

108 North Sewall's Point Road

1934

SFR

Permit Number

Date 4-23-86

283-6032
#1934

APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three (3) sets of plans, to scale, (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing, electrical and airconditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner MR. AND MRS. HENRY T. CLEMENTS Present Address 1300 SAND DOLLAR LN

Phone 283-4703 STUART, FLA.

General Contractor SUN BUILDERS Address BOX 1624

Phone 334-9015 STUART, FLA. 33495

Where Licensed FLA. STATE CERT. License Number CBCA 13472

Plumbing contractor WHITE PLUMBING License Number 60

Electrical contractor STUART ELECTRIC License Number 60

Airconditioning contractor M.G.M. License Number CACO 33657

Roofing contractor [REDACTED] License Number [REDACTED]

Describe the building, or alteration to existing building TWO STORY, SINGLE FAM. RES.

Name the street on which the building, its front building line and its front yard will face: 108 N Sewall's Point Road
~~INDIAN RIVER DRIVE~~

Subdivision TWIN RIVERS Lot Number 5 Block Number

Building area, inside walls 3591 square feet
Garage, carport, porches, etc. 780 square feet

Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ 174,813.00

Cost of permit \$ 1215 To adjust permit fee Plans approved as submitted or, as marked

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

Contractor's signature [Signature]

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

Owner's signature [Signature]

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

TOWN RECORD

Approved by Building Inspector (date) 5/30/86 inspector's initials [Signature]

Approved by Town Commissioner (date) 5/21 inspector's initials [Signature]

Certificate of occupancy issued (date)

APPROVAL OF THESE PLANS IN NO WAY RELIEVES THE CONTRACTOR OR BUILDER OF COMPLYING WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE AND THE FLORIDA MO... ENERGY EFFICIENCY BUILDING CODE.

See Attachment

#1934

1262

This Warranty Deed Made the 25 day of APRIL A D 19 85 by

WILBUR K. SNAPP and INDIA A. SNAPP, husband and wife

hereinafter called the grantor to

HENRY T. CLEMENTS, JR. and DORIS CLEMENTS, husband and wife

whose postoffice address is 1200 ...
hereinafter called the grantee

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals and the successors and assigns of corporations)

Witnesseth: That the grantor for and in consideration of the sum of \$ 10.00 and other valuable considerations receipt whereof is hereby acknowledged hereby grants bargains sells aliens re-mises releases conveys and confirms unto the grantee all that certain land situate in Martin County Florida viz

Lot 5, TWIN RIVERS, A Subdivision of the South 519.9 feet of Government Lot 1, Section 35, Township 37 South, Range 41 East, lying between Indian River and St. Lucie River, Sewall's Point, as recorded in Plat Book 2, Page 52, Martin County, Florida, public records, including all riparian rights appertaining thereto

Subject to restrictions, reservations, easements and limitations of record, zoning and/or other prohibitions imposed by governmental authority

Together with all the tenements hereditaments and appurtenances thereto belonging or in any-wise appertaining

To have and to Hold, the same in fee simple forever

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple that the grantor has good right and lawful authority to sell and convey said land, that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever and that said land is free of all encumbrances except taxes accruing subsequent to December 31 1984.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written

Signed sealed and delivered in our presence

Jan Black
Jamie N. Henderson

Wilbur K. Snapp L.S.
India A. Snapp L.S.
India A Snapp

STATE OF Georgia
COUNTY OF White

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

WILBUR K SNAPP and INDIA A SNAPP, husband and wife

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

WITNESS my hand and official seal in the County and State last aforesaid this 25th day of April, A D 19 85

Jamie N Henderson
Notary Public

This Instrument prepared by _____ My Commission expires: _____

Address _____

10/30/87

CHICAGO TITLE CO
Jeanne B Mills
555 COLORADO AVE - SUITE 4
STUART, FLORIDA 33477

SPACE BELOW FOR RECORDERS USE

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: HENRY T. CLEMENTS
LEGAL DESCRIPTION: LOT 5 TWIN RIVERS
SEPTIC TANK PERMIT NUMBER: HD 86-115

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

1. Building Permit Number: _____
 2. I certify that the elevation of the top of the lowest plumbing stubout is at or above the approved elevation as shown on septic tank permit application.
Date elevation checked: _____

3. I certify that the top of the lowest building plumbing stubout is _____ feet above the crown of road.

4. I certify that all severe limited soil has been removed from an area of 25 feet by 55 feet to a minimum depth of 50 feet below top of excavated area. Submit plot plan to scale of excavated area. 15 feet
below existing grade in area of drainfield. 10MB
Date observed: _____

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

CERTIFIED BY: _____ As applicant or applicant's representative, I understand the above requirements.
Florida Professional Number: _____
Date: _____ Job Number: _____ [Signature]
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

(Date)

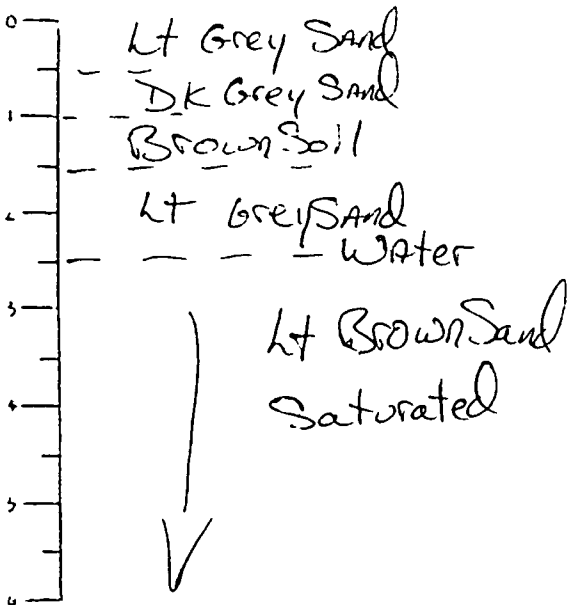
AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 33497
287-2277

SITE EVALUATION

APPLICANT Henry T Clements
LEGAL DESCRIPTION Lot 5 Twin Rivers

SOIL PROFILE



USDA SOIL TYPE Pomello
USDA SOIL NUMBER 9

Impervious soils are present at
>6' feet below natural grade.

PRESENT WATER DEPTH BELOW NATURAL GRADE 25' FEET

WET SEASON RANGE PER SOIL SURVEY 24-40" FEET

ESTIMATED WET SEASON WATER DEPTH BELOW NATURAL GRADE 2' FEET

INDICATOR VEGETATION PRESENT Cabbage Palms, Saw Palmetto, Oak

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

APPROXIMATE AMOUNT OF FILL ON NEIGHBORING LOTS 1-2'

OTHER FINDINGS:

Transition Zone
Waveland Sand, #4

EVALUATION BY Jacqueline D. Kelly
DATE 3-11-86

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

Permit VOID if well or septic system is installed in violation of the rules and regulations of the Department of Environmental Regulation

PERMIT NUMBER: HD 86-114

NAME OF APPLICANT: HENRY T. CLEMENTS HOME PHONE: 283-4703

MAILING ADDRESS OF APPLICANT: 300 SAND DOLLAR LANE, STUART, FLA.
LOT 5 BLOCK _____ SUBDIVISION twin rivers
PLAT BOOK 2 PAGE 52 DATE SUBDIVIDED _____

RESIDENTIAL: NUMBER DWELLING UNITS ONE NUMBER BEDROOMS FOUR
HEATED OR COOLED AREA OF HOME 3260 SQUARE FEET
COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ NUMBER PEOPLE _____

AFFIDAVIT

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

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE:

Richard S. Gamfeldt
architect

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1350 GALLONS

DRAINFIELD SIZE 500 SQUARE FEET

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF 28" ABOVE CROWN OF ROAD

TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF 32" ABOVE CROWN OF ROAD

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

ISSUED BY: Daniel M. Saskowsky DATE: 3-12-86
ENVIRONMENTAL HEALTH SPECIALIST

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

FINAL INSPECTION

CONSTRUCTION APPROVED BY: _____ DATE: _____
ENVIRONMENTAL HEALTH SPECIALIST

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

July 24, 1986

PRODUCER

Jupiter Insurance Inc.
PO 276
Hobe Sound FL 33455

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 LETTER **A** American States

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

SUN BUILDERS
Southern Skyline Dev., Inc.
PO Box 1624
Stuart, Fl. 33495

COVERAGES

THIS IS TO CERTIFY THAT 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY	TBD	7/23/86	7/23/87			
<input checked="" type="checkbox"/>	COMPREHENSIVE FORM				BODILY INJURY	\$	\$
<input checked="" type="checkbox"/>	PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE	\$	\$
<input checked="" type="checkbox"/>	PRODUCTS/COMPLETED OPERATIONS				BI & PD COMBINED	\$ 300	\$ 300
<input checked="" type="checkbox"/>	CONTRACTUAL				PERSONAL INJURY		\$
<input checked="" type="checkbox"/>	INDEPENDENT CONTRACTORS						
<input checked="" type="checkbox"/>	BROAD FORM PROPERTY DAMAGE						
<input checked="" type="checkbox"/>	PERSONAL INJURY						
	AUTOMOBILE LIABILITY						
<input type="checkbox"/>	ANY AUTO				BODILY INJURY (PER PERSON)	\$	
<input type="checkbox"/>	ALL OWNED AUTOS (PRIV PASS)				BODILY INJURY (PER ACCIDENT)	\$	
<input type="checkbox"/>	ALL OWNED AUTOS (OTHER THAN PRIV PASS)				PROPERTY DAMAGE	\$	
<input type="checkbox"/>	HIRED AUTOS				BI & PD COMBINED	\$	
<input type="checkbox"/>	NON-OWNED AUTOS						
<input type="checkbox"/>	GARAGE LIABILITY						
	EXCESS LIABILITY						
<input type="checkbox"/>	UMBRELLA FORM				BI & PD COMBINED	\$	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE POLICY LIMIT)	
					\$	(DISEASE EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

State of Florida - Res. Building Contractor

CERTIFICATE HOLDER

Town of Sewalls Point
One S Sewalls Pt Rd.
Sewalls Pt., Fl. 33494

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

Jupiter Insurance Inc.

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

SITE INFORMATION

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? NO
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 4.4 SHOW LOCATION ON PLOT PLAN.
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 5.1
SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? Y13 IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? EL 10' NGVD 1929 (ELEVATION OPTIONAL)

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

CERTIFIED BY: [Signature]
FL. PROFESSIONAL NO: 3152
DATE: 3/11/00 JOB NO: _____

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 190
Date Issued 5/21/86

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

Owner HENRY CLEMENTS Address 1300 SAND DOLLAR LN Phone 2834703
STUART, FLA.

Contractor SUN BUILDERS Address BOX 1624 STUART Phone 334-9015

Number of trees to be removed (list kinds of trees) FOUR PALMETTO PALMS

(DESIGNATED BY RED DOTS) AND THREE PALM GROUPS EAST OF WOOD DECK ON ATTACHED SITE PLAN COPY. PALM GROUPS OBSCURE VIEW OF RIVER.

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

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

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

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted _____

Approved by Building Inspector [Signature] Date 5/16/86

Approved by Building Commissioner [Signature] Date 5/15/86

Completed _____
Date _____ Checked by _____

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

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

1934

HENRIKSEN ENGINEERING, INC.
STUART TESTING LABS, INC.

Consultants in Soil Mechanics, Foundations and Geotechnical Engineering.
Materials Testing and Inspections: Soils—Concrete—Asphalt—Steel

2760 SE Fairmont Street, Stuart, Florida 33494, (305) 286-6124/(305) 286-6047

SOILS INSPECTION

PROJECT Clements Residence BP #1934 JOB/CLIENT NO. 239-1002
 LOCATION Padfill - footings REPORT NO. -1-
 CLIENT Sun Builders DATE 6-12-86
 TYPE OF FILL Varicolored Sand
 METHOD OF COMPACTION Tamp TYPE OF PROCTOR T-180
 MAXIMUM DENSITY OF MATERIAL 104.6 DENSITY REQUIRED 95

LOCATIONS AND RESULTS OF TESTS

TEST NUMBER	TEST LOCATION	DEPTH BELOW FINISHED GRADE	PERCENT MOISTURE	PERCENT COMPACTION
1	Northwest corner of garage	0'-1'	8.0	99.4
2	Southwest corner of garage	0'-1'	12.6	96.5
3	Northwest corner of house	0'-1'	6.6	97.5
4	Northeast corner of house	0'-1'	6.9	97.5
5	Southeast corner of house	0'-1'	8.7	98.4
6	Southwest corner of house	0'-1'	9.0	95.6

REMARKS _____

FIELD TECHNICIAN BJ

APPROVED BY: Carl H.D. Henriksen
Carl H.D. Henriksen, P.E.

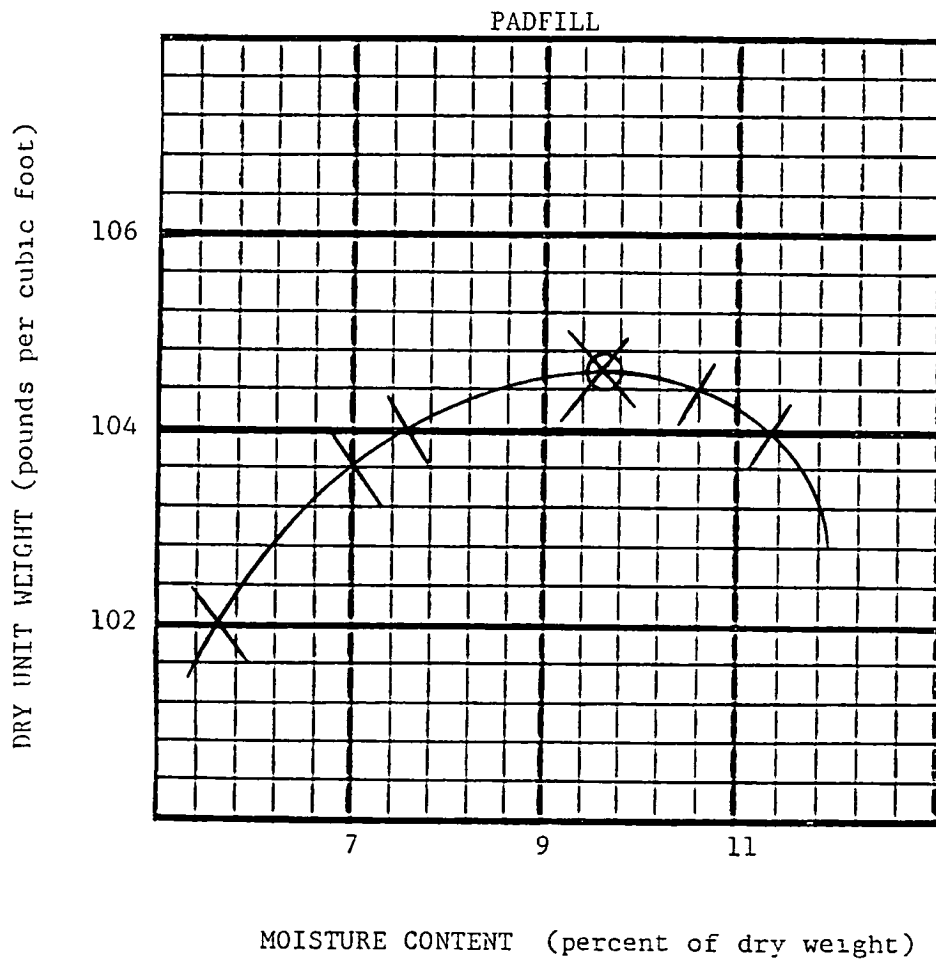
HENRIKSEN ENGINEERING, INC.
STUART TESTING LABS, INC.

Consultants in Soil Mechanics, Foundations and Geotechnical Engineering
Materials Testing and Inspections Soils—Concrete—Asphalt—Steel.

2760 SE Fairmont Street, Stuart, Florida 33494, (305) 286 6124/(305) 286-6047

SOIL COMPACTION TEST GRAPH

PROJECT	<u>Clements Residence</u>	BP #1934	JOB/CLIENT NO	<u>239-1002</u>
LOCATION	<u>Lot 5, Sewall's Point</u>		DATE	<u>6-13-86</u>
CLIENT	<u>Sun Builders</u>		REPORT NO	<u>-2-</u>
TYPE OF SOIL	<u>Varicolored Sand</u>		TYPE OF PROCTOR	<u>T-180</u>
MAXIMUM DENSITY OF MATERIAL	<u>109.6</u>	p.f.c.	OPTIMUM MOISTURE	<u>9.6</u>



LAB TECHNICIAN TW
PLOTTED BY BJ
CHECKED BY CH

APPROVED BY *Carl H.D. Henriksen*
Carl H.D. Henriksen, P.E.

STATE OF FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE

07/02/85

FILE NO

CB CA13472

BATCH NO

00006

THE CERTIFIED BUILDING CONTRACTOR
 NAMED BELOW IS CERTIFIED
 UNDER THE PROVISIONS OF CHAPTER 489 FOR
 THE YEAR EXPIRING JUNE 30, 1987.

BRETAS, TERCIO (1)
 SUN BUILDERS
 BOX 1024
 STUART FL 33494

Bob Graham
 GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

Paul Rusk
 SECRETARY OF PROFESSIONAL
 REGULATION

STATE OF FLORIDA Department of Professional Regulation

**CONSTRUCTION INDUSTRY
 LICENSING BOARD**

BRETAS, TERCIO (1)

SUN BUILDERS
 CERTIFIED BUILDING CONTRACTOR
 HAS PAID THE FEE REQUIRED BY CHAPTER 489
 FOR THE YEAR EXPIRING JUNE 30, 1987

Bretas Tercio
 SIGNATURE

Bob Graham
 GOVERNOR

PLEASE READ IMPORTANT
 INFORMATION ON REVERSE

Paul Rusk
 SECRETARY OF PROFESSIONAL
 REGULATION

WALLET CARD - FOLD HERE

CONSTRUCTION INDUSTRY LICENSING BOARD
 POST OFFICE BOX 2
 JACKSONVILLE, FL 32201

AUDIT CONTROL NO	FILE NO	BATCH NO	FEE AMOUNT
637349	CBCA13472	00006	\$50.00



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

OMB 3067-0077
Expires Feb 1987

ELEVATION CERTIFICATE

This form is to be used for 1) New/Emergency Program construction in Special Flood Hazard Areas, 2) Pre-FIRM construction after September 30, 1982, 3) Post-FIRM construction, and, 4) Other buildings rated as Post-FIRM rules

HENRY CLEMENTS

BUILDING OWNER'S NAME ADDRESS

N. SEWALL'S POINT Rd. SEWALL'S Pt.

PROPERTY LOCATION (Lot and Block numbers and address if available)

LOT 5, TWIN RIVERS

I certify that the information on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. code, Section 1001

SECTION I ELIGIBILITY CERTIFICATION (Completed by Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)

COMMUNITY NO	PANEL NO	SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF CONSTR	BASE FLOOD ELEV (In AO Zone, use depth) ELEV.	BUILDING IS
120164	0001	C	4/3/84	A-10	UNDER CONSTR.	9.00	<input type="checkbox"/> New/Emergency <input type="checkbox"/> Pre-FIRM Reg <input type="checkbox"/> Post FIRM Reg

YES NO It is intended that the building described above will be constructed in compliance with the community's flood plain ordinance. The certifier may rely on community records. The lowest floor (including basement) will be at an elevation of _____ ft, NGVD. Failure to construct the building at this elevation may place the building in violation of the community's flood plain management ordinance.

YES NO The building described above has been constructed in compliance with the community's flood plain management ordinance based on elevation data and visual inspection or other reasonable means. If NO is checked, attach copy of variance issued by the community.

YES NO The mobile home located at the address described above has been tied down (anchored) in compliance with the community's flood plain management ordinance, or in compliance with the NFIP Specifications.

MOBILE HOME MAKE	MODEL	YR OF MANUFACTURE	SERIAL NO	DIMENSIONS X

(Community Permit Official or Registered Professional Engineer, Architect, or Surveyor)

NAME STEPHEN J. BROWN ADDRESS 295 FLA. ST.

TITLE P.L.S. CITY Stuart STATE FLA. ZIP 33495

SIGNATURE _____ DATE 10/9/86 PHONE 287-0525

SECTION II ELEVATION CERTIFICATION (Certified by a Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)

FIRM ZONE A1-A30 I certify that the building at the property location described above has the lowest floor (including basement) at an elevation of _____ feet, NGVD (mean sea level) and the average grade at the building site is at an elevation of _____ feet, NGVD.

FIRM ZONES V, V1-V30 I certify that the building at the property location described above has the bottom of the lowest floor beam at an elevation of 9.30 feet NGVD (mean sea level), and the average grade at the building site is at an elevation of 6.50 feet NGVD.

FIRM ZONES A, A99, AH and EMERGENCY PROGRAM I certify that the building at the property location described above has the lowest floor elevation of _____ feet, NGVD. The elevation of the highest adjacent grade next to the building is _____ feet, NGVD.

FIRM ZONE AO I certify that the building at the property location described above has the lowest floor elevation of _____ feet, NGVD. The elevation of the highest adjacent grade next to the building is _____ feet, NGVD.

SECTION III FLOODPROOFING CERTIFICATION (Certification by a Registered Professional Engineer or Architect)

I certify to the best of my knowledge, information, and belief, that the building is designed so that the building is watertight, with walls substantially impermeable to the passage of water and structural components having the capability of resisting hydrostatic and hydrodynamic loads and effects of buoyancy that would be caused by the flood depths, pressures, velocities, impact and uplift forces associated with the base flood.

YES NO In the event of flooding, will this degree of floodproofing be achieved with human intervention? (Human intervention means that water will enter the building when floods up to the base flood level occur unless measures are taken prior to the flood to prevent entry of water (e.g., bolting metal shields over doors and windows).)

YES NO Will the building be occupied as a residence?

If the answer to both questions is YES, the floodproofing cannot be credited for rating purposes and the actual lowest floor must be completed and certified instead. Complete both the elevation and floodproofing certificates.

FIRM ZONES A, A1,-A30, V1-V30, AO and AH, Certified Floodproofed Elevation is _____ feet (NGVD)

THIS CERTIFICATION IS FOR SECTION II BOTH SECTIONS II AND III (Check One)

CERTIFIER'S NAME COMPANY NAME LICENSE NO (or Affix Seal)

STEPHEN J. BROWN MATHER'S + ASSOC. #4049

TITLE ADDRESS ZIP

P.L.S. 295 FLA ST., FLA. 287-0525

SIGNATURE DATE CITY STATE PHONE

[Signature] 10/9/86 Stuart FLA. 287-0525

The insurance agent should attach the original copy of the completed form to the flood insurance policy application, the second copy should be supplied to the policyholder and the third copy retained by the agent.

INSURANCE AGENTS MAY ORDER THIS FORM

New/Emergency Program Construction

For the purposes of determining insurance rates, buildings for which the start of construction or substantial improvement commenced after September 30, 1982, are New/Emergency buildings

Pre-FIRM Construction

For the purposes of determining insurance rates, buildings for which the start of construction or substantial improvement was on or before December 31, 1974 or the effective date of the Initial Flood Insurance Rate Map (date printed on community FIRM), whichever is later *Special Note* If an approved building permit is dated prior to December 31, 1974, construction must have commenced not later than 180 days after the date of the approved building permit "Existing Construction" and "Pre-FIRM Construction" have identical meanings for the purposes of the National Flood Insurance Program

Post-FIRM Construction

For insurance rating purposes buildings for which the start of construction or substantial improvement commenced after December 31, 1974 or the effective date of the initial Flood Insurance Rate Map (date printed on community FIRM), whichever is later *New Construction* and "Post-FIRM Construction" have identical meanings for the purposes of the National Flood Insurance Program

Substantial Improvement

Any repair, reconstruction, or improvement of a building, the cost of which equals or exceeds 50 percent of the market value of the building either (a) before the improvement or repair is started, or (b) if the building has been damaged, and is being restored the market value before the damage occurred *For Flood Insurance Program purposes* substantial improvement is started when the first alteration of any wall, ceiling, floor, or other structural part of the building commences, whether or not that alteration affects the external dimensions of the structure However, the term does not include either any project for health, sanitary, or safety code specifications which are solely necessary to assure safe living conditions, or any alteration of a building listed on the National Register of Historic Places or a State Inventory of Historic Places

Lowest Floor - The lowest floor is the lowest floor (including basement) of the enclosed area The following modifications of the lowest floor definition are permitted in order to meet community permit practices

(1) In Zones A, AO, AH, A1-A30, B, C, D, and Emergency Program areas which are not oceanside building sites

(a) The floor of an unfinished enclosed area at ground level or above, which is a crawl space, or space within the foundation walls, usable as areas for building maintenance, access, parking vehicles, or storing of articles and maintenance equipment (not attached to the building) used in connection with the premises is not considered the building's lowest floor if the walls of the unfinished enclosed areas are constructed with openings (such as with parallel sheer walls, open lattice walls, discontinuous foundation walls, and combinations thereof) to facilitate the unimpeded movement of flood waters or the walls are breakaway walls

(b) The floor of an attached unfinished garage used for parking vehicles and storing articles and maintenance equipment used in connection with the premises and not attached to the building is not considered the building's lowest floor if the walls of the unfinished enclosed areas are constructed with openings (such as with parallel sheer walls, open lattice walls, discontinuous foundation walls, or combinations thereof) to facilitate the unimpeded movement of flood waters or the walls are breakaway walls

(2) In Zones V and V1-V30, and Emergency Program areas which are oceanside building lots, the following exceptions apply

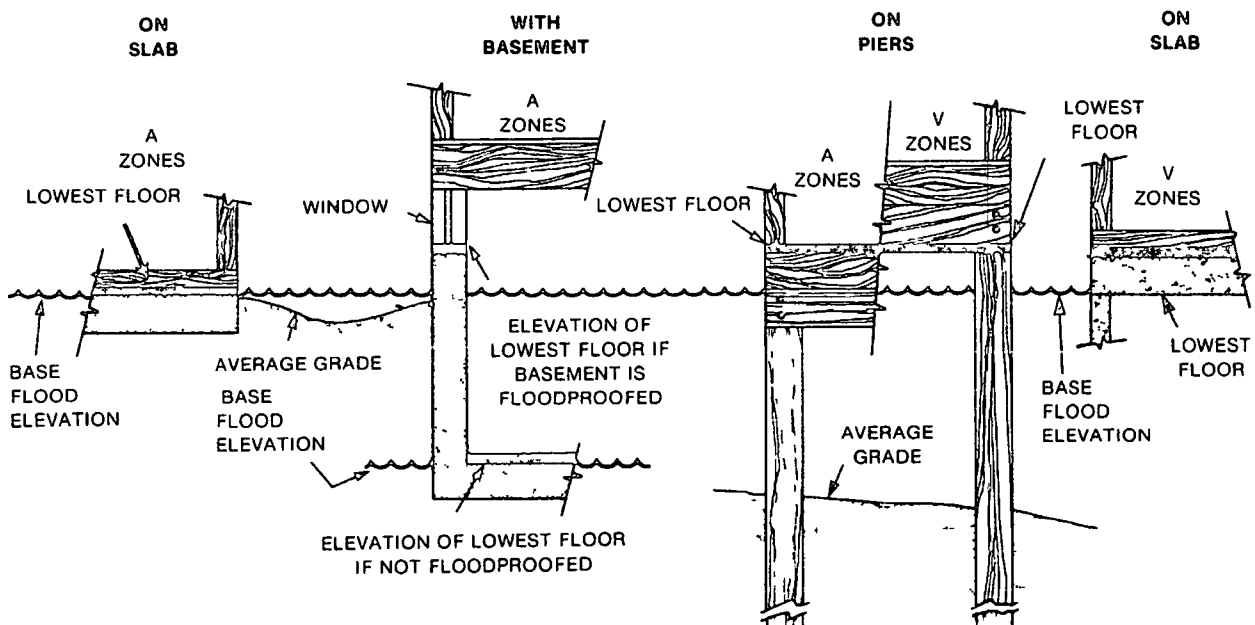
(a) For flood plain management purposes, the floor of an unfinished enclosed area is not considered the building's lowest floor if the area's walls are constructed as breakaway walls However, for insurance rating purposes

(i) The floor of an unfinished enclosed area less than 300 square feet is not considered the building's lowest floor if the walls are breakaway walls

(ii) The floor of an unfinished enclosed area equal to or greater than 300 square feet is considered the building's lowest floor even if the walls are breakaway walls

(b) The floor of an unfinished enclosed area with walls made of insect screening or open wood constructed breakaway lattice work (regardless of the size of the area enclosed) is not considered the building's lowest floor

Lowest Floor Elevation - The lowest floor elevation is the elevation of the bottom of the floor beam of the lowest floor in Zones V, V1-V30 In all other zones, the lowest floor elevation is the elevation of the top of the lowest floor



NOTE

A Zones - A, AO, AH, A1-A30, A99, Emergency Program other than Oceanside Building Sites

V Zones - V, V1-V30, Emergency Program Oceanside Building Sites (beach areas subject to wave action during severe storms)

Base Flood Elevation - Flood plain management requirements including the Base Flood Elevation are shown on the FIRM for Zones AH, A1-A30, V1-V30 For FIRM Zone A, V, and Emergency Program Special Flood Hazard Areas the community permit official or the builder has estimated this elevation by the reasonable interpretation of available data Enter that estimated elevation in the space provided in Section I of the Elevation Certification for Base Flood Elevation If this community permit official or the builder has not selected an estimated Base Flood Elevation, enter N/A



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
ISSUE DATE (MM/DD/YY)

05-15-1977

PRODUCER

MURRAY INSURANCE SERVICES
 1149 S.W. 34TH STREET PO BOX 304
 PALM CITY, FL 33470

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 LETTER **A** GENERAL ACCIDENT
- COMPANY LETTER **B** AMERICAN CASUALTY CO.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

SOUTHERN SKYLINE DEVELOPMENT INC
 110A SUN BUILDING
 P.O. BOX 1674
 STUART, FL 33494

COVERAGES

THIS IS TO CERTIFY THAT 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	0055844	6-30-87	6-30-86	BODILY INJURY	\$ 300	\$ 300
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$ 50	\$ 50
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL				PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS BROAD FORM PROPERTY DAMAGE						
	<input type="checkbox"/> PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV PASS)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV PASS)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
J	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	A1558854 RINLWAL	6-1-86	6-5-87	STATUTORY		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$	(EACH ACCIDENT)	
					\$	(DISEASE POLICY LIMIT)	
					\$	(DISEASE EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CARPENTRY - IN THE CONSTRUCTION OF DETACHED PRIVATE RESIDENCES FOR OCCUPANCY BY ONE OR TWO FAMILIES AND PRIVATE GARAGES IN CONNECTION THEREWITH.

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
 ONE SOUTH SEWALLS PT. ROAD
 SEWALLS POINT, STUART, FL 33494

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 FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Maria Lousten

Phone 286-3596

LONG'S ROOFING, INC.

Sheet Metal

P O Box 1231 • Stuart, Florida 33495



November 11, 1986

Mr. Dale Brown, Inspector
Building Dept.
1 south Sewalls Point Road
Town of Sewall's Point
Florida 33494

RE: Permit #1934

Dear Sir:

A few weeks ago, we discussed Mr. Hall and sun Builders use of our certification (License) number in connection with the roof construction of Mr. & Mrs. Henry T. Clements new residence at 108 North Sewalls Point Road.

We are specifically concerned over the fact that, as mentioned previously, the responsibility for the roofing (portion) continues to rest with our company as long as our name appears on the Town Record documents as "Roofing Contractor."

It is requested therefore, that general contractor be advised to take necessary steps to correct this violation. To this end, it is requested by appropriate verification that the name, "Long's Roofing" be removed from above referenced permit dated 4/23/86.

Thanking you for your cooperation and awaiting your reply.

Sincerely yours,

A handwritten signature in cursive script that reads "Kathy Woerber".

Kathy Woerber
Long's Roofing, Inc.

TOWN of SEWALL'S POINT

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

COMMISSIONERS

JOHN C GUENTHER MAYOR
GILBERT C STRUBELL VICE MAYOR
CLIFFORD B DRAKE COMMISSIONER
ROBERT R AUNE COMMISSIONER
IRENE E OBRIEN COMMISSIONER

TELEPHONE (305) 287-2455

TOWN CLERK
JOAN H BARROW

CHIEF OF POLICE
LOUIS J SAVINI

November 14, 1986

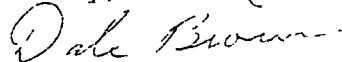
Ms Kathy Woeber
Long's Roofing, Inc.
Post Office Box 1231
Stuart, Florida 33495

Dear Ms Woeber

RE Permit # 1934

As we discussed on the telephone, your firm's name has been removed from the building permit application referenced above

Sincerely,



Dale Brown, Building Inspector
TOWN OF SEWALL'S POINT

DB jb

To: The town of Senecals Pt, Town Manager
From : Martin County Health Department.

Be it known that the individual sewage disposal system(s) installed
on 11-20-86 Lot 3 Twin Rivers
for Henry T. Clements
has been found to be in compliance with Chapter 10D-6, Florida
Administrative Code, and therefore is granted final approval.

HD # 86-115

By:

Jacqueline D. Kelly
(Sanitarian)

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER H. T. Clements
CONTRACTOR Sun Blairs
LOT 5 BLOCK - SUB. Twin Rivers
NO. 108 No. Sewalls Point Rd

NO. 1934 Date Issued 6-3-86

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection of:

TOWN OF SEWALL'S POINT BUILDING PERMIT

1. LOT CORNERS MUST BE MARKED BY A LICENSED SURVEYOR WHO WILL INSTALL CONCRETE MARKERS.
2. DRIVING FOUNDATION PILING AND/OR THE PLACING OF ASPHALT, OR CONCRETE, OR THE INSTALLATION OF FENCE POSTS, CANNOT BE INITIATED UNTIL SET-BACKS ARE INSPECTED AND MEASURED BY A TOWN BUILDING INSPECTOR.
SET-BACK MEASUREMENTS ARE APPLICABLE TO THE ERECTION OR PLACEMENT OF BUILDINGS OR ANYTHING ELSE THAT IS DEFINED AS BEING A STRUCTURE BY THE SEWALL'S POINT ZONING ORDINANCE.

3. (a) BEFORE PLACING CONCRETE, TIE BEAMS, SLABS AND RAKE BEAMS MUST BE APPROVED BY A TOWN BUILDING INSPECTOR.
(b) BEFORE FRAMING, ROUGH PLUMBING AND ROUGH ELECTRICAL MUST BE APPROVED BY A TOWN BUILDING INSPECTOR.
(c) BEFORE A CERTIFICATE OF OCCUPANCY WILL BE ISSUED, ALL FINAL PLUMBING, ELECTRICAL, STRUCTURAL AND ANY OTHER ITEMS THAT WOULD CONSTITUTE A COMPLETED STRUCTURE MUST BE INSPECTED BY A TOWN BUILDING INSPECTOR.

4. PARKING HOURS FOR CONTRACTORS AND/OR THEIR EMPLOYEE-OWNED TRUCKS AND OTHER ROLLING STOCK ARE THE SAME AS WORKING HOURS, EXCEPT AS NOTED BY THE ZONING ORDINANCE.

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1 LOT STAKES	OK 6/18/86	DB
2 FOUNDATION & SET-BACKS	OK 6/18/86	DB 6/24/86
3 SLAB	OK 6/21/86	DB
4 FRAMING	OK 6/21/86	DB
5 LINTEL	OK 6/24/86	DB
6. ROOF		
7. FINAL CONSTRUCTION		
8 ROUGH ELEC.	OK 6/21/86	DB
9 FINAL ELEC		
10 ROUGH PLBG	OK	
11. FINAL PLBG		
12 WELLS		
13 SEPTIC TANKS		

TO CONSTRUCT residence

REMARKS:

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 6/3/86
~~12/19/86~~

This is to request that a Certificate of Approval for Occupancy be issued to CLEMENTS
For property built under Permit No 1934 Dated 12/19/86 when completed in
conformance with the Approved Plans

Item		
1 LOT STAKES/SET BACKS	<u>2/4/86 DB</u>	Signed <u>Dale Brown</u>
2 TERMITE PROTECTION	<u>7/24/86</u>	
3 FOOTING - SLAB	<u>7/25/86 DB</u>	Approved by <u>6/23/86 DB</u>
4 ROUGH PLUMBING	<u>7/14/86 DB</u>	
5 ROUGH ELECTRIC	<u>10/21/86 DB</u>	
6 LINTEL	<u>8/14/86 DB</u>	
7 ROOF		
8 FRAMING	<u>10/21/86 DB</u>	
9 INSULATION	<u>10/24/86 DB</u>	
10 A/C DUCTS	<u>10/21/86 DB</u>	
11 FINAL ELECTRIC	<u>12/14/86 DB</u>	
12 FINAL PLUMBING	<u>12/19/86 DB</u>	
13 FINAL CONSTRUCTION	<u>12/19/86 DB</u>	

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 12/19/86 date

Approved by Building Commissioner J C Strubell date

Utilities notified FPL 12/19/86 date

Original Copy sent to _____

(Keep carbon copy for Town files)

2160

WALL

Permit No. 2160

Date

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

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

Owner Henry T / Doris Clements Present Address 108 N Sewalls Pt Rd

Phone 283-4703

Contractor Lou-Rantus Address 5310 DeLeon Ave

Phone 466-0644

Where licensed State of Fla. Fort Pierce License number State RR 0028355
County 0-00817

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 48in wall around property

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

108 N Sewalls Pt Rd

Subdivision Twin Rivers Lot number _____ Block number _____

Contract price \$ 1000 Cost of permit \$ 5.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Lou Rantus

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 _____

TOWN RECORD

Date submitted _____ Approved Dale Bro 1/21/87
Building Inspector Date

Approved GC Strubell 1/22/87 Final Approval given. _____
Commissioner Date Date

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

3560

RE-ROOF

TAX FOLIO NO 35-37-41-007-000-00050-40000 DATE 3-4-94

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

3560
This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs, plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable

Owner Henry Clements Present Address 108 N Sewall's Pt Road
Phone 221-1200 Stuart, FL 34996

Contractor Stein ' Co., Inc Address 602 S Market Avenue
Phone 465-9468

Where licensed State License Number CC CA42775

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 with 30lb dry in felt, fiberglass asphalt shingles, new perimeter edging, roof flashings

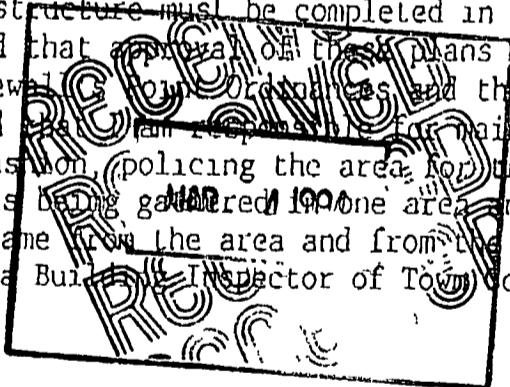
State the street address at which the proposed structure will be built
108 N Sewalls Point Road

Subdivision Twin Rivers Lot Number 5 Block Number _____

Contract Price \$ 7,500 00 Cost of Permit \$ 100.00

Plans approved as submitted _____ Plans approved as marked _____

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



Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Approved Dale Brown 3/4/94
Building Inspector Date

Approved [Signature] 3/7/94 Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

Permit No. _____

Stein Co, Inc

Address 602 S Market Avenue Ft Pierce, FL 34982

This Instrument Prepared by

Stein Co, Inc Address 602 S Market Avenue Ft Pierce, FL 34982

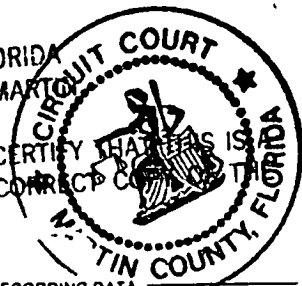
Property Appraiser's Parcel Identification (Folio) Number(s)

35-37-41-007-000-00050-40000

US Government Paper & Printing Co., Inc. 1987

STATE OF FLORIDA COUNTY OF MARTIN

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



SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

MARSHA STILLER, CLERK

Permit No _____

NOTICE OF COMMENCEMENT

BY D. Loyola D.C. DATE 3/4/94

State of Florida } County of Martin }

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT

Legal description of property (Include Street Address, if available) _____

108 N Sewall's Point Road
Twin Rivers S/D lot 5

General description of improvements Reroof

Owner Henry Clements

Address 108 N Sewall's Point Road, Stuart, FL 34996

Owner's interest in site of the improvement Residence

Fee Simple Title holder (if other than owner) _____

Name _____

Address _____

Contractor Stein Co, Inc

Address 602 S. Market Avenue, Ft. Pierce, FL 34982

Surety _____

Address _____ Amount of bond \$ _____

Any person making a loan for the construction of the improvements:

Name _____

Address _____

Person 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 _____

In addition to himself, owner designates _____

Of _____

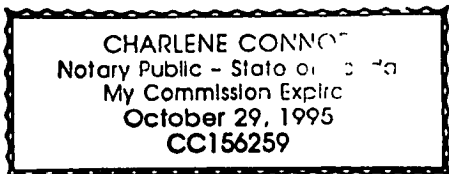
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

[Signature]
Signature of Owner

Henry T Clements
Printed Signature of Owner

NOTARY RUBBER STAMP SEAL



I have relied upon the following identification of the Affiant _____

Personally Known

Sworn to and subscribed before me this 4 day of March 19 94

[Signature]
Notary Signature

Charlene Connor
Printed Notary Signature

4859

POOL/SPA/DECK

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 03/07/00

BUILDING PERMIT NO. 4859

Building to be erected for JOHN J. & CHRISTINE ABBOTT Type of Permit POOL/SPA/DECK

Applied for by E.S. UNLIMITED, INC. (Contractor) Building Fee \$ 240.00

Subdivision TWIN RIVERS Lot 5 Block _____ Radon Fee _____

Address 108 N SEWALL'S POINT RD. Impact Fee _____

Type of structure S.F.R. A/C Fee _____

Parcel Control Number _____ Electrical Fee _____

35-37-41-007-000-00050.40000 Plumbing Fee _____

Amount Paid \$ 240.00 Check # 9803 Cash _____ Other Fees (_____)

Total Construction Cost \$ 46,540.00 TOTAL Fees \$ 240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector [Signature]

POOL / SPA PERMIT

INSPECTIONS

SETBACKS DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 STEEL & BOND DATE _____
 LIGHT NITCHE DATE _____

DECK DATE _____
 ENCLOSURE & LATCH DATE _____
 DOOR ALARM(S) DATE _____
 FINAL 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!

Bldg. Pmt#

Town of Sewall's Point

Date 2/16/2000

RECEIVED

FEB 16 2000

10 561-775 1586 2/16/00

BUILDING PERMIT APPLICATION

Owner's Name: JOHN J. + CHRISTINE ABBOTT

Phone No. BY: 561-781-5832

Owner's Present Address: 108 N Sewalls Point Road, Stuart, FL 34996

Fee Simple Titleholder's Name & Address if other than owner N/A

Location of Job Site: 108 N. Sewalls Point Road

TYPE OF WORK TO BE DONE: Swimming Pool + SPA w/ Concrete Deck + Gas Heater

CONTRACTOR INFORMATION

Contractor/Company Name: E.S. UNLIMITED, INC Phone No. 561-775-1887

COMPLETE MAILING ADDRESS 10258 RIVERSIDE DR #6, PEG, FL 33410

State Registration PB 04-1996-03785 State License CP-C056437

Legal Description of Property LOT 6, TWIN RIVERS, a subdivision of South 59.9 Feet of Gov

Parcel Number 35-37-41-007-000-00050.40000

Government 1, Section 35, Township 37 South, Range 41 East, Lying Between Indian River & St. Lucie River, Sewall's Point.

ARCHITECT/ENGINEER INFORMATION

Architect

Phone No.

Address

Engineer EL-SID ENGINEERING

Phone No (561) 554-1686

Address 113 EBBTIDE DRIVE North Palm Beach

Area Square Footage: Living Area 519 SqFt Garage Area N/A Carport N/A

Accessory Bldg. N/A Covered Patio N/A Scr. Porch N/A Wood Deck N/A

Type Sewage: Septic Tank Permit # from Health Dept.

NEW electrical SERVICE SIZE 100 AMPS

COST of construction - Pool, SPA, Deck, electric. \$ 46,540.00

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

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 DUBAY ELECTRIC, INC. State License U-16710

Mechanical State License#

Plumbing ES UNLIMITED, INC State License# CP-C056437

Roofing N/A State License# N/A

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.

Signature of Charlene H. Page, Notary Public, My Comm Exp 5/12/00, Bonded By Service Ins No CC564271

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER OF AGENT SIGNATURE Stephen J Macari Sworn to and subscribed before me this 16th day of February, 2000 by Stephen J Macari who is personally known to me or has produced or has produced known and who did (did not) take an oath.

CONTRACTOR SIGNATURE John Abbott Sworn to and subscribed before me this 16th day of February, 2000, 2000 by John Abbott who is personally known to me or has produced known and who did (did not) take an oath.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AO
ESUNL-1

DATE (MM/DD/YY)
02/14/00

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

INSURERS AFFORDING COVERAGE

INSURED
E.S. Unlimited, Inc
10258 Riverside Drive #6
Palm Beach Gardens FL 33410

RCVD 2/16/00
FILE
PERMIT

INSUREP A	Transcontinental Insurance Co
INSUREP B	AmComp
INSUREP C	
INSUREP D	
INSUREP E	

COVERAGES

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

INSR LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	B111070981	08/14/99	08/14/00	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIREDAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS COMP/OP AGG \$ 1,000,000
					GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJUR (Per person) \$
	<input type="checkbox"/> ALL OTHER AUTOS				BODILY INJUR (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA-CC \$
					AUTO CNL AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> PETITION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WCV7013593	02/15/00	02/15/01	ACC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
					EL CH ACCIDENT \$ 100,000
					EL DISEASE E-EMPLOYEE \$ 100,000
	OTHER				EL DISEASE POLIC LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
SWIMMING POOL CONSTRUCTION 30 DAYS NOTICE OF CANCELLATION WILL BE GIVEN ON WORKERS COMPENSATION

CERTIFICATE HOLDER N ADDITIONAL INSURED INSURER LETTER

CANCELLATION

SEWALS

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

Town of Sewall's Point
One Sewall's Point Rd
Sewall's Point, FL 34991

Nordman-Henrion Insurance

CP 5196260

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

DATE	BATCH NUMBER	LICENSE NBR
07/02/1998	98700026	CP - C056437

The RESIDENTIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2000



MACARY, STEPHEN JAMES
E S UNLIMITED INC
18561 LAKE SIDE GARDENS DRIVE
JUPITER FL 33458

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

**PALM BEACH COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY**

EXPIRES SEPTEMBER 30, 2001

AUDIT CONTROL NUMBER: 9543798
 CERTIFICATE NUMBER: U-5711

NAME: PETER J DUBAY
 FIRM: DUBAY ELECTRIC INC

PO BOX 447
 JUPITER, FL 33468

UNLIMITED

FEE: 115.00

CERTIFIED ELECTRICAL CONTRACTOR

ID #0018827
 08/16/99

SIGNATURE:

ATTEST:

CONSTRUCTION INDUSTRY LICENSING BOARD
 OF PALM BEACH COUNTY

AC# 5173077

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 ELECT CONTRACTORS LICENSING BD

DATE	BATCH NUMBER	LICENSE NBR
06/17/1998	97904056	ER -0012918

The ELECTRICAL CONTRACTOR named below HAS REGISTERED under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2000 (INDIVIDUAL MUST MEET ALL LOCAL COMPETENCY REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

DUBAY, PETER J
 DUBAY ELECTRIC INC
 P O BOX 447
 JUPITER FL 33468

LAWTON CHILES
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
 SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

02/16/00

PRODUCER

DANZEY MICHAEL J - 6-211

FEDERATED MUTUAL INSURANCE COMPANY
 5887 Glenridge Drive, N E
 Atlanta, GA 30328
 Phone 404-257-1511
 Home Office Owatonna, MN 55060

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

COMPANIES AFFORDING COVERAGE

COMPANY A FEDERATED MUTUAL INSURANCE COMPANY OR
 FEDERATED SERVICE INSURANCE COMPANY

COMPANY B

COMPANY C

COMPANY D

INSURED

DUBAY ELECTRIC INC
 PO BOX 447
 JUPITER FL 33468

RCN 2/16/00 32 388 0

FILE

PERMIT

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR S PROT	9001588	01/01/00	01/01/01	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	9001588	01/01/00	01/01/01	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	9000197	01/01/00	01/01/01	<input checked="" type="checkbox"/> WC STATU TORY LIMITS <input type="checkbox"/> OTH ER EL EACH ACCIDENT \$ 100,000 EL DISEASE POLICY LIMIT \$ 500,000 EL DISEASE EA EMPLOYEE \$ 100,000
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Renew? (Y/N): Y

CERTIFICATE HOLDER (Fax 775-1886)

Town of Sewalls Point
 1 Sewalls Point Road
 Sewalls Point, FL 34991

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



PRESIDENT ACORD CORPORATION 1988

E.S. UNLIMITED, INC.

SWIMMING POOLS & SPAS

#CP-CO56437

February 16, 2000

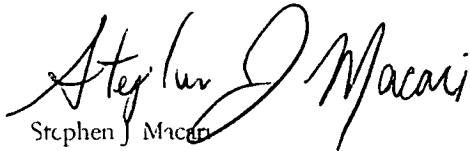
Town of Sewall's Point
One Sewall's Point Road
Sewall's Point, FL 34991

To Whom It May Concern

I Stephen J Macari Qualifier of E S Unlimited, Inc , hereby authorize Charlene H Page to have authority to sign for and pick up any permits issued or to be issued for E S Unlimited Inc , at the Town of Sewall's Point

If any further assistance is needed, please contact me at 561-775-1887

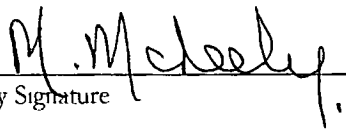
Sincerely,

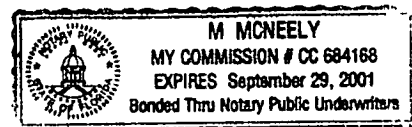


Stephen J Macari
Qualifier
E S Unlimited, Inc

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 16th of February, 2000 by
Stephen J Macari who is known to me or who produced known and who
did not take an oath


Notary Signature



DUBAY ELECTRIC, INC.

#U-16710

February 16, 2000

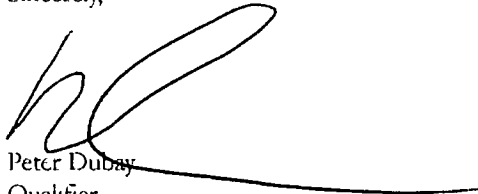
Town of Sewall's Point
One Sewall's Point Road
Sewall's Point, FL 34991

To Whom It May Concern

I Peter Dubay Qualifier of Dubay Electric, Inc, hereby authorize Charlene H Page to have authority to sign for and pick up any permits issued or to be issued for Dubay Electric, Inc, from the Town of Sewall's Point

If any further assistance is needed, please contact me at 561-575-5758

Sincerely,

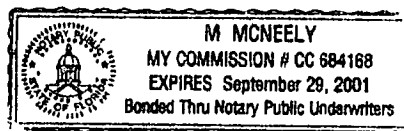


Peter Dubay
Qualifier
Dubay Electric, Inc

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 16th of FEBRUARY, 2000 by Peter Dubay who is known to me or who produced Known and who did not take an oath

M. McNeely
Notary Signature

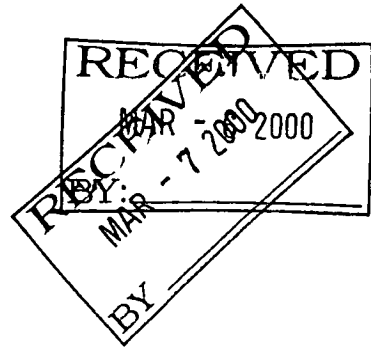


E.S. UNLIMITED, INC. SWIMMING POOLS & SPAS

#CP-CO56437

March 7, 2000

Town of Sewall's Point
One Sewall's Point Road
Sewall's Point, FL 34991



To Whom It May Concern

I Stephen J Macari Qualifier of E S Unlimited, Inc , hereby authorize Barry Chiles to have authority to sign for and pick up any permits issued or to be issued for E S Unlimited, Inc , at the Town of Sewall's Point

If any further assistance is needed, please contact me at 561-775-1887

Sincerely,

Stephen J Macari
Qualifier
E S Unlimited, Inc

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 7th of March, 2000 by Stephen J Macari who is known to me or who produced Known and who

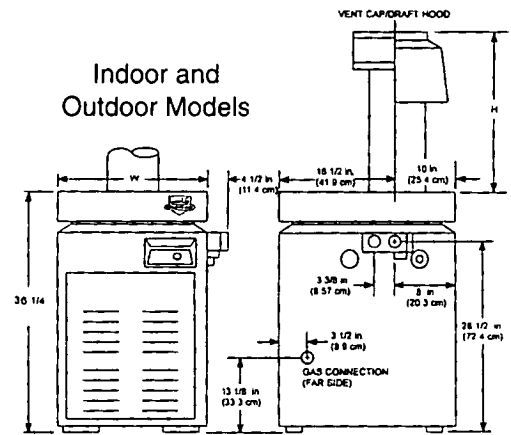
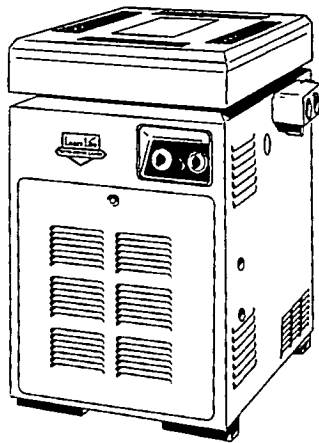
did not take an oath

Notary Signature

CHARLENE H PAGE
Notary Comm Exp 5/12/00
Bonded By Service Ins
No CC554271

Personally Known Other L.O.

TECH SHEET



SIZING CHARTS

POOL HEATER										
Model No	125	175	250	325	400					
Temp Diff	Maximum Pool Surface Area (Sq Ft)									
15°F	667	889	933	1244	1333	1778	1733	2311	2133	2844
20°F	500	667	700	933	1000	1333	1300	1733	1600	2133
25°F	400	533	560	747	800	1067	1040	1387	1280	1707
30F	333	444	467	622	687	889	867	1156	1067	1422
35F	286	381	400	533	571	762	743	990	914	1219

How to Choose a Pool Heater Size

Using the sizing chart above, first determine the difference between desired pool temperature and average air temperature during the coldest month the pool is used. **Second**, calculate the surface area of the pool (length times width). **Third**, listed are maximum pool surface areas for each heater model size.

SPA HEATER										
Model No	125	175	250	325	400					
Temp Diff	Maximum Pool Surface Area (Sq Ft)									
15°F	667	889	933	1244	1333	1778	1733	2311	2133	2844
20°F	500	667	700	933	1000	1333	1300	1733	1600	2133
25°F	400	533	560	747	800	1067	1040	1387	1280	1707
30F	333	444	467	622	687	889	867	1156	1067	1422
35F	286	381	400	533	571	762	743	990	914	1219

How to Choose a Spa Heater Size

Identify the number of gallons your spa holds. Decide the heat up time desired, and the note on the chart which Laars Lite model is recommended. The chart indicates the approximate time required to raise the spa temperature 30°F to 100°F. A 125,000 BTUH input heater on a 600 gallon spa will take approximately 90 minutes (depending on wind, insulation, etc).

- Sizing Chart is based on 3-1/2 mph average wind and average pool depth of 5.5 feet. Shading on chart indicates sizing at 0 (zero) mph wind.
- All Laars Lite models are design certified by the American Gas Association and the Canadian Gas Association as gas-fired swimming pool, spa and hot tub heaters for natural gas and propane outdoor and indoor installations. All models 75 psi working pressure.
- For installations above 4,000 ft altitude, contact your distributor for a special high altitude heater. This is important for safe and effective operation. Increase BTU/Input by 4% for every 1,000 feet of elevation. For altitudes above 5,000 feet, select a High Altitude Heater one size larger in capacity than above sizing chart indicates.
- Models LLD - Self-cleaning hot surface ignition, 120/240V dual thermostats, 120V Millivolt, single thermostat. Both models available in natural gas and LP. LLD with LP for outdoor use only.

SPECIFICATIONS

Models	BTUH Input, 1000's (kcal)	"W" Width Inches (cm)	"V" Vent Diameter Inches (cm)	"H" Outdoor Stack Inches (cm)	"H" Indoor Stack Inches (cm)	Weight Lbs (kgs)
125	125 (31.5)	15 (38)	5 (12.7)	9-1/8 (23)	16-1/4 (41.3)	148 (67)
175	175 (44.1)	18 (45.7)	6 (15.2)	9-3/4 (24)	24-1/8 (61.3)	175 (79)
250	250 (63)	22-1/2 (57.2)	7 (17.8)	10 (26)	25-1/4 (64.1)	182 (83)
325	325 (81.9)	26-3/4 (67.9)	8 (20.3)	10-5/8 (27)	26-1/2 (67.3)	214 (97)
400	400 (101)	31-3/4 (80.6)	9 (22.9)	13-1/4 (34)	27-1/2 (69.9)	228 (103)

To convert a low-profile heater to either an indoor model with a draft hood, or to add a vent cap to an outdoor model, a stack sized to the specific heater model must be ordered. Order a non-combustible floor base for installations on combustible floors. Do not install on carpeting.

NOTE: The front header has a 3/4" brass pipe plug installed at the factory which can be replaced with a 3/4", 75 psi pressure relief valve (Teledyne Laars Part No R0040400). Check the local building spa and plumbing codes to determine if a pressure relief valve is required. A pressure relief valve is recommended when a gate valve is installed in the system between the heater outlet and the inlet to the pool and/or spa.



TELEDYNE LAARS

Jandy Products

T E C H S H E E T

Standard Equipment

- Dual Hi-Limit Switches
- Electric Diaphragm-type Gas Valve
- Gas Pressure Regulator
- Pilot Adjustment Valve
- Constant Flow Valve
- Corrosion resistant construction
- Reversible Heat Exchanger
- Water Pressure Switch
- TEMP-LOK
- Fusible Link
- Stainless Steel Burners and Burner Tray
- Rodent Resistant Jacket
- PVC Direct Water Connections
- Ceramic Fiber Combustion Chamber
- Storm Guard™
- Sealed Controls

LLG Features

- Precision Electronic Temperature Control
- Millivolt Control System
- 100% Shut-off Safety Feature
- Safelight Matchless Pilot Ignition
- Quik-Connect Terminal Strip for Easy Remotability

LLD Features

- Flex-Temp Electronic Dual Temperature Control
- 24 Volt Control System
- Self-cleaning, Hot Surface Ignition
- 115V-230V/24V Transformer

Optional Equipment

- 2" Bronze Headers
- Salt Water Units with cupro-nickel exchangers
- Power Vents
- ASME

NATURAL GAS PIPE SIZE REQUIREMENTS

Heater Size	Distance From Gas Meter					
	0-50 feet (0-15m)		50-100 feet (15-30m)		100-200 feet (30-60m)	
	in	(mm)	in	(mm)	in	(mm)
125	3/4	(19)	1	(25 4)	1	(25 4)
175	1	(25 4)	1	(25 4)	1-1/4	(31 75)
250	1	(25 4)	1-1/4	(31 75)	1-1/2	(38)
325	1-1/4	(31 75)	1-1/4	(31 75)	1-1/2	(38)
400	1-1/4	(31 75)	1-1/2	(38)	1-1/2	(38)

Notes

- 1 These numbers are for natural gas (0.65 Sp Gr) and are based on 1/2 inch (13mm) water column pressure drop. Check supply pressure with a manometer, and local code requirements for variations. For liquefied petroleum gas, reduce pipe diameter one size, but maintain a 3/4 inch (13mm) minimum diameter.
- 2 Check supply pressure and local code requirements before proceeding with work.
- 3 Pipe fittings must be considered when determining gas pipe sizing.

Ordering Information

Specify the following when ordering

- Model number of heater
- Altitude above sea level of installation
- Optional equipment, if any
- Any state or local code requirements for the heater

TELEDYNE LAARS
Jandy Products

An Allegheny Teledyne Company

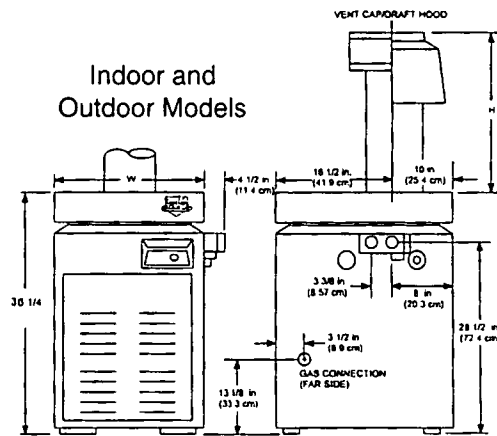
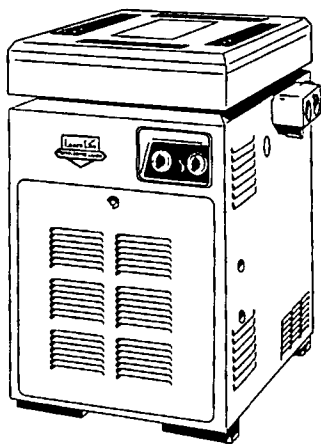
21 Pimentel Court
PO Box 6101, Novato, CA 94948-6101
Phone 800 227 1442 Fax 800 526 3928
<http://www.jandy.com>

© Copyright 1997 Teledyne Laars Mat# 0331 6765-05 10-75 5/97 LH 75M NO EXP



6000 Condor Drive
Moorpark, CA 93021

TECH SHEET



SIZING CHARTS

POOL HEATER										
Model No	125	175	250	325	400					
Temp Diff	Maximum Pool Surface Area (Sq Ft)									
15°F	667	889	933	1244	1333	1778	1733	2311	2133	2844
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25°F	400	533	560	747	800	1067	1040	1387	1280	1702
30°F	333	444	467	622	687	889	867	1156	1067	1422
35°F	286	381	400	533	571	762	743	990	914	1219

SPA HEATER										
Model No	125	175	250	325	400					
Spa Size (Gal)	Time To Heat Spa 30°F (Minutes)									
200	30	21	15	12	9					
400	60	43	30	23	19					
600	90	64	45	35	28					
800	120	86	60	46	37					
1000	150	107	75	58	47					

How to Choose a Pool Heater Size

Using the sizing chart above, first determine the difference between desired pool temperature and average air temperature during the coldest month the pool is used. Second, calculate the surface area of the pool (length times width). Third, listed are the maximum pool surface areas for each heater model size.

How to Choose a Spa Heater Size

Identify the number of gallons your spa holds. Decide the heat-up time desired and the note on the chart which Laars Lite model is recommended. The chart indicates the approximate time required to raise the spa temperature 30°F to 100°F. A 125,000 BTU/H input heater on a 600 gallon spa will take approximately 90 minutes (depending on wind, insulation, etc).

SPECIFICATIONS

Models	BTUH LLG Input, LLD 1000's (kcal)	"W" Width Inches (cm)	"V" Vent Diameter Inches (cm)	"H" Outdoor Stack Inches (cm)	"H" Indoor Stack Inches (cm)	Weight Lbs (kgs)
125	125 (31.5)	15 (38)	5 (12.7)	9-1/8 (23)	16-1/4 (41.3)	148 (67)
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325	325 (81.9)	26-3/4 (67.9)	8 (20.3)	10-5/8 (27)	26-1/2 (67.3)	214 (97)
400	400 (101)	31-3/4 (60.6)	9 (22.9)	13-1/4 (34)	27-1/2 (69.9)	228 (103)

To convert a low-profile heater to either an indoor model with a draft hood, or to add a vent cap to an outdoor model, a stack sized to the specific heater model must be ordered. Order a non-combustible floor base for installations on combustible floors. Do not install on carpeting.

NOTE: The front header has a 3/4" brass pipe plug installed at the factory which can be replaced with a 3/4", 75 psi pressure relief valve (Teledyne Laars Part No. R0040400). Check the local building spa and plumbing codes to determine if a pressure relief valve is required. A pressure relief valve is recommended when a gate valve is installed in the system between the heater outlet and the inlet to the pool and/or spa.

- Sizing Chart is based on 3-1/2 mph average wind and average pool depth of 5.5 feet. Shading on chart indicates sizing at 0 (zero) mph wind.
- All Laars Lite models are design certified by the American Gas Association and the Canadian Gas Association as gas fired swimming pool, spa and hot tub heaters for natural gas and propane outdoor and indoor installations. All models 75 psi working pressure.
- For installations above 4,000 ft altitude, contact your distributor for a special high altitude heater. This is important for safe and effective operation. Increase BTU/Input by 4% for every 1,000 feet of elevation. For altitudes above 5,000 feet, select a High Altitude Heater one size larger in capacity than above sizing chart indicates.
- Models LLD: Self-cleaning hot surface ignition, 120/240V dual thermostats, LLG: Millivolt single thermostat. Both models available in natural gas and LPLLD with LP for outdoor use only.
- Teledyne Laars maintains a policy of continuous improvements and therefore reserves the right to change specifications without notice.
- The Laars Lite heater is furnished assembled in the outdoor low-profile configuration. Heater can be converted to a stack top or vent hood model by removing the center plate and adding either a vent cap or draft hood. See the other side of this sheet for details.
- Laars Lite heaters are rated at 80%+ energy-efficient as confirmed by laboratory testing. Testing is in accordance with the standard for gas fired pool heaters ANSI Z21.56.



TELEDYNE LAARS

Jandy Products

T E C H S H E E T

Standard Equipment

- Dual Hi-Limit Switches
- Electric Diaphragm-type Gas Valve
- Gas Pressure Regulator
- Pilot Adjustment Valve
- Constant Flow Valve
- Corrosion resistant construction
- Reversible Heat Exchanger
- Water Pressure Switch
- TEMP-LOK
- Fusible Link
- Stainless Steel Burners and Burner Tray
- Rodent Resistant Jacket
- PVC Direct Water Connections
- Ceramic Fiber Combustion Chamber
- Storm Guard™
- Sealed Controls

LLG Features

- Precision Electronic Temperature Control
- Millivolt Control System
- 100% Shut-off Safety Feature
- Safelight Matchless Pilot Ignition
- Quik-Connect Terminal Strip for Easy Remotability

LLD Features

- Flex-Temp Electronic Dual Temperature Control
- 24 Volt Control System
- Self-cleaning, Hot Surface Ignition
- 115V-230V/24V Transformer

Optional Equipment

- 2" Bronze Headers
- Salt Water Units with cupro-nickel exchangers
- Power Vents
- ASME

NATURAL GAS PIPE SIZE REQUIREMENTS

Heater Size	Distance From Gas Meter					
	0-50 feet (0-15m)		50-100 feet (15-30m)		100-200 feet (30-60m)	
	in	(mm)	in	(mm)	in	(mm)
125	3/4	(19)	1	(25.4)	1	(25.4)
175	1	(25.4)	1	(25.4)	1-1/4	(31.75)
250	1	(25.4)	1-1/4	(31.75)	1-1/2	(38)
325	1-1/4	(31.75)	1-1/4	(31.75)	1-1/2	(38)
400	1-1/4	(31.75)	1-1/2	(38)	1-1/2	(38)

Notes

- 1 These numbers are for natural gas (0.65 Sp Gr) and are based on 1/2 inch (13mm) water column pressure drop. Check supply pressure with a manometer, and local code requirements for variations. For liquefied petroleum gas, reduce pipe diameter one size, but maintain a 3/4 inch (13mm) minimum diameter.
- 2 Check supply pressure and local code requirements before proceeding with work.
- 3 Pipe fittings must be considered when determining gas pipe sizing.

Ordering Information

Specify the following when ordering

- Model number of heater
- Altitude above sea level of installation
- Optional equipment, if any
- Any state or local code requirements for the heater

TELEDYNE LAARS
Jandy Products

An Allegheny Teledyne Company

21 Pimentel Court
PO Box 6101, Novato, CA 94948-6101
Phone 800 227 1442 Fax 800 526 3928
<http://www.jandy.com>

© Copyright 1997 Teledyne Laars Mat# 0331 6765-05-10-75 5/97 LH 75M NO EXP



6000 Condor Drive
Moorpark, CA 93021

FLOOD ZONE A8 ELEV. = 9.0
 firm panel 120164 0001C
 DATED APRIL 3, 1984

The original hereof received,
 reviewed and approved this 14
 day of JAN 2000
Murphy Abbott
John J. Abbott

- LPOFND
- A=ARC
 - ASPH = ASPHALT
 - C = CALCULATED
 - CH = CHORD
 - C/L = CENTERLINE
 - CH = CONCRETE MONUMENT
 - Δ = DELTA
 - D = DESCRIPTION
 - DE = DRAINAGE EASEMENT
 - FD = FOUND
 - GW = GUY WIRE
 - IP = IRON PIPE
 - IR & C = IRON ROD & CAP
 - LP = LIGHT POLE
 - M = MEASURED
 - N & W = NAIL & WASHER
 - OP = OVERHEAD ELECTRIC
 - P = PLAT
 - PAVT = PAVEMENT
 - PC = POINT OF CURVE
 - PC C = POINT OF COMPOUND CURVE
 - PP = POWER POLE
 - PR C = POINT OF REVERSE CURVE
 - PT = POINT OF TANGENT
 - PCP = PERMANENT CONTROL POINT
 - PRM = PERMANENT REFERENCE MARKER
 - R = RADIUS
 - ROW = RIGHT OF WAY
 - UE = UTILITY EASEMENT
 - HP = HIGH POINT
 - BLK = BLOCK
 - BH = BENCHMARK
 - FF = FINISHED FLOOR
 - SET IR & C = SET IRON ROD & CAP LB # 6453
 - CONC = CONCRETE
 - NTS = NOT TO SCALE

CERTIFIED TO:

JOHN J. & CHRISTINE ABBOTT
 WASHINGTON MUTUAL BANK, F.A.
 FAST TITLE, INC.
 AMERICAN PIONEER TITLE INSURANCE
 COMPANY

DESCRIPTION

Lot 5, Twin Rivers, a Subdivision of the South 519 9 feet of Government Lot 1, Section 35, Township 37 South, Range 41 East, lying between Indian River and St Lucie River, Sewalls Point, as recorded in Plat Book 2, Page 52, Martin County, Florida, Public Records, including all riparian rights appertaining thereto

STREET ADDRESS 108 N SEWELLS POINT ROAD

SURVEYOR'S CERTIFICATE

THIS CERTIFIES THAT A SURVEY OF THE PROPERTY DESCRIBED HEREON WAS MADE UNDER MY SUPERVISION AND THAT THE SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472 027, FLORIDA STATUTES AND, THAT THE SKETCH HEREON IS A TRUE AND ACCURATE REPRESENTATION THEREOF TO THE BEST OF MY KNOWLEDGE AND BELIEF SUBJECT TO NOTES AND NOTATIONS SHOWN HEREON

NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL

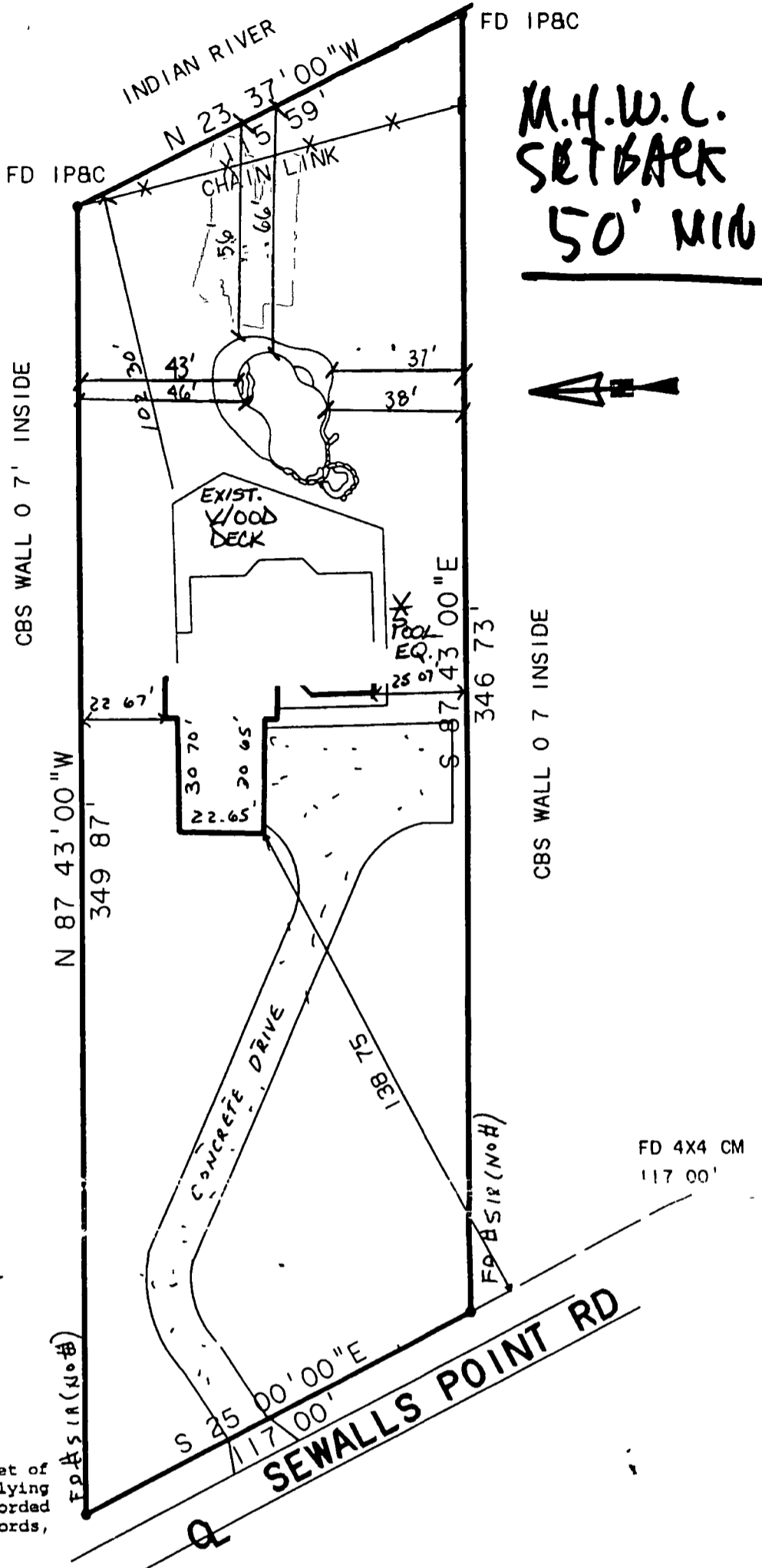
DATED 1/7/00

Murphy
 GERALD W. TANSKY

PROFESSIONAL REGISTRATION NO. 4464

NOTES:

- 1) REPRODUCTIONS OF THIS SKETCH ARE NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYORS SEAL
- 2) LANDS SHOWN HEREON WERE NOT ABSTRACTED BY THIS OFFICE FOR RIGHTS-OF-WAY, EASEMENTS OF RECORD OWNERSHIP, MURPHY ACT, DEEDS, OR ADJOINING DEEDS
- 3) LAND DESCRIBED SHOWN HEREON WAS PROVIDED BY THE CLIENT OR HIS/HER AGENT
- 4) NO ATTEMPT WAS MADE BY THIS OFFICE TO LOCATE SUBSURFACE IMPROVEMENTS, OR ENCROACHMENTS OTHER THAN THOSE SHOWN HEREON
- 5) UNDERGROUND FOUNDATIONS NOT LOCATED
- 6) BASE OF BEARINGS IS THE CENTERLINE OF SEWELLS POINT ROAD, AS SHOWN ON THE PLAT OF TWIN RIVERS RECORDED IN PLAT BOOK 2, PAGE 52, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA
- 7) THE SURVEY IS FOR THE LEGAL
- 8) ALL



BOUNDARY SURVEY W/INTERIOR IMPROVEMENTS PREPARED FOR: FAST TITLE

DRAWN 6 WT
 CHECKED 6 WT
 DATE 1-7-2000
 SCALE 1"=40'
 JOB # 99-763
 SHEET 1 OF 1

TREASURE COAST LAND SURVEYORS
 LB # 6453 PROFESSIONAL LAND SURVEYORS
 PHONE # 3250 CANDICE AVE BOX 113
 334-2663 JENSEN BEACH, FLORIDA 34957

REVISIONS	BY	DATE

ATTENTION:
 RESPONSIBILITY OF FINAL
 GRADE & DRAINAGE RESTS
 WITH THE CONTRACTOR
 OR OWNER OF RECORD

NOTE: FORM BOARD & FINAL SURVEY REQUIRED.
 SURVEY TO BE IN ACCORDANCE W/TOWN
 ORDINANCE (24" x 36") SCALE: 1"=10'

M.H.W.L. SURVEY SHALL BEAR
 FDEP DECAL INDICATING APPROVAL
 OF FINAL MEAN HIGH WATER SURVEY
 PROCEDURES.

RELIANCE ON SETBACK COMPLIANCE (50')
 PER SUBMITTED SURVEY SHALL BE AT
 BUILDER'S RISK. 3/3/00

NOTE CONTRACTOR TO VERIFY
 ALL DIMENSIONS, LAYOUTS AND SETBACK
 REQUIREMENTS FOR POOL/SPA/
 PATIO ETC IN FIELD PRIOR
 TO CONSTRUCTION
 ALL TRENDS TO BE
 12" LENGTH MIN
 (AREA-240 SQ' IN MIN)

3/3/00 TOWN OF SEAWALL'S POINT
 REVIEW: [Signature] (SEAL OFFICER)
 (AS NOTED)
 TOWN COPY
 108 N. SEAWALL'S POINT ROAD
 FAX TO:
 561-775-1886
 5/10/00
 "CHARLENE"
 [Signature] Isaac Kovner, P.E. #5

<h1>SWIMMING POOL PLAN FOR :</h1>	
<p>ABBOTT RESIDENCE 108 N SEAWALLA POINT ROAD STUART, FL</p>	
<p>EL-SID ENGINEERING 1825 7TH AVE NORTH LAKE WORTH, FLORIDA 33461 FOR E S UNLIMITED, INC</p>	
DRAWN EHJR	SHEET 1 OF 2
SCALE: 1/8"=1'-0"	JOB No. 5
CHK IK	DATE 2/1/00



EL-SID ENGINEERING

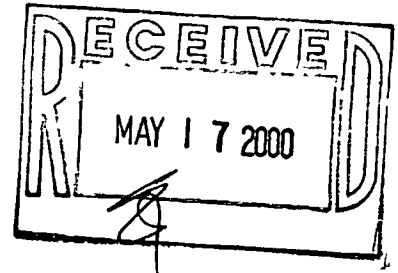
1825 7th Ave North
Lake Worth, FL 33461
(561) 748-1121
(561) 585-0005

SIDNEY KOVNER, P E
ISAAC KOVNER, P E
HERMAN KATZ, C B C

May 13, 2000

Sewall's Point / Martin County
Building Department
Inspections

RE: Swimming Pool Compaction Test
Mr & Mrs Abbott
Twin Rivers, Lot #5
108 N Sewall's Point Road
Permit #4859



File

To Whom It May Concern

Compaction around the perimeter of the swimming pool was tested by El-Sid Engineering on 5/13/00. A #5 pointed probe rod was used to determine relative compaction densities in the backfill area around the pool and waterfall rocks as compared to the undisturbed soil away from the pool/patio area.

In 10 locations around the perimeter of the pool the density is greater than or equal to 95% proctor density of the undisturbed soil. Therefore, the compaction test for this pool is satisfactory to Sewall's Point Building Department Codes and Regulations.

If you have any questions, please call me at (561) 585-0005.

Sincerely,

Isaac Kovner, P E
El-Sid Engineering
P E #54901

C eslmdl

CIVIL ENGINEERING CONSULTING SPECIALISTS

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-15-, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4859	Abbott	pool steel	Passed	
①	108 N.S.P. Rd.	main drain & bonding	BC	
4650	Swiss Am	refert		REVIEWED W/ CONTR.
X	4 Banyan	final		- NO SERV. PRIOR TO C.O. - DOES NOT WANT TEMP EQUI.
4650	Swiss Am	refert		REVIEWED W/ CONTR.
X	4 Banyan	final		- NO SERV. PRIOR TO C.O. - DOES NOT WANT TEMP EQUI.
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
102	Bressan (ELECT)	100 amp.	Passed	NEW SERVICE FOR TOWN
(UTIL)	Qual Run at	service for	BC	PARK IRRIG. SYSTEM.
③	N S P. Rd.	irrigation		
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4812	Tiakis	sheathing	Passed	
⑧	6 Kingston Court		BC	
	PACIFIC REG			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4862	O'Brien	sheathing	Pass. C	Part. I
⑦	36 E High Point		BC	
	A&W REG Rd.			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4864	Nehme	sheathing	Passed	late FM
⑨	19 S S.P. Rd.	& dry-in	BC	
	STEIN & CO			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4628	Hellriegell		Reject	NEW WATER IN TUB CASE... ADD RPT RUN IN GARAGE
②	11 Castle Hill way	ALL TRADES	BC	SEAL SEVERAL HOLES IN TR. FIRST STAIR, water pipe in ATTIC. MISSING - 6-DOORS 1ST FL " " 2-WINDOWS 2ND FL
	STRATHMORE			

OTHER: **A** 6 ISLAND RD, DELIVER COPY OF TEMP. ELECT. AGMT TO CONTR. WANTS TO INSULATE
B 11 CASTLE HILL; 11 DUPL. FIELD COPY OF PERMIT DUGS. TO CONTR. - STRATHMORE

INSPECTOR (Name/Signature) _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-8, 2000; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4859	Abbot	pool deck	Reject	Has no thickened
③	TOWN S. PERM E.S. UNLIMITED		BG NO FEE	EDGE with steel + Bor AS per plan, plus show FIBER MIX.
4732	Tatamonti	tin tag		
①	19 Lofting Way Hufnagel	metal		CANCEL 5/8
4916	LINO	final	Passed	will call Mon. to
④	6 Island Rd. THOMAS F. 1220	hurricane shutters	BG	set up specific time - COMPLIANCE LTR TO OWNER/CONTR
4771	VAN WAGNER	FRAMING (REINSP)	Consulted	SOFFIT VENTILATION
②	3 PALAMA WAY ENGINEERED HOMES, INC	AT OFFICE WITH ED. ARMSTRONG ABOUT SOFFIT + A/C IN GARAGE	Consulted BG + Building	WORK REQUIREMENTS - GARAGE AIR HAULER COVER
4813	FOLLOWER	"SPOT CHECK"	OK	DELIVER FIELD COPY
①A	11 NE LOFTING WAY ARK HOMES	INSPECTION	BG	OR PLUMBING SUB (PN 4816)
4832	COCO RULLO	FINAL	Passed	called in 8:00 5/8
⑤	20 ISLAND ROAD WILSON BLDRS	(REMOVED)	BG	
⑥	FOSTER	Tin Tag +	Passed	
4873	J TIMOR HEATON ROOFING	metal	BG	

OTHER GAS UP TRUCK

INSPECTOR (Name/Signature) _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~5-10-2000~~, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
J) 4527 BXD 4895	Seely 37 Lofting Way GRIBBEN CONST.	footer pads for columns		
J) 4859	Abbott 108 N. Seward Rd. E.S. UNLIMITED 775-1887	pool deck (REINSPECT) - POOL SET/MAIN DRAIN 3/15/00	CANCEL F (CORRE NOTIFIED)	NO FORMBOARD SURVEY " COMPLETION QUICK. STEPHEN MACCART
S) 4658	Foglia 103 H. Sewall FOGLIA CONST.	final c.o. (REINSPECT)		C.O TO OWNER'S REP. @ SITE
S) 4909	VILLA 24 S. SEWALL'S PT. RD. Stein	final roof		
V) 4903	Koch 71 N River Rd ALMAR/JACKSON Pools	Pool Steel + Main Structure	CANCEL F	NO FORMBOARD SURVEY (REQUIRE 24 HRS PRIOR) TO INSPECTION
J) 4527 (BXD.) 4895	SEELY 37 NE LOFTING WAY GRIBBEN CONST.	POST NOTICE OF PENDING STOP WORK ORDER		G.C. TO SIGN RENEWAL PERMIT PRIOR TO 5:00 FRIDAY MAY 10, 2000
N) 4888	Oversheimer 75 N S Pt Rd. DREDGE & MARWE (KREMSER)	final on dock		

OTHER T/R APPL. - 10 CRAVES NEST (TORRANCE), CLYDES LANDSCAPE
T/R APPL. - INDIA LUCIE COMMON (H.O. ASH), " "

INSPECTOR (Name/Signature) _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-19-00, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
N 4771 (6)	Van Wagner 3 Paloma Way	framing all trades		CANCEL BY CONTR. - RESCHED
S 4702 (9)	Perry 18 N Ridgeview owner	partial strapping	Passed Bg.	Complete Strapping
N 4859 (7)	Abbott 708 N S P Rd ES. unlimited	pool	Reject Bg.	completion test rec 5-17-00 Spoke with EARL ABOUT DECK SETBACK.
N 4732 (3)	Telamanti 19 Lofting Way Hufnagel	insulation	Passed Bg.	reschedule From 5-17-00 *NO PRESSURE IN GAS LINES CALL FOR REINSPECT
N 4717 (2)	Zerro 124 N S P Rd. Euford	partial sheathing roofing NAILING	Partial Bg.	1st insp if possible Survey FOR Roof Height
N 4912 (8)	Chico's Harbour Bay	screw-Drywall Phase I	Passed Bg.	Phase I Drywall screws.
S 4662 (10)	Foglia 106 H. Sewall Way owner	temp. el.	Passed Bg.	temp el system on file ✓ reupg

OTHER _____

INSPECTOR (Name/Signature) _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/31, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
* 4912	CHICOS	FINAL-PHASE I	Passed BG.	VERIFY F.D. INSP. (5/30)
5	HARBOR Bay Plaza COSTELLO CONST.	LARRY MASSING Bob Smith	288-5362	221-5181 Pave
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4589	DEGIOIA	FINAL Hurricane SHUTTERS	Passed	M-DC PROD APPR DOCS REQ.
3	130 N. Sewall's Pt. Rd COMPLETE HURRICANE PROT. "MARK"	699-8585	BG	Permit # 4900
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4589	ABBOTT	POOL DECK	Passed	COMP. TEST & REV. FORWARD
4	130 N. Sewall's Pt. Rd ES UNLIMITED		BG	SURVEY ON FILE. NO permit on job.
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4589	DEGIOIA	130 N. Sewall's Pt. Rd	Passed	SEE CHECKLIST
3	130 N Sewall's Pt. Rd CORWAY	FINAL C.O. (REINSPECT)	BG	① Except Elevator ② Need SURVEY FOR ENTIRE WALL.
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4628	HELLREGER	DOORS INSTALLATION	Passed	OFFICE CC OF PKOI APPR ATTEN
1	11 CASTLE Hillway STRATHMORE	INSTALLATION (USED 4" TAP G.S.)	BG	Need Specs. FOR BREAKFAST Rm. BUTT GLASS of Family Rm. ALUM. SLIDERS.
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
4771	VANWAGNER	Insulation For	Passed	(WALLS PASSED 5/26)
2	3 PALMWAY CASTLE Hill RAY RD HOMER	Kneewall	BG	
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS

OTHER EBA T/R PER. APIL, CARTNEY; 3 PINEAPPLE LANE - TRISTAN TREE/LANDSC.

* # 4912 Bob Smith made inspection 5-31-00 A.M. Passed.
(FIRE DEPT)

INSPECTOR (Name/Signature) _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-14-00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4859	Abbott	pool *	Passed	FINAL "AS BUILT" SURVEY
N ✓ ①	108 N. S. P. Rd E.S. UNLIMITED	final OWNER TO CALL ED	B.G.	REQ. W/ COMPLETE DECK, (Pending Final Survey)
S ✓ 4761	Foglia	final pool	Passed	re-inspect FINAL SURVEY IN MASTER FILE
N ✓ ⑤	103 H. Sewall Way STARLITE POOLS			
N ✓ 4949	CORWEY	pool	Passed	FORWARDED SURVEY RECORD
N ✓ ②	4 Oak Hill Way OLYMPIC POOLS	steel		
N ✓ ④	Hellriegel 11 C. Hill Way	tree removal	Consultation	12" DIA. PALM TREE
4628	STRATHMORE	REVIEWED: PROPOSED RET WALL/BRIDGE		EDGE DUG TO SIDE
N ✓ ③	4565 Kennedy 3 Oak Hill Way VIDARLE CONST.	plumbing (PTL FINAL REINSPECTION)	Reject B.G. No Fee	re-inspect Need Gas WATER HEATER VENT Hooked Up
S ✓ ⑥	4643 HERRMANN 107 HILLCREST CT. A&P RFG.	SHEATHING		

OTHER T/R APPL. 14 HERON'S NEST - JONES (BAYSHORE LAND MAINT.)

INSPECTOR (Name/Signature) _____

FLOOD ZONE A8 ELEV. =9.0
 firm panel 120164 0001C
 DATED APRIL 3, 1984

The original hereof received,
 reviewed and approved this 14
 day of JAN 2000
M. Abbott
J. Abbott

- LEGEND
- A=ARC
 - ASPH = ASPHALT
 - C = CALCULATED
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 - FF = FINISHED FLOOR
 - FET IR & C = SET IRON ROD & CAP LB # 6453
 - CONC = CONCRETE
 - NTS = NOT TO SCALE

STANDARD CONDITIONS

- THE CORRECT STREET ADDRESSES MUST BE POSTED PRIOR TO THE ISSUANCE OF ANY CERTIFICATES OF OCCUPANCY
- THE SOIL MUST BE TERNITE TREATED
- THESE PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS
- ALL NECESSARY ABANDONMENTS MUST BE COMPLETED PRIOR TO THE ISSUANCE OF CERTIFICATES OF OCCUPANCY

CERTIFIED TO:
 JOHN J. & CHRISTINE ABBOTT
 WASHINGTON MUTUAL BANK
 FAST TITLE, INC.
 AMERICAN PIONEER TITLE INSURANCE COMPANY

DESCRIPTION
 Lot 5, Twin Rivers, a Subdivision of the South 519 9 feet of Government Lot 1, Section 35, Township 37 South, Range 41 East, lying between Indian River and St Lucie River, Sewalls Point, as recorded in Plat Book 2, Page 52, Martin County, Florida, Public Records, including all riparian rights appertaining thereto

STREET ADDRESS 108 N SEWELLS POINT ROAD

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NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL

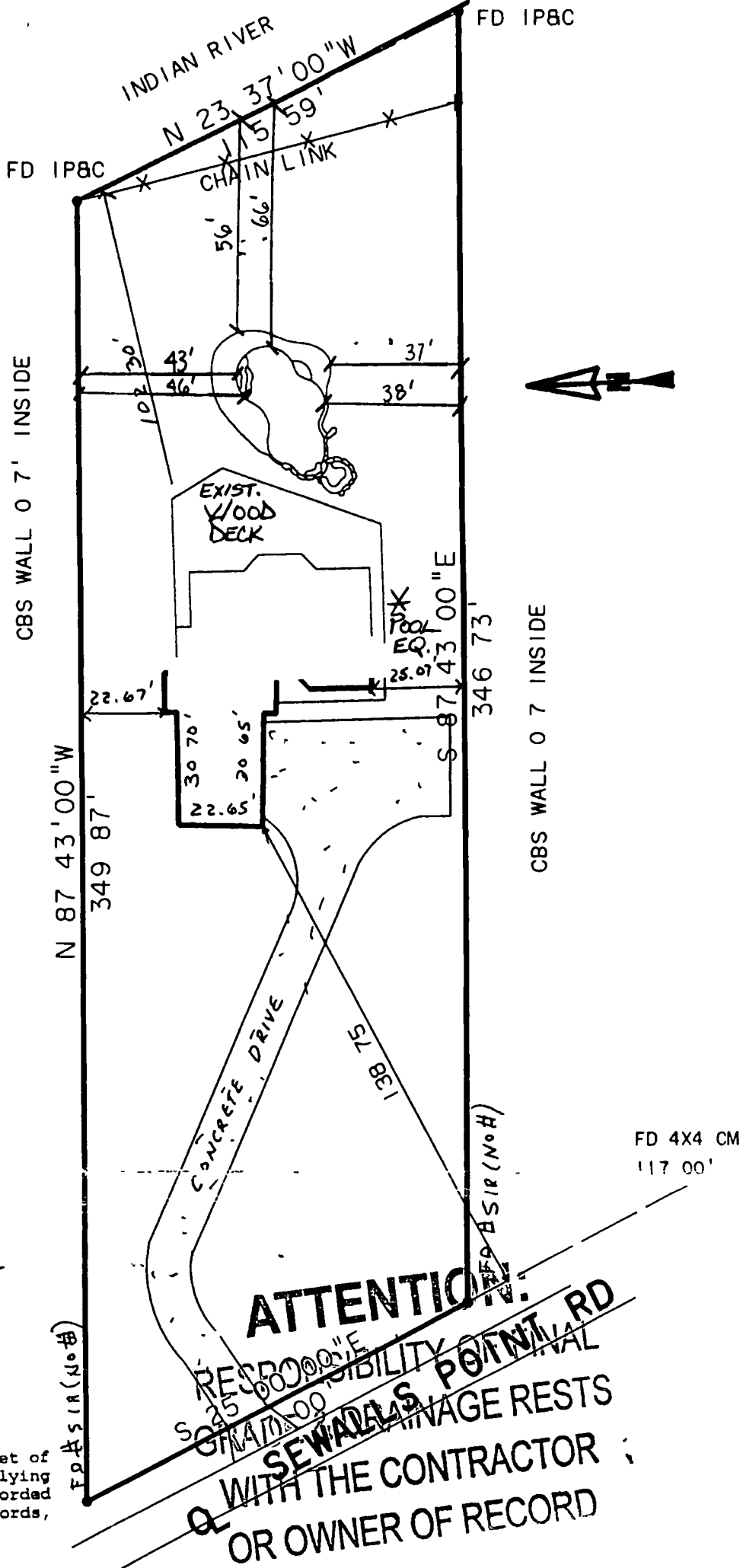
NOTES:

- 1) REPRODUCTIONS OF THIS SKETCH ARE NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL
- 2) LANDS SHOWN HEREON WERE NOT ABSTRACTED BY THIS OFFICE FOR RIGHTS-OF-WAY EASEMENTS OF RECORD, OWNERSHIP, MURPHY ACT DEEDS, OR ADJOINING DEEDS
- 3) LAND DESCRIBED SHOWN HEREON WAS PROVIDED BY THE CLIENT OR HIS/HER AGENT
- 4) NO ATTEMPT WAS MADE BY THIS OFFICE TO LOCATE SUBSURFACE IMPROVEMENTS OR ENCROACHMENTS OTHER THAN THOSE SHOWN HEREON
- 5) UNDERGROUND FOUNDATIONS NOT LOCATED
- 6) BASE OF BEARINGS IS THE CENTERLINE OF SEWELLS POINT ROAD AS SHOWN ON THE PLAT OF TWIN RIVERS RECORDED IN PLAT BOOK 2, PAGE 52, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

DATED 1/7/00

Gerald W. Tansky
 GERALD W. TANSKY

PROFESSIONAL REGISTRATION NO. 4464



ATTENTION:
 SEWELLS POINT RD
 WITH THE CONTRACTOR
 OR OWNER OF RECORD

BOUNDARY SURVEY W/INTERIOR IMPROVEMENTS PREPARED FOR: FAST TITLE

DRAWN GWT
 CHECKED GWT
 DATE 1-7-2000
 SCALE 1"=40'
 JOB # 99-763
 SHEET 1 OF 1

TREASURE COAST LAND SURVEYORS
 LB # 6453 PROFESSIONAL LAND SURVEYORS
 PHONE # 3250 CANDICE AVE. BOX 113
 334-2663 JENSEN BEACH, FLORIDA 34957

REVISIONS	BY	DATE

5617

RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/6/01

BUILDING PERMIT NO. 5617

Building to be erected for John Abbott

Type of Permit RE-ROOF

Applied for by RALPH WILSON

(Contractor)

Building Fee 120.00

Subdivision TWIN RIVERS Lot 5 Block _____

Radon Fee _____

Address 108 N SEWALL'S PT. RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number

Plumbing Fee _____

3537410070000005040000

Roofing Fee _____

Amount Paid 120.00 Check # 2336 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 13,995.00

TOTAL Fees 120.00

Signed Ralph Wilson
Applicant

Signed Gene Simmons / Me
Town Building Inspector
OFFICIAL

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
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!**

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number

Owner or Titleholder Name John Joseph Abbott City SEWALLS POINT State FL Zip 34996
Legal Description of Property I.D 35-37-41-007-00050-40000 Parcel Number TWIN RIVERS LOT 5 OR
Location of Job Site 108 N. SEWALLS POINT RD. Type of Work To Be Done NEW ROOF. 386/252

CONTRACTOR/Company Name Ralph E. Wilson Phone Number 341-0871
Street 8506 SE Bayberry TERR City Hobbs Sand State FL Zip 38795
State Registration Number State Certification Number CC-C049340 Martin County License Number

ARCHITECT NONE Phone Number
Street City State Zip

ENGINEER NONE 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 13,995.00 Estimated Fair Market Value (FMV) Prior
To Improvements If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION
Electrical State License Number
Mechanical State License Number
Plumbing State License Number
Roofing State FLA License Number CC-C04934

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 MARTIN
This the 28 day of November, 2001
by John Joseph Abbott who is personally
known to me or produced FLORIDA DRIVER LIC
as identification Kim P Pastore
Notary Public

My Commission Expires APRIL 5, 2004
KIMP PASTORE
Notary Public, State of Florida
My Commission expires Apr 05, 2004
No CC925509

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of MARTIN
This the 6th day of December 2001
by Ralph Edward Wilson who is personally
known to me or produced FLDC W 425 725593070
As identification
Notary Public

My Commission Expires 05/09/04
TINA M CIECHANOWSKI
MY COMMISSION # CC 935016
EXPIRES May 9, 2004
Bonded Thru Notary Public Underwriters

AC# 390255 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/25/2000	00900260	CC-C049340

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

WILSON, RALPH EDWARD
INDIVIDUAL
PO BOX 2161
HORE SOUND

FL 33475-2161

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/04/01

PRODUCER Admiral Insurance Assoc's, Inc 2213 S Kanner Highway Stuart, FL 34994 561 781-1099	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW
	INSURERS AFFORDING COVERAGE
INSURED Ralph E Wilson & Daniel P. Wright Box 2161 Hobe Sound, FL 33475	INSURER A ESSEX INSURANCE CO.
	INSURER B
	INSURER C
	INSURER D
	INSURER E

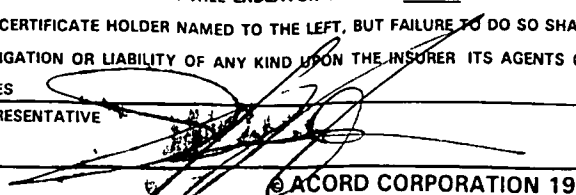
COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC	3AP0034	06-17-01	06-17-02	EACH OCCURRENCE \$100,000	
	FIRE DAMAGE (Any one fire) \$Excluded					
	MED EXP (Any one person) \$Excluded					
	PERSONAL & ADV INJURY \$Excluded					
	GENERAL AGGREGATE \$100,000					
	PRODUCTS COMP/OP AGG \$100,000					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$	
		EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY					WC STATU TORY LIMITS OTH ER E L EACH ACCIDENT \$ E L DISEASE EA EMPLOYEE \$ E L DISEASE POLICY LIMIT \$	
	OTHER					

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

Roofing, Excludes Hot Tar and Torch Down

CERTIFICATE HOLDER City of Sewells Point One Sewells Point Rd Sewells Point, FL 34996	ADDITIONAL INSURED INSURER LETTER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE 
---	--	--

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 01/04/2000
EXPIRATION DATE 01/03/2002
EXEMPTED INDIVIDUAL NAME WILSON RALPH E
SS 165-54-2947
BUSINESS NAME WILSON RALPH E
FEIN 650074550
BUSINESS ADDRESS PO BOX 2161
HOBE SOUND FL 33455

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 01/04/2000
EXPIRATION DATE 01/03/2002
EXEMPTED PERSON LAST NAME WILSON
FIRST NAME RALPH E
SOCIAL SECURITY NUMBER 165-54-2947
BUSINESS NAME WILSON RALPH E
FEDERAL IDENTIFICATION NUMBER 650074550
BUSINESS ADDRESS PO BOX 2161
HOBE SOUND FL 33455



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

CUT HERE

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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # _____

TAX FOLIO # 35-37-41-007-000-00050-40000

NOTICE OF COMMENCEMENT

STATE OF FL

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):

TWIN RIVERS LOT 5 OR 356/2522

GENERAL DESCRIPTION OF IMPROVEMENT PERGOLAS

OWNER: JOHN JOSEPH ABBOTT

ADDRESS: 108 N. SENALLS POINT RD STUART FL. 34996.

PHONE # 561-781-5832

FAX # 561-287-1346

CONTRACTOR: Ralph S Wilson

ADDRESS: 1218 SW. MANCUSA AVE PT ST LUCIA, FL

PHONE # 391-0871

FAX # 336-9289

SURETY COMPANY (IF ANY) N/A

ADDRESS _____

PHONE # _____

FAX # _____

BOND AMOUNT _____

LENDER: NONE

ADDRESS _____

PHONE # _____

FAX # _____

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

NAME SAME AS OWNER ABOVE

ADDRESS _____

PHONE # _____

FAX # _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES

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

PHONE # _____

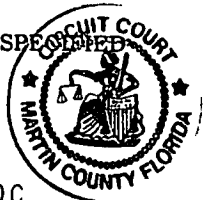
FAX # _____

STATE OF FLORIDA
MARTIN COUNTY

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

THIS DOCUMENT DATE IS SPECIFIED
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHAE WING, CLERK

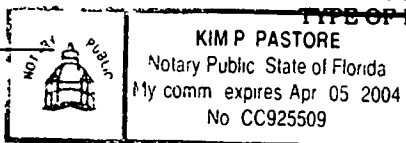


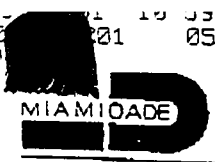
John Joseph Abbott
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 28 DAY OF NOVEMBER 2001 BY John Joseph Abbott

PERSONALLY KNOWN X
OR
PRODUCED ID _____
TYPE OF ID _____

Kim P. Pastore
NOTARY SIGNATURE





MIAMI-DADE COUNTY FLORIDA
METRO-DADE FLAGLER BUILDING

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Co., Inc
11801 Industry Drive
Jacksonville, FL 32226

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET SUITE 1103
MIAMI FLORIDA 33170-1563
(305) 375-2901 FAX (305) 375 2904

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2548

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2968 FAX (305) 375-2908

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

Your application for Notice of Acceptance (NOA) of
S-V Crimp Metal Roofing Panels
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 : 01-0313.19
EXPIRES 06/14/2006

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

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

DATE 12/6/01

BUILDING OFFICIAL
Gene Simmons

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

APPROVED 06/14/2001

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JANUARY 23, 2004 Page 2 of 3.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5654	GRIEST	IN PROGRESS	Passed	
(6)	10 EMARITA CHESS	ROOF		INSPECTOR <i>ln</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5611	ABBOTT	TIN TAG	Passed	
(4)	108 N SPR WILSON	METAL (PARTIAL)		INSPECTOR <i>ln</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5484	VITALE	ELEC, GAS, A/C	Passed	
(3)	13 KNOWLES RD. DECOR	ROUGH. FRAMING - TRUSS ENGR		INSPECTOR <i>ln</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5427	FOGLIA	LATH	Passed	
(11)	105 ABBIE CT FOGLIA			INSPECTOR <i>ln</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5567	WEBER	TRUSS ENGR	FAILED	
(14)	4 MANDALAY BURFORD	ROOF SHEATHING		INSPECTOR <i>ln</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5573	FINAUGH	TEMP POLE	FAILED	
	6 MOIALUCIE PKY	DUPLICATE		INSPECTOR
	HUPNAGEL			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5489	RUCCOLO	SHEATHING	FAILED	
(9)	12 RIO VISTA DR STRACUZZI	TIN TAG 561-466 4040		INSPECTOR <i>ln</i>

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/31, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5617	ABBOTT	RECOR FINAL	PASS	CLOSE
10	108 N. SEWALLS PT WILSON			INSPECTOR
0581	LASKY	SLAB	PASS	
1	27 W. HIGH POINT SEAGATE BLDGS	Four Times		INSPECTOR
6640	SEILER	FENCE	---	NO PERMIT
9	5 KINGSTON CT STUART FENCE			NO ONE HOME INSPECTOR
6429	ROBERTS	FINAL ADDITION	FAIL	
12	12 N. RIDGEVIEW GLENMARK			INSPECTOR
5998	CAPLAN	FENCE FINAL	PASS	CLOSE
2	10 E. HIGH POINT UNITED			INSPECTOR
533	BARRETT	FENCE FINAL	PASS	OWNER NOT HOME
7	23 N. VIA LUCINDIA UNITED			CLOSE INSPECTOR
TREE	DELLS	TREE	PASS	
8	21 LANTANA			INSPECTOR

OTHER: 7 SIMARA - TREE CUT W/O PERMIT

5621

REPAIR SIDING

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/11/01

BUILDING PERMIT NO. 5621

Building to be erected for JOHN JOSEPH ABBOTT Type of Permit REPAIR OF T-111

Applied for by FRANK G. WISNISKI (Contractor) Building Fee 35⁰⁰

Subdivision TWIN RIVERS Lot 5 Block _____ Radon Fee _____

Address 108 N SEWALL'S POINT RD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number _____ Electrical Fee _____

3537410070000005040000 Plumbing Fee _____

Amount Paid 35.00 Check # 1267 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 3,500.00 TOTAL Fees 35⁰⁰

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector
OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

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!**

Date _____

BUILDING PERMIT NO.

Building to be erected for _____ Type of Permit REPAIR T-111

Applied for by _____ (Contractor) Building Fee 35⁰⁰ ~~7x~~

Subdivision _____ Lot _____ Block _____ Radon Fee _____

Address _____ Impact Fee _____

Type of structure _____ A/C Fee _____

Parcel Control Number _____ Plumbing Fee _____

_____ Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees 35⁰⁰ ~~7x~~

Signed _____ Signed _____

Applicant

Town Building Inspector

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name JOHN JOSEPH ABBOTT City STUART State FL Zip 34996
Legal Description of Property TWIN RIVERS Lot 5 OR 356/2522 Parcel Number 35 37 41 007 00050 4000
Location of Job Site 108 N. SEWALLS POINT RD Type of Work To Be Done REPAIR OF T-III AND INSTALL OF HARDIE PLANK

CONTRACTOR/Company Name FRANK G WISNISKI JR. Phone Number 407-468-5333
Street PO BOX 522290 City KONOVOOD State FL Zip 32752
State Registration Number 590662 State Certification Number CO 39161 Martin County License Number

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

ENGINEER N/A Phone Number
Street N/A 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 Dept Well Permit Number

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

COST AND VALUES Estimated Cost of Construction or Improvements \$3500 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

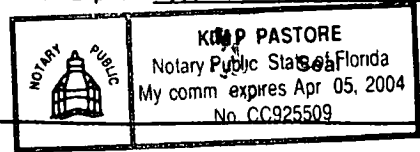
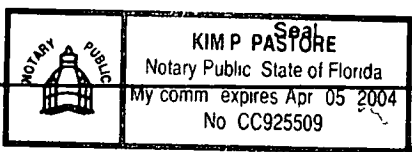
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING SIGNS WELLS POOLS, FURNANCE, BOILERS, HEATERS TANKS AIR CONDITIONERS, DOCKS SEA WALLS ACCESSORY BUILDINGS SAND OR FILL ADDITION OR REMOVAL AND TREE REMOVAL AND RELOCATIONS

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

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

OWNER OR AGENT SIGNATURE (Required)
State of Florida County of MARTIN
This the 5 day of DECEMBER, 2001
by JOHN JOSEPH ABBOTT who is personally known to me or produced DL A130-470-42-005-0 as identification Kim P. Pastore
Notary Public
My Commission Expires APRIL 5, 2004

CONTRACTOR SIGNATURE (Required)
On State of Florida County of MARTIN
This the 5th day of DECEMBER, 2001
by FRANK WISNISKI who is personally known to me or produced
As identification Kim P. Pastore
Notary Public
My Commission Expires APRIL 5, 2004



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500 00

PERMIT # _____

TAX FOLIO # 35-37-41-007-00050-40000

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) P.C. 35-37-41-007-00050-40000

108 N. SEWALLS POINT RD. TWIN RIVERS LOT 5 OR 356/2522

GENERAL DESCRIPTION OF IMPROVEMENT REPAIR & INSTALL HARDIE PLANK ON T-III

OWNER JOHN JOSEPH ABBOTT

ADDRESS 108 N. SEWALLS POINT RD. STUART FL. 34996

PHONE # 561-781-5832 FAX # 561-287-1346

CONTRACTOR FRANK WISNISKI JR.

ADDRESS PO Box 522290 KENWOOD FL. 32752-2290

PHONE # 1800-225-5630 FAX # _____

SURETY COMPANY (IF ANY) _____ STATE OF FLORIDA

ADDRESS _____ MARTIN COUNTY

PHONE # _____ FAX # _____

BOND AMOUNT N/A

LENDER _____

ADDRESS _____

PHONE # _____ FAX # _____

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

NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

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

PHONE # _____ FAX # _____

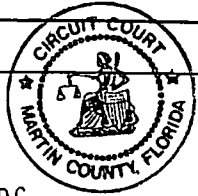
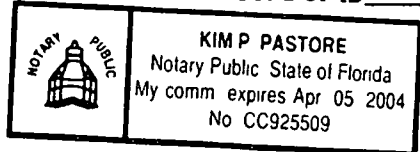
EXPIRATION DATE OF NOTICE OF COMMENCEMENT _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE

John Joseph Abbott
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5 DAY OF December 2001
BY John Joseph Abbott

Kim P Pastore
NOTARY SIGNATURE

PERSONALLY KNOWN
OR
PRODUCED ID _____
TYPE OF ID _____



THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY CPK DC
DATE 12-5-01

Proposal

FROM RICK LEA
407-468-5333

Proposal No.

Sheet No

Date 11-11-01

Proposal Submitted To

Work To Be Performed At

Name CHRISTINE ABBOTT
Street 108 N. SEWALLS POINT RD
City STUART
State FL 34996
Telephone Number 561-781-5832

Street 108 N. SEWALLS POINT RD.
City STUART State FL.
Date of Plans _____
Architect _____

We hereby propose to furnish all the ~~materials~~ and perform all the labor necessary for the completion of

~~INSTALLATION OF VINYL SIDING~~

INSTALLATION OF HARD BOARD

~~(1) REPAIRING ANY DAMAGED WOOD~~

(1) REPAIRING ALL DAMAGED WOOD

~~(2) INSTALLING 3/4" BOARD~~

(2) INSTALLING HARD BOARD

~~(3) INSTALLING VINYL SIDING~~

~~\$2500~~

\$3500

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of Dollars (\$ 3500)

with payments to be made as follows

PAYMENT IS FULL UPON COMPLETION

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by _____

Respectfully submitted Rick Lea

Per _____

Note — This proposal may be withdrawn by us if not accepted within 15 days

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Accepted [Signature] John Abbott Signature [Signature]
Date 11/13/2001 Signature _____



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530

WISNISKI, FRANK G JR
SEARS SIDING & WINDOWS INC
P O BOX 522290
LONGWOOD FL 32752-2290

STATE OF FLORIDA AC# 590862
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CB -C039161 07/12/2000 0090011
 CERTIFIED BUILDING CONTRACTOR
 WISNISKI, FRANK G JR
 SEARS SIDING & WINDOWS INC

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

DETACH HERE

5908623 STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONST INDUSTRY LICENSING BOARD

DATE	CATCH NUMBER	LICENSE NBR
07/12/2000	0090011	CB -C039161

The BUILDING CONTRACTOR named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2002

WISNISKI, FRANK G JR
SEARS SIDING & WINDOWS INC
P O BOX 522290
LONGWOOD FL 32752-2290

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON SECRETARY

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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 08/07/2001
EXPIRATION DATE 08/07/2003
EXEMPTED INDIVIDUAL NAME LEA RICK
SS 384-58-2364
BUSINESS NAME LEA RICK
FEIN 384582364
BUSINESS ADDRESS 169 HANGING MOSS DR FL 32765
OVIDO

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 08/07/2001
EXPIRATION DATE 08/07/2003
EXEMPTED PERSON LAST NAME LEA
FIRST NAME RICK
SOCIAL SECURITY NUMBER 384-58-2364
BUSINESS NAME LEA RICK
FEDERAL IDENTIFICATION NUMBER 384582364
BUSINESS ADDRESS 169 HANGING MOSS DR
OVIDO FL 32765

NOTE. Pursuant to chapter 440.10(1),(g),2 FS 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

F
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CUT HERE

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



Bankers Insurance Company
St. Petersburg, Florida 33701
800-627-0000

3494246
5/23/01

DECLARATIONS PAGE

5000 00000 VECT GL RENEWAL
Vector

5/23/01

Policy Number
09 0004843978 3 03

Page 1 of 2

Policy Period	Term	Inception Date	Agent	Agent's Phone
from 6/03/01 To 6/03/02 12 01 Standard Time	12 mos	6/03/98 12 01 AM	09-0083022	(407) 365-5656

Agent (407) 365-5656
WINCHESTER INSURANCE INC
PO BOX 620969
OVIDEO FL 32762

RICK LEE SIDING
169 HANGING MOSS DR
OVIDEO FL 32765-9365

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy

Limits of Insurance	Amount
General Aggregate Limit (Other Than Product Completed Operations)	\$300,000
Products/Completed Operations Limit	\$300,000
Personal Advertising Injury Limit	\$300,000
Each Occurrence Limit	\$50,000
Fire Damage Limit (Any One Fire)	\$5,000
Medical Payments Limit (Any One Person)	\$250
Property Damage Liability Deductible Per Claim	

Description of Business

Form of Business
 Individual Joint Venture Partnership Organization (Other than Partnership or Joint Venture)

Business Description
SIDING SUBCONTRACTOR

Forms and Endorsements

CG 21 46 1093 1093	BGL99.100B 1296	CG 03 00 0196 0196	CG 21 47 1093 1093
BGL 99.300 0597	BGL 09 331 0799	CG 02 20 0792 0792	CG 00 01 0196 0196
BGL 99 301 1195	BGL 99.306 1095	IL 00 21 1185 1185	BGL 99.304 0597
BGL 09.00B 1296	CL 175 0286 0286	BGL 09.00A 1296	

Stephen A. Murray
Countersigned by Authorized Representative

6/03/01
Date

Copies Sent To: As Indicated On The Back

0083022090004842778011430000C

Insured



MIAMI-DADE COUNTY FLORIDA
MFTRO DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

James Hardie Building Products, Inc
10901 Elm Ave.
Fontana CA 92337

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

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

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

Your application for Product Approval of *Hardiplank, Hardipanel and Hardisoffit* under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein

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

The expense of such testing will be incurred by the manufacturer.

Acceptance No 99-0223.07

Expires: 05/01/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco Quintana, R A
Director

Miami-Dade County
Building Code Compliance Office

Approved 05/20/1999

1 of 3



HARDIPLANK[®] LAP SIDING INSTALLATION INSTRUCTIONS



James Hardie[®]

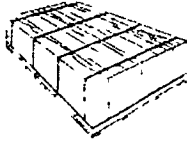
APRIL 2001

SELECT CEDARMILL[®] • SMOOTH • COLONIAL SMOOTH[™] • COLONIAL ROUGHSAWN[™] • BEADED CEDARMILL • BEADED SMOOTH

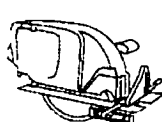
IMPORTANT FAILURE TO INSTALL AND FINISH HARDIPLANK[®] IN ACCORDANCE WITH APPLICABLE BUILDING CODE COMPLIANCE REPORTS AND JAMES HARDIE'S WRITTEN APPLICATION INSTRUCTIONS, MAY AFFECT SYSTEM PERFORMANCE, VIOLATE LOCAL BUILDING CODES REQUIREMENTS, AND VOID THE PRODUCT ONLY WARRANTY

HANDLING & STORAGE

Store flat and keep dry prior to installation. Installing siding wet or saturated may result in shrinkage at butt joints. Carry planks on edge.



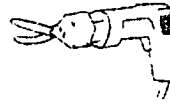
CUTTING OPTIONS:



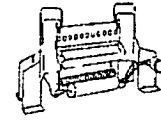
Circular saw with dust collector



Circular saw blade with carbide-tipped teeth



Electric or pneumatic hand shear



Pneumatic shear



Carbide score and snap knife



- ▲ JH recommends Makita[®] #5044KB 4" or #5057KB 7 1/4" saw with dust collection. Call 800-4MAKITA
- ▲ Hitachi[®] HARDIBLADE[™] w/4 PCD Diamond Teeth. Call Hitachi[®] at 800 546 1666 for nearest dealer
- ▲ SNAPPER SHEAR[™] electric, pneumatic, or hand shear. Call 800-297 7487 for tool information

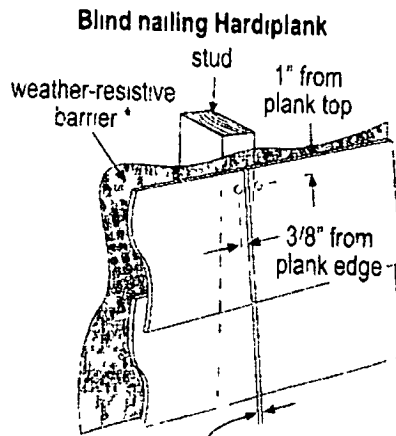
Always wear safety glasses and dust protection when operating power tools. For more information on avoiding inhalation refer to the MATERIAL SAFETY DATA SHEET available wherever James Hardie fiber-cement products are sold.

FRAMING REQUIREMENTS.

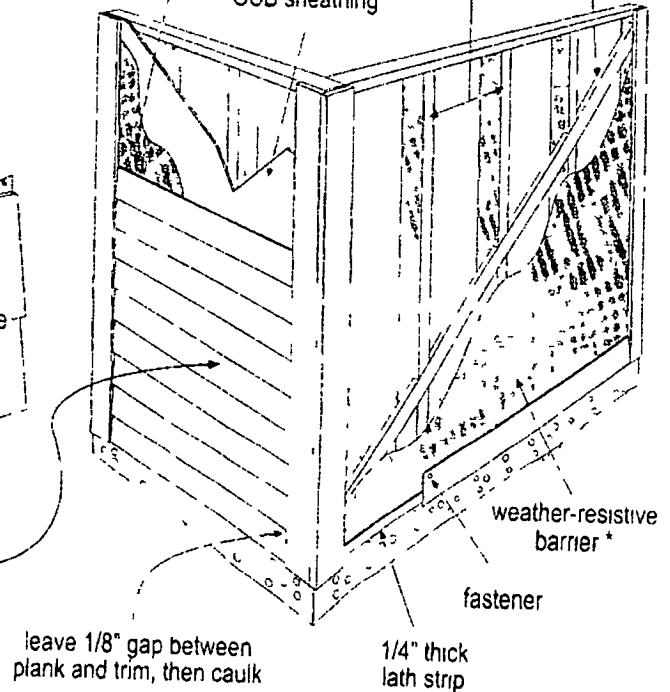
Hardiplank lap siding can be installed over braced wood or steel studs spaced a maximum of 24" o.c. or directly to minimum 7/16" thick OSB sheathing. Hardiplank lap siding can also be installed over foam insulation up to 1" thick. Irregularities in framing, sheathing, and/or foam insulation can mirror through the finished application. A weather-resistant barrier is required*. Install Hardiplank siding with joints butted in moderate contact. Optionally, install the lap siding with a maximum 1/8" gap and caulk the joint** (see detail at right).

The first course of any wall should be installed over a 1/4" lath strip to ensure a consistent plank angle (see figure 1).

Figure 1 Double Wall Construction Single Wall Construction
weather-resistant barrier* plywood or OSB sheathing 16" or 24" on center let-in bracing



** moderate contact, or maximum 1/8" gap



† For application over foam insulation the length of the specified fastener shall be increased by the thickness of the foam insulation.

Use a weather resistant barrier in accordance with BOCA National Building Code Section 1403.3, SBCC, Standard Building Code Section 2303.3, ICBO Uniform Building Code Section 1402.1, or CABO One and Two Family Dwelling Code Section 703.2.1

NOTE: Some Building Codes exempt the use of weather-resistant barriers over "water repellent panel sheathing" or exterior panels classified as "weather resistant barriers". James Hardie recommends the use of "building paper type" weather-resistant barriers with all siding products. James Hardie will assume no responsibility for water infiltration within the wall.



James Hardie's seal of approval indicates products recommended for use by James Hardie Building Products.

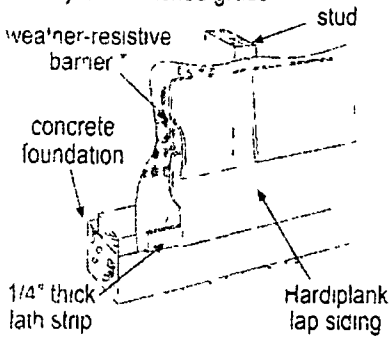
WARNING AVOID BREATHING SILICA DUST

Product contains Silica. Inhalation of respirable silica dust can cause silicosis, a potentially disabling lung disease, and is known to the State of California to cause lung cancer. When drilling, cutting, or abrading product during installation or handling: (1) Work outdoors where feasible, otherwise use mechanical ventilation, (2) Wear a dust mask or, if dust may exceed PEL, use NIOSH/MSHA approved respirator, (3) Warn others in area. For further information refer to material safety data sheet or consult employer.

FAILURE TO ADHERE TO WARNINGS, MSDS AND INSTALLATION INSTRUCTIONS MAY LEAD TO SERIOUS PERSONAL INJURY

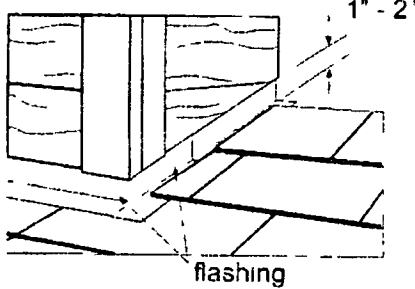
GRADE CLEARANCE figure 2

Install Hardiplank in compliance with local Building Code requirements for clearance between the bottom edge of panel/framing and the adjacent finished grade



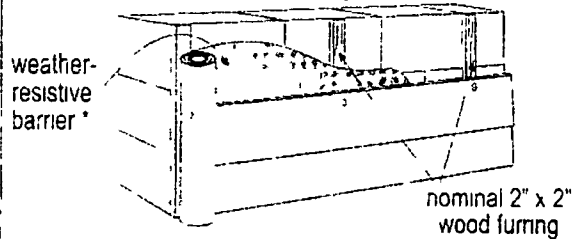
ROOF CLEARANCE figure 3

At the juncture of the roof and vertical surfaces flashing and counterflashing shall be provided per the roofing manufacturer's instructions. Provide a 1" - 2" clearance between the roofing and bottom edge of siding or as recommended by the roofing manufacturer



CONCRETE CONSTRUCTION figure 4

Hardiplank siding can be installed directly to masonry block. Hardiplank siding can also be installed to concrete construction when the wall is furred out with wood framing or minimum No. 20 gauge steel framing anchored to the wall. Framing can be spaced up to 24" OC. Consult National Evaluation Service report NER-405 for recognized applications to masonry block and wood or metal framing. A weather-resistant barrier* is recommended between the framing and the siding.



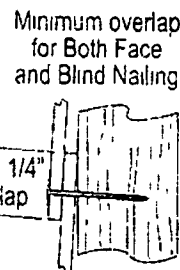
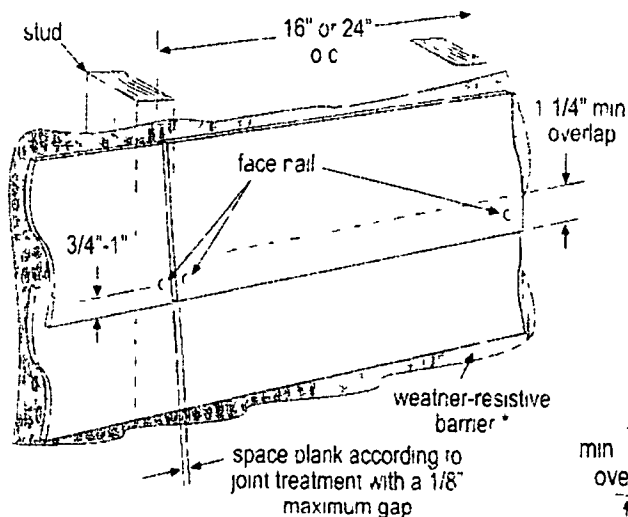
FACE NAIL (All Lap Products) figure 5

Corrosion Resistant Nails (galvanized or stainless steel)

- 6d (0.118" shank x 0.267" HD x 2" long)
- Siding nail (0.089" shank x 0.221" HD x 2" long)**
- Siding nail (0.091" shank x 0.221" HD x 1 1/2" long) ‡

Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing



BLIND NAIL figure 6

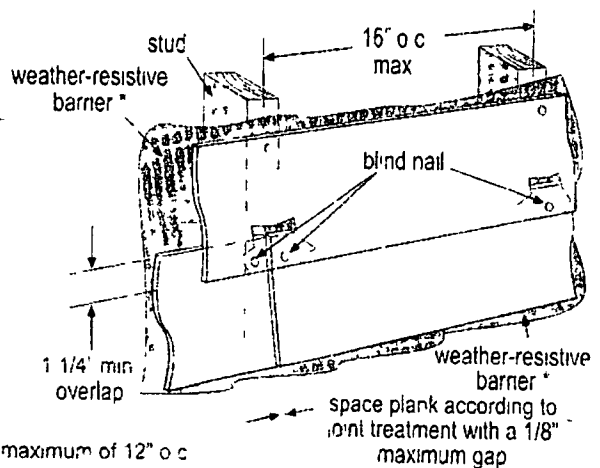
Hardiplank siding cannot be blind nailed 24" o.c. 12" wide Hardiplank siding cannot be blind nailed. When blind nailing 9 1/4" or 9 1/2" Hardiplank, use 11 ga roofing nail x 1 1/4" long.

Corrosion Resistant Nails (galvanized or stainless steel)

- 6d (0.118" shank x 0.267" HD x 2" long)
- Siding nail (0.089" shank x 0.221" HD x 2" long)**
- 11ga roofing nail (0.121" shank x 0.371" HD x 1 1/4" L)

Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing



‡ For face nail application of 9 1/2" wide or less siding to OSB fasteners are spaced a maximum of 12" o.c.

The use of a siding nail or roofing nail may not be applicable to all installations where greater windloads or higher exposure categories of wind resistance is required by the Local Building Code. Consult Report No. NER-405 for specific details.

PNEUMATIC FASTENING

Hardiplank can be hand nailed or fastened with the use of a pneumatic tool. Set your air pressure so that the fastener is driven snug with the shingle surface.

RECOMMENDED

Use a flush mount attachment on pneumatic tool. This will help control the depth that the nail is driven. This will be especially helpful when more than one pneumatic tool is driven off the same compressor.



DO NOT STAPLE

FASTENING REQUIREMENTS

- Drive fasteners perpendicular to siding and framing
- Fastener heads should fit snug against siding (no air space) (Fig A & B)
- Do not over-drive nail heads or drive nails at an angle
- If nail is countersunk, caulk nail hole and add a nail (Fig C)



figure A



figure B



figure C



do not under drive nails

NAIL TYPE

Fasteners must be corrosion resistant, galvanized or stainless steel. Electro-galvanized nails are acceptable for use with James Hardie Siding Products but may exhibit premature corrosion. James Hardie recommends the use of quality, hot-dipped galvanized nails. (James Hardie is not responsible for the corrosion resistance of fasteners.)

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

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

DISCLOSURE STATEMENT

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

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

Name: John Tobey Abbott Date: 5 DECEMBER 2001

Signature: John Tobey Abbott

Address: 108 N. SEWALLS POINT RD.

City & State: STUART FL. 34996

Permit No _____

This form is for all permits except electrical.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~08/12~~, 2001; Page 2 of 3.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5363	Johnson	INSULATION	Passed	
(3)	2 OAK HILL DUFFWOOD			INSPECTOR [Signature]
5063	Robinson	Pool Deck	Passed	(not finished edge)
(11)	173 S. RIVER Rd. DUFFWOOD			INSPECTOR [Signature]
5621	Asst. Prof. [unclear]	Shoaling	Partial	Gate locked
(6)	108 W. B. RIVER DR WOLSKI	Shoaling	Partial	(partial) INSPECTOR [Signature]
5559	Rao	FENCE FINAL	Passed	(permit ??)
(4)	30 CASTLE HILL WAY LAURENCE			INSPECTOR [Signature]
5567	WEBER	SLAB.	Passed	
(12)	4 MANDALAY. BUFORD			INSPECTOR [Signature]
	Musa	Satellite Dish		to be not visible from
(9)	18 S. River O/T	Notice mm	ground level	street for units INSPECTOR [Signature]
			all o.k	
(5)	4 NE Lagoon Isld. O/T			INSPECTOR [Signature]

OTHER _____

7228

POOL HEATER

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date JAN. 24, 2005

BUILDING PERMIT NO. 7228

Building to be erected for LYDON

Type of Permit POOL HEATED CHANGEOUT

Applied for by MARTIN COUNTY PROPANE (Contractor)

Building Fee 35.00

Subdivision TWIN RIVERS Lot 5 Block _____

Radon Fee _____

Address 108 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number
3537410070000005040000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 35.00 Check # 4598 Cash \$5.00 Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$1500.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED

DEC 28 2004

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

BY: _____
OWNER/TITLEHOLDER NAME Lydon, Kari Phone (Day) 221-0467 (Fax) _____

Job Site Address 108 N. Sewall's pt. City Sewall's pt. State Fla Zip _____

Legal Description of Property TWIN RIVERS LOTS Parcel Number 353741007000000504

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

Description of Work To Be Done CHANGE OUT POOL HEATER

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

CONTRACTOR/Company MARTIN County Propane Phone 772-287-1900 Fax 772-287-1119

Street P.O. Box 386 City Palm City State Fla Zip 32909

State Registration Number 05594 State Certification Number _____ Martin County License Number 221-210

COST AND VALUES Estimated Cost of Construction or Improvements \$ 1500.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION

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

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

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

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

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

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

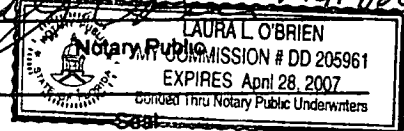
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS

OWNER OR AGENT SIGNATURE (required)
Kari S Lydon

State of Florida, County of _____
This the 30th day of December, 2004

by Kari S Lydon who is personally known to me or produced _____ as identification _____

My Commission Expires _____

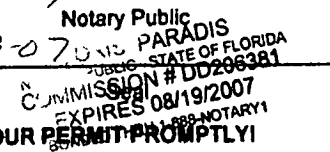


CONTRACTOR SIGNATURE (required)
Frank Kovacs

On State of Florida, County of Martin
This the 14 day of Dec, 2004

by Frank Kovacs who is personally known to me or produced _____ as identification _____

My Commission Expires 8-19-07



INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE	
6303	Combs	1 Mandalay Island	Sandfill	[Signature] 6-26-07	✓
7360	Bertson	176 S Sewalls Pt	Fill	[Signature] 6-26-07	✓
7024	Close	2 Park	Fence repair	[Signature] 7/6/07	✓
7028	Winslow	10 S. Sewalls Pt	Fence repair	[Signature] 6-29-07	✓
7070	"	10 S. Sewalls Pt	Interior renovations	[Signature] 6-29-07	✓
7436	"	10 S. Sewalls Pt	Walkway repair	[Signature] 6-29-07 NO FENCE	✓
7197	Harney	1 Ridgeland Ct	Fence repair	[Signature] 7/6/07	✓
7198	"	1 Ridgeland Ct	Minor roof repair/fascia	[Signature] 7/6/07	✓
6956	Hogan	100 S River Rd	Fence repair	[Signature] 7/6/07	✓
7498 + 7493	Gaul	107 S. River Rd	Generator pad / ^{Gen} electrical	[Signature] 7/6/07	✓
7223	Ryton	168 N. Sewalls Pt	Pool Water Changeout	NOT DONE	
7697	"	108 N. Sewalls Pt	Repl wood deck	[Signature] 7/12/07	✓
5729	Wimyrk	11 Middle Rd	Fence	[Signature] 7/6/07	✓
7311	Lumb	110 S Sewalls	Fill	[Signature] 7/6/07	✓
7114	Amos	114 S Sewalls	Fill	[Signature] 7/6/07	✓
7235	Amos	114 S Sewalls	Dock repair (Harbor Bay ^{main})	NO ACCESS	
7277	Bessmer	116 N. Sewalls	Dock repair	WORK NEVER DONE	
6461	Elder	12 Emmita	Paver drive	WORK NEVER DONE	✓

7-13-07 - called re propane. (Donna) will look into & call back

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE	
6303	Combs	1 Mandalay Island	Sand fill	[Signature] 6-26-07	✓
7360	Bartson	176 S Sewalls Pt	Fill	[Signature] 6-26-07	✓
7024	Close	2 Parker	Fence repair	[Signature] 7/6/07	✓
7028	Wimelow	10 S. Sewalls Pt	Fence repair	[Signature] 6-29-07	✓
7070	"	10 S. Sewalls Pt	Interior renovations	[Signature] 6-29-07	✓
7436	"	10 S. Sewalls Pt	Walkway repair	[Signature] 6-29-07 NO FENCE	✓
7197	Harvey	1 Ridgeland Ct	Fence repair	[Signature] 7/6/07	✓
7198	"	1 Ridgeland Ct	Minor roof repair/fascia	[Signature] 7/6/07	✓
6956	Hogan	100 S River Rd	Fence repair	[Signature] 7/6/07	✓
7498 + 7493	Gaul	107 S. River Rd	Generator pad / Gen. Electric	[Signature] 7/6/07	✓
7228	Lydon	108 N. Sewalls Pt	Water main changeout	[Signature] 7/12/07	✓
7697	"	108 N. Sewalls Pt	Repl wood deck	[Signature] 7/12/07	✓
5729	Wimyrk	11 Middle Rd	Fence	[Signature] 7/6/07	✓
7311	Lumb	110 S Sewalls	Fill	[Signature] 7/6/07	✓
7114	Amos	114 S Sewalls	Fill	[Signature] 7/6/07	✓
7235	Amos	114 S Sewalls	Dock repair (Harbor Bay main)	[Signature] 7/16/07 WORK NEVER DONE	✓
7277	Bessemer	116 N. Sewalls	Dock repair	[Signature] 7/16/07 WORK NEVER DONE	✓
6461	Elder	12 Emmita	Paver drive		✓

7634

REPAIR DRIVEWAY

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/21/05

BUILDING PERMIT NO. 7634

Building to be erected for LYDON

Type of Permit REPAIR DRIVEWAY

Applied for by GALIANO CONCRETE (Contractor)

Building Fee 35.00

Subdivision TWIN RIVERS Lot 5 Block _____

Radon Fee _____

Address 108 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

3537410000005040000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ 2400.

TOTAL Fees 35.00

Signed K.J. Romano
Applicant

Signed Gene Simmons
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 | _____ |

RECEIVED
6/16/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number _____

Date JUNE 16, 2005

OWNER/TITLEHOLDER NAME KARI S LYDON Phone (Day) 221-0467 (Fax) _____

Job Site Address 108 N SEWALLS POINT ROAD City STUART State FL Zip 34996

Legal Desc Property (Subd/Lot/Block) TWIN RIVERS, LOTS 5 OR 356/2522 Parcel Number 353741000000504

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

Description of Work To Be Done REPLACE SECTION OF DRIVEWAY - COAT ENTIRE DRIVEWAY (CONCRETE)

WILL OWNER BE THE CONTRACTOR?

YES NO

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 2,400.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement. \$ 834,000

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

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

(If yes Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value W.C. Prop. Appraiser

Kenneth 310-1570-14

CONTRACTOR/Company G. GALIANO CONCRETE CONTRACTORS Phone 772-336-3355 Fax 772-336-3581

Street 696 SW VIOLET AVENUE City PORT ST LUCIE State FL Zip 34983

State Registration Number _____ State Certification Number _____ Martin County License Number CPF-3622

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 _____

Carpport _____ 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)

Kari Lydon

State of Florida County of Martin

This the 16th day of June, 2005

by Kari Lydon who is personally

known to me or produced

as identification

My Commission Expires _____

Notary Public _____ Seal _____

CONTRACTOR SIGNATURE (required)

G. Galiano

On State of Florida, County of Martin

This the 16th day of June, 2005

by G GALIANO who is personally

known to me or produced

as identification Florida Drivers License

My Commission Expires _____

Notary Public _____ Seal _____

JAMIE A. DE CHAMBEAU
MY COMMISSION # DD 335260
EXPIRES July 7, 2008
Bonded Thru Notary Public Underwriters

JAMIE A. DE CHAMBEAU
MY COMMISSION # DD 335260
EXPIRES July 7, 2008
Bonded Thru Notary Public Underwriters

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 07/07/2004
PRODUCER Landmark Insurance of the Palm Beaches 10800 N. Military Trail Suite 219 Palm Beach Gardens FL 33410	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 GARY GALIANO 629 Holly Drive Palm Beach Gardens FL 33410	INSURERS AFFORDING COVERAGE INSURER A. TAPCO INSURER B. TRAVELERS INSURER C. INSURER D. INSURER E.	NAIC #

COVERAGES

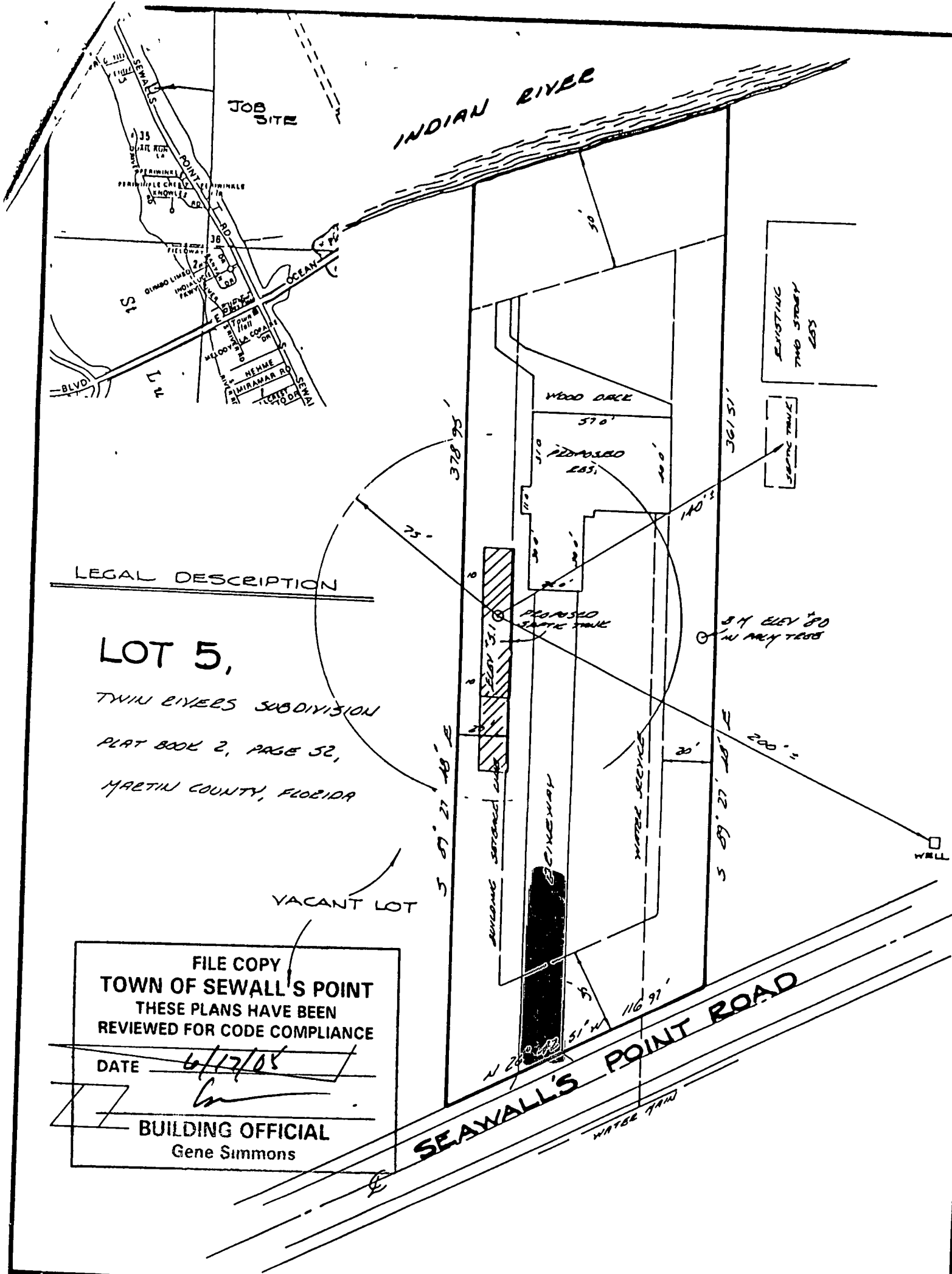
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR OFNL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PAC6420234	08/13/04	08/13/05	CASH OCCURRENCE \$ 1,000,000 DAMAGED TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any and all persons) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - CA ACCIDENT \$ OTHER THAN AUTO ONLY CA ACC \$ AUTO ONLY AAGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				CASH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	FLT-73975	03/25/05	03/25/06	WC STAT. TOTAL LIMITS OTHER \$ F.L. CASH ACCIDENT \$ 100,000 P.L. DISABP - FA EMPLOYEE \$ 500,000 E.L. DISABP - POLICY LIMIT \$ 100,000

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

CONCRETE CONTRACTOR

CERTIFICATE HOLDER City of Sewall's 1 South Sewall's Rd Pt Sewall's, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--



LEGAL DESCRIPTION

LOT 5,
 TWIN RIVERS SUBDIVISION
 PLAT BOOK 2, PAGE 52,
 MARTIN COUNTY, FLORIDA

VACANT LOT

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 6/17/05
 BUILDING OFFICIAL
 Gene Simmons

SEAWALL'S POINT ROAD

[Signature]
 PROFESSIONAL LAND SURVEYOR
 STATE OF FLORIDA REGISTRATION NO. 3152

ELEVATIONS BASED ON N.G.V.D
 FLOOD ZONE V10, 10' AN ELEV FLOOD

REVISIONS
 PROJECT NAME:
MR. & MRS. CLEMENTS

Scale 1" = 50'	Field PL/CB	Sheet 1011	Field Book Pg.	FILE NO.
Date 3/3/86	Design	Drawing No	Work Order No.	
	Drawn RJP			
	Checked PHL			



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

CONCRETE FORMING & FINISHING

License Number CPF3622 Expires 30-SEP-05

GALIANO, GARY A

896 SW VIOLET AVE
PSL, FL 34983

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 20, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7460	BRUNER	FINAL FENCE	PASS	CLOSE
2	19 RIVERVIEW DR O/B			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7290	KRANSOE	TWO TAG	PASS	
8	112 HILLCREST TR PACIFIC ROOFING			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7634	LYDON	FINAL DRIVEWAY	PASS	CLOSE
9	108 N. SEWALL'S PT. GUANO CONCRETE			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6081	SANGRATKA	FINAL RENOV	FAIL	
5	20 S. VIA LUCINDIA AZTEKA	ADDITION 8-9 A.M.		INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6626	SANGRATKA	FINAL REROOF	PASS	CLOSE
5	20 S. VIA LUCINDIA AZTEKA CONST			INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6628	SANGRATKA	FINAL SIDING	PASS	CLOSE
5	20 S. VIA LUCINDIA AZTEKA CONST.	WINDOW PER		INSPECTOR <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7572	NAEGLE	FINAL ROOF	PASS	CLOSE
6	23 S. RIDGEVIEW CARCO BUILDERS			INSPECTOR <i>[Signature]</i>
OTHER: _____				

7697

DECK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/26/05

BUILDING PERMIT NO. 7697

Building to be erected for LYDON

Type of Permit Wood Deck

Applied for by O/B

(Contractor)

Building Fee 35.00

Subdivision TWIN RIVER Lot 5 Block _____

Radon Fee _____

Address 108 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number:

35374100700000005040000

Amount Paid 35.00 Check # 384 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1400.00

TOTAL Fees 35.00

Signed  Applicant

Signed  Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

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

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

DISCLOSURE STATEMENT

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

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

Name. John G Lyden Date: 2/26/05
Signature: [Handwritten Signature]
Address. 108 N, Sewalls Pt Rd
City & State. Stuart FL 34996
Permit No. _____

RECEIVED
7/6/05

Town of Sewall's Point

Date 7/6/05 John Lydon BUILDING PERMIT APPLICATION Permit Number _____

OWNER/TITLEHOLDER NAME Kari S. Lydon Phone (Day) 285-1849 (Fax) _____

Job Site Address 108 N. Sewall's City Stuart State FL Zip 34996

Legal Desc Property (Subd/Lot/Block) Twin River Lot 5 Parcel Number 353741007000000504

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

Description of Work To Be Done RE Place wood deck

WILL OWNER BE THE CONTRACTOR?

YES NO

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

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 1700+

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ _____

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

Method of Determining Fair Market Value _____

CONTRACTOR/Company _____ Phone _____ Fax _____

Street _____ City _____ State _____ Zip _____

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

SUBCONTRACTOR INFORMATION

Electrical _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

ARCHITECT _____ Lic # _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Lic# _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of MARTIN

This the 6th day of JULY 2005

by John Lydon who is personally

known to me or produced

as identification [Signature]

Notary Public

My Commission Expires _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of _____

This the _____ day of _____ 200

by _____ who is personally

known to me or produced _____

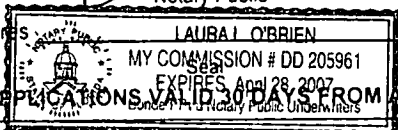
As identification _____

Notary Public

My Commission Expires _____

Seal

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



CRITIQUE

Owner: Kari Lydon

Date: July 7, 2005

Contractor: Unknbown

Contractor's Phone Number: 285-1849

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR REPLACEMENT OF WOOD DECK LOCATED AT 108 NORTH SEWALL'S POINT ROAD

Submittals (2 copies)


- 1 Proof of Ownership
- 2 Notice of Commencement work over \$2500 00 If the whole deck is being replaced then the cost of construction on permit is not valid

The following documents must be signed and sealed by a registered Architect or Engineer (2 copies) verifying to be constructed to withstand 140 mph wind zone.

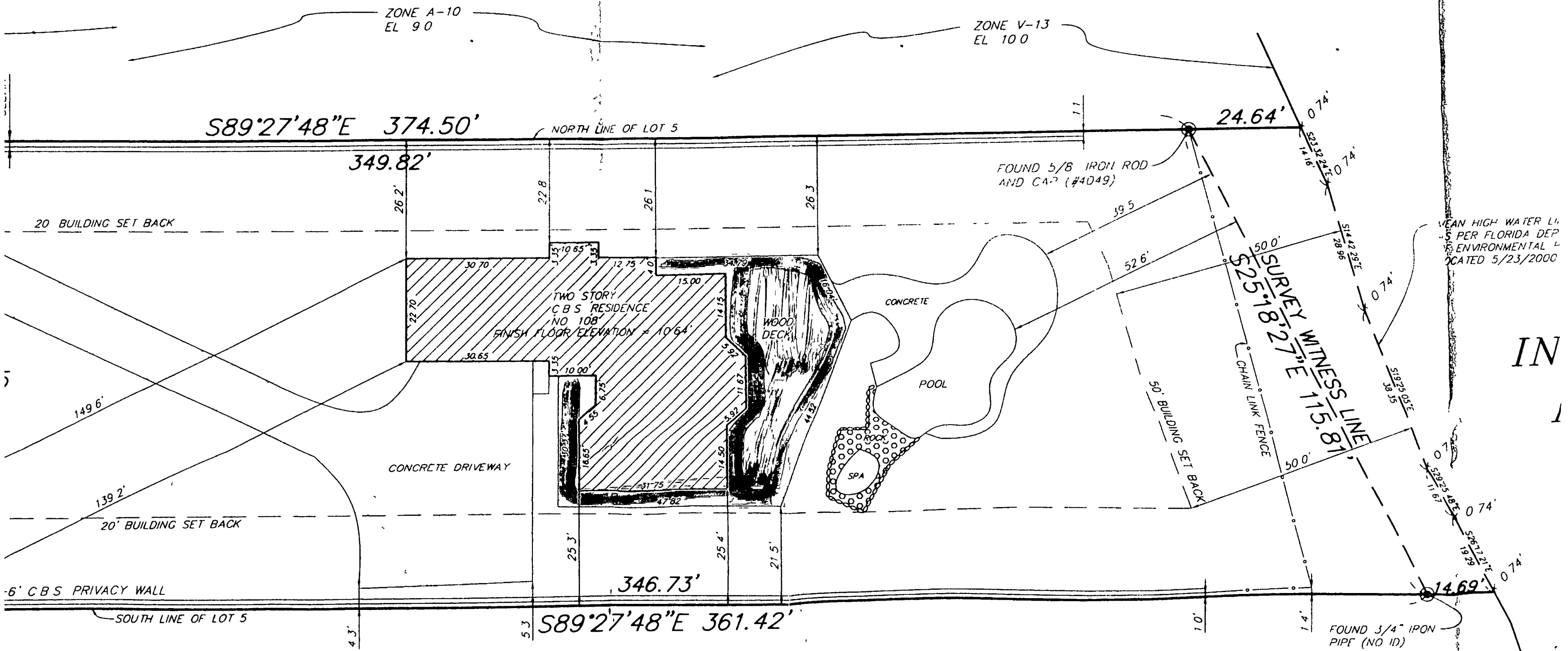
IF REPAIR WORK INVOLVES REPLACING POSTS AND BEAMS THEN THE FOLLOWING INFORMATION IS NEEDED IF IT IS JUST REPLACING DECK BOARDS THEN THE PERMIT MUST STATE SUCH AND THE FOLLOWING IS NOT REQUIRED

- 1 Section/Detail Drawings and Schedules showing the following information
 - a Post layout with dimensions between posts
 - b Section drawing showing design of deck, what size timbers What size and length of connections for beams and cross members as well as decking

LOT 4
VACANT

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 7/8/05

BUILDING OFFICIAL
Gene Simmons

LOCATION MAP NOT TO SCALE



MEAN HIGH WATER LINE
PER FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
LOCATED 5/23/2000

IN

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE	
6303	Combs	1 Mandalay Island	Sandfill	[Signature] 6-26-07	✓
7360	Bartson	176 S Sewalls Pt	Fill	[Signature] 6-26-07	✓
7024	Close	2 Parker	Fence repair	[Signature] 7/6/07	✓
7028	Wimelow	10 S. Sewalls Pt	Fence repair	[Signature] 6-29-07	✓
7070	"	10 S. Sewalls Pt	Interior renovations	[Signature] 6-29-07	✓
7436	"	10 S. Sewalls Pt	Walkway repair	[Signature] 6-29-07 NO FENCE	✓
7197	Harvey	1 Ridgeland Ct	Fence repair	[Signature] 7/6/07	✓
7198	"	1 Ridgeland Ct	Minor roof repair/fascia	[Signature] 7/6/07	✓
6956	Hogan	100 S River Rd	Fence repair	[Signature] 7/6/07	✓
7498+7493	Gaul	107 S. River Rd	Generator pad / ^{Gen} Gen	[Signature] 7/6/07	✓
7228	Lyon	108 N. Sewalls Pt	Pool heater changeout	NOT DONE	
71697	"	108 N. Sewalls Pt	Redwood deck	[Signature] 7/12/07	
5729	Wimyrk	11 Middle Rd	Fence	[Signature] 7/6/07	✓
7311	Lumb	110 S Sewalls	Fill	[Signature] 7/6/07	✓
7114	Amos	114 S Sewalls	Fill	[Signature] 7/6/07	✓
7235	Amos	114 S Sewalls	Dock repair (Harbor Bay ^{main})	NO ACCESS	
7277	Bessmer	116 N. Sewalls	Dock repair	WORK NEVER DONE	
6461	Elder	12 Emmita	Paver drive	WORK NEVER DONE	✓

Martin County SP01-
MASTER PERMIT NO. 20060023

TOWN OF SEWALL'S POINT

Receipt #

Date 6-13-06

BUILDING PERMIT NO. 8258

Building to be erected for Lydon

Type of Permit Hurricane Shutters

Applied for by Folding Shutters Corp. (Contractor)

Building Fee 120-

Subdivision Twin Rivers Lot 5 Block _____

Radon Fee _____

Address 108 N. Sewalls Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number

3537-41-007-000-00504000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 120- Check # 12672 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 21145-

TOTAL Fees 120-

Signed [Signature]
Applicant

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

0714200511

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number _____

Date _____

OWNER/TITLEHOLDER NAME Kari Lydon Phone (Day) 285-8606 (Fax) 463-0606

Job Site Address 108 N Sewalls Point Road City Stuart State FL Zip 34996

Legal Desc Property (Subd/Lot/Block) Twin Rivers Ct 5 Parcel Number 35-37-41-007-000-00

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

Description of Work To Be Done Incl 15 Folding Shutters

WILL OWNER BE THE CONTRACTOR?:

YES

NO

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

COST AND VALUES

Estimated Cost of Construction or Improvements \$ 21145
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement \$ _____

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

Method of Determining Fair Market Value _____

CONTRACTOR/Company Folding Shutter Corporation Phone 561-809-7668 Fax 561-640-8204

Street 7089 Hemstreet Pl City West Palm Beach State FL Zip 33413

State Registration Number _____ State Certification Number _____ Martin County License Number SP00839

SUBCONTRACTOR INFORMATION

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

PLEASE CALL
WHEN READY
561-909-7335

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

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

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

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

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

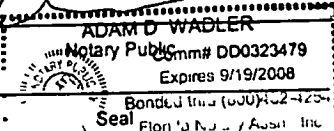
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS

OWNER OR AGENT SIGNATURE (required)
[Signature]
State of Florida, County of Martin
This the 12th day of May, 2006
by Kari Lydon who is personally
known to me or produced
as identification [Signature]
Notary Public

My Commission Expires 5 11 08

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of Palm Beach
This the 22 day of May, 2006
by Kevin K Hemstreet VP who is personally
known to me or produced
As identification [Signature]
Notary Public

My Commission Expires _____



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



MARTIN COUNTY BUILDING PERMIT

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

Permit Number	SP01 - 20060023
Permit Type	SEWALLS POINT
Date Issued	09-JUN-06
Project	
Scope of Work	Install 15 folding shutters

Applicant/Contact	HEMSTREET, KEVIN R /		
Parcel Control Number	35-37-41-007-000-0005 0-40000		
Subdivision	TWIN RIVERS		
Construction Address	108 N SEWALLS POINT RD		
Location Description			
Owner Name	LYDON, KARI S		
Prime Contractor	HEMSTREET, KEVIN R 7089 HEMSTREET PL WEST PALM BEACH, FL 33413	561-683-4811	FOLDING SHUTTER CORP License No SP00839

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

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

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

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

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

INSPECTIONS

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

6099 Residential Final _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AE
FOLDING

DATE (MM/DD/YYYY)
12/28/05

PRODUCER SLATON INSURANCE P.O. Box 220537 West Palm Beach FL 33422 I e: 561-683-8383 Fax: 561-684-5995		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 Folding Shutter Corporation 7089 Hemstreet Place West Palm Beach FL 33413		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A Nautlius Insurance Company	
		INSURER B Landmark American Insurance Co	
		INSURER C Auto-Owners Insurance Company	18988
		INSURER D	
		INSURER E	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC	BK00103880	01/01/06	01/01/07	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ Excluded	
						MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT	\$
						OTHER THAN EA ACC AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	LHA028495-00	01/01/06	01/01/07	EACH OCCURRENCE	\$ 5,000,000
		AGGREGATE				\$ 5,000,000	
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
		OTHER				E L EACH ACCIDENT	\$
						E L DISEASE - EA EMPLOYEE	\$
						E L DISEASE - POLICY LIMIT	\$
C		Equipment Floater	2059502402	01/01/06	01/01/07	Sch Equip	37,093
C		Rental Equipment	2059502402	01/01/06	01/01/07	Rntal	1,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
***FLORIDA STATUTE REQUIRES TEN (10) DAYS NOTICE OF CANCELLATION FOR NON PAYMENT & FORTY FIVE (45) DAYS FOR NON RENEWAL**

FAX: 561-334-5232

CERTIFICATE HOLDER

TOWNSEW

Town Of Sewells Point
 1 S Sewells Point Road
 Sewells Point FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



ACORD™ **CERTIFICATE OF LIABILITY INSURANCE** Date
12/29/05

Producer Lion Insurance Company 2739 U S Highway 19 N Holiday FL 34691 Phone 727-938-5562 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, Inc 2739 U S Highway 19 N Holiday, FL 34691 Phone (727)938-5562	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Insurers Affording Coverage</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>Insurer A</td> <td>Lion Insurance Company</td> <td>11075</td> </tr> <tr> <td>Insurer B</td> <td></td> <td></td> </tr> <tr> <td>Insurer C</td> <td></td> <td></td> </tr> <tr> <td>Insurer D</td> <td></td> <td></td> </tr> <tr> <td>Insurer E</td> <td></td> <td></td> </tr> </tbody> </table>	Insurers Affording Coverage		NAIC #	Insurer A	Lion Insurance Company	11075	Insurer B			Insurer C			Insurer D			Insurer E		
Insurers Affording Coverage		NAIC #																	
Insurer A	Lion Insurance Company	11075																	
Insurer B																			
Insurer C																			
Insurer D																			
Insurer E																			

Coverages
 The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General 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	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only Ea Accident	\$
						Other Than EA Acc Autos Only AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes describe under special provisions below	WC 71949	01/01/2006	01/01/2007	X WC Statutory Limits	O: H EF'
						E L Each Accident	\$1000000
						E L Disease - Ea Employee	\$1000000
						E L Disease - Policy Limit	\$1000000
	Other 3460038	Folding Shutter Corp	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS				

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions ADD ON DATE 2/28/04
 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Folding Shutter Corp * FAX 561-640-8204 & 772 220-4765 / ISSUE 10-17-05 (SLK) / REISSUE 11-11-05 (TD) / REISSUE 12 29-05 (CF)

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

CERTIFICATE HOLDER TOWN OF SEWELLS POINT 1 S SEWELLS POINT RD SEWELLS POINT FL 34996	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof the issuing insurer will endeavor to mail 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. <div style="text-align: right; margin-top: 20px;"> </div>
--	--



Martin County Building Department

2401 SE Monterey Road
Stuart, Fl 34996
(772) 288-5482
Fax (772) 288-5911

HEMSTREET, KEVIN R
FOLDING SHUTTER CORP
7089 HEMSTREET PL
WEST PALM BEACH, FL 33413

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

PROHIBITED ACTIVITIES:

43 42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised

43 42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor

If you have any questions relating to the Information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department



**MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency**

ALUMINUM/CONCRETE CONTRACTOR

License Number SP00839 Expires 30-SEP-07

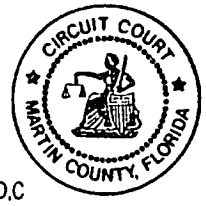
HEMSTREET, KEVIN R
FOLDING SHUTTER CORP
7089 HEMSTREET PL
WEST PALM BEACH, FL 33413



INSTR # 1935420 OF BK 02146 FG 0196 RECD 05/23/2006 01:41:01. FH
Pg 0196; (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T COPUS (ASSST MGR)

NOTICE OF COMMENCEMENT
F.S. 712.13
Return to (enclose self addressed stamped envelope)
Name: **Folding Shutter Corp**
Address: **7089 Hemstreet Place WPB, FL 33413**
This instrument Prepared by:
Name:
Address: **SAME AS ABOVE**
Property Appraisers Parcel Identification:
SPACE ABOVE THIS LINE FOR PROCESSING DATA

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY T COPUS D.C.
DATE 5-23-06
SPACE ABOVE THIS LINE FOR PROCESSING DATA



NOTICE OF COMMENCEMENT

Permit No _____ Tax Folio No 35-37-4/007-000-000
State of Florida
County of **Martin**

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapter 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT

Legal description of property (include street address) TWIN RIVERS LOT 508 356/2522
108N Sewalls Point Rd Stuart FL

General description of Improvements INSTALL SHUTTERS
Owner's Name Kari S Lydon
Address 108N Sewalls Point Rd Stuart FL 34946
Owner's Interest in site of the improvement OWNER

Fee Simple Title holder (if other than owner)
Address _____ Phone _____ Fax _____
Contractor Folding Shutter Corp

Address 7089 Hemstreet Pl WPB FL 33413 Phone 561-6834811 Fax 561-6408204
Surety _____ Phone _____ Fax _____
Address _____ Amount of bond \$ _____

Lender's Name _____
Address _____ Phone _____ Fax _____

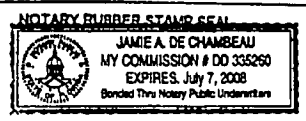
Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713 13(1)(a)7, Florida Statutes

Name _____
Address _____ Phone _____ Fax _____
In addition to himself, owner designates _____
Of _____ Phone _____ Fax _____

to receive a copy of the Lessor's Notice as provided in Section 713 13(1)(b), Florida Statutes
Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

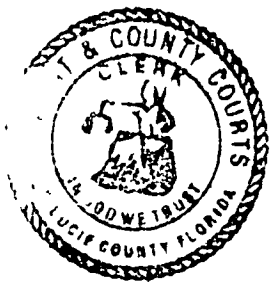
[Signature]
Signature of Owner

Kari Lydon
Printed Name of Owner



I have relied upon the following identification of the Affiant Kari Lydon
personally known to me
Sworn to and subscribed before me this day 30th of NOV 20 05
[Signature]
Notary Signature
Printed Name Jamie A. DeChambeau

STATE OF FLORIDA
ST LUCIE COUNTY
THIS TO CERTIFY THAT THIS IS A
TRUE AND CORRECT COPY OF THE
ORIGINAL
[Signature]
EDWIN M FRY, JR., CLERK
By _____
Date 5-23-06



PRODUCTS MANUFACTURED
Titan Folding Shutters
Roll-A-Flex Rolling Shutters
Nassau Bahama Shutters
Cape Cod Colonial Shutters
Titan Removable Storm Panels



FL Lauderdale to
Delray Beach
(954) 427-8009
Stuart
(772) 286-2633
Fax
(561) 640-8204

"THE INDUSTRY LEADER SINCE 1969"


HOME OFFICE 7089 HEMSTREET PLACE WEST PALM BEACH, FL 33413 TEL (561) 683-4811

TO SEWALLS POINT

DATE May 12, 2006

RE Mrs Kari Lydon
 108 N Sewalls Point Road
 Stuart, FL 34996

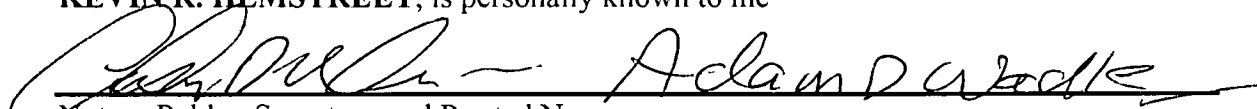
We hereby authorize _____ of Permit Providers to pick up permits for Folding Shutter Corporation for the above-named customer



Kevin R Hemstreet
Qualifier

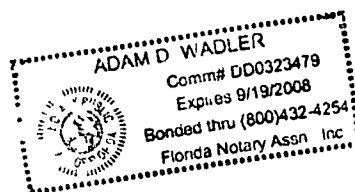
State of Florida
County of Palm Beach

Sworn and subscribed before me this 22 day of May, 2006 The qualifier, **KEVIN R. HEMSTREET**, is personally known to me



Notary Public, Signature and Printed Name

Seal



FOLDING SHUTTER CORP ENGINEERING LAYOUT SHEET

CUSTOMER NAME

LyDon

WORK ORDER NO

07142005011W0301

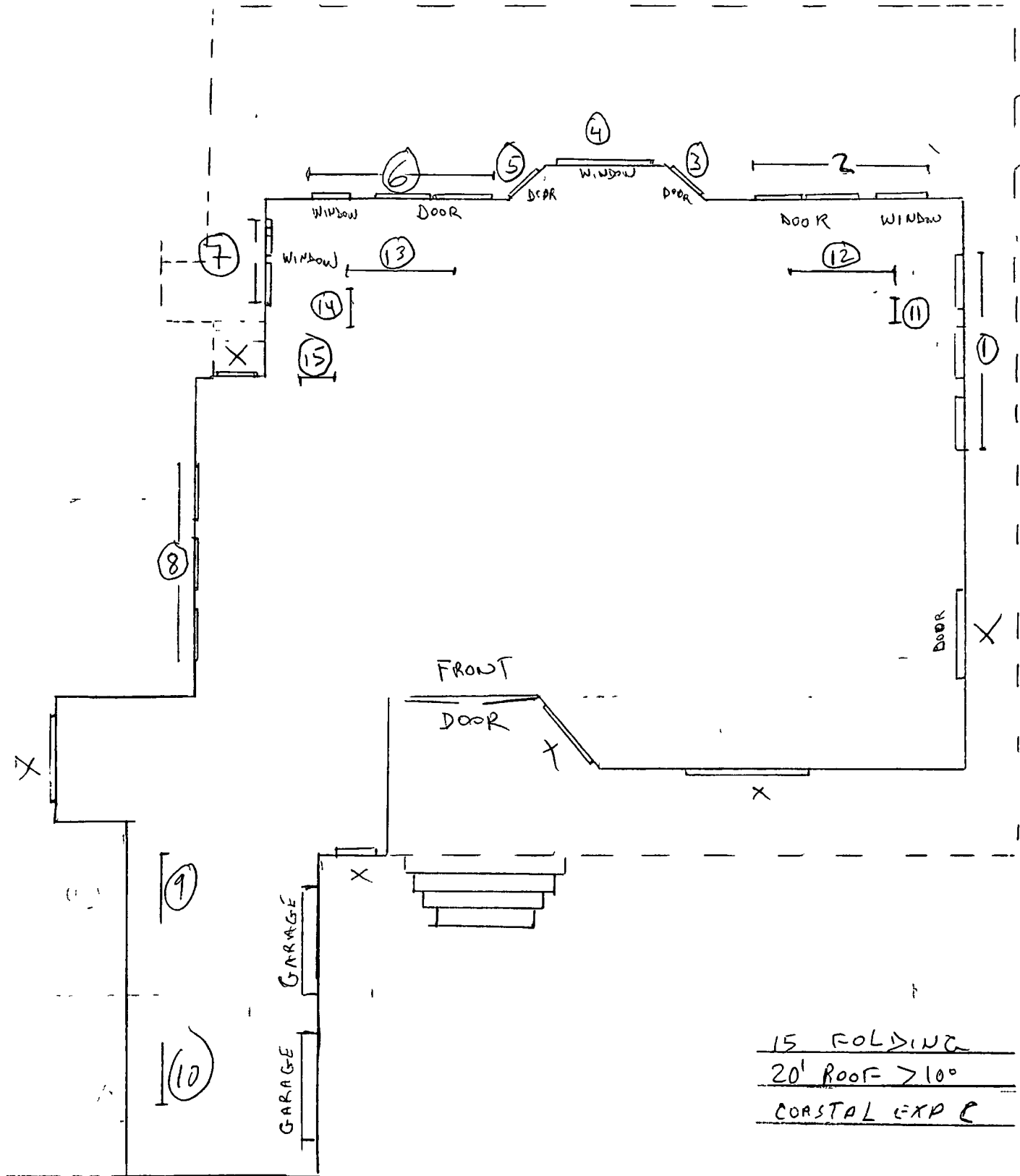
SHEET OF

BY MEM

DATE

05/04/06

LAYOUT



FOLDING SHUTTER CORP ENGINEERING LAYOUT SHEET

CUSTOMER NAME

LYDON

WORK ORDER NO

07142005011N0301

SHEET

OF

BY

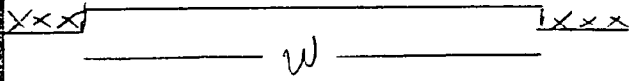
MEM

DATE

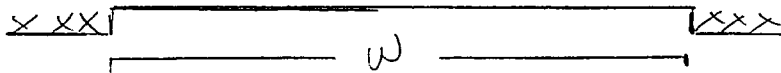
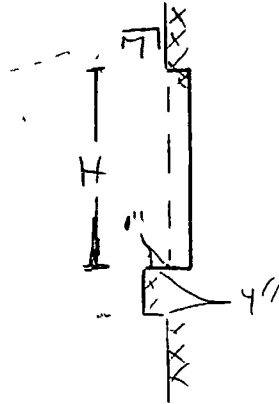
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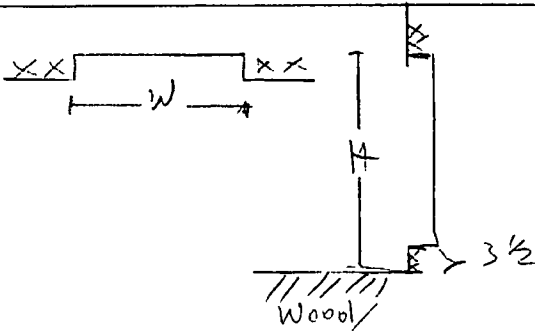
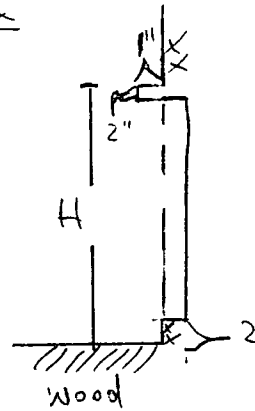
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#	W	H	LS	RS
1	128½	77	✓	16
4	90	76½	25	25
7	84	76¾	16	✓
8	129	77	16	3½
9	75	50½	✓	✓
10	75	50½	✓	✓



#	W	H	LS	RS
2	140	98	16	10
6	140	98	13	16



#	W	H	LS	RS
3	37	95½	8½	21½
5	37	96	21	11

FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME

LYDON

WORK ORDER NO 071420050110301

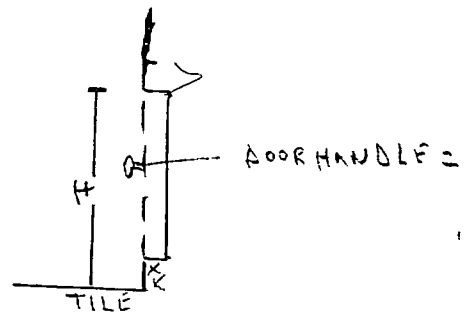
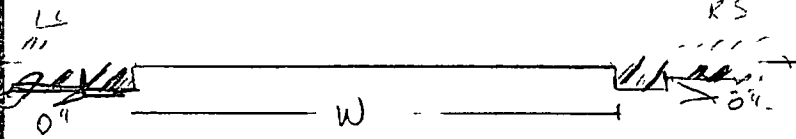
SHEET OF

BY MEM

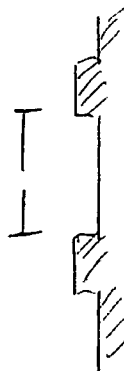
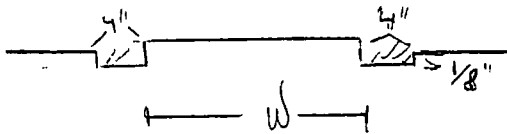
DATE 05/04/66

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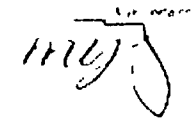
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#	W	H	LS	RS
12	134	85 1/2	13	10
13	134	84 1/2	9 1/2	14



#	W	H	LS	RS
11	34	52	✓	10
14	34	52	7"	✓
15	24	41	✓	9



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

- BUILDING CODES
- FLORIDA COMMUNITIES TRUST
- FRONT PORCH FLORIDA
- NEWS
- FREQUENTLY ASKED QUESTIONS
- ABOUT OUR SECRETARY
- E-MAIL THE SECRETARY
- INSPECTOR GENERAL
- WEB ASSISTANCE
- CONTACT US
- OUR LOGO
- DCA EMPLOYEE SERVICES

FL #	FL6410
Application Type	New
Code Version	2004
Application Status	Approved
Comments	
Archived	
Product Manufacturer	Folding Shutter Corporation
Address/Phone/Email	7089 Hemstreet Place West Palm Beach, FL 33413 (561) 683-4811 gary@foldingshutters.com
Authorized Signature	Frank Bennardo clangley@flbengineering.com
Technical Representative	
Address/Phone/Email	
Quality Assurance Representative	
Address/Phone/Email	

Category	Shutters	
Subcategory	Accordion	
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer Evaluation Report - Hardcopy Received	
Florida Engineer or Architect Name who developed the Evaluation Report	Frank L Bennardo, P E	
Florida License	PE-0046549	
Quality Assurance Entity	PFS Corporation	
Validated By	Jorge A Pomerantz, P E	
Certificate of Independence	FL6410_R0_COI_Cert_Indep_FSC.pdf	
Referenced Standard and Year (of Standard)	<u>Standard</u>	<u>Year</u>
	TAS 201	1994
	TAS 202	1994
	TAS 203	1994
Equivalence of Product Standards Certified By		
Sections from the Code		
Product Approval Method	Method 1 Option D	
Date Submitted	04/11/2006	
Date Validated	04/12/2006	
Date Pending FBC Approval	03/15/2006	
Date Approved	04/12/2006	

Summary of Products

FL #	Model, Number or Name	Description
6410 1	Titan II Folding Shutter	Accordion Shutter
<p>Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See engineering drawings for design limitations (allowable spans, mounting conditions, anchor options, etc)</p>		<p>Installation Instructions FL6410_RO_II_Dwg pdf Verified By Frank L Bennardo, P E PE0046549 Evaluation Reports FL6410_RO_AE_Eval_Report pdf FL6410_RO_AE_Test_Reports pdf</p>

« Previous

Next »

DCA Administration

Department of Community Affairs
Florida Building Code Online
Codes and Standards
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

(850) 487-1824, Suncom 277-1824, Fax (850) 414-8436

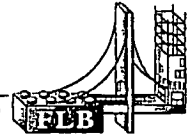
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Product Approval Accepts



FRANK L BENNARDO, P E , INC.
CONSULTING ENGINEERS

4441 NORTH DIXIE HIGHWAY
BOCA RATON, FLORIDA 33431
(561) 391-2888 FAX (561) 391-2862



Product Evaluation Report

March 3, 2006

Application Number _____
FLB Project Number 06-FSC-0006

Product Manufacturer Folding Shutter Corporation
Manufacturer Address 7089 Hemstreet Place
West Palm Beach, FL 33413

Product Name & Description Titan II Folding (Accordion) Shutter

Scope of Evaluation:

This Product Evaluation Report is being issued in accordance with the requirements of the Florida Department of Community Affairs (Florida Building Commission) Rule Chapter 9B-72 070, F A C , for statewide acceptance per Method 1(d) All products listed above have been tested and/or evaluated as summarized herein to show compliance with the 2004 Florida Building Code and are, for the purpose intended, at least equivalent to that required by the Code Re-evaluation of this product shall be required following pertinent Florida Building Code modifications or revisions

Substantiating Data:

- **PRODUCT EVALUATION DOCUMENTS**

FLB drawing #06-FSC-0006 titled "Titan II Folding Shutter", sheets 1-5, prepared by Frank L Bennardo, P E , Inc , signed & sealed by Frank L Bennardo, P E is an integral part of this Evaluation Report

- **TEST REPORTS**

Uniform static structural performance has been tested in accordance with TAS 202 test standards per test report(s) #0143-0408-02 & #0143-0903-01 by Hurricane Test Laboratory (HTL)

Large missile impact resistance and cyclic loading performance have been tested in accordance with TAS 201 & 203 test standards per test report(s) #0143-0408-02 & #0143-0903-01 by Hurricane Test Laboratory (HTL)

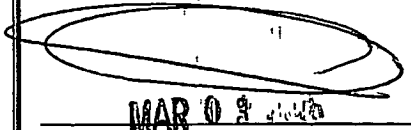
Metal tensile capacity has been determined in accordance with ASTM E8 test standard per test report #2KM-1334 by Q C Metallurgical, Inc

- **STRUCTURAL ENGINEERING CALCULATIONS**

Structural engineering calculations have been prepared which evaluate the product based on comparative and/or rational analysis to qualify the following design criteria

1. Maximum Allowable Spans
2. Minimum Glass Separation
3. Anchor Spacing

Evaluation Report Prepared by
Frank L Bennardo, P E , Inc


MAR 03 2006
Frank L Bennardo, P E
PE0046549 | Cert of Auth #9885

FRANK L BENNARDO, P E, INC
CONSULTING ENGINEERS

4441 NORTH DIXIE HIGHWAY
BOCA RATON, FLORIDA 33431
(561) 391-2888 FAX (561) 391-2862



No 33% increase in allowable stress has been used in the design of each product

Impact Resistance:

Large Missile Impact Resistance has been demonstrated as evidenced in previously listed test reports, and is accounted for in the engineering design of this product

Wind Load Resistance

Each product has been designed to resist wind loads as indicated in the span schedule(s) on its respective Product Evaluation Document (i e engineering drawing)

Installation

Each product listed above shall be installed in strict compliance with its respective Product Evaluation Document (i e engineering drawing), along with all components noted therein

Each product component shall be of the material specified in that product's respective Product Evaluation Document (i e engineering drawing)

Limitations & Conditions of Use:

Use of each product shall be in strict accordance with its respective Product Evaluation Document (i e engineering drawing) as noted herein

All supporting host structures shall be designed to resist all superimposed loads and shall be of a material listed in each product's respective anchor schedule Host structure conditions which are not accounted for in each product's respective anchor schedule shall be designed for on a site-specific basis by a registered professional engineer

All components which are permanently installed shall be protected against corrosion, contamination, and other such damage at all times

Each product has been designed for use within the High Velocity Hurricane Zone (HVHZ)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-28, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0051	on 0058 gpd		PASS	
4	105 ABBIE CT. 3 TUSCAN			INSPECTOR: <i>[Signature]</i>
		DUPLICATION	PASS	
X	12 ADMIRAL WALK FOOTERS			INSPECTOR:
0069		FENCE	PASS	
7	114 HILLCREST TER			INSPECTOR: <i>[Signature]</i>
0071	CARLSON	TEAR POWER	PASS	
8	TUSCAN LANE NONI ESTATES LOT 20 283-2094 MASTER PIECE	FOOTERS	FAIL	INSPECTOR: <i>[Signature]</i>
		DUPLICATION	PASS	
X	23 RIDGE LANE			INSPECTOR:
0023		FOOTERS	PASS	
10	108 N. S. P. R.			INSPECTOR: <i>[Signature]</i>
		CANCEL	PASS	
6	55 SEWALLS PT RD. CODE REQ.	287-2829		INSPECTOR: <i>[Signature]</i>
OTHER: <i>[Signature]</i> <i>[Signature]</i>				

9049

INTERIOR

REMODEL



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	9049	DATE ISSUED:	NOVEMBER 7, 2008
SCOPE OF WORK:	INTERIOR REMODEL		
CONDITIONS			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER.	353741007000000504	SUBDIVISION	TWIN RIVERS - LOT 5
CONSTRUCTION ADDRESS	108 N SEWALLS POINT RD		
OWNER NAME	LYDON		
QUALIFIER.	OB	CONTACT PHONE NUMBER	221-0467

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

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

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

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date 10/23/08 Permit Number _____
 OWNER/TITLEHOLDER NAME Kari Lydon Phone (Day) 221-0467 (Fax) 463-0999
 Job Site Address 108 N Sewalls Pt Rd City Stuart State FL Zip 34996
 Legal Description _____ Parcel Control Number (285-8606 Cell)
 Owner Address (if different) _____ City _____ State _____ Zip _____

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

COST AND VALUES (Required on ALL permit applications)
 Estimated Value of Improvements \$ 1,000 3350
(Notice of Commencement required when over \$3500 prior to first inspection \$7500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 X
FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY
 Estimated Fair Market Value prior to improvement \$ _____
(Fair Market Value of the Primary Structure only Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company NIA Phone _____ Fax _____
 Street _____ City _____ State _____ Zip _____
 State License Number _____ OR Municipality _____ License Number _____
 LOCAL CONTACT NIA Phone Number _____
 DESIGN PROFESSIONAL NIA Lic# _____ Phone Number _____
 Street _____ City _____ State _____ Zip _____
 AREAS SQUARE FOOTAGE Living _____ Garage _____ Covered Patios/ Porches _____ Enclosed Storage _____
 Carport _____ Total under Roof _____ Elevated Deck _____ Enclosed area below BFE* _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq ft require a Non-Conversion Covenant Agreement

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

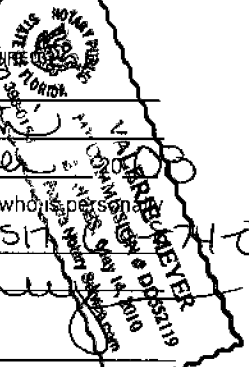
NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
 State of Florida, County of Martin On State of Florida, County of _____
 This the 23rd day of October This the _____ day of _____ 20____
 by Kari Lydon who is personally _____
 known to me or produced FD# 1350-SM known to me or produced _____
 as identification Valerie Meyer As identification _____
Notary Public Notary Public
 My Commission Expires _____ My Commission Expires _____



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



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

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

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

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

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

Owner/Builder Applicant Name John & Kari Lydon

Site address of the proposed building work 108 N Sewalls Pt Rd

Name of legal title owner of the address above Kari Lydon

Describe the scope of work for the proposed new construction Drywall Cubana bath - A/C Area
& Ac Change out & paint & replace light

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

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

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

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

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

Location N/A Scope of Work Done _____ Year _____

Location _____ Scope of Work Done _____ Year _____

What code books do you have available for reference? Building N/A

Electric N/A Plumbing N/A HVAC _____

Other N/A

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

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

Have you consulted with your Homeowner's Insurance Agent? NO Lender? NO Attorney? NO

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



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

OWNER/BUILDER DISCLOSURE STATEMENT

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

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



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

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

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

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

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

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

ON THIS 30 DAY OF October, 2008
 PROPERTY ADDRESS 108 N Sewalls Pt Rd
 CITY Stuart STATE FL ZIP 34996
[Signature]

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30th DAY OF Oct 2008

BY Kari Lydon

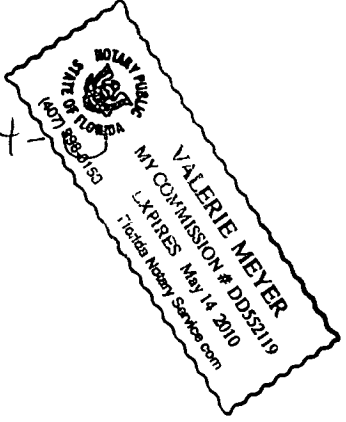
PERSONALLY KNOWN

OR PRODUCED ID

TYPE OF ID FDL# C350-517-64-874

[Signature]

NOTARY SIGNATURE



OP



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER 9049

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

OWNERS NAME JOHN LYDON

CONSTRUCTION ADDRESS 108 N. Sewalls Rt

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRIC
PLUMBING
HVAC
IRRIGATION
FUEL GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK REMOVE & Replace Existing Light fixture w/new

VALUE OF CONSTRUCTION \$ 500.00

LOW VOLTAGE
TYPE OF EQUIPMENT SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER
SCOPE OF WORK VALUE

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

SIGNATURE OF LICENSED CONTRACTOR

711 SE OSCOLA ST
SUWANT FL 34984
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME Electrical Connection by Mike Eric

TELEPHONE NO 772 283 3350 PLEASE PRINT FAX NO 772 283 5850

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC13001494

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED

PARCEL CONTROL #

SUBDIVISION LOT BLK PHASE

SITE ADDRESS

SEND OR FAX TO TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

St
City



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER _____

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

OWNERS NAME Kari Lydon

CONSTRUCTION ADDRESS 108 N Sewalls Pt Rd

PERMIT TYPE RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- _____ PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE _____ NEW SERVICE EXISTING SERVICE _____ OTHER

SCOPE OF WORK light fixtures

VALUE OF CONSTRUCTION \$ by the hour - \$500

_____ LOW VOLTAGE
TYPE OF EQUIPMENT _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER
SCOPE OF WORK _____ VALUE _____

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

Toni A. V... SIGNATURE OF LICENSED CONTRACTOR 2471 NE Mildred Street ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME The Electric Dude LLC

TELEPHONE NO 772-334-6822 FAX NO 772 232-2725

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER FR 13013712

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED Kari Lydon

PARCEL CONTROL # _____

SUBDIVISION _____ LOT _____ BLK _____ PHASE _____

SITE ADDRESS _____

SEND OR FAX TO TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER _____

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

OWNERS NAME John Lydon

CONSTRUCTION ADDRESS 108 North Sewall Point Road

PERMIT TYPE RESIDENTIAL _____ COMMERCIAL

_____ ELECTRIC

_____ PLUMBING

HVAC

_____ IRRIGATION

_____ FUEL GAS

TYPE OF SERVICE _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK Replace Air handling unit

VALUE OF CONSTRUCTION \$ 185002

_____ LOW VOLTAGE

TYPE OF EQUIPMENT _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER

SCOPE OF WORK _____ VALUE _____

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

Thomas P. Nisi
SIGNATURE OF LICENSED CONTRACTOR

5447 se Reef way
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME Fourwinds air conditioning, LLC

TELEPHONE NO 219 3876 PLEASE PRINT FAX NO 219-3899

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER CAc058116

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

VLRIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED _____

PARCEL CONTROL # _____

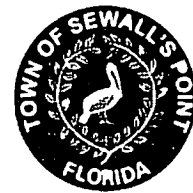
SUBDIVISION _____ LOT _____ BLK _____ PHASE _____

SITE ADDRESS _____

SEND OR FAX TO TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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



NOTICE OF VIOLATION/STOP WORK ORDER

DATE OF INSPECTION 10/21/2008 WITH PHOTOGRAPHS

DESCRIPTION OF VIOLATION REMODEL/ AIR HANDLER CHANGE OUT WITHOUT BUILDING PERMIT

VIOLATION ADDRESS. **108 N. SEWALL'S POINT ROAD, SEW**ALL'S POINT, FL 34996

OWNER LYDON, KARI S

Dear Ms Lydon

In response to a report from the town's police road patrol, an inspection was performed at your site that revealed a dumpster full of construction debris and a discarded air conditioning air handler. A written stop work order was issued to a man who answered the door, refused entry and identified himself as a handy man. This appears to be a violation of the Florida Building Code sect 105.1 and the Town of Sewall's Point Code of Ordinances sect 50-86 work without a permit. The complete texts of these ordinances are available on line at www.sewallspoint.org and are also on file at Town Hall.

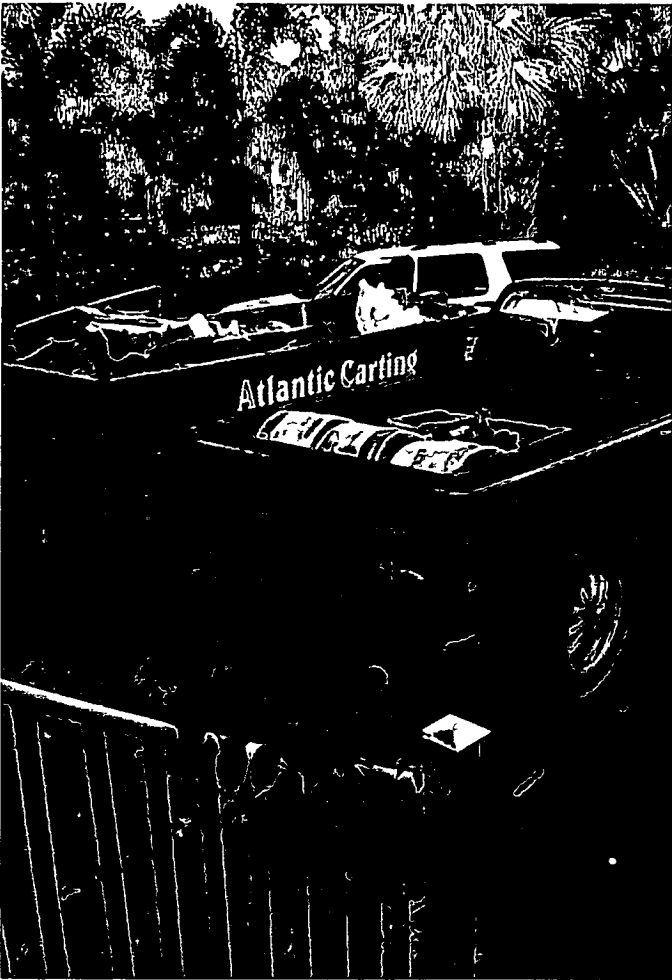
The workers on the site were advised to stop all work until a building permit is secured for the construction under way at your address. The penalties for beginning work prior to receiving a building permit is \$250.00, or double the normal permit fee whichever is greater.

Failure to receive a building permit for any work identified in the above referenced building code section will result in you being considered guilty of a misdemeanor in the second degree and a separate offense for each and every day or portion thereof during which any violation of any of the provisions of the building code is committed or continued. Upon conviction of any such violation such person shall be punished within the limits as provided by law and local ordinance. Ref Town Ordinance 50-171.

Sincerely,

John R. Adams C B O
Building Official, Town of Sewall's Point

Certified Mail Return Receipt Requested #7007 0220 0003 2840 6779



108 N Swallows

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	<p>A Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B Received by (Printed Name) C Date of Delivery Ken Lydon 10/25/08</p>
<p>1 Article Addressed to</p> <p>Lydon 100 N. Sewalls Pt Rd Sewalls Pt Fl 34996</p>	<p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>3 Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2 Article Number (Transfer from service label) 7007 0220 0003 2840 6779</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02 M 1540</p>	

7007 0220 0003 2840 6779

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 42	10/21 Postmark Here RM
Certified Fee	270	
Return Receipt Fee (Endorsement Required)	020	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 532	STOP WORK

7007 0220 0003 2840 6779

3811 To LYDON
 Street Apt No or PO Box No 100 NSPR
 City State ZIP+4 SP FL 34996

PS Form 3800, August 2006 See Reverse for Instructions

STOP WORK ORDER

DATE: October 21, 2008

ADDRESS: 108 N. Sewall's Pt. Road

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

The work described below requires a permit:

DEMOLITION OF DRY WALL, AIR HANDLER
EVIDENCE OF CONSTRUCTION DEBRIS
IN DUMPSTER

BUILDING PERMIT REQUIRED FOR ALL
CONSTRUCTION WORK

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

Sean R. Adams

BUILDING OFFICIAL OR INSPECTOR

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ^{THURS} Fri 10-21, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
	<i>LYDON</i>			<i>DUMPSTERS IN DWG STOP WORK ORDER</i>
	108 N 5th	<i>INVESTIGATE</i>		
				INSPECTOR <i>JA</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
OTHER.				

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-6 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9268	Gilbert 170 S River Rd Am Garage Door	Final Garage	PASS	close INSPECTOR <i>AF</i>
9049	108 NSR	Final	PASS	close INSPECTOR <i>AF</i>
10AM 9114	OLNEY 108 H.S. Way PARKS	Final SFR l.o.	PASS	close INSPECTOR <i>AF</i>
9113	OLNEY 108 Henry Sewall Parks	Final Gazebo	PASS	close INSPECTOR <i>AF</i>
9271	Hantom 102 N Sewalls Resort Const	Stemwall	PASS	INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

10205

AC CHANGEOUT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER.	10205	DATE ISSUED	AUGUST 30, 2012
SCOPE OF WORK	AC CHANGEOUT		
CONTRACTOR.	NIS AIR		
PARCEL CONTROL NUMBER:	353741007-000-000504	SUBDIVISION	TWIN RIVERS - L 5
CONSTRUCTION ADDRESS:	108 N SEWALLS PI RD		
OWNER NAME:	LYDON		
QUALIFIER.	PHIL NISA	CONTACT PHONE NUMBER.	466-8115

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

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

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

INSPECTIONS

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

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

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

Date 8.28.12 Permit Number 10205
 OWNER/LESSEE NAME KARI LYDON Phone (Day) 285 8606 (Fax) _____
 Job Site Address 108 N. Sewalls Point Rd City Stuart State FL Zip 34996
 Legal Description _____ Parcel Control Number _____
 Fee Simple Holder Name _____ Address _____
 City _____ State _____ Zip _____ Telephone _____

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

Water to like Condenser Change out

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

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

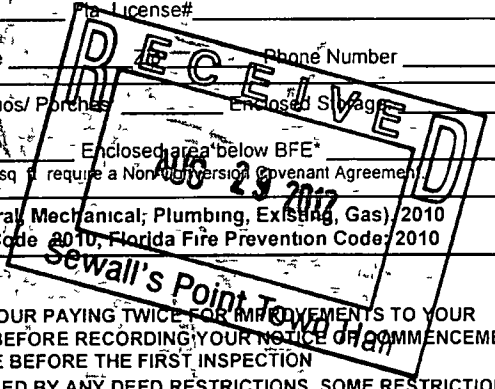
Construction Company NISAR A/C Phone 406 8115 Fax 408 9745
 Qualifiers name Philip Nisar JR Street 3700S US Hwy1 City Freeport State FL Zip 34982
 State License Number CA041199 OR Municipality _____ License Number _____

LOCAL CONTACT Philip Nisar JR Phone Number 406 8115

DESIGN PROFESSIONAL _____ License# _____
 Street _____ City _____ State _____ Phone Number _____

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

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



WARNINGS TO OWNERS AND CONTRACTORS

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING. CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 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 /AGENT/LESSEE - NOTARIZED SIGNATURE
 X _____
 State of Florida County of _____
 On This the _____ day of _____, 20____
 by _____ who is personally
 known to me or produced _____
 As identification _____
 Notary Public
 My Commission Expires _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE
 X _____
 State of Florida County of St Lucie
 On This the 28 day of August, 2012
 by Philip Nisar JR who is personally
 known to me or produced _____
 As identification Nichole L Simmons
 NICHOLE L SIMMONS
 Notary Public
 My Commission Expires _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105 3 4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105 3 2). PLEASE PICK UP YOUR PERMIT PROMPTLY!
 Expires 10/2/2015

ESTIMATE



AIR CONDITIONING Lic.# CACO-41199

3700 S US Highway One
Fort Pierce, FL 34982

Martin (772) 283-0904
St Lucie (772) 466-8115
Toll Free 1-877-7NISAIR

NAME KALI LYDON
ADDRESS 108 N SEMINOLE PT RD
STUART FL 34996
Hm# 285-8606 Fax # _____

DATE 8-28-12
JOB LOCATION _____
FPL Acct/Meter # _____

THERMOSTATS

- Digital Thermostat _____
- Humidistat _____

ELECTRIC INDOOR AND OUTDOOR

- New Disconnect Box & Wiring
- High Voltage Wiring
- New Weatherproof Conduit & Connections For Outside Unit
- New Weatherproof Conduit & Connections For Inside Unit

AIR DISTRIBUTION/DUCT MODIFICATION

- Increase Return Duct Size to _____
- New Return Air Grille Size to _____
- Modify New Fiberglass Return Plenum _____
- Modify New Fiberglass Supply Air Plenum _____
- Strap, Hang and Support New Plenums
- Seal Wall Cracks and Crevices to not Draw Attic Air
- Liquid Mastic Sealant All New Duct Connections
- New Wood Top & Paint White
- Polyboard insulate Return Air Platform & Mastic Seal
- Seal Off Return Air Platform for Air Leaks

FILTRATION / CLEAN AIR

- BWT Poly Media Air Filter _____
- High Efficiency Cleaner _____
- Ultra Violet Light System _____

PIPING & FITTINGS

- Repipe Suction & Liquid Lines at new Unit Insulate New Suction Line & Secure Low Voltage Wiring
- New Refrigerant Copper Tubing Line Set Overhead Exterior Line cover Includes Armaflex & Detailed Workmanship

RECLAIM / EVACUATION / REFRIGERANT

- Reclaim Refrigerant According to EPA Regulations
- Liquid Line Drier Suction Line Drier
- Triple Evacuation to Remove Moisture & Impurities
- Refrigerant Weighed in to Factory Specifications

EQUIPMENT ACCESSORIES

- Precast Concrete Slab
- Condensate Pump Power Cord & Fuse
- Vibration Pads under the Outdoor Unit
- Emergency Drain Pan & Support
- Overflow Water Safety Switch
- 5 Minute Time Delay/Compressor Protector
- Hurricane Strap Outdoor Unit to Ground
- Potential Relay & Start Capacitor for Compressor
- Clean, Treat & Flush Drain Line System

Main panel breakers may need to be resized to new unit requirements, not included in our cost

Handwritten note: 4KS
30 AMP CUT HAMMER IN PANEL

Warranties (Under Terms of Warranty, Routine Scheduled Maint. Must be Performed on System)		
A	B	C
AH Model # _____	AH Model # _____	AH Model # _____
Cond Model # <u>GSC1324</u>	Cond Model # _____	Cond Model # _____
SEER _____ Aux Heat _____ KW	SEER _____ Aux Heat _____ KW	SEER _____ Aux Heat _____ KW
Compressor _____ year	Compressor _____ year	Compressor _____ year
Condenser Coil _____ year	Condenser Coil _____ year	Condenser Coil _____ year
Evaporator Coil _____ year	Evaporator Coil _____ year	Evaporator Coil _____ year
Manufacture Parts _____ year	Manufacture Parts _____ year	Manufacture Parts _____ year
Labor _____ year	Labor _____ year	Labor _____ year
Job Quote \$ _____	Job Quote \$ _____	Job Quote \$ _____
FPL Rebate \$ _____	FPL Rebate \$ _____	FPL Rebate \$ _____
Discounts \$ _____	Discounts \$ _____	Discounts \$ _____
Amount Due By Customer \$ <u>1640.00</u>	Amount Due By Customer \$ _____	Amount Due By Customer \$ _____

We hereby propose to complete work as specified above for the sum of \$ _____

Payment options: Finance _____ (Subject to approval) Check _____ Cash _____ Credit Card _____

*Finance Plan: _____ Total _____ Down payment = _____ Amount financed _____

PAYMENT TERMS: 25% deposit required with balance upon completion of installation (unless 100% financed)

SPECIAL COMMENTS & MODIFICATIONS: _____

Handwritten note: * NEED TO RETAPE STRAP S/H IN ATTIC

Handwritten note: INSTALL 8-29-12 (around 1:00 pm)

Please Note - Duct Sealing If Required by Florida Statutes Code 101.4.7.1.1 \$85/Hr Plus Materials

Tech Signature: [Signature] Customer Signature: [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

Air Conditioning Change out Affidavit

Residential Commercial

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

Duct Replacement Yes No - Refrigerant line replacement Yes No

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

Rooftop A/C Stand Installation Yes No - Curb Installation Yes No

Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg _____ Model# _____
 Volts _____ CFM's _____ Heat Strip _____ Kw _____
 Min Circuit Amps _____ Wire gauge _____
 Max Breaker size _____ Min Breaker size _____
 Ref line size Liquid _____ Suction _____
 Refrigerant type _____
 Location Existing _____ New _____
 Attic/Garage/Closet (specify) _____
 Access _____

Condenser: Mfg GSUB24 Model# GOODMAN
 Volts 208 SEER/EER 13 BTU's 24,000
 Min Circuit Amps 17.9 Wire gauge 10-2
 Max Breaker size 30 Min Breaker size 20
 Ref line size Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location Existing New _____
 Left/Right/Rear/Front/Roof Left
 Condensate Location _____

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg GOODMAN Model# AAU024
 Volts 208 CFM's 800 Heat Strip 0 Kw _____
 Min Circuit Amps 25 Wire gauge 10-2
 Max Breaker size 40 Min Breaker size 25
 Ref line size Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location Ext New _____
 Attic/Garage/Closet (specify) UP STAIRS 10
 Access BEDROOM

Condenser: Mfg TRANE Model# 024
 Volts 240 SEER/EER _____ BTU's _____
 Min Circuit Amps _____ Wire gauge _____
 Max Breaker size _____ Min Breaker size _____
 Ref line size Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location Ext New _____
 Left/Right/Rear/Front/Roof Left
 Condensate Location _____

Certification:

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

Signature [Handwritten Signature]

Date 8.28.12



Certificate of Product Ratings

AHRI Certified Reference Number: 5360109

Date 8/29/2012

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

Outdoor Unit Model Number GSX130241D*

Indoor Unit Model Number ARUF24B14A*

Manufacturer GOODMAN MANUFACTURING CO , LP

Trade/Brand name: GOODMAN, JANITROL, AMANA DISTINCTIONS, EVERREST, ONE HOUR AIR CONDITIONING AND HEATING, ENERGI AIR

Manufacturer responsible for the rating of this system combination is GOODMAN MANUFACTURING CO , LP

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

Cooling Capacity (Btuh)	23000
EER Rating (Cooling)	11 00
SEER Rating (Cooling)	13 00

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

DISCLAIMER

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CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO. 129907177507233448



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems only

The New Degree of Comfort™

Customer Information

Location:	
Street Address	108 North Sewalls Point Road, MARTIN, FL 34996
Latitude Longitude	26-6726°, -80-0706°
House Square Footage	3803 sq. ft.
Name	Kari Lydon
Phone	772-285-8606
Email	

Note #
There are 3 systems
in this house
we are replacing
a 2-ton condenser

House Information

SHR	75
Number of residents	4
Ceiling height	9
Wall R-value	0.09
Floor R-value	0.2
Ceiling R-value	0.053
Window U-value	0.5
Window SHGF	0.85
Moisture grains	0.85
Duct loss %	10
Duct gain %	10
Cooling infiltration (ACH)	0.6
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

Design Conditions

	Outdoor	Heating	Cooling
Dry bulb (°F)		47	90
Daily range			M
Relative humidity			50%
Moisture difference			64
	Indoor	Heating	Cooling
Indoor temperature (°F)		70	75
Design temperature difference (°F)		23	15

SPECIFICATIONS

	GSC13 0181F*	GSC13 0241F*	GSC13 0301E*	GSC13 0361G*	GSC13 0421B*	GSC13 0481B*	GSC13 0601C*
COOLING CAPACITIES							
Nominal Cooling (BTU/h)	18,000	24,000	30,000	36,000	42,000	48,000	57,000
Decibels	76	76	72	75	76	76	77
COMPRESSOR							
RLA / LRA	6.4 / 36	10.8 / 56	13.5 / 68	13.4 / 74	19.2 / 104	17.9 / 104	25 / 148
Type	Recip	Recip	Scroll	Recip	Scroll	Scroll	Scroll
CONDENSER FAN MOTOR							
Horsepower	1/8	1/8	1/8	1/6	1/4	1/4	1/6
FLA	0.7	0.7	0.7	1.1	1.5	1.5	1.1
REFRIGERATION SYSTEM							
Refrigerant Line Size							
Liquid Line Size ("O D)	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"
Suction Line Size ("O D)	3/4"	3/4"	3/4"	7/8"	1 1/8"	1 1/8"	1 1/8"
Refrigerant Connection Size							
Liquid Valve Size ("O D)	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"	3/8"
Suction Valve Size ("O D) ³	3/4"	3/4"	3/4"	3/4" ³	3/4" ⁴	3/4" ⁴	3/4" ⁴
Valve Type	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat	Sweat
Refrigerant Charge	75	77	66	77	95	102	167
ELECTRICAL DATA							
AC Volts/ Hz	208-230/ 60	208-230/ 60	208-230/ 60	208-230/ 60	208-230/ 60	208-230/ 60	208-230/ 60
Min Circuit Ampacity ¹	8.7	14.2	17.6	17.9	25.5	23.9	32.3
Max Overcurrent Device ²	15	25	30	30	40	40	50
Min / Max Volts	197/253	197/253	197/253	197/253	197/253	197/253	197/253
Electrical Conduit Size	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"	1/2" or 3/4"
SHIP WEIGHT (LBS)	135	130	136	177	185	193	242

¹ Wire size should be determined in accordance with National Electrical Codes extensive wire runs will require larger wire sizes

² Must use time delay fuses or HACR-type circuit breakers of the same size as noted

³ Installer will need to supply 3/4" to 3/4" adapters for suction line connections

⁴ Installer will need to supply 3/4" to 1 1/8" adapters for suction line connections

NOTES

- Always check the S&R plate for electrical data on the unit being installed
- Charge with refrigerant charge listed on S&R plate 15' of 3/4" line included in this charge System charge must be adjusted per Installation Instructions Final Charge Procedure

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-21-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10205	Leydon	Final		
1st	10810 Sewalls Nislin	AC	Pass	Close INSPECTOR
10144	Barkst 8 Herons Nest Brounies	tie beam	Pass Pending	OK pieces BEAM ELEVATION CERT. 9-20-12 INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

10323

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER	10323	DATE ISSUED:	JANUARY 14, 2013
SCOPE OF WORK	AC CHANGEOUT		
CONTRACTOR	NIS AIR		
PARCEL CONTROL NUMBER	353741007-000-000504	SUBDIVISION	TEIN RIVERS - LOT 5
CONSTRUCTION ADDRESS	108 N SEWALLS PT RD		
OWNER NAME	LYDON		
QUALIFIER	PHIL NISA	CONTACT PHONE NUMBER	466-8115

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

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

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

INSPECTIONS

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

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

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

Date 1-10-13 Permit Number 10323
 OWNER/LESSEE NAME BARI LYDON Phone (Day) 285-8666 (Fax) _____
 Job Site Address 108 N Sewall's Point Rd City Stuart State FL Zip 34996
 Legal Description _____ Parcel Control Number 35-37-41-007-000-00050-4
 Fee Simple Holder Name _____ Address _____
 City _____ State _____ Zip _____ Telephone _____

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

AC Changeout

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

COST AND VALUES (Required on ALL permit applications)
 Estimated Value of Improvements \$ 3880
 (Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY
 Estimated Fair Market Value prior to improvement \$ _____
 (Fair Market Value of the Primary Structure only Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company Nisair A/C Phone 466-8115 Fax 468-9745
 Qualifiers name Philip Nisair Street 3100 S. West Hwy 1 City Ft Pierce State FL Zip 34982
 State License Number CA0041199 OR Municipality _____ License Number _____
LOCAL CONTACT Philip Nisair Phone Number 466-8115

DESIGN PROFESSIONAL _____ Fla License# _____
 Street _____ City _____ State _____ Zip _____ Phone Number _____

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

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


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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE
 X _____
 State of Florida, County of _____
 On This the _____ day of _____, 2013
 by _____ who is personally known to me or produced _____
 As identification _____
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE
 X _____
 State of Florida, County of St Lucie
 On This the 10 day of January, 2013
 by Philip Nisair who is personally known to me or produced _____
 As identification _____
 My Commission Expires _____


 NICHOLE SIMMONS
 NOTARY PUBLIC
 STATE OF FLORIDA
 Commission # EE133107

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105 3 1) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105 3 2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Air Conditioning Change out Affidavit

Residential [checked] Commercial

Package Unit Yes No [checked] (Use Condenser side of form below for equipment listing)

Duct Replacement Yes No [checked] Refrigerant line replacement Yes No [checked]

Flushing Existing Refrigerant lines Yes No [checked] Adding Refrigerant Drier Yes No [checked]

Rooftop A/C Stand Installation Yes No [checked] Curb Installation Yes No [checked]

Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Lennox Model# CBX7141020
Volts 230 CFM's 1200 Heat Strip 8 Kw
Min. Circuit Amps 30 Wire gauge 8
Max. Breaker size 50 Min. Breaker size 40
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R410A
Location: Existing [checked] New

Condenser: Mfg Lennox Model# 14AC4030-230
Volts 230 SEER/EER 16 BTU's 28,600
Min. Circuit Amps 18 Wire gauge 10
Max. Breaker size 30 Min. Breaker size 20
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R410A
Location: Existing [checked] New

Attic/Garage/Closest (specify) Attic Caves
Access:

Left/Right/Rear/Front/Roof
Condensate Location

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# TWD31E BFD
Volts 230 CFM's 1000 Heat Strip 8 Kw
Min. Circuit Amp: 30 Wire gauge 8
Max Breaker size 60 Min Breaker size 40
Ref. line size Liquid 3/8 Suction 3/4
Refrigerant type R-22
Location: Ext. [checked] New

Condenser: Mfg Trane Model# 2TR2030A1000
Volts 230 SEER/EER 12 BTU's 30000
Min. Circuit Amps 18 Wire gauge 10
Max. Breaker size 30 Min. Breaker size 18
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R-22
Location: Ext. [checked] New

Attic/Garage/Closest (specify)
Access

Left/Right/Rear/Front/Roof
Condensate Location

Certification:

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

Signature

[Handwritten signature]

Date

1-8-13



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011

Certificate of Product Ratings

AHRI Certified Reference Number 5222068

Date 1/10/2013

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

Outdoor Unit Model Number 14ACX-030-230-**

Indoor Unit Model Number CBX27UH-036-230*+TDR

Manufacturer LENNOX INDUSTRIES, INC

Trade/Brand name 14ACX SERIES

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC

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

Cooling Capacity (Btuh)	28600
EER Rating (Cooling)	13 00
SEER Rating (Cooling)	16 00

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

DISCLAIMER

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

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

CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130023179776565845



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems only

The New Degree of Comfort™

Customer Information

Location:	
Street Address	108 north sewalls point road, Stuart, FL 34996
Latitude Longitude	26.6726° -80.0706°
House Square Footage	3803 sq. ft.
Name	kari lydon
Phone	772-285-8606
Email	example@mail.com

House Information

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

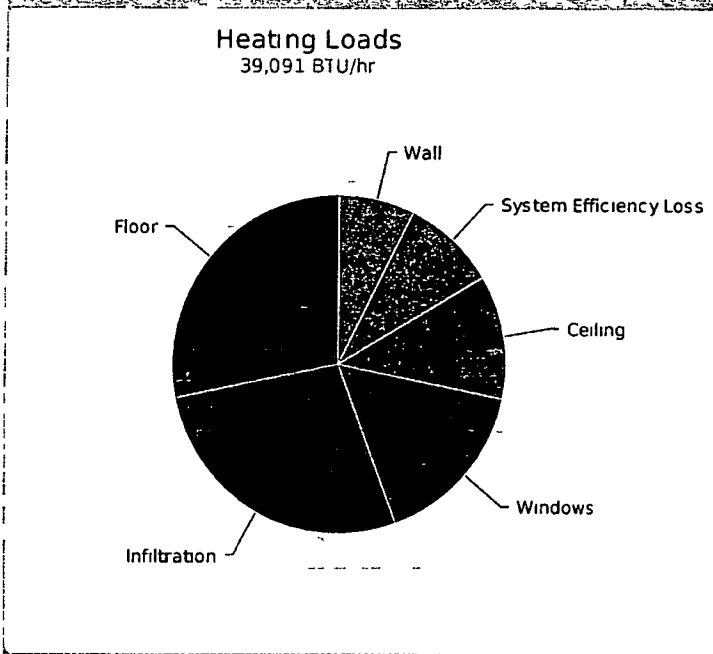
NOTE: HOUSE HAS 3 SYSTEMS (MST-RED). WE WILL BE REPLACING A 2.5 ton SYSTEM.

Design Conditions

	Outdoor	Heating	Cooling
Dry bulb (°F)		47	90
Daily range			M
Relative humidity			50%
Moisture difference			64
	Indoor	Heating	Cooling
Indoor temperature (°F)		70	75
Design temperature difference (°F)		23	15

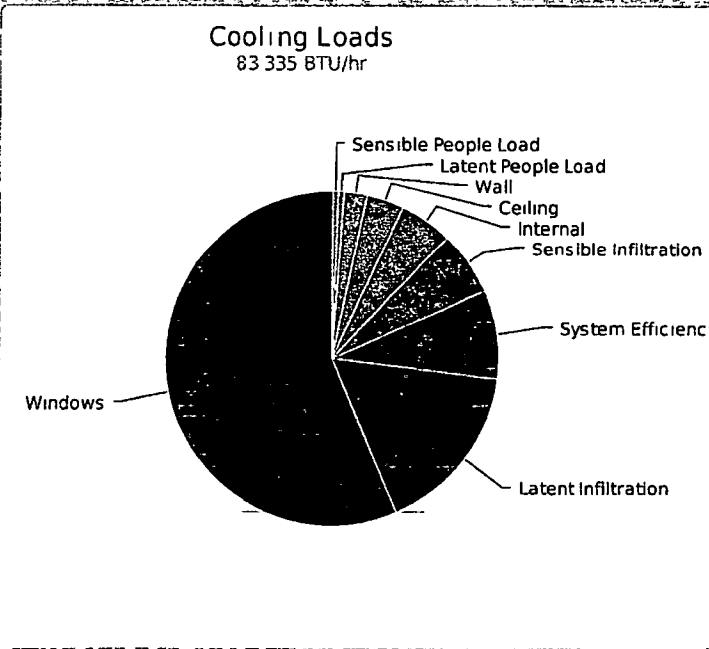
Heating Loads

Area	Btuh	% of load
Wall	2852	7.3
Floor	11022	28.2
Ceiling	4636	11.9
Windows	6291	16.1
Infiltration	10738	27.5
System Efficiency Loss	3554	9.1
Total	39091	

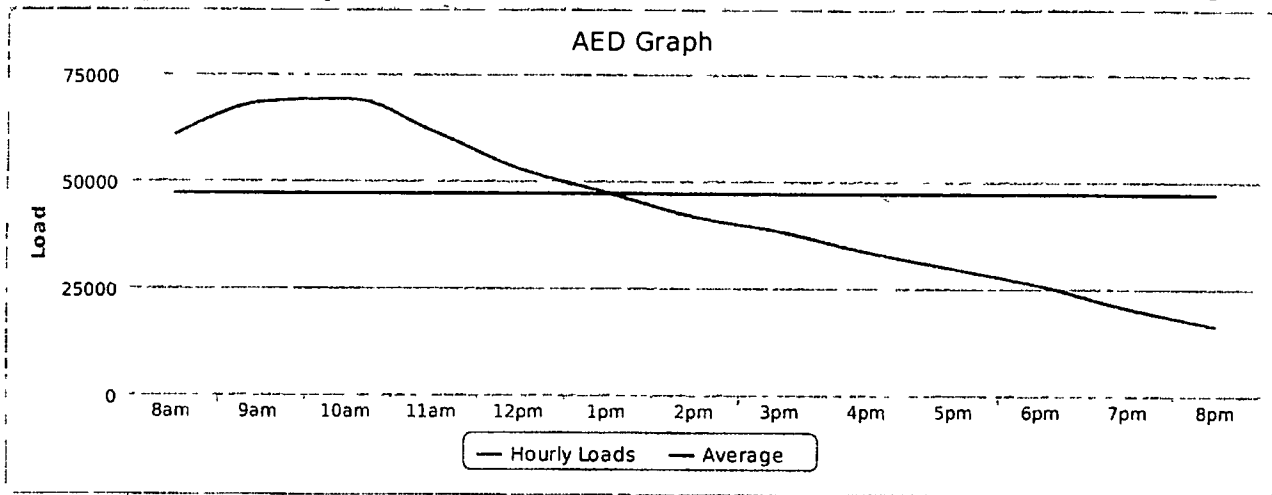


Cooling Loads

Area	Btuh	% of load
Wall	1860	2.2
Ceiling	3023	3.6
Windows	47055	56.5
Sensible Infiltration	5252	6.3
Latent Infiltration	13853	16.6
System Efficiency Gain	7104	8.5
Internal	4267	5.1
Sensible People Load	460	0.6
Latent People Load	460	0.6
Total	83335	
Sensible load	69022	
Latent load	14313	
SHR	0.83	
Capacity at 75% SHR	7.67 Tons	



Adequate Exposure Diversity



Equipment selection

System equipment selection will be made using the following derived values

Summer Outdoor 90°F

Summer Wet Bulb 78°F

Summer Indoor 75°F

Summer Design Grains 50%

Winter Outdoor 47°F

Winter Indoor 70°F

Sensible Cooling 69,022 Btuh

Latent Cooling 14,313 Btuh

Required Cooling Airflow 3,137 CFM

Sensible Heating 39,091 Btuh

Required Heating Airflow 508 CFM

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



R-410A
SEER - Up to 15.0
1.5 to 5 Tons
Page 13
April 2007
Supersedes November 2006

FEATURES

Refrigerant System

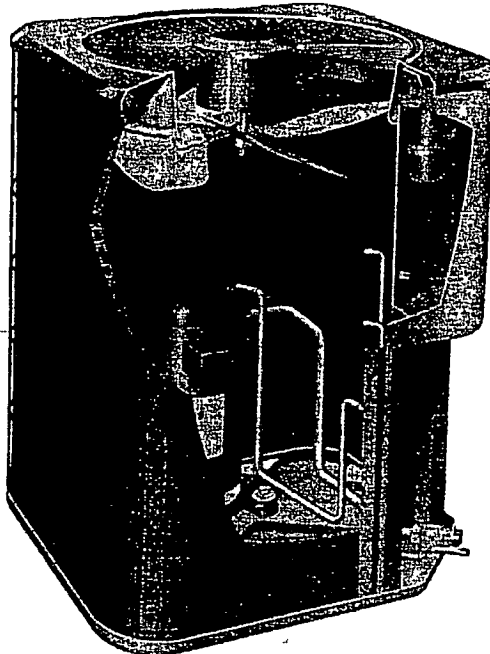
- Scroll Compressor
- Non-chlorine, ozone friendly, R-410A refrigerant
- Copper tube construction with enhanced ripple-edged aluminum fins
- PVC coated, steel-wire outdoor coil guard furnished
- Fully serviceable brass service valves
- High Pressure Switch
- Liquid line drier shipped with unit
- Totally enclosed, direct drive outdoor fan motor with sleeve bearings
- Louvered steel top fan guard

Cabinet

- Heavy-gauge galvanized steel cabinet with powder paint finish
- Corner patch plate allows access to compressor

Limited Warranty

- Compressor - five years
- All covered components - five years
- Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



ARI RATINGS

See Page 111 - Page 133

OPTIONAL ACCESSORIES

See Page 20

Cabinet

- Hail Guards
- Mounting Base
- Unit Stand-Off Kit

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

Controls

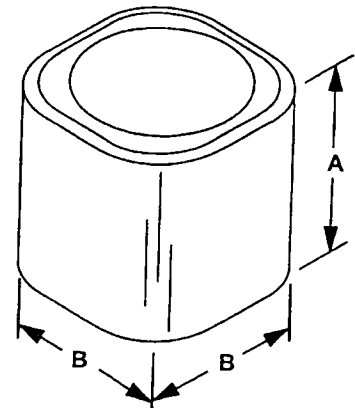
- Freezestat
- Indoor Blower Off Delay Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS - in (mm)

Model No	A	B
14ACX-018 14ACX-024	29-1/4 (743)	24-1/4 (616)
14ACX-030 14ACX-036 14ACX-042	29-1/4 (743)	28-1/4 (718)
14ACX-048	37-1/4 (946)	28-1/4 (718)
14ACX-060	33-1/4 (845)	32-1/4 (819)



ARI Standard
210/240 UAC



NOTE - Due to Lennox ongoing commitment to quality Specifications Ratings and Dimensions subject to change without notice and without incurring liability
Improper installation adjustment alteration service or maintenance can cause property damage or personal injury
Installation and service must be performed by a qualified installer and servicing agency

SPECIFICATIONS								
General Data	Model No	14ACX-018	14ACX-024	14ACX-030	14ACX-036	14ACX-042	14ACX-048	14ACX-060
	Nominal Tonnage	1.5	2	2.5	3	3.5	4	5
¹ Sound Rating Number (dB)		76	76	76	76	78	78	80
Connections (sweat)	Liquid line o d - in	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o d - in	3/4	3/4	3/4	7/8	7/8	7/8	1-1/8
¹ Refrigerant (R-410A) furnished		6 lbs 12 oz	7 lbs 10 oz	8 lbs 0 oz	8 lbs 9 oz	8 lbs 10 oz	10 lbs 0 oz	12 lbs 0 oz.
Outdoor Fan	Diameter - in	18	18	22	22	22	22	26
	Number of blades	4	4	4	4	4	4	4
	Motor hp	1/5	1/5	1/6	1/6	1/4	1/4	1/3
Shipping Data - lbs 1 package		146	148	169	172	198	221	238

ELECTRICAL DATA								
Line voltage data - 60 hz - 1ph		208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
² Maximum overcurrent protection (amps)		20	30	30	30	40	50	60
³ Minimum circuit ampacity		12.3	17.9	17.2	18.7	24.1	29.0	34.8
Compressor - Rated load amps		9.0	13.4	12.9	14.1	17.9	21.8	26.4
Condenser Fan Motor - Full load amps		1.0	1.0	1.1	1.1	1.7	1.7	1.8

NOTE — Extremes of operating range are plus 10% and minus 5% of line voltage

¹ Sound Rating Number in accordance with test conditions included in ARI Standard 270

² Refrigerant charge sufficient for 15 ft. length of refrigerant lines

³ HACR type circuit breaker or fuse

⁴ Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements



FEATURES

Refrigerant System

Copper tube construction with enhanced ripple-edged aluminum fins

Twin coil construction in an "A" configuration

Factory installed R-410A or R-22 Check/Expansion Valve

Controls

24 Volt Transformer
Blower Cooling Relay
Terminal Strip

Programmable Multi-speed Blower

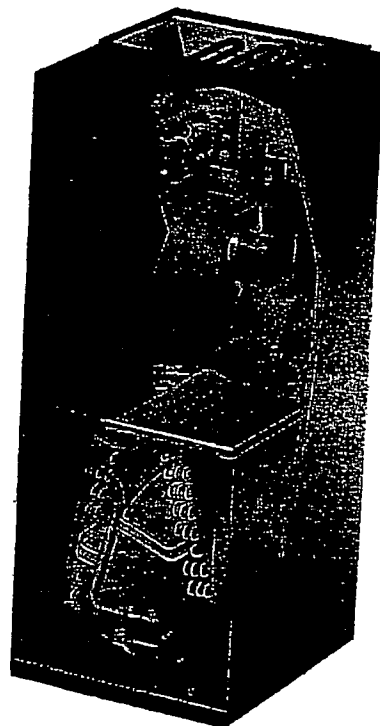
High efficiency, multi-speed ECM (Electronically Commutated Motor) with electronic braking

Cabinet

Up-Flow / Horizontal Configuration
Shipped in one piece but can be separated for ease of installation
Pre-painted cabinet finish
Fully insulated cabinet with thick fiberglass insulation
Tool-less access to disposable, frame-type filter

Limited Warranty

All covered components - five years
Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



OPTIONAL ACCESSORIES

See Page 16

Cabinet

- Down-Flow Combustible Base
- Down-Flow Conversion Kit
- Horizontal Support Frame Kit
- Side Return Unit Stand (Up-Flow)
- Side Return Filter Adaptor (CB30U)
- Wall Hanging Bracket Kit (Up-Flow)

Controls

- Thermostat

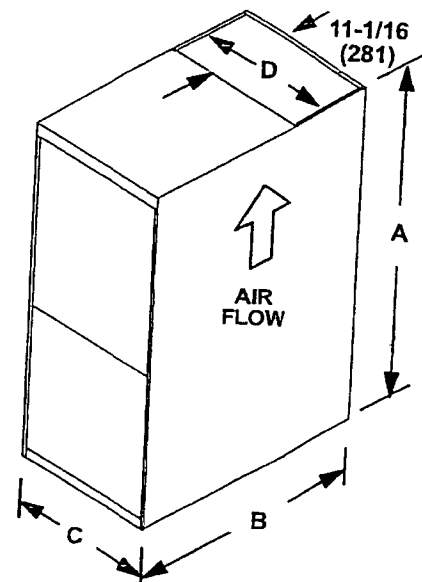
ELECTRIC HEAT

See Page 15

- Electric Heat
- Circuit Breaker Cover Kit
- Single-Point Power Source Control Box

DIMENSIONS - in. (mm)

		-018 -024	-030 -036	-042 -048	-060
A		49-1/4 (1251)	51 (1295)	58-1/2 (1486)	52-1/2 (1588)
B		20-5/8 (524)	22-5/8 (575)	24-5/8 (625)	24-5/8 (625)
C		21-1/4 (540)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)
D		19-3/4 (502)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)
Return Air	Width	20 (508)	20 (508)	20 (508)	20 (508)
	Depth	19 (483)	21 (533)	23 (584)	23 (584)



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS					
General Data	R-22 Model Number	CB27UH-018	CB27UH-024	CB27UH-030	CB27UH-036
	R-410A Model Number	CBX27UH-018	CBX27UH-024	CBX27UH-030	CBX27UH-036
	Nominal Size - Tons	1.5	2.5	3	3
Connections	Suction (vapor) line (o.d.) - in. sweat	3/4	3/4	3/4	3/4
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	10 x 8	10 x 8	11 x 8	11 x 8
	Blower motor output - hp	1/2	1/2	1/2	1/2
	Air Volume Range - cfm	170-1010	320-1190	360-1365	515-1555
¹ Filters	Size of filter - in.	20 x 20 x 1	20 x 20 x 1	20 x 20 x 1	20 x 22 x 1
Shipping Data -1 package lbs		148	148	159	159
ELECTRICAL DATA					
	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
	³ Maximum overcurrent protection (unit only)	15	15	15	15
	Minimum circuit ampacity (unit only)	2	2	2	2
	Blower Motor Full Load Amps	1.5	1.73	1.73	1.72

¹ Disposable frame type filter³ HACR type circuit breaker or fuse.

SPECIFICATIONS				
General Data	R-22 Model Number	CB27UH-042	CB27UH-048	CB27UH-060
	R-410A Model Number	CBX27UH-042	CBX27UH-048	CBX27UH-060
	Nominal tonnage	3.5	4	5
Connections	Suction (vapor) line (o.d.) - in. sweat	7/8	7/8	7/8
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	12 x 9	12 x 9	12 x 9
	Blower motor output - hp	1	1	1
	Air Volume Range	825-1815	810-1860	965-2365
¹ Filters	Size of filter - in.	20 x 24 x 1	20 x 24 x 1	20 x 24 x 1
Shipping Data -1 package lbs		194	194	216
ELECTRICAL DATA				
	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph
	³ Maximum overcurrent protection (unit only)	15	15	15
	Minimum circuit ampacity (unit only)	3	3	5
	Blower Motor Full Load Amps	2.4	2.4	3.9

¹ Disposable frame type filter³ HACR type circuit breaker or fuse.

NOTE - Due to Lennox ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.



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

*OK FWP
10323*

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

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

Owner Kari Lydon Contractor name Nisaiz A/C
 Street address 108 N. Sewalls point Jurisdiction _____
 City Stuart Permit No _____
 Zip 34996 Final inspection date _____

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

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

Signature *[Signature]* Date 1.10.13
 Printed Name Phillip Nisa Jr
 Contractor License # CACO 41199

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

Signature _____ Date _____
 Printed Name _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 2-20-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10343	Ceccarelli	Final AC	Pass	PLAE
1ST	19 Riv Vista Classic Cooling			INSPECTOR <i>[Signature]</i>
10373	Lynon	Final AC	Pass	CLAE
10330	100 N Sewalls Nis Air			INSPECTOR <i>[Signature]</i>
10330	Anais	Final gate	Pass	CLAE
	735 Sewalls Custom Security			INSPECTOR <i>[Signature]</i>
10353	SAPP			
	6 MIRIMAN	FINAL ROOF	Pass	CLAE
	CAPPS ROOFING			INSPECTOR <i>[Signature]</i>
* 26	ISLAND RD	NO PERMIT		
	AZTIL AC	2ND OFFENSE	\$100 FINE	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

11104

GAZEBO



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:	11104		
ADDRESS:	108 N Sewall's Point Road		
DATE ISSUED:	12/3/2014	SCOPE OF WORK:	Gazebo

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	\$ 15,000.00
---	--	-----------------------	----	---------------------

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		\$	\$ 15,000 00
Building fee (2% of construction value SFR or >\$200K)		\$	n/a
Building fee (1% of construction value < \$200K + \$100 per insp)		\$	150 00
Total number of inspections (Value < \$200K) \$ 100 00 per insp # insp		\$ 3.00	\$ 300 00
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)		\$	\$ 6 75
DBPR Licensing Fee (1 5% of permit fee - \$2 00 min)		\$	\$ 6 75
Road impact assessment (04% of construction value - \$5 min)			\$ 6 00
Martin County Impact Fee		\$	
TOTAL BUILDING PERMIT FEE		\$	\$ 469.50

ACCESSORY PERMIT	Declared Value	\$	\$ -
Total number of inspections @ \$ 100 00 per insp # insp		\$	-
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

TOTAL ACCESSORY PERMIT FEE:	\$	-
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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:	11104	DATE ISSUED:	December 3, 2014
SCOPE OF WORK:	Gazebo		
CONTRACTOR:	O/B		
PARCEL CONTROL NUMBER:	35-37-41-007-000-00050-4	SUBDIVISION:	Twin Rivers, Lot 5
CONSTRUCTION ADDRESS:	108 N Sewall's Point Road		
OWNER NAME:	Lydon		
QUALIFIER:	O/B	CONTACT PHONE NUMBER:	285-1849

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 GOVERNMENTIAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES

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

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

INSPECTIONS

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

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

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

Date 11/11/14 Permit Number 11104
 OWNER/LESSEE NAME Kari Lydon Phone (Day) 285-1849 (Fax) _____
 Job Site Address 108 N. Sewalls Pt Rd City Sewalls Pt State FL Zip 34996
 Legal Description Twin River Lot #5 Parcel Control Number 35-37-4-007-660-0605 0-4
 Fee Simple Holder Name samu as above Address samu as above
 City Sewalls Pt State FL Zip 34996 Telephone 285-1849

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

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

COST AND VALUES (Required on ALL permit applications)
 Estimated Value of Improvements \$ 15,000
 (Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY
 Estimated Fair Market Value prior to improvement \$ _____
 (Fair Market Value of the Primary Structure only Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company _____ Phone _____ Fax _____
 Qualifiers name NA Street _____ City _____ State _____ Zip _____
 State License Number _____ OR Municipality _____ License Number _____

LOCAL CONTACT _____ Phone Number _____
DESIGN PROFESSIONAL CSM Engineering Fla License# #76910 CA29057
 Street 2081 S E Pcom Rd #1A City Stuart State FL Zip 34996 Phone Number 200-4601

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

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

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

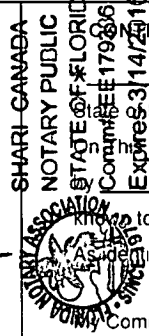
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

OWNER /AGENT/LESSEE, NOTARIZED SIGNATURE
Kari Lydon
 State of Florida, County of Martin
 On This the 12 day of Nov, 2014
 by Kari Lydon who is personally
 known to me or produced _____
 As identification [Signature]
 Notary Public
 My Commission Expires 03/14/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE

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



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



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

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

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

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

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

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

ON THIS 12 DAY OF Nov, 2014
 PROPERTY ADDRESS 10800 Sewall's Pt Rd
 CITY Sewall's Point FL STATE FL ZIP 34996

[Signature]
 SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 12 DAY OF November 2014

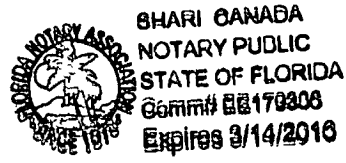
BY Kari Sue Lydon

PERSONALLY KNOWN _____

OR PRODUCED ID PA DL

TYPE OF ID _____

[Signature]
 NOTARY SIGNATURE





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

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

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

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

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

Owner/Builder Applicant Name KARI LYDON

Site address of the proposed building work 108 N SEWALL'S POINT ROAD

Name of legal title owner of the address above KARI LYDON

Describe the scope of work for the proposed new construction CONSTRUCT NEW DECK AND PERGOLA

Name of Architect of Record N/A Structural Engineer of Record CHARLES A DARGO JR, PE

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

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

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

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

Location _____ Scope of Work Done _____ Year _____

Location _____ Scope of Work Done _____ Year _____

What code books do you have available for reference? Building _____

Electric _____ Plumbing _____ HVAC _____

Other _____

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

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

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

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



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

OWNER/BUILDER DISCLOSURE STATEMENT

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

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



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

SHED PERMIT PACKAGE

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

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

1 Copy Completed application

2 Copies Surveys showing the location of the shed setbacks from proposed shed to property lines and all existing structures on property. Shed w/slab. All easements, landscape buffers, and preserve areas MUST be shown on ALL surveys.

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS

"PREFABRICATED SHEDS"

(All plans must state compliance to the 2010 FBC)

N/A

2 Copies Manufacturers specifications showing the construction and anchoring of the shed. Plans must state that they meet the minimum wind load requirement of 150 M P H with a 3 second wind gust.

(OR)

Manufacturer's specifications showing the construction and anchoring of the shed (Only for sheds that have a Dept. of Community Affairs Certification letter) Submit 2 copies of letter.

"CONSTRUCTED SHEDS"

(All plans must state compliance to the 2010 FBC)

2 Copies Complete construction drawings signed and sealed by a Florida registered Architect or Engineer including area wind load certification.



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
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Tel 772-287-2455 Fax 772-2204765

CONCRETE DECK/ SLAB APPLICATION PACKAGE

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

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

- 1 Copy Completed application
 - Legal Description
 - Notarized signature of Owner & Contractor
 - Proof of ownership (Recorded warranty deed or Tax bill)
- 2 Copies Survey showing location of all proposed Patio/Concrete slabs w/setbacks to all property lines. If footings are installed submit a foundation plan w/a footing schedule

***DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS**

- 1 Copy Notice of Commencement, if replacement value is over \$2500.00. Must be submitted prior to the first inspection

Any concrete slab (driveway, patio, and etc) within 1' of the sidewalls of the structure will require termite treatment and must also have 6 mil vapor retarder installed in this 1' area (2004 FBC/Residential R320.1.4 & R320.1.6).



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

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

DATE 12/16/14 PERMIT NUMBER 11104

JOB ADDRESS. 108 N. SEWALLS PT RD

PLEASE CHECK ONE OF THE FOLLOWING.

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL (Corrections/Permit not issued in review process)
- REVISIONS (Changes to an issued permit)

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

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

DESCRIPTION OF REVISION(S) Add 120 POWER for Receptacle outlets +
Switches (552w)

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

CONTACT NAME Mike DeRosell SIGNATURE [Signature]

PHONE NUMBER 772-370-4394 cell FAX NUMBER 772-283-5890
283-5792

FOR OFFICE USE ONLY:

Reviewed by. [Signature] Date: 12-16-14 Approve Deny

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

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

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

Other additional fees 2 imp @ 100 ea Revision review fee _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ \$200⁰⁰

Applicant notified by _____ Date _____



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER 11104

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

OWNERS NAME Kari Lydon

CONSTRUCTION ADDRESS 108 N Sewalls Pt Rd

PERMIT TYPE RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK add power for outlets & switches for tiki hut

VALUE OF CONSTRUCTION \$ 1500 00

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

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

 SIGNATURE OF LICENSED CONTRACTOR 1209 SE Dixie Cutoff Rd , Stuart FL 34994
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME Electrical Connections
 TELEPHONE NO 772-283-5792 PLEASE PRINT
 FAX NO 772 283-5890

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC 13001494

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED John & Carrie Lydon

PARCEL CONTROL # 35-37-41-007-000-00050-4

SUBDIVISION twin rivers lot 5 LOT 5 BLK _____ PHASE _____

SITE ADDRESS 108 N Sewalls Pt Rd

SEND OR FAX TO TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



CERTIFICATE OF LIABILITY INSURANCE

ELECT-1 OP ID WS

DATE (MM/DD/YYYY)
01/28/2014

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

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


PRODUCER Kearns Agency of Florida Inc P O Box 1849 Jensen Beach, FL 34958 Lawrence E Kearns		CONTACT NAME Terrl PHONE (A/C, No, Ext) E-MAIL ADDRESS	
		FAX (A/C, No)	
		INSURER(S) AFFORDING COVERAGE	
INSURED TIAM Holdings, LLC d/b/a Electrical Connections 1209 SE Dixie Cutoff Rd Stuart, FL 34994		INSURER A Southern Owners Insurance Co.	NAIC # 10190
		INSURER B Owners Insurance Co	NAIC # 32700
		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.

INER LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			72727562	02/01/2014	02/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			48-277-957-00	02/01/2014	02/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB						\$
	EXCESS LIAB						EACH OCCURRENCE \$
	DED						AGGREGATE \$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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)

CERTIFICATE HOLDER		CANCELLATION	
SEWALLS Town of Sewalls Point 1 S Sewalls Point Rd Sewalls Point, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS	
		AUTHORIZED REPRESENTATIVE 	



CERTIFICATE OF LIABILITY INSURANCE

TIAMHOL-01

MATERAT

DATE (MM/DD/YYYY)
5/28/2014

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

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

PRODUCER
Insurance Office of America-LNG
1855 West State Road 434
Ongwood, FL 32750

CONTACT NAME Dawn Silver
PHONE (A/C, No, Ext) (407) 788-3000 **FAX (A/C, No)** (407) 788-7933
E-MAIL ADDRESS Dawn Silver@ioausa.com

INSURED
TIAM Holdings LLC dba Electrical Connections
1209 SE Dixie Cutoff Rd
Stuart, FL 349943437

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A	Bridgefield Employers Insurance Company	10701
INSURER B		
INSURER C		
INSURER D		
INSURER E		
INSURER F		

COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER
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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.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						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 ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS 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 \$
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	N/A	830-38038	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 100,000 E L DISEASE EA EMPLOYEE \$ 100,000 E L DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

Town of Sewalls Point
1 S. Sewalls Point Road
Sewalls Point, FL 34996

AUTHORIZED REPRESENTATIVE

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



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

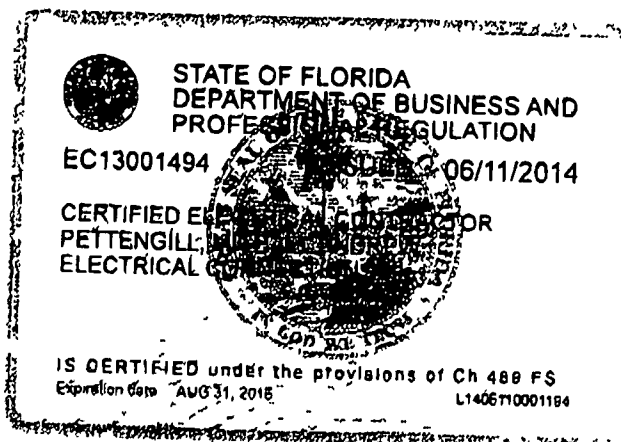
(850) 487-1395

PETTENGILL, MICHAEL ANDREW
ELECTRICAL CONNECTIONS
1209 SE DIXIE CUTOFF RD
STUART FL 34994

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

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

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



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

EC13001494

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



PETTENGILL, MICHAEL ANDREW
ELECTRICAL CONNECTIONS
1209 SE DIXIE CUTOFF RD
STUART FL 34994



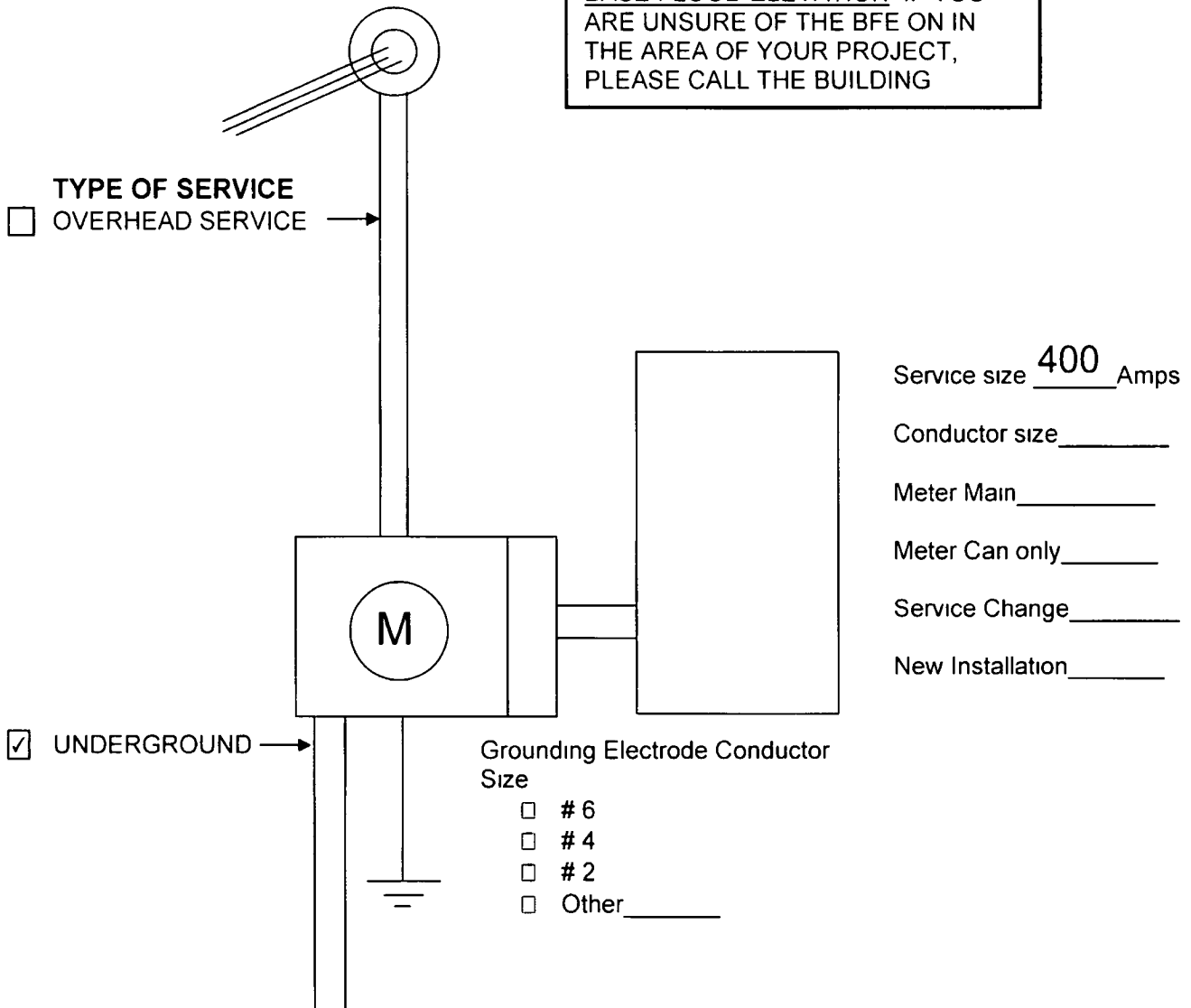


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

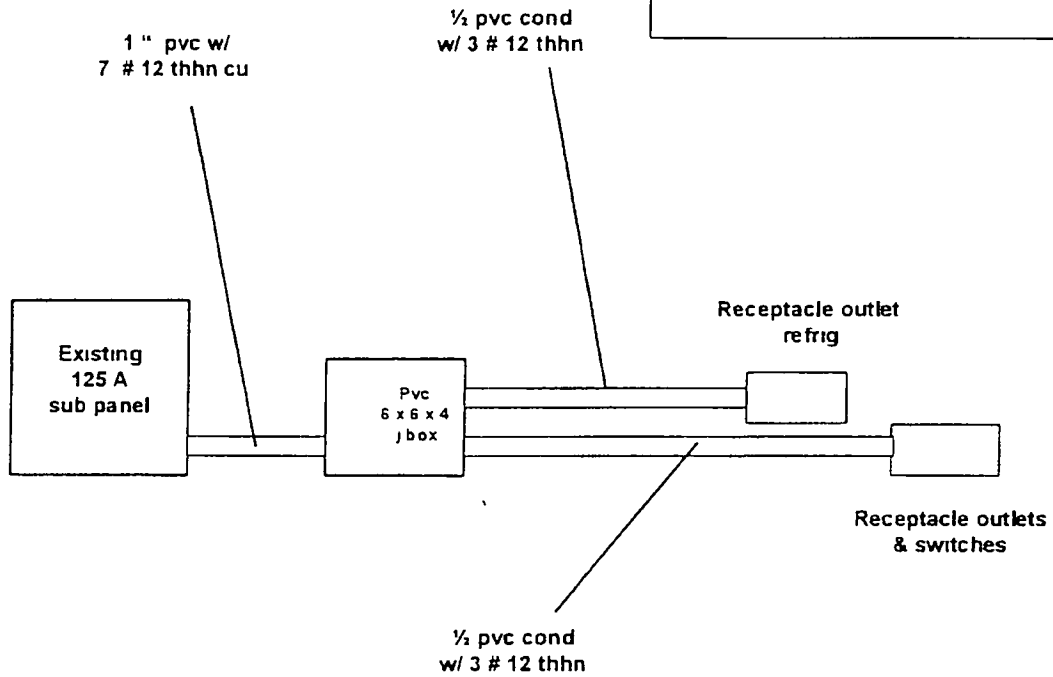
ELECTRICAL RISER PLAN

For Temporary Power Pole and Single Family Service Change Only

ALL NEW SERVICES (INCLUDING SERVICE CHANGES) MUST BE INSTALLED AT OR ABOVE THE BASE FLOOD ELEVATION IF YOU ARE UNSURE OF THE BFE ON IN THE AREA OF YOUR PROJECT, PLEASE CALL THE BUILDING



Lydon
Residence
Riser Diagram



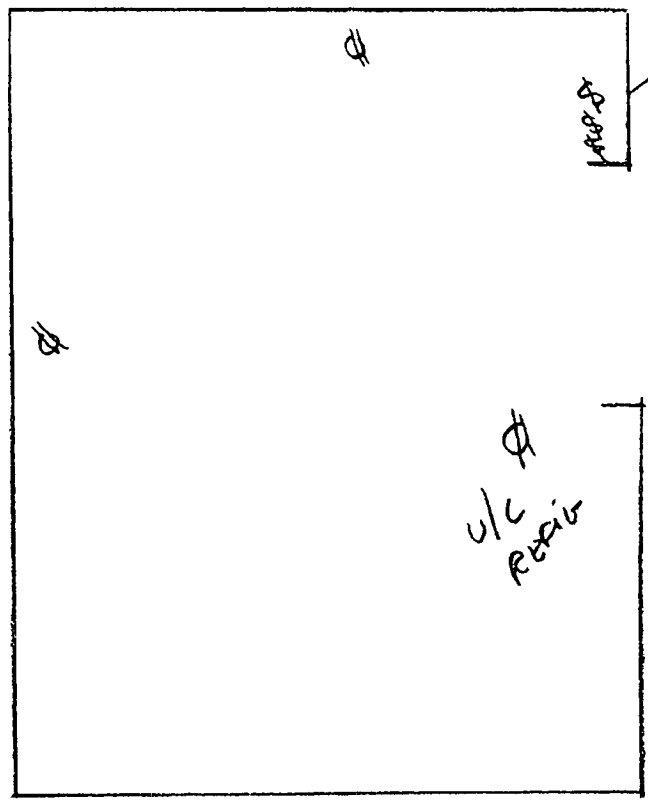
Existing 125 A
Sub Panel

New circuits (3) 20 A

- 1- u/c refrigerator (6) Amps
- 1- bar receptacles (2) & Led flood lights (4) 3 W @
- 1- receptacle 180 W

LED
FLUORESCENT
LITE

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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

CAROLYN TIMMANN CLERK

BY [Signature] D.C.
DATE 11-12-14



NOTICE OF COMMENCEMENT

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

PERMIT # _____ TAX FOLIO # _____

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)
Twin Rivers Lot 15 or 356-2522

GENERAL DESCRIPTION OF IMPROVEMENT Deck/Pergola

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME Kari S. Lydon
ADDRESS 108 N Swails Pt Rd, Swails Pt FL 34966
PHONE NUMBER 285-1849 FAX NUMBER 463-0499
INTEREST IN PROPERTY owner

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER)
Kari S Lydon 108 N Swails Pt Rd, Swails Pt FL 34996 (Swails Point)

CONTRACTOR owner builder
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____

SURETY COMPANY (IF APPLICABLE A COPY OF THE PAYMENT BOND IS ATTACHED) N/A
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
BOND AMOUNT _____

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

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

NAME NONE
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES N/A OF N/A 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 I, SECTION 713 13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT

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

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

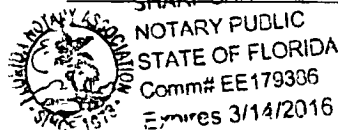
SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 12 DAY OF November 20 14

BY Kari Sue Lydon AS Property Owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED FCDE

NOTARY SIGNATURE/SEAL [Signature]

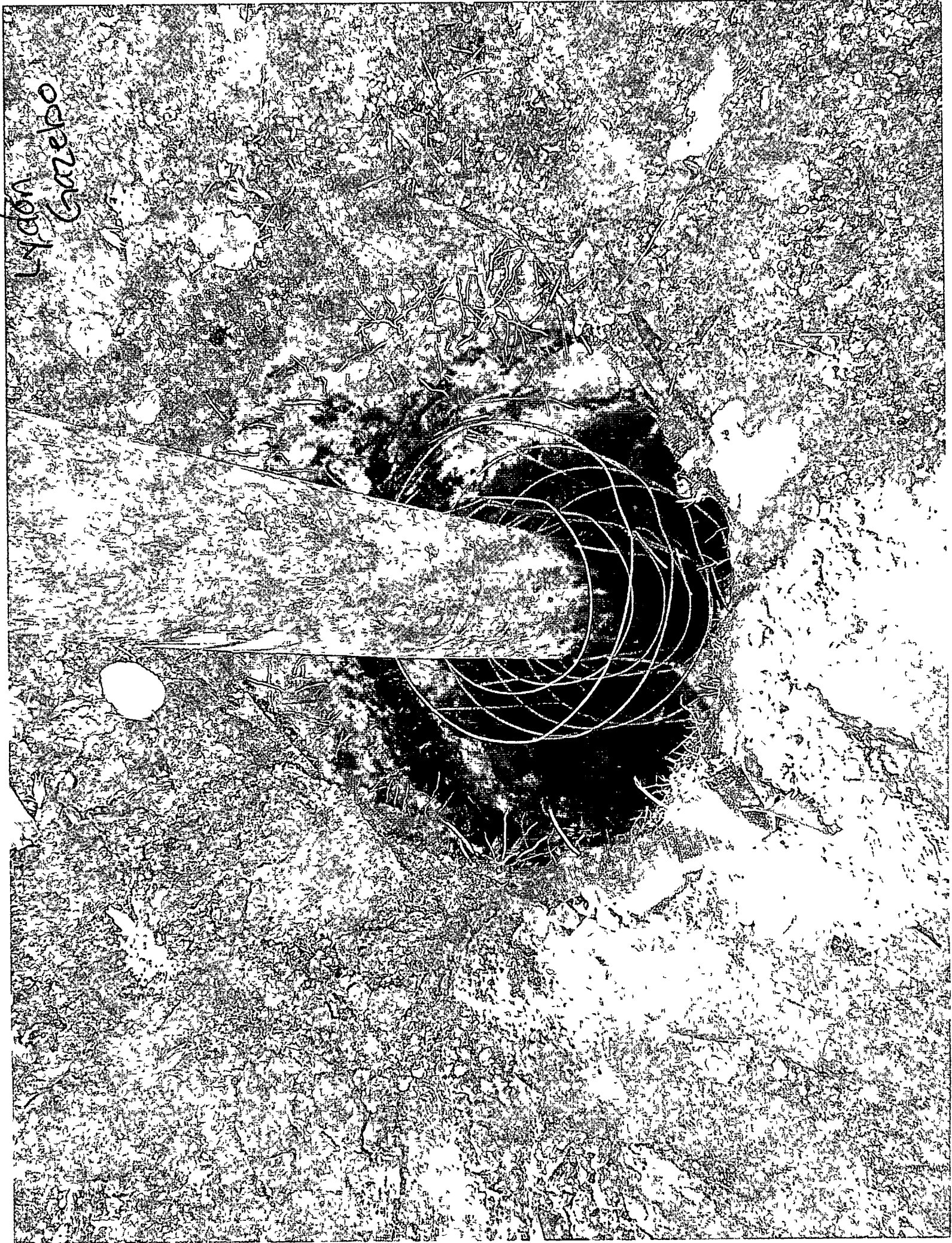


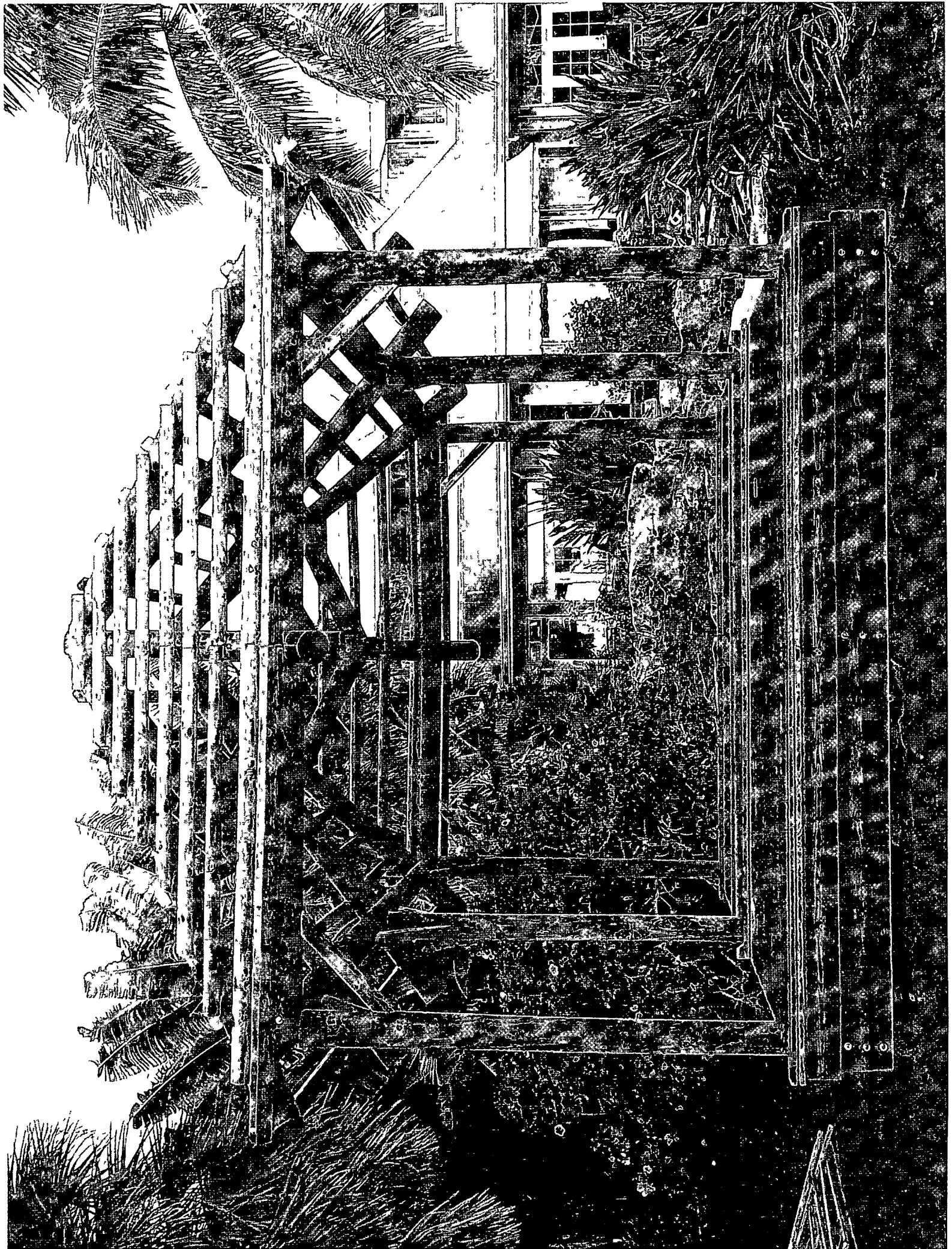
INSTR # 2425170 OR BK 2751 FG 375 RECD 11/12/2014 10:25:11 AM
FILED DOC \$11.00, HIG. DOC \$0.00, JNF. REGISTR. \$11.00
CAROLYN TIMMANN MARTIN COUNTY CLERK
11 F95)

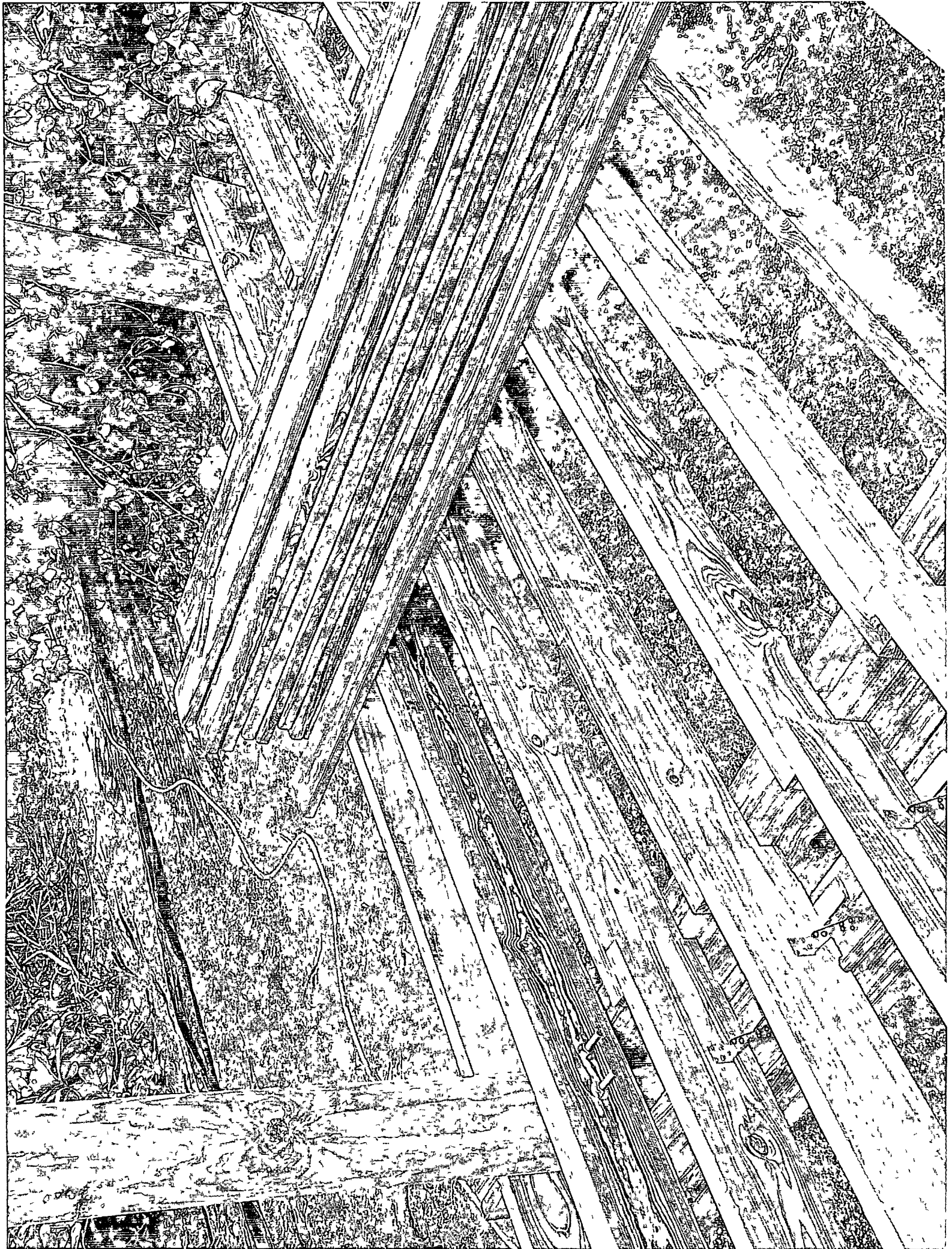
LYCORA
Gazepo

1/2

1/2







TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon. Tue Wed Thur Fri 4/10/15 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11163	Anais	Partial		
AM Requested	73 S S PR	Slab	PASS	
	Modern Movers	ELEVATION BIT		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11147	Darrow	Pool		
	7 Oak Hill Way	Barrier +	PASS	
	Pools by Greg	Electric		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
51100	Lydon	Gazebo		
	708 12 Sewalls Blvd	Final	PASS	CLOSE
	O/B			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11212	Carlson			
	38 E Tuscan Lane	Fence Final	PASS	CLOSE
	Stuart Fence			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
Tree	Creist	Tree		
	10 Emarita Way	Removal	N.G.	
		Permit		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11213	Geller			
	10 Palmetto Drive	Fence Final	PASS	CLOSE
	Stuart Fence			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11141	Pierson			
PM	8 Palmetto Drive	Service Change	PASS	CLOSE
	GS Moore Electric			
				INSPECTOR

11242

SERVICE CHANGE



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:	11242	DATE ISSUED:	April 15, 2015
SCOPE OF WORK:	Replace Main Breaker		
CONTRACTOR:	Electrical Connections		
PARCEL CONTROL NUMBER:	35-37-41-007-000-00050-4	SUBDIVISION:	Twin Rivers Lot 5
CONSTRUCTION ADDRESS:	108 N Sewalls Point Road		
OWNER NAME:	Lydon		
QUALIFIER:	Michael Pettengill	CONTACT PHONE NUMBER:	283-5792

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:	11242		
ADDRESS:	108 N Sewalls Point Road		
DATE ISSUED:	4/15/2015	SCOPE OF WORK:	Replace Main Breaker

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350 00 SFR, Remodel >\$200K)		\$	
Plan Submittal Fee (175 00 Remodel <\$200K, Tennant Improvement)		\$	
Plan Submittal Fee (100 00 Remodel <\$100k)		\$	
Total square feet air-conditioned spa @ per sq ft s f		\$	-
Total square feet non-conditioned space, or interior remodel @ per sq ft s f		\$	-
Total square feet remodel with new trusses @ per sq ft s f		\$	-
Total Construction Value		\$	\$ -
Building fee (2% of construction value SFR or >\$200K)		\$	n/a
Total number of inspections (Value < \$200K) \$ 150 00 per insp # insp		\$	-
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
Technology Fee (0 04% of Construction Value - \$5 min)			n/a
Road impact assessment (0 4% of construction value - \$20 min)			n/a
Martin County Impact Fee		\$	
TOTAL BUILDING PERMIT FEE		\$	\$ -

ACCESSORY PERMIT	Declared Value	\$	\$
Total number of inspections @ \$ 150 00 per insp # insp		1	\$ 150 00
Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)		\$	\$ 2 25
DBPR Licensing Fee (1 5% of permit fee - \$2 00 min)		\$	\$ 2 25
Technology Fee (0 04% of Construction Value - \$5 min)			\$ 5 00
Road impact assessment (0 4% of construction value - \$20 min)			\$ 20 00
TOTAL ACCESSORY PERMIT FEE:			\$ 179.50

REPAIR to EXISTING SERVICE

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number 11242

Date 4.15.15

OWNER/LESSEE NAME Kari S Lydon Phone (Day) 285-1849 (Fax) _____

Job Site Address 108 N Sewalls Point Rd City Stuart State 71 Zip 34996

Legal Description Twin Rivers Lots 5 & 35 Parcel Control Number 35 37 41 007 000 00050 4

Fee Simple Holder Name _____ Address _____

City _____ State _____ Zip _____ Telephone _____

*SCOPE OF WORK (PLEASE BE SPECIFIC) Replace Obsolete MAIN Breaker w/new

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

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

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements \$ 1600 (Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY Estimated Fair Market Value prior to improvement \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company Electrical Connections Phone 772 283 5792 Fax 772 283 5890

Qualifiers name Michael Pettengill Street 1209 SE Dixie Court City Stuart State 71 Zip 34994

State License Number EC 130494 OR Municipality _____ License Number _____

LOCAL CONTACT Mike Pettengill Phone Number 772 283 5792

DESIGN PROFESSIONAL _____ Fla License# _____

Street _____ City _____ State _____ Zip _____ Phone Number _____

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

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

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

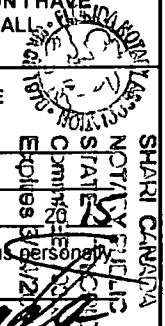
WARNINGS TO OWNERS AND CONTRACTORS 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED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

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE X [Signature] State of Florida County of Martin On This the 15 day of April 2015 by Kari Lydon who is personally known to me or produced FLDF As identification [Signature] Notary Public My Commission Expires 03/14/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE X [Signature] State of Florida County of Martin On This the 15 day of April 2015 by Michael Pettengill who is personally known to me or produced As identification [Signature] Notary Public My Commission Expires 03/14/2016



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!



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

ELECTRICAL RISER PLAN

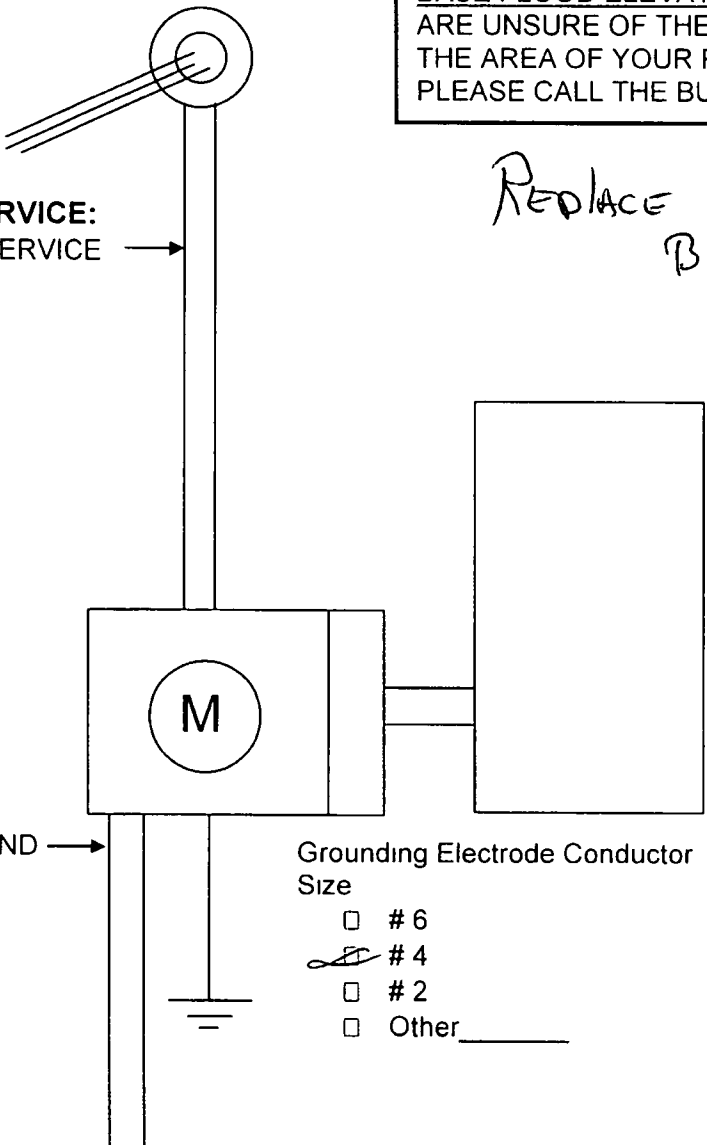
For Temporary Power Pole and Single Family Service Change Only

ALL NEW SERVICES (INCLUDING SERVICE CHANGES) MUST BE INSTALLED AT OR ABOVE THE BASE FLOOD ELEVATION IF YOU ARE UNSURE OF THE BFE ON IN THE AREA OF YOUR PROJECT, PLEASE CALL THE BUILDING

REPLACE DEFECTIVE MAIN Breaker w/ new

TYPE OF SERVICE:
 OVERHEAD SERVICE

UNDERGROUND



Service size 200 Amps
 Conductor size 2/0
 Meter Main _____
 Meter Can only
 Service Change
 New Installation _____

Grounding Electrode Conductor Size

- # 6
- # 4
- # 2
- Other _____



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

ELECTRICAL 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 Electrical Load Calculations
- 2 Copies Electrical Riser Plan - Service Change and Temp Pole only on sketch provided, please provide an appropriate electrical riser for all other new electrical work

**PLEASE DO NOT SUBMIT THIS FORM FOR NEW GENERATOR INSTALLATIONS USE
STANDBY GENERATOR APPLICATION FORMS ONLY**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Thur Fri 5/12/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11242	Lydon	Service	PASS cancel will call to reschedule	call to reschedule
FPL 9:30	108 N Sewalls Pt Rd Electrical Connection	Change		

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11236	Chaplan 11 River Crest Ct JA Taylor Roofing	Dry in + Metal	PASS	INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11237	Hoffman 20 Palm Rd Electrical Connections	Generator Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11239	Melosh 132 S Sewall Pt Rd Richard A. Haager	Window + Insulation	PASS	INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

215-0662 HOLBURN
334-2434

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 5/22/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11050	Duke	Barrier		
	25 Island Rd	Electrical	Pass	
	Alexander Pools	Niche		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Moore	Tree		
	5 Oak Hill Way	Removal	Dead Tree NOT VISIBLE	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11242	Lydon	Service		FPL
	108 St Sewalls Pt Rd	Change	Pass	Close
	Electrical Connections			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11273	Wexler			
B15-000024	19 N Ridgeview Rd	A/C Final	Pass	close
	Jensen Beach A/C			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11239	Melosh	Final		
	132 S Sewalls Pt Rd	window/door	Pass	close
	Richard A Hager			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11185	Milici			
	14 E High Point Road	Slab	Pass	
	Scott Holmes Bldg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	34 W. HIGH PT			
				INSPECTOR



P O BOX 2691 • STUART, FLORIDA • 33495
TELEPHONE 800-327-5717

IN STATE 305-464-6575

May 29th, 1986.

Town of Sewalls Point,
Building & Zoning Dept.,
Sewalls Point, Fla.

Gentlemen:

According to Sewalls Point Town Ordinance # 160,
all pepper trees, Florida holly trees, Australian Pine
trees and melaluca trees have been removed from my property
located at: Lot 5, Twin Rivers Subdivision - Sewalls Point,
Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry T. Clements Jr.", written in a cursive style.

HENRY T. CLEMENTS Jr.

Sworn to and subscribed before
me this 29th day of May 1986

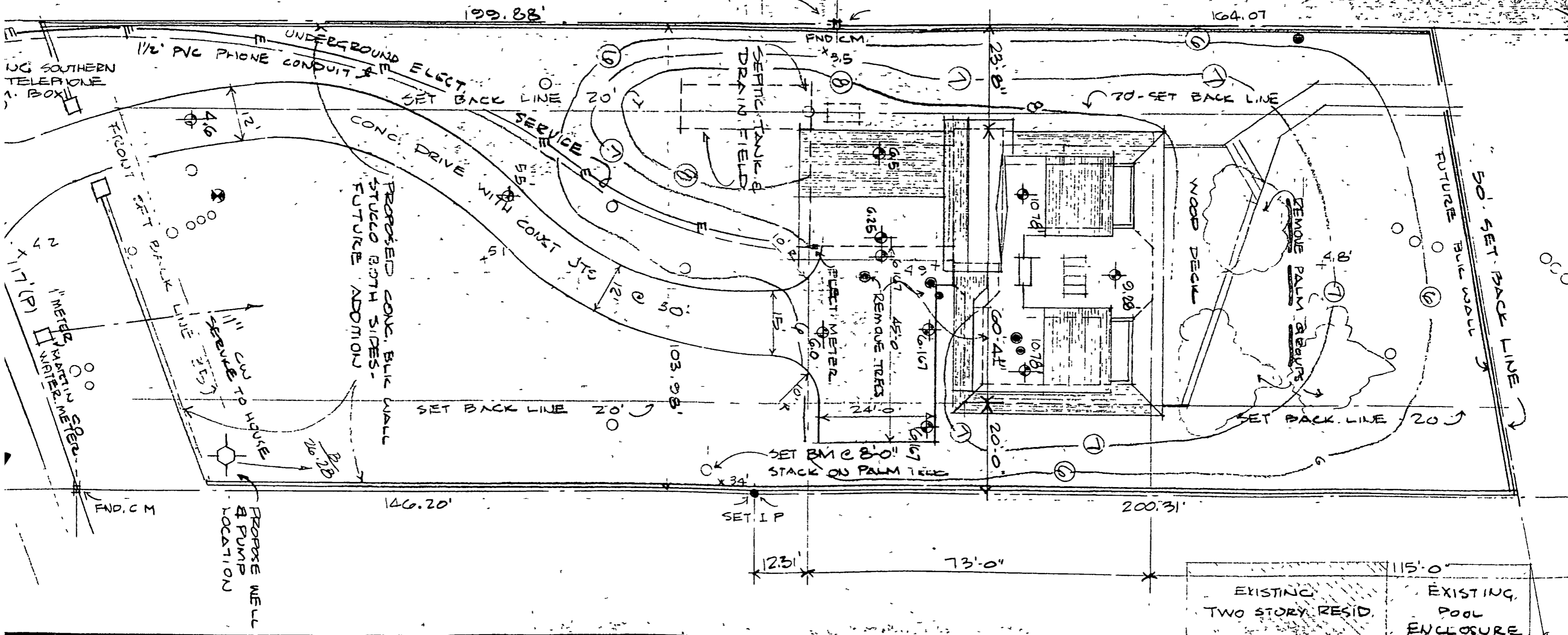
A handwritten signature in black ink, appearing to read "Deborah A. Brock", written in a cursive style.
Notary Public State of Florida
At Large

HTC/rd

Notary Public State of Florida at large
My Commission Expires Nov 04, 1989

CONTOUR LINE.
 STION
 DE ELEVATION
 REMOVE

F.P.L. CO
 POLE



Revision

RESIDENCE FOR:

RICHARD S GR

TOWN OF SEWALL'S POINT, FLORIDA

Date 3-23-07 19 07 TREE REMOVAL PERMIT No 0590

APPLIED FOR BY Sewalls Point LLC (Contractor or Owner)

Owner 107 N Sewalls Pt Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees Palm

No Of Trees REMOVE _____

No Of Trees RELOCATE 3 WITHIN 30 DAYS (NO FEE)

No Of Trees REPLACE _____ WITHIN 30 DAYS

REMARKS relocate trees, they are where new driveway will be FEE \$ 0

Signed, _____ Applicant

Signed, Phil Wintercorn
Bldg Inspector ~~Form Clerk~~

TOWN OF SEWALL'S POINT, FLORIDA

Date 3-23-07 is 19 TREE REMOVAL PERMIT No 0590

APPLIED FOR BY Sewalls Point LLC (Contractor or Owner)

Owner 107 N Sewalls Pt Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees Palm

No Of Trees REMOVE _____

No Of Trees RELOCATE 3 WITHIN 30 DAYS (NO FEE)

No Of Trees REPLACE _____ WITHIN 30 DAYS

REMARKS relocate trees, they are where new driveway will be

FEE \$ 0

Signed, _____ Applicant

Signed, Phil Wintercorn
Bldg Inspector
~~Form Clerk~~

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

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE ORDINANCE 103

Large empty rectangular box with horizontal lines for notes or drawings.

PROJECT DESCRIPTION _____

REMARKS _____

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 Oxeeye, 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 single family resident see above
- 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 SEWALL Point LLC Address 107 N. Sewalls Phone (772) 215-7022
 Contractor TCE Construction Address 941 SW Grand Ave Phone " "

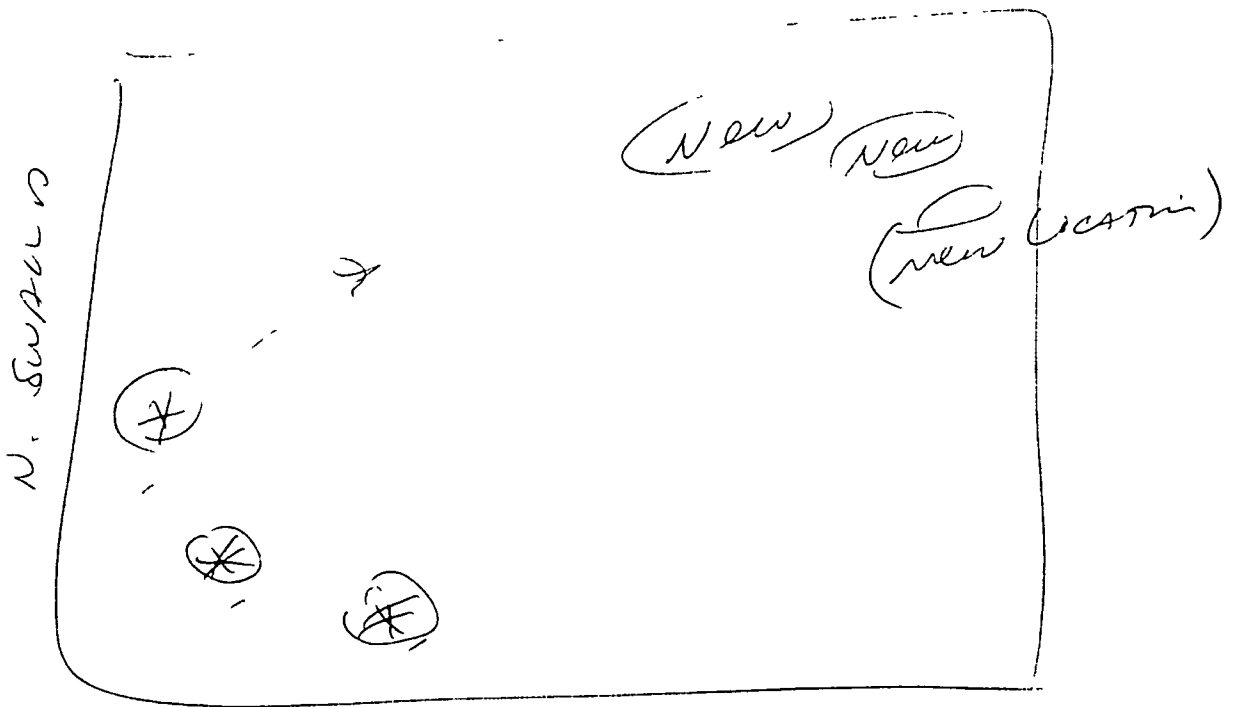
No of Trees REMOVE _____ Type _____
 No of Trees RELOCATE 3 WITHIN 30 DAYS Type PALM
 No of Trees REPLACE _____ WITHIN 30 DAYS Type _____

Written statement giving reasons: TREES ARE WHERE NEW DRIVEWAY WILL BE

Signature of Property Owner [Signature] Date 3-22-07

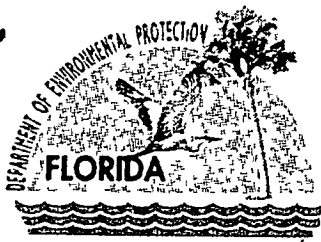
Approved by Building Inspector [Signature] Date 3/23 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked _____



Wendy LN

CORRESPONDENCE



Jeb Bush
Governor,

JUN 30 2006

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)398-2806

Colleen M Castille
Secretary

Certified - Return Receipt Requested 7004 2510 0000 9711 2960

In the Matter of an
Application for Permit/Water Quality Certification,
and Authorization to Use Sovereign Submerged Lands by

APPLICANT

Kari Lydon
108 N. Sewall's Point Road
Stuart, FL 34996

PROJECT NAME

Lydon Single-Family Dock
File No 43-0239723-001
County Martin

CONSOLIDATED NOTICE OF DENIAL

ENVIRONMENTAL RESOURCE PERMIT AND CONSENT TO USE SOVEREIGN SUBMERGED LANDS

The Department of Environmental Protection gives consolidated notice of denial of

(a) an environmental resource permit under Part IV of Chapter 373, Florida Statutes (F S), and Title 62, Florida Administrative Code (F A C), which also constitutes denial of certification of compliance with state water quality standards pursuant to section 401 of the Clean Water Act, 33 U S C 1341

(b) the consent to use sovereign submerged lands for the proposed activity, under Article X, Section 11 of the Florida Constitution, Chapter(s) 253 and 258, F S , Title 18, F A C

Where applicable (such as for activities in coastal counties), this consolidated denial of the environmental resource permit and the authorization to use sovereign submerged lands also constitutes a finding of inconsistency with Florida's Coastal Zone Management Program, as required by Section 307 of the Coastal Zone Management Act

This consolidated notice of denial is based on the reasons stated below

I. DESCRIPTION OF THE PROPOSED ACTIVITY

The Applicant, Kari Lydon, applied on October 20, 2004 to the Department of Environmental Protection for an environmental resource permit/water quality certification and requested authorization to use sovereign submerged lands owned by the Board of Trustees of the Internal Improvement Trust Fund (Board of Trustees) to construct a 2,128 square-foot dock with an access measuring 4' wide by 492' long, ending in a terminal platform measuring 8' long by 20' wide, with two associated boat lifts

This activity includes consideration of an application for a letter of consent to use sovereignty, submerged land

'More Protection !ess Process

Printed on recycled paper

The activity is located in the Indian River Lagoon, Jensen Beach to Jupiter Inlet Aquatic Preserve, Outstanding Florida Water (O F W), Class III Waters of the State, adjacent to 108 N Sewall's Point Road (Section 35, Township 37 South, Range 41 East), Martin County

II AUTHORITY FOR REVIEW

The Department has permitting authority under Part IV of Chapter 373, F S , and Chapters 62-330, 62-341 and 62-343, F A C . The activity is not exempt from the requirement to obtain an environmental resource permit Pursuant to Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F A C , the Department is responsible for reviewing this application

The activity also requires a proprietary authorization, as it is located on sovereign submerged lands owned by the Board of Trustees . The activity is not exempt from the need to obtain a proprietary authorization Pursuant to Article X, Section 11 of the Florida Constitution, Sections 253 002 and 253 77, F S , Sections 18-21 0040, 18-21 0051, 18-20, and 62-343 075, F A C and the Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F A C , the Department has the authority to review and take final action on this request for proprietary authorization

III REASONS FOR DENIAL

A Environmental Resource Permit and Sovereign Submerged Lands Authorization

The applicant has provided reasonable assurance that the construction and operation of the activity, considering the direct, secondary and cumulative impacts, will comply with the provisions of Part IV of Chapter 373, F S , and the rules adopted thereunder . However, pursuant to Sections 18-21 00401 and 62-343 075, F A C , an individual or standard general permit under Part IV of Chapter 373, F S , cannot be issued because the activity does not meet the standards for approval of authorization to use sovereign submerged lands, as described below

The request for authorization to use sovereign submerged lands is denied because the applicant has not met all applicable requirements for proprietary authorizations to use sovereign submerged lands, pursuant to Article X, Section 11 of the Florida Constitution, Chapter(s) 253 and 258, F S , associated Chapters(s) 18-21 and 18-20, F A C , and the policies of the Board of Trustees . Specifically

the construction of the project is inconsistent with Chapter 18-21 004(7)(f), F A C because the applicant has failed to provide reasonable assurance that the project will not unreasonably interfere with riparian rights

B Coastal Zone Consistency

Based on the above, the Department has determined that the activity is inconsistent with Florida's Coastal Management Program (FCMP), as required by Section 307 of the Coastal Zone Management Act Pursuant to Section 380 23, F S , the Department may not issue a permit for an activity found to be inconsistent with the FCMP The Department has recommended project design modifications which would bring the project into compliance with the Department's statutory authority under the FCMP (see below) However, the applicant has not modified the application in accordance with those recommendations

IV PROPOSED CHANGES

The Department has determined that the following changes to the project may enable the Department to grant a consolidated permit and authorization to use sovereign submerged lands

Demonstrate the project will not unreasonably interfere with riparian rights by providing a lawful agreement between the affected parties or a determination by a court of competent jurisdiction, regarding the allocation of riparian lines at the subject site

Modification of the project as specified above may enable the Department to determine that the activity is consistent with Florida's Coastal Management Plan

V RIGHTS OF AFFECTED PARTIES

This notice of denial 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 action automatically becomes only proposed agency action on the application, 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 the administrative hearing process is designed to redetermine final agency action on the application, the filing of a petition for an administrative hearing may result in granting the application

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

A person subject to regulation has a right to apply for a variance from or waiver of the requirements of particular rules, on certain conditions, under section 120 542 of the Florida Statutes The relief provided by section 120 542 applies only to regulatory rules It does not apply to proprietary rules of the Board of Trustees of the Internal Improvement Trust Fund Nor does it apply to statutes or federal regulatory requirements Applying for a variance or waiver does not substitute or extend the time for filing a petition for an administrative hearing or exercising any other right that a person may have in relation to the Department's action or proposed action

The application for a variance or waiver is made by filing a petition with the Department of Environmental Protection, Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000 The petition must specify the following information

- (a) The name, address, telephone number, and any facsimile number of the petitioner,
- (b) The name, address, and telephone number, and any facsimile number of the attorney or qualified representative of the petitioner, if any,
- (c) The applicable rule or portion of a rule from which a variance or waiver is requested,
- (d) The citation to the statute underlying (implemented by) the rule identified in (c) above,
- (e) The type of action requested,

- (f) The specific facts that demonstrate a financial hardship or a violation of principles of fairness that would justify a variance or waiver for the petitioner,
- (g) The reason why the variance or waiver would serve the purposes of the underlying statute (implemented by the rule), and
- (h) A statement whether the variance or waiver is permanent or temporary and if temporary, a statement of the dates showing the duration of the variance or waiver requested

The Department will grant a variance or waiver when the petition demonstrates both that the application of the rule would create a substantial hardship or violate principles of fairness, as each of those terms is defined in section 120 542(2) of the Florida Statutes, and that the purpose of the underlying statute will be or has been achieved by other means by the petitioner

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 rule 62-110 106(3), petitions for an administrative hearing by the applicant must be filed within 14 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 14 days of publication of the notice or within 14 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 14 days of receipt of such notice, regardless of the date of publication

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

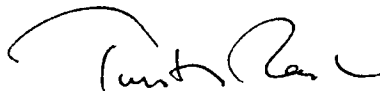
A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106 301

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 notice of denial 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

Executed in West Palm Beach, Florida

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


for Kevin R Neal 6/30/06
District Director Date
Southeast District

an
KRN/GV/JKS/jms

Copies furnished to

U S Army Corps of Engineers-Palm Beach Gardens
~~Florida Sewall's Point Building Department~~
DEP - Office of General Counsel
William Guy, FAX# 772-220-3318
Michael Buono, 106 N Sewall's Point Rd , Stuart, FL 34996
Zehra & Mahboob Alikhan, 104 N Sewall's Point Rd , Stuart, FL 34996
Forrest Jordan, 110 N Sewall's Point Rd , Stuart, FL 34996
Robert Eustace, 2500 Bond St , University Park, IL 60466
Linda Petz, FAX# 772-545-0752

File Name Kari Lydon
FDEP File No 43-0239723-001
Page 6

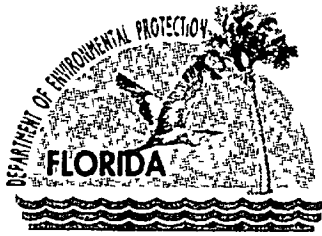
CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this CONSOLIDATED NOTICE OF DENIAL and all copies were mailed before the close of business on JUN 30 2006, to the above listed persons

FILING AND ACKNOWLEDGMENT

FILED, on this date with the designated Department Clerk, pursuant to section 120 52(7), Florida Statutes, receipt of which is hereby acknowledged

Rachel Osborne 6/30/06
Clerk Date



Jeb Bush
Governor

FILE

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

Colleen M Castille
Secretary

MAY 23 2005

7004 2510 0006 9606 8750

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Kari Lydon

108 N. Stwall's Point Road
Stuart, FL 34996

RE: Consent Order, OGC Case No 05-0907

Dear Mrs Lydon

Enclosed for your review and signature is the Consent Order drafted by the Department in the above-styled case. This Consent Order represents the resolution acceptable to the Department in this matter.

Please review, sign and return the copy within twenty (20) days from the date of receipt to this office for Department signature and execution. Should you have any questions concerning the Consent Order, please contact **Jimmy Sellers** at **(772)398-2806**.

Sincerely,

Kevin R. Neal
District Director
Southeast District

KRN/TR/js

Enclosure

BEFORE THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION)	IN THE OFFICE OF THE SOUTHEAST DISTRICT
)	
Complainant,)	
)	
vs)	
)	OGC File No 05-0907
KARI LYDON,)	
)	
Respondent)	

CONSENT ORDER

This Consent Order is made and entered into between the State of Florida Department of Environmental Protection (“Department”), and Kari Lydon (“Respondent”) to reach settlement of certain matters at issue between the Department and the Respondent

The Department finds and the Respondent admits the following

1 The Department is the administrative agency of the State of Florida having the power and duty to protect Florida’s air and water resources and to administer and enforce Part IV of Chapters 373 and 403, Florida Statutes, and rules promulgated and authorized thereunder, Florida Administrative Code Title 62 The Department has jurisdiction over the matters addressed in this Consent Order

2 Respondent is a person within the meaning of Section 373 019(12), Florida Statutes

3 Kari Lydon is the owner of the property located at 108 N Sewall’s Point Road, Stuart, Martin County, Florida

4 Inspections by Department personnel on February 9, 2005, and April 19, 2005, revealed that riprap had been installed without a valid permit from the Department The activity was conducted on the above described property within the landward extent of the Jensen Beach to Jupiter Inlet Aquatic Preserve (O F W), Class III Waters of the State, as defined by Chapter 62-340, Florida Administrative Code

Having reached a resolution of the matter, the Respondent and the Department mutually agree and it is,
ORDERED

5 Within 30 days of the effective date of this Consent Order, the Respondent shall pay the Department \$2,750 00 in the settlement of the matters addressed in this Consent Order This amount includes \$2,500 00 in civil penalties for alleged violations of Section 373 430, Florida Statutes, and of Department’s rules and \$250 00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order Payment shall be made by cashier’s check or money order The instrument shall

be made payable to the **“Department of Environmental Protection”** and shall include thereon the OGC number assigned to this Consent Order and the notation **“Ecosystem Management and Restoration Trust Fund”**. The payment shall be sent to the **Florida Department of Environmental Protection, Southeast District Branch Office, 1801 S.E. Hillmoor Drive, Suite C-204, Port St. Lucie, Florida 34952**

6 The Respondent shall complete the Corrective Actions attached hereto and incorporated herein as Attachment A and Exhibit I in the manner and time frames identified in the Corrective Actions

7 With the exception of the activities described in the Corrective Actions effective immediately and henceforth, Respondent shall not conduct any dredging, filling, or construction activities on or within the landward extent of waters of the state without first obtaining a valid Department permit or written notification from the Department that the activities appear to be exempt as proposed from the Department permitting requirements nor shall Respondent conduct any activity on state owned lands below the ordinary or mean high water lines without first obtaining a lease, easement, or other consent of use from the Department

8 Respondent agrees to pay the Department stipulated penalties in the amount of \$50 00 per day for each and every day the Respondent fails to timely comply with any of the requirements of paragraphs (5) and (6) A separate stipulated penalty shall be assessed for each violation of this Order Within 30 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to the **“Department of Environmental Protection”** by cashiers check or money order and shall include thereon the OGC number assigned to this Consent Order and the notation **“Ecosystem Management and Restoration Trust Fund”** The Department may make demands for payment at any time after the violations occur Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce the terms of this Consent Order Any penalties assessed under this paragraph shall be in addition to the settlement sum agreed to in paragraph (5) of this Consent Order If the Department is required to file a lawsuit to recover stipulated penalties under this paragraph, the Department will not be foreclosed from seeking civil penalties for violation of this Consent Order in an amount greater than the stipulated penalties due under this paragraph

9 If any event, including administrative or judicial challenges by third parties unrelated to the Respondent, occurs which causes delay, or the reasonable likelihood of delay, in complying with the requirements or deadlines of this Consent Order, Respondent shall have the burden of proving that the delay was, or will be, caused by the circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent’s due diligence Economic circumstances shall not be considered circumstances beyond the control of the Respondent, nor shall the failure of a contractor, subcontractor, materialman or other agent (collectively referred to as **“contractor”**) to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of the Respondent, unless the cause of the contractor’s late performance was also beyond the contractor’s control Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department orally within 24

hours or by the next working day and shall, within seven days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay the measures taken or to be taken to prevent or minimize the delay, and the timetable by which the Respondent intends to implement these measures If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of the Respondent, the time for performance hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay Failure of the Respondent to comply with the notice requirements of this paragraph in a timely manner shall constitute a waiver of Respondent's right to request an extension of time for compliance with the requirements or deadlines of this Consent Order

10 Respondent shall allow all authorized representatives of the Department access to the property at reasonable times for the purposes of determining compliance with this Consent Order and the rules and statutes of the Department

11 Entry of this Consent Order does not relieve the Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances

12 The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120 69 and 373 129, Florida Statutes Failure to comply with the terms of this Consent Order shall constitute a violation of Section 373 430, Florida Statutes

13 Respondent is fully aware that a violation of the terms of this Consent Order may subject the Respondent to judicial imposition of damages, civil penalties of up to \$10,000 00 per day per violation, administrative fines of up to \$10,000 00 per day per violation and criminal penalties

14 Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120 569 and 120 57, Florida Statutes, to petition for an administrative hearing on it The petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice A copy of the petition must also be mailed at the time of filing to the District Office named above at the address indicated Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Section 120 57, Florida Statutes

The petition shall contain the following information

(a) The name, address, and telephone number of each petitioner, the Department's Consent Order identification number and the county in which the subject matter or activity is located, (b) A statement of how and when each petitioner received notice of the Consent Order, (c) A statement of how each petitioner's substantial interests are affected by the Consent Order, (d) A statement of the material facts disputed by petitioner, if any, (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order, (f) A statement of which

rules or statutes petitioner contends require reversal or modification of the Consent Order, (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding office upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120.573 before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.

Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, by the same deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

- (a) The names, addresses, and telephone numbers of any persons who may attend the mediation,
- (b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time,
- (c) The agreed allocation of the costs and fees associated with the mediation,
- (d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation,
- (e) The date, time and place of the first mediation session, or the deadline for holding the first session, if no mediator has yet been chosen,

(f) The name of each party's representative who shall have authority to settle or recommend settlement, and

(g) Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference

(h) The signatures of all parties or their authorized representatives

As provided in Section 120 573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120 569 and 120 57 for requesting and holding an administrative hearing Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement If mediation results in settlement of the administrative dispute the Department must enter a final order incorporating the agreement of the parties Persons whose substantial interests will be affected by such a modified final decision of the Department have right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing process under Sections 120 569 and 120 57 remain available for disposition of the dispute, and the notice will specify the deadline that then will apply for challenging the agency action and electing remedies under those two statutes

15 The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed in this Consent Order

16 The Department, for and in consideration of the complete and timely performance by Respondent of the obligations agreed to in this Consent Order, hereby waives its right to seek judicial imposition of damages or civil penalties for alleged violations outlined in the Consent Order

17 Respondent acknowledges and waives its right to an administrative hearing pursuant to Sections 120 569 and 120 57, Florida Statutes, on the terms of this Consent Order Respondent acknowledges its right to appeal the terms of this Consent Order pursuant to Section 120 68, Florida Statutes, and waives that right upon signing this Consent Order

18 No modification of the terms of this Consent Order shall be effective until reduced to writing and executed by both the Respondent and the Department

19 The provisions of this Consent Order shall apply to and be binding upon the parties, their officers, their directors, agents, servants, employees, successors, and assigns and all persons, firms and corporations acting under, through or for them and upon those persons, firms and corporations in active concert or participation with them

20 All submittals and payments required by this Consent Order shall be sent to Florida Department of Environmental Protection, Southeast District Branch Office, Environmental Resource Permitting Compliance/Enforcement Section, 1801 S E Hillmoor Drive, Suite C-204, Port St Lucie, Florida 34952

21 In the event of a sale or conveyance, of the Property, if all the requirements of this Consent Order have not been fully satisfied, the Respondent shall, at least 30 days prior to a sale or conveyance of the property, (1) notify the Department of such sale or conveyance, and (2) provide a copy of this Consent Order with all attachments to the new owner. The sale of conveyance of the property shall not relieve Respondent of the obligations imposed in this Consent Order.

22 This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not settlement of any criminal liabilities which may arise under Florida law, nor is it settlement of any violation which may be prosecuted criminally or civilly under federal law.

23 This Consent Order is a final order of the Department pursuant to Section 120.52(7), Florida Statutes, and it is final and effective on the date filed with the Clerk of the Department unless a petition for administrative hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Consent Order will not be effective until further order of the Department.

DONE AND ORDERED this _____ day of _____, 2005 in _____,

Florida

FOR THE RESPONDENT

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Kari Lydon

Kevin R. Neal
District Director
Southeast District

Date

FILING AND ACKNOWLEDGMENT

Filed, on this date, pursuant to Section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date

cc ~~Town of Seawall's Point~~
Linda Petz, FAX# 772-545-0752 (Agent)
U S Army Corps of Engineers, Palm Beach Gardens

KRN/TR/js

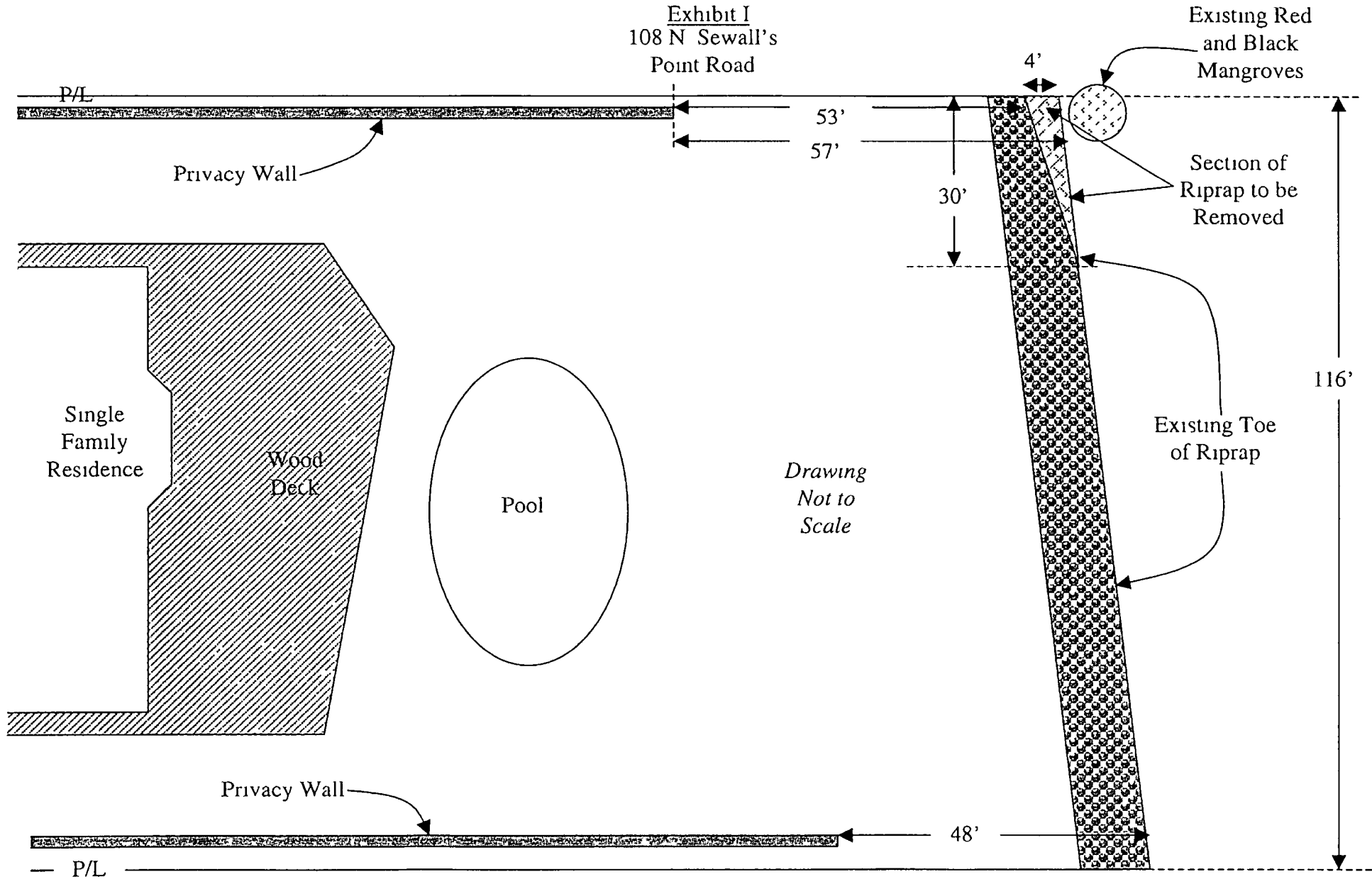
ATTACHMENT A
CORRECTIVE ACTIONS

- 1 Within 120 days of the effective date of this Consent Order, Respondent shall, along the northernmost 30 linear feet of shoreline hardened with riprap, relocate the riprap landward by at least four (4) feet, as shown in Exhibit I
- 2 Best management practices for erosion control shall be implemented and maintained at all times during construction to prevent siltation and turbid discharges in excess of state water quality standards pursuant to Rule 62-302, F A C Methods shall include, but are not limited to the use of staked hay bales, staked filter cloth, sodding, seeding, and mulching, staged construction and the installation of turbidity screens around the immediate project site Respondent shall be responsible for ensuring that erosion control devices/procedures are inspected and maintained daily during all phases of construction authorized by this Consent Order until all areas that were disturbed during construction are sufficiently stabilized to prevent erosion, siltation, and turbid discharges

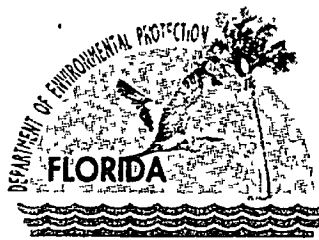
The following measures shall be taken immediately by Respondent whenever turbidity levels within waters of the state surrounding the project site, exceed 0 NTU's above background

- A Immediately cease all work contributing to the water quality violation
 - B Stabilize all exposed soils contributing to the violation Modify the work procedures that were responsible for the violation and install more turbidity containment devices and repair any non-functioning turbidity containment devices
 - C Notify the Southeast District Branch Office within 24 hours of the time the violation is first detected Construction shall cease until a response has been received from the Department regarding the water quality violation
- 3 Within 15 days of completion of these Corrective Actions, Respondent shall submit the following information to the Department
 - A Written notification that the Corrective Actions have been completed
 - B Enough color photographs to show the entire completed restoration area
 - C A location map identifying the locations from which the pictures were taken

Exhibit I
108 N Sewall's
Point Road



*Drawing
Not to
Scale*



Department of Environmental Protection

Jeb Bush
Governor

JUL 13 2005

7003 0500 0000 3154 4482

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Kari Lydon
108 N Sewall's Point Road
Stuart, FL 34996

Port St Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St Lucie, FL 34952
(772)398-2807 Fax # (772)398-2815

Colleen M Castille
Secretary

FILE

RE Consent Order, OGC Case No 05-0907

Dear Mrs Lydon

Enclosed for your implementation is the fully executed and filed Consent Order in the above-styled case. Please familiarize yourself with the compliance dates and terms of the Consent Order so the complete and timely performance of those obligations is accomplished.

Thank you for your cooperation in the matter.

Sincerely,

Kevin R. Neal
District Director
Southeast District

Enclosure

KRN/TR/js

cc Kathy Carter, OGC, Tallahassee

BEFORE THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION)	IN THE OFFICE OF THE SOUTHEAST DISTRICT
)	
Complainant,)	
)	
vs)	
)	
KARI LYDON,)	OGC File No 05-0907
)	
Respondent)	

CONSENT ORDER

This Consent Order is made and entered into between the State of Florida Department of Environmental Protection (“Department”), and Kari Lydon (“Respondent”) to reach settlement of certain matters at issue between the Department and the Respondent

The Department finds and the Respondent admits the following

1 The Department is the administrative agency of the State of Florida having the power and duty to protect Florida’s air and water resources and to administer and enforce Part IV of Chapters 373 and 403, Florida Statutes, and rules promulgated and authorized thereunder, Florida Administrative Code Title 62 The Department has jurisdiction over the matters addressed in this Consent Order

2 Respondent is a person within the meaning of Section 373.019(12), Florida Statutes

3 Kari Lydon is the owner of the property located at 108 N Sewall’s Point Road, Stuart, Martin County, Florida

4 Inspections by Department personnel on February 9, 2005, and April 19, 2005, revealed that riprap had been installed without a valid permit from the Department The activity was conducted on the above described property within the landward extent of the Jensen Beach to Jupiter Inlet Aquatic Preserve (O F W), Class III Waters of the State, as defined by Chapter 62-340, Florida Administrative Code

Having reached a resolution of the matter, the Respondent and the Department mutually agree and it is,
ORDERED

5 Within 30 days of the effective date of this Consent Order, the Respondent shall pay the Department \$2,750.00 in the settlement of the matters addressed in this Consent Order This amount includes \$2,500.00 in civil penalties for alleged violations of Section 373.430, Florida Statutes, and of Department’s rules and \$250.00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order Payment shall be made by cashier’s check or money order The instrument shall

be made payable to the “**Department of Environmental Protection**” and shall include thereon the OGC number assigned to this Consent Order and the notation “**Ecosystem Management and Restoration Trust Fund**” The payment shall be sent to the **Florida Department of Environmental Protection, Southeast District Branch Office, 1801 S E. Hillmoor Drive, Suite C-204, Port St. Lucie, Florida 34952**

6 The Respondent shall complete the Corrective Actions attached hereto and incorporated herein as Attachment A and Exhibit I in the manner and time frames identified in the Corrective Actions

7 With the exception of the activities described in the Corrective Actions, effective immediately and henceforth, Respondent shall not conduct any dredging, filling, or construction activities on or within the landward extent of waters of the state without first obtaining a valid Department permit or written notification from the Department that the activities appear to be exempt as proposed from the Department permitting requirements, nor shall Respondent conduct any activity on state owned lands below the ordinary or mean high water lines without first obtaining a lease, easement, or other consent of use from the Department

8 Respondent agrees to pay the Department stipulated penalties in the amount of \$50 00 per day for each and every day the Respondent fails to timely comply with any of the requirements of paragraphs (5) and (6) A separate stipulated penalty shall be assessed for each violation of this Order Within 30 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to the “Department of Environmental Protection” by cashiers check or money order and shall include thereon the OGC number assigned to this Consent Order and the notation “Ecosystem Management and Restoration Trust Fund” The Department may make demands for payment at any time after the violations occur Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce the terms of this Consent Order Any penalties assessed under this paragraph shall be in addition to the settlement sum agreed to in paragraph (5) of this Consent Order If the Department is required to file a lawsuit to recover stipulated penalties under this paragraph, the Department will not be foreclosed from seeking civil penalties for violation of this Consent Order in an amount greater than the stipulated penalties due under this paragraph

9 If any event, including administrative or judicial challenges by third parties unrelated to the Respondent, occurs which causes delay, or the reasonable likelihood of delay, in complying with the requirements or deadlines of this Consent Order, Respondent shall have the burden of proving that the delay was, or will be, caused by the circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence Economic circumstances shall not be considered circumstances beyond the control of the Respondent, nor shall the failure of a contractor, subcontractor, materialman or other agent (collectively referred to as “contractor”) to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of the Respondent, unless the cause of the contractor's late performance was also beyond the contractor's control Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department orally within 24

hours or by the next working day and shall, within seven days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay, the measures taken or to be taken to prevent or minimize the delay, and the timetable by which the Respondent intends to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of the Respondent, the time for performance hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances. Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay. Failure of the Respondent to comply with the notice requirements of this paragraph in a timely manner shall constitute a waiver of Respondent's right to request an extension of time for compliance with the requirements or deadlines of this Consent Order.

10 Respondent shall allow all authorized representatives of the Department access to the property at reasonable times for the purposes of determining compliance with this Consent Order and the rules and statutes of the Department.

11 Entry of this Consent Order does not relieve the Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances.

12 The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 373.129, Florida Statutes. Failure to comply with the terms of this Consent Order shall constitute a violation of Section 373.430, Florida Statutes.

13 Respondent is fully aware that a violation of the terms of this Consent Order may subject the Respondent to judicial imposition of damages, civil penalties of up to \$10,000.00 per day per violation, administrative fines of up to \$10,000.00 per day per violation and criminal penalties.

14 Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Section 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner, the Department's Consent Order identification number and the county in which the subject matter or activity is located, (b) A statement of how and when each petitioner received notice of the Consent Order, (c) A statement of how each petitioner's substantial interests are affected by the Consent Order, (d) A statement of the material facts disputed by petitioner, if any, (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order, (f) A statement of which

rules or statutes petitioner contends require reversal or modification of the Consent Order, (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order

If a petition is filed, the administrative hearing process is designed to formulate agency action Accordingly, the Department's final action may be different from the position taken by it in this Notice Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120 569 and 120 57, Florida Statutes, and to participate as a party to this proceeding Any subsequent intervention will only be at the approval of the presiding office upon motion filed pursuant to Rule 28-106 205, Florida Administrative Code

A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120 569 and 120 57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120 573 before the deadline for filing a petition Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement The procedures for pursuing mediation are set forth below

Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000 by the same deadline as set forth above for the filing of a petition

The agreement to mediate must include the following

- (a) The names, addresses, and telephone numbers of any persons who may attend the mediation,
- (b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time,
- (c) The agreed allocation of the costs and fees associated with the mediation,
- (d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation,
- (e) The date, time and place of the first mediation session, or the deadline for holding the first session, if no mediator has yet been chosen,

(f) The name of each party's representative who shall have authority to settle or recommend settlement, and

(g) Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference

(h) The signatures of all parties or their authorized representatives

As provided in Section 120 573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120 569 and 120 57 for requesting and holding an administrative hearing Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties Persons whose substantial interests will be affected by such a modified final decision of the Department have right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing process under Sections 120 569 and 120 57 remain available for disposition of the dispute, and the notice will specify the deadline that then will apply for challenging the agency action and electing remedies under those two statutes

15 The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed in this Consent Order

16 The Department, for and in consideration of the complete and timely performance by Respondent of the obligations agreed to in this Consent Order, hereby waives its right to seek judicial imposition of damages or civil penalties for alleged violations outlined in the Consent Order

17 Respondent acknowledges and waives its right to an administrative hearing pursuant to Sections 120 569 and 120 57, Florida Statutes, on the terms of this Consent Order Respondent acknowledges its right to appeal the terms of this Consent Order pursuant to Section 120 68, Florida Statutes, and waives that right upon signing this Consent Order

18 No modification of the terms of this Consent Order shall be effective until reduced to writing and executed by both the Respondent and the Department

19 The provisions of this Consent Order shall apply to and be binding upon the parties, their officers, their directors, agents, servants, employees, successors, and assigns and all persons, firms and corporations acting under, through or for them and upon those persons, firms and corporations in active concert or participation with them

20 All submittals and payments required by this Consent Order shall be sent to Florida Department of Environmental Protection, Southeast District Branch Office, Environmental Resource Permitting Compliance/Enforcement Section, 1801 S E Hillmoor Drive, Suite C-204, Port St Lucie, Florida 34952

21 In the event of a sale or conveyance, of the Property, if all the requirements of this Consent Order have not been fully satisfied, the Respondent shall, at least 30 days prior to a sale or conveyance of the property, (1) notify the Department of such sale or conveyance, and (2) provide a copy of this Consent Order with all attachments to the new owner. The sale of conveyance of the property shall not relieve Respondent of the obligations imposed in this Consent Order.

22 This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not settlement of any criminal liabilities which may arise under Florida law, nor is it settlement of any violation which may be prosecuted criminally or civilly under federal law.

23 This Consent Order is a final order of the Department pursuant to Section 120.52(7), Florida Statutes, and it is final and effective on the date filed with the Clerk of the Department unless a petition for administrative hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Consent Order will not be effective until further order of the Department.

DONE AND ORDERED this 17 day of June, 2005 in Stuart,

Florida

FOR THE RESPONDENT

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Kevin R Neal 7/12/05
Kevin R. Neal Date
District Director
Southeast District

Kari Lydon
Kari Lydon

FILING AND ACKNOWLEDGMENT

Filed, on this date, pursuant to Section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date

Carla A. Thomas 7/13/05

cc ~~Town of Seville's Point~~
Linda Petz, FAX# 772-545-0752 (Agent)
U S Army Corps of Engineers, Palm Beach Gardens

KRN/TR/js

ATTACHMENT A
CORRECTIVE ACTIONS

- 1 Within 120 days of the effective date of this Consent Order, Respondent shall, along the northernmost 30 linear feet of shoreline hardened with riprap, relocate the riprap landward by at least four (4) feet, as shown in Exhibit I
- 2 Best management practices for erosion control shall be implemented and maintained at all times during construction to prevent siltation and turbid discharges in excess of state water quality standards pursuant to Rule 62-302, F A C Methods shall include, but are not limited to the use of staked hay bales, staked filter cloth, sodding, seeding, and mulching, staged construction, and the installation of turbidity screens around the immediate project site Respondent shall be responsible for ensuring that erosion control devices/procedures are inspected and maintained daily during all phases of construction authorized by this Consent Order until all areas that were disturbed during construction are sufficiently stabilized to prevent erosion, siltation, and turbid discharges

The following measures shall be taken immediately by Respondent whenever turbidity levels within waters of the state surrounding the project site, exceed 0 NTU's above background

- A Immediately cease all work contributing to the water quality violation
 - B Stabilize all exposed soils contributing to the violation Modify the work procedures that were responsible for the violation and install more turbidity containment devices and repair any non-functioning turbidity containment devices
 - C Notify the Southeast District Branch Office within 24 hours of the time the violation is first detected Construction shall cease until a response has been received from the Department regarding the water quality violation
- 3 Within 15 days of completion of these Corrective Actions, Respondent shall submit the following information to the Department
 - A Written notification that the Corrective Actions have been completed
 - B Enough color photographs to show the entire completed restoration area
 - C A location map identifying the locations from which the pictures were taken

