEARING REFERENCE	S.I.R	SET IRON ROD & CAP
CH	CHORD	S/W	SIDEWALK
RAD	RADIAL	T.B.M	TEMPORARY BENCH MARK
N.R	NON RADIAL	T.O.B	TOP OF BANK
A/C	AIR CONDITIONER	T.Y.P	TYPICAL
B.M	BENCH MARK	W.C.	WITNESS CORNER
C.B.	CATCH BASIN	10 50	EXISTING ELEVATION
C.	CALCULATED		

**GENERAL NOTES.**

- 1) LEGAL DESCRIPTION PROVIDED BY OTHERS
- 2) THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS OR OTHER RECORDED ENCUMBRANCES NOT SHOWN ON THE PLAT
- 3) UNDERGROUND PORTIONS OF FOOTINGS, FOUNDATIONS OR OTHER IMPROVEMENTS WERE NOT LOCATED
- 4) WALL TIES ARE TO THE FACE OF THE WALL
- 5) NOT VALID UNLESS SEALED WITH THE EMBOSSED SURVEYORS SEAL
- 6) ONLY VISIBLE ENCROACHMENTS LOCATED
- 7) NO IDENTIFICATION FOUND ON PROPERTY CORNERS UNLESS NOTED
- 8) DIMENSIONS SHOWN ARE PLAT AND MEASURED UNLESS OTHERWISE SHOWN
- 9) FENCE OWNERSHIP NOT DETERMINED
- 10) ELEVATIONS IF SHOWN ARE BASED UPON N.G.V.D UNLESS OTHERWISE NOTED
- 11) BEARINGS REFERENCED TO LINE NOTED AS B R

I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION.

SIGNED \_\_\_\_\_ STATE OF FLORIDA  
 RALPH SWERDLOFF REGISTERED LAND SURVEYOR NO. 3411

SIGNED \_\_\_\_\_ STATE OF FLORIDA  
 CARL MICHAEL SMITH REGISTERED LAND SURVEYOR NO. 3782

SIGNED \_\_\_\_\_ STATE OF FLORIDA  
 NOE AGUILAR REGISTERED LAND SURVEYOR NO. 5571

SIGNED \_\_\_\_\_ STATE OF FLORIDA  
 CLYDE Q. MCNEAL REGISTERED LAND SURVEYOR NO. 2883

SIGNED \_\_\_\_\_ STATE OF TENNESSEE  
 JAMES E. MCALEER REGISTERED LAND SURVEYOR NO. 1133

THIS SURVEY IS INTENDED FOR MORTGAGE OR REFINANCE PURPOSES ONLY EXCLUSIVELY FOR THIS USE BY THOSE TO WHOM IT IS CERTIFIED THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION PERMITTING, DESIGN OR ANY OTHER USE WITHOUT THE WRITTEN CONSENT OF FIRST FINANCIAL SURVEYORS, INC.



**First  
Financial  
Surveyors,  
Inc.**

AND AFFILIATED COMPANIES  
 L B 6387 (FLORIDA)  
 Nationwide 1-800-787-8266 Fax 1-800-787-8260

365 Auln Avenue, Suite 3  
 Oriedo, Florida 32765  
 (407) 977-7010 Fax (407) 977 7020

2500 SW 92nd Street, Suite B204  
 Miami, Florida 33156  
 (305) 271 3655 Fax (305) 271-8499

2800 N Florida Mango Road, Suite 202  
 West Palm Beach, Florida 33409  
 (561) 640-4800 Fax (561) 640-8576

3290 Bermuda Isle Circle, Suite 429  
 Naples, Florida 34109  
 (941) 513-6932 Fax (941) 513-6931

1187 Valtee Boulevard  
 Nashville, Tennessee 37217  
 (615) 366-8432 Fax (615) 366-8477

## PERMIT

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> BUILDING<br><input type="checkbox"/> PLUMBING<br><input type="checkbox"/> DOCK/BOAT LIFT<br><input type="checkbox"/> SCREEN ENCLOSURE<br><input type="checkbox"/> FILL<br><input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> ELECTRICAL<br><input type="checkbox"/> ROOFING<br><input type="checkbox"/> DEMOLITION<br><input type="checkbox"/> TEMPORARY STRUCTURE<br><input type="checkbox"/> HURRICANE SHUTTERS<br><input type="checkbox"/> STEMWALL | <input type="checkbox"/> MECHANICAL<br><input type="checkbox"/> POOL/SPA/DECK<br><input type="checkbox"/> FENCE<br><input type="checkbox"/> GAS<br><input type="checkbox"/> RENOVATION<br><input type="checkbox"/> 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 _____ <i>2/13/02</i>
--	--

24 HOUR NOTICE REQUIRED FOR INSPECTIONS – HAVE ALL REQUIRED PAPERWORK ON SITE  
 CALL 287-2455      WORKING HOURS 8 00AM – 4:00PM      MONDAY THROUGH FRIDAY  
                             INSPECTIONS      8:30AM -12.00PM      MONDAY, WEDNESDAY & FRIDAY

**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.**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri DEC 12, 2001; Page 3 of 3.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
	<input checked="" type="checkbox"/>	Born - Pell ?		Left Notice
(14)	106 N. Sewall Pt.	Notice	*	
		Born - no permit		INSPECTOR
<del>5540</del>	<del>Herway</del>	<del>Roof line</del>	<del>→ wof</del>	<del>283 7623</del>
(13)	6 W. High Pt.	(Soffit ?)	part of roof	
	Pacific	→ open near pool ~ 6'		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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6222**

**DRIVEWAY**

### TOWN OF SEWALL'S POINT

Date 4/14/03

BUILDING PERMIT NO. 6222

Building to be erected for BUNDO

Type of Permit REPLACE DRIVEWAY

Applied for by T & P ENTERPRISES (Contractor)

Building Fee 20,000 x 9.60/1000 = 192.00

Subdivision GOVT LOT Lot 2 Block \_\_\_\_\_

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

Address 106 W. SEWALL'S PT RD

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

Type of structure STR

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

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

Parcel Control Number. 3537410000000010010000

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

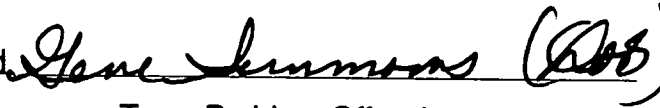
Roofing Fee \_\_\_\_\_

Amount Paid 192.00 Check # 1329 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 20,000.

TOTAL Fees 192.00

Signed   
Applicant

Signed   
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 |
|   |  | <u>DRIVEWAY</u>                              |

## 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 MICHAEL BUONO Building Permit Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Description of Property \_\_\_\_\_ Parcel Number \_\_\_\_\_

Location of Job Site 106 W. SEWALL'S PT Rd Type of Work To Be Done Replace Driveway Street 34906

CONTRACTOR/Company Name TOP ENTERPRISES Phone Number 561 547 9599

Street 1122 S. Congress Ave City WDBS State FL Zip 33406

State Registration Number FLA State Certification Number CBC 015350 Martin County 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 \_\_\_\_\_

Carpport \_\_\_\_\_ 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 \$20,000 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

Mechanical \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

Plumbing \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

Roofing \_\_\_\_\_ 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) Michael Buono CONTRACTOR SIGNATURE (Required) Kenneth Weitz

State of Florida, County of Palm Beach County On State of Florida, County of Palm Beach County

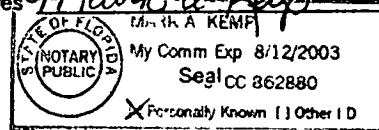
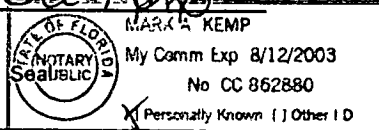
This the 3 day of March, 2003 This the 3 day of March, 2003

by MICHAEL BUONO (who is personally) by Kenneth Weitz (who is personally)

known to me or produced \_\_\_\_\_ known to me or produced \_\_\_\_\_

as identification \_\_\_\_\_ As identification \_\_\_\_\_

My Commission Expires Mark A Kemp My Commission Expires Mark A Kemp





TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # \_\_\_\_\_

TAX FOLIO # 35374100000000100100

**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):

North 100 ft of Government Lot -2 EAST of rd

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALLATION BRICK PAVER DRIVEWAY

OWNER: MICHAEL J. BUONO

ADDRESS 106 N SEWALLS POINT RD.

PHONE # 772-936-0781 FAX # \_\_\_\_\_

CONTRACTOR: T & P PAVERS & STONE LLC

ADDRESS 1122 CONGRESS AVE. W.P.B FL. 33406

PHONE # 561-547-9599 FAX # 561-547-0226

SURETY COMPANY (IF ANY) N/A

ADDRESS \_\_\_\_\_ STATE OF FLORIDA

PHONE # \_\_\_\_\_ MARTIN COUNTY

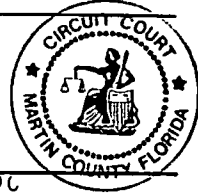
BOND AMOUNT \_\_\_\_\_

LENDER: N/A

ADDRESS \_\_\_\_\_

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

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL  
MARSHA EMMING CLERK  
BY Janis Brown DC  
DATE 3-11-03



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 MARK KEMP

ADDRESS 1122 So. Congress Ave W.P.B FL. 33406

PHONE # 561-547-9599 FAX # 561-547-0226

IN ADDITION TO HIMSELF, OWNER DESIGNATES T & P PAVERS & STONE LLC

OF 1122 So Congress Ave W.P.B TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713 13(1)(B), FLORIDA STATUTES

PHONE # 561-547-9599 FAX # 561-547-0226

EXPIRATION DATE OF NOTICE OF COMMENCEMENT 12/12/2003

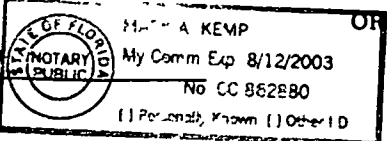
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE

Michael Buono  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 28 DAY OF February  
19 BY MICHAEL BUONO  
2003

PERSONALLY KNOWN X  
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

Mark A Kemp  
NOTARY SIGNATURE



**LEGAL DESCRIPTION**  
 THAT PORTION OF THE NORTH 100 FEET OF  
 GOVERNMENT LOT 2, SECTION 35, TOWNSHIP  
 37 SOUTH, RANGE 41 EAST, LYING EASTERLY  
 FROM THE SEWALLS POINT ROAD AND  
 EXTENDING TO THE WATERS OF THE INDIAN  
 RIVER,

**FLOOD ZONE** : SPLIT ZONE  
 A10 (120164-0002-D) AND  
 V13-(120164-0002-D)

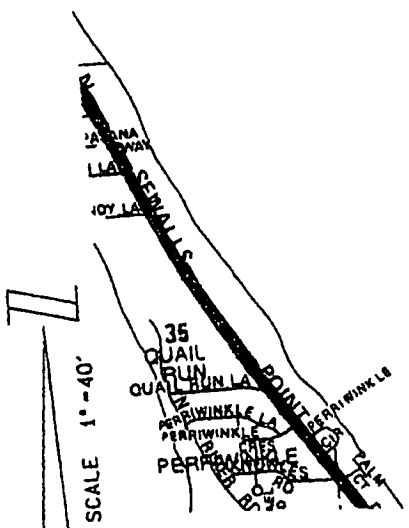
**PROPERTY ADDRESS**  
 106 W SEWALL'S POINT ROAD  
 STUART, FL 33496

**INVOICE NUMBER** 33269

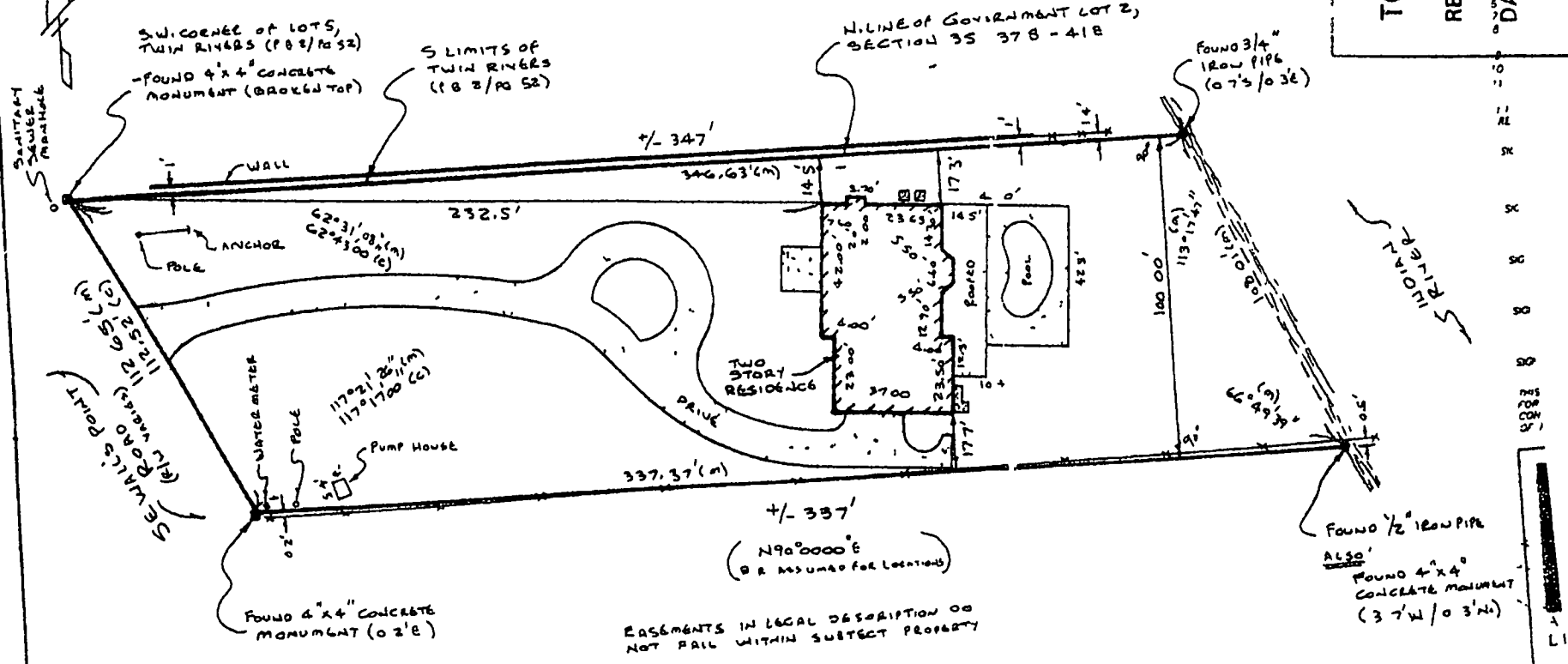
**DATE OF FIELD WORK** 12/06/99

**CERTIFIED TO**  
 MICHAEL J BUONO  
 BAUER & TWOHEY, P A  
 ATTORNEYS TITLE INSURANCE FUND, INC  
 RIVERSIDE NATIONAL BANK OF FLORIDA  
 SUCCESSORS AND/OR ASSIGNS

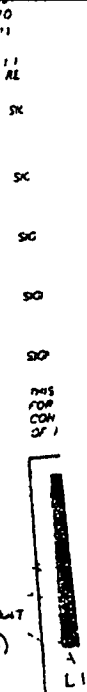
FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 3/12/03  
**BUILDING OFFICIAL**  
 Gene Simmons



TOGETHER WITH A PERPETUAL EASEMENT IN  
 COMMON WITH THE GRANTORS, THEIR  
 SUCCESSORS AND ASSIGNS, FOR THE  
 INSTALLATION OF WELLS AND PUMP HOUSES,  
 AND LAYING OF PIPE, OVER AND ACROSS THE  
 NORTH 5 FEET AND THE SOUTH 5 FEET OF THE  
 NORTH 200 FEET OF SAID GOVERNMENT LOT 2  
 THAT LIES WEST OF THE SAID SEWALLS POINT  
 ROAD, SUCH EASEMENTS TO EXTEND A  
 DISTANCE OF 300 FEET FROM THE AFORESAID  
 ROAD



EASEMENTS IN LEGAL DESCRIPTION DO  
 NOT FALL WITHIN SUBJECT PROPERTY





**6512**

**RIPRAP**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 11/26/03

BUILDING PERMIT NO. 6512

Building to be erected for BUONO

Type of Permit RIP RAP + FILL

Applied for by CREATIVE LANDSCAPING (Contractor)

Building Fee 35.00

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

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

Address 106 N Sewall's Point

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

Type of structure LAND

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

Parcel Control Number:

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

35 37410000000010010000

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

Amount Paid 35.00 Check # 27514 Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1800.00

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 checked="" 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         | _____ |

Date: 10/ / 03

Permit Number: \_\_\_\_\_

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

OWNER/TITLEHOLDER NAME Michael Buono Phone (Day) 285 8437 (Fax) 561 746 6598

Job Site Address 106 NE Sewells Point Rd City Sewells Point State Fla Zip 34957

Legal Description of Property Lot 2 SECTION 35 Parcel Number 35 37 41 000 000 00100, 10000

Owner Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Work To Be Done INSTALLING Rip Rap Rock, across BACK Property, A SAND FILL

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

CONTRACTOR/Company Creative Landscaping Phone 334 1843 Fax 335-2133

Street 887 NE Dixie Hwy City Jensen Beach State Fla Zip 34957

State Registration Number \_\_\_\_\_ State Certification Number 04381 Martin County License Number 1978 207-509

COST AND VALUES Estimated Cost of Construction or Improvements \$ 1,800 (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  
National Electrical Code 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001  
Florida Energy Code 2001 Florida Accessibility Code 2001

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

OWNER OR AGENT SIGNATURE (required)

Michael Buono

State of Florida, County of Palm Beach

This the 7th day of October, 2003

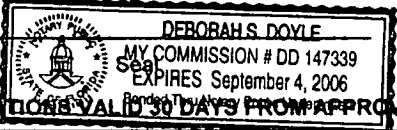
by Michael J Buono who is personally

known to me or produced

as identification Deborah S Doyle

Notary Public Deborah S Doyle

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



CONTRACTOR SIGNATURE (required)

Robert Sneider

On State of Florida, County of Palm Beach

This the 7th day of October, 2003

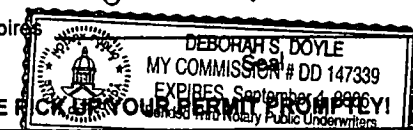
by Robert SNEIDER who is personally

known to me or produced

As identification Deborah S Doyle

Notary Public

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



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

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

DATE 11/19/05

BUILDING OFFICIAL  
Gene Simmons

**LEGAL DESCRIPTION**

THAT PORTION OF THE NORTH 100 FEET OF GOVERNMENT LOT 2, SECTION 35, TOWNSHIP 37 SOUTH, RANGE 41 EAST, LYING EASTERLY FROM THE SEWALLS POINT ROAD AND EXTENDING TO THE WATERS OF THE INDIAN RIVER.

TOGETHER WITH A PERPETUAL EASEMENT IN COMMON WITH THE GRANTORS, THEIR SUCCESSORS AND ASSIGNS, FOR THE INSTALLATION OF WELLS AND PUMP HOUSES, AND LAYING OF PIPE, OVER AND ACROSS THE NORTH 5 FEET AND THE SOUTH 5 FEET OF THE NORTH 200 FEET OF SAID GOVERNMENT LOT 2 THAT LIES WEST OF THE SAID SEWALLS POINT ROAD, SUCH EASEMENTS TO EXTEND A DISTANCE OF 300 FEET FROM THE AFORESAID ROAD

FLOOD ZONE : SPLIT ZONE  
A10 (120164-0002-D) AND  
V13-120164-0002-D)

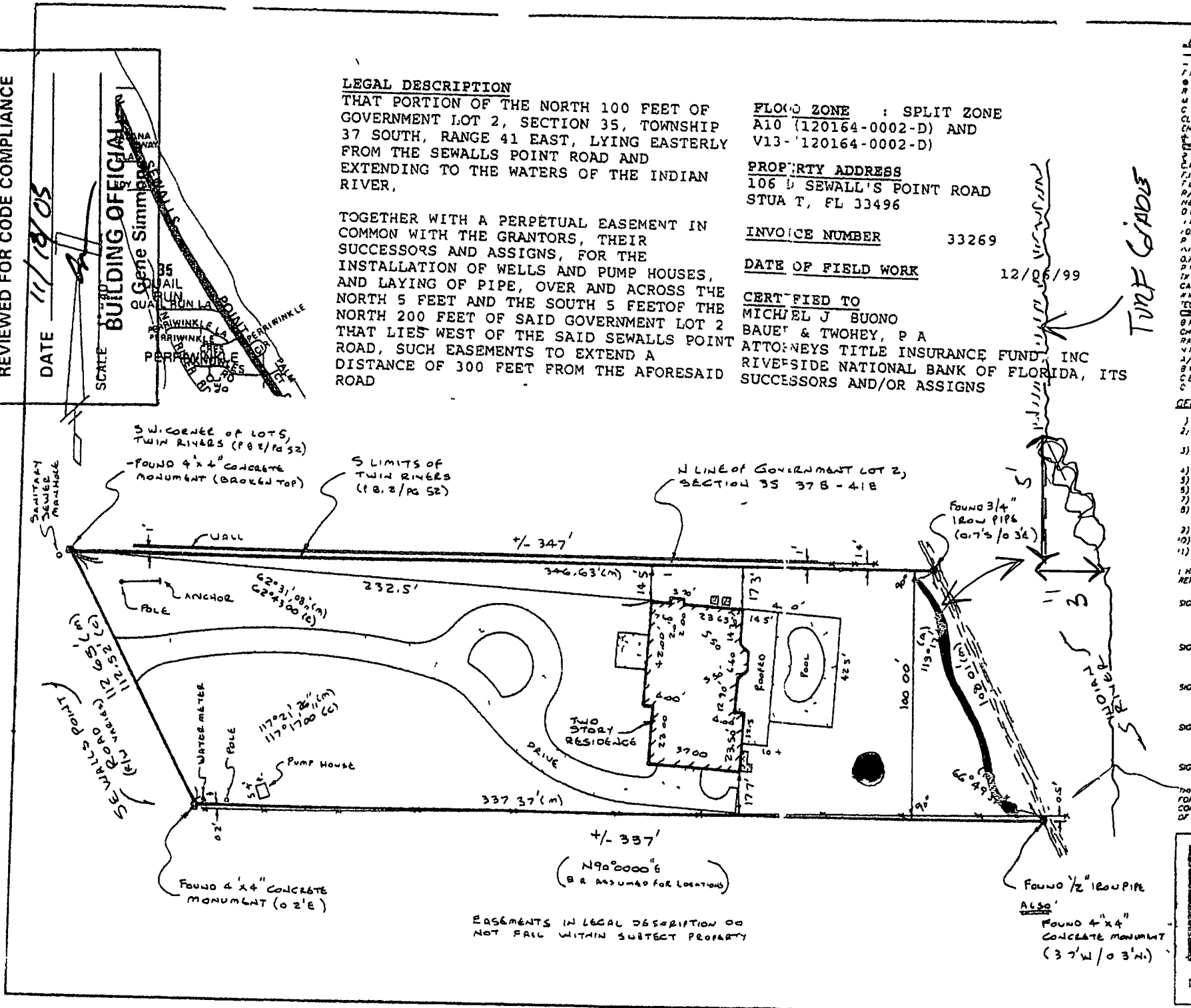
PROPERTY ADDRESS  
106 D SEWALL'S POINT ROAD  
STUART, FL 33496

INVOICE NUMBER 33269

DATE OF FIELD WORK 12/06/99

CERTIFIED TO  
MICHAEL J BUONO  
BAUER & TWOHEY, P A  
ATTORNEYS TITLE INSURANCE FUND, INC  
RIVERSIDE NATIONAL BANK OF FLORIDA, ITS  
SUCCESSORS AND/OR ASSIGNS

400 sq ft of white sand, approx 12 yards to be put down level with top of in this area



Turf Grabs

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Jeb Bush  
Governor

# Department of Environmental Protection

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

NOV 14 2003

Michael Bouno  
106 N Sewall's Point Road  
Sewall's Point, FL 34996

File No 43-0182302-002  
Martin County

Dear Mr. Buono

On October 24, 2004, we received your notice of intent to use a Noticed General Permit (NGP) pursuant to Rule 62-341.475, Florida Administrative Code (F.A.C.) to perform the following activities: install approximately 108 linear feet of riprap landward of wetlands and surface waters with the exception of approximately 100 square feet of riprap placed in jurisdictional wetlands landward of mean high water as indicated on the attached approved drawings adjacent to the Jensen Beach to Jupiter Inlet Aquatic Preserve (O.F.W.), Class III Waters of the State. Your project is located at 106 N. Sewall's Point Road (Section 35, Township 37 South, Range 41 East) Sewall's Point, Martin County.

Your intent to use a NGP 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 Review - Granted**

The Department has the authority to review your project under Part IV of Chapter 373, Florida Statutes (F.S.), Title 62, F.A.C., and in accordance to 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 the project meets the requirements for and is hereby granted the noticed general permit listed above (Rule 62-341.475, F.A.C.).

Activities performed under the NGP are subject to the general conditions required in Rule 62-341.215, F.A.C. (attached), and to the specific conditions of the permit for which notice was given (62-341.475, F.A.C.) (attached). Deviations from the general and specific conditions may subject the permittee to enforcement action and penalties. Project drawings and vicinity map are attached.

**With the exception of the 100 square feet of riprap in the wetlands, no temporary dredging or filling, slope grading or equipment access is allowed in jurisdictional waters during project construction. Additionally, no authorization is granted to re-grade the existing shoreline to facilitate installation of the riprap retaining wall. The Department's jurisdiction may extend above mean high water where listed wetland species occur as defined in Rule 62-340, Florida Administrative Code.**

"More Protection, Less Process"

Printed on recycled paper



Please be advised that the construction phase of the NGP must be completed within 5 years from the date the notice to use the NGP was received by the Department

**Proprietary Review (related to state-owned lands) – Not Required**

The Department acts as staff to the Board of Trustees of the Internal Improvement Trust Fund (Board of Trustees) 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 will not occur on sovereign submerged land. Pursuant to Chapter 253 77, Florida Statutes, you will not require authorization from the Board of Trustees to use public property to perform the proposed project.

**Federal Review (State Programmatic General Permit) - 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). As shown on the attached drawings, the proposed project is consistent with the SPGP program. The attached U S Army Corps of Engineers (the Corps) general conditions apply to your project. No further permitting for this activity is required by the Corps.

If you change the project from what you submitted, the authorizations granted may no longer be valid at the time of commencement of the project. Please contact us prior to beginning your project if you wish to make any changes.

**Notice of Rights of Substantially Affected Persons**

This letter acknowledges that the proposed activity may be conducted under noticed general permit rule 62-341 475. 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. Because an administrative hearing may result in the reversal or substantial modification of this action, the applicant is advised not to commence construction or other activities until the deadlines noted below for filing a petition for an administrative hearing or request for an extension of time have expired.

Mediation is not available.

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under sections 120 569 and 120 57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under rule 62-110 106(4) of the Florida Administrative Code, a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, before the applicable deadline. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon. If a request is filed late, the Department may still grant it upon a motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result of excusable neglect.

If a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Intervention will be permitted only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106 205 of the Florida Administrative Code.

In accordance with rules 28-106 111(2) and 62-110 106(3)(a)(4), petitions for an administrative hearing by the applicant must be filed within 21 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under section 120 60(3) of the Florida Statutes, must be filed within 21 days of publication of the notice or within 21 days of receipt of the written notice, whichever occurs first. Under section 120 60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within 21 days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that right.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known,
- (b) The name, address, and telephone number of the petitioner, the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding, and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination,
- (c) A statement of when and how the petitioner received notice of the agency decision,
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate,
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action,
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106 301

Under sections 120 569(2)(c) and (d) of the Florida Statutes, a petition for administrative hearing must be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed

This determination constitutes an order of the Department Subject to the provisions of paragraph 120 68(7)(a) of the Florida Statutes, which may require a remand for an administrative hearing, the applicant has the right to seek judicial review of the order under section 120 68 of the Florida Statutes, by the filing of a notice of appeal under rule 9 110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department

If you revise your project after submitting the initial joint application, please contact us as soon as possible Also, if you have any questions, please contact **Thomas Rehyansky** of this office, at telephone (772) 398-2806 When referring to this project, please use the FDEP file name and number listed above

Sincerely,



for John P Mitnik  
Environmental Administrator

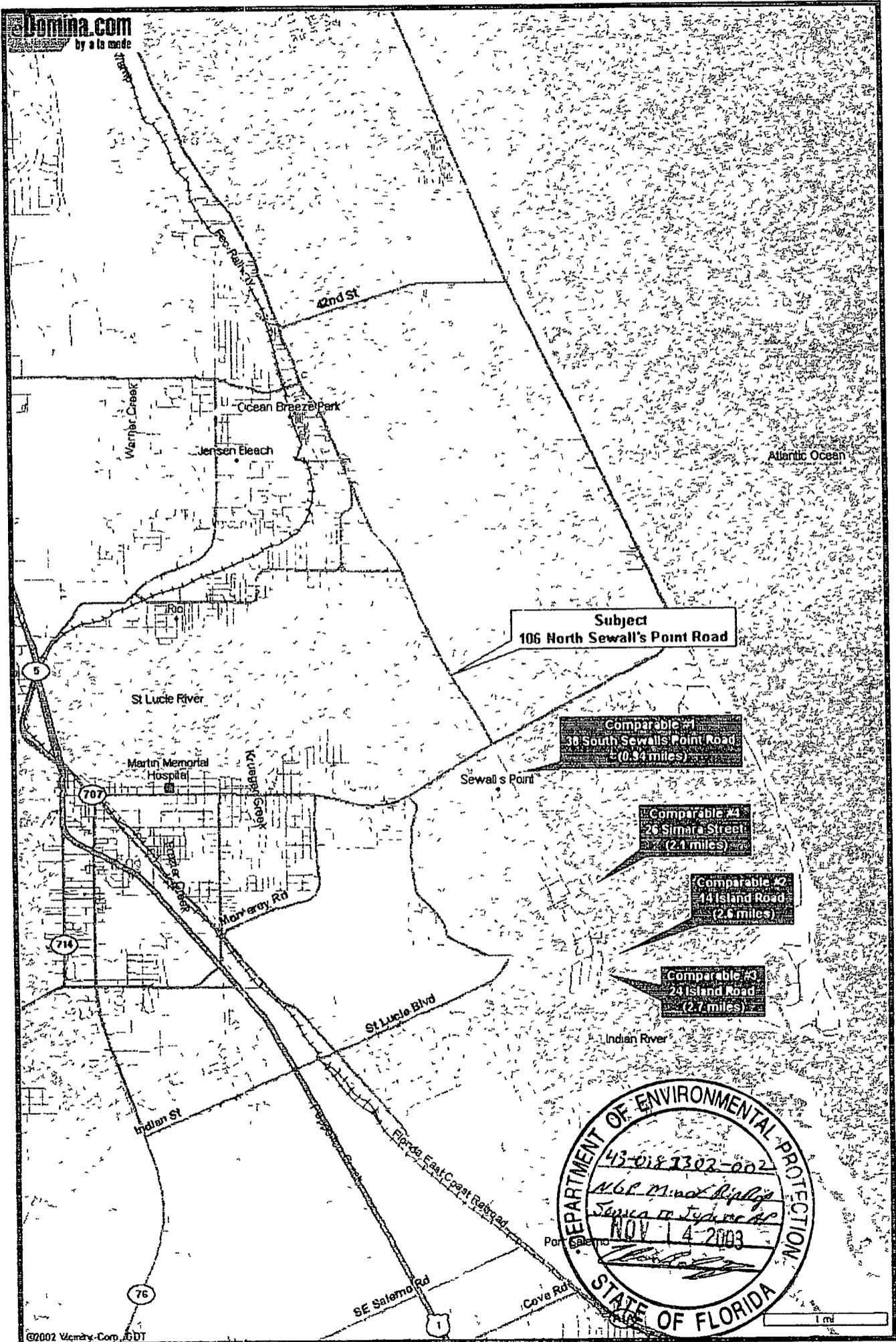
JPM/TR

Enclosures NGP General Conditions, 62-341 215, F A C  
NGP Specific Conditions, 62-341 475, F A C  
Attachment A- Newspaper Publication Notice  
Federal General Conditions for SPGP III- R1 and Transfer Request  
Federal Manatee Conditions  
Project Drawings

cc: Robert Steider, Creative Landscaping (Agent) [without enclosures]

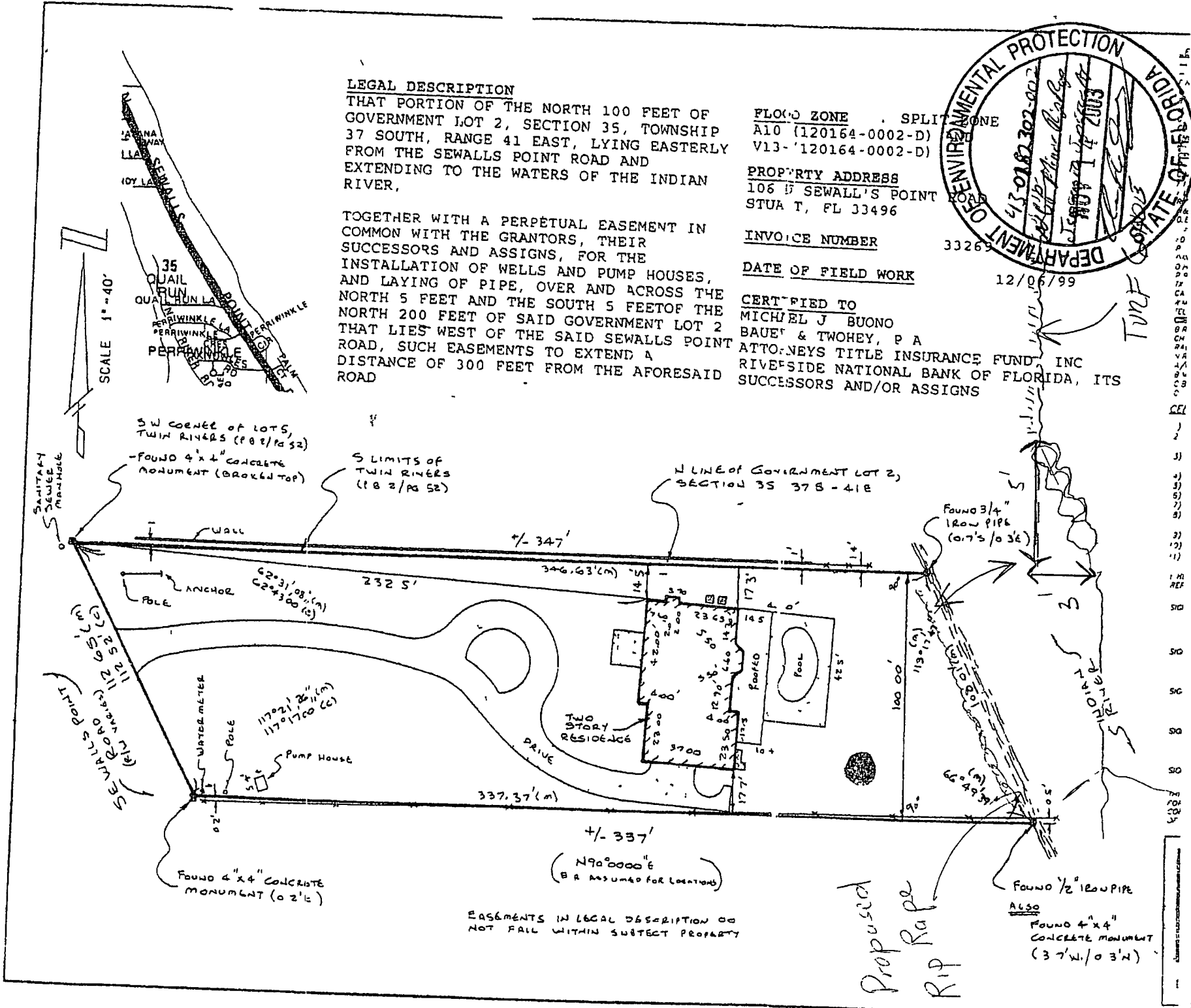
### Location Map

Borrower/Client	Michael Buono				
Property Address	106 North Sewall's Point Road				
City	Stuart	County	Martin	State	FL
Zip Code	34996				
Lender	Bank Atlantic				



RECEIVED  
 OCT 21 2003  
 Dept of Environ Protection  
 Port St Lucie

Kip, Napc  
 11/20/99  
 Sewall's Point  
 Sewall's Point  
 Sewall's Point



SCALE 1" = 40'

LEGAL DESCRIPTION

THAT PORTION OF THE NORTH 100 FEET OF GOVERNMENT LOT 2, SECTION 35, TOWNSHIP 37 SOUTH, RANGE 41 EAST, LYING EASTERLY FROM THE SEWALLS POINT ROAD AND EXTENDING TO THE WATERS OF THE INDIAN RIVER,

TOGETHER WITH A PERPETUAL EASEMENT IN COMMON WITH THE GRANTORS, THEIR SUCCESSORS AND ASSIGNS, FOR THE INSTALLATION OF WELLS AND PUMP HOUSES, AND LAYING OF PIPE, OVER AND ACROSS THE NORTH 5 FEET AND THE SOUTH 5 FEET OF THE NORTH 200 FEET OF SAID GOVERNMENT LOT 2 THAT LIES WEST OF THE SAID SEWALLS POINT ROAD, SUCH EASEMENTS TO EXTEND A DISTANCE OF 300 FEET FROM THE AFORESAID ROAD

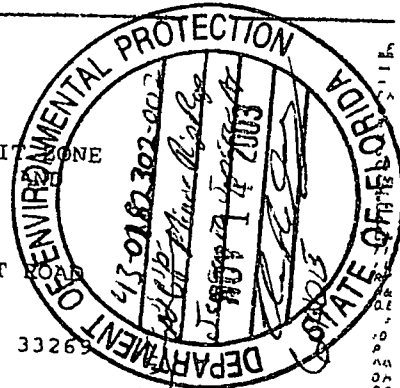
FLOOD ZONE . SPLIT ZONE  
 A10 (120164-0002-D)  
 V13-120164-0002-D)

PROPERTY ADDRESS  
 106 S SEWALLS POINT ROAD  
 STUART, FL 33496

INVOICE NUMBER 33269

DATE OF FIELD WORK 12/06/99

CERTIFIED TO  
 MICHAEL J BUONO  
 BAUER & TWOHEY, P A  
 ATTORNEYS TITLE INSURANCE FUND, INC  
 RIVERSIDE NATIONAL BANK OF FLORIDA, ITS  
 SUCCESSORS AND/OR ASSIGNS



EASEMENTS IN LEGAL DESCRIPTION DO NOT FALL WITHIN SUBJECT PROPERTY

Proposed  
 Ripe  
 RIP

Found 1/2" 120U PIPE  
 Also  
 Found 4" x 4" CONCRETE MONUMENT  
 (3 7" W. / 0 3" E)

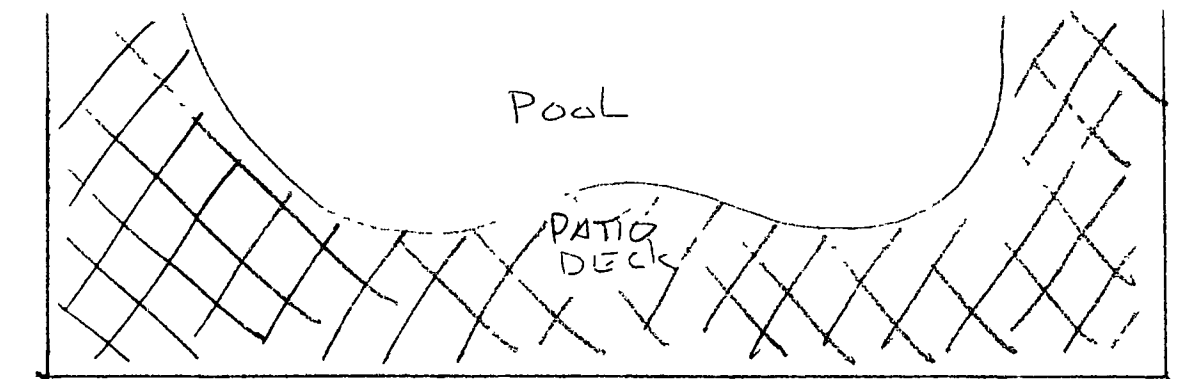


RECEIVED

OCT 24 2003

Dept of Environ Protection  
Port St Lucie

**REVISED**



Pool

PATIO  
DECK

← PRO LINE

69'

→ PRO LINES

EXISTING PALM

WET LAND IMPACT AREA:  
~~8170~~ 8050 sqft

WET LAND, IMPACT AREA:  
485 2050 sqft

WET LAND

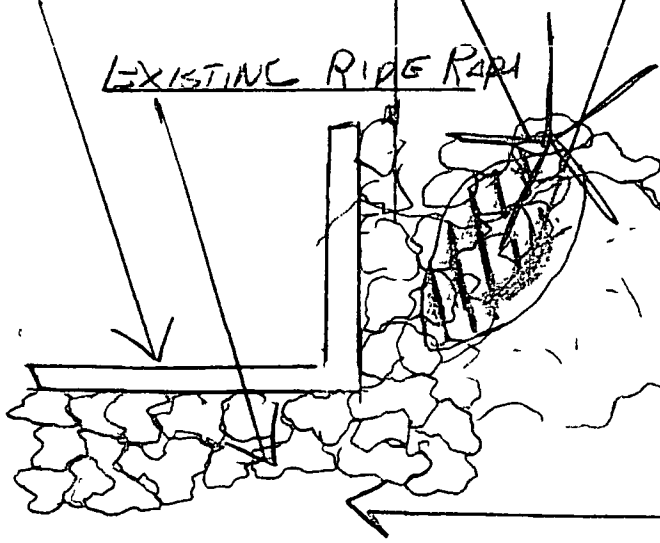
49'

EXISTING SEAWALL

RIDGE RAPE

EXISTING SHRUB PALM

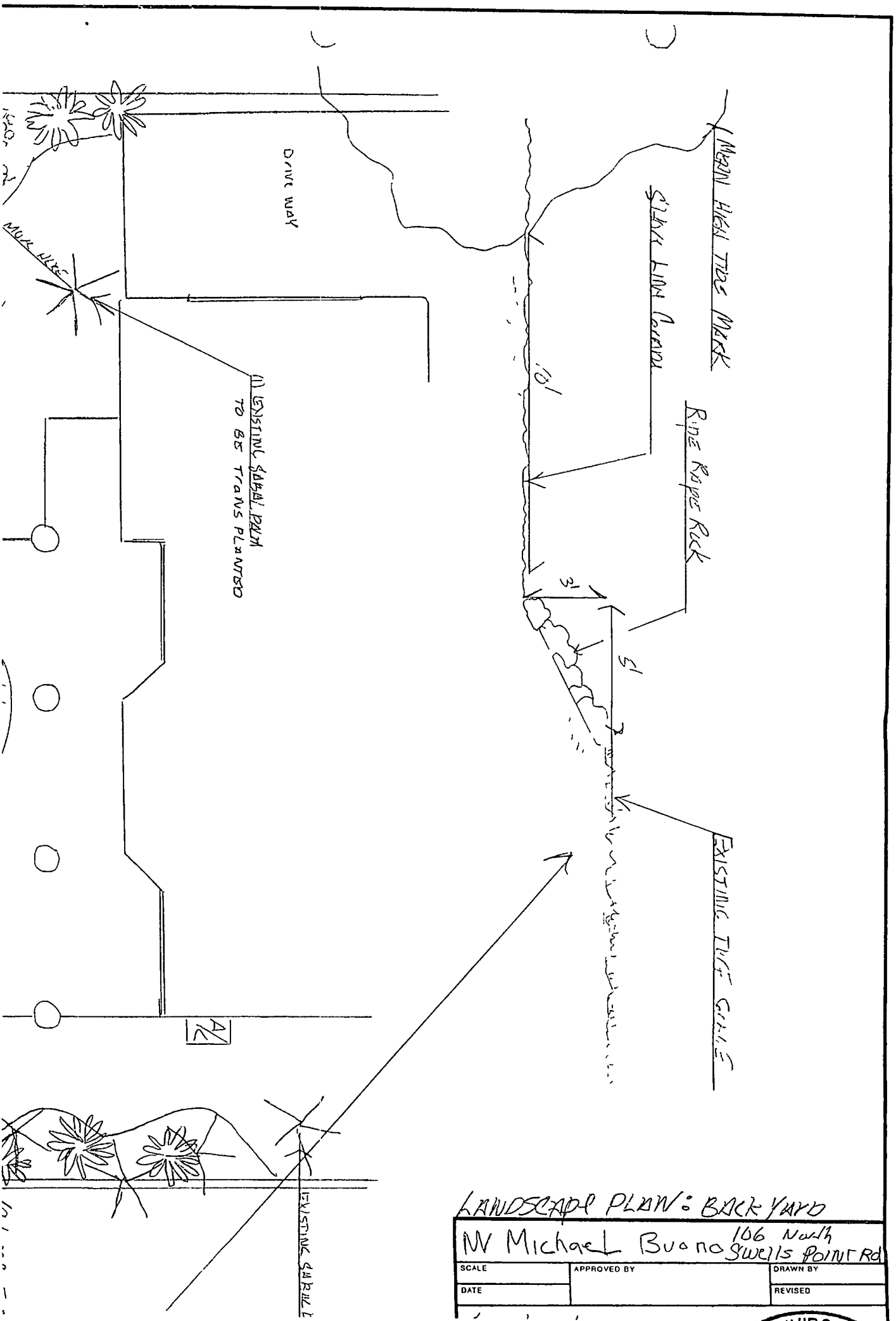
EXISTING RIDGE RAPE



WET LANDS

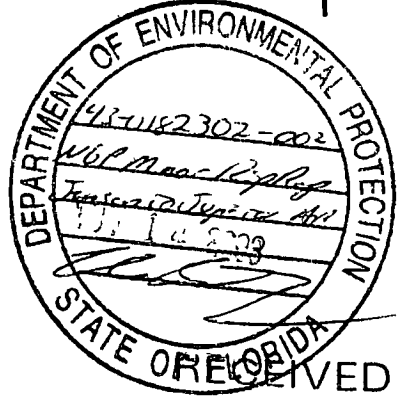
108' in E

MEAN HIGH TIDE MARK



LANDSCAPE PLAN: BACK YARD  
 106 North  
 Mr Michael Buono SWETS POINT Rd

SCALE	APPROVED BY	DRAWN BY
DATE		REVISED



OCT 21 2003

Dept of Environ Protection  
 Port St Lucie

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6/25, 2004 Page      of     

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6653	HB ASSOCIATES	FINAL	FAIL	
4	3760 SE OCEAN ROY JANDREAU			INSPECTOR
6512	BUONO	FINAL RIP RAP SAND FILL	PASS	CLOSE
5	106 N. Sewall's Pt Rd CREATIVE LANDSC.			INSPECTOR
TREE	KINAED	TREE	PASS	
2	5 TIMOR ST			INSPECTOR
6799	GOVEL	STEEL FOOTING	PASS	
3	5 RIVERVIEW O/B			INSPECTOR
TREE	THOMPSON	TREE	PASS	
1	179 S. RIVER RD			INSPECTOR
TREE	HALL	TREE	PASS	REVISED REMOVAL OF OAK
6	6 KNOWLES			INSPECTOR
6551	LANGER	SLAB	PASS	
7	3 LOFTING WAY FLORIDA'S FINEST			INSPECTOR
OTHER: _____				



**7536**

**REROOF**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 5/4/05

BUILDING PERMIT NO. 7536

Building to be erected for Bucino Type of Permit Re-roof

Applied for by Tuttle Roofing (Contractor) Building Fee \_\_\_\_\_

Subdivision N100 of Govt Lot 2 Lot \_\_\_\_\_ Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 106 N Sewall's Pt Rd Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number \_\_\_\_\_ Electrical Fee \_\_\_\_\_

35374100000000100 Plumbing Fee \_\_\_\_\_

Amount Paid 120<sup>00</sup> Check # 1318 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 18815 TOTAL Fees 120<sup>00</sup>

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

## INSPECTIONS

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

RECEIVED  
5/20/05

721

Date 4/29/05 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number \_\_\_\_\_

OWNER/TITLEHOLDER NAME Michael Buono Phone (Day) 772 631 2631 (Fax) \_\_\_\_\_

Job Site Address 106 N Sewalls Point Rd City Sewalls Pt State FL Zip 34990

Legal Desc Property (Subd/Lot/Block) N100' of Gov Lot 2 E of Rd Parcel Number 3537410000000000

Owner Address (if different) Same as above City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Work To Be Done Reroof

WILL OWNER BE THE CONTRACTOR?

YES  NO

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 18815<sup>00</sup>  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ \_\_\_\_\_

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

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

Method of Determining Fair Market Value \_\_\_\_\_

CONTRACTOR/Company Tuttle Roofing Inc Phone 772 288 6860 Fax 772 288 6864

Street 3091 SE Waaler St City Stuart State FL Zip 34997

State Registration Number CC1326323 State Certification Number \_\_\_\_\_ Martin County License Number \_\_\_\_\_

SUBCONTRACTOR INFORMATION

Electrical \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

Mechanical \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

Plumbing \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

Roofing \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic # \_\_\_\_\_ Phone Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Carport \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck \_\_\_\_\_ Accessory Building \_\_\_\_\_

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

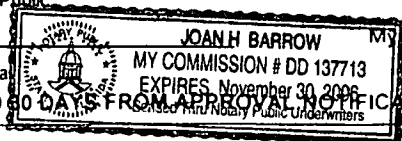
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001  
National Electrical Code 2002 Florida Energy Code 2001 Florida Accessibility Code 2001

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)  
[Signature]  
State of Florida County of Martin  
This the 2 day of May, 2005  
by Michael Buono who is personally  
known to me or produced A d l  
as identification Joan H. Barrow

CONTRACTOR SIGNATURE (required)  
[Signature]  
On State of Florida County of Martin  
This the 28 day of February, 2005  
by Dennis W. Tuttle Jr. who is personally  
known to me or produced Texas D.L.  
As identification [Signature]

My Commission Expires \_\_\_\_\_ Notary Public Seal \_\_\_\_\_ MY COMMISSION # DD145673 EXPIRES October 19, 2006



PERMIT APPLICATIONS VALID 90 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

ST721

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # \_\_\_\_\_

TAX FOLIO # 35-37-41-000-000-0012

**NOTICE OF COMMENCEMENT**

STATE OF FL

COUNTY OF MARSH

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)

N 100' of GAV L&T E of Rd

GENERAL DESCRIPTION OF IMPROVEMENT RE - ROOF

OWNER MICHAEL BUONO STUART FL 34991  
ADDRESS 106 N. SEWALLS POINT ROAD, SEWALLS POINT Rd FL  
PHONE # (772) 631-2631 FAX # \_\_\_\_\_

INTEREST IN PROPERTY OWNER

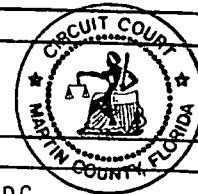
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER) \_\_\_\_\_

CONTRACTOR TUTTLE ROOFING, INC  
ADDRESS 3091 SE WAALER, STUART, FL 34997  
PHONE # (772) 288-6860 FAX # \_\_\_\_\_

SURETY COMPANY (IF ANY) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_  
BOND AMOUNT \_\_\_\_\_

STATE OF FLORIDA  
MARSH COUNTY

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



LENDER/MORTGAGE COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_  
BY [Signature] DC

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

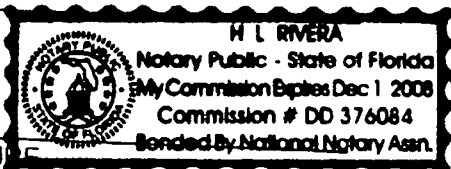
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_

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

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

[Signature]  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30<sup>th</sup> DAY OF MARCH 2005



PERSONALLY KNOWN   
OR PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

NOTARY SIGNATURE

INSTR # 1832052 DE BY 02004 PG 2373 RECD 04/20/2005 10:57:07 AM  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK J Graisen

**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)

**PRODUCER**  
 INSURANCE SOURCE COM INC  
 6703 N Himes Avenue  
 Tampa, FL 33614

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

**INSURED**  
 Tuttle Roofing Inc  
 3091 Se Waaler St  
 Stuart, FL 34997

**COMPANIES AFFORDING COVERAGE**  
 COMPANY A  
 COMPANY B Evanston Insurance Company  
 COMPANY C  
 COMPANY D

**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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNERS' & CONTRACTORS PROT	CL090200780	10/21/2004	10/21/2005	GENERAL AGGREGATE \$
	PRODUCTS COMP/OP AGG \$ 600,000				
	PERSONAL & ADV INJURY \$ 600,000				
	EACH OCCURRENCE \$ 300,000				
	FIRF DAMAGE (Any one fire) \$ 300,000				
	MED EXP (Any one person) \$ 50,000				
	<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 \$ 1,000
	BODILY INJURY (Per person) \$ EXCLUDED				
	BODILY INJURY (Per accident) \$ EXCLUDED				
	PROPERTY DAMAGE \$ EXCLUDED				
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ EXCLUDED
	OTHER THAN AUTO ONLY \$ EXCLUDED				
	EACH ACCIDENT \$				
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$ EXCLUDED
	EACH OCCURRENCE \$ EXCLUDED				
	AGGREGATE \$ EXCLUDED				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS \$ EXCLUDED
	EL EACH ACCIDENT \$				
	EL DISEASE POLICY LIMIT \$ EXCLUDED				
	EL DISEASE EA EMPLOYEE \$ EXCLUDED				
	<b>OTHER</b>				EXCLUDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**  
 Town of Sewalf's Point  
 1 S Sewalf's Point Rd  
 Sewalf's Point, FL 34886-


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

AUTHORIZED REPRESENTATIVE  
 Richard F. Hull

From: CRUM To: TUTTLE ROOFING

Date 3/1/2005 Time 8:49:56 AM

Page 1 of 1

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>				DATE (MM/DD/YY) 12/22/2004	
<b>PRODUCER</b>  CONDON MEEK INC 1211 COURT ST CLEARWATER FL 33756	Serial # 117878	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			
<b>INSURED</b>  CRUM STAFFING II, INC 100 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC#</b>		
		INSURER A. FRANK WINSTON CRUM INSURANCE, INC			
		INSURER B.			
		INSURER C.			
		INSURER D.			
		INSURER E.			
<b>COVERAGES</b>					
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					
POLICY	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  GENL. AGGREGATE LIMIT AMOUNT PER <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCCASION <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (E & OCCUR) \$ MED EXP (ANY ONE PERSON) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMPLETION 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 (E & OCCUR) \$ BODILY INJURY (PW PERSON) \$ BODILY INJURY (PW OCCUR) \$ PROPERTY DAMAGE (PW ACCIDENT) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR PARTNER EXECUTIVE OR FIDUCIARY MEMBER EXCLUDED? If yes, state the under SPECIAL PROVISIONS below OTHER	WC 5 0000 0000	01/01/2005	01/01/2008	<input checked="" type="checkbox"/> WORKERS COMPENSATION LIMITS <input checked="" type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE EA EMPLOYEE \$ 1,000,000 EL DISEASE POLICY LIMIT \$ 1,000,000
<b>DESCRIPTION OF OPERATION, LOCATION, VEHICLE &amp; EXCLUSIONS ADDED BY ENDORSEMENTS &amp; SPECIAL PROVISIONS</b> This certificate remains in effect provided the client's account is in good standing with Crum Staffing II, Inc. Coverage is not provided for any employee for which the client is not reporting hours to Crum Staffing II, Inc. Effective 10/21/2004, applies to 100% of the employees of Crum Staffing II, Inc. leased to TUTTLE ROOFING, INC					
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>		
TOWN OF SEWALL'S POINT 1S SEWALL'S POINT RD SEWALL S POINT, FL 34998			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		
			AUTHORIZED REPRESENTATIVE 		

2004-2005 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

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

LICENSE ~~2005-518-007~~ CERT CRE61017

PHONE ~~(772) 288-6860~~ SIC NO 235810

LOCATION

3091 SE WAALER ST STU

\$25.00

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 ROOFING CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

12 DAY OF JANUARY 2005  
AND ENDING SEPTEMBER 30 2005

TUTTLE, DENNIS/QUALIFIER  
TUTLE ROOF INC  
3091 SE WAALER ST  
STUART FL 34997

RECEIPT OF PAYMENT

LARRY C. O'STEEN 6018

99 01/12/2005 UCCI NORMAL

26655186667886

NYF/288211RQRZTR

POSTED



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

TUTTLE, DENNIS EUGENE JR  
TUTTLE ROOFING INC  
3091 S.E. WAALER STREET  
STUART FL 34997-5948



STATE OF FLORIDA AC#1867745  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CCC1326323 02/16/05 040546716

CERTIFIED ROOFING CONTRACTOR  
TUTTLE, DENNIS EUGENE JR  
TUTTLE ROOFING INC

IS CERTIFIED under the provisions of Ch 489 FS  
Expiration date: AUG 31, 2006 L05021600112

DETACH HERE

AC#1867745

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L05021600112

DATE	BATCH NUMBER	LICENSE NBR
02/16/2005	040546716	CCC1326323

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

TUTTLE, DENNIS EUGENE JR  
TUTTLE ROOFING INC  
3091 S.E. WAALER STREET  
STUART FL 34997-5948



JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR  
SECRETARY





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 Roofing 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.

**DESCRIPTION: TAMKO 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.

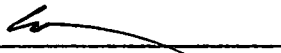
This NOA revises NOA #02-0212 07 and consists of pages 1 through 19.  
The submitted documentation was reviewed by Frank Zuloaga, RRC.

FILE COPY

**TOWN OF SEWALL'S POINT**

THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE

DATE 6/20/05



**BUILDING OFFICIAL**  
Gene Simmons

7536



NOA No . 04-0506.03  
Expiration Date: 05/23/07  
Approval Date. 07/01/04  
Page 1 of 19

7536

~~855~~



**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)**

**CertainTeed Corporation (PA)**  
**1400 Union Meeting Road, P.O. Box 1100**  
**Blue Bell, PA 19422**

**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 the BCCO and accepted by the Building Code and Product Review Committee 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 BCCO (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. BCCO reserves the right to revoke this acceptance, if it is determined by BCCO that this product or material fails to meet the requirements of the applicable building code.

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

**DESCRIPTION: CertainTeed Modified Bitumen Roofing Systems Over Wood Decks**

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

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

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

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

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

This NOA consists of pages 1 through 30.  
The submitted documentation was reviewed by Frank Zuloaga, RRC

7536

**FILE COPY**  
**TOWN OF SEWALL'S POINT**  
**THESE PLANS HAVE BEEN**  
**REVIEWED FOR CODE COMPLIANCE**  
**DATE: 8/16/05**  
**BUILDING OFFICIAL**  
**Gene Simmons**

*Revision*



**NOA No.: 02-1205.02**  
**Expiration Date: 06/19/2008**  
**Approval Date: 01/30/03**  
**Page 1 of 30**

## ROOFING ASSEMBLY APPROVAL

<b>Category.</b>	Roofing
<b>Sub-Category:</b>	APP/SBS Modified Bitumen
<b>Deck Type.</b>	Wood
<b>Maximum Design Pressure</b>	-60 psf
<b>Fire Classification:</b>	See General Limitation #1

**TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:**  
TABLE 1

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
All Weather/Empire Base Sheet	36" x 72', Roll weight 86 lbs (2 squares)	ASTM D 2626 UL Type 15	Asphalt coated organic base sheet
Flex-I-Glas™ Base Sheet	36" x 108', Roll weight 90 lbs (3 squares)	UL Type G2 ASTM D 4601, type II	Modified Bitumen coated fiberglass base sheet
Flex-I-Glas™ FR Base Sheet	39 3/8" x 50', Roll weight 90 lbs (1.5 squares)	UL Type G2 ASTM D 4601, type II	Modified Bitumen coated fiberglass base sheet
Flintglas® Ply Sheet Type IV or VI	36" x 180', Roll weight 40/55 lbs (5 squares)	ASTM D 2178 Type IV or VI UL Type G1	Fiberglass, asphalt impregnated ply sheet
Flintlastic STA STA Plus 5 0	39 3/8" x 33', Roll weight 90 lbs (1 square)	ASTM D 6222, Grade S, Type II	Smooth surfaced APP Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application
Flintlastic GTA, GTA-FR or Flintlastic Diamond GTA	39 3/8" x 33' 3", Roll weight 105 lbs (1 square)	ASTM D 6222, Grade G, type II	Granule surfaced APP Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application
Flintlastic GTS	39 3/8" x 24' 9", Roll weight 92 lbs (3/4 square)	ASTM D 6164, Grade G, Type II	Granule surfaced SBS Modified Bitumen membrane with non-woven polyester mat reinforcement for torch application
Flintlastic GMS, Premium GMS	39 3/8" x 34' 2", Roll weight 100/105 lbs (1 square)	ASTM D 6164, Grade G, Type II	Granule surfaced SBS Modified Bitumen membrane with non-woven polyester mat reinforcement for mop application
Flintlastic FR-P, Premium FR-P	39 3/8" x 34' 2", Roll weight 105 lbs (1 square)	ASTM D 6164, Grade G, Type I	Fire resistant, granule surfaced SBS Modified Bitumen Membrane with non-woven polyester mat reinforcement for mop application
Flintlastic FR Cap	39 3/8" x 34' 2", Roll weight 90 lbs (1 square)	ASTM D 6163, Grade G, Type I	Fire resistant, granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for mop applications
Flexiglas Premium Cap 960	36" x 38" (1 square)	ASTM D 6163, Grade G, Type I	Granule surfaced SBS Modified Bitumen membrane with fiberglass mat reinforcement for mop application



NOA No.: 02-1205.02  
 Expiration Date: 06/19/2008  
 Approval Date: 01/30/03  
 Page 2 of 30

**APPROVED FASTENERS:**

**TABLE 3**

<b>Fastener Number</b>	<b>Product Name</b>	<b>Product Description</b>	<b>Dimensions</b>	<b>Manufacturer (With Current NOA)</b>
1	#12 & #14 Dekfast Fastener	Insulation fastener		Construction Fasteners, Inc
2	Dekfast Hex Plate	Galvalume AZ50 steel plate	2 7/8" x 3 1/4"	Construction Fasteners, Inc
3	Olympic Fastener #12 & #14	Insulation fastener		Olympic Manufacturing Group, Inc
4	Olympic Standard	3" round galvalume AZ50 steel plate	3" round	Olympic Manufacturing Group, Inc
5	Insul-Fixx Fastener	Insulation fastener for steel and wood decks		SFS Stadler, Inc
6	Insul-Fixx S Plate	3" round galvalume AZ50 steel plate	3" round	SFS Stadler, Inc

**EVIDENCE SUBMITTED:**

<u>Test Agency</u>	<u>Name</u>	<u>Report</u>	<u>Date</u>
Applied Research Laboratories	Physical Properties	28013	06/02/87
Factory Mutual Research Corporation	Current Insulation Fastening Requirements	FMRC 1994	01/01/95
Factory Mutual Research Corporation	PA 114 (FMRC 4470)	J I #3Y8A1 AM	03/23/96
Underwriters Laboratories, Inc	Fire Classification Compliance	R11656	07/13/87
United States Testing Company, Exterior Research & Design, LLC	ASTM D 5147	97457-4	06/03/88
	TAS 114 (J)	#3507 08 99-1	04/18/01
Exterior Research & Design, LLC		#3514 02LAB	11/11/02



**Membrane Type:** APP MODIFIED  
**Deck Type 1** Wood, Non-insulated  
**Deck Description:** 1<sup>9</sup>/<sub>32</sub>" or greater plywood or wood plank decks  
**System Type E (1).** Base sheet mechanically fastened

**All General and System Limitations apply**

**Base Sheet** One ply of Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS base mechanically attached as detailed below

**Fastening** Base sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9" o c in the lap and two rows staggered in the center of the sheet 12" o c

**Ply Sheet** (Optional) One ply of Glas Base, Flex-I-Glas Base, Flex-I-Glas FR Base, PolySMS or one or more plies of Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered to the base sheet in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq

**Membrane** Flintlastic STA, Flintlastic STA Plus 5 0, Flintlastic Diamond GTA, Flintlastic GTA or GTA-FR torch adhered to base or ply sheet

**Surfacing** (Optional) Install one of the following

- 1 400-lb /sq gravel or 300-lb /sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb /sq
- 2 Karnak 97, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 1/2 gal /sq

**Maximum Design Pressure** -45psf (See General Limitation #9)





721

MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

**J.M. Metals**  
**1505 Cox Road**  
**Cocoa ,FL 32926**

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

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

**CONTRACTOR ENFORCEMENT DIVISION**  
(305) 375-2966 FAX (305) 375-2908

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

Your application for Notice of Acceptance (NOA) of **JM "5V" Crimp Architectural Metal Roof System** 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 NOA shall not be valid after the expiration date stated below BCCO reserves the right to secure this product or material at any time 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 by 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.: 01-0622 02**  
**EXPIRES: 08/16/2006**

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 Miami-Dade County, Florida under the conditions set forth above

APPROVED: 08/16/2001

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE <u>5/3/05</u>
BUILDING OFFICIAL
Gene Simmons

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

**NOTICE OF ACCEPTANCE STANDARD CONDITIONS**

- 1 Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years
- 2 Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance
- 3 Renewals of Acceptance will not be considered if
  - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes,
  - b) The product is no longer the same product (identical) as the one originally approved,
  - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product,
  - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession
- 4 Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office
- 5 Any of the following shall also be grounds for removal of this Acceptance
  - a) Unsatisfactory performance of this product or process,
  - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes
- 6 The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety
- 7 A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be resealed by the engineer
- 8 Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance
- 9 This Acceptance contains pages 1 through 5

**END OF THIS ACCEPTANCE**

Page 5



Frank Zuloaga, RRC  
Roofing Product Control Examiner



**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS 106 N. SPR

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

DRY-IN

PERMIT & PRODUCT APPROVAL  
ARE NOT POSTED AT JOB SITE

SCHEDULE REINSPECTION WHEN  
ROOFING PERSONNEL ARE ON  
SITE TO PROVIDE PROOF  
ACCESS FOR DECK NAILING  
INSTRUCTION \$60 FEE

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE 5/27

[Signature]

INSPECTOR

**DO NOT REMOVE THIS TAG**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5/27, 2005 Page 1 of   

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7394	HARTE	FINAL SLIDERS	PASS	CLOSE
2	3 E. HIGH POINT RD FIRST FLORIDA			INSPECTOR
7391	CONRAD	FINAL ROOF	FAIL	
8	9 S. VIA LUCINDIA STUART ROOFING			INSPECTOR
7516	FERRARO	GI GAS LINES	PASS	
3	4 KINGSTON FERRELL GAS			INSPECTOR
7536	BUONO	DRY-IN	FAIL	
9	106 N. SEWALL ST TITTLE ROOFING	JACO 288-6860		\$40 FEE INSPECTOR
6581	LASKY	FINAL ADD/REM	PASS	CLOSE
1	27 W. HIGH POINT	(FIRST THING)		INSPECTOR
7031	LASKY	FINAL GAS	PASS	CLOSE
1	27 W. HIGH POINT FERRELL GAS			INSPECTOR
6024	LASKY	FINAL POOL+DECK	PASS	CLOSE
1	27 W. HIGH POINT ADVANTAGE POOLS			INSPECTOR

OTHER: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8/3, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7691	THOMAS	DRY-IN	WILL	RESCHEDULE
3	10 PALM ROAD FEAZEL ROOFING			INSPECTOR <i>AM</i>
<del>7530</del>	<del>BUONO</del>	<del>DRY-IN</del>	<del>FAIL</del>	
10	106 N. SEWALLS Pt TUTTLE ROOFING			INSPECTOR <i>AM</i>
7105	CARLTON	FINAL REMODEL KITCHEN & BATH	FAIL	
11	6 PERRIWINKLE CREEK GLENMARK HOMES			INSPECTOR <i>AM</i>
13	8 CASTLE HILL GEISINGER	TREE	PASS	
		(TAM?)		INSPECTOR <i>AM</i>
7327	GREEN	FINAL POOF	DUPLICATION	
<del>X</del>	<del>19 RIO VISTA DE PACIFIC ROOFING</del>			INSPECTOR
7308	ROTHBERG	FINAL DOCK REPAIR	FAIL	
9	103 N. SEWALLS Pt CUSTOM DECKS			INSPECTOR <i>AM</i>
7683	GALINIS	RETAINING WALL	PASS	CLOSE
7	26 S. SEWALLS Pt HAMMERHEAD MARINE			INSPECTOR <i>AM</i>

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8/5, 2005 Page 3 of     

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
<del>7536</del>	<del>BUONO</del>	<del>DRY-IN</del>	<del>PASS</del>	
10	106 N Sewall St			INSPECTOR
	TITLE ROOFING			
7362	BUTLER	FINAL ROOF	PASS	CLOSE
9	6 EMARITA			INSPECTOR
	WESTERN ROOFING			
763	PREISSMAN	SHEATHING	PASS	
7A	28 Rio Vista			INSPECTOR
	WINCHUP			
7501	HALL	FINAL ROOF	FAIL	
7B	4 N. VIA LUCINDIA			INSPECTOR
	ANCHOR ROOFING			
7709	TUOHY	GEN. ELEC.	PASS	CLOSE
	119 HILLCREST.			INSPECTOR
	CALLEN			
				INSPECTOR
				INSPECTOR

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9/2, 2005 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7511	HART	FINAL RENOV	FAIL	
9	113 N. SEWALL'S Pt			INSPECTOR <i>AM</i>
	BLACK DIAMOND			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	OSTEEN	TREE	PASS	
4	1 RIDGEVIEW Dr			INSPECTOR <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
<del>7536</del>	<del>BUONO</del>	<del>ROOF FINAL</del>	<del>PASS</del>	<del>CLOSE</del>
8	106 N. SEWALL'S			INSPECTOR <i>AM</i>
	TITLE ROOFING			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7412	DONAHUE	FINAL GAS	PASS	CLOSE
11	1163 S. SEWALL'S			INSPECTOR <i>AM</i>
	PROPANE DISCONNECTS			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7122	DONAHUE	FINAL RETAINING WALL	PASS	CLOSE
11	1163 S. SEWALL'S Pt			INSPECTOR <i>AM</i>
	O/B			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7208	DONAHUE	FINAL RETAINING WALL + FENCE COL	PASS	CLOSE
11	1163 S. SEWALL'S Pt			INSPECTOR <i>AM</i>
	HALL-SAMMONS			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7347	DONAHUE	FINAL RET'G WALL	PASS	CLOSE
11	1163 S. SEWALL'S Pt			INSPECTOR <i>AM</i>
	O/B			

OTHER: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9/23, 2005 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7562	CLIFFORD	FINAL ROOF	FAIL	
11	20 N. RIVER RD	FLAT ROOF		
	TURTLE ROOFING			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7712	THORNE	FINAL ROOF	PASS	CLOSE
10	22 PERIWINKLEA			
	DUCAN ROOFING			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7380	BONIFACE	WINDOWS	FAIL	
5	63 S. RIVER			
	WILSON BLDG			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7680	BRUCE	FINAL DRIVEWAY	PASS	CLOSE
6	2 CRANE'S NEST			
	NAIL BRICK PAVEMENT			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7535	DILLARD	FINAL ROOF	PASS	CLOSE
7	8 EMARITA			
	TURTLE ROOFING			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
<del>7536</del>	<del>BUONO</del>	<del>FINAL ROOF</del>	<del>PASS</del>	<del>CLOSE</del>
11A	106 N. SEWALL ST			
	TURTLE ROOFING			INSPECTOR <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7390	GOLDMAN	TRUSS ENG	CANCEL	-RESCHEDULE
X	4 SUMMER LA			FOR MONDAY
	O/B	708-1766		INSPECTOR <i>OM</i>

OTHER: \_\_\_\_\_

**10865**

**REROOF**



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

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

**BUILDING PERMIT CARD**

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

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10865	DATE ISSUED:	5/13/2014
SCOPE OF WORK:	RE-ROOF FLAT DECK ONLY		
CONTRACTOR:	STEVE FRONTERA ROOFING, INC.		
PARCEL CONTROL NUMBER:	35374100000001001	SUBDIVISION	N 100' GOV LOT 2....
CONSTRUCTION ADDRESS:	106 N SEWALL'S POINT ROAD		
OWNER NAME:	BUONO		
QUALIFIER:	STEVE FRONTERA	CONTACT PHONE NUMBER.	772 336-3880

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8 00AM TO 4.00PM**

**INSPECTIONS 9 00AM TO 3 00PM - MONDAY THROUGH FRIDAY**

**INSPECTIONS**

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

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



TOWN OF SEWALL'S POINT 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:	10865		
ADDRESS:	106 N SEWALL'S POINT ROAD		
DATE ISSUED:	5/13/2014	SCOPE OF WORK:	RE-ROOF FLAT DECK ONLY

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

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

ACCESSORY PERMIT	Declared Value	\$	\$ 5,950 00
Total number of inspections @ \$ 100 00 per insp # insp		\$ 2 00	\$ 200 00
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)		\$	\$ 3 00
DBPR Licensing Fee (1 5% of permit fee - \$2 00 min )		\$	\$ 3 00
Road impact assessment ( 04% of construction value - \$5 min )			\$ 5 00

<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	<b>211.00</b>
------------------------------------	--	----	---------------

*pd 5/19/14*  
*CK 3697*



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

Permit Number 10865

Date 4/28/14

OWNER/TITLEHOLDER NAME Ronald J. Buono Phone (Day) 778-631-2631 (Fax) \_\_\_\_\_

Job Site Address 106 N. Sewalls Point Rd. City Stuart State FL Zip 34996

Legal Description N 100' OF Gov Lot 2 E OF RD Parcel Control Number 35-37-41-000-000-00100-1

Owner Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

**COST AND VALUES** (Required on ALL permit applications)  
Estimated Value of Improvements \$ 5,950  
(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 \$ 5,950.00  
(Fair Market Value of the Primary Structure only Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company Steve Frontera Roofing, Inc. Phone 772-336-3880 Fax 772-336-8568

Qualifiers name Steve Frontera Street P.O. Box 9661 City PSL State FL Zip 34985

State License Number CC1326920 OR Municipality \_\_\_\_\_ License Number \_\_\_\_\_

LOCAL CONTACT JOE KARR Phone Number 772-353-0545

DESIGN PROFESSIONAL \_\_\_\_\_ Fla License# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

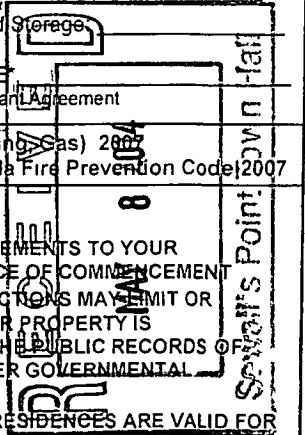
AREAS SQUARE FOOTAGE Living \_\_\_\_\_ Garage \_\_\_\_\_ Covered Patios/ Porches 600 Enclosed Storage \_\_\_\_\_

Carpport \_\_\_\_\_ 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.**

- 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
- 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
- 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 IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID REF FBC 2007 SECT 105 4 1 105 4 1 1 - 5



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

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

OWNER NOTORIZED SIGNATURE (required per 713 135 F S )  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

Ronald J. Buono

State of Florida, County of Martin

On This the 6<sup>th</sup> day of May, 2014

by Ronald J. Buono who is personally

known to me or produced DR. LIC

As identification [Signature]  
Notary Public State of Florida  
Carmela Frantantoni  
My Commission Expires EE 202791 5/29/16  
Expires 05/29/2016

CONTRACTOR NOTORIZED SIGNATURE (required per 713 135 F S )

[Signature]

State of Florida, County of Martin

On This the 29<sup>th</sup> day of April, 2014

by Steve Frontera who is personally

known to me or produced \_\_\_\_\_

As identification [Signature]  
Notary Public  
Carmela Frantantoni  
My Commission Expires EE 202791  
Expires 05/29/2016

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

<b>PRODUCER</b> HARBOR INSURANCE 6645 S US Highway 1 Port St Lucie, FL 34852-1428 Michael J Lombardi	<b>CONTACT NAME</b> Wanda Gardner	
	<b>PHONE (A/C, Ho, Ext)</b> 561-623-6399	<b>FAX (A/C, Ho)</b> 561-623-6399
<b>E-MAIL ADDRESS</b> wanda.gardner@harbora.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A</b> Western World Insurance Co		
<b>INSURER B</b>		
<b>INSURER C</b>		
<b>INSURER D</b>		
<b>INSURER E</b>		
<b>INSURER F</b>		

**INSURED** Steve Frontera Roofing, Inc  
 License# CCC1326920  
 PO Box 9661  
 Port St Lucie, FL 34985-9661

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER**

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

INSR LTR	TYPE OF INSURANCE	ADOL SUBR (INSR) (WVR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		PGP0789441	03/07/2014	03/07/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MEG EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			OTH ER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L EACH ACCIDENT \$
						E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>  SEWAL-1  Town of Sewalls Point Fax: 772-220-4765 1 South Sewalls Point Road Stuart, FL 34996	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--



# CERTIFICATE OF LIABILITY INSURANCE

STEVF-1 OP ID LA

DATE (MM/DD/YYYY)  
05/14/14

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Insurer <b>Stuart Insurance, Inc.</b> 3070 SW Mapp Palm City, FL 34990 Susan Naumann		Phone 772-266-4334 Fax 772-286-9389		NAME PHONE (A/C No. Ext) E-MAIL ADDRESS		FAX (A/C No.)	
INSURED <b>Steve Frontera Roofing, Inc</b> Steve Frontera PO Box 9661 Port St Lucie, FL 34985				INSURER(S) AFFORDING COVERAGE		NAIC #	
				INSURER A <b>Bridgefield Employers Ins Co</b>		10701	
				INSURER B			
				INSURER C			
				INSURER D			
				INSURER E			
				INSURER F			

COVERAGES CERTIFICATE NUMBER REVISION NUMBER

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

INSR LTR	TYPE OF INSURANCE	ADDC/SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEM. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	83052849	07/25/13	07/25/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 500,000 E L DISEASE EA EMPLOYEE \$ 500,000 E L DISEASE POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule if more space is required)

CERTIFICATE HOLDER CANCELLATION

TOWSP-1

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

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

AUTHORIZED REPRESENTATIVE

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

FRONTERA, STEVE
STEVE FRONTERA ROOFING INC
PO BOX 9661
PORT SAINT LUCIE FL 34985-9661

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

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

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



STATE OF FLORIDA AC# 6221991
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CCC1326920 07/23/12 110416983

CERTIFIED ROOFING CONTRACTOR
FRONTERA, STEVE
STEVE FRONTERA ROOFING INC

IS CERTIFIED under the provisions of Ch 489 FS.
Expiration date AUG 31, 2014 L12072300789

DETACH HERE

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

AC# 6221991

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12072300789

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 07/23/2012, 110416983, CCC1326920

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

FRONTERA, STEVE
STEVE FRONTERA ROOFING INC
505 NW ASHTON WAY
PORT ST LUCIE FL 34983

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY



# CERTIFICATE OF LIABILITY INSURANCE

STEVF-1

OP ID LA

DATE (MM/DD/YYYY)

05/14/14

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PRODUCER <b>Stuart Insurance, Inc</b> 3070 SW Mapp Palm City, FL 34990 Susan Naumann	PHONE 772-286-4334 Fax 772-286-9389	NAME PHONE (A/C, No, Ext) E-MAIL ADDRESS	FAX (A/C, No)
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED <b>Steve Frontera Roofing, Inc</b> <b>Steve Frontera</b> PO Box 9661 Port St Lucie, FL 34985	INSURER A <b>Bridgefield Employers Ins Co</b>	INSURER B	10701
	INSURER C		
	INSURER D		
	INSURER E		
	INSURER F		

COVERAGES      CERTIFICATE NUMBER      REVISION NUMBER

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUP GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUP <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below		Y/N	83052849	07/25/13	07/25/14	<input checked="" type="checkbox"/> WVC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 500,000 E L DISEASE EA EMPLOYEE \$ 500,000 E L DISEASE POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER      CANCELLATION

TOWSP-1

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

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

AUTHORIZED REPRESENTATIVE

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

PERMIT # \_\_\_\_\_ TAX FOLIO # 35-37-41-000-000-00100-1

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)  
N 100' OF Gov Lot 2E OF RD 106 N Sewall's Point Rd - Sewall's Point - Stuart 34996

GENERAL DESCRIPTION OF IMPROVEMENT re roof

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

NAME Ronald J Buono  
 ADDRESS 106 N Sewall's Point Rd Stuart, FL 34996  
 PHONE NUMBER 772-631-2631 FAX NUMBER \_\_\_\_\_  
 INTEREST IN PROPERTY \_\_\_\_\_

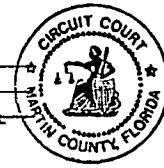
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER)

CONTRACTOR Steve Frontera Roofing, Inc.  
 ADDRESS PO Box 9661 PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 STATE OF FLORIDA  
 PORT ST LUCIE, FL 34985-9661 MARTIN COUNTY

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

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 BOND AMOUNT \_\_\_\_\_

THIS IS TO CERTIFY THAT THE  
 FOREGOING 1 PAGE(S) IS A TRUE  
 AND CORRECT COPY OF THE ORIGINAL  
 DOCUMENT AS FILED IN THIS OFFICE



INSTR # 2453674  
 OR BK 2716 PG 1339  
 REC'D 05/07/2014 12:42:14 PM  
 CAROLYN TIMMANN  
 CLERK

LENDER/MORTGAGE COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 BY [Signature] DC  
 DATE 5/7/14

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

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

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

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EXPIRATION DATE OF NOTICE OF COMMENCEMENT \_\_\_\_\_  
 ( EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED)

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

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)

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT [Signature]  
 SIGNATORY'S TITLE/OFFICE \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6<sup>th</sup> DAY OF May, 2014  
 BY Ronald J Buono AS home owner FOR \_\_\_\_\_  
 NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION DR LK  
 TYPE OF IDENTIFICATION PRODUCED [Signature]





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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

RE-ROOF PERMIT CERTIFICATION

PERMIT # \_\_\_\_\_  
 CONTRACTOR'S NAME Steve Frontera Roofing, Inc PHONE # 772-336-3880 FAX 772-336-8568  
 OWNER'S NAME Steve Frontera  
 CONSTRUCTION ADDRESS P.O. Box 9661 CITY PSL STATE FL

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

\*\* DISCONNECT/RECONNECT HVAC ELECTRIC  YES  NO

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

RE-ROOF DEEMED TO COMPLY WITH 553 844 F S  YES  NO - INSURED VALUE OF RESIDENCE \_\_\_\_\_

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

ROOF TYPE  HIP  BOSTON-HIP  GABLE  FLAT  OTHER ONLY

ROOF PITCH        /12 SLOPE

ROOF DECK.\*  SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

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

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

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING Mod. Field EXISTING COVERING TO BE REMOVED? YES  NO

PROPOSED NEW ROOF COVERING TPO

MANUFACTURER CARLISLE PRODUCT NAME SCREWFIX FLEECE PRODUCT APPR # FL14083-R5

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

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

PROPOSED FLASHING  GALV/STEEL  ALUMINUM  COPPER  OTHER \_\_\_\_\_

RIDGEVENT TO BE INSTALLED  YES  NO

DESCRIPTION OF WORK REMOVE EXISTING FLAT ROOF, RENAILED PLYWOOD, INSTALL NEW DECK, FLASHING & TPO SYSTEM.

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] DATE \_\_\_\_\_  
 SIGNATURE OF CONTRACTOR



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

ROOFING MATERIAL LIST

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
1	Box Ply wood nails			
2	4 in mod for ply wood			
	DENS DECK + SCREW		600	
	TPO FLASHING + TURN BAR. ECH.			
	GLUE FOR TPO 1-SGALON			
	SEAM TAPE			
	FLEECE BACK TPO		600	





EXTERIOR RESEARCH & DESIGN, LLC  
 Certificate of Authorization #9503  
 353 Christian Street  
 Oxford, CT 06478  
 PHONE (203) 262-9245  
 FAX (203) 262-9243

**EVALUATION REPORT**

**Carlisle SynTec Incorporated**  
**P.O. Box 7000**  
**Carlisle, PA 17013**

**Evaluation Report C33680 09 10-R5**  
**FL14083-R5**  
**Date of Issuance: 09/08/2010**  
**Revision 9: 05/27/2013**

**SCOPE:**

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code. The product described herein has been designed to comply with the 2010 Florida Building Code sections noted herein.

**DESCRIPTION:** ~~Carlisle Sure-Weld TPO Single Ply Roof Systems~~

**LABELING:** Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

**CONTINUED COMPLIANCE:** This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

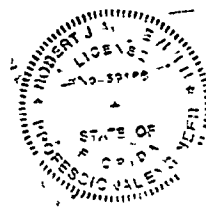
**ADVERTISEMENT:** The Evaluation Report number preceded by the words "Trinity | ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

**INSPECTION:** Upon request, a copy of this entire Evaluation Report 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 Evaluation Report consists of pages 1 through 4, plus a 28-page Appendix.

**Prepared by.**

**Robert J.M. Nieminen, P.E.**  
 Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 09/27/2013. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

**CERTIFICATION OF INDEPENDENCE:**

- 1 Exterior Research & Design, LLC d/b/a Trinity | ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
- 2 Exterior Research & Design, LLC d/b/a Trinity | ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
- 3 Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
- 4 Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.

**ROOFING SYSTEMS EVALUATION\***
**1 SCOPE:**
**Product Category\*** Roofing

**Sub-Category:** Single Ply Roof Systems

**Compliance Statement\*** Carlisle Sure-Weld TPO Single Ply Roof Systems, as produced by Carlisle SynTec Incorporated, have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein

**2. STANDARDS\***

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1504 3 1	Wind	FM 4470	1992
1504 3 1	Wind	FM 4474	2004
1507 13 2	Physical Properties	ASTM D6878	2006
1523 6 2	Wind	TAS 114	2011

**3. REFERENCES:**

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ACRC (TST4671)	FM 4470	07-051	08/29/2007
ACRC (TST4671)	FM 4470	07-059	10/15/2007
ACRC (TST4671)	FM 4470	10-009	05/19/2010
ACRC (TST4671)	FM 4470	10-018	08/25/2010
ACRC(TST4671)	FM 4470	10-019	08/25/2010
ACRC(TST4671)	FM 4470	11-034	06/28/2011
ACRC(TST4671)	FM 4470	11-035	06/28/2011
ACRC(TST4671)	FM 4470	11-036	06/29/2011
ACRC(TST4671)	FM 4470	11-037	06/29/2011
ATI (TST1588)	FM 4470	01-37050 01	03/13/2000
ATI (TST1588)	FM 4470	01-39152 01	03/28/2001
ATI (TST1588)	Physical Properties	01-37490 01	05/26/2004
ATI (TST1588)	FM 4470	63524 01-111-47	03/16/2006
ATI (TST1588)	FM 4470	76506 01-111-47	09/06/2007
ATI (TST1588)	FM 4470	77891 01-111-47	10/26/2007
ATI (TST1588)	FM 4474	C1141 01-109-18	09/13/2012
CTL (TST1577)	TAS 114 / FM 4470	CTLA-105R	10/13/2008
CTL (TST1577)	TAS 114 / FM 4470	CTLA-105R-1	10/13/2008
CTL (TST1577)	TAS 114 / FM 4470	CTLA-105R-2	10/13/2008
CTL (TST1577)	TAS 114 / FM 4470	CTLA-106R	10/16/2008
CTL (TST1577)	TAS 114 / FM 4470	CTLA-106R-1	10/16/2008
CTL (TST1577)	TAS 114 / FM 4470	CTLA-106R-2	10/16/2008
CTL (TST1577)	TAS 114 / FM 4470	CTLA-106R-3	10/16/2008
CTL (TST1577)	TAS 114 / FM 4470	CTLA-106R-4	10/16/2008
CTL (TST1577)	TAS 117	CTLA 111R	01/13/2009
PRI CMT(TST5878)	TAS 114 / FM 4474	CST-016-02-01	05/04/2011
PRI CMT(TST5878)	TAS 114 / FM 4474	CST-016-02-01	05/05/2011
ERD (TST 6049)	Physical Properties	C32760 01 11	01/19/2011
FM Approvals (TST1867)	FM 4470	329A1 AM	10/15/1997
FM Approvals (TST1867)	FM 4470	3001522	03/26/1999
FM Approvals (TST1867)	FM 4470	3003393	03/30/1999
FM Approvals (TST1867)	FM 4470	3006110	06/13/2001
FM Approvals (TST1867)	FM 4470	3011329	06/10/2002
FM Approvals (TST1867)	FM 4470	3012879	04/04/2003
FM Approvals (TST1867)	FM 4470	3013584	06/27/2003
FM Approvals (TST1867)	FM 4470	3014692	08/05/2003
FM Approvals (TST1867)	FM 4470	3019890	12/16/2004
FM Approvals (TST1867)	FM 4470/4474	3017662	06/07/2005
FM Approvals (TST1867)	FM 4470/4474	3023032	07/20/2005
FM Approvals (TST1867)	FM 4470/4474	3020845	01/25/2006
FM Approvals (TST1867)	FM 4470/4474	3021941	03/20/2006
FM Approvals (TST1867)	FM 4470/4474	3023340	03/20/2006
FM Approvals (TST1867)	FM 4470/4474	3023458	07/18/2006
FM Approvals (TST1867)	FM 4470/4474	3022174	09/25/2006
FM Approvals (TST1867)	FM 4470/4474	3026964	07/25/2007
FM Approvals (TST1867)	FM 4470/4474	3028438	08/22/2007
FM Approvals (TST1867)	FM 4470/4474	3031350	09/27/2007



<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
FM Approvals (TST1867)	FM 4470/4474	3028655	11/09/2007
FM Approvals (TST1867)	FM 4470/4474	3026951	01/21/2008
FM Approvals (TST1867)	FM 4470/4474	3031349	05/13/2008
FM Approvals (TST1867)	FM 4470/4474	3031765	07/21/2008
FM Approvals (TST1867)	FM 4470/4474	3033217	12/08/2008
FM Approvals (TST1867)	FM 4470/4474	3034066	04/14/2009
FM Approvals (TST1867)	FM 4470/4474	3034776	08/07/2009
FM Approvals (TST1867)	FM 4470/4474	3037400	09/02/2009
FM Approvals (TST1867)	FM4470/4474	3033356	10/09/2009
FM Approvals (TST1867)	FM 4470/4474	3040639	08/11/2010
FM Approvals (TST1867)	FM 4470/4474	3036762	03/08/2011
FM Approvals (TST1867)	FM 4470/4474	3041535	06/08/2011
FM Approvals (TST1867)	FM 4470/4474	3039340	06/24/2011
FM Approvals (TST1867)	FM 4470/4474	3043858	08/25/2011
FM Approvals (TST1867)	FM 4470/4474	3041797	10/13/2011
FM Approvals (TST1867)	FM 4470/4474	3039073	11/22/2011
FM Approvals (TST1867)	FM4470/4474	3040260	02/27/2012
FM Approvals (TST1867)	FM 4470/4474	3047327	09/13/2012
FM Approvals (TST1867)	FM 4470/4474	3040639	09/18/2012
FM Approvals (TST1867)	FM 4470/4474	3043858	09/25/2012
FM Approvals (TST1867)	FM 4470/4474	3042075	10/23/2012
UL, LLC (QUA9625)	Quality Control	Service Confirmation	Exp 06/05/2016

**4. PRODUCT DESCRIPTION:**

The following roof covers are mechanically attached or fully adhered to Approved substrates using fasteners, stress plates and adhesives, as outlined in the Limitations / Conditions of Use herein

- 4 1 **Sure-Weld** membranes are nominal 45-mil (1 1-mm) or 60-mil (1 5-mm) thick, polyester-scrim reinforced, thermoplastic olefin (TPO) single-ply roof membranes
- 4 2 **Sure-Weld EXTRA** membranes are nominal 72-mil (1 8-mm) or 80-mil (2 0-mm) thick, polyester-scrim reinforced, thermoplastic olefin (TPO), single-ply roof membranes
- 4 3 **Spectro-Weld** membranes are nominal 60-mil (1 5-mm) or 80-mil (2 0-mm) thick, polyester-scrim reinforced, thermoplastic olefin (TPO) single-ply roof membranes
- 4 4 **Sure-Weld FleeceBACK 100, 115 and 135** membranes are nominal 45-mil (1 1-mm), 60-mil (1 5-mm) or 80-mil (2 0-mm) thick, polyester-scrim reinforced, thermoplastic olefin (TPO) single-ply roof membranes with a polyester fleece backing
- 4 5 **Sure-Weld AFX 120, Sure-Weld AFX 135 and Sure-Weld AFX 155** membranes are nominal 45-mil (1 1-mm), 60-mil (1 5-mm) or 80-mil (2 0-mm) thick, respectively, polyester-scrim reinforced, thermoplastic olefin (TPO) single-ply roof membranes with a polyester fleece backing formulated for hot asphalt application
- 4 6 **Spectro-Weld FleeceBACK** membranes are nominal 60-mil (1 5-mm) thick, polyester-scrim reinforced, thermoplastic olefin (TPO) single-ply roof membranes with a polyester fleece backing
- 4 7 **Sure-Weld SAT** membrane is a nominal 45-mil (1 1-mm) or 60-mil (1 5-mm) thick, polyester-scrim reinforced, thermoplastic olefin (TPO) single-ply roof membrane laminated to an elastomeric pressure-sensitive adhesive

**5. LIMITATIONS:**

- 5 1 This Evaluation Report is not for use in HVHZ jurisdictions For HVHZ jurisdictions, refer to current Miami-Dade NOAs
- 5 2 Refer to a current UL Roofing Materials Directory for fire ratings of this product
- 5 3 For steel deck installations, foam plastic insulation shall be separated from the building interior in accordance with FBC 2603 4 unless the exceptions stated in FBC 2603 4 1 and 2603 6 apply
- 5 4 Unless otherwise noted in Appendix 1, roof decking and its attachment shall be specified and installed to meet project design criteria to the satisfaction of the AHJ
- 5 5 For recover installations, the existing roof shall be examined in accordance with FBC 1510

- 5 6 For mechanically attached insulation or membrane or strip-bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16. Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117, FM LPDS 1-29 and ANSI/SPRI WD1. Assemblies marked with an asterisk\* carry the limitations set forth in Section 2 2 1 5 1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
- 5 7 For assemblies with all components fully bonded in place, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16. No rational analysis is permitted for these systems.
- 5 8 For mechanically attached insulation or membrane over existing roof decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
- 5 9 For bonded insulation or membrane over existing substrates in a re-roof (tear off) or recover installation, the existing deck or existing roof surface shall be examined for compatibility with the adhesive to be installed. If any surface conditions exist that bring system performance into question, field uplift testing in accordance with ASTM E907, FM LPDS 1-52 or ANSI/SPRI IA-1 shall be conducted on mock-ups of the proposed new roof assembly.
- 5 10 For bonded insulation or membrane over existing substrates in a recover installation, the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52 or ANSI/SPRI IA-1.
- 5 11 Metal edge attachment (except gutters), shall be designed and installed for wind loads in accordance with FBC Chapter 16 and tested for resistance in accordance with ANSI/SPRI ES-1 or RAS 111, except the basic wind speed shall be determined from FBC Figure 1609.
- 5 12 All products in the roof assembly shall have quality assurance audit in accordance with the FBC and F A C Rule 9N-3.

## 6 INSTALLATION:

- 6 1 Carlisle Sure-Weld TPO Single Ply Roof Systems shall be installed in accordance with Carlisle SynTec published installation instructions, subject to the Limitations / Conditions of Use noted herein.
- 6 2 System attachment requirements for wind load resistance are set forth in Appendix 1. "MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads, and reflects the ultimate passing pressure divided by 2 (the 2 to 1 margin of safety per FBC 1504.9 has already been applied). Refer to FBC 1609.1.5 for determination of design wind loads.
- 6 3 For mechanically fastened membrane systems (Type D) over profiled steel deck, membrane shall be installed running perpendicular to steel deck flutes.

## 7. BUILDING PERMIT REQUIREMENTS:

As required by the Building Official or Authority Having Jurisdiction in order to properly evaluate the installation of this product.

## 8. MANUFACTURING PLANTS:

Contact the noted QA agency for information on product locations covered by QA procedures.

## 9. QUALITY ASSURANCE ENTITY:

UL, LLC – QUA9625, (414) 248-6409, karen.buchmann@ul.com

**- THE 28-PAGES THAT FOLLOW FORM PART OF THIS EVALUATION REPORT -**



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 rnk 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-moped shall be deemed to meet the requirements for secondary water barrier.

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

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following.
  - 1 Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
  - 2 Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
    - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201 3 OR
    - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
    - c. Refer to sections 201.3.1 to 201 3.4 for prescriptive requirements

LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS' REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT

A 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

A RESIDENTIAL STRUCTURE VALUED AT \$750,000 OR MORE SHALL COMPLY WITH THE FOLLOWING

When any activity requiring a building permit that is applied for on or after July 1, 2008, and for which the estimated cost is \$50,000 or more for a building that is located in the wind borne debris region as defined in s 1609 2 of the Florida Building Code, Building

- a Opening protections as required within the Florida Building Code, Building or Florida Building Code, Residential for new construction shall be provided

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000 00 AND WAS PERMITTED PRIOR TO MARCH 1, 2002

YEAR PERMITTED \_\_\_\_\_ INSURED OR P A IMPROVED VALUE \$ \_\_\_\_\_

DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JOB SITE ADDRESS 106 N. Sewalls Point Rd. Stuart, FLA. 34996

QUALIFIER NAME Steve Frontera LICENSE NO ccc 1326920

COMPANY NAME Steve Frontera Roofing, Inc. PHONE NO 772-336-3880

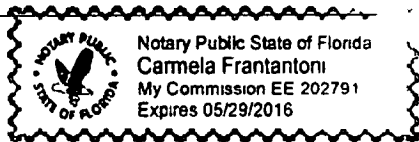
[Signature]  
Qualifier's Signature  
Date 5-8-14

[Signature]  
Owner's Signature  
Date 5-6-14

Sworn to and subscribed before me this 8<sup>th</sup> day of may 2014

By Steve Frontera  
[Signature]

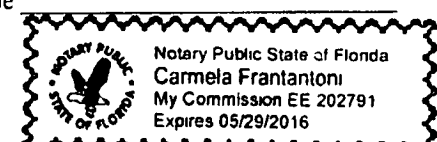
Notary Public, State of Florida  
Personally known to me   
Produced ID \_\_\_\_\_  
Type \_\_\_\_\_



Sworn to and subscribed before me this 6<sup>th</sup> day of may 2014

By Ronald J Buono  
[Signature]

Notary Public, State of Florida  
Personally known to me \_\_\_\_\_  
Produced ID DR 416  
Type \_\_\_\_\_





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)
  - Manufacturer must have Florida Product Approval
  - Location of proposed re-roof (if only a partial re-roof) and area % calculation
  - Section/detail through hip and ridge tile caps per F R S A for tile roofs\*\*
- \_\_\_\_\_ 2 Copies Re-roof windstorm loss mitigation certification (and affidavit if applicable)

### 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

\*\*Concrete or ClayTile Roof Specify how the roof field tile will be attached to the deck (reference F S R A Installation Manual) Provide section details showing the installation/attachment of ridge and hip cap tile Demonstrate compliance with the 2007 FBC 1507.3 & 2007 FBC/Residential R905.3 Also provide Product Approval for all roof adhesives

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 SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  ~~Thur~~  Fri 6/5-14 Page 1 of    

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10886	DAYSHORE DEVEL 61 S RIVER RD	Final	PASS	772 466-8115 CLOSE
	HAIR Housekeeper will meet u NISAIR			INSPECTOR <i>A</i>
10888	DAYSHORE DEVEL 61 S RIVER RD	Final	<del>PASS</del>	772 466-8115 CANCEL
	9 AM HOUSEKEEPER WILL MEET YOU THERE NISAIR			INSPECTOR
10844	WATKINS 122 S SEWALLS PKD	Final DUPLICATE		772-336-7366
	Before 10:30A meeting AC Advantage			INSPECTOR
10731	WILLIAMS 24 Castle Hill Way	Elec. Insp.	FAIR	260-0848- Bond Equip
	NO ONE THERE SFZ Curt. Pool			INSPECTOR
10818	Olson 12 Knowles Rd	Final	PASS	CLOSE
	4/3			INSPECTOR <i>A</i>
10865	<del>Brown</del> 106 N Sewall's Pk	<del>Shedding</del> Final	<del>PASS</del>	<del>336-3880</del> CLOSE
	1/3 Steve Trostera Roof			INSPECTOR <i>A</i>
0785	Sharpe 73 N Sewall's Pk	Partial Seal	PASS	
	3 MV Homes	D Porch walls	<i>A</i>	INSPECTOR <i>A</i>



***Steve Frontera Roofing, Inc.***

P.O. Box 9661

Port St. Lucie, FL 34985-9661

**1-800-520-3880 Office**

**(772) 336-8568 Fax**

License # CCC1326920

# 10865  
FWP

***Homeowner: Ronald Buono***

***Job Address: 106 N. Sewalls Point Rd.***

***Stuart, FL 34996***

***Contact Number: 772-631-2631***

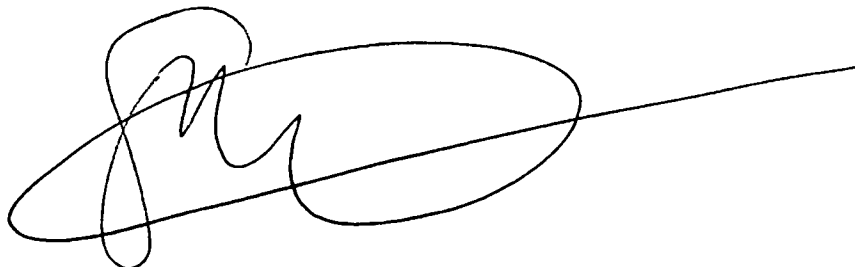
**To Town of Sewall's Point Building Department**

**To whom this may concern:**

**The permit calls for us to remove the existing deck and re-nail the plywood, but we cannot remove this deck because the Modified system is torched to the plywood and cannot be removed.**

**There are pictures for you to review.**

**Thank You, 6/3/2014  
Steve Frontera**



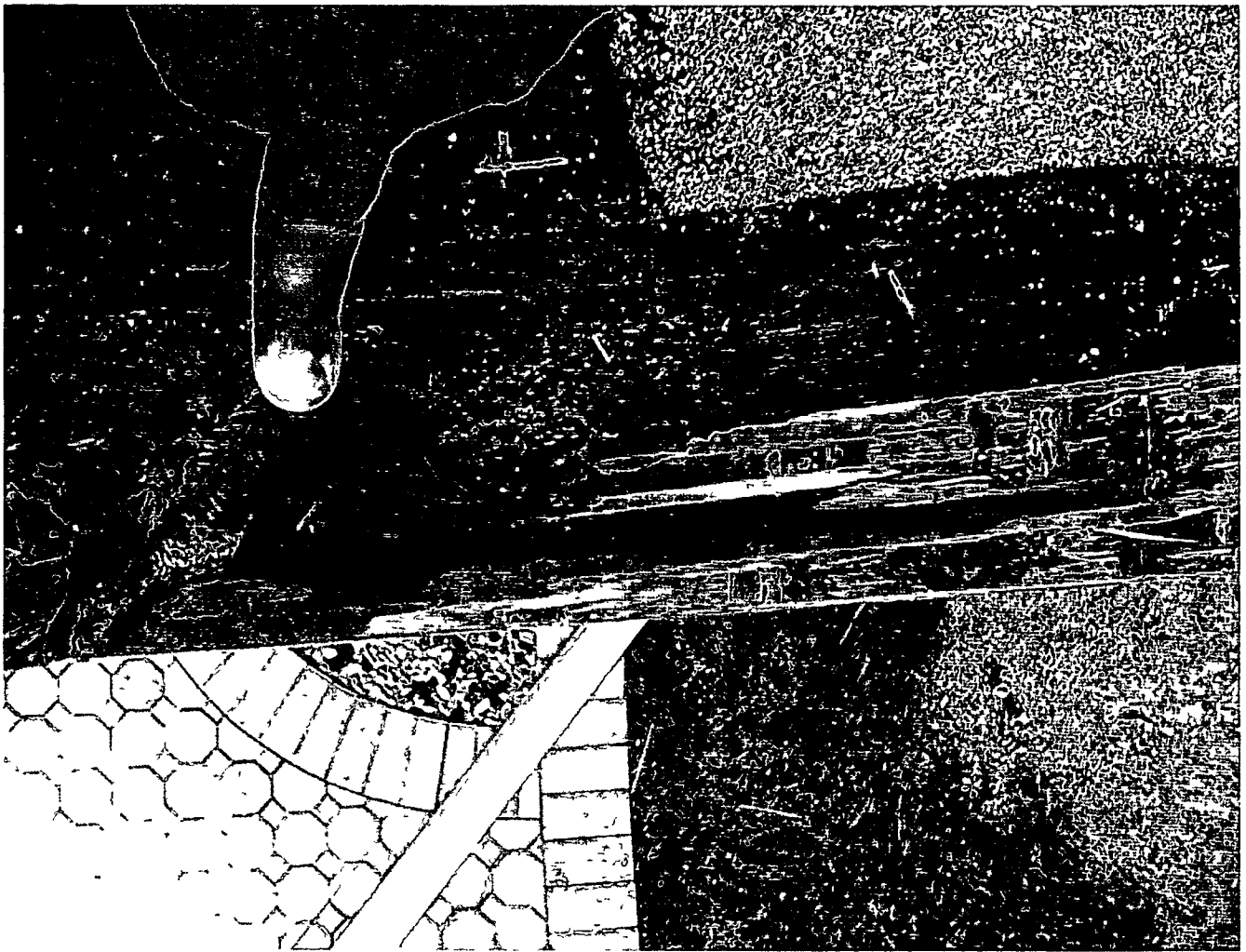
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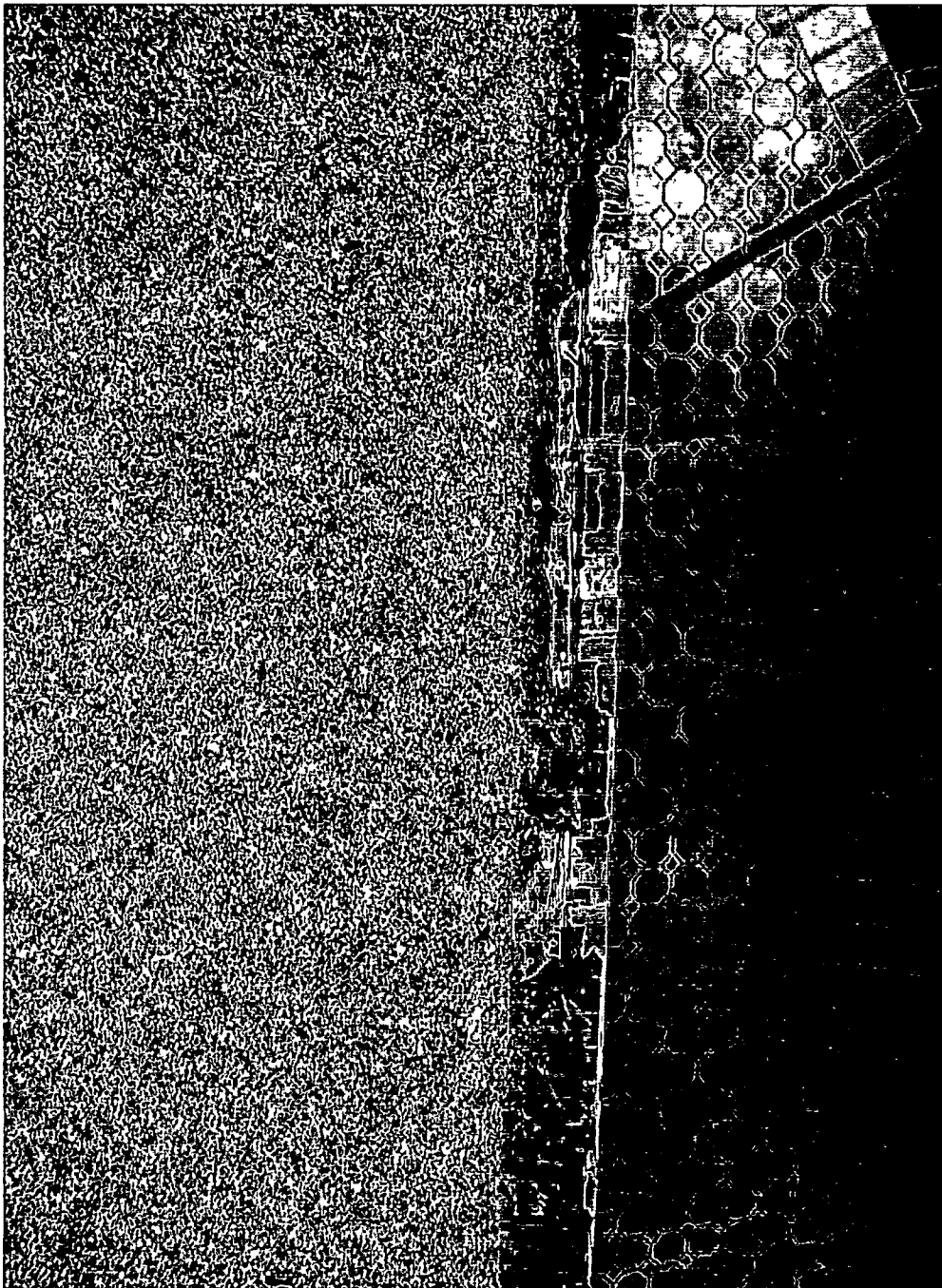
From: Joe Kara (joekara63@gmail.com)

To: steve.frontera@att.net

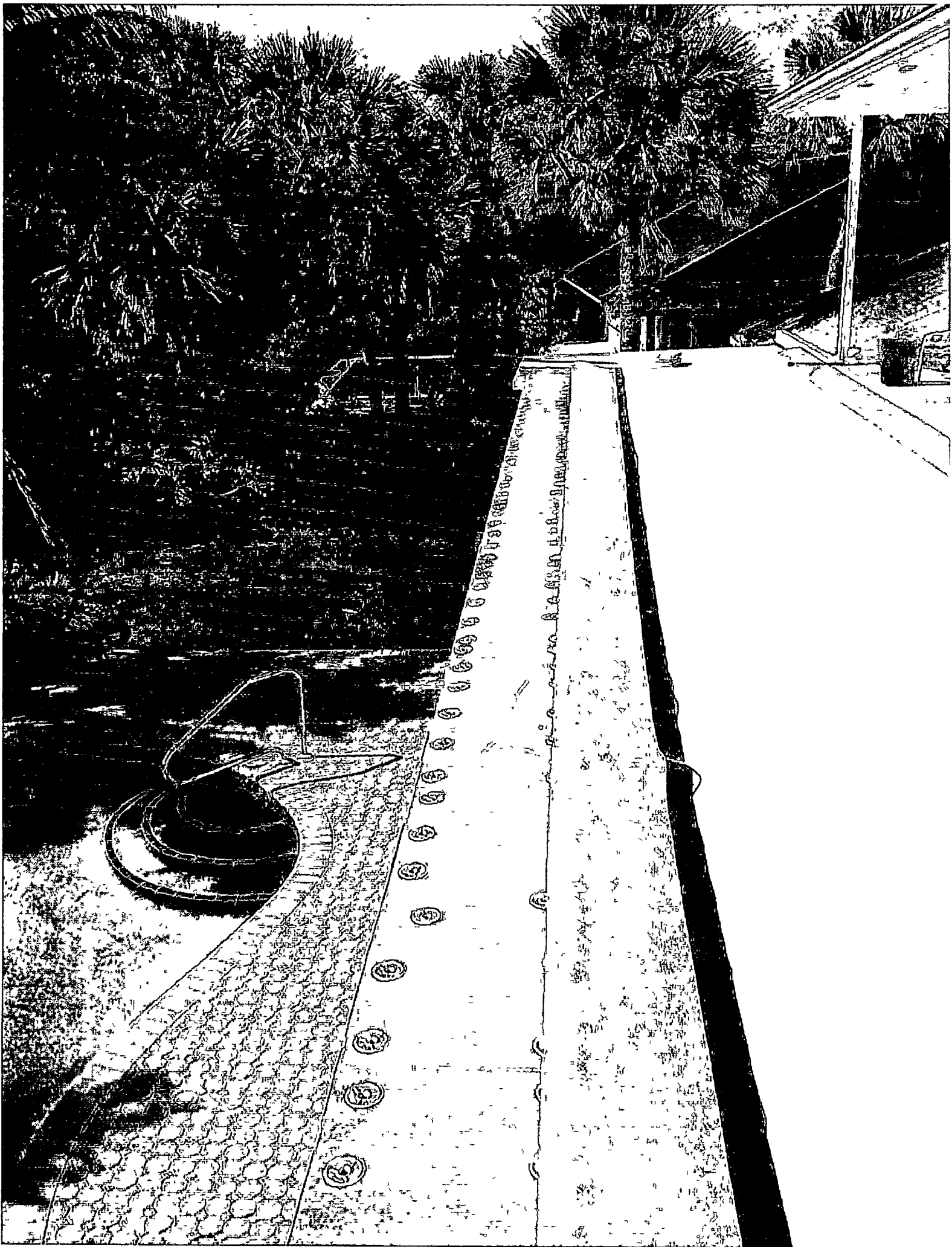
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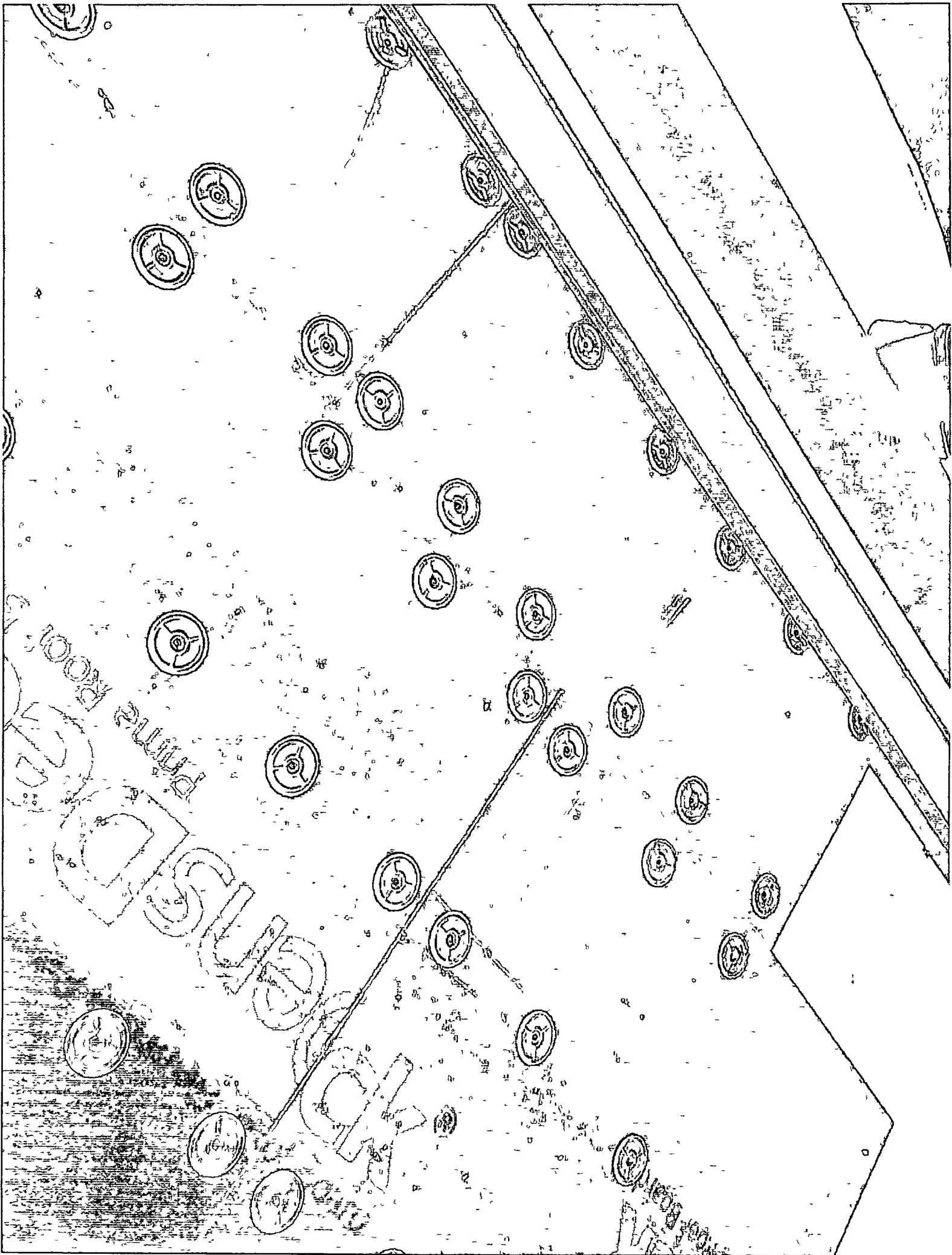


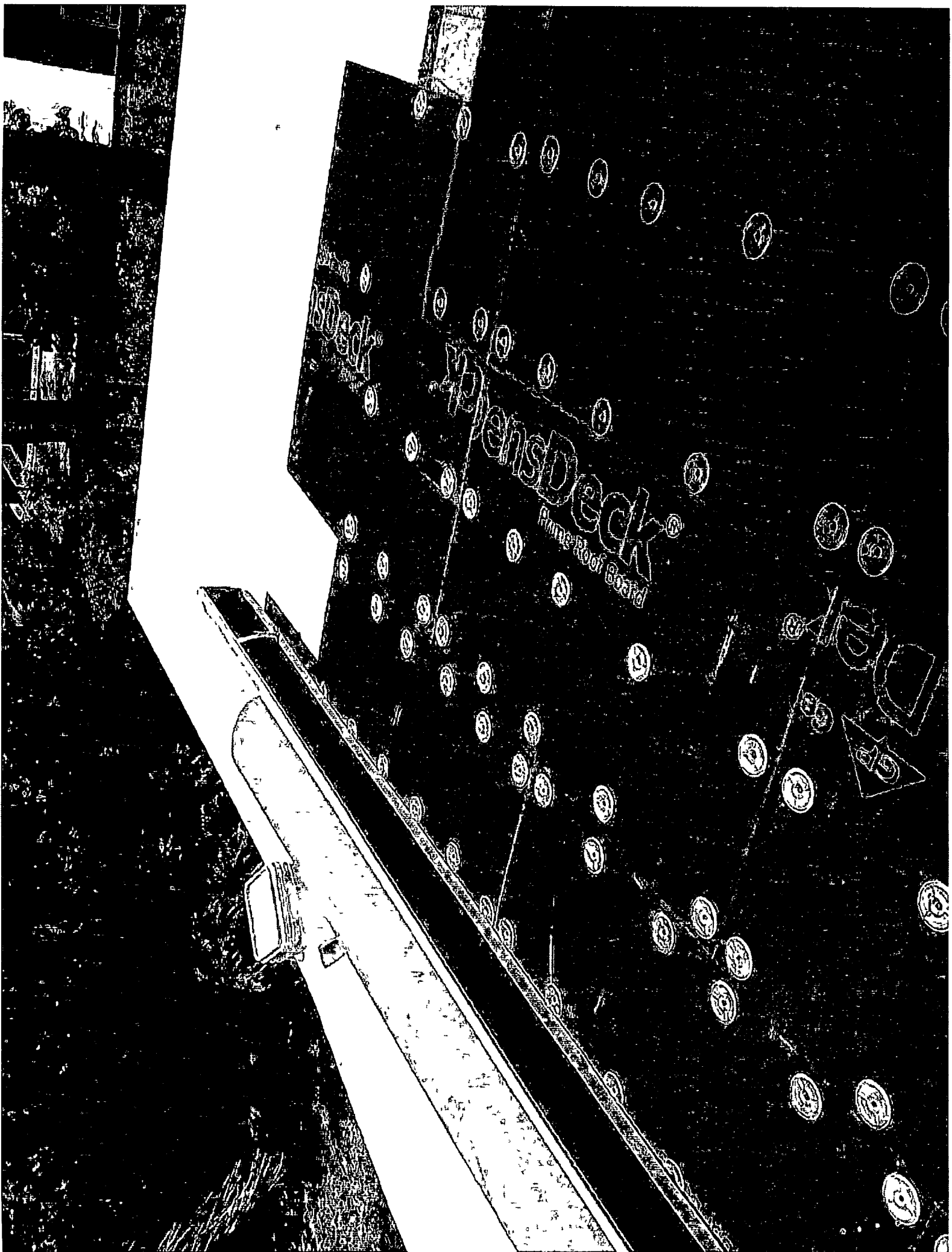




Sent from my iPhone









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 Permit # \_\_\_\_\_

Date \_\_\_\_\_

**Inspection Affidavit**

I Steve Frontera Roofing, Inc, licensed as a(n) Contractor\* /Engineer/Architect,  
 (please print name and circle Lic Type) FS 468 Building Inspector\*

License #, CC 1326920

On or about \_\_\_\_\_, I did personally inspect the roof  
 (Date & time)

deck nailing and/or secondary water barrier work at 106 N. Sewalls Point Rd.  
 (circle one) (Job Site Address)

Stuart, FLORIDA 34996

Based upon that examination I have determined the installation was done according to the  
 Hurricane Mitigation Retrofit Manual (Based on 553 844 F S )

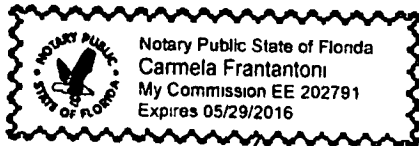
Signature \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2014

By Carmela Frantantoni

Notary Public, State of Florida



CARMELA Frantantoni  
 (Print, type or stamp name)

Commission No EE 202791

Personally known  or  
 Produced Identification \_\_\_\_\_  
 Type of identification produced \_\_\_\_\_

\* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F S to make such an inspection Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection



# CORRESPONDENCE

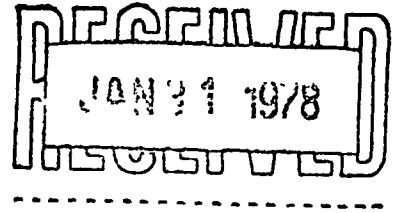
106 N Sewall's Pt. Rd  
Correspondence

**KEITH S. KILGALLEN, D.D.S.**

SUITE 400 STUART PLAZA 951 COLORADO AVENUE STUART FLORIDA 33494

TELEPHONE (305) 283-7880

January 31, 1978



Mr. John Rossiter  
Commissioner  
Town of Sewall's Point  
1 Sewall's Point Rd., South  
Jensen Beach, Florida 33457

Dear Mr. Rossiter:

There are 2,624 square feet of living area in the house we propose to build. Joann's Father and Brother have told us that they will build the house for approximately \$20 per square foot. This comes to a total of \$52,480. Our estimate, in which we are allowing an inflation factor of 7% is \$58,000.

Sincerely,

*Keith S. Kilgallen*  
Keith S. Kilgallen

# 786

KEITH S. KILGALLEN, D.D.S.

SUITE 400 STUART PLAZA 951 COLORADO AVENUE STUART FLORIDA 33494

TELEPHONE (305) 283-7880

February 5, 1979

Mr. John Guenther  
Building Commissioner  
Town of Sewall's Point

Dear Mr. Guenther:

been

I have informed by the Town of Sewall's Point that my building permit for the construction of our home has expired or will expire soon.

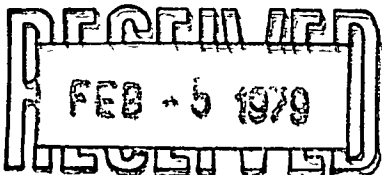
We are very close to completion of our home at this point. Unfortunately, we had experienced a delay during the month of November. My mother passed away unexpectedly on November 11, 1978. During that time I was detained in Titusville helping my father clear up her affairs. This was for a period of approximately two weeks.

I am afraid that during that time, the construction of our home, for which I am fully responsible, suffered. I ask you to please take this into consideration and grant an extension to my original building permit.

Thank you for your help.

Sincerely,

*Joann D. Kilgallen*  
Joann D. Kilgallen



\*\*\*\*\*



7536

**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS 106 N. SEWALL'S 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

DTM-1N

PLYWOOD DECKING IS NOT  
NAILED PER F.B.C.

REMOVE OLD DRIP EDGE  
NEED PRODUCT APPROVAL  
FOR FLAT DECK TOP SHEET.

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 8/3

INSPECTOR

**DO NOT REMOVE THIS TAG**

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit No. N/A, 103

Date Issued 3/8/78

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified as to height and name, common or botanical. Groups of trees may be designated as clumps with an estimated size and number, etc. (See Ordinance #103)

Owner KEITH S. KILGALLEN Present Address 2600 S. KANNER Hwy NE STUART, FL. Ph 286-2584

Contractor (OWNER-BUILDER) Address \_\_\_\_\_ Ph \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_ Area \_\_\_\_\_

No. of Trees to be Removed 2 DEAD TREES  
1 OAK TREE  
1 PEPPER TREE

No. of Trees to be Relocated 9 ZAGBAGE PALMS (no fee)  
within 30 days TO BE TRANSPLANTED  
NEXT TUES. OR WED.

No. of Trees to be Replaced 2 trees only - no permit  
within 30 days necessary - the Mrs. K.  
on phone 3/10/78

Permit Fee: \$ \_\_\_\_\_ (\$5.00 for 1st tree plus \$1.00 each additional tree - not to exceed \$25.00)

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

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

Permit good for one (1) year. Fee for renewal of expired permits is \$5.00.

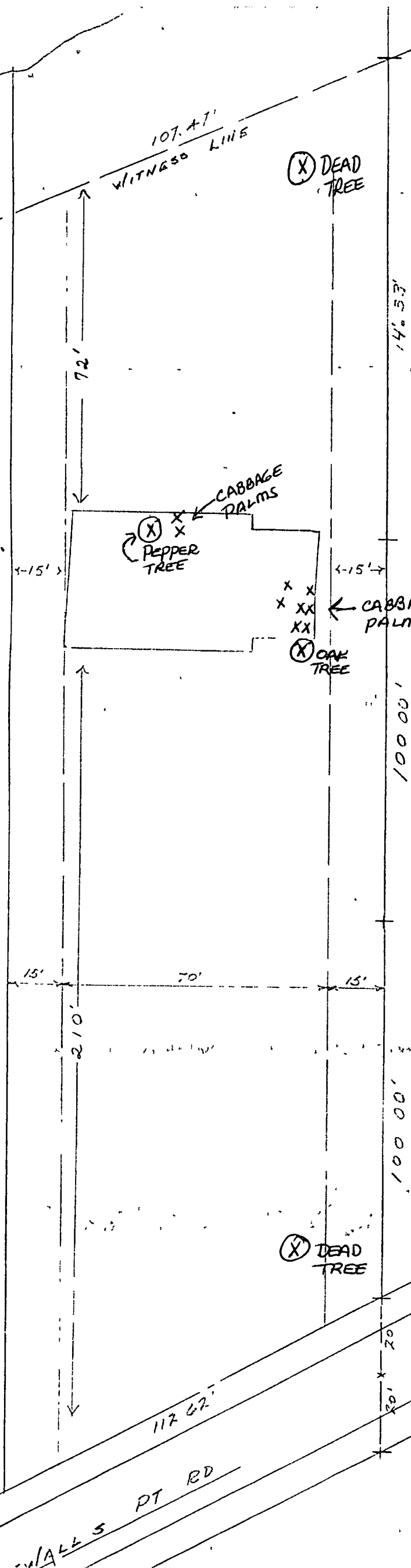
Signature of Applicant Keith Kilgallen

Date Submitted \_\_\_\_\_ Approved by Building Inspector Chad Burgess Date 3/8/78

Approved by Building Commissioner Jr. [Signature] Date 3/8/78

Date Completed \_\_\_\_\_

KILGALLEN



LEGEND:  
 (X) = REMOVE  
 X = TRANSPLANT

*John R. Rourke*  
 3/31/78  
 Check O. O'Rourke  
 3/31/78

KILGALLEN

107' 47"  
WITNESS LINE

⊗ DEAD TREE

72'

146.33'

⊗ X  
PEPPER TREE

← CABBAGE PALMS

15'

15'

← CABBAGE PALMS

⊗ OAK TREE

100.00'

15'

70'

15'

210'

100.00'

⊗ DEAD TREE

*Joe Rutter*  
3/8/72  
*Charly Wagon*  
3/8/78

LEGEND:  
⊗ = REMOVE  
X = TRANSPLANT

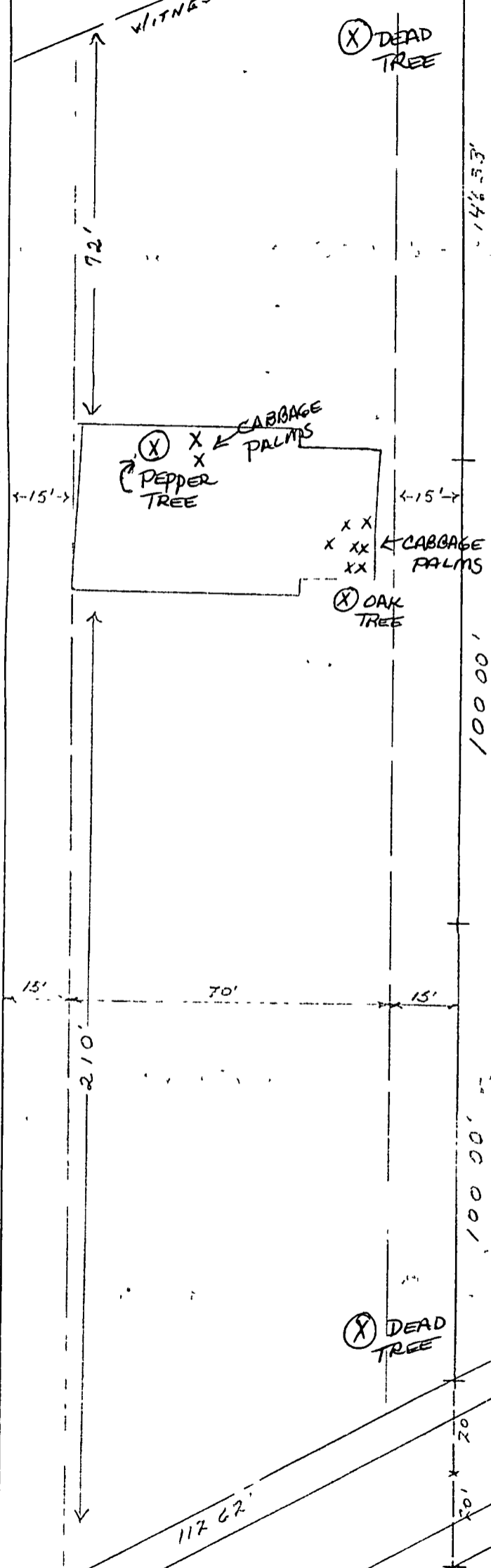
112' 62"

1/4" 5' 0" 7' RD

20'  
20'  
20'

KILGALLEN

107.47'  
WITNESS LINE



3/8/78  
*[Signature]*

3/8/78  
*[Signature]*

LEGEND:

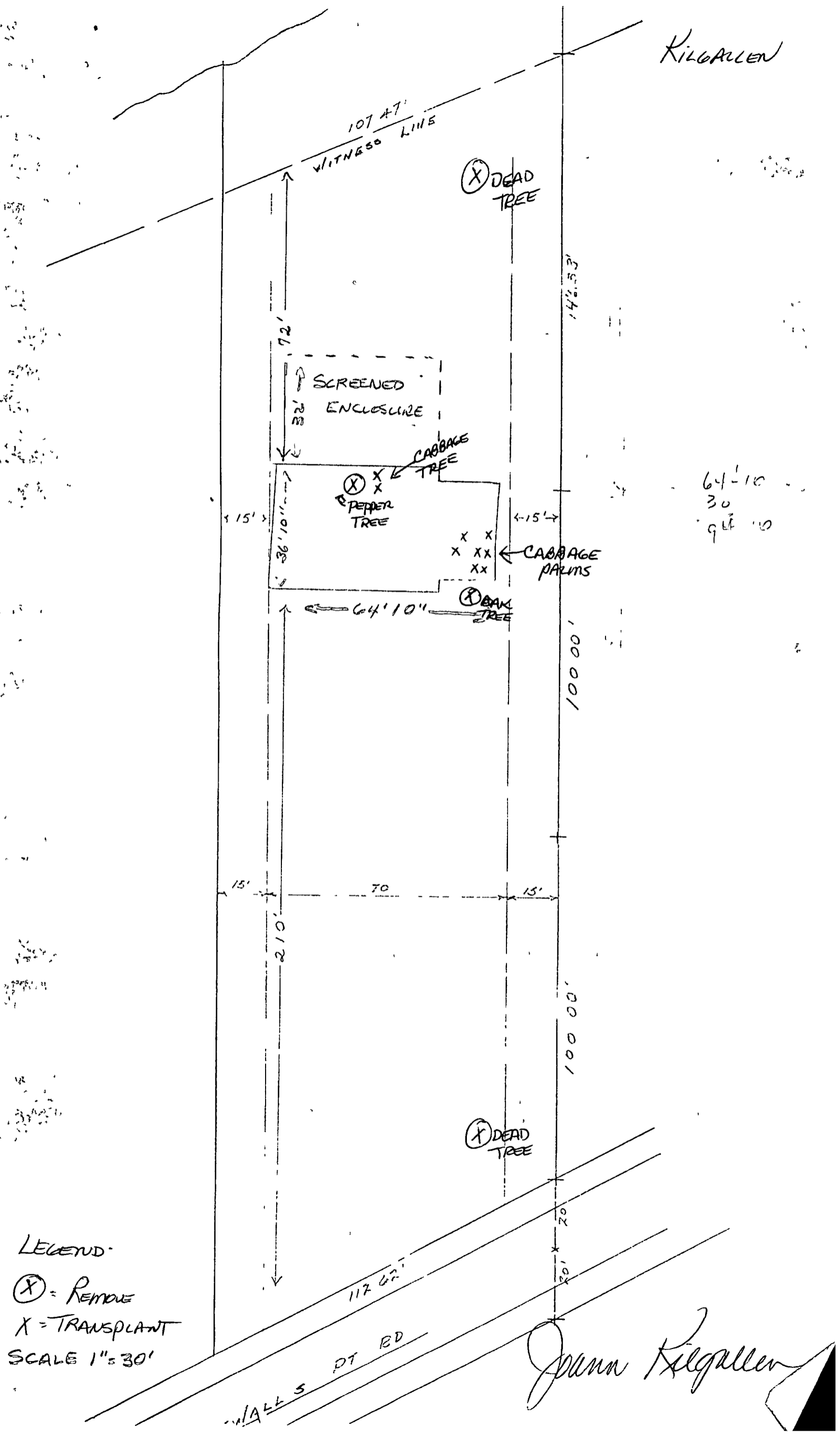
⊗ = REMOVE

X = TRANSPLANT

117.62'  
VIA 5 PT RD



KILGALLEN



LEGEND

(X) = REMOVE

X = TRANSPLANT

SCALE 1" = 30'

Jann Kilgallen

TOWN OF SEWALL'S POINT, FLORIDA

Date NOVEMBER 21st 2003 TREE REMOVAL PERMIT No 2156

APPLIED FOR BY BUONO (Contractor or Owner)

Owner 106 N. Sewall's Point Rd

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No Of Trees REMOVE 6 SABAL PALMS  
No Of Trees RELOCATE 7 1 PHOENIX RECLINATA PALM | SABAL,  
WITHIN 30 DAYS (NO FEE) FOXTAIL PALMS,  
No Of Trees REPLACE 27 WITHIN 30 DAYS COCONUT PALMS,  
ARICA PALMS,  
REMARKS ALEXANDER PALMS

Signed, [Signature] Applicant FEE \$ 15.00  
Signed, [Signature] Town Clerk

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspectio  
WORK HOURS 8 00 A.M. - 5 00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **TREE REMOVAL, RELOCATE OR REPLACE PERMIT APPLICATION PACKAGE**

## **DOCUMENTS CONTAINED IN PACKAGE**

- 1. Tree Removal/Relocation Application**
- 2. Tree Removal/Relocation Submittal Requirements**

**TOWN OF SEWALL'S POINT  
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

**Tree Defined:** Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town Replant and landscape trees shall be considered a tree

**No permit required for:**

- 1 Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered
- 2 Trees with a diameter of less than one inch

**Permit Fee:**

- 1 Tree permits are \$15 00, payable in advance.
- 2 No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S F R.)

**No removal permits will be issued for native species trees:** Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

**Application procedures:**

- 1 Fill out application information below to include
  - a applicant information
  - b written statement giving reasons for removal, relocation, or replacement if necessary
  - c for a new S F R , a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc
  - d for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan
- 2 Place identification tape or ribbon on each tree for clarity to inspector if necessary
- 3 Inspector will visit site and review application and pass, fail or revise
- 4 Permit must be picked up and on site prior to work proceeding
- 5 Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days

Owner Mr Michael Buono Address 106 N Swells Point Rd Phone 285 8437

Contractor Creative Landscaping Address 887 N.E. DIVE Hwy Jensen Beach Phone 334 1843  
Cell # 260 0946

No. of Trees: REMOVE ~~11~~ 6 Type SABAL PALMS

No. of Trees: RELOCATE ~~11~~ 7 WITHIN 30 DAYS Type Phoenix Reclinata Palm Sabal Palms

No. of Trees: REPLACE 27 WITHIN 30 DAYS Type Fox tail Palms Coconus Palms  
ARICA Palms ALEXANDER PALMS

Written statement giving reasons: \_\_\_\_\_

REDESIGNING EXISTING LANDSCAPING

Signature of Applicant Robert Snyder Date 10/7/03

Approved by Building Inspector [Signature] Date 11/18/03 Fee: 15<sup>00</sup>

Plans approved as submitted [Signature] Plans approved as revised/marked \_\_\_\_\_

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AC  
CREA-11

DATE (MM/DD/YYYY)  
10/23/03

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

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

**INSURED**  
Creative Landscaping;  
Robert Sneider DBA  
887 NE Dixie Highway  
Jensen Beach FL 34957

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A Old Dominion Insurance	40231
INSURER B	
INSURER C	
INSURER D	
INSURER E	

**RECEIVED**  
OCT 24 2003  
BY: \_\_\_\_\_

**COVERAGES**

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MPG31858	08/18/03	08/18/04	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS COMP/OP AGG \$ 600,000
		<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 (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/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE POLICY LIMIT \$
		<b>OTHER</b>				

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

CERTIFICATE HOLDER	CANCELLATION
SEWALLS  Town of Seawalls Point Building Dept 1 So Seawalls Point Rd Seawalls Point FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE EMS <i>Richard J. Lidinsky</i>

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		Date 11/24/03	
Producer: Lion Insurance Company 905 E Martin Luther King Jr Dr Tarpon Springs, FL 34689 Phone 727-938-5502 Fax 727-937-2138		This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.			
Insured, South East Personnel Leasing 905 East Milk Jr Drive Suite # 110 Tarpon Springs, FL 34689 Phone (727)938-5562		Insurers Affording Coverage Insurer A Lion Insurance Company Insurer B Insurer C Insurer D Insurer E			
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, conditions, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.					
MSR LTR ADDR		Type of Insurance		Policy Number	Policy Effective Date (MM/DD/YY)
<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur		<input type="checkbox"/> General Aggregate Limit applies per Policy <input type="checkbox"/> Policy <input type="checkbox"/> Protect <input type="checkbox"/> LOC			
<input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Third Autos <input type="checkbox"/> Non-Owned Autos		<input type="checkbox"/> Automobile Liability			
<input type="checkbox"/> Any Auto <input type="checkbox"/> Garage Liability		<input type="checkbox"/> Garage Liability			
<input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention		<input type="checkbox"/> Excess/Umbrella Liability			
Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded?		WC 71949 04/30/2003 12/31/2003			
If Yes describe under special provisions below		CREATIVE LANDSCAPING Other 3401013			
COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF CREATIVE LANDSCAPING. NOT TO SUBCONTRACTORS					
Descriptions of Operations/Vehicles/Exclusions added by Endorsement/Special Provisions COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF CREATIVE LANDSCAPING • FAX 772-220-4785 & 772-335-2133 / ISSUED 11-24-03 (KLS)					
CANCELLATION					
TOWN OF SEWALLS POINTE BUILDING DEPT 1 S SEWALLS POINTE RD SEWALLS POINTE FL 34888					
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.					
ACORD 26 (10/01/03)					

ACORD CORPORATION 1988

*John A. Jones*

2003-2004 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

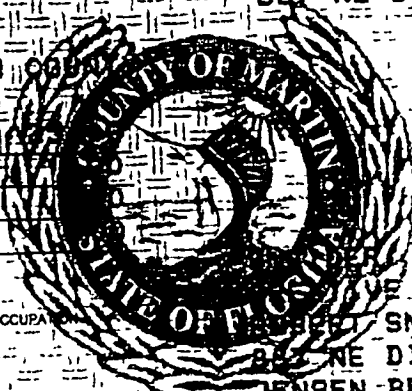
Larry C O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(772) 288-5604

LICENSE 1978-267-509 CERT  
PHONE (561) 334-1847 SIC NO. 561730

LOCATION 887 NE DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

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



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

OF LANDSCAPNG

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

25 SEPTEMBER 2003

DAY OF AND ENDING SEPTEMBER 30, 2004

12 03092501 005227

ROBERT SNEIDER  
LANDSCAPING  
887 NE DIXIE HWY UNIT #3  
JENSEN BEACH FL 34957

RECEIVED  
OCT 24 2003  
BY: