

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

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

**Construction and Inspection Record**

Name of Owner **CARL E HENRIKSEN**

Phone No

Address **SEWALLS POINT**

Name of Contractor **CARL PAULX JR**

Phone No

Address **JENSEN BEACH**

Legal Description of Property Lot

Subdivision

Inspections

Footers **OK 6/3/58**  
 Rough Electric **OK 7/21/58**  
 Rough Plumbing **OK 7/21/58**  
 Close In **OK 7/21/58**

Septic tanks **OK 7/31/58** Block  
 Date Lintel **OK 6/20/58**  
 Date Final Electric **OK 9/2/58**  
 Date Final Plumbing **OK 9/2/58**  
 Date Final **OK 9/2/58**

Date  
 Date  
 Date  
 Date

Clean Up Bond \$

Date

Certificate of Credit Rating

Superior

Good

Date Filed

No

Certificate of Insurance

Agent

Date Filed

Poor

Certificate of Occupancy Issued

No **# 9**

Company

Date

Permit and Job No **# 9**

*Charles A. Dungey*

Building Dept

TOWN OF SEWALL'S POINT  
Florida

BUILDING DEPARTMENT  
APPLICATION FOR BUILDING PERMIT

Date 5-28-58

Owner CARL E. HENRIKSEN

Address SEWALLS POINT ROAD

Architect PAUL JENSEN, JR.

Address JUPITER FLA.

Contractor CARL PAULY JR.

Address JENSEN BEACH.

Building to be constructed on: SEE LEGAL DESCRIPTION.

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

Address SEWALLS POINT ROAD

Purpose of Building RESIDENCE Type of Work NEW

Estimated cost of Building or Improvements \$ 16477.90

Type of Construction C.B.S. Roofing Covering METAL SHINGLES

Type of Roof (HIP) TRUSS ROOF Foundation FOUND. CONCRETE.

Size of Building Lot 100 X 369

Square Feet in Building 1720 D' INCL. GARAGE.

Zoning TOWN OF SEWALLS POINT

Permit Number \_\_\_\_\_ Permit Fee \$ 63.23

Clean-up Bond Number \_\_\_\_\_ Clean-up Fee \$ \_\_\_\_\_

Carl Pauly Jr.  
Signed: Contractor

For the point of beginning, begin at a point where the North line of Government Lot 2, Section 35, Township 37 South, Range 41 East, intersects the center line of Sewall's Point Road; thence run South  $26^{\circ} 41'$  East along said center line of Sewall's Point Road distance of 112.43 feet; thence run North  $89^{\circ} 28'$  West a distance of 408 feet; thence run North  $6^{\circ} 40'$  West a distance of 100.79 feet to the North line of Government Lot 2, Section 35, Township 37 South, Range 41 East; thence run South  $89^{\circ} 28'$  East a distance of 369.15 feet to the point or place of beginning.

TOWN OF SEWALL'S POINT  
Florida

BUILDING PERMIT

Fee \$ 6.00

APPLICATION FOR PLUMBING AND GAS PERMIT

Date 5-28-58 Permit Number \_\_\_\_\_

Owners Name CARL E. HENNINGEN

Street and Number SEWALLS POINT ROAD

Plumber ED. ROEMMELT City License Number \_\_\_\_\_

Gas Fitter \_\_\_\_\_

What is the size of main soil pipe? 4" Cast Iron

Of what material is soil pipe? Cast Iron

FIXTURES - PLUMBING

Septic Tanks 2 Water Closets 2

Bath Tubs 1 Lavatories 2

Sinks 1 Urinals \_\_\_\_\_

Garbage Drains 1 Shower Baths 1

Heater (Electrical) 1 Well 1

Washing Machine Drains \_\_\_\_\_

FIXTURES - GAS

Stoves \_\_\_\_\_ Burners \_\_\_\_\_

Heaters (water) \_\_\_\_\_ Heaters (space) \_\_\_\_\_

Other Appliances \_\_\_\_\_

Carl Pauley Jr  
Signed: Contractor

TOWN OF SEWALL'S POINT  
Florida

BUILDING DEPARTMENT

Fee \$ 7 80

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date 5-28-58 Permit Number \_\_\_\_\_

Owner CARL E. HENRIKSEN.

Street and Number SEWALLS POINT ROAD.

Electrician J. Hamble. City License Number \_\_\_\_\_

Work: New  Old  Additional

DISTRIBUTION

S. Switches \_\_\_\_\_ Number of Generators \_\_\_\_\_

Number of Motors (1) 1 1/2 H.P. Water Heater 1

Stoves 1 Outlets 48.

Receptacles \_\_\_\_\_ Wall Heater 2

Sub Feed \_\_\_\_\_ Size of Panel 100 AMP.

Wire: Romex  Conduit  Number of Fixtures \_\_\_\_\_

Size of Main Disconnect 100 AMP.

*temp rate* 1.00

Carl Paulsen  
Signed: Contractor

**2893**

**REROOF**

Permit No. #2893

Date

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

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

Owner DAVID R PATTERSON Present Address 2200 CANARIE BLVD

Phone 614-221-5216 COLUMBUS OH 43221

Contractor B+B ROOFING Address 1107 BANSSEE DR

Phone 419-466-8762 FOOT BRIDGE RD 34982

Where licensed State License number CC C1046934

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 Remove tarp + GROUND TO 3 TAB SHINGLE  
4/12 PITCH

State the street address at which the proposed structure will be built:  
109 N SEWALLS Pt Rd, SEWALLS Pt, OH

Subdivision TWIN RIVERS Lot number Block number

Contract price \$ 3,100.00 Cost of permit \$ 50.00

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-tacking" the construction project.

Contractor Donald C. Bessner

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 David R. Patterson *By NEP*

TOWN RECORD

Date submitted Approved Building Inspector Date

Approved Commissioner Date Final Approval given Date

Certificate of Occupancy issued (if applicable) Date

#2893  
Permit No

SP1282

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.



1990-1991

APPLICATION

ACCOUNT 1761-002384  
EXPIRES SEPTEMBER 30, 1991  
SEPT. 30, 1991

ST LUCIE COUNTY OCCUPATIONAL LICENSE  
STATE OF FLORIDA

FACILITIES OR MACHINES ROOM SEATS EMPLOYEES 0-

TYPE OF BUSINESS ROOFING-----1-9 EMPLY

SUPPLEMENTAL RENEWAL NEW LICENSE TRANSFER - ORIGINAL TAX 9.

BUSINESS ADDRESS 6107 BALSAM DRIVE

AMOUNT PENALTY COLLECTION COST TOTAL 9.  
Date 9/11/90  
Paid 1001 \$0.00

NAME MAILING ADDRESS BRESNICK, DONALD C DBA B&B ROOFING OF ST LUCIE COUNTY BRESNICK, DONALD C QUAL ST C

BRESNICK, ELAINE M 6107 BALSAM DRIVE FT PIERCE FL 34982

SIGN AND RETURN WITH PAYMENT

I SWEAR THAT THIS APPLICATION FOR LICENSE IS MADE FOR THE BUSINESS OR PROFESSION INDICATED HEREON AND IS TRUE AND CORRECT

MAKE CHECK PAYABLE TO DOROTHY J CONRAD, TAX COLLECTOR ST LUCIE COUNTY FLORIDA

00000000000 1001 17610023842 00000009000 00000000000

STATE OF FLORIDA  
DEPARTMENT OF PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

| DATE     | LICENSE NO. | BATCH NO. |
|----------|-------------|-----------|
| 07/27/87 | CC C046934  | 00350     |

THE CERTIFIED ROOFING CONTRACTOR NAMED BELOW IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489 F.S. FOR THE YEAR EXPIRING JUNE 30, 1992

BRESNICK, DONALD CHARLES  
B & B ROOFING/ST LUCIE CITY INC  
6107 BALSAM DR  
FT PIERCE FL 34982

BOB MARTINEZ  
GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

LARRY GONZALEZ  
SECRETARY, D P R

CITY OF FORT PIERCE  
BUILDING AND CODE ENFORCEMENT DEPT.

THIS IS TO CERTIFY THAT  
Donald Bresnick d/b/a  
B & B ROOFING OF ST. LUCIE INC.  
Is A CERTIFIED ROOFING Contractor Registered  
With The City of Fort Pierce Florida

# 3289  
VOID AFTER SEPTEMBER 30, 19 91

9-12-90  
Date

Director

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

7/12/90

PRODUCER

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.

RODES ROPER LOVE INS  
P O BOX 100  
MELBOURNE FL 32902      0700

## COMPANIES AFFORDING COVERAGE

CODE

SUB-CODE

COMPANY LETTER **A**

MARYLAND CASUALTY

INSURED

B & B ROOFING OF  
ST LUCIE CNTY INC  
6107 BALSAM DRIVE  
FT PIERCE      FL 34982

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

### 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) | ALL LIMITS IN THOUSANDS          |  |
|--------|--|---------------|----------------------------------|-----------------------------------|----------------------------------|--|
| A      | GENERAL LIABILITY                              | ECA440208774  | 7/13/90                          | 7/13/91                           | GENERAL AGGREGATE                | 300  |
| X      | COMMERCIAL GENERAL LIABILITY                   |               |                                  |                                   | PRODUCTS COMP/OPS AGGREGATE      | 300  |
|        | CLAIMS MADE X OCCUR                            |               |                                  |                                   | PERSONAL & ADVERTISING INJURY    | 300  |
|        | OWNER S & CONTRACTOR S PROT                    |               |                                  |                                   | EACH OCCURRENCE                  | 300  |
|        |  |               |                                  |                                   | FIRE DAMAGE (Any one fire)       | 50   |
|        |  |               |                                  |                                   | MEDICAL EXPENSE (Any one person) | 5  |
|        | AUTOMOBILE LIABILITY                           |               |                                  |                                   | COMBINED SINGLE LIMIT            |  |
|        | ANY AUTO                                       |               |                                  |                                   | BODILY INJURY (Per person)       |  |
|        | ALL OWNED AUTOS                                |               |                                  |                                   | BODILY INJURY (Per accident)     |  |
|        | SCHEDULED AUTOS                                |               |                                  |                                   | PROPERTY DAMAGE                  |  |
|        | HIRED AUTOS                                    |               |                                  |                                   |                                  |  |
|        | NON OWNED AUTOS                                |               |                                  |                                   |                                  |  |
|        | GARAGE LIABILITY                               |               |                                  |                                   |                                  |  |
|        | EXCESS LIABILITY                               |               |                                  |                                   | EACH OCCURRENCE                  | AGGREGATE  |
|        | OTHER THAN UMBRELLA FORM                       |               |                                  |                                   |                                  |  |
|        | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY |               |                                  |                                   | STATUTORY                        | (EACH ACCIDENT)<br>(DISEASE—POLICY LIMIT)<br>(DISEASE—EACH EMPLOYEE) |
|        | OTHER  |               |                                  |                                   |                                  |  |

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

### CERTIFICATE HOLDER

ST LUCIE COUNTY CONTRACIORS  
CERTIFICATION & LICENSING DIV  
2300 VIRGINIA AVE ROOM 211  
FT PIERCE FL 34982

### 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

RODES ROPER LOVE INS MGMT      IA



FLORIDA ROOFING SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION INC

# SELF INSURERS FUND

P O BOX 4907 • WINTER PARK FL 32793 • (407) 671-FRSA

1-800-476-3772 • FAX (407) 679-0010

## CERTIFICATE OF INSURANCE

### ISSUED TO

[ St. Lucie County Contractors  
 Certification & Licensing Div.  
 2300 Virginia Avenue, Room 211  
 Ft. Pierce FL 34982 ]

[ This is to certify that B & B Roofing of St. Lucie County, Inc.  
 6107 Balsam Drive  
 Ft. Pierce FL 34982 ]

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


COVERAGE NUMBER 8-70- 24052  
 EFFECTIVE DATE 10/02/89  
 EXPIRATION DATE 12/31/90

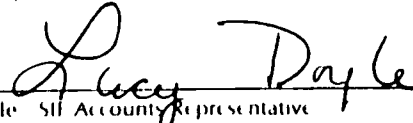
**LIMITS**  
 Workers' Compensation Statutory-State of Florida  
 Employers' Liability \$100,000 - Each Accident  
 \$100,000 - Disease, Each Employee  
 \$500,000 - Disease, Policy Limit

REMARKS Non-cancelable without 30 days prior written notice

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

DATE 03/09/90

By   
 Tom Drake, Administrator  
 FRSA SIF

By   
 Lucy Doyle SIF Account Representative  
 FRSA-SIF

**7419**

**REROOF**

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

### TOWN OF SEWALL'S POINT

Date 3/24/05

BUILDING PERMIT NO. 7419

Building to be erected for PATTERSON

Type of Permit REROOF

Applied for by ROBERT E STEIN (Contractor)

Building Fee \_\_\_\_\_

Subdivision TWIN RIVERS Lot Pt 9 Block \_\_\_\_\_

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

Address 109 N. SEWALL'S POINT RD

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

Type of structure SFR

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

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

Parcel Control Number:

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


3537410070000009060000


Roofing Fee 120.00

Amount Paid 120.00 Check # 3233 Cash \_\_\_\_\_ Other Fees (\_\_\_\_\_) \_\_\_\_\_

Total Construction Cost \$ 4940.00

TOTAL Fees 120.00

Signed   
Applicant

Signed   
Town Building Official

## PERMIT

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

## INSPECTIONS

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

3/11/2005 10:50 FAX  
MAR-17-2005 10 41AM  
-- MAR-2-1 2005  
BY:

6142809503  
FROM-COLDWELLBANKER

KEENER DOUCHER

+17723987464

002/002  
T-344 P 002/002 F-220

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
OWNER/TITLEHOLDER NAME David Patterson Phone (Day) 370-4162 (Fax) \_\_\_\_\_  
Job Site Address: 109 Sewalls Point City: Sewalls Pt State: FL Zip: 34996  
Legal Desc. Property (Subd/Lot/Block) Twin Rivers - Ely 100<sup>th</sup> Lot 9 Parcel Number: 353741007000000906  
Owner Address (if different): Same City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Description of Work To Be Done: rear off + re-roof - 3 Tab, 19' x 4 1/2' 2 layers 1 story, Gable

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES.

Estimated Cost of Construction or Improvements: \$ 4940 -  
(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: Robert E Stein Inc. Phone: 873-8050 Fax: 873-5004  
Street: 8302 Business Park Dr. City: PL St Lucie State: FL Zip: 34952  
State Registration Number: CO042775 State Certification Number: \_\_\_\_\_  
Main County License Number: CO042775

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 Porch: \_\_\_\_\_ 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)  
David Patterson  
State of Ohio, County of Franklin  
This the 17<sup>th</sup> day of March, 2005  
by David Patterson who is personally known to me or produced as identification. [Signature]  
Notary Public

CONTRACTOR SIGNATURE (required)  
Robert E Stein  
On State of Florida, County of St Lucie  
This the 17<sup>th</sup> day of March, 2005  
by ROBERT STEIN who is personally known to me or produced as identification. [Signature]  
Notary Public

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

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

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



STEVEN G CARLINO  
Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Section 147.03 R.C.



VIRGINIA L. CLAUS  
MY COMMISSION # DD 281304  
EXPIRES: May 14, 2008  
Broadband Turbo Budget Notary Services

PRODUCER  
SID BANACK INSURANCE AGENCY  
2101 S WAVERLY PLACE, SUITE 200 -C  
MELBOURNE FL 32901  
PHONE 321-952-6463  
FAX 321-952-6490

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

| INSURERS AFFORDING COVERAGE             | NAIC # |
|---|--------|
| INSURER A SCOTTSDALE INSURANCE CO       |        |
| INSURER B AUTO-OWNERS INSURANCE COMPANY |        |
| INSURER C                               |        |
| INSURER D                               |        |
| INSURER E                               |        |

INSURED  
ROBERT E STEIN, INC AND  
STEIN & CO, INC  
606-A S MARKET AVENUE  
FORT PIERCE, FL 34982

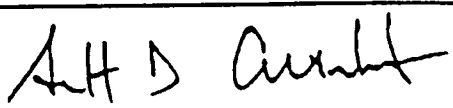
**COVERAGES**

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<br><input checked="" type="checkbox"/> COM' SPECIAL GENERAL LIABILITY<br>CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>  | REW6315CGL    | MAY 1 04                         | MAY 1 05                          | EACH OCCURRENCE \$ 300,000                     |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000   |               |                                  |                                   |  |
|          |  |               |                                  |                                   | MED EXP (Any One Person) \$ 5,000              |
|          |  |               |                                  |                                   | PERSONAL & ADV INJURY \$ 300,000               |
|          |  |               |                                  |                                   | GENERAL AGGREGATE \$ 300,000                   |
|          |  |               |                                  |                                   | PRODUCTS-COMP/OP AGG \$ 300,000                |
|          |  |               |                                  |                                   |  |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS | 41-011-976-00 | MAY 1 04                         | MAY 1 05                          | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 |
|          |  |               |                                  |                                   | BODILY INJURY (Per person) \$                  |
|          |  |               |                                  |                                   | BODILY INJURY (Per accident) \$                |
|          |  |               |                                  |                                   | PROPERTY DAMAGE \$                             |
|          | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |               |                                  |                                   | AUTO ONLY EA ACCIDENT \$                       |
|          |  |               |                                  |                                   | OTHER THAN EA ACC \$                           |
|          |  |               |                                  |                                   | AUTO ONLY AGG \$                               |
|          | EXCESS / UMBERELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br>DEDUCTIBLE<br>RETENTION \$  |               |                                  |                                   | EACH OCCURRENCE \$                             |
|          |  |               |                                  |                                   | AGGREGATE \$                                   |
|          |  |               |                                  |                                   | \$   |
|          |  |               |                                  |                                   | \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes describe under SPECIAL PROVISIONS below  |               |                                  |                                   | WC STATUTORY LIMITS OTHER                      |
|          |  |               |                                  |                                   | E L EACH ACCIDENT \$                           |
|          |  |               |                                  |                                   | E L DISEASE EA EMPLOYEE \$                     |
|          |  |               |                                  |                                   | E L DISEASE POLICY LIMIT \$                    |
|          | OTHER  |               |                                  |                                   |  |

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

**CERTIFICATE HOLDER | ADDITIONAL INSURED, INSURER LETTER | CANCELLATION**

|   |   |
|---|---|
| TOWN OF SEWALLS POINT<br>1 S SEWALL POINT ROAD<br>STUART, FL 34996<br><br>Attention MR ARNOLD | 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER. IT'S AGENTS OR REPRESENTATIVES |
|   | AUTHORIZED REPRESENTATIVE<br><br>  |

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
12/04/2004

PRODUCER  
**CONDON-MEEK, INC**  
 1211 COURT ST  
 CLEARWATER, FL 34616-5897

Serial # 106416

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  
**CRUM STAFFING II, INC**  
 100 SOUTH MISSOURI AVENUE  
 CLEARWATER, FL 33756

| INSURERS AFFORDING COVERAGE                 | NAIC# |
|---|-------|
| INSURER A FRANK WINSTON CRUM INSURANCE, INC |       |
| 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 POLICES 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 | ADD'L INSRD | TYPE OF INSURANCE  | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |              |
|----------|-------------|--|----------------|----------------------------------|-----------------------------------|---|--------------|
|          |             | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><hr/> GENL AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC |                |                                  |                                   | EACH OCCURRENCE   | \$           |
|          |             |  |                |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence)   | \$           |
|          |             |  |                |                                  |                                   | MED EXP (Any one person)  | \$           |
|          |             |  |                |                                  |                                   | PERSONAL & ADV INJURY   | \$           |
|          |             |  |                |                                  |                                   | GENERAL AGGREGATE   | \$           |
|          |             |  |                |                                  |                                   | PRODUCTS COMP/OP AGG  | \$           |
|          |             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |                |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)   | \$           |
|          |             |  |                |                                  |                                   | BODILY INJURY (Per person)  | \$           |
|          |             |  |                |                                  |                                   | BODILY INJURY (Per accident)  | \$           |
|          |             |  |                |                                  |                                   | PROPERTY DAMAGE (Per accident)  | \$           |
|          |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |                |                                  |                                   | AUTO ONLY EA ACCIDENT   | \$           |
|          |             |  |                |                                  |                                   | OTHER THAN EA ACC   | \$           |
|          |             |  |                |                                  |                                   | AUTO ONLY AGG   | \$           |
|          |             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><hr/> DEDUCTIBLE<br>RETENTION \$  |                |                                  |                                   | EACH OCCURRENCE   | \$           |
|          |             |  |                |                                  |                                   | AGGREGATE   | \$           |
|          |             |  |                |                                  |                                   |   | \$           |
|          |             |  |                |                                  |                                   |   | \$           |
| A        |             | <b>WORKER'S COMPENSATION AND EMPLOYERS LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes describe under SPECIAL PROVISIONS below  | WC 5 0000 0000 | 01/01/2005                       | 01/01/2006                        | <input checked="" type="checkbox"/> WC STATU TORY LIMITS <input checked="" type="checkbox"/> OTH ER |              |
|          |             |  |                |                                  |                                   | EL EACH ACCIDENT  | \$ 1,000,000 |
|          |             |  |                |                                  |                                   | EL DISEASE EA EMPLOYEE  | \$ 1,000,000 |
|          |             |  |                |                                  |                                   | EL DISEASE POLICY LIMIT   | \$ 1,000,000 |
|          |             | OTHER  |                |                                  |                                   |   |              |

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

This certificate remains in effect provided the client's account is in good standing with Crum Staffing II, Inc Coverage is not provided for any employee for which the client is not reporting hours to Crum Staffing II, Inc Applies to 100% of the employees of Crum Staffing II, Inc leased to STEIN & COMPANY, INC effective 8/11/03

## CERTIFICATE HOLDER

ATTN CONTRACTOR LICENSING  
 TOWN OF SEWALLS POINT  
 1 SOUTH SEWALLS POINT ROAD  
 STUART, FL 34996

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*John H. [Signature]*



**2004-2005 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 1983-512-716 CERT \_\_\_\_\_

PHONE (772)465-9468 SIC NO 233210

LOCATION

**606A S MARKET AVE SLC**

**CHARACTER COUNTS IN MARTIN COUNTY**

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION  
OF **CERT GEN CONTR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

15 DAY OF SEPTEMBER 2004  
AT D ENDING SEPTEMBER 30 2005

12 04091403 003146

**STEIN, ROBERT E (QUAL/OWN)  
ROBERT E STEIN INC  
606A SOUTH MARKET AVE  
FT PIERCE FL 34982**

AC#

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0406100053

| ISSUE DATE | EXPIRES   | LICENSE NBR |
|------------|-----------|-------------|
| 06/10/2004 | 030713751 | CCC042775   |

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

STEIN, ROBERT E  
ROBERT E STEIN INC  
606A S MARKET AVE  
FT PIERCE FL 34982

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR  
SECRETARY





BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

**NOTICE OF ACCEPTANCE (NOA)**

Owens Corning  
One Owens Corning Parkway  
Toledo, OH 43659

**SCOPE:**

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (in Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

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

**DESCRIPTION:** Supreme AR 3 Tab Shingles

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

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

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

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

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

This NOA consists of pages 1 through 3.

The submitted documentation was reviewed by Frank Zuloaga, RRC.



**FILE COPY**  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 3/23/05  
 \_\_\_\_\_  
**BUILDING OFFICIAL**  
 Gene Simmons

NOA No : 03-0116.09  
Expiration Date: 03/20/08  
Approval Date: 03/20/03  
Page 1 of 3

**ROOFING ASSEMBLY APPROVAL**

**Category:** Roofing  
**Sub-Category:** 07310 Asphalt Shingles  
**Materials:** 3-Tab  
**Deck Type:** Wood

**1. SCOPE**

This revises Owens Corning Supreme AR as manufactured by Owens Corning described in Section 2 of this Notice of Acceptance

**2. PRODUCT DESCRIPTION**

| <u>Product</u> | <u>Dimensions</u> | <u>Test Specifications</u> | <u>Product Description</u>   |
|----------------|-------------------|----------------------------|--|
| Supreme AR     | 12" x 36"         | PA 110                     | A heavy weight, fiberglass reinforced asphalt shingle. All shingles shall be labeled on the underside with the Miami-Dade insignia |

**3. EVIDENCE SUBMITTED.**

| <u>Test Agency</u>             | <u>Test Identifier</u> | <u>Test Name/Report</u> | <u>Date</u> |
|--------------------------------|------------------------|-------------------------|-------------|
| Underwriters Laboratories, Inc | R2453                  | Reference               | 01/09/03    |
| PRI Asphalt Technologies, Inc  | OCF-067-02-01          | TAS 100                 | 11/12/02    |
| Underwriters Laboratories, Inc | 02NK45241              | TAS 107                 | 11/14/02    |

**4. LIMITATIONS**

- 4.1 Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 4.2 Shall not be installed on roof mean heights in excess of 33 ft

**5. INSTALLATION**

- 5.1 Shingles shall be installed in compliance with Roofing Application Standard RAS 115
- 5.2 Flashing shall be in accordance with Roofing Application Standard RAS 115
- 5.3 The manufacturer shall provide clearly written application instructions
- 5.4 Exposure and course layout shall be in compliance with Detail 'A', attached
- 5.5 Nailing shall be in compliance with Detail 'B', attached

**6. LABELING**

- 6.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County Product Control Approved"

**7. BUILDING PERMIT REQUIREMENTS**

- 7.1 Application for building permit shall be accompanied by copies of the following
  - 7.1.1 This Notice of Acceptance
  - 7.1.2 Any other documents required by the Building Official or the applicable code in order to properly evaluate the installation of this system



NOA No.: 03-0116.09  
 Expiration Date: 03/20/08  
 Approval Date: 03/20/03  
 Page 2 of 3

ROBERT STEIN INC.  
873-8050

109 N.S.P.A



BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

**NOTICE OF ACCEPTANCE (NOA)**

Elk Corporation of Dallas  
4600 Stillman Blvd.  
Tuscaloosa, AL 35401

**SCOPE.**

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (in Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

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

**DESCRIPTION:** Elk Prestique Shingles 3045

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

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

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

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

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

This NOA consists of pages 1 through 4.

The submitted documentation was reviewed by Frank Zuloaga, RRC



12015105  
FILE COPY  
TOWN OF SEWALL'S POINT  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE: 4/30/05  
BUILDING OFFICIAL  
Gene Simmons

NOA No.: 02-1209.10  
Expiration Date: 03/13/08  
Approval Date: 03/13/03  
Page 1 of 4



**TOWN OF SEWALL'S POINT**

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

7419

**CORRECTION NOTICE**

ADDRESS 109 NSPR

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

DRY IN

DRIP EDGE NOT NAILED  
ADEQUATELY

PROFER TO FURNISH KNIFE  
TO CUT DRY IN  
AT NEXT SHEATHING  
INSPECTION

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

DATE 4/13

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/13, 2005 Page 3 of     

| PERMIT          | OWNER/ADDRESS/CONTR               | INSPECTION TYPE         | RESULTS         | NOTES/COMMENTS               |
|-----------------|-----------------------------------|-------------------------|-----------------|------------------------------|
| 6971            | GALINAT                           | FINAL DOOR?             | <del>FAIL</del> | CLOSE                        |
| 18              | 53 N. RIVER RD<br>O/B             |                         | PASS            | INSPECTOR <i>[Signature]</i> |
| 7392            | ALUMAN                            | FINAL FENCE             | <del>PASS</del> |                              |
| 8               | 106 S. RIVER RD<br>O/B            |                         | FAIL            | INSPECTOR <i>[Signature]</i> |
| 7328            | SCHMADER                          | UG PUMPING              | PASS            |                              |
| 7               | 102 HENRY SEWALL<br>CONWAY        | (late if possible)      |                 | INSPECTOR <i>[Signature]</i> |
| 7458            | BRUNER                            | FINAL PADS<br>GENERATOR | PASS            | CLOSE                        |
| 13              | 19 RIVERVIEW<br>O/B               |                         |                 | INSPECTOR <i>[Signature]</i> |
| <del>7419</del> | <del>PATTERSON</del>              | <del>DEY-IN</del>       | <del>FAIL</del> |                              |
| 17              | 109 N. SEWALL'S PT<br>STEIN       |                         |                 | INSPECTOR <i>[Signature]</i> |
| 7454            | FOWLER                            | DEY-IN                  | PASS            |                              |
| 16              | 18 FIELDWAY DR<br>AN AREA ROOFING |                         |                 | INSPECTOR <i>[Signature]</i> |
|                 |                                   |                         |                 |                              |
|                 |                                   |                         |                 |                              |
|                 |                                   |                         |                 | INSPECTOR                    |

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





7419

**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS 109 N. SPR.

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

DRY-IN PASSED

SHINGLES ON JOB SITE DO NOT COMPLY WITH NOA SUBMITTED FOR PERMIT & DO NOT MEET MIAMI/DADE OR FBC MIN. REQUIREMENTS

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

DATE 4/15

INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/15, 2005 Page 1 of 1

| PERMIT                | OWNER/ADDRESS/CONTR  | INSPECTION TYPE   | RESULTS         | NOTES/COMMENTS               |
|-----------------------|----------------------|-------------------|-----------------|------------------------------|
| 7349                  | MAUD                 | ELEC. Svc. Cng    | PASS            | CLOSE                        |
| 6732<br>7084<br>12    | 21 N. RIVER RD       | BATH RENOVATION   | PASS            | CLOSE                        |
|                       | KRAUSS + CRANE       | DKK FINAL         | FAIL            | INSPECTOR <i>[Signature]</i> |
| PERMIT                | OWNER/ADDRESS/CONTR  | INSPECTION TYPE   | RESULTS         | NOTES/COMMENTS               |
| 7281                  | DOBSON               | FINAL DOCU        | FAIL            |                              |
| 7                     | 22 PALM ROAD         |                   |                 |                              |
|                       | TROPIC MARINE        |                   |                 | INSPECTOR <i>[Signature]</i> |
| PERMIT                | OWNER/ADDRESS/CONTR. | INSPECTION TYPE   | RESULTS         | NOTES/COMMENTS               |
| 6772                  | ELDER                | FINAL ROOF        | <del>PASS</del> |                              |
| 3                     | 4 MARGUERITE DR      | CONC. PERFOR      | FAIL            |                              |
|                       | OIB                  |                   |                 | INSPECTOR <i>[Signature]</i> |
| PERMIT                | OWNER/ADDRESS/CONTR  | INSPECTION TYPE   | RESULTS         | NOTES/COMMENTS               |
| 7449                  | FERRARO              | FOUNDATION        | FAIL            |                              |
| 1A<br><del>1114</del> | 4 KINGSTON CT        |                   |                 |                              |
|                       | GULICK               | (FIRST PLEASE)    |                 | INSPECTOR <i>[Signature]</i> |
| PERMIT                | OWNER/ADDRESS/CONTR  | INSPECTION TYPE   | RESULTS         | NOTES/COMMENTS               |
| 7484                  | LASKY                | FENCE FOOTERS     | PASS            |                              |
| 1                     | 27 W. HIGH POINT     |                   |                 |                              |
|                       | SEAGATE BLDES        | (EARLY PLEASE)    |                 | INSPECTOR <i>[Signature]</i> |
| PERMIT                | OWNER/ADDRESS/CONTR  | INSPECTION TYPE   | RESULTS         | NOTES/COMMENTS               |
| 7419                  | <del>DATTELSON</del> | <del>DRY-IN</del> | <del>FAIL</del> |                              |
| 11                    | 109 N. SEWALLS PT    |                   |                 |                              |
|                       | ROBERT STEIN         |                   |                 | INSPECTOR <i>[Signature]</i> |
| PERMIT                | OWNER/ADDRESS/CONTR  | INSPECTION TYPE   | RESULTS         | NOTES/COMMENTS               |
| <del>TREE</del>       | SCHNABEL             | TREE              | PASS            |                              |
| 8                     | 122 S. SEWALLS       |                   |                 |                              |
|                       |                      |                   |                 | INSPECTOR <i>[Signature]</i> |

OTHER:

113 N. S. P. R. STOP WORK ORDER

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/20, 2005 Page 3 of     

| PERMIT          | OWNER/ADDRESS/CONTR                         | INSPECTION TYPE                           | RESULTS         | NOTES/COMMENTS             |
|-----------------|---|---|-----------------|----------------------------|
| <del>7419</del> | <del>PARSON</del>                           | <del>FINAL POOL</del>                     | <del>PASS</del> | <del>CLOSE</del>           |
| 18              | 109 N. Sewall St<br>STEIN & Co.             |   |                 | INSPECTOR                  |
| 7357            | CLONTOS                                     | FINAL SPA LINED                           | PASS            |                            |
| 5               | 835. SEWALL ST<br>O/B                       | RELOCATE POOL<br>EQUIP<br>WILL RESCHEDULE | <del>PASS</del> | INSPECTOR                  |
| <del>7485</del> | <del>ENGLE</del>                            | <del>DRY-IN</del>                         | <del>---</del>  | <del>RESCHEDULE FOR</del>  |
| 2               | 14 Palm Road<br>PHOENIX COMETA              |   |                 | 4/22 FRI.<br>INSPECTOR.    |
| Tree            | ALLMAN                                      | TREE                                      | PASS            |                            |
| 3               | 106 S. RIVER RD                             |   |                 | INSPECTOR                  |
| 7427            | HOLLY                                       | DRY-IN                                    | FAIL            |                            |
| 12              | 41 S. RIVER RD<br><del>DEBORAH DENNIS</del> |   |                 | INSPECTOR                  |
| <del>7489</del> | <del>HARRIGAN</del>                         | <del>FINAL SCENE</del>                    | <del>---</del>  | <del>WILL RESCHEDULE</del> |
| 13              | 2 PALMETTO<br>ADAM PIZGULLO                 | (LATE PLEASE)                             |                 | INSPECTOR                  |
| Tree            | MCKINNEY                                    | TREE                                      | PASS            |                            |
| 9               | 24 SUMMER ST                                |   |                 | INSPECTOR                  |

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

**10363**

**REROOF**



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

## BUILDING PERMIT CARD

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

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

|                       |                               |                       |                     |
|-----------------------|-------------------------------|-----------------------|---------------------|
| PERMIT NUMBER         | 10363                         | DATE ISSUED.          | FEBRUARY 21, 2013   |
| SCOPE OF WORK.        | REROOF                        |                       |                     |
| CONTRACTOR.           | ON SHORE ROOFING              |                       |                     |
| PARCEL CONTROL NUMBER | 353741007-000-000906          | SUBDIVISION           | TWIN RIVERS - LOT 9 |
| CONSTRUCTION ADDRESS  | 109 N SEWALLS PT RD           |                       |                     |
| OWNER NAME.           | TESTEBO FASTIGHETS AKTIEBOLAG |                       |                     |
| QUALIFIER             | JOSEPH KOLINOSKI              | CONTACT PHONE NUMBER. | 283-1505            |

**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 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 | 10363   |
| ADDRESS       | 109 N SEWALLS PT RD - TESTEBO FASTIGHETS AKTIEBOLAG |
| DATE 2/21/13  | SCOPE OF WORK REROOF                                |

|  |                |    |  |
|--|----------------|----|--|
| SINGLE FAMILY OR ADDITION /REMODEL                           | Declared Value | \$ |  |
| Plan Submittal Fee (\$250.00) SEP - \$175.00 Demol. < \$200K |                | \$ |  |

SEACOAST NATIONAL BANK  
 STUART FLORIDA 34997

7679

**ON SHORE ROOFING SPECIALISTS INC**  
**OPERATING ACCOUNT**  
 4401 SE COMMERCE AVE  
 STUART, FL 34997

PAY TO THE ORDER OF

*Sewalls Point*

*2-22-13*  
 \$857.80

*eight hundred fifty seven and no/100*

DOLLARS

MEMO 109 TINKER AND NESSON RESULTS

*[Signature]*  
 AUTHORIZED SIGNATURE

|                           |    |  |
|---------------------------|----|--|
| TOTAL BUILDING PERMIT FEE | \$ |  |
|---------------------------|----|--|

|  |                |    |      |
|--|----------------|----|------|
| ACCESSORY PERMIT   | Declared Value | \$ | 7200 |
| Total number of inspections @ \$100.00 each                      | 4              |    | 400  |
| Dept of Comm Affairs Fee (1.5% of permit fee - \$2.00 min)       |                | \$ | 6    |
| DBPR Licensing Fee (1.5% of permit fee - \$2.00 min)             |                | \$ | 6    |
| Road impact assessment (0.4% of construction value - \$5.00 min) |                | \$ | 5    |
| TOTAL ACCESSORY PERMIT FEE:                                      |                | \$ | 417  |

*Pa*  
*CK# 7679*  
*w/ PN 10364 44080*



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

**RESIDENTIAL REROOF WINDSTORM LOSS  
MITIGATION CERTIFICATION (FLORIDA STATUTE 553 844)**

**ALL RE-ROOFS REGARDLESS OF VALUE SHALL COMPLY WITH THE FOLLOWING:**

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

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

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

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

✓ \_\_\_\_\_ Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps For slopes of 2 12 to 4 12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above (No additional underlayment shall be required over the top of this sheet.)

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

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

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
  - 1 Sufficient amount of eave sheathing shall be removed to view 6 ft of roof rafters
  - 2 Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
    - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201 3 OR
    - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
    - c. Refer to sections 201 3.1 to 201.3.4 for prescriptive requirements

Town of Sewall's Point

Date 1/17/13 BUILDING PERMIT APPLICATION Permit Number 10363

OWNER/LESSEE NAME FESTEBO FASTIGHETS AKTIEBOLAG Phone (Day) 390-0227 (Fax)

Job Site Address 109 N. SEWALL'S Pt. Rd. City STUART State FL Zip 34996

Legal Description N/A Parcel Control Number 35.3741 007 000.00090 6

Fee Simple Holder Name Address

City State Zip Telephone

\*SCOPE OF WORK (PLEASE BE SPECIFIC) Reroof - 5V metal

WILL OWNER BE THE CONTRACTOR? YES NO

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

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements \$7,200.00

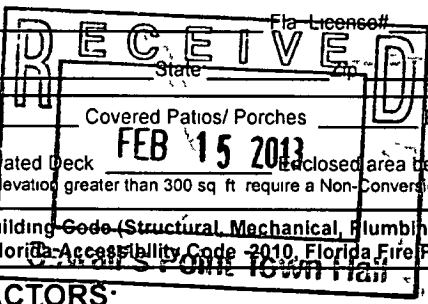
Construction Company ONSHORE ROOFING Phone 283-1505 Fax 283-1557

Qualifiers name JOSEPH KALINOSKI Street HOSE COMMERCE City STUART State FL Zip 34994

State License Number CCC1328494 OR Municipality License Number

LOCAL CONTACT BONNIE LOUIT Phone Number 283-1505

DESIGN PROFESSIONAL Street City State Zip Phone Number



AREAS SQUARE FOOTAGE Living Garage Covered Patios/ Porches Enclosed Storage

CODE EDITIONS IN EFFECT THIS APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) 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...

\*\*\*\*\* 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...

OWNER / AGENT / LESSEE NOTARIZED SIGNATURE State of Florida County of Martin On This the 20th day of February 2013 by Robert P Demarest who is personally known to me or produced As identification Veronica Taylor

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE State of Florida County of MARTIN On This the 14th day of FEBRUARY 2013 by who is personally known to me or produced As identification

My Commission Expires Notary Public State of Florida Veronica J Taylor

My Commission Expires Notary Public State of Florida My Comm. Expires Mar 21, 2015

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105 3 2) - PLEASE CHECK UPON THE PERMIT STATUS



**NOTICE OF COMMENCEMENT**

To be completed when construction value exceeds \$2,500.00

PERMIT # \_\_\_\_\_ TAX FOLIO # 35-37-41-007-000-00000 10

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)  
109 N Semholz Point Rd Twin Lakes, Fla LOT 9 Metes & Bounds

GENERAL DESCRIPTION OF IMPROVEMENT Renovation

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT  
Name Lesre De Farijansz McLeod  
Address 70 Box 20047 10432 Stockholm  
Interest in property Owner  
Name and address of fee simple title holder (if different from Owner listed above) \_\_\_\_\_

CONTRACTOR'S NAME Domestic Construction Group Inc Phone No (772) 200-0005  
Address 800 SE Indian St Seaside FL

SURETY COMPANY (if applicable, a copy of the payment bond is attached)  
Name and address' \_\_\_\_\_  
Phone No \_\_\_\_\_ Bond amount \_\_\_\_\_

LENDER'S NAME \_\_\_\_\_ Phone No \_\_\_\_\_  
Address \_\_\_\_\_

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 \_\_\_\_\_ Phone No \_\_\_\_\_  
Address \_\_\_\_\_

In addition to himself or herself, owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lender's Notice as provided in Section 713.13(1)(b) Florida Statutes  
Phone number of person or entity designated by Owner \_\_\_\_\_

Expiration date of Notice of Commencement  
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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

Nils Johann Off Nissen  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact  
Nils Johann Off Nissen - Director - Owner  
Signatory's Title/Office

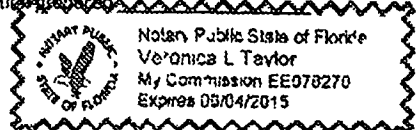
The foregoing Instrument was acknowledged before me this 22nd day of January, 20 13

By Nils Nissen as Officer for Town of Fishers attached  
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom Instrument was executed

Veronica L Taylor  
Notary's Signature

(Print, Type, or Stamp Commissioned Name of Notary)

Personally known  or produced identification   
Type of Identification Produced



10363

**Robert Demorest**

---

**From:** Nessen Gruppen <nessen.gruppen@tele2.se>  
**Sent:** Wednesday, February 20, 2013 3:24 AM  
**To:** 'Robert Demorest'  
**Subject:** SV Need Your Approval

Hallo Bo,

Yes, it is ok to sign my name on the mentioned applications  
Best Regards  
Johan Nessen

---

**Från:** Robert Demorest [<mailto:bodemo@demorestconstruction.com>]  
**Skickat:** den 19 februari 2013 23.08  
**Till:** 'Nessen Gruppen'  
**Ämne:** Need Your Approval

Dear Johann,

I am asking for your approval to sign your name to the permit application for the Roofing Permit Building Permit and for the Notice of Commencement, of which original are required and time is of the essence. Please let me know if you are comfortable with this request.

Respectfully,

Bo  
Robert P Demorest  
President  
Demorest Construction Group Inc  
800 S E Indian Street  
Stuart, FL 34997  
772-220-0065 Phone  
772-220-0227 Fax

No virus found in this incoming message  
Checked by AVG - [www.avg.com](http://www.avg.com)  
Version 9.0.932 / Virus Database 2639 1 1/5616 - Release Date 02/19/13 10:35:00



1.18.13

Licensed and Insured Certified Roofing Contractor
4401 S. E. Commerce Avenue Stuart, FL 34997
(phone)772-283-1556 (fax)772-283-1557

PROPOSAL

Table with columns for Date, CUSTOMER, Phone, Fax, Address, ZIP, Email, Job Information, and 109 N Sewall's Point Rd Sewall's Point FL.

Main Roof:

- OnShore Roofing to remove existing roof materials down to the substrate and re-nail using 8d ring shank nails to code.
OnShore Roofing to inspect substrate and replace up to 3 sheets of plywood if necessary.
OnShore Roofing to install a Titanium Waterproofing underlayment, fastened to manufacturers specifications.
OnShore Roofing to install a 26-gauge V Comp Metal roof system fastened to code using 20 yr. Wood ZAC screws.
OnShore Roofing will clean all roof debris from jobsite as needed and at completion of work.
A 10 year No Leak Guarantee and any applicable Manufacturer's Warranty will be forwarded upon final payment.
All work will be done according to manufacturers specifications and current codes

Handwritten notes: 249A, W/KYARR, Rish, and a signature.

Flat Roof:

- Onshore Roofing will install a modified self adhered "SAV" base sheet direct to deck base sheet installed per manufacture specifications
Onshore Roofing will install galvanized metal accessories per manufactures specifications
Onshore Roofing will install a modified "SAP" white granulated torch applied low slope cap sheet
All work performed will be done according to manufactures specifications and current codes.
A 10 year Transferable No Leak Guarantee and any applicable Manufacturer's Warranty will be forwarded upon final payment.

WE WILL SUPPLY ALL LABOR AND MATERIALS FOR THE SUM OF: \$8,400.00

Option: Install white 6" White Aluminum Gutters with hidden fasteners \$ 680.00

- TERMS: 1) This proposal becomes a contract upon signing.
Any alteration to the above specifications involving extra costs will be calculated only upon written orders.
damaged wood work that is repaired will be billed at 30% over time and materials.
If any client is referred to an attorney for collections, the client agrees to pay all fees incurred in the collection of the amount due, plus all court costs and attorney's fees.

ACCEPTED BY AUTHORIZED SIGNATURE

DATE: 1/28/13

PLEASE PRINT FULL NAME

DATE

ONSHORE ROOFING SPECIALISTS AUTHORIZED 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

## RE-ROOF CHECKLIST 2010 FBC

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

**THIS REVIEW SHEET MUST ACCOMPANY THE APPLICATION SUBMITTAL.**

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

The following minimum requirements must be provided for permitting and inspections:

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

### RESIDENTIAL REROOFS.

- ✓ 2 Copies approved roofing manufacturer specifications for all products used
  - Manufacturer specs/fastening schedule for roof shingles (must meet the minimum area wind load)
  - Manufacturer must have Florida Product Approval
  - Location of proposed re-roof (if only a partial re-roof) and area % calculation
  - Section/detail through hip and ridge tile caps per F R S A for tile roofs\*\*
- ✓ 2 Copies Re-roof windstorm loss mitigation certification (and affidavit if applicable)

### COMMERCIAL REROOFS:

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

\*\*Concrete or ClayTile Roof Specify how the roof field tile will be attached to the deck (reference F S R A Installation Manual) Provide section details showing the installation/attachment of ridge and hip cap tile Demonstrate compliance with the 2010 FBC 1507.3 & 2010 FBC/Residential R905.3 Also provide Product Approval for all roof adhesives

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



EXTERIOR RESEARCH & DESIGN, LLC  
 Certificate of Authorization #9503  
 353 CHRISTIAN STREET, UNIT #13  
 OXFORD, CT 06478  
 PHONE (203) 262-9245  
 FAX (203) 262-9243

**EVALUATION REPORT**

**Interwrap, Inc.**  
 32923 Mission Way  
 Mission, BC V2V-6E4  
 Canada

**Evaluation Report I11980.11.08-R2**  
~~FL11602-R2~~  
**Date of Issuance: 11/03/2008**  
**Revision 2: 02/17/2012**

**SCOPE:**

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

**DESCRIPTION: Titanium™ Roof Underlayments**

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

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

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

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

This Evaluation Report consists of pages 1 through 6

**Prepared by:**

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



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 02/17/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

**CERTIFICATION OF INDEPENDENCE**

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

**ROOFING COMPONENT EVALUATION:**

**1. SCOPE:**

**Product Category:** Roofing  
**Sub-Category:** Underlayment  
**Compliance Statement:** Titanium™ Roof Underlayments, as produced by Interwrap, Inc, have demonstrated compliance with the intent of the following sections of the Florida Building Code through testing in accordance with applicable sections the following Standards Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein

**2. STANDARDS:**

| <u>Section</u>  | <u>Property</u>   | <u>Standard</u> | <u>Year</u> |
|---|---|-----------------|-------------|
| 1507 2 3, 1507 3 3, 1507 5 3,<br>1507 7 3, T1507 8, 1507 8 3,<br>1507 9 3, 1507 9 5 | Unrolling, Breaking Strength,<br>Pliability, Loss on Heating  | ASTM D226       | 2006        |
| 1507 2 4, 1507 2 9 2, 1507 5 3  | Thickness, Load-Strain, Adhesion,<br>Thermal Stability, Flexibility,<br>Tear, Permeance   | ASTM D1970      | 2001        |
| 1507 3 3  | Installation Practice   | FRSA/TRI 07320  | 2005        |
| 1523 6 5 2 1  | Dimensional Stability, Tear, Load-<br>Strain, Water Absorption, Low<br>Temp Flex, Cyclic Elongation,<br>Puncture, Crack Cycling, Peel<br>Adhesion, WVT, Tile Slippage | TAS 103         | 1995        |
| TAS 110   | Accelerated Weathering  | TAS 110         | 2000        |

**3. REFERENCES:**

| <u>Entity</u> | <u>Examination</u>  | <u>Reference</u>  | <u>Date</u> |
|---------------|---------------------|-------------------|-------------|
| ERD (TST6049) | Physical Properties | I15010 04 09      | 04/29/2009  |
| ERD (TST6049) | Physical Properties | I15010 05 10      | 05/14/2010  |
| ERD (TST6049) | Physical Properties | I35520 06 11      | 06/15/2011  |
| ERD (TST6049) | Wind Uplift         | I35520 08 11-1    | 08/12/2011  |
| ITS (TST1509) | Physical Properties | 3146738COQ-003A   | 03/28/2008  |
| ITS (TST1509) | Physical Properties | 3146738COQ-003B   | 03/28/2008  |
| ITS (TST1509) | Physical Properties | 3126617COQ-005    | 10/31/2007  |
| ITS (QUA1673) | Quality Control     | ITS Listings      | Current     |
| ITS (QUA1673) | Quality Control     | Inspection Report | 12/13/2011  |

**4. PRODUCT DESCRIPTION:**

**4 1 Self-Adhering Underlayments:**

**4 1 1 Titanium™ PSU-30** is an unreinforced polymer modified bitumen material adhered to the underside of a polymer-coated, synthetic woven sheet. The underside is backed with a release film. Unit weight 24 lbs/square

**4 2 Mechanically Fastened Underlayments:**

**4 2 1 Titanium™ UDL-25 PLUS** is a synthetic sheet-type underlayment comprised of a woven core coated on one side with a polymer coating. Unit weight 2 9 lbs/square

**4 2 2 Titanium™ UDL-30** is a synthetic sheet-type underlayment comprised of a woven core coated on both sides with a polymer coating. Unit weight 4 0 lbs/square.

**4 2 3 Titanium™ UDL-50** is a synthetic sheet-type underlayment comprised of a woven core coated on both sides with a polymer coating. Unit weight 4 7 lbs/square



- 4 2 4 **Titanium™ UDL-TT** is a synthetic sheet-type underlayment comprised of a woven core coated on one side with a polymer coating Unit weight 2 9 lbs/square
- 4 2 5 **Titanium™ UDL-TF** is a synthetic sheet-type underlayment comprised of a woven core coated on both sides with a polymer coating Unit weight 2 9 lbs/square
- 4 2 6 **UDL-TTMC300** is a synthetic sheet-type underlayment comprised of a woven core coated on both sides with a polymer coating Unit weight 3 2 lbs/square

**5. LIMITATIONS:**

- 5 1 This Evaluation Report is not for use in the HVHZ
- 5 2 Fire Classification is not part of this report, refer to current Approved Roofing Materials Directory for fire ratings of this product
- 5 3 Titanium™ Roof Underlayments may be used with any prepared roof cover where the product is specifically referenced within FBC approval documents If not listed, a request may be made to the AHJ for approval based on this evaluation combined with supporting data for the prepared roof covering
- 5 4 Allowable roof covers applied atop Titanium™ Roof Underlayments are follows

| Underlayment | Asphalt Shingles | Nail-On Tile | Foam-On Tile       | Metal | Wood Shakes & Shingles | Slate |
|--------------|------------------|--------------|--------------------|-------|------------------------|-------|
| PSU-30       | Yes              | Yes          | Yes<br>(See 5 4 1) | Yes   | Yes                    | Yes   |
| UDL-25 PLUS  | Yes              | Yes          | No                 | Yes   | Yes                    | Yes   |
| UDL-30       | Yes              | Yes          | No                 | Yes   | Yes                    | Yes   |
| UDL-50       | Yes              | Yes          | No                 | Yes   | Yes                    | Yes   |
| UDL-TT       | Yes              | Yes          | No                 | Yes   | Yes                    | Yes   |
| UDL-TF       | Yes              | Yes          | No                 | Yes   | Yes                    | Yes   |
| *UDL-TTMC300 | Yes              | Yes          | No                 | Yes   | Yes                    | Yes   |

\*Private Labeled

- 5 4 1 "Foam-On Tile" is limited to use of Polyfoam PolyPro AH160 or Dow Tile Bond applications unless tensile adhesion / long term aging data from an accredited testing laboratory is provided
- 5 5 Allowable substrates for PSU-30 are noted below
  - 5 5 1 Direct-Bond to Deck
    - > New untreated plywood,
    - > Existing untreated plywood, primed as needed with D41 primer to achieve bond
  - 5 5 2 Bond to Mechanically Attached Base Underlayment.
    - > ASTM D226, Type I or II felt
    - > Titanium UDL-25 PLUS, UDL-30 (primed with D41 primer) or UDL-30 (Inverted)
  - 5 5 3 Wind Resistance for Underlayment Systems in Foam-On Tile Applications FRSA/TRI 07320 does not address wind uplift resistance of all underlayment systems beneath foam-on tile systems, where the underlayment forms part of the load-path The following wind uplift limitations apply to underlayment systems that are not addressed in FRSA/TRI 07320 and are used in foam-on tile applications Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads Refer to FBC 1609 1 5 for determination of design wind pressures



- 5 5 3 1 Maximum Design Pressure = -45 psf  
 Deck Min 15/32-inch plywood to meet project requirements to satisfaction of AHJ  
 Primer (Optional) ASTM D41  
 Underlayment Titanium PSU-30, self-adhered
- 5 5 3 2 Maximum Design Pressure = -45 psf  
 Deck Min 15/32-inch plywood to meet project requirements to satisfaction of AHJ  
 Base Layer Titanium UDL-25 PLUS or UDL-30 (inverted), mechanically attached with FBC HVHZ ring shank nails and 1-5/8" diameter tin caps spaced 6-inch o c at 4-inch wide side laps and 8-inch o c at three (3), equally spaced center rows  
 Primer ASTM D41 primer required at all tin-caps  
 Underlayment Titanium PSU 30, self-adhered
- 5 5 3 3 Maximum Design Pressure = -45 psf  
 Deck Min 15/32-inch plywood to meet project requirements to satisfaction of AHJ  
 Base Layer Titanium UDL-30 (printed side up), mechanically attached with FBC HVHZ ring shank nails and 1-5/8" diameter tin caps spaced 6-inch o c at 4-inch wide side laps and 8-inch o c at three (3), equally spaced center rows  
 Primer ASTM D41 primer required over printed side of UDL-30  
 Underlayment Titanium PSU 30, self-adhered
- 5 6 Exposure Limitations
- 5 6 1 UDL-25 PLUS, UDL-30, UDL-50, UDL-TT or UDL-TF shall not be left exposed for longer than 30-days
- 5 6 2 PSU-30 shall not be left exposed for longer than 90-days
- 5 6 3 UDL-TTMC300 not be left exposed for longer than 180-days
- 5 7 For tile roof installations governed by the FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, use is limited to the following

| System  | Underlay Option | Section | Reference                         | Roof Underlayment(s)   |
|---|-----------------|---------|-----------------------------------|--|
| <b>System One</b><br>Mechanically Fastened Tile, Unsealed or Sealed Underlayment System | 4               | 3 02D   | Two Ply No 30                     | Double-layer, UDL 25, UDL 30, UDL 50, UDL TT, UDL TF or UDL-TTMC300  |
|   | 5               | 3 02E   | Self-Adhered Underlayment         | PSU 30   |
|   | 6               | 3 02F   | No 30 / Self-Adhered Underlayment | Base Layer ASTM 226, Type II felt, UDL 25 PLUS, UDL 30 (primed with D41 primer) or UDL 30 (Inverted)<br>Top Layer PSU 30 |
| <b>System Two</b><br>Mechanically Fastened Tile, Sealed Underlayment System             | 4               | 3 02D   | Self-Adhered Underlayment         | PSU 30   |
|   | 5               | 3 02E   | No 30 / Self-Adhered Underlayment | Base Layer ASTM 226, Type II felt, UDL 25 PLUS, UDL 30 (primed with D41 primer) or UDL 30 (Inverted)<br>Top Layer PSU 30 |
| <b>System Four "A"</b><br>Adhesive-Set Tile, Unsealed or Sealed Underlayment System     | 4               | 3 02D   | Self-Adhered Underlayment         | PSU 30   |
|   | 5               | 3 02E   | No 30 / Self-Adhered Underlayment | Base Layer ASTM 226, Type II felt, UDL 25 PLUS, UDL 30 (primed with D41 primer) or UDL 30 (Inverted)<br>Top Layer PSU 30 |
| <b>System Four "B"</b><br>Adhesive-Set Tile, Sealed Underlayment System                 | 3               | 3 02C   | Self-Adhered Underlayment         | PSU 30   |
|   | 4               | 3 02D   | No 30 / Self-Adhered Underlayment | Base Layer ASTM 226, Type II felt, UDL 25 PLUS, UDL 30 (primed with D41 primer) or UDL 30 (Inverted)<br>Top Layer PSU 30 |



## 6 INSTALLATION.

- 6 1 Titanium Roof Underlayments shall be installed in accordance with Interwrap published installation requirements subject to the Limitations set forth in Section 5 herein and the specifics noted below
- 6 2 Re-fasten any loose decking panels, and check for protruding nail heads Sweep the substrate thoroughly to remove any dust and debris prior to application, and prime the substrate (if applicable)
- 6.3 Titanium™ PSU-30.**
- 6 3 1 PSU-30 shall be installed in compliance with the requirements for ASTM D1970 underlayment in FBC Sections 1507 for the type of prepared roof covering to be installed
- 6 3 2 Cut to 10- to 15-foot manageable sections and re-roll with the release film side out
- 6 3 3 Membrane Application
- Peel back release film approximately 1 to 2 feet and align with the lower edge of the roof and set in place, printed side up
  - Apply the balance of the membrane to the substrate by removing the film and firmly pressing the membrane into place
  - Apply subsequent courses parallel to the eave in a shingle-type, water-shedding manner
  - End (vertical) laps shall be minimum 12-inches and side (horizontal) laps shall be minimum 3-inches
  - If the membrane becomes misaligned, cut the roll and re-start
  - Upon completion, inspect the membrane and repair any defects or fish-mouths
- 6 3 4 For use in tile applications.
- 6 3 4 1 Reference is made to FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Section 5 7 herein, using the instructions noted above as a guideline
- 6 3 4 2 Wait a minimum of 24 hours prior to loading roof tiles
- 6 3 4 3 Tiles shall be staged so as to avoid slippage and/or damage to the roof underlayment
- 6 4 Titanium™ UDL-25 PLUS, UDL-30, UDL-50, UDL-TT, UDL-TF and (Private Labeled) UDL-TTMC300:**
- 6 4 1 Install in compliance with manufacturer's published installation instructions and the requirements for ASTM D226, Type I and II underlayments in FBC Sections 1507 for the type of prepared roof covering to be installed
- 6 4 2 Fasteners
- 6 4.2 1 Mechanical attachment of UDL-25 PLUS and UDL-30 is limited to ring shank roofing nails with minimum 1-inch diameter plastic caps
- 6 4 2 2 Mechanical attachment of UDL-50, UDL-TT, UDL-TF and (Private Labeled) UDL-TTMC300 is limited to ring shank roofing nails with minimum 3/8-inch diameter heads, ring shank roofing nails with minimum 1-inch diameter plastic caps, screws and plates, or plastic cap staples
- 6 4 3 Slopes of 4:12 or greater
- 6 4 3 1 End (vertical) laps shall be minimum 6-inches and side (horizontal) laps shall be minimum 4-inches



- 6 4 3 2 Minimum attachment shall be 12-inches o c vertically and 24-inches o c horizontally in accordance with the surface markings on the exposed face of the underlayment. When batten systems are to be installed atop the underlayment, the underlayment need only be preliminarily attached pending attachment of the battens.
- 6 4 4 Slopes of 2.12 to less than 4.12
- 6 4 4 1 Double layer application, begin by fastening a 25-inch wide strip along the eaves. Place a full-width sheet over the starter, completely overlapping the starter course. Continue as noted in 6 4 3, but maintaining minimum 25-inch side (horizontal) laps, resulting in a double-layer application.
- 6 4 5 For use in tile applications
- 6 4 5 1 Reference is made to FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Section 5 7 herein.
- 6 4 5 2 Titanium™ UDL underlayments are 48-inches wide, wider than the typical, codified 36-inch wide ASTM D226, Type I and II underlayment. The placement and attachment requirements set forth in Sections 6 4 3 (single layer with PSU-30 overtop) and 6 4 4 (double-layer) are suitable to maintain the intent of FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, Systems 1 and 2.
- 6 4 5 3 Tiles shall be staged so as to avoid slippage and/or damage to the roof underlayment.

**7. LABELING:**

Each unit shall bear a permanent label with the manufacturer's name, logo, city, state and logo of the Accredited Quality Assurance Agency noted herein.

**8. BUILDING PERMIT REQUIREMENTS:**

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

**9. MANUFACTURING PLANTS:**

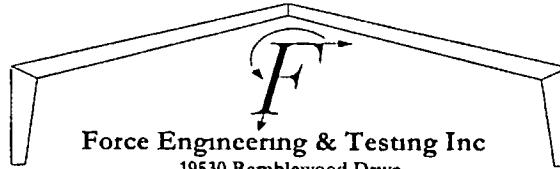
Contact the named QA agency for information on production locations covered by F A C Rule 9N-3 QA requirements.

**10. QUALITY ASSURANCE ENTITY:**

Intertek Testing Services NA Inc -ETL/Warnock Hersey - QUA1673, (604) 520-3321

**- END OF EVALUATION REPORT -**

1 PANEL THIS SIDE  
OF  
26 GA



Force Engineering & Testing Inc  
19530 Ramblewood Drive  
Humble, TX 77338

**Product Evaluation Report**

**GULF COAST SUPPLY & MANUFACTURING, LLC**

**26-Ga-5V-Crimp-Roof-Panel-over-15/32" Plywood**

**Florida Product Approval # 11651-12-R1**

Florida Building Code 2010

Per Rule 9N-3

Method 1-D

Category Roofing

Subcategory Metal Roofing

Compliance Method 9N-3 005(1)(d)

HVHZ

Product Manufacturer

GULF COAST SUPPLY & MANUFACTURING, LLC

4020 S W 449<sup>th</sup> Street

Horseshoe Beach, Florida 32648

Engineer Evaluator

Terrence E Wolfe, P E # 44923

Florida Evaluation ANE ID 1920

Validator.

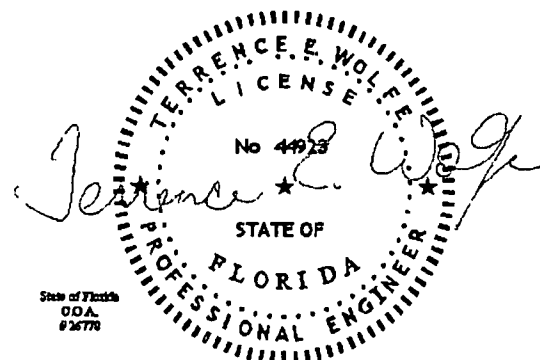
Locke Bowden, P E , FL #49704

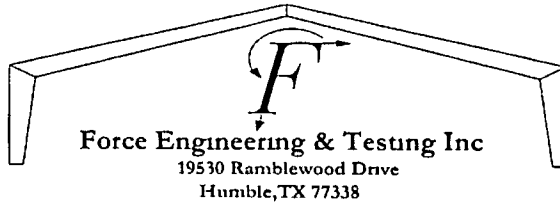
9450 Alysbery Place

Montgomery, AL 36117

Contents:

Evaluation Report Pages 1 - 4





**Compliance Statement** The product as described in this report has demonstrated compliance with the Florida Building Code 2010, Sections 1504 3 2, 1518 9, 1523 6 5 2 4

**Product Description** 5V Crimp Roof Panel, 26 Ga Steel, 24" Coverage, through fastened roof panel over 15/32" Plywood decking Non-Structural Application

**Panel Material/Standards** Material Minimum 26 Ga Steel, ASTM A792 or ASTM A653 G90 conforming to Florida Building Code 2010 Section 1507 4 3  
 Paint Coating Valspar Fluoropon Coating (Optional)  
 Yield Strength Min 50 0 ksi  
 Corrosion Resistance Panel Material shall comply with Florida Building Code 2010, Section 1507 4 3

**Panel Dimension(s)** Thickness 0 018" min  
 Width 24" Coverage  
 Rib Height 3/8" major rib  
 Panel Rollformer Rollformer Corp

**Panel Fastener** #9-15 x 1-1/2" WoodZac w/ Zac Head with sealing washing through panel rib  
 1/4" minimum penetration through plywood  
 Corrosion Resistance Per Florida Building Code 2010, Section 1506 6, 1507 4 4

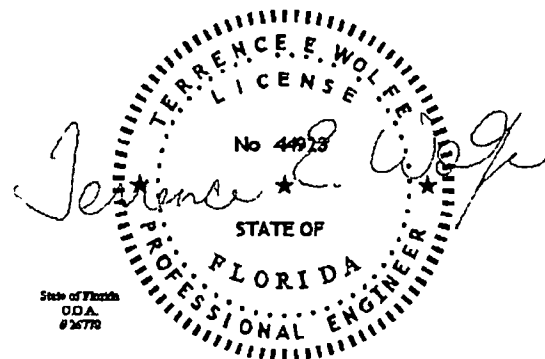
**Substrate Description** Min 15/32" thick, APA Rated plywood over supports at maximum 24" O C  
 Design of plywood and plywood supports are outside the scope of this evaluation Must be designed in accordance w/ Florida Building Code 2010

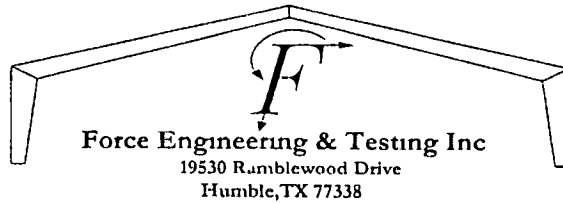
**Design Uplift Pressures**

Table "A"

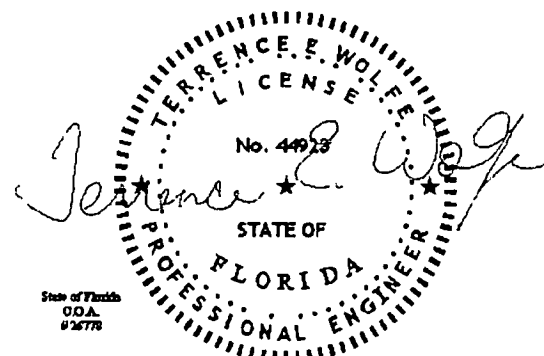
|                                      |           |           |
|--------------------------------------|-----------|-----------|
| Maximum Total Uplift Design Pressure | 108 5 psf | 156 5 psf |
| Fastener Pattern                     | Panel Rib | Panel Rib |
| Fastener Spacing                     | 12" O C   | 6" O C    |
|                                      |           |           |

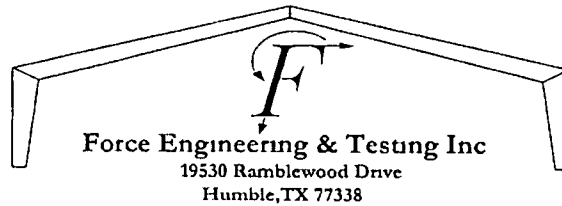
\*Design Pressure includes a Safety Factor = 2 0



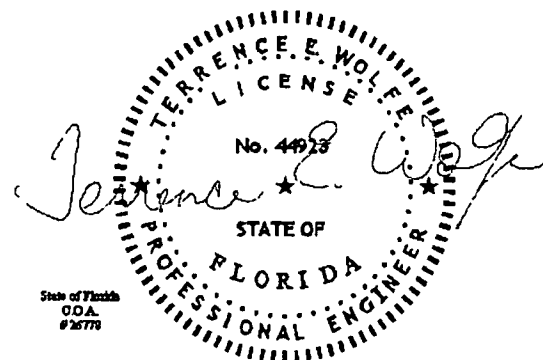


|                                  |   |
|----------------------------------|---|
| <b>Code Compliance</b>           | The product described herein has demonstrated compliance with The Florida Building Code 2010, Section 1504.3.2, 1518.9, 1523.6.5.2.4  |
| <b>Evaluation Report Scope</b>   | The product evaluation is limited to compliance with the structural wind load requirements of the Florida Building Code 2010, as relates to Rule 9N-3   |
| <b>Performance Standards</b>     | The product described herein has demonstrated compliance with <ul style="list-style-type: none"> <li>▪ TAS 125-03</li> <li>▪ UL 580-06 - Test for Uplift Resistance of Roof Assemblies</li> <li>▪ UL 1897-04 - Uplift Test for Roof Covering Systems</li> <li>▪ TAS 100-95 - Test Procedure for Wind and Wind Driven Rain Resistance of Discontinuous Roof Systems</li> <li>▪ TAS 110-00 - Accel Weathering ASTM G 26 / Salt Spray ASTM B 117</li> </ul>  |
| <b>Reference Data</b>            | <ol style="list-style-type: none"> <li>1 TAS 125-03 UL 580-94 / 1897-98 Uplift Test<br/>Force Engineering &amp; Testing, Inc (FBC Organization # TST-5328)<br/>Report No 117-0065T-07A-C, Dated 01/26/2007</li> <li>2 TAS 100-95<br/>Farabaugh Engineering &amp; Testing, Inc (FBC Organization # TST-1654)<br/>Report No T130-07, Dated 02/28/2007<br/>Report No T215 08, Dated 07/08/2008</li> <li>3 TAS 110-00 Valspar Fluoropon coated metal panel testing<br/>A) ASTM G 26 by PRI Asphalt Technologies dated 01/19/2004<br/>B) ASTM B 117 by PRI Asphalt Technologies dated 01/19/2004</li> <li>4 Certificate of Independence<br/>By Terrence E Wolfe, P E (No 44923) @ Force Engineering &amp; Testing, Inc (FBC Organization # ANE ID 1920)</li> </ol> |
| <b>Test Standard Equivalency</b> | <ol style="list-style-type: none"> <li>1 The UL 580-94 test standard is equivalent to the UL 580-06 test standard</li> <li>2 The UL 1897-98 test standard is equivalent to the UL 1897-04 test standard</li> </ol>  |
| <b>Quality Assurance Entity</b>  | The manufacturer has established compliance of roof panel products in accordance with the Florida Building Code and Rule 9N-3.005 (3) for manufacturing under a quality assurance program audited by an approved quality assurance entity   |





|                            |  |
|----------------------------|--|
| <b>Minimum Slope Range</b> | 2 12 Minimum Slope shall comply with Florida Building Code 2010, including Section 1515 2 and in accordance with Manufacturers recommendations For slopes less than 3 12, lap sealant must be used in the panel side laps  |
| <b>Installation</b>        | Install per manufacturer's recommended details and RAS 133   |
| <b>Underlayment</b>        | Per Manufacturer's installation guidelines per Florida Building Code 2010 Section 1518 2, 1518 3, 1518 4   |
| <b>Fire Barrier</b>        | Any approved fire barrier having a current NOA Refer to a current fire directory listing for fire ratings of this roofing system assembly as well as the location of the fire barrier within the assembly Fire classification is not part of this acceptance   |
| <b>Shear Diaphragm</b>     | Shear diaphragm values are outside the scope of this report  |
| <b>Design Procedure</b>    | Based on the dimensions of the structure, appropriate wind loads are determined using Chapter 16 of the Florida Building Code 2010 for roof cladding wind loads These component wind loads for roof cladding are compared to the allowable pressure listed above The design professional shall select the appropriate erection details to reference in his drawings for proper fastener attachment to his structure and analyze the panel fasteners for pullout and pullover Support framing must be in compliance with Florida Building Code 2010 Chapter 22 for steel, Chapter 23 for wood and Chapter 16 for structural loading |



FLAT ROOF



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

**EVALUATION REPORT**

~~Polyglass USA, Inc.~~  
150 Lyon Drive  
Fernley, NV 89408

Evaluation Report P9290.02.08-R9

~~FL-1654-R-11~~

Date of Issuance: 02/11/2008

Revision 9: 08/21/2012

**SCOPE:**

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

~~DESCRIPTION: Polyglass SBS and APP Modified Bitumen Roof Systems~~

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

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

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

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

This Evaluation Report consists of pages 1 through 5, plus a 30-page Appendix

Prepared by:

**Robert J.M. Nieminen, P.E.**

Florida Registration No 59166, Florida DCA ANE1983

**CERTIFICATION OF INDEPENDENCE**

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



The facsimile seal appearing was authorized by Robert Nieminen, P E on 08/21/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.



**ROOFING SYSTEMS EVALUATION:**

**1. SCOPE:**

**Product Category** Roofing  
**Sub-Category.** Modified Bitumen Roof Systems  
**Compliance Statement** Polyglass SBS and APP Modified Bitumen Roof Systems, as produced by Polyglass USA, Inc, have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein

**2. STANDARDS:**

| <u>Section</u> | <u>Property</u>     | <u>Standard</u> | <u>Year</u> |
|----------------|---------------------|-----------------|-------------|
| 1504 3 1       | Wind                | FM 4474         | 2004        |
| 1504 7         | Impact              | FM 4470         | 1992        |
| 1507 11 2      | Physical Properties | ASTM D6163      | 2000        |
| 1507 11 2      | Physical Properties | ASTM D6164      | 2005        |
| 1507 11 2      | Physical Properties | ASTM D6222      | 2002        |

**3. REFERENCES:**

| <u>Entity</u>          | <u>Examination</u>  | <u>Reference</u> | <u>Date</u>    |
|------------------------|---------------------|------------------|----------------|
| ERD (TST6049)          | Physical Properties | P10490 10 08-2   | 10/30/2008     |
| ERD (TST6049)          | FM 4470/4474        | P13760 09.09     | 09/10/2009     |
| ERD (TST6049)          | FM 4470/4474        | P13770 09 09     | 09/10/2009     |
| ERD (TST6049)          | FM 4470/4474        | P30540 11 09-R1  | 11/30/2009     |
| ERD (TST6049)          | FM 4470/4474        | P30550 12 09     | 12/02/2009     |
| ERD (TST6049)          | Physical Properties | P33960 12 10     | 12/30/2010     |
| ERD (TST6049)          | FM 4470/4474        | P33970           | 12/02/2009     |
| FM Approvals (TST1867) | FM 4470             | 2W7A7 AM         | 08/04/1994     |
| FM Approvals (TST1867) | FM 4470             | 0D3A3 AM         | 04/04/1997     |
| FM Approvals (TST1867) | FM 4470             | 2D0A0 AM         | 12/23/1998     |
| FM Approvals (TST1867) | FM 4470             | 2D5A9 AM         | 06/22/1999     |
| FM Approvals (TST1867) | FM 4470             | 3006646          | 01/04/2000     |
| FM Approvals (TST1867) | FM 4470             | 3001334          | 01/25/2000     |
| FM Approvals (TST1867) | FM 4470             | 3001334          | 02/15/2000     |
| FM Approvals (TST1867) | FM 4470             | 3000857          | 01/12/2000     |
| FM Approvals (TST1867) | FM 4470             | 3004091          | 01/12/2000     |
| FM Approvals (TST1867) | FM 4470             | 3006115          | 05/02/2001     |
| FM Approvals (TST1867) | FM 4470             | 3012321          | 07/29/2002     |
| FM Approvals (TST1867) | FM 4470             | 3014692          | 08/05/2003     |
| FM Approvals (TST1867) | FM 4470             | 3014751          | 08/27/2003     |
| FM Approvals (TST1867) | FM 4470             | 3007170          | 01/13/2004     |
| FM Approvals (TST1867) | FM 4470             | 3019317          | 06/30/2004     |
| FM Approvals (TST1867) | FM 4470             | 3020703          | 07/30/2004     |
| FM Approvals (TST1867) | FM 4470/4474        | 3018332          | 01/31/2006     |
| FM Approvals (TST1867) | FM 4470/4474        | 3023368          | 03/20/2006     |
| FM Approvals (TST1867) | FM 4470/4474        | 3024594          | 05/23/2006     |
| FM Approvals (TST1867) | FM 4470/4474        | 3023458          | 07/18/2006     |
| FM Approvals (TST1867) | FM 4470/4474        | 3030668          | 09/12/2007     |
| FM Approvals (TST1867) | FM 4470/4474        | 3032172          | 06/12/2009     |
| PRI (TST5878)          | Physical Properties | PUSA-062-02-01   | 12/04/2007     |
| PRI (TST5878)          | Physical Properties | PUSA-061-02-02   | 01/28/2008     |
| PRI (TST5878)          | Physical Properties | PUSA-064-02-02   | 02/27/2008     |
| PRI (TST5878)          | Physical Properties | PUSA-062-02-02   | 12/04/2008     |
| UL LLC (QUA9625)       | Quality Control     | UL File R14571   | Exp 08/08/2015 |
| Miami-Dade (CER1592)   | HVHZ Compliance     | Various NOAs     | Various        |
| Miami-Dade (CER1592)   | Proposal for Review | 10-0823          | 10/12/2010     |





**4. PRODUCT DESCRIPTION.**

This Evaluation Report covers Polyglass Modified Bitumen Roof Systems installed in accordance with Polyglass USA, Inc published Installation Instructions and the Limitations / Conditions of Use herein. The following Polyglass membranes make up the subject systems.

| Table 1- Roll-Goods for Polyglass Modified Bitumen Roof Systems |                         |                     |       |      |
|---|-------------------------|---------------------|-------|------|
| Type  | Product                 | Specification       |       |      |
|   |                         | Reference           | Grade | Type |
| Base Sheets   | Polyglass G2 Base       | ASTM D4601          | N/A   | II   |
|   | Modibase                | ASTM D4601          | N/A   | II   |
| SBS Membranes   | Elastobase              | ASTM D6163          | S     | I    |
|   | Elastoflex V            | ASTM D6163          | S     | I    |
|   | Elastoflex SA V Base    | ASTM D6163, Table 2 | S     | I    |
|   | Elastoflex SA V FR Base | ASTM D6163, Table 2 | S     | I    |
|   | Elastoflex SA V Plus    | ASTM D6163          | S     | I    |
|   | Elastoflex SA V Plus FR | ASTM D6163          | S     | I    |
|   | Elastoflex SA V Vent    | ASTM D6163          | S     | I    |
|   | Elastoflex SA V Vent FR | ASTM D6163          | S     | I    |
|   | Elastobase Poly         | ASTM D6164          | S     | I    |
|   | Elastoflex S6           | ASTM D6164          | S     | I    |
|   | Elastoflex S6 G         | ASTM D6164          | G     | I    |
|   | Elastoflex S6 G FR      | ASTM D6164          | G     | I    |
|   | Polyfresko MOP          | ASTM D6164          | S     | I    |
|   | Polyfresko MOP FR       | ASTM D6164          | S     | I    |
|   | Elastoshield TS G       | ASTM D6164          | S     | I    |
|   | Elastoshield TS G FR    | ASTM D6164          | G     | I    |
|   | Elastoflex SA P         | ASTM D6164          | G     | I    |
|   | Elastoflex SA P FR      | ASTM D6164          | G     | I    |
|   | Polyfresko SBS SAP      | ASTM D6164          | S     | I    |
|   | Polyfresko SBS SAP FR   | ASTM D6164          | S     | I    |
| APP Membranes   | Polyflex                | ASTM D6222          | S     | I    |
|   | Polyflex G              | ASTM D6222          | G     | I    |
|   | Polyflex G FR           | ASTM D6222          | G     | I    |
|   | Polyfresko Torch        | ASTM D6222          | S     | I    |
|   | Polyfresko Torch FR     | ASTM D6222          | S     | I    |
|   | Polybond                | ASTM D6222          | S     | I    |
|   | Polybond G              | ASTM D6222          | G     | I    |
|   | Polyflex SA P           | ASTM D6222          | G     | I    |
|   | Polyflex SA P FR        | ASTM D6222          | G     | I    |
|   | Polyfresko APP SAP      | ASTM D6222          | S     | I    |
|   | Polyfresko APP SAP FR   | ASTM D6222          | S     | I    |
|   | Polykool                | ASTM D6222          | S     | I    |
|   | Polyblanko              | ASTM D6222          | S     | I    |

**5. LIMITATIONS:**

- 5 1 This Evaluation Report is not for use in HVHZ
- 5 2 Refer to a current Roofing Materials Directory for fire ratings of this product
- 5 3 For steel deck installations, foam plastic insulation shall be separated from the building interior in accordance with FBC 2603 4 unless the exceptions stated in FBC 2603 4 1 and 2603 6 apply
- 5 4 Unless otherwise noted in Appendix 1, roof decking and its attachment shall be specified and installed to meet project design criteria to the satisfaction of the AHJ
- 5 5 For recover installations, the existing roof shall be examined in accordance with FBC 1510
- 5 6 For mechanically attached insulation or membrane or strip-bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16 Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk\* carry the limitations set forth in Section 2 2 1 5 1(a) of FM LPDS 1-29 for Zone 2/3 enhancements
- 5 7 For fully-adhered insulation, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16. No rational analysis is permitted for these systems
- 5 8 For mechanically attached insulation or membrane over existing roof decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1
- 5 9 For bonded insulation or membrane over existing substrates in a re-roof (tear off) or recover installation, the existing deck or existing roof surface shall be examined for compatibility with the adhesive to be installed. If any surface conditions exist that bring system performance into question, field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124 shall be conducted on mock-ups of the proposed new roof assembly
- 5 10 For bonded insulation or membrane over existing substrates in a recover installation, the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52 or TAS 124
- 5 11 Metal edge attachment (except gutters), shall be designed and installed for wind loads in accordance with FBC Chapter 16 and tested for resistance in accordance with ANSI/SPRI ES-1 or RAS 111, except the basic wind speed shall be determined from FBC Figure 1609
- 5 12 All products in the roof assembly shall have quality assurance audit in accordance with the FBC and F A C Rule 9N-3

**6. INSTALLATION:**

- 6 1 Polyglass Modified Bitumen roof systems shall be installed in accordance with Polyglass USA, Inc published installation instructions, subject to the Limitations / Conditions of Use noted below
- 6 2 System attachment requirements for wind load resistance are set forth in Appendix 1



- 6 3 Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance Refer to current Roofing Materials Directory for fire ratings associated with coating usage.
- PG200 Non Fibered Roof Coating or Mule-Hide 111 Non-Fibrated Roof Coating,
  - PG300 Fibered Roof Coating or Mule-Hide 102 Fibrated Roof Coating,
  - PG600 Non-Fibered Aluminum Roof Coating or Mule-Hide 416 Standard Non-Fibrated Aluminum Roof Coating,
  - PG650 Fibered Aluminum Roof Coating or Mule-Hide 406 Standard Fibrated Aluminum Roof Coating,
  - PG700 White Reflective Roof Coating,
  - PG800 Non-Fibered Asphalt Emulsion Roof Coating or Mule-Hide 311 Emulsion Non-Fibrated,
  - PG850 Fibered Asphalt Emulsion Roof Coating or Mule-Hide 301 Emulsion Fibrated,
  - Polyplus 60 Premium Non-Fibered Aluminum Roof Coating or Mule-Hide 410 Premium Non-Fibrated Aluminum Roof Coating,
  - Polyplus 65 Premium Fibered Aluminum Roof Coating or Mule-Hide 401 Premium Fibrated Aluminum Roof Coating,
  - Polybrite 70 White Elastomeric Roof Coating

**7. BUILDING PERMIT REQUIREMENTS:**

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

**8. MANUFACTURING PLANTS:**

Contact the noted QA agency for information on product locations covered for F A C Rule 9N-3 QA requirements

**9. QUALITY ASSURANCE ENTITY:**

UL LLC – QUA9625, (314) 578-3406, k chancellor@us ul com

**- THE 30-PAGES THAT FOLLOW FORM PART OF THIS EVALUATION REPORT -**



**APPENDIX 1 ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE**

| Table | Deck          | Application                       | Type | Description   | Page  |
|-------|---------------|-----------------------------------|------|---|-------|
| 1A-1  | Wood          | New or Reroof (Tear-Off)          | A-2  | Mech Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover        | 4     |
| 1A-2  | Wood          | New, Reroof (Tear-Off) or Recover | A-2  | Mech Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover        | 5     |
| 1B    | Wood          | New, Reroof (Tear-Off) or Recover | B    | Mech Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover | 6     |
| 1C    | Wood          | New, Reroof (Tear-Off) or Recover | C    | Mech Attached Insulation, Bonded Roof Cover                             | 6     |
| 1D    | Wood          | New, Reroof (Tear-Off) or Recover | D    | Prelim Attached Insulation, Mech Attached Base Sheet, Bonded Roof Cover | 7     |
| 1E    | Wood          | New or Reroof (Tear-Off)          | E    | Non-Insulated, Mech Attached Base Sheet, Bonded Roof Cover              | 8-9   |
| 1F    | Wood          | New or Reroof (Tear-Off)          | F    | Non-Insulated, Bonded Roof Cover  | 9     |
| 2A    | Steel or Conc | New, Reroof (Tear-Off) or Recover | B    | Mech Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover | 10    |
| 2B    | Steel or Conc | New, Reroof (Tear-Off) or Recover | C    | Mech Attached Insulation, Bonded Roof Cover                             | 10    |
| 2C    | Steel or Conc | New, Reroof (Tear-Off) or Recover | D    | Prelim Attached Insulation, Mech Attached Base Sheet, Bonded Roof Cover | 11    |
| 3A-1  | Concrete      | New or Reroof (Tear-Off)          | A-1  | Bonded Insulation, Bonded Roof Cover                                    | 12-15 |
| 3A-2  | Concrete      | New or Reroof (Tear-Off)          | A-1  | Bonded Temporary Roof, Bonded Insulation, Bonded Roof Cover             | 16    |
| 3B    | Concrete      | New or Reroof (Tear-Off)          | F    | Non-Insulated, Bonded Roof Cover  | 17    |
| 4A    | LWIC          | New or Reroof (Tear-Off)          | A-1  | Bonded Insulation, Bonded Roof Cover                                    | 18-19 |
| 4B    | LWIC          | New or Reroof (Tear-Off)          | A-2  | Mech Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover        | 19    |
| 4C    | LWIC          | New or Reroof (Tear-Off)          | E    | Non-Insulated, Mech Attached Base Sheet, Bonded Roof Cover              | 20-23 |
| 5A    | CWF           | New or Reroof (Tear-Off)          | A-1  | Bonded Insulation, Bonded Roof Cover                                    | 24    |
| 5B    | CWF           | New, Reroof (Tear-Off) or Recover | A-2  | Mech Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover        | 25    |
| 5C    | CWF           | New, Reroof (Tear-Off) or Recover | B    | Mech Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover | 25    |
| 5D    | CWF           | New, Reroof (Tear-Off) or Recover | C    | Mech Attached Insulation, Bonded Roof Cover                             | 26    |
| 5E    | CWF           | New, Reroof (Tear-Off) or Recover | E    | Non-Insulated, Mech Attached Base Sheet, Bonded Roof Cover              | 26    |
| 6A    | Gypsum        | New or Reroof (Tear-Off)          | A-1  | Bonded Insulation, Bonded Roof Cover                                    | 27    |
| 6B    | Gypsum        | New, Reroof (Tear-Off) or Recover | A-2  | Mech Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover        | 28    |
| 6C    | Gypsum        | New, Reroof (Tear-Off) or Recover | C    | Mech Attached Insulation, Bonded Roof Cover                             | 28    |
| 6D    | Gypsum        | New, Reroof (Tear-Off) or Recover | E    | Non-Insulated, Mech Attached Base Sheet, Bonded Roof Cover              | 28    |
| 7A    | Various       | Recover                           | A-1  | Bonded Insulation, Bonded Roof Cover                                    | 29-30 |
| 7B    | Various       | Recover                           | F    | Non-Insulated, Bonded Base Sheet, Bonded Roof Cover                     | 30    |

**The following notes apply to the systems outlined herein:**

- 1 Roof decks shall be in accordance with FBC requirements to the satisfaction of the AHJ. Wind load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- 2 Insulation / base sheet fasteners shall be of sufficient length for the following deck engagement
  - > Wood Minimum 0.75-inch penetration
  - > Steel Minimum 0.75-inch penetration and engage the top flute of the steel deck
  - > Concrete Minimum 1-inch embedment into pilot hole in accordance with fastener manufacturer's published installation instructions
- 3 Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, DensDeck, DensDeck Prime, DensDeck DuraGuard, SECUROCK Gypsum-Fiber Roof Board or SECUROCK Glass-Mat Roof Board that meets the QA requirements of F A C Rule 9N-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC 2603.4.1 or 2603.6, when installed with the roof cover.

- 4 Minimum 200 psi, minimum 2-inch thick lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWIC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings.
- 5 Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application, the ribbons/beads shall expand as noted in the manufacturer's published instructions.
- HA (HA) Full coverage at 25-30 lbs/square
  - Dow Insta-Stik Roofing Adhesive (D-IS) Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
  - Millennium One Step Foamable Adhesive (M-OSFA) Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
  - OMG OlyBond 500 (OB500) Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c. (PaceCart or SpotShot) *Note: OlyBond Green may be used where OlyBond 500 is referenced.*
  - OlyBond Classic (OB Classic) Full coverage at 1 gal/square
  - 3M CR-20 Continuous 2.5-3.5-inch wide ribbons, 12-inch o.c. *Note: TITSEET may be used where CR-20 is referenced.*
  - *Note: When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, adhesive ribbons shall be staggered from layer-to-layer a distance of one-half the ribbon spacing.*
  - *Note: The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.*
- 6 Unless otherwise noted, all insulations are flat stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables, rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table.
- |  |   |
|--|---|
| ➢ Millennium One Step Foamable Adhesive (M-OSFA) | MDP -157.5 psf (Min 0.5-inch thick)               |
| ➢ OMG OlyBond 500 (OB500)                        | MDP -45.0 psf (Min 0.5-inch thick Multi-Max FA-3) |
| ➢ OMG OlyBond 500 (OB500)                        | MDP -187.5 psf (Min 0.5-inch thick ISO 95+ GL)    |
| ➢ OMG OlyBond 500 (OB500)                        | MDP -315.0 psf (Min 0.5-inch thick ENRGY 3)       |
| ➢ OMG OlyBond 500 (OB500)                        | MDP -487.5 psf (Min 0.5-inch thick AC Foam II)    |
| ➢ 3M CR-20                                       | MDP -117.5 psf (Min 1.0-inch thick)               |
- 7 Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.
- 8 For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk\* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
- 9 For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.
- 10 For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
- 11 For existing substrates in a bonded recover installation, the existing roof system shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124.
- 12 For Recover Applications using System Type D, the insulation is optional, however, the existing roof system shall be suitable for a recover application.

13 Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications

| Table 1 Polyglass Roof Covers                      |             |  |                           |
|--|-------------|--|---------------------------|
| Reference  | Layer       | Material   | Application               |
| BP-AA<br>(Base and Ply sheets,<br>Asphalt-Applied) | Base        | Polyglass G2 Base, Modibase, FBC Approved ASTM D4601, Type II  | HA at 20-40<br>lbs/square |
|  | Ply         | FBC Approved ASTM D2178, Type IV or VI or ASTM D4601, Type II  |                           |
| SBS-AA<br>(SBS, Asphalt-Applied)                   | Base or Ply | Elastobase, Elastobase Poly, Elastoflex V, Elastoflex S6   | HA at 20-40<br>lbs/square |
|  | Cap         | Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko MOP, Polyfresko MOP FR               |                           |
| SBS-TA<br>(SBS, Torch-Applied)                     | Base or Ply | Elastoflex V, Elastoflex S6  | Torch-Applied             |
|  | Cap         | Elastoflex V, Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko MOP, Polyfresko MOP FR |                           |
| SBS-SA<br>(SBS, Self-Adhering)                     | Base        | Elastoflex SA V Base, Elastoflex SA V FR Base, Elastoflex SA V Plus, Elastoflex SA V Plus FR   | Self-Adhering             |
|  | Cap         | Elastoflex SA P, Elastoflex SA P FR, Polyfresko SBS SAP, Polyfresko SBS SAP FR   |                           |
| APP-TA<br>(APP, Torch-Applied)                     | Base or Ply | Polyflex, Polybond   | Torch-Applied             |
|  | Cap         | Polyflex, Polyflex G, Polyflex G FR, Polybond, Polybond G, Polyfresko Torch, Polyfresko Torch FR   |                           |
| APP-SA<br>(APP, Self-Adhering)                     | Cap         | Polyflex SA P, Polyflex SA P FR, Polyfresko APP SAP, Polyfresko APP SAP FR, Polykool, Polybianko   | Self-Adhering             |

- 14 Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance Refer to current Roofing Materials Directory for fire ratings associated with coating usage
- PG200 Non Fibered Roof Coating or Mule-Hide 111 Non-Fibrated Roof Coating,
  - PG300 Fibered Roof Coating or Mule-Hide 102 Fibrated Roof Coating,
  - PG600 Non-Fibered Aluminum Roof Coating or Mule-Hide 416 Standard Non-Fibrated Aluminum Roof Coating,
  - PG650 Fibered Aluminum Roof Coating or Mule-Hide 406 Standard Fibrated Aluminum Roof Coating,
  - PG700 White Reflective Roof Coating,
  - PG800 Non-Fibered Asphalt Emulsion Roof Coating or Mule-Hide 311 Emulsion Non-Fibrated,
  - PG850 Fibered Asphalt Emulsion Roof Coating or Mule-Hide 301 Emulsion Fibrated,
  - Polyplus 60 Premium Non-Fibered Aluminum Roof Coating or Mule-Hide 410 Premium Non-Fibrated Aluminum Roof Coating,
  - Polyplus 65 Premium Fibered Aluminum Roof Coating or Mule-Hide 401 Premium Fibrated Aluminum Roof Coating,
  - Polybrite 70 White Elastomeric Roof Coating
- 15 The following represent priming requirements for gypsum-based coverboards
- DensDeck and DensDeck Prime shall be field-primed with PG100 prior to self-adhering or torch-applied membrane application No priming is required for hot-asphalt membrane applications
  - SECURROCK Gypsum-Fiber Roof Board or DensDeck DuraGuard do not require field priming for any membrane application
- 16 **"MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609 1 5 for determination of design wind loads**

| TABLE 1E WOOD DECKS – NEW CONSTRUCTION or REROOF (Tear-Off)                      |   |   |   |  |  |                                  |           |
|--|---|---|---|--|--|----------------------------------|-----------|
| SYSTEM TYPE E NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER |   |   |   |  |  |                                  |           |
| System No  | Roof Deck   | Base Sheet  |   |  | Roof Cover   |                                  | MDP (psf) |
|  |   | Base  | Fasteners   | Attach   | Ply  | Cap                              |           |
| W-30   | Min 19/32-inch plywood at max 24-inch spans attached 6-inch o.c. with #8 screws | Elastobase or Elastobase Poly                       | 32 ga, 1-5/8-inch diameter tin caps with 11 ga annular ring shank nails   | 6-inch o.c. in 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows | (Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA   | SBS-AA, SBS-TA, APP-TA           | -112.5    |
| W-31   | Min 19/32-inch plywood at max 24-inch spans attached 6-inch o.c. with #8 screws | Elastobase or Elastobase Poly with poly top surface | 32 ga, 1-5/8-inch diameter tin caps with 11 ga annular ring shank nails. Note Tin caps are to be primed with PG100 or ASTM D41 primer | 6-inch o.c. in 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows | (Optional) One or more SBS-SA (no Elastoflex SA V Base or Elastoflex SA V FR Base), SBS-TA or APP-TA | SBS-SA, APP-SA, SBS-TA or APP-TA | -112.5    |

| TABLE 1F WOOD DECKS – NEW CONSTRUCTION or REROOF (Tear-Off) |   |                  |   |   |                                     |                                  |           |
|---|---|------------------|---|---|-------------------------------------|----------------------------------|-----------|
| SYSTEM TYPE F NON-INSULATED, BONDED ROOF COVER              |   |                  |   |   |                                     |                                  |           |
| System No   | Deck  | Primer           | Roof Cover  |   |                                     |                                  | MDP (psf) |
|   |   |                  | Joint Treatment   | Base  | Ply                                 | Cap                              |           |
| W-32  | Min 19/32-inch plywood at max 24-inch spans attached 6-inch o.c. with 8d ring shank nails | (Optional) PG100 | None  | SBS-SA  | (Optional) SBS-SA, SBS-TA or APP-TA | SBS-SA, APP-SA, SBS-TA or APP-TA | -90.0     |
| W-33  | Min 15/32-inch plywood at max 24-inch spans attached 6-inch o.c. with #12 screws          | (Optional) PG100 | Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond | Elastoflex SA V Base or Elastoflex SA V FR Base | (Optional) SBS-SA, SBS-TA or APP-TA | SBS-SA, APP-SA, SBS-TA or APP-TA | -97.5     |
| W-34  | Min 15/32-inch plywood at max 24-inch spans attached 6-inch o.c. with #12 screws          | (Optional) PG100 | Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond | Elastoflex SA V Plus or Elastoflex SA V Plus FR | (Optional) SBS-SA, SBS-TA or APP-TA | SBS-SA, APP-SA, SBS-TA or APP-TA | -135.0    |

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection    Mon    Tue    Wed    Thur    Fri   3-21-13   Page 1 of 1

| PERMIT # | OWNER/ADDRESS/CONTRACTOR            | INSPECTION TYPE | RESULTS | COMMENTS                                    |
|----------|-------------------------------------|-----------------|---------|---|
| 10363    | 109 N Sewalls<br>All Am Roof & SH   | dry-in/metal    | PASS    | INSPECTOR <i>[Signature]</i>                |
| Tree     | Donovan<br>6 Quail Run              | Tree            | OK      | INSPECTOR                                   |
| 10373    | Hoffman<br>20 Palm Rd<br>MC Propane | UG tanks & line | PASS    | INSPECTOR <i>[Signature]</i>                |
| 130      | 11 Palmetto<br>Ark Homes            | Pre-con         | OK      | TREE SURVEY<br>INSPECTOR <i>[Signature]</i> |
|          |                                     |                 |         | INSPECTOR                                   |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR            | INSPECTION TYPE | RESULTS | COMMENTS                                    |
|          |                                     |                 |         | INSPECTOR                                   |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR            | INSPECTION TYPE | RESULTS | COMMENTS                                    |
|          |                                     |                 |         | INSPECTOR                                   |
| PERMIT # | OWNER/ADDRESS/CONTRACTOR            | INSPECTION TYPE | RESULTS | COMMENTS                                    |
|          |                                     |                 |         | INSPECTOR                                   |
|          | <u>- 8 Morgan -</u>                 | Fri AM          |         | INSPECTOR                                   |



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

 Date of Inspection  Mon

 Tue

 Wed

 Thur

 Fri

3-26-13

Page 1 of 1

| PERMIT #         | OWNER/ADDRESS/CONTRACTOR                | INSPECTION TYPE   | RESULTS         | COMMENTS   |
|------------------|---|-------------------|-----------------|--|
| 10367            | Bell                                    | Final             |                 |  |
| <del>10367</del> | 34 S Sewalls<br>Century                 | AC                | PASS            | CLOSE<br>INSPECTOR <i>[Signature]</i>            |
| 10337            | Robinson                                | FOOTING           |                 |  |
| 9.30             | 173 S. River<br>Emel La Viola           | 4 DEPTOMEN        | PASS            | INSPECTOR <i>[Signature]</i>                     |
| <del>10363</del> | <del>NESSON / Potebo</del>              | <del>FINISH</del> |                 |  |
|                  | <del>109 N. Sewalls</del><br>On Shore   | <del>ROOF</del>   | <del>PASS</del> | <del>CLOSE</del><br>INSPECTOR <i>[Signature]</i> |
| 10342            | gill                                    | Final             |                 |  |
|                  | 34 Rio Vista<br>all am roof & sheathing | Roof              | PASS            | CLOSE<br>INSPECTOR <i>[Signature]</i>            |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR                | INSPECTION TYPE   | RESULTS         | COMMENTS   |
|                  |   |                   |                 | INSPECTOR  |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR                | INSPECTION TYPE   | RESULTS         | COMMENTS   |
|                  |   |                   |                 | INSPECTOR  |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR                | INSPECTION TYPE   | RESULTS         | COMMENTS   |
|                  |   |                   |                 | INSPECTOR  |



**10368**

**RENOVATIONS**



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         | 10368                         | DATE ISSUED          | FEBRUARY 26, 2013   |
| SCOPE OF WORK:        | RENOVATIONS                   |                      |                     |
| CONTRACTOR            | DEMAREST CONSTRUCTION         |                      |                     |
| PARCEL CONTROL NUMBER | 353741007-000-000906          | SUBDIVISION          | TWIN RIVERS - LOT 9 |
| CONSTRUCTION ADDRESS  | 109 N SEWALLS PI RD           |                      |                     |
| OWNER NAME            | TESTEBO FASTIGHEIS AKTIEBOLAG |                      |                     |
| QUALIFIER             | ROBERT DEMAREST               | CONTACT PHONE NUMBER | 220-0065            |

**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 _____<br>UNDERGROUND MECHANICAL _____<br>STEM-WALL FOOTING _____<br>SLAB _____<br>ROOF SHEATHING _____<br>TIE DOWN /TRUSS ENG _____<br>WINDOW/DOOR BUCKS _____<br>ROOF DRY-IN/METAL _____<br>PLUMBING ROUGH-IN _____<br>MECHANICAL ROUGH-IN _____<br>FRAMING _____<br>FINAL PLUMBING _____<br>FINAL MECHANICAL _____<br>FINAL ROOF _____ | UNDERGROUND GAS _____<br>UNDERGROUND ELECTRICAL _____<br>FOOTING _____<br>TIE BEAM/COLUMNS _____<br>WALL SHEATHING _____<br>INSULATION _____<br>LATH _____<br>ROOF TILE IN-PROGRESS _____<br>ELECTRICAL ROUGH-IN _____<br>GAS ROUGH-IN _____<br>METER FINAL _____<br>FINAL ELECTRICAL _____<br>FINAL GAS _____<br>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 | 10368   |
| ADDRESS       | 109 N SEWALLS PT RD - TESTEBO FASTIGHETS AKTIEBOLAG |
| DATE 2/26/13  | SCOPE OF WORK RENOVATIONS                           |

|  |                |    |          |
|--|----------------|----|----------|
| SINGLE FAMILY OR ADDITION /REMODEL   | Declared Value | \$ |          |
| Plan Submittal Fee (\$350 00 SFR, \$175 00 Remodel < \$200K)                       |                | \$ |          |
| (No plan submittal fee when value is less than \$100,000)                          |                |    |          |
| Total square feet air-conditioned space (@ \$121 75 per sq ft)                     |                | sf |          |
| Total square feet non-conditioned space, or interior remodel (@ \$59 81 per sq ft) |                | sf |          |
| Total square feet remodel with new trusses @ \$90 78 per sq ft                     |                | \$ |          |
| Total Construction Value   |                | \$ | 14152 00 |
| Building fee (2% of construction value SFR or >\$200K)                             |                | \$ |          |
| Building fee (1% of construction value < \$200K + \$100 per insp)                  |                |    | 141 52   |
| Total number of inspections (Value < \$200K)@\$100ea                               | 5              | \$ | 500 00   |
| Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)                         |                | \$ | 9 62     |
| DBPR Licensing Fee (1 5% of permit fee - \$2 00 min)                               |                | \$ | 9 62     |
| Road impact assessment (04% of construction value - \$5 00 min)                    |                |    | 5 66     |
| Martin County Impact Fee   |                | \$ |          |
| <b>TOTAL BUILDING PERMIT FEE</b>   |                | \$ | 666 42   |

*Handwritten signature and number 14995*

**DEMOREST CONSTRUCTION GROUP INC**  
 800 SE INDIAN ST  
 STUART, FL 34997

GULFSTREAM BUSINESS BANK  
 2400 S E MONTEREY ROAD  
 STUART FL 34998

14995

*Handwritten notes: 2/26/13, 1/22/13*

PAY TO THE ORDER OF

*Town of Sewall's Point Building Department \$ 666.42*

*Six hundred sixty-six and 42/100* DOLLARS

MEMO 13-03

*Authorized signature*  
 AUTHORIZED SIGNATURE



GF 2-25-13



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

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: TESTEBO FANTIGIETS AKTIEBOLAG

CONSTRUCTION ADDRESS: 109 N. SEWALL'S PT. RD.

PERMIT TYPE  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- \_\_\_\_\_ PLUMBING
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ ~~MECHANICAL~~ ROOF

TYPE OF SERVICE.  NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: Upgrade Electrical Service, Add Kitchen outlets

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

|  |
|--|
| _____ 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]  
SIGNATURE OF LICENSED CONTRACTOR

3219 Sleander Ave Ft Pierce FL 34982  
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER S NAME Griffin Electrical Services, Inc

TELEPHONE NO. 772-242-1798 FAX NO. 772-882-9483

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC000273A

\*\* 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

*ok*



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

*Tropic Plumbing*

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 TESTEBO FASTIGNETS AKTIEBOLAG

CONSTRUCTION ADDRESS: 109 N. SEWALL'S PT. RD.

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- \_\_\_\_\_ ELECTRIC
- PLUMBING
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ IRRIGATION
- ~~\_\_\_\_\_ OTHER~~ *NO*

TYPE OF SERVICE \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: \_\_\_\_\_

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

|   |
|---|
| _____ 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

*David A Lisiesky*  
SIGNATURE OF LICENSED CONTRACTOR

TROPIC PLUMBING & MECH INC.  
3180 SE DOMINICA TERR #1  
STUART, FLA 34997  
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: DAVID A LISIESKY

TELEPHONE NO. 772-288-0030 FAX NO. 772-288-0030 PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFL032565

\*\* 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

be Permitted

Contractor

License #

~~On Shore Roofing~~ *on*  
Sharkey A/C *on*  
Griffin Electric  
Tropic Plumbing  
Demorest Construction

CCC132889 - *perm*  
CAC1816853 - *perm - w/c*  
EC0002734 - *perm*  
CFC032565 - *perm*  
CBCA 52954 - *w/c*

11  
10  
9  
8  
7  
6  
5  
4  
3  
2  
1

Windows



*W/O on*



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

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 TESTEBO FASTIGHETS AKTIEBOLAG

CONSTRUCTION ADDRESS 109 N. SEWALL'S PT. RD.

PERMIT TYPE  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- \_\_\_\_\_ ELECTRIC
- \_\_\_\_\_ PLUMBING
- HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ ~~ROOF~~ ROOF

TYPE OF SERVICE \_\_\_\_\_ NEW SERVICE  EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK Install 2 Ton 16 SEER Rheem Split System

VALUE OF CONSTRUCTION \$ 6935.00

|  |
|--|
| _____ 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

*Kevin M Sharkey*  
SIGNATURE OF LICENSED CONTRACTOR

7862 SW Ellipse Way Stuart 34997  
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME Kevin M Sharkey

TELEPHONE NO 772-220-2487 FAX NO 772-220-3787

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER CAC1816853

\*\* 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 Testebo Fastighets Aktiebolag

PARCEL CONTROL # 35-37-41-007-000-00090-6

SUBDIVISION Twin Rivers LOT 9 BLK \_\_\_\_\_ PHASE \_\_\_\_\_

SITE ADDRESS 109 N Sewalls Pt Rd

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

**NOTICE OF COMMENCEMENT**

To be completed when construction value exceeds \$2,500.00

PERMIT # \_\_\_\_\_ TAX FOLIO # 35-37-41-007-000-0209-10

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) 109 N Swallow Point Rd Twin Buttes, FL 32909 Metes & Bounds

GENERAL DESCRIPTION OF IMPROVEMENT Renovation

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

Name ESTR DE FABRIANES MENENDEZ  
Address 32 Box 22047 10422 Stockholm  
Interest in property owner  
Name and address of fee simple title holder (if different from Owner listed above) \_\_\_\_\_

CONTRACTOR'S NAME Dorocemi Construction Group Inc Phone No. (772) 220-8065  
Address 800 SE Indian St Stuart, FL

SURETY COMPANY (if applicable, a copy of the payment bond is attached)  
Name and address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Bond amount \_\_\_\_\_

LENDER'S NAME, \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

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 \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

In addition to himself or herself, owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lender's Notice as provided in Section 713 13(1)(b), Florida Statutes  
Phone number of person or entity designated by Owner: \_\_\_\_\_

Expiration date of Notice of Commencement \_\_\_\_\_  
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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

Nils Johan Olff Nissen  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Nils Johan Olff Nissen - Director - Owner  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 22nd day of January, 20 13

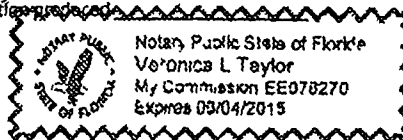
By Nils Nissen as Officer for Term to facilitate attachment  
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

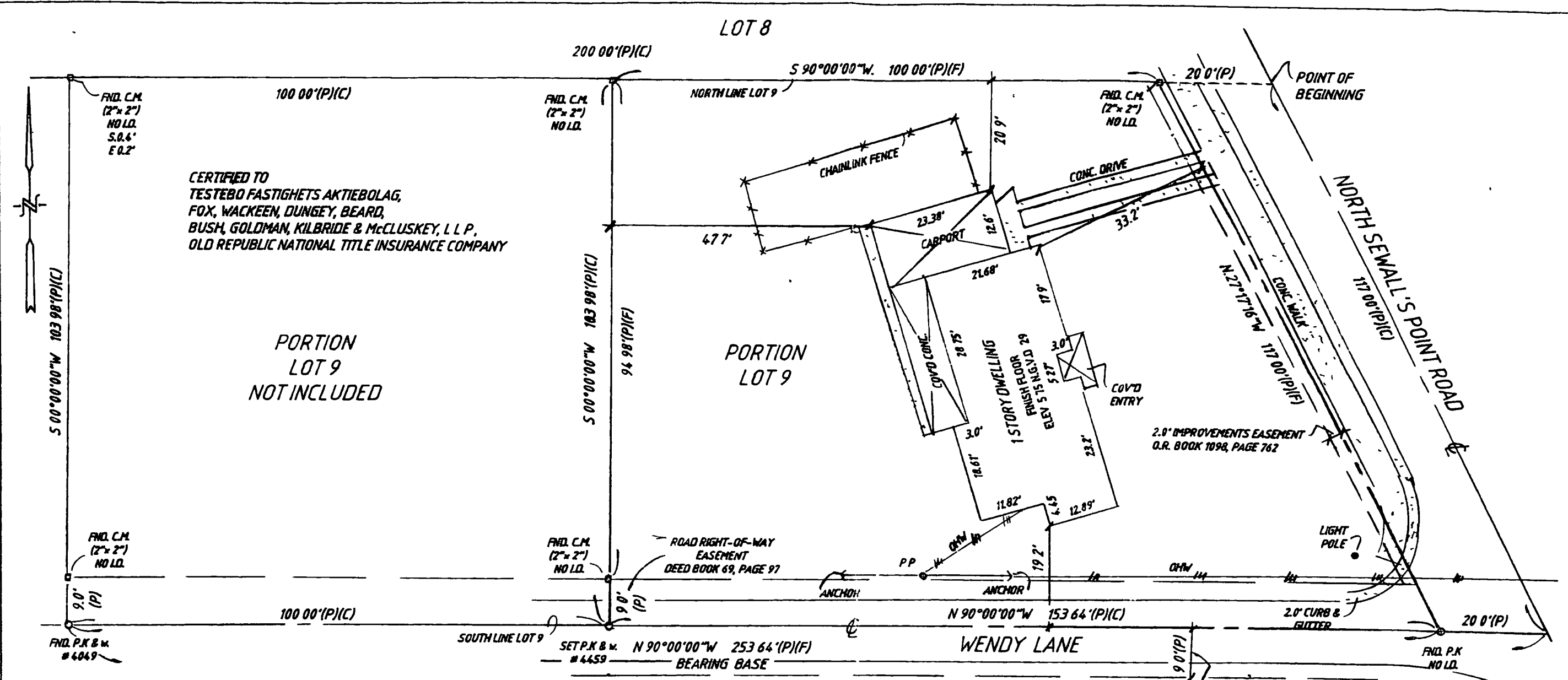
Veronica L Taylor  
Notary's Signature

(Print, Type, or Stamp Commissioned Name of Notary)

T:\BLD\Bldg\_Forms\New Applications\Forms\Notice Of Commencement Docx

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





CERTIFIED TO  
 TESTEBO FASTIGHETS AKTIEBOLAG,  
 FOX, WACKEN, DUNGEY, BEARD,  
 BUSH, GOLDMAN, KILBRIDE & McCLUSKEY, L.L.P.,  
 OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

PORTION  
 LOT 9  
 NOT INCLUDED

PORTION  
 LOT 9

**FLOOD ZONE INFORMATION**  
 PROPERTY LOCATED IN FLOOD ZONE "X" & "AE"  
 BASE ELEVATION: 8.0  
 COMMUNITY PANEL NO 120164 0154 F  
 DATED: 10/04/2002

**STREET ADDRESS:** 109 NORTH SEWALL'S POINT ROAD  
 STUART, FL 34996

**SURVEYOR'S NOTES**

1. SURVEY OF DESCRIPTION AS FURNISHED BY CLIENT, UNLESS OTHERWISE NOTED.
2. LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS, BUILDING SETBACKS, AND/OR RIGHTS-OF-WAY OF RECORD BY ACCURIGHT LAND SURVEYING, INC.
3. ELEVATIONS SHOWN HEREON ARE RELATIVE TO NORTH AMERICAN VERTICAL DATUM OF 1988, SEE SURVEY FOR REFERENCE BENCH MARK, UNLESS OTHERWISE NOTED
4. THERE ARE NO ABOVE GROUND ENCROACHMENTS, UNLESS OTHERWISE NOTED
5. UNDERGROUND ENCROACHMENTS ARE NOT LOCATED.
6. ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES

**LEGEND:**

- A/C - AIR CONDITIONER ATT - TELEPHONE
- CONC - CONCRETE D - DELTA/CENTRAL ANGLE
- FND - FOUND C.M - CONCRETE MONUMENT
- IB - IRON BAR SET IB - 5/8" IRON BAR CAP #4459
- P.P. - POWER POLE I.P. - IRON PIPE COVD - COVERED
- O.H.W. - OVERHEAD WIRE PK&W - PK NAIL & WASHER
- R/W - RIGHT-OF-WAY CATV - CABLE TELEVISION
- F.H. - FIRE HYDRANT WM - WATER METER
- I.D. - IDENTIFICATION PCP - PERMANENT CONTROL POINT
- N.A.V.D. 88 - NORTH AMERICAN VERTICAL DATUM 1988
- (P) - DENOTES DISTANCE, ANGLE OR BEARING BY DESCRIPTION
- (F) - DENOTES MEASURED DISTANCE, ANGLE OR BEARING
- (C) - DENOTES CALCULATED DISTANCE, ANGLE OR BEARING

**LEGAL DESCRIPTION**

The Easterly 100 feet of the following described parcel  
 Beginning at a point where the center line of Sewall's Point Road intersects the Easterly extension of the North Line of Lot 9 of Twin Rivers Subdivision, thence run West along the North line of said Lot 9 a distance of 20 feet to a concrete monument thence continue West along the North line of Lot 9, a distance of 200 feet to a concrete monument, thence by angle of 90 degrees from West to South run a distance of 94.98 feet to a concrete monument, thence continue South along the same line a distance of 9 feet to the south line of Lot 9, said South line being the center line of Wendy Lane, thence by angle of 90 degrees from South to East run East along the South line of Lot 9 a distance of 273.64 feet to the center line of Sewall's Point Road, thence run Northwesterly along the center line of said Sewall's Point Road a distance of 117 feet to the point of beginning being in Government Lot 1, Section 35, Township 37 South, Range 41 East, Martin County, Florida

BOUNDARY SURVEY  
 ACCURIGHT LAND SURVEYING, INC.  
 LICENSED BUSINESS NO. #6607

EARLE R. STARKEY - PROFESSIONAL LAND SURVEYOR  
 REGISTRATION NO. 4459 - STATE OF FLORIDA  
 SURVEY NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF A FLORIDA LICENSED LAND SURVEYOR AND MAPPER

|  |            |
|--|------------|
| PROJECT: 1999-01-01                                      | REVISIONS: |
| FIELD DATE: 12/28/2012                                   |            |
| DRAWN BY: WIGH   |            |
| CHECKED BY: E.R.S.                                       |            |
| SCALE: 1" = 20.00'                                       |            |
| PREPARED FOR: AKTIEBOLAG                                 |            |
| ACCURIGHT LAND SURVEYING, INC.                           |            |
| 1501 DECKER AVENUE UNIT 419 - STUART, FLORIDA 34994      |            |
| OFFICE PHONE NO. (772) 286-7694 - FAX NO. (772) 220-7993 |            |
| LAND SURVEYING - CONSULTANTS - LAND PLANNERS - DESIGNERS |            |

# SMART & START

BUILDING INSPECTIONS

445 S E CARDINAL TRAIL  
STUART, FL 34997  
772-219-3850

October 8, 2012

## INSPECTION SUMMARY

**PROPERTY:** 109 N Sewalls Point Rd Stuart, FL 34996

**CLIENT:** Johan Nessen

**INVOICE #:** 4329

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### **ROOF:**

Due to the heavy vegetation surrounding the home leaf litter has gathered on the roof which will harbor moisture and result in premature deterioration of the roofing material See pictures 1 – 3

Due to the heavy vegetation on the roof plants are growing on the roof which can cause damage by expanding roots See picture 4

There is an area of damage / repair to the flat roofing material over the carport most likely caused by a falling tree branch See picture 5 A more professional repair is required to in order to maintain a leak free roof

The ridge vent is missing an end cap which can result in wind driven rain and or rodent activity in the attic See picture 6

### **ATTIC:**

Note Additional insulation has been installed in an effort to make the home more energy efficient See picture 7

### **STRUCTURE:**

There are several areas of wood decay located on the south gable siding and fascia board, rear porch post and front outlooks See pictures 8 - 11

There are water stains on the soffitt directly below the damaged roof mentioned above See pictures 12 – 14 The area tested wet at the time of inspection indicating an active leak See picture 15

### **GRADING:**

There is a negative grade toward the home which may result in standing storm water against the home See picture 16

### **ELECTRICAL:**

The overhead service cables are intertwined with the tree branches See picture 17 It is recommended that FPL be notified therefore the situation can be further evaluated and branches trimmed accordingly

Due to the age of the home several of the receptacles are two pronged and non-grounded See picture 18 For optimum safety it is recommended that all no-grounded receptacles be updated

## **ELECTRICAL.**

The grounded receptacle located on the back porch has reversed polarity creating a safety hazard

The service disconnect located on the exterior of the home is rated for 100 amps and it is properly connected to a minimum of #2 copper feeder cables See picture 19 The feeder cables connected to main panel in the home are #6 copper which is only rated for 60 amps indicating a splice somewhere between the main disconnect and panel creating a safety hazard See pictures 20 & 21

The old fuse panel next to the new main panel has been used as a junction box easily exposing energized wires creating a safety hazard See picture 22

There is exposed no-grounded lamp cord next to the kitchen sink creating a safety hazard See pictures 23 & 24

The ground fault circuit interrupter (GFCI) receptacle located in the bathroom has an open ground creating a safety hazard

There are exposed wires in the attic See picture 25 Energized or abandoned all wiring must be contained inside a properly mounted and secured junction box

## **HEATING AND AIR CONDITIONING:**

The one air conditioning unit discharges on the carport foundation which can create a health hazard for small children and animals See picture 26 All air conditioning units are required to discharge condensation to an unpopulated area

The home is equipped with the original built-in wall heaters Two of the heaters have been painted over which can create a fire hazard See pictures 27 & 28 The painted unit in the bedroom is inoperable

Note At the time of inspection all of the window units were functioning as intended

## **PLUMBING:**

The free standing hose bibs on the exterior were inoperable at the time of inspection See picture 29 There may be a master valve controlling the hose bibs that was not readily visible at the time of inspection

The temperature / pressure (T & P) valve discharge line on the water heater is reduced to a half inch which can restrict the flow of hot pressurized water in the event the valve is activated See picture 30 The discharge line should have been replaced with the proper three quarter inch line when the water heater was replaced

The drain line in the bathroom appears to be the original and is corroding which will eventually leak if not replaced See picture 31

The original main drain lines and vent stacks are galvanized which has been known to corrode from the inside of the pipe restricting water flow See picture 32

*Robert Dees*

October 8, 2012

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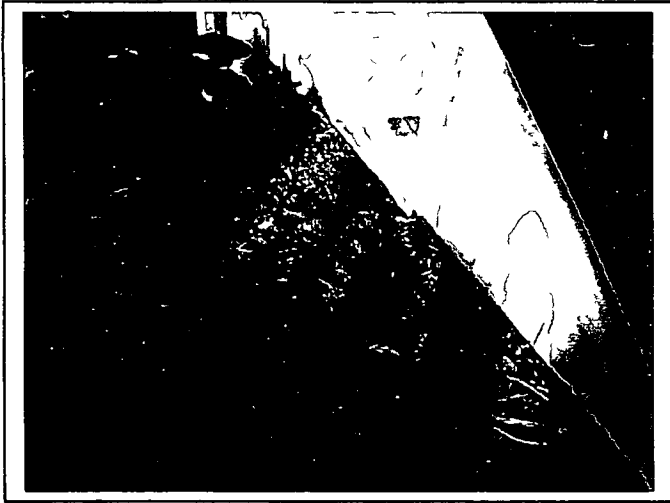
Inspector

FL Lic HI260

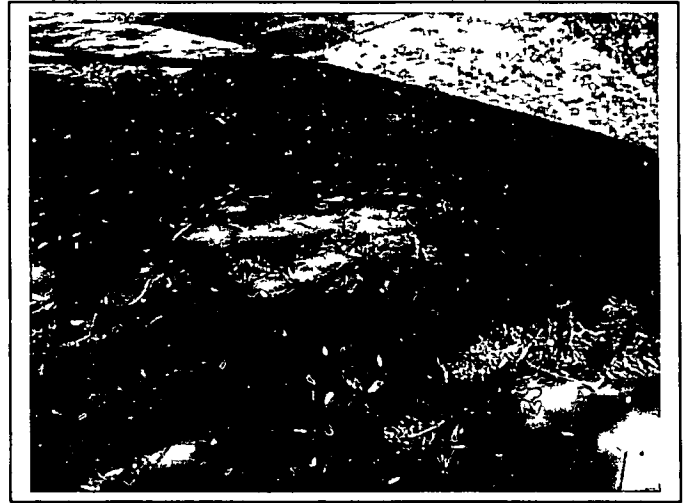
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Date



1



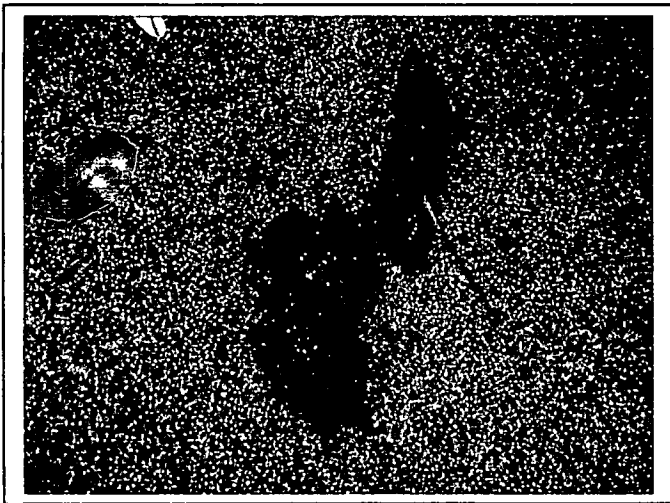
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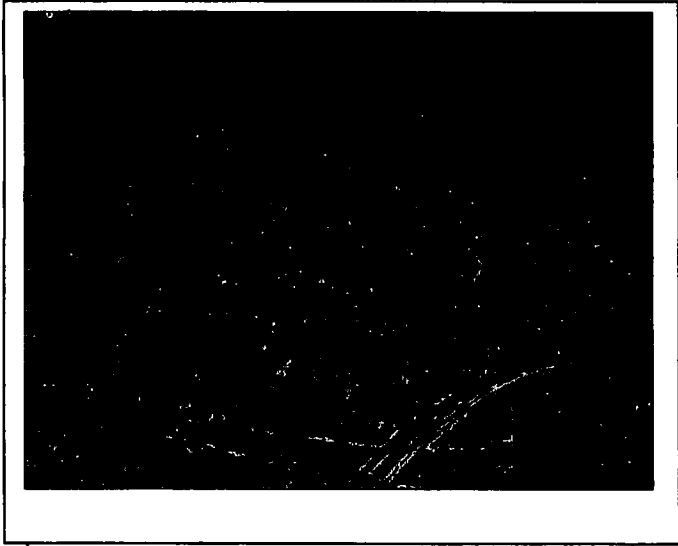
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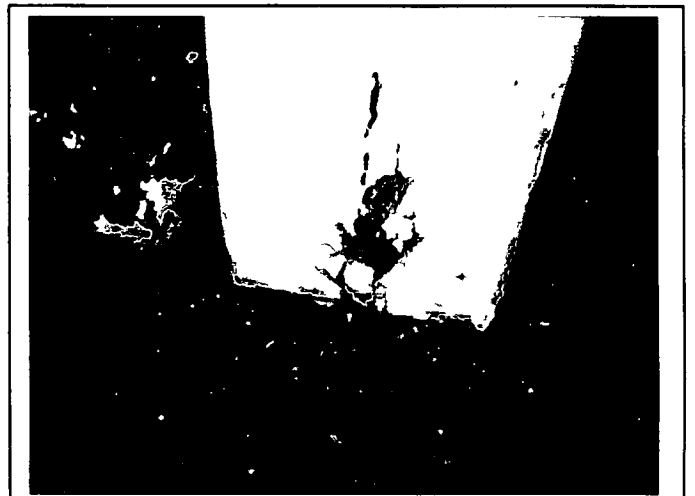
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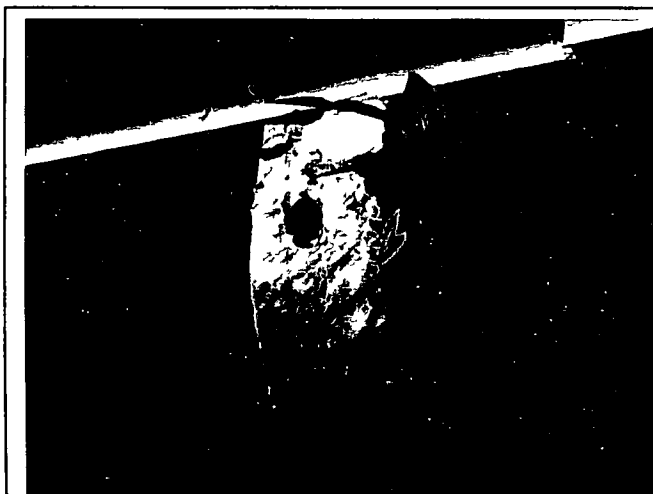
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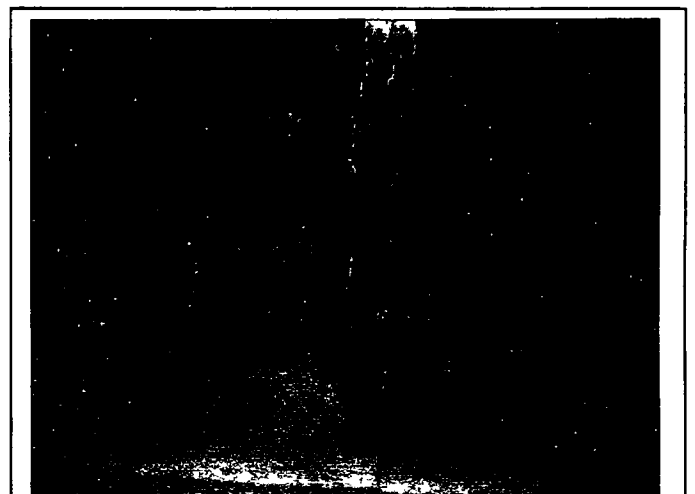
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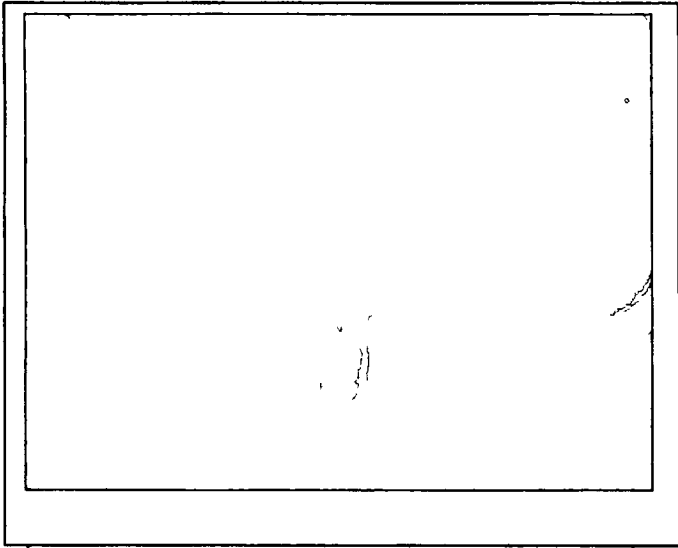
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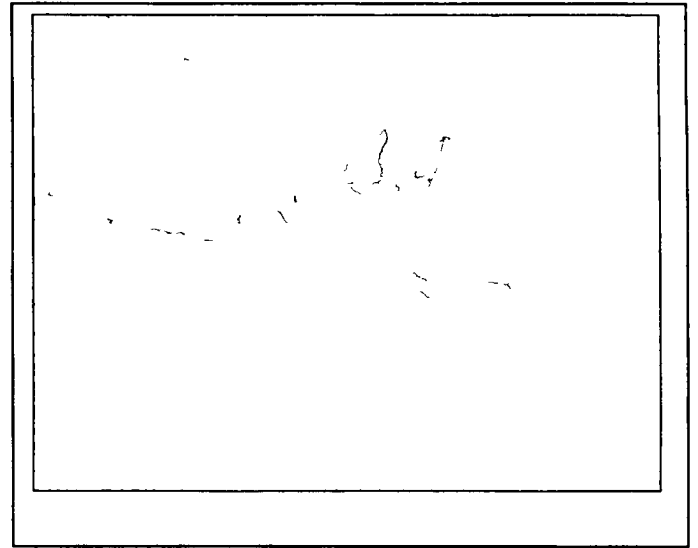
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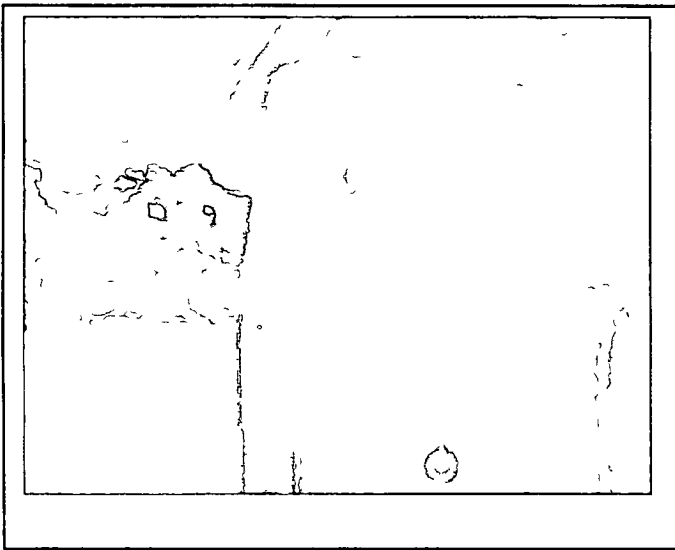
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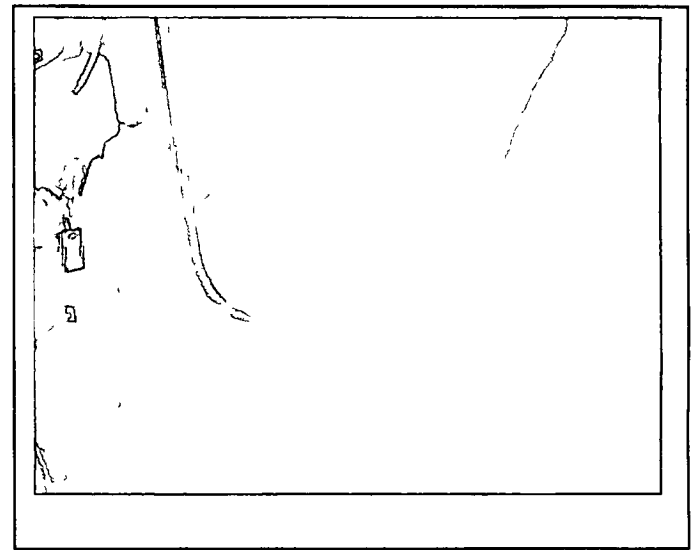
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14



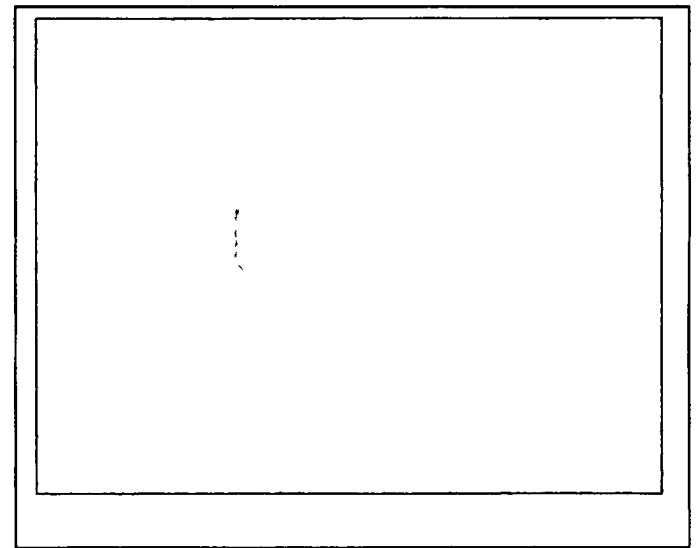
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16



17

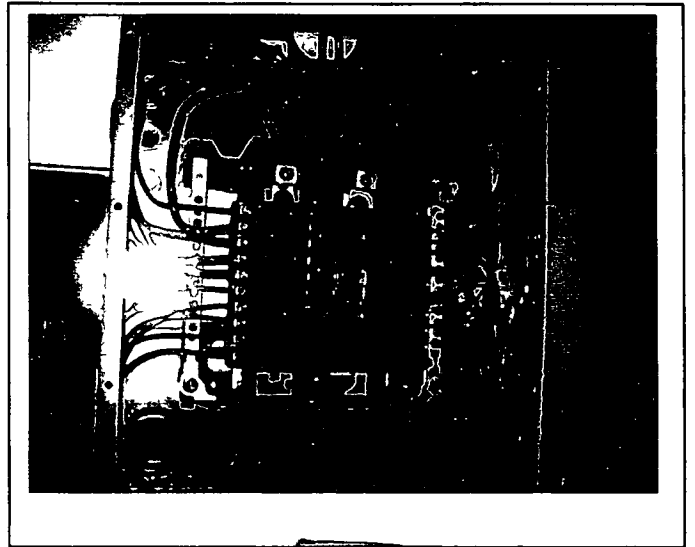


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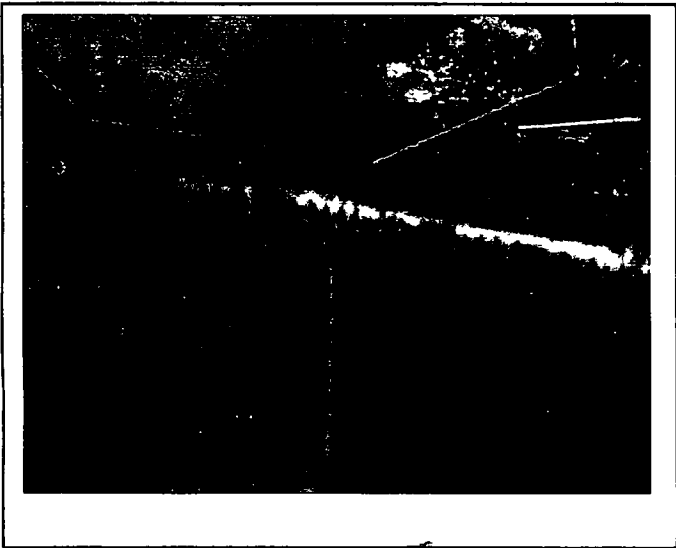




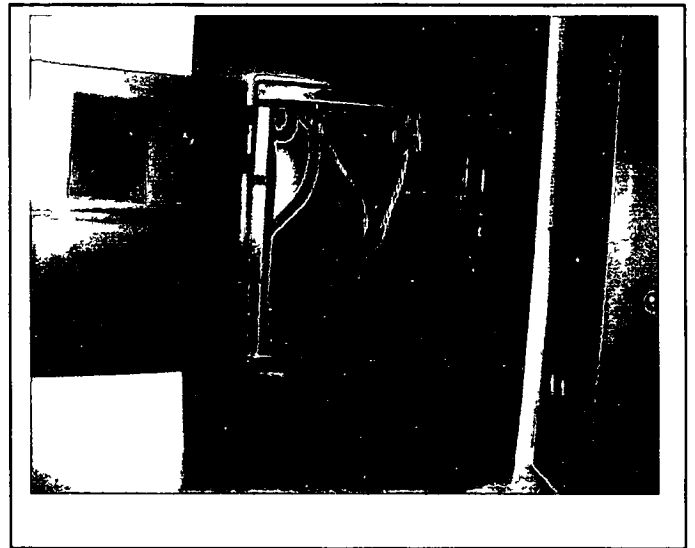
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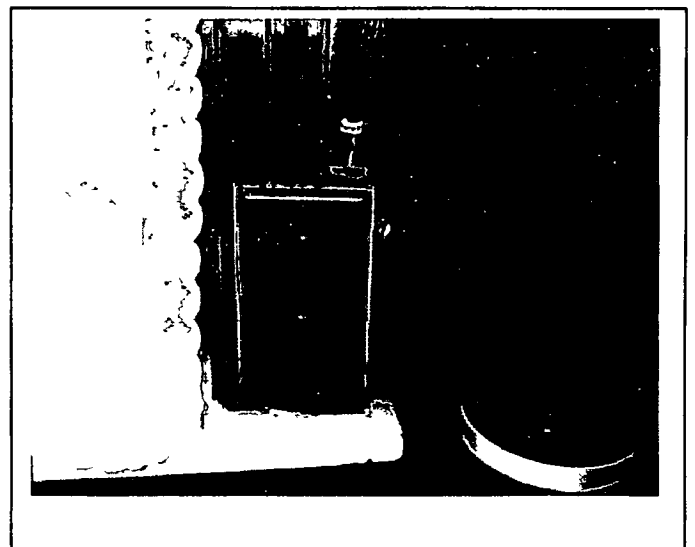
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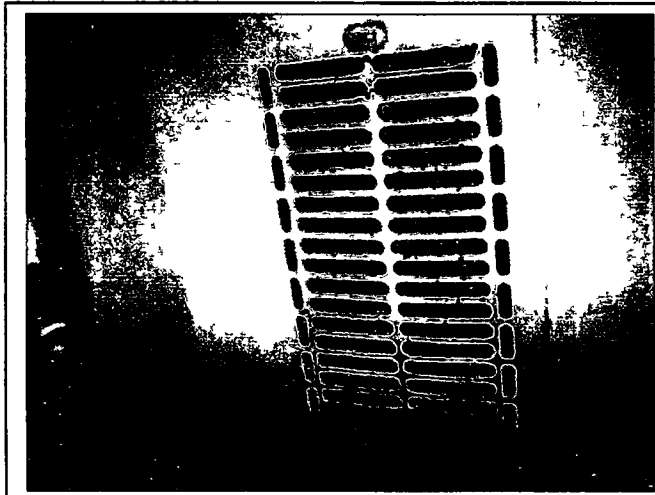
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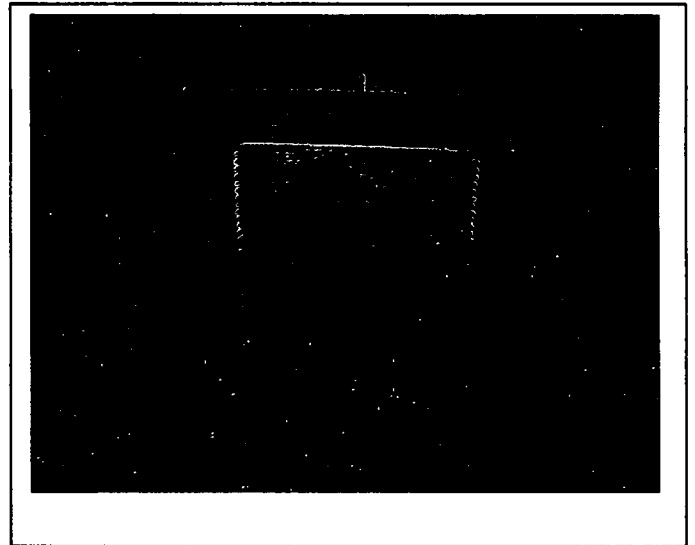
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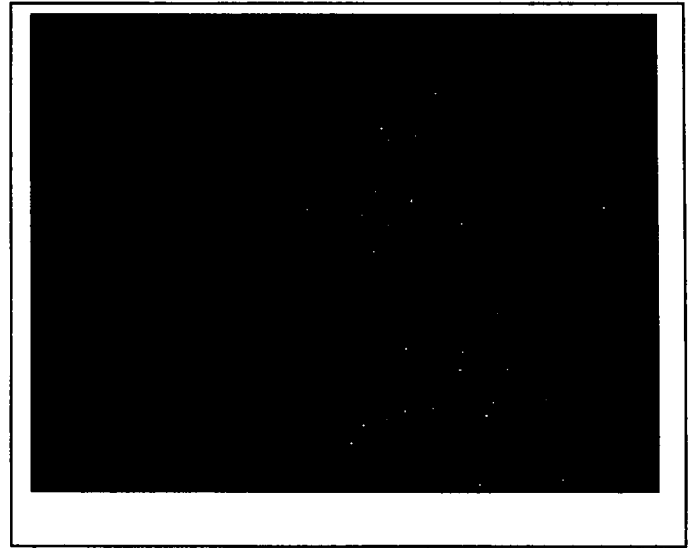
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31



32

State Certified Contractor CBCA52954

- Commercial Building Construction
- Custom Residential Construction
- Medical / Dental / Retail Offices
- Tenant Improvements
- Construction Management
- Construction Consulting

# DEMOREST CONSTRUCTION GROUP INC

800 S E Indian St • Stuart, Florida • 34997-5605

Telephone 772/220-0065 • FAX 772/220-0227

www demorestconstruction.com • bodemo@demorestconstruction.com

January 21, 2013

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

To: Town of Sewall's Point  
Building Department

Subject: Building Permit Application  
Address: 109 N. Sewall's Point Rd.

### Scope of Work to be Permitted

#### Scope of Work

- ~~Removal and Replacement of Existing Roofing~~
- A/C System Change Out
- Electrical Service Change Out
- Plumbing Misc. Repairs
- Misc. Carpentry Repairs to Termite Damage

#### Contractor

- ~~On Shore Roofing~~
- Sharkey A/C
- Griffin Electric
- Tropic Plumbing
- Demorest Construction

#### License #

- ~~CCC132889~~
- CAC1816853
- EC0002734
- CFC032565
- CBCA 52954

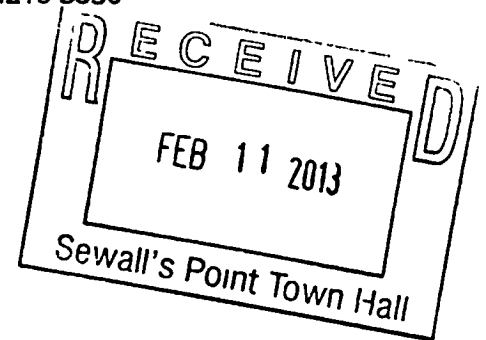
**SMART  START**  
BUILDING INSPECTIONS

445 S E CARDINAL TRAIL  
STUART, FL 34997  
772.219 3850

February 4, 2013

Robert Demorest  
Demorest Construction Group

RE 109 N Sewalls Point Rd



Robert,

The home at the above address was constructed in 1953 following the building regulations of the era. Fast forward sixty years and we find that the electrical methods practiced at the time of construction are not considered safe by today's standards.

At the time of inspection dated October 8, 2012 the electrical system was reported to be outdated and several other electrical deficiencies were reported as being safety hazards.

*Due to the age of the electrical system installed in the home and deficiencies reported it is my professional opinion as a licensed home inspector that the electrical system be replaced for optimum occupant safety.*

If I can be of further assistance please do not hesitate to contact me.

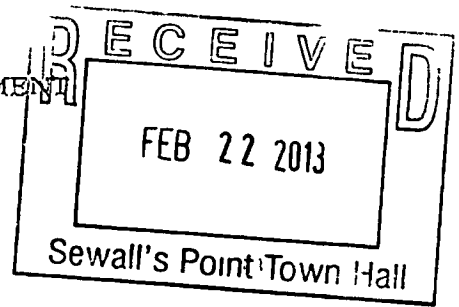
Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Dees".

Robert Dees, President  
R2107  
HI 260 FABI 0453  
robert@smartstartinspections.com



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2453 Fax 772-2204765



### Electrical Load Calculations

Electrical Contractor Griffin Electrical Services License No EC000 273A  
Phone # 772-242-1798 Fax # 772-882-9483  
Project Nessen Residence - Upgrade Location 109 N Sewalls Point Road  
Existing Service Feeder Size 60 amp Existing Panel Size 100 Amp  
Main Breaker Size 150 Amp Number of Breakers 30 ckt

#### Existing Loads

|   |                             |
|---|-----------------------------|
| <u>927</u> Sq Ft X 3 watts per sq. ft . . . . . | <u>2781</u> watts           |
| Appliance cir. @ 1500 watts each                | <u>1500</u> watts           |
| Laundry cir @ 1500 watts each                   | _____ watts                 |
| Range @ 8 kw                                    | _____ watts                 |
| Dishwasher and disposal @ 1500 watts each       | _____ watts                 |
| Microwave @ 2000 watts                          | <u>2000</u> watts           |
| Water heater @ 4.5 kw . . . . .                 | <u>4500</u> watts           |
| Tank less water heater                          | _____ watts                 |
| Dryer @ 5 kw                                    | <u>5000</u> watts           |
| Refrigerator @ 1500 watts                       | <u>1500</u> watts           |
| Bathroom 1 @ 1500 watts                         | <u>1500</u> watts           |
| Sprinkler Pump                                  | _____ watts                 |
| Other _____                                     | _____ watts                 |
| Other _____                                     | _____ watts                 |
| Other _____                                     | _____ watts                 |
|   | <u>18781</u> Subtotal Watts |



#### New Loads

|                                      |                   |
|--------------------------------------|-------------------|
| Pool pump . . . . .                  | _____ watts       |
| Pool light                           | _____ watts       |
| Heat pump                            | _____ watts       |
| Chlorine generator                   | _____ watts       |
| Blower                               | _____ watts       |
| Boatlift                             | _____ watts       |
| Tea Other <u>AHU/ACU</u>             | <u>5500</u> watts |
| <u>2</u> Other <u>Appliance Ckts</u> | <u>3000</u> watts |
| Other _____                          | _____ watts       |

27281 Total Watts

|                           |                    |
|---------------------------|--------------------|
| First 10 kw @ 100%        | <u>10000</u> watts |
| Remainder @ 40% . . . . . | <u>6912</u> watts  |
| A/C heat @ 100%           | <u>5500</u> watts  |

Total watts 22412 Divided by 240 volts = 93.39 Amps 150 Amp service provided

Prepared by Warren Griffin Date 2/21/2013



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

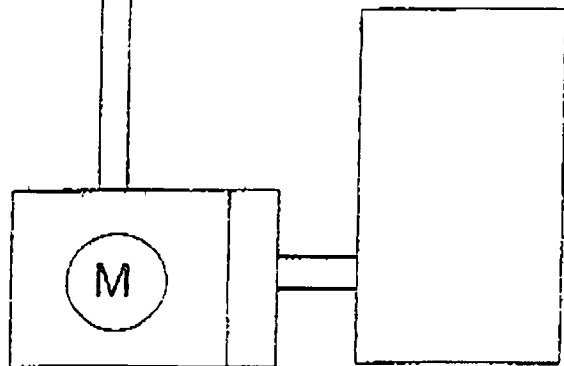
### ELECTRICAL RISER PLAN

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



TYPE OF SERVICE:  
OVERHEAD SERVICE



Service size 150 Amps  
Conductor size #1  
Meter Main Yes  
Meter Can only \_\_\_\_\_  
Service Change Yes  
New Installation Yes

UNDERGROUND

Grounding Electrode Conductor Size

- #6
- #4
- #2
- Other \_\_\_\_\_



Warren Griffin

3219 Oleander Ave.  
Fort Pierce, FL 34982  
Lic. # EC0002734

Office/Service 772-242-1796  
Estimating 772-242-1798  
Fax 772-882-9483



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

**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**

|   |   |
|---|---|
| <b>Air handler:</b> Mfg RHEEM Model# RHLLHM2417J                | <b>Condenser:</b> Mfg RHEEM Model# 14AJM25A01                   |
| Volts 208-240 CFM's 700 Heat Strip 5 Kw                         | Volts 208-230 SEER/EER 16 BTU's 24,200                          |
| Min Circuit Amps 24 Wire gauge 10                               | Min Circuit Amps 18 Wire gauge 10                               |
| Max Breaker size 30 Min Breaker size 25                         | Max Breaker size 30 Min Breaker size 25                         |
| Ref line size Liquid 3/8 Suction 3/4                            | Ref line size Liquid 3/8 Suction 3/4                            |
| Refrigerant type 410A   | Refrigerant type 410A   |
| Location Existing <input checked="" type="checkbox"/> New _____ | Location Existing <input checked="" type="checkbox"/> New _____ |
| Attic/Garage/Closet (specify) ATTIC                             | Left/Right/Rear/Front/Roof TBD                                  |
| Access In the outside eave <i>Ladder</i>                        | Condensate Location TBD   |

**NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION**

**EXISTING SYSTEM COMPONENTS**

|   |   |
|---|---|
| <b>Air handler:</b> Mfg MISSING Model# _____  | <b>Condenser:</b> Mfg MISSING Model# _____    |
| Volts ___ CFM's _____ Heat Strip _____ Kw     | Volts _____ SEER/EER _____ BTU's _____        |
| Min Circuit Amps _____ Wire gauge _____       | Min Circuit Amps _____ Wire gauge _____       |
| Max Breaker size _____ Min Breaker size _____ | Max Breaker size _____ Min Breaker size _____ |
| Ref line size Liquid _____ Suction _____      | Ref line size Liquid _____ Suction _____      |
| Refrigerant type _____                        | Refrigerant type _____                        |
| Location Ext _____ New _____                  | Location Ext _____ New _____                  |
| Attic/Garage/Closet (specify) _____           | Left/Right/Rear/Front/Roof _____              |
| Access _____                                  | Condensate Location _____                     |

**Certification: A LICENSED ELECTRICAL CONTRACTOR WILL BE WORKING ON THE JOB.**

I herby 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]*  
 \_\_\_\_\_  
 Signature

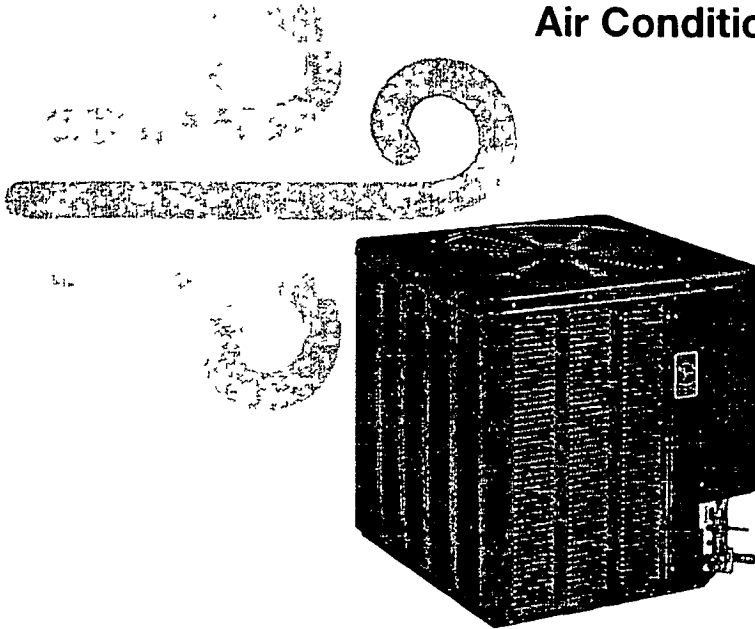
1-24-13  
 \_\_\_\_\_  
 Date





The new degree of comfort™

## Rheem Value Series Air Conditioners



### 14AJM- Series

Efficiencies up to 16 SEER/13 EER  
Nominal Sizes 1 1/2-5 Ton [5.28 to 17.6 kW]  
Cooling Capacities 17.3 to 60.5 KBTU  
[5.7 to 17.7 kW]



*"Proper sizing and installation of equipment is critical to achieve optimal performance. Ask your Contractor for details or visit [www.energystar.gov](http://www.energystar.gov)"*

Note: Above image does not show deep drawn basepan

- Outdoor air conditioner designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications
- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)





# 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: 109 N. Sewalls Point Rd, Stuart, FL 34996

Latitude, Longitude: 26.6726°, -80.0706°

House Square Footage: 1907 sq. ft. ✓

Name: Nessen

*COND BLOCK*

Phone: 1-23-123-1234

Email: example@mail.com

## House Information

SHR: 75

Number of residents: 2

Ceiling height: 9

Wall U-value | R-value: 0.09 | 1.1

Floor U-value | R-value: 0.2 | 5

Ceiling U-value | R-value: 0.053 | 1.9

Window U-value: 1.0

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

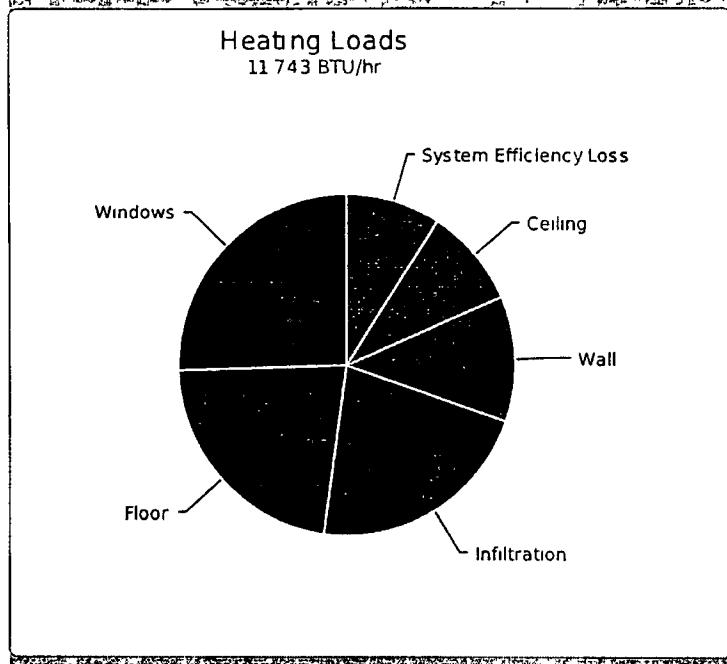
Summer ventilation: 0

# 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      |

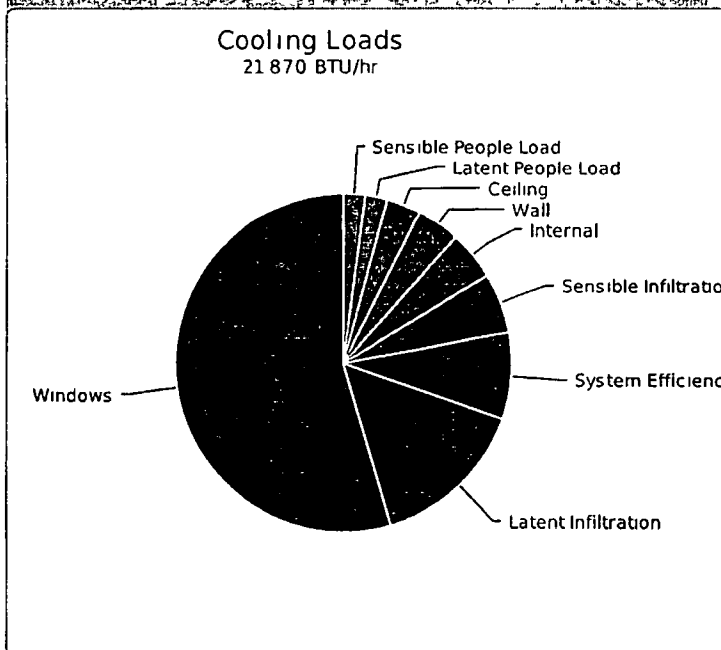
# Heating Loads

| Area                   | Btuh  | % of load |
|------------------------|-------|-----------|
| Wall                   | 1393  | 11.9      |
| Floor                  | 2627  | 22.4      |
| Ceiling                | 1106  | 9.4       |
| Windows                | 2990  | 25.5      |
| Infiltration           | 2561  | 21.8      |
| System Efficiency Loss | 1068  | 9.1       |
| Total                  | 11743 |           |

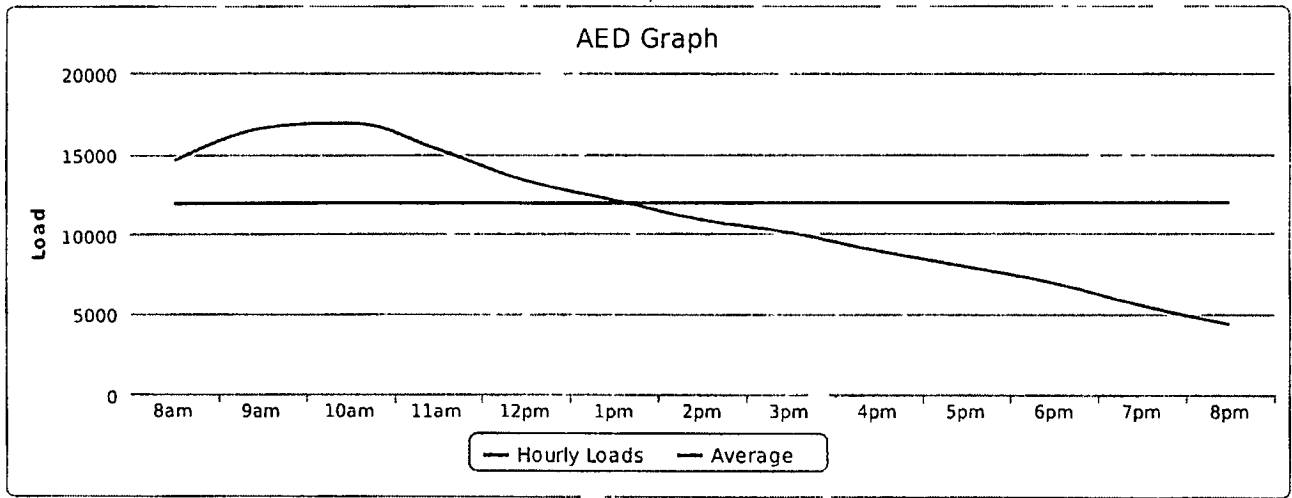


# Cooling Loads

| Area                   | Btuh         | % of load |
|------------------------|--------------|-----------|
| Wall                   | 908          | 4.2       |
| Ceiling                | 721          | 3.3       |
| Windows                | 11934        | 54.6      |
| Sensible Infiltration  | 1253         | 5.7       |
| Latent Infiltration    | 3304         | 15.1      |
| System Efficiency Gain | 1812         | 8.3       |
| Internal               | 1018         | 4.7       |
| Sensible People Load   | 460          | 2.1       |
| Latent People Load     | 460          | 2.1       |
| <b>Total</b>           | <b>21870</b> |           |
| <b>Sensible load</b>   | <b>18106</b> |           |
| <b>Latent load</b>     | <b>3764</b>  |           |
| SHR                    | 0.83         |           |
| Capacity at 75 SHR     | 2.01 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         | 18,106 Btuh |
| Latent Cooling           | 3,764 Btuh  |
| Required Cooling Airflow | 823 CFM     |
| Sensible Heating         | 11,743 Btuh |
| Required Heating Airflow | 153 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.



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013

# Certificate of Product Ratings

AHRI Certified Reference Number: 5550388

Date 1/24/2013

Product Split System Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number 14AJM25

Indoor Unit Model Number RHLL-HM2417+RCSL-H\*2417

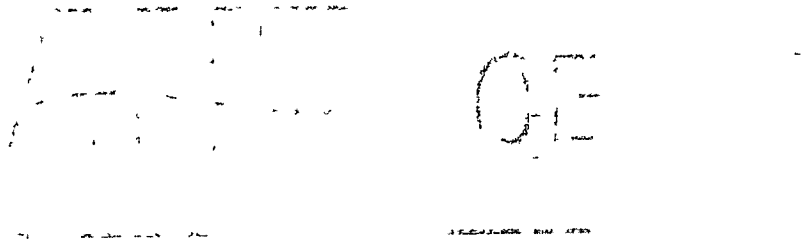
Manufacturer RHEEM MANUFACTURING COMPANY

Trade/Brand name RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

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) | 24200 |
| 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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#### 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 data on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.





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

**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 TESTERO FASHISETS ARTISANOCAL Contractor name SHAWKEY AIR

Street address 109 N. SEWALLS PT RD Jurisdiction \_\_\_\_\_

City SEWALLS PT 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 2-20-13

Printed Name KEVIN M. SHAWKEY

Contractor License # CAC1816853

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

3-7-13

Page 1 of 1

| PERMIT #         | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS           |
|------------------|--------------------------|-----------------|---------|--------------------|
| 10368            | Festiva<br>109 N Sewalls | Swimming        | Pass    | OK                 |
| pm 2:30          | Demorest                 |                 |         | INSPECTOR <i>A</i> |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS           |
| <del>10368</del> | Fusoli                   | columns         |         |                    |
| 130              | 50 S. Sewalls<br>Dutwood |                 | Pass    | INSPECTOR <i>A</i> |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS           |
|                  |                          |                 |         | INSPECTOR          |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS           |
|                  |                          |                 |         | INSPECTOR          |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS           |
|                  |                          |                 |         | INSPECTOR          |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS           |
|                  |                          |                 |         | INSPECTOR          |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE | RESULTS | COMMENTS           |
|                  |                          |                 |         | INSPECTOR          |

Valerie Camlet

---

**From** Valerie Camlet  
**Sent** Thursday, March 07, 2013 1 48 PM  
**To** 'FPL (tc\_inspections@fpl.com)'  
**Subject** 109 N Sewalls Pt Rd

PN 10368

Inspection complete and passed - Service change at 109 N Sewalls Pt Rd

Thank you,

*Valerie Camlet*  
*BUILDING DEPT*  
*TOWN OF SEWALL'S POINT*  
*772-287-2455 EXT 13*

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

3-18-13

Page 1 of

| PERMIT #         | OWNER/ADDRESS/CONTRACTOR                         | INSPECTION TYPE                      | RESULTS              | COMMENTS                |
|------------------|--|--------------------------------------|----------------------|-------------------------|
| 10342            | Giel<br>34 Rio Vista Dr<br>Altam                 | in-progress                          | CANCEL               | INSPECTOR A             |
| 10144            | Babsh<br>8 Heron's<br>Mowmie                     | Final<br>Bldg                        | PASS                 | CLOSE<br>INSPECTOR JT   |
| <del>10368</del> | <del>109 10 Sewalls</del><br><del>Demorest</del> | <del>Final</del><br><del>Final</del> | <del>PASS</del>      | <del>INSPECTOR JT</del> |
|                  | 8 Rio Vista                                      | investigate                          | Pictures             | INSPECTOR               |
| 10384            | Childs<br>5 MARGUITA<br>CAPPS ROOFING            | SHEAT RING<br>NAILING                | RESCHEDULE FOR TUES. | INSPECTOR JT            |
| 10364            | Pitler<br>3 Turner St<br>On Shore                | roof sheathing                       | PASS                 | INSPECTOR JT            |
|                  |  |                                      |                      | INSPECTOR               |

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  **Thur**  Fri **4-18-13** Page 1 of     

| PERMIT #         | OWNER/ADDRESS/CONTRACTOR    | INSPECTION TYPE           | RESULTS     | COMMENTS           |
|------------------|-----------------------------|---------------------------|-------------|--------------------|
| 10404            | Breheny                     | rough electric            |             | U.G. PLUMB         |
| 10AM             | 6 Riverview<br>Freedom Home | rough plumbing            | FATZ        | # SLAB ?           |
|                  |                             |                           |             | INSPECTOR <i>A</i> |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR    | INSPECTION TYPE           | RESULTS     | COMMENTS           |
| <del>10020</del> | <del>Spudis</del>           | <del>retaining wall</del> |             |                    |
| <del>10406</del> | <del>23 Slaven</del>        | <del>footing</del>        |             | <i>reschedule</i>  |
| <del>PM</del>    | <del>Team Parks</del>       |                           |             | <i>Ali</i>         |
|                  |                             |                           |             | INSPECTOR          |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR    | INSPECTION TYPE           | RESULTS     | COMMENTS           |
| <del>10368</del> | <del>10000/10110</del>      | <del>Final</del>          |             |                    |
|                  | <del>109 N Sewall</del>     | <del>Removal</del>        | <i>Pass</i> | <i>Close</i>       |
|                  | <del>Democrat</del>         |                           |             | INSPECTOR <i>J</i> |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR    | INSPECTION TYPE           | RESULTS     | COMMENTS           |
| 10382            | Werle                       | Final                     |             |                    |
|                  | 3 Knowles Rd                | siding & chimney repairs  | <i>Pass</i> | <i>Close</i>       |
|                  | Casco                       |                           |             | INSPECTOR <i>J</i> |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR    | INSPECTION TYPE           | RESULTS     | COMMENTS           |
|                  |                             |                           |             |                    |
|                  |                             |                           |             |                    |
|                  |                             |                           |             |                    |
|                  |                             |                           |             | INSPECTOR          |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR    | INSPECTION TYPE           | RESULTS     | COMMENTS           |
|                  |                             |                           |             |                    |
|                  |                             |                           |             |                    |
|                  |                             |                           |             |                    |
|                  |                             |                           |             | INSPECTOR          |

**10497**

**IRRIGATION**



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.        | 10497                         | DATE ISSUED:         | JUNE 20, 2013     |
| SCOPE OF WORK         | IRRIGATION                    |                      |                   |
| CONTRACTOR            | ALPHA-ZETA ENTERPRISES        |                      |                   |
| PARCEL CONTROL NUMBER | 353741007-000-000906          | SUBDIVISION          | TWIN RIVERS - L 9 |
| CONSTRUCTION ADDRESS  | 109 N SEWALLS PT RD           |                      |                   |
| OWNER NAME.           | TESTEBO FASTIGHETS AKTIEBOLAG |                      |                   |
| QUALIFIER.            | CHUCK SMITH                   | CONTACT PHONE NUMBER | 283-4123          |

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

Permit Number 10497

Date 6/14/13

OWNER/LESSEE NAME JOHAN NESSEN Phone (Day) (Fax)

Job Site Address 109 N. SEWALLS POINT ROAD City STUART State FL Zip 34994

Legal Description Parcel Control Number 35-37-41-007-000-0090-6

Fee Simple Holder Name Address

City State Zip Telephone

SCOPE OF WORK (PLEASE BE SPECIFIC)

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

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

COST AND VALUES (Requirement on ALL permit applications)

Estimated Value of Improvements \$725,000

(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 ALPHA-ZETA Enterprises Phone 772-283-4123 Fax 772-219-8542

Qualifiers name CHUCK SMITH Street 1131 SW 32ND ST City Palm Bay State FL Zip 34990

State License Number FCLC70 OR Municipality License Number MC1502764-jerikation

LOCAL CONTACT CHUCK SMITH Phone Number 772-528-9007

DESIGN PROFESSIONAL Fila 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 create a hazard 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 14th day of June, 2013 by Johan Nessen who is personally known to me or produced

As identification Veronica L Taylor Notary Public State of Florida My Commission Expires 06/04/2015

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE X [Signature] State of Florida, County of Martin On This the 14th day of June, 2013 by Chuck Smith who is personally known to me or produced

As identification Veronica L Taylor Notary Public State of Florida My Commission Expires 06/04/2015

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

*[Handwritten 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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER IRR 10497

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

OWNERS NAME Nessen

CONSTRUCTION ADDRESS 109 N<sup>th</sup> Sewall's Point Drive

PERMIT TYPE  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK Run new circuit for irrigation pump - 240 volt 20 amp

VALUE OF CONSTRUCTION \$ 200<sup>00</sup>

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] 3219 Oleander Av  
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME Warren Griffin Griffin Electrical Services

TELEPHONE NO 772-201-2050 PLEASE PRINT FAX NO \_\_\_\_\_

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC0002734

\*\* 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 \_\_\_\_\_





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



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

DATE: 7-12-13 PERMIT NUMBER: Fee 10499  
 JOB ADDRESS: 109 NORTH SEWALLS PT ROAD

**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) [REDACTED]

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES  NO  VALUE \$ 200<sup>00</sup>  
 \*\*\*INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL\*\*\*

CONTACT NAME CHUCK SMITH SIGNATURE [Signature]  
 PHONE NUMBER 772-528-9007 FAX NUMBER 772-219-8592

FOR OFFICE USE ONLY.

Reviewed by: [Signature] Date: 7-12-13 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: 1 insp @ 100<sup>00</sup> Revision review fee. \_\_\_\_\_ Pages @ \$25.00/Page \_\_\_\_\_

Radon Fee \_\_\_\_\_ Professional Regulation Fee \_\_\_\_\_ Road impact assessment \_\_\_\_\_

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 100<sup>00</sup>

Applicant notified by Valerie 7-15-13 Date: Pd ck # 42269  
7-18-13

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500 00

PERMIT # \_\_\_\_\_ TAX FOLIO # 35-37-41-007-000-00090-6

STATE OF FLORIDA COUNTY OF MARTIN

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE) 109 N. SEWALLS PT. RD. SEWALL'S PT. FL. 34996

GENERAL DESCRIPTION OF IMPROVEMENT LANDSCAPE

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT Name TESTERO FASTIGNETS AKHEBOLAG Address 109 N. SEWALL'S PT RD. Interest in property \_\_\_\_\_ Name and address of fee simple title holder (if different from Owner listed above) \_\_\_\_\_

CONTRACTOR'S NAME ALPHA ZETA ENTERPRISES Phone No 219-8542 Address 1113 S.W. 32ND AVE PALM CITY, FL

SURETY COMPANY (if applicable, a copy of the payment bond is attached) Name and address N/A Phone No \_\_\_\_\_ Bond amount \_\_\_\_\_

LENDER'S NAME N/A Address \_\_\_\_\_ Phone No \_\_\_\_\_

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 ROBERT DEAROST Phone No 220-0065 Address 800 S.E. INDIAN ST. SUWANEE, FL 34997

In addition to himself or herself, owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Llenor's Notice as provided in Section 713 13(1)(b), Florida Statues Phone number of person or entity designated by Owner \_\_\_\_\_

Expiration date of Notice of Commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in fact N. L. JOHAN LOFF NESSEN - Director - officer Signatory's Title/Office

The foregoing instrument was acknowledged before me this 14th day of June, 2013

By Johan Nessen as Owner for Testero Fastignets Akhebolag Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Notary's Signature Veronica L Taylor Personally known [X] or produced identification [ ] Type of identification produced \_\_\_\_\_

(Print, Type, or Stamp Commissioned Name of Notary)

T:\BLD\Bldg\_Forms\New Applications\Forms\Notice Of Commencement Docx Notary Public State of Florida Veronica L Taylor My Commission EE078270 Expires 06/04/2015 Rev 9/15/11

LOT 8

70'(P)(C)

S 90°00'00"

100.00'(P)(F)

20.0'(P)

POINT OF BEGINNING

NORTH LINE LOT 9

CHAIN LINK FENCE

CONCRETE DRIVE

FRID. P.K. (25-57) NO LD.

CARPORT

1 STORY DWELLING

CONCRETE WALK

IMPROVEMENTS EASEMENT DEED BOOK 1098 PAGE 762

NORTH SEWALL'S POINT ROAD 117.00'(P)(C) (45)

477'

23.38'

21.68'

17.9'

96.98'(P)(F)

PORTION

4600 LOT 9

300

380

260

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

ROAD RIGHT-OF-WAY EASEMENT DEED BOOK 69, PAGE 97

ANCHOR

N 90°00'00"W. 153.64'(P)(C) (70)

2.0' CURB & GUTTER

FRID. P.K. NO LD.

C.B.M. N 90°00'00"W 253.64'(P)(F) 59 BEARING BASE

WENDY LANE

ROAD RIGHT-OF-WAY EASEMENT DEED BOOK 56, PAGE 102

LOT 10

LEGAL DESCR.

The Easterly 100 f

77.64'(P)(C)

70'

of the following described parcel

Beginning at a point of the North Line of Lot 9 a distance of 46 feet to a concrete monument, thence South along the same line a distance of 300 feet to the center line of Wendy Lane, thence along the center line of Wendy Lane being in Government Florida

to the center line of Sewall's Point Road intersects the Easterly extension of the North line of said Lot 9 a distance of 100 feet to a concrete monument thence continue West along the North line of said Lot 9 a distance of 46 feet to a concrete monument, thence by angle of 90 degrees from West to South run a distance of 94.98 feet to a concrete monument, thence continue South along the same line a distance of 30 feet to the south line of Lot 9, said South line being the center line of Wendy Lane, thence by angle of 90 degrees from South to East run East along the South line of Lot 9 a distance of 61 feet to the center line of Sewall's Point Road, thence run Northwesterly along Sewall's Point Road a distance of 117 feet to the point of beginning of the following described parcel, Section 35, Township 37 South, Range 41 East, Martin County, Florida

150  
110  
260

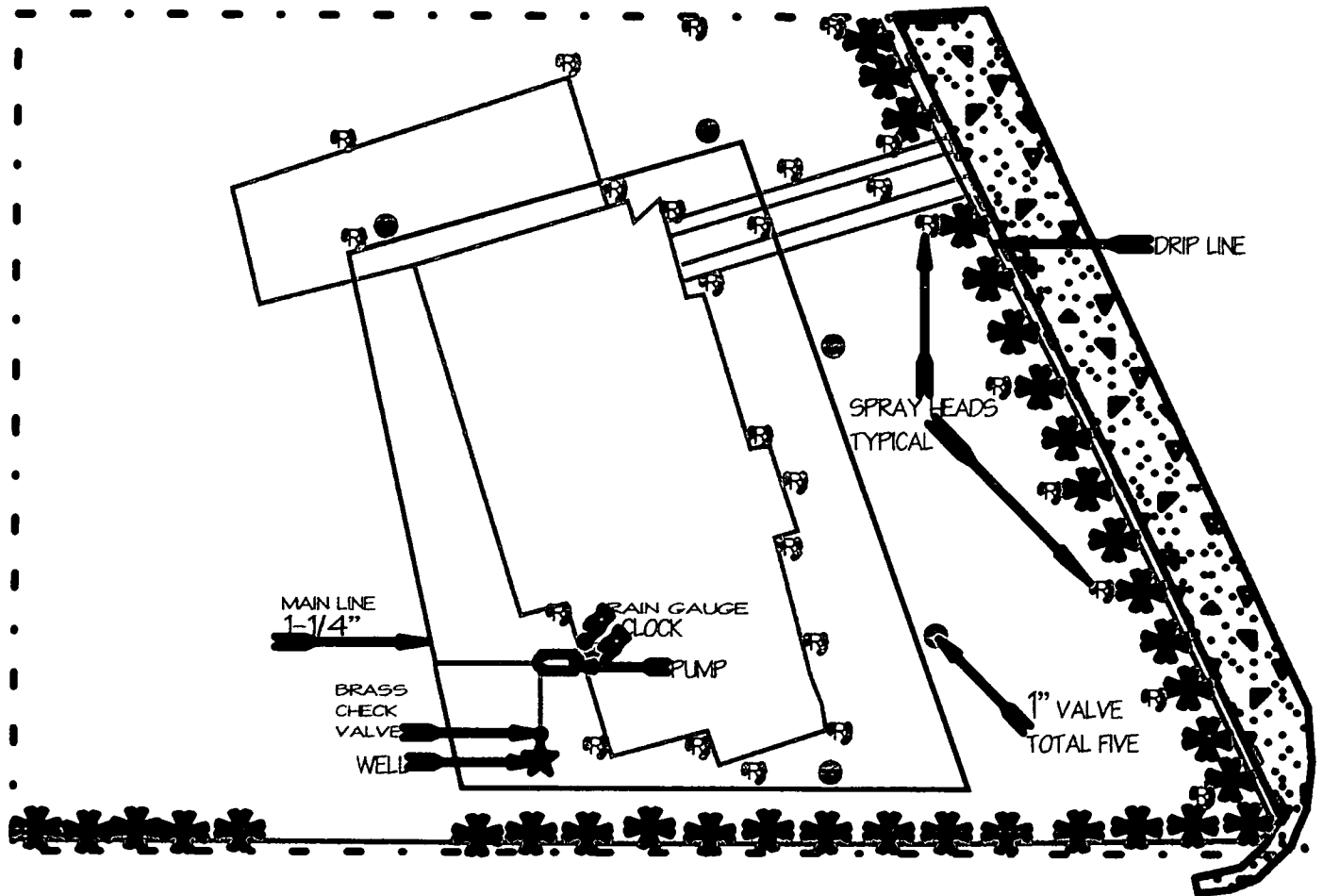
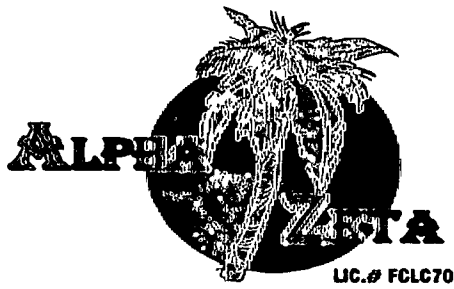
CONDITIONER ATT - TELEPHONE  
CONCRETE D - DELTA/CENTRAL ANCHOR  
IRON BAR C.M - CONCRETE MONUMENT  
LIGHT POLE SET 12 - 5/8" IRON BAR  
OVERHEAD WIRE I.P. - IRON PIPE CONDUIT  
RIGHT-OF-WAY PK&W - PK NAIL & WIRE  
HYDRANT CATV - CABLE TELEVISION  
HYDRANT WM - WATER METER  
IDENTIFICATION PCP - PERMANENT CONTROL POINT  
- NORTH AMERICAN VERTICAL DATUM  
NOTES DISTANCE, ANGLE OR BEARING BY MEASUREMENT  
NOTES MEASURED DISTANCE, ANGLE OR BEARING BY CALCULATED DISTANCE, ANGLE OR BEARING

POINT DESCRIPTION BEARING

BOUNDARY SURVEY ACCURIGHT LAND SURVEYING LICENSED BUSINESS NO. #661

EARLE R. STARKEY - PROFESSIONAL LAND SURVEYOR REGISTRATION NO. 4459 - STATE OF FLORIDA

SURVEY NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL SEAL OF A FLORIDA LICENSED LAND SURVEYOR AND



Revision # one

Scale

Landscape Plan 2013-228

Landscape Design by Chuck Smith

Date 6/15/2013

1" = 20'

Nessen 109 North

Alpha-Zeta Design/Build

## ESP Modular Series

7, 10, 12 Station Expansion Controller for Residential and Light Commercial Use

- Modularity – Start with the 4-station base controller and easily expand to 13 stations. Minimize inventory and always have the right station count on hand.
- Quality – Built-in reliability, designed with durable parts, superior surge protection and high temperature tolerance.
- Easy-to-use ESP-style programming – Simple to set up, time tested and homeowner approved, you'll be on to the next job faster than ever.

### Features

Contractor Default™ Program allows the contractor to save their default program and retrieve it with the push of a button. Easily reload a schedule that has been altered by a homeowner or replace a temporary schedule for new seed or sod.

- Auxiliary Station™ (Station 13) can be set to bypass an active sensor to allow watering even if the other stations are disabled or can be set as a normal station. Ideal for covered patio watering or non-irrigation systems such as landscape lighting or fountains.

Programmable day off allows the user to set any day of the week as a non-watering day in any program or schedule, making it easy to comply with requirements such as weekly lawn care, maintenance or watering restrictions.

Global seasonal adjust (0-200%) allows the user to alter the run-time of all the valves in every program to meet changing seasonal needs.

Dedicated sensor terminals allow the user to easily connect a sensor to the controller for maximum water efficiency. A light (LED) and a message on the LCD indicates when a sensor is active.

Sensor bypass switch allows the user to override an active sensor.

- Master valve/pump start circuit programmable by station allows operation of connected pump as needed.
- Programmable delay between station allows additional time between zones for water well recovery or slow closing valves.
- Enhanced Diagnostic Feedback™ alerts the user to conditions when watering is suspended due to an activated sensor, shorted stations or programming errors with a warning light and message on the LCD.
- Fuseless, diagnostic circuit breaker identifies a station with valve or wiring problems and continues to water operable stations.
- Valve Test Terminal allows the installer to test the valve wires during installation to determine the valve that each wire is connected to.
- 365-day calendar with leap year intelligence ensures accurate Odd/Even day watering.
- Non-volatile memory maintains the irrigation schedule indefinitely during a power outage.
- Five-year lithium battery maintains the time and date for a cumulative life of 5 years during power outages.

### Operating Specifications

- Number of programs: 3 independent
- Automatic starts: 4 per program, 12 total
- Station timing: 0 to 6 hours for all stations
- Independent programming schedules
  - Custom (water by day of the week)
  - Odd (water on odd days of the month except on the 31st and February 29th if a leap year)
  - Even (water on even days of the month)
  - Cyclical (1-31 days: water from every other day to once every 31 days)

### Electrical Specifications

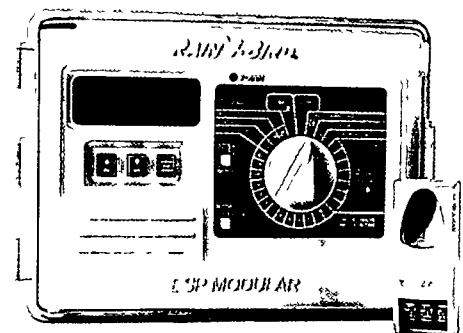
- Input required: 120 VAC ± 10%, 60Hz / 230VAC ± 10%, 50Hz / 240VAC ± 10%, 50Hz
- Output: 25.5 VAC 1A
- Surge protection: Primary input has 2 built-in MOVs (metal oxide varistor) to protect circuitry. Output has 2 built-in MOVs for each valve station.
- Power back-up: Lithium coin-cell battery maintains time and date while non-volatile memory maintains the schedule.
- Multi-valve station capacity: Up to two 24 VAC, 7VA solenoid valves per station plus a master valve.

### Dimensions

Width: 10.7" (27.2 cm), Height: 7.7" (19.5 cm), Depth: 4.4" (11.2 cm)

### Models

- Controller Base Models
  - ESP-4M<sub>i</sub>: 4 station - indoor 120V
  - ESP-4M: 4 station - outdoor 120V
  - IESP-4MEU: 4 station - outdoor 230V - Europe
  - IESP-4MCH: 4 station - outdoor 230V - China
  - IESP-4MAUS: 4 station - outdoor 240V - Australia
  - IESP-4MROW: 4 station - outdoor 230V - International (except Europe and China)
- Modules
  - ESP-SM3: Three station expansion module



ESP Modular

Three independent programs help conserve water by allowing easy programming of unique irrigation schedules for diverse landscape applications.

## ESP-SMT Smart Modular Control System



4 to 13 Station Indoor or Outdoor Smart Modular Control System for Residential and Light Commercial Use

- ❑ The proven accuracy of weather-based scheduling – Builds on over 25 years of proven success that Rain Bird has had in employing weather-based scheduling on some of the world's most demanding commercial landscapes and golf course sites
- ❑ Quick and easy programming – Programming “wizard” technology walks you through each programming step to assure that the control system is set-up to optimize the irrigation schedule to provide healthy, vibrant plant material while saving water
- ❑ Instant Rainfall and Usable Measurement – Not only does the ESP-SMT suspend irrigation when it rains, it measures useable rainfall. The result is virtually no under- or over-watering
- ❑ Zone-specific irrigation schedule calculations – Each zone's irrigation schedule is customized to meet that specific zone's unique watering requirements

### Features

- Typically provides water savings of 20% to 50% over traditional time-based controllers
- Each zone's soil moisture balance is maintained at the optimum level using the proven Maximum Allowed Depletion (MAD) irrigation scheduling method
- The ESP-SMT saves water by making real time irrigation schedule adjustments based on a daily reference Evapotranspiration (ET) value that is determined by the weather parameters collected by the on-site weather sensor
- Separate grow-in period allows the user to set up an initial time-based program to establish the plant material for a pre-set number of days. Once this time period expires, the zone will automatically revert to weather-based scheduling
- Rain Suspend is activated when the tipping rain bucket has measured the user-set rain threshold, preventing irrigation from occurring during a rain event
- Tipping bucket rain sensor measures the amount of rainfall and the timing of the rain to account for usable rainfall, thereby preventing over-watering

Controllers

Ten-position dial simplifies programming

Color-coded set-up positions promote ease of use

Large, back-lit display increases readability

Time-saving contractor-default program stores and retrieves desired settings

Communication wire links panel and sensor via quick-connect terminals

Adjustable, heavy-duty mounting bracket allows for easy leveling

Solar Shield protects temperature sensor from reflective heat

Removable tipping rain bucket measures rainfall and provides rain shut-off feature

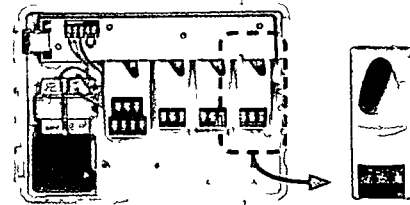
Ergonomic grip area allows for convenient remote programming

Removable screen to keep debris out

Convenient navigation buttons enable quick and easy programming

English/Spanish button offers one-touch switching of display text language

Plant maturity selection feature ensures effective watering of both established and newly planted vegetation



ESP-SMT with three ESP-SM3 station expansion modules for a total of 13 stations

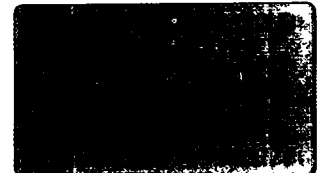


Hot-swappable three-station expansion modules

English text



Spanish text



## RSD-BEx / RSD-CEx

Rain Sensor



### Features and Benefits

- Automatic rain shutoff prevents overwatering due to natural precipitation
- Robust, reliable design reduces service call backs
- Moisture sensing disks work in a variety of climates
- Different sensor mounts permit speed and flexibility on the job site
- Latching hinge maintains alignment

### Mechanical Properties

- Multiple rainfall settings from 1/8" - 3/4" (5 - 20 mm) are quick and easy with just the twist of a dial
- Adjustable vent ring helps control drying time
- High-grade, UV resistant polymer body resists the elements
- Available in rugged bracket version (RSD-BEx model comes with 5" latching aluminum bracket) or conduit version (RSD-CEx) for a clean and professional look

### Electrical Specifications

- Application Suitable for low voltage 24 VAC control circuits and 24 VAC pump start relay circuits\*
  - Switch electrical rating 3A @ 125/250 VAC
  - Capacity Electrical rating suitable for use with up to ten 24 VAC, 7 VA solenoid valves per station, plus one master valve
  - Wire 25' (7.6 m) length of #20, 2 conductor UV resistant extension wire Lead is available for normally open (NO) installations
  - UL, cUL listed, CE, C-Tick approved
- \* Not recommended for use with high voltage pump start pump start relay circuits or devices.

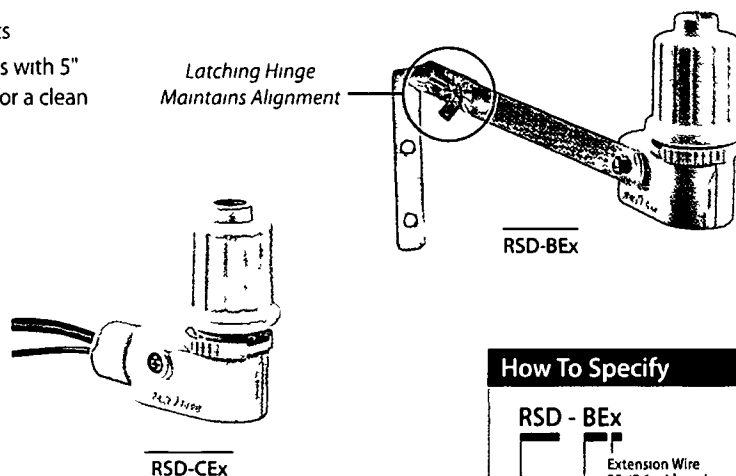
### Dimensions

- RSD-BEx
  - Overall length 6.5" (16.5 cm)
  - Overall height 5.4" (13.7 cm)
  - Bracket hole pattern 1.25" (3.2 cm)
- RSD-CEx
  - Overall length 3" (7.6 cm)
  - Overall height 2.75" (7 cm)

### Models

RSD-BEx Rain sensor w/ latching bracket, extension wire

RSD-CEx Rain sensor w/ threaded adapter, extension wire



#### How To Specify

##### RSD - BEx

Extension Wire  
25 (7.6 m) length

Mounting  
BE Metal Bracket  
CE Conduit Version

Model  
RSD- Rain Sensing Device

## Rain Check™

Automatic Rain Shutoff

### Features

- Adjustable stainless steel sensing probes offer the flexibility of triggering the rain shutoff with as little as 1/8" (3.2 mm) of precipitation
- Water in the rain collector pan evaporates faster than soil moisture to permit watering if required
- Electronic design eliminates micro switches and water absorbing disks which may rust and/or wear out
- UV resistant plastic construction increases operating life in harsh environments
- Works with almost all 24 VAC controllers for maximum versatility

### Specifications

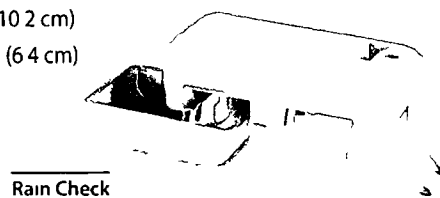
- Input required connects to valve common wire
- Fuse 3 A
- Collector pan can be removed for cleaning
- Multi-valve capacity Up to three 24 VAC solenoid valves per station
- Not recommended for use with direct acting (non-flow switch) pump start relays

### Dimensions

- Length 8" maximum (20.3 cm)
- Height 4" maximum (10.2 cm)
- Width 2 1/2" maximum (6.4 cm)

### Model

Rain Check



Rain Check

## SMRT-Y Soil Moisture Sensor Kit

NEW

Turns Any Controller Into a Smart Controller

- Typical water savings of 40% or more
- Robust and accurate sensor means consistent and carefree performance
- Healthier plants by applying water only when needed

### Features and Benefits

#### • Makes any Irrigation Controller Smart

- Single sensor system interfaces with virtually any controller
- Ideal for residential and light commercial applications
- Use on new or existing sites

#### • Water savings of 40% or more

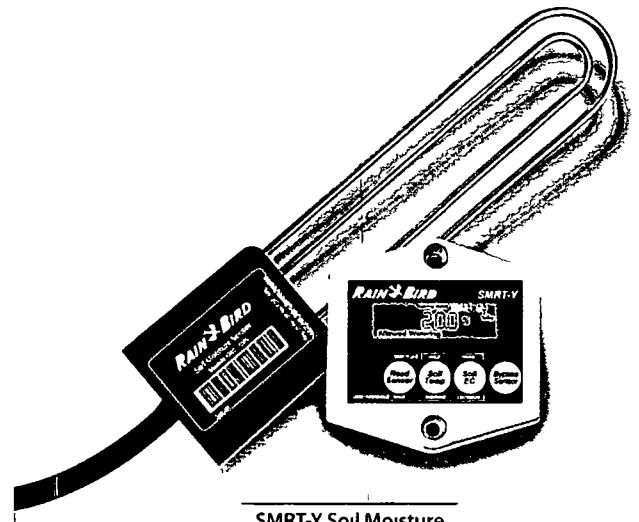
- Precisely monitors absolute moisture levels at the root level
- Allows irrigation only when the site's soil moisture level is below the user defined threshold
- Lets the soil dictate when irrigation is appropriate

#### • Advanced Time Domain Transmissometry (TDT) Digital Sensor Technology

- TDT moisture sensing technology provides the most accurate and stable readings with changing temperature and soil chemistry
- Maintenance free, factory calibrated sensor measures absolute volumetric water content, soil temperature, and electrical conductivity
- Sturdy, corrosion resistant construction ensures long-term reliability in any soil conditions

#### • Designed for Easy Installation and Use

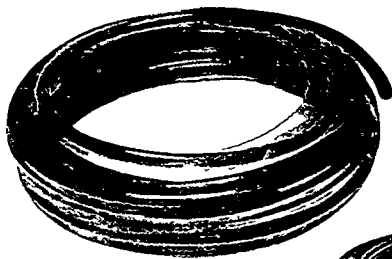
- Sensor connects to existing field wiring
- Install in four easy steps
  - Select the ideal location for the sensor
  - Wire the sensor to a nearby valve
  - Connect the SMRT-Y controller interface to the irrigation controller
  - Perform the auto-set function to establish the site's unique moisture threshold
- Controller interface LCD displays moisture, temperature, and soil electrical conductivity plus the last 7 cycles of irrigation history
- When activated, sensor bypass mode permits normal, uninterrupted irrigation
- Optional zone bypass feature allows up to two zones to operate independent of the moisture threshold



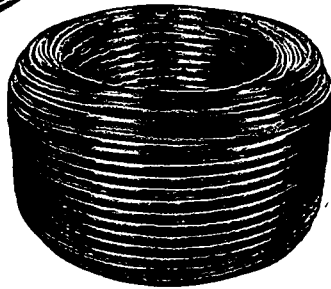
SMRT-Y Soil Moisture  
Sensor Kit



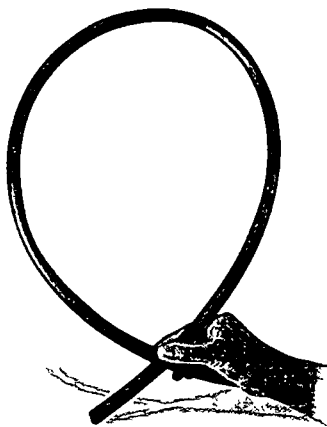




XF Series Dripline



Available in Purple for  
Non-Potable water



XF Series Dripline Offers  
Improved Flexibility for Kink  
Resistance and Easy Installation

## XF Series Dripline

The Most Flexible, Pressure Compensating Inline Emitter  
Tubing Available to Irrigate Ground Cover, Dense Plantings,  
Hedge Rows and More

- Extra flexible tubing for fast, easy installation
- Dual-layered tubing (brown over black or purple over black) provides unmatched resistance to chemicals, UV damage and algae growth
- Patent pending emitter design provides for increased reliability
- Longer lateral runs than competition

### Features

- Unique material offers significantly greater flexibility, allowing tighter turns with fewer elbows for easier installation
- Choice of flow rates, spacing and coil lengths provides design flexibility for a variety of non-turfgrass applications
- Accepts Rain Bird Easy Fit Compression Fittings, XF Dripline Insert Fittings and 17mm insert fittings
- Use an Air/Vaccum Relief Valve Kit when installation is below soil

### Operating Range

- Pressure 8.5 to 60 psi (0.7 to 4.1 bar)
- Flow rates 0.6 gph and 0.9 gph (2.3 l/h and 3.5 l/h)
- Temperature Up to 100° F (43.3 C) water  
Up to 125 F (51.7° C) ambient
- Required filtration 120 mesh

### Specifications

- Outside diameter 0.634" (16.1 mm)
- Inside diameter 0.536" (13.6 mm)
- Wall thickness 0.049" (1.2 mm)
- Spacing 12", 18" or 24"
- Lengths 100', 250', and 500' coils
- Use with XF Dripline Insert Fittings (see page 188), Rain Bird Easy Fit Compression Fittings (see page 192) and 17mm Insert Fittings



XF Series Dripline

### How To Specify

|                                |  |
|--------------------------------|--|
| <b>XFD - P - 09 - 12 - 100</b> |  |
| Model<br>XF<br>Dripline        | Length of Tubing<br>100 = 100' (30.5 m)<br>250 = 250' (76.2 m)<br>500 = 500' (152.4 m) |
| Optional<br>Purple             | Emitter Spacing<br>12 = 12 (30.5 cm)<br>18 = 18 (45.7 cm)<br>24 = 24 (61.0 cm)         |
|                                | Flow Rate<br>06 = 61 gph (2.3 l/h)<br>09 = 92 gph (3.5 l/h)                            |



## 12" PolyFlex Riser

### Features

- 12" riser that is used with any 10-32 threaded emission device to deliver water directly to a plant. These include Xeri-Bugs, PC Modules, Xeri-Bubblers and Xeri-Sprays
- Extremely rugged and reliable – constructed of thick-walled, high-density polyethylene
- Can be used with a riser-stake (RS-025T)

### Operating Range

- Pressure 15 to 50 psi (1.0 to 3.5 bar)

### Model

- PFR-12

PFR-12

## PolyFlex Riser and Adapter Assemblies

### Features

- 12" or 24" riser that is pre-assembled with a 1/2" male threaded base that simplifies installation
- Use with any 10-32 threaded emission device to deliver water directly to a plant. These include Xeri-Bugs, PC Modules, Xeri-Bubblers and Xeri-Sprays
- Newly-designed adapter with larger tabs makes installation quicker and easier, can be used on PVC laterals, or with any 1/2" female threaded adapter
- Adapter made of heavy-duty Marlex®, which requires no Teflon® tape, saving time during installation
- Extremely rugged and reliable PolyFlex Riser constructed of thick-walled, high-density polyethylene

### Operating Range

- Pressure 15 to 50 psi (1.0 to 3.5 bar)

### Models

- PFR-FRA 12" (30.5 cm) PolyFlex Riser and adapter
- PFR-FRA24 24" (61.0 cm) PolyFlex Riser and adapter

PFR-FRA



## PolyFlex Riser and Stake Assembly

### Features

- 12" riser that is pre-assembled with a 7" (30.5 cm) stake
- Use with any 10-32 threaded emission device to deliver water directly to a plant. These include Xeri-Bugs, PC Modules, Xeri-Bubblers and Xeri-Sprays. Saves time and money when installing a low-volume irrigation system
- Extremely rugged and reliable PolyFlex Riser constructed of thick-walled, high-density polyethylene

### Operating Range

- Pressure 15 to 50 psi (1.0 to 3.5 bar)

### Model

- PFR-RS 12" (30.5 cm) PolyFlex Riser and 7" (30.5 cm) stake

PFR-RS



## Riser Stake-Threaded

### Features

- Rugged 5" (12.7 cm) stake for use with PolyFlex Risers
- Constructed of UV-resistant plastic material
- Barbed side inlet accepts 1/4" Distribution Tubing (XQ)
- 10-32 threaded outlet permits easy threading of 12" (30.5 cm) PolyFlex Riser (PFR-12)

### Operating Range

- Pressure 15 to 50 psi (1.0 to 3.5 bar)

### Model

- RS-025T

RS-025T



## 10-32 Thread Adapter

### Features

- Inlet 1/2" FPT that screws onto any 1/2" MPT riser
- Outlet 10-32 threads that accept Xeri-Bugs, PC Modules, Xeri-Bubblers and Xeri-Sprays with 10-32 threads
- Constructed of UV-resistant plastic material

### Operating Range

- Pressure 15 to 50 psi (1.0 to 3.5 bar)

### Model

- 10-32A

10-32A



## 1800 Xeri-Bubbler Adapter

### Features

- Inlet 1/2" female threads that screw onto a Rain Bird 1800 series or UNI-Spray or shrub adapter
- Outlet 10-32 threads that accept any emission device with 10-32 threads including Xeri-Bugs, PC Modules, Xeri-Bubblers and Xeri-Sprays
- Sits at grade when installed on a spray head for a robust installation

### Operating Range

- Pressure 15 to 50 psi (1.0 to 3.5 bar)

### Model

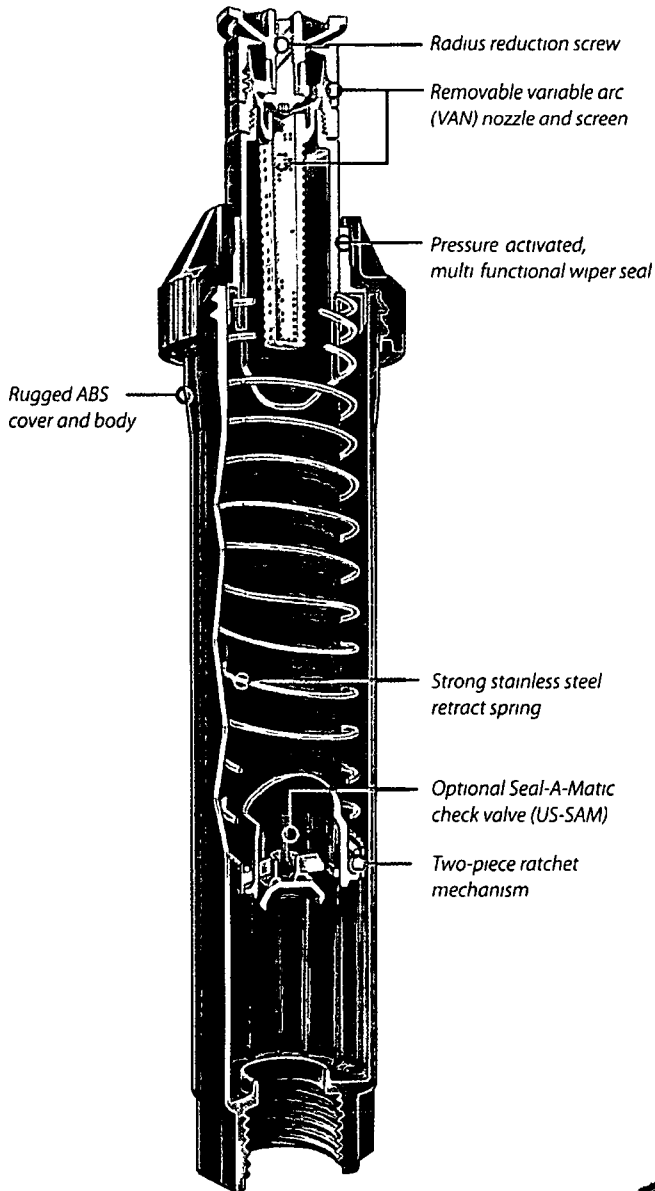
- XBA-1800

XBA-1800



## UNI-Spray™ Series

2", 4", 6" (5.1 cm, 10.2 cm, 15.2 cm)



- Pressure-activated, multi-functional wiper seal prevents excessive flow-by and water waste. Keeps debris from entering upon retraction
- Durable two-piece stem ratchet allows for quick and easy nozzle pattern alignment
- Rugged cover and body provide durability in high pressure and surge conditions

### Features

- Small exposed cover makes the unit virtually invisible for more attractive landscapes
- Economical 6-inch (15.2 cm) pop-up model provides for unobstructed watering of today's taller turf grass varieties
- UNI-Spray accepts all Rain Bird® Nozzles and accessories, which simplifies inventory management
- VAN nozzle and screen are easily removable for flushing
- Internal parts removable from the top of the sprinkler for easy servicing
- Optional field installable Seal-A-Matic™ check valve prevents low-head drainage up to 5 feet (1.5 m) of elevation difference
- Plastic and stainless steel materials resist corrosion

### Operating Range (for pre-installed nozzle choices)

- Spacing
  - 10 VAN Series 8 to 10 feet (2.4 to 3.0 m)
  - 12 VAN Series 10 to 12 feet (3.0 to 3.7 m)
  - 15 VAN Series 12 to 15 feet (3.7 to 4.6 m)
  - 18 VAN Series 14 to 18 feet (4.3 to 5.5 m)
- Pressure 15 to 70 psi (1.0 to 4.8 bar)
- Optimum pressure 30 psi (2.1 bar)
- Adjustable nozzle arc range 0° - 360°

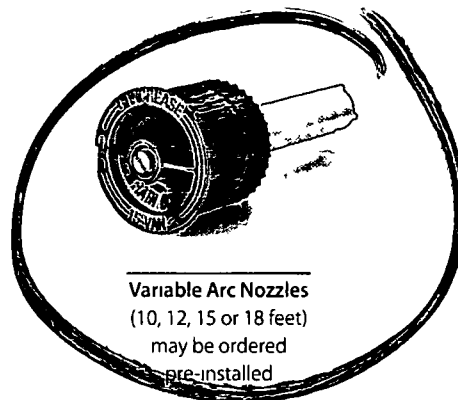
### How To Specify

US - 4 - 15VAN

Nozzle Series/Pattern  
VAN nozzle with  
variable arc

Body  
4 (10.2 cm)

Model  
UNI Spray



Pressure-activated multi-functional UNI-Spray wiper seal significantly reduces the amount of water that may leak out when the riser retracts

### 1800°-SAM-PRS Series

4", 6", 12" (10.2 cm, 15.2 cm, 30.5 cm)

- Incorporates all 1800 Series SAM and PRS features
- Meets the needs of all spray areas, regardless of changing elevation or water pressures
- "SAM-PRS" stamped on the cap for easy identification and maintenance

#### Operating Range

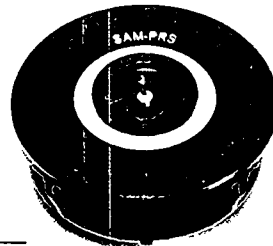
- Spacing 3 to 24 feet (0.9 to 7.3 m)\*
- Pressure 25 to 70 psi (1.7 to 4.8 bar)

#### Specifications

- SAM capability holds up to 14 feet (4.2 m) of head, 6 psi (0.4 bar)

Flow-by 0 at 8 psi (0.6 bar) or greater, 0.50 gpm (0.11 m<sup>3</sup>/h, 1.80 l/m) otherwise

\* 3 to 18 feet with standard Rain Bird Spray Head Nozzles (MPR, VAN U Series), 13 to 24 feet with Rain Bird Rotary Nozzles



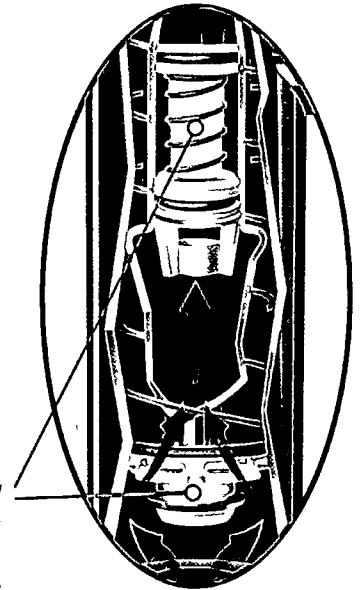
SAM-PRS

#### Dimensions

- ½" (15/21) female threaded inlet
- Body height  
1804-SAM-PRS 6" (15.2 cm)  
1806-SAM-PRS 9 ⅜" (23.8 cm)  
1812-SAM-PRS 16" (40.6 cm)
- Exposed surface diameter  
2 ¼" (5.7 cm)

#### Models

- 1804-SAM-PRS  
4" pop-up height (10.2 cm)
- 1806-SAM-PRS  
6" pop-up height (15.2 cm)
- 1812-SAM-PRS  
12" pop-up height (30.5 cm)



Top-of-the-line spray head includes all the features of the SAM and PRS series, ideal regardless of pressure or elevation

### 1800° -V Series

4" 1800 Series with pre-installed 12' or 15' VAN

#### Features

- This fast and convenient solution brings together the proven performance of the 1804 with the convenience and flexibility of VAN nozzles

#### Models

- 1804V12 1804 with pre-installed 12 VAN
- 1804V15 1804 with pre-installed 15 VAN

### 1800° VPC

Vandal-Proof Cap

#### Features

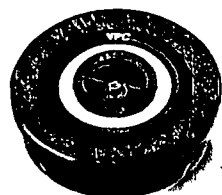
- Designed for vandal-prone areas
- Locking stainless steel set screw (⅛" Hex, 2 mm Hex) at cap threads prevents tampering  
Fits any 1800° Series Spray Body
- "VPC" stamped on cap for easy identification

#### Model

- 1800 VPC



Locking Screw on 1800 VPC



1800 VPC

### 1800° NP Cover

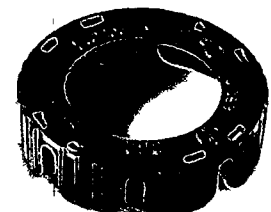
Non-Potable 1800 Spray Head Cover

#### Features

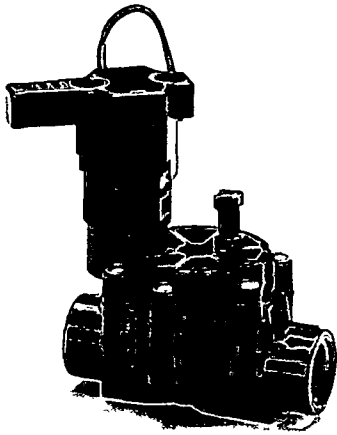
- Designed for excellent retention on 1800 Series Spray Body covers
- Purple plastic cover for easy identification of non-potable water system
- Marked with "Do Not Drink!" warning in both English and Spanish  
Snaps onto all 1800° Series Spray Body covers

#### Model

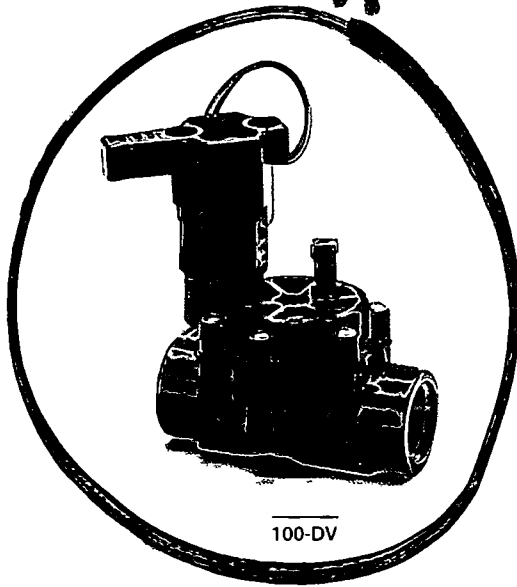
- 1800-NPCAP



1800-NPCAP



075-DV



100-DV

VALVES

## DV Series

¾", 1" (20/27, 26/34) Plastic Residential Valves

- Double-filtered pilot-flow design for maximum reliability
- Balanced-pressure diaphragm for long life
- Energy-efficient, low-power encapsulated solenoid with captured plunger and 90 mesh (200 micron) solenoid filter

### Features

- External bleed to manually flush system of dirt and debris during installation and system start-up
- Internal bleed for spray-free manual operation
- Buna-N diaphragm with self-cleaning 90 mesh (200 micron) pilot water filter and captive spring
- Operates in low-flow and landscape drip applications when the RBY filter is installed upstream. An option for low flow (3 gpm or less, 0.68 m<sup>3</sup>/h, 11.4 l/m) applications is to use a LFV-100/075 Low Flow Valve (see page 204), or Drip Control Zone Kit (see page 197)
- 1¼" (3.2 cm) stainless steel Phillips head screws

### Options

- Slip-by-slip configuration for low-cost, solvent-weld installations
- Male by barb configuration for installation with poly pipe
- Angle configuration for flexible installations especially when submains are deep
- Accepts latching solenoid for use with Rain Bird battery-operated controllers

### Operating Range

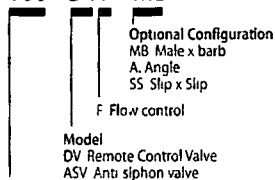
- Pressure 15 to 150 psi (1.03 to 10.34 bar)
- 075-DV flow 0.2 to 22 gpm (0.05 to 5.0 m<sup>3</sup>/h, 0.76 to 83.3 l/m)
- 100-DV flow 0.2 to 40 gpm (0.05 to 9.08 m<sup>3</sup>/h, 0.76 to 151.4 l/m)
- Water temperature Up to 110° F (43° C)
- Ambient temperature Up to 125° F (52° C)

### Electrical Specifications

- 24 VAC 50/60 Hz (cycles/sec) solenoid
- Inrush current 0.30 A (7.2 VA) at 60 Hz
- Holding current 0.19 A (4.6 VA) at 60 Hz
- Coil resistance 42-55 ohms

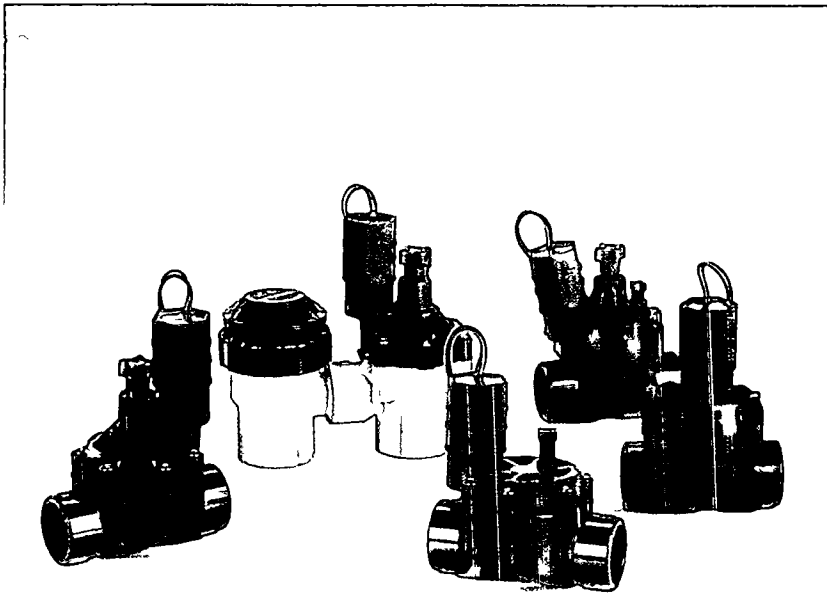
### How To Specify

100 - DVF - MB



Size  
075 ¾ (20/27)  
100 1 (26/34)

This specifies a 100-DV<sup>1</sup> valve. 1 (26/34) male x barb w/ h flow control. Note: For non U.S. applications it is necessary to specify NPT or BSP thread type (if any).



*"I've installed other valves, but the reliability didn't come close to Rain Bird® DV Valves. That's why over the last 15 years we've installed DV Valves exclusively, because I won't risk my reputation on anything else"*

*Joe DiBlasi, Sr.  
JKJ Lawn Sprinkler Inc.*

| Major Products            | DV   | DVF   | ASVF | JTV | JTVF | PGA | PEB | PESB/PESB-R | GB-R | EFB-CP R | BPE | BPES | QC |
|---------------------------|------|-------|------|-----|------|-----|-----|-------------|------|----------|-----|------|----|
| Manual Bleed              | I/E  | I/E   | I/E  | I/E | I/E  | I   | I/E | I/E         | I/E  | I/E      | E   | E    |    |
| Flow Control              |      | ○     | ○    |     | ○    | ○   | ○   | ○           | ○    | ○        | ○   | ○    |    |
| Bottom Inlet              | DV A | DVF-A | ○    |     |      | ○   |     |             |      |          | ○   | ○    | ○  |
| Low Flow                  | ○    | ○     | ○    | ○   | ○    | ○   |     | ○           | ○    | ○        |     |      |    |
| PRS Dial Compatible       |      |       |      |     |      | ○   | ○   | ○           | ○    | ○        | ○   | ○    |    |
| Dirty Water               |      |       |      |     |      |     |     | ○           |      | ○        |     | ○    |    |
| Non Potable Water         |      |       |      |     |      | ○   | ○   | ○           | ○    | ○        | ○   | ○    | ○  |
| Sites Requiring Brass     |      |       |      |     |      |     |     |             | ○    | ○        | ○   | ○    | ○  |
| Sites Requiring Plastic   | ○    | ○     | ○    | ○   | ○    | ○   | ○   | ○           |      |          |     |      |    |
| Decoder System Compatible |      |       |      |     |      | ○   | ○   | ○           | ○    | ○        | ○   | ○    |    |

DV/DVF available in globe angle slip x slip, and male x barb configurations. Flows below 3 gpm (0.68 m<sup>3</sup>/h 0.19 l/s) install RBY filter upstream I/E = Internal/External  
 JTV/JTVF available in globe slip x slip and male x barb configurations  
 The PESB R, GB R and EFB-CP R are specifically designed with chlorine resistant components for reclaimed water applications.



## Water Saving Tips

- The PRS-Dial is an excellent means of regulating outlet pressure at the valve regardless of incoming pressure fluctuations. It helps ensure optimal pressure performance at the head.
- Rain Bird valves provide excellent filtration characteristics for maximum reliability in a wide range of environments.
- PESB-R, GB-R, and EFB-CP-R reclaimed valves provide reliable operation in all water conditions. Valve diaphragms are composed of EPDM, a rubber material which is chlorine and chemical resistant.

# GT IRRI-GATOR™

Self-Priming® Centrifugal Pumps – 60 Hz

## FEATURES

- ① **Self-Priming Design** Once pump is initially primed, filled with water, it will reprime when the water level rises above the end of the suction pipe

### Serviceable

- Back pullout design allows disassembly of pump for service without disturbing piping
- Two compartment motor for easy access to motor wiring and replaceable components

**Diffuser (Guidevane)** Bolt down diffuser provides positive alignment with impeller. Diffuser has stainless wear ring for extended performance in abrasive conditions. FDA compliant, injection molded, food grade, glass filled Lexan® for durability and abrasion resistance

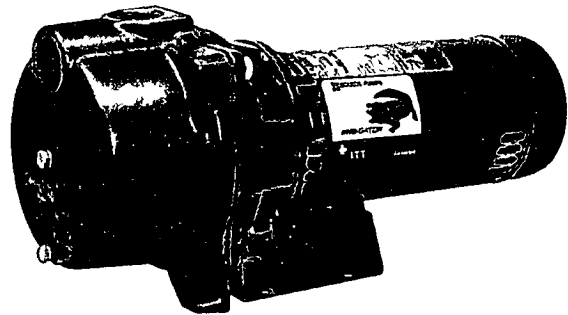
**Impeller** FDA compliant, glass filled Noryl®. Corrosion and abrasion resistant

**Corrosion Resistant** Electro-coat paint process is applied inside and out, then baked on

**Casing** Cast iron construction. Four (4) bolt, back pull-out design. Tapped openings provided for vacuum gauge and casing drain

**Powered for Continuous Operation** Pump ratings are within the motor manufacturer's recommended working limits. Can be operated continuously without damage

**Mechanical Seal** Carbon/ceramic faces, BUNA elastomers. 300 series stainless steel metal parts. Pump design prevents the seal from running dry



Now available with an optional higher base

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **7-19-13** Page **2** of **2**

| PERMIT #         | OWNER/ADDRESS/CONTRACTOR               | INSPECTION TYPE                | RESULTS         | COMMENTS                              |
|------------------|--|--------------------------------|-----------------|---------------------------------------|
| 10313            | Hoffman                                | Final                          | PASS            |                                       |
| 2                | 20 Palm Rd<br>Mc Propane               | Gas                            |                 | INSPECTOR <i>[Signature]</i>          |
| <del>10499</del> | <del>Tonda</del>                       | <del>Final</del>               | <del>PASS</del> |                                       |
| 5                | <del>10910 Sewalls</del><br>Alpha Zeta | <del>Final</del><br>Electrical |                 | CLOSE<br>INSPECTOR <i>[Signature]</i> |
| Tree             | Saroy                                  | Tree                           | PASS            |                                       |
| 3                | 17 N Via Lucinda                       |                                |                 | INSPECTOR <i>[Signature]</i>          |
| Tree             | Fusco                                  | Tree                           | PASS            |                                       |
|                  | 17 N River Rd                          |                                |                 | INSPECTOR <i>[Signature]</i>          |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR               | INSPECTION TYPE                | RESULTS         | COMMENTS                              |
|                  |  |                                |                 |                                       |
|                  |  |                                |                 |                                       |
|                  |  |                                |                 | INSPECTOR                             |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR               | INSPECTION TYPE                | RESULTS         | COMMENTS                              |
|                  |  |                                |                 |                                       |
|                  |  |                                |                 |                                       |
|                  |  |                                |                 | INSPECTOR                             |
| PERMIT #         | OWNER/ADDRESS/CONTRACTOR               | INSPECTION TYPE                | RESULTS         | COMMENTS                              |
|                  |  |                                |                 |                                       |
|                  |  |                                |                 |                                       |
|                  |  |                                |                 | INSPECTOR                             |



**10904**

**WINDOW**



**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          | 10904                   | DATE ISSUED           | 6/20/2014                     |
| SCOPE OF WORK:         | WINDOW REPLACEMENT      |                       |                               |
| CONTRACTOR:            | GLENMARK HOMES INC      |                       |                               |
| PARCEL CONTROL NUMBER: | 35374100700000906       | SUBDIVISION           | TWIN RIVERS ELY 100' OF LOT 9 |
| CONSTRUCTION ADDRESS:  | 109 N SEWALL'S POINT RD |                       |                               |
| OWNER NAME:            | NESSAN                  |                       |                               |
| QUALIFIER:             | GLEN HUTCHINS           | CONTACT PHONE NUMBER: | 772 225-7010                  |

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

### BUILDING PERMIT RECEIPT

|                       |                           |                       |                    |
|-----------------------|---------------------------|-----------------------|--------------------|
| <b>PERMIT NUMBER.</b> | 10904                     |                       |                    |
| <b>ADDRESS.</b>       | 109 N SEWALL'S POINT ROAD |                       |                    |
| <b>DATE ISSUED:</b>   | 6/20/2014                 | <b>SCOPE OF WORK:</b> | WINDOW REPLACEMENT |

|   |  |                |    |  |
|---|--|----------------|----|--|
| <b>SINGLE FAMILY OR ADDITION /REMODEL</b> |  | Declared Value | \$ |  |
|---|--|----------------|----|--|

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

|  |                |         |               |
|--|----------------|---------|---------------|
| <b>ACCESSORY PERMIT</b>  | Declared Value | \$      | \$ 10,000 00  |
| Total number of inspections @ \$ 100 00 per insp # insp        |                | \$ 2 00 | \$ 200 00     |
| Dept of Comm Affairs Fee (1 5% of permit fee - \$2 00 min)     |                | \$      | \$ 3 00       |
| DBPR Licensing Fee (1 5% of permit fee - \$2 00 min )          |                | \$      | \$ 3 00       |
| Road impact assessment ( 04% of construction value - \$5 min ) |                |         | \$ 5 00       |
| <b>TOTAL ACCESSORY PERMIT FEE:</b>                             |                | \$      | <b>211.00</b> |

*pd 6/23/14*  
*0107175*

# Town of Sewall's Point BUILDING PERMIT APPLICATION

Date 5/6/14 Permit Number 10904  
 OWNER/LESSEE NAME JOHAN NESSEN Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Job Site Address 109 N SEWELLS PT RD City SEWELLS POINT State FL Zip \_\_\_\_\_  
 Legal Description \_\_\_\_\_ Parcel Control Number 35.37-41-007-000-0090-6  
 Fee Simple Holder Name OWNER Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC)** REPLACEMENT OF WINDOWS

|  |  |
|--|--|
| <p><b>WILL OWNER BE THE CONTRACTOR?</b><br/>                 (If yes, Owner Builder questionnaire must accompany application)<br/>                 YES _____ NO <u>X</u></p> <p><b>Has a Zoning Variance ever been granted on this property?</b><br/>                 YES _____ (YEAR) _____ NO <u>X</u><br/>                 (Must include a copy of all variance approvals with application)</p> | <p><b>COST AND VALUES</b> (Required on ALL permit applications)<br/>                 Estimated Value of Improvements \$ <u>10,000.00</u><br/>                 (Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out)<br/>                 Is subject property located in flood hazard area? VE10 <u>AE9</u> AE8 <u>X</u><br/> <b>FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY</b><br/>                 Estimated Fair Market Value prior to improvement \$ _____<br/>                 (Fair Market Value of the Primary Structure only Minus the land value)<br/>                 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION</p> |
|--|--|

Construction Company CHENMARK HOMES - INC Phone 772-225-7010 Fax SAME  
 Qualifiers name CHEN HUTCHINS Street P.O. BOX 654 City STUART State FL Zip 34985

State License Number CBC-056057 OR Municipality \_\_\_\_\_ License Number \_\_\_\_\_

LOCAL CONTACT CHEN HUTCHINS Phone Number 772-341-2750

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**

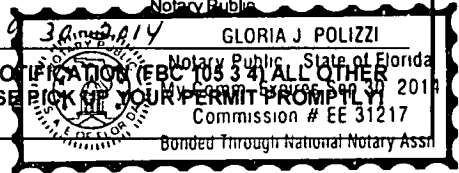
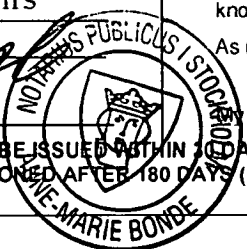
- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST 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 Johan Nessen  
 State of Florida, County of Stockholm, Sweden  
 On This the 2 day of June, 2014  
 by Johan Nessen who is personally known to me or produced Driving Licens  
 As identification Anne-Marie Bonde  
 My Commission Expires 30.11.2014

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE**  
 X Glen K Hutchins  
 State of Florida, County of Martin  
 On This the 13 day of June, 2014  
 by Glen K Hutchins who is personally known to me or produced Florida Driver Licen  
 As identification Yvonne J. Gray  
 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

JUN 13 2014  
Sewall's Point Town Hall

SIGN

AC# 6228209

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

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE: 07/26/2012 BATCH NUMBER: 128018725 LICENSE NBR: CBC056057 SEQ# L12072600940

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



HUTCHINS, GLEN KENNETH  
GLENMARK HOMES, INC  
1934 LAKE PL  
JENSEN BEACH  
FL 34957

RICK SCOTT  
GOVERNOR

KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW

2013-2014

MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
3485 S E WILLOUGHBY BLVD, STUART, FL 34994  
(772) 288-5604

ACCOUNT 2001-513-0001 CERT CBC05605  
PHONE (561) 225-7010 SIC NO 233210  
LOCATION 9967 DR VENTURA SW PC

CHARACTER COUNTS IN MARTIN COUNTY

|         |       |          |          |
|---------|-------|----------|----------|
| PREV YR | \$ 00 | LIC FEE  | \$ 26 25 |
|         | \$ 00 | PENALTY  | \$ 00    |
|         | \$ 00 | COL FEE  | \$ 00    |
|         | \$ 00 | TRANSFER | \$ 00    |
| TOTAL   |       |          |          |

HUTCHINS, GLEN  
GLENMARK HOMES, INC  
PO BOX 654  
STUART, FL 34995



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF  
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE  
21 DAY OF AUGUST 13  
2014 ENDING SEPTEMBER 30



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/13/2014

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)

| <b>PRODUCER</b><br>Campbell-Wilson Insurance Agency<br>8827 SE Bridge Road<br><br>Hobe Sound FL 33455-5310 | <b>CONTACT NAME</b> Commercial Lines Department<br><b>PHONE (A/C No. Ext.)</b> (772) 546-5600 <b>FAX (A/C No.)</b> (772) 546-1008<br><b>E-MAIL ADDRESS</b><br><b>ADDRESS</b>  |                               |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |
|--|---|-------------------------------|--|--------|-----------|--------------------------|--|-----------|--|--|-----------|--|--|-----------|--|--|-----------|--|--|-----------|--|
|  | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A</td> <td>Owners Insurance Company</td> <td></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> <tr> <td>INSURER F</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A | Owners Insurance Company |  | INSURER B |  |  | INSURER C |  |  | INSURER D |  |  | INSURER E |  |  | INSURER F |  |
| INSURER(S) AFFORDING COVERAGE  |   | NAIC #                        |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |
| INSURER A  | Owners Insurance Company  |                               |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |
| INSURER B  |   |                               |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |
| INSURER C  |   |                               |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |
| INSURER D  |   |                               |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |
| INSURER E  |   |                               |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |
| INSURER F  |   |                               |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |
| <b>INSURED</b><br>Glenmark Homes, Inc<br>PO Box 654<br><br>Stuart FL 34995-0654                            |   |                               |  |        |           |                          |  |           |  |  |           |  |  |           |  |  |           |  |  |           |  |

## COVERAGES CERTIFICATE NUMBER 2014 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

| INSTR LTR                   | TYPE OF INSURANCE   | ADDL (SUBR) (RFR) (WVD) | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |                     |       |                      |  |                            |  |                             |  |
|-----------------------------|---|-------------------------|--------------------|-------------------------|-------------------------|--|---------------------|-------|----------------------|--|----------------------------|--|-----------------------------|--|
| A                           | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Liability plus<br>GEN L AGGREGATE LIMIT APPLIES PER<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC |                         | 002382 72384717 14 | 3/2/2014                | 3/2/2015                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 1,000,000<br>PRODUCTS COMP/OP AGG \$ 1,000,000                  |                     |       |                      |  |                            |  |                             |  |
|                             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS  |                         | None               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |                     |       |                      |  |                            |  |                             |  |
|                             | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><b>DED</b> <input type="checkbox"/> <b>RETENTION</b> \$   |                         | None               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |                     |       |                      |  |                            |  |                             |  |
|                             | <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/M<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A                     | None               |                         |                         | <table border="1"> <tr> <th>WC STATUTORY LIMITS</th> <th>OTHER</th> </tr> <tr> <td>E L EACH ACCIDENT \$</td> <td></td> </tr> <tr> <td>E L DISEASE EA EMPLOYEE \$</td> <td></td> </tr> <tr> <td>E L DISEASE POLICY LIMIT \$</td> <td></td> </tr> </table> | WC STATUTORY LIMITS | OTHER | E L EACH ACCIDENT \$ |  | E L DISEASE EA EMPLOYEE \$ |  | E L DISEASE POLICY LIMIT \$ |  |
| WC STATUTORY LIMITS         | OTHER   |                         |                    |                         |                         |  |                     |       |                      |  |                            |  |                             |  |
| E L EACH ACCIDENT \$        |   |                         |                    |                         |                         |  |                     |       |                      |  |                            |  |                             |  |
| E L DISEASE EA EMPLOYEE \$  |   |                         |                    |                         |                         |  |                     |       |                      |  |                            |  |                             |  |
| E L DISEASE POLICY LIMIT \$ |   |                         |                    |                         |                         |  |                     |       |                      |  |                            |  |                             |  |

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

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br>(772) 220-4765<br><br>Town of Sewall's Point<br>1 S Sewalls Point Road<br>Sewalls Point, FL 34996 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS<br><br>AUTHORIZED REPRESENTATIVE<br><br>Joanne Wilson/JO |
|--|---|



JEFF ATWATER  
CHIEF FINANCIAL OFFICER

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

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

**CONSTRUCTION INDUSTRY EXEMPTION**

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

**EFFECTIVE DATE** 4/4/2014 **EXPIRATION DATE** 4/3/2016

**PERSON.** HUTCHINS **GLEN**

**FEIN** 522369598

**BUSINESS NAME AND ADDRESS**

GLENMARK HOMES INC

PO BOX654

STUART FL 34995

**SCOPES OF BUSINESS OR TRADE**

LICENSED BUILDING  
CONTRACTOR

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

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

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

PERMIT # \_\_\_\_\_ TAX FOLIO # 35-37-41-007-000-00090-6  
 STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE)  
TWIN RIVERS, EL, 100' OF LOT-9  
 GENERAL DESCRIPTION OF IMPROVEMENT INSTALLATION OF NEW WINDOWS  
 OWNER NAME JOHAN NESSEN  
 ADDRESS 109 N SEWELLS PT RD, SEWELLS PT, FL  
 PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

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

CONTRACTOR GHEMMARK HOMES INC  
 ADDRESS P.O. BOX 654, STUART, FL 34995  
 PHONE NUMBER 772-225-7010 FAX NUMBER SAME

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

LENDER/MORTGAGE COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

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

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

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

**WARNING TO OWNER** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713 13, FLORIDA STATUTES AND CAN RESULT IN YOU NOT BEING PAID TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED AT 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

*SIGN*  
 \_\_\_\_\_  
 SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER  
 SIGNATORY'S TITLE/OFFICE \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 2 DAY OF June, 2014

BY Johan Nessen AS \_\_\_\_\_ FOR \_\_\_\_\_  
 NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED  
 PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION \_\_\_\_\_  
 TYPE OF IDENTIFICATION PRODUCED Driving Licens

*Anne-Marie Bonde*  
 NOTARY SIGNATURE/ SEAL  
 Anne-Marie Bonde

STATE OF FLORIDA  
 MARTIN COUNTY

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 TIHANN  
 CLERK

DATE 10/13/14 BY Carolyn Tihann

(Signature of Natural Person Signing Above)

RECORDED 11/13/2014 11:52:31 PM  
 CAROLYN TIHANN  
 MARTIN COUNTY CLERK

INST 2461109  
 OR BK 2724 PG 320



## WINDOW/DOOR SCHEDULE

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

| ID NO | APPOX OPENING SIZE (WXH) | DESIGNATION | * TYPE | IMPACT PROTECTION |         | REMARKS |
|-------|--------------------------|-------------|--------|-------------------|---------|---------|
|       |                          |             |        | IMPACT GLASS      | SHUTTER |         |
|       | 37" X 63"                | 25          | SH     |                   | X       | EXAMPLE |
| 1     | 72 X 36                  | 8100 PVC    | SH     | ✓                 |         |         |
| 2     | 37 X 37                  | 8100 PVC    | SH     | ✓                 |         |         |
| 3     | 24 X 35                  | 8100 PVC    | SH     | ✓                 |         |         |
| 4     | 36 X 48                  | 8100 PVC    | SH     | ✓                 |         |         |
| 5     | 36 X 48                  | 8100 PVC    | SH     | ✓                 |         |         |
| 6     | 36 X 48                  | 8100 PVC    | SH     | ✓                 |         |         |
| 7     | 36 X 48                  | 8100 PVC    | SH     | ✓                 |         |         |
| 8     | 144 X 71                 | 8100 PVC    | SH     | ✓                 |         |         |
| 9     | 73 X 71                  | 8100 PVC    | SH     | ✓                 |         |         |
| 10    |                          |             |        |                   |         |         |
| 11    |                          |             |        |                   |         |         |
| 12    |                          |             |        |                   |         |         |
| 13    |                          |             |        |                   |         |         |
| 14    |                          |             |        |                   |         |         |
| 15    |                          |             |        |                   |         |         |
| 16    |                          |             |        |                   |         |         |
| 17    |                          |             |        |                   |         |         |
| 18    |                          |             |        |                   |         |         |
| 19    |                          |             |        |                   |         |         |
| 20    |                          |             |        |                   |         |         |
| 21    |                          |             |        |                   |         |         |
| 22    |                          |             |        |                   |         |         |
| 23    |                          |             |        |                   |         |         |
| 24    |                          |             |        |                   |         |         |
| 25    |                          |             |        |                   |         |         |
| 26    |                          |             |        |                   |         |         |
| 27    |                          |             |        |                   |         |         |
| 28    |                          |             |        |                   |         |         |
| 29    |                          |             |        |                   |         |         |
| 30    |                          |             |        |                   |         |         |

TOTAL GLAZED OPENING AREA FOR STRUCTURE 189 SF

\* PERCENTAGE OF NEW GLAZED AREA 100 %  
(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/ EXISTING BUILDING 507.3

\* TYPE WINDOWS

SH - SINGLE HUNG  
DH - DOUBLE HUNG

AWN - AWNING  
CAS - CASEMENT

SL - SLIDING  
FIX - FIXED

CUSTOMER & ADDRESS

CONTRACTOR

MR. NESSEN

GLENMARK HOMES INC

109 N SEWALLS PT RD.

P.O. BOX 654

SEWALLS PT, FL., 34996

STUART, FL., 34995

PH. - 225 - 2010

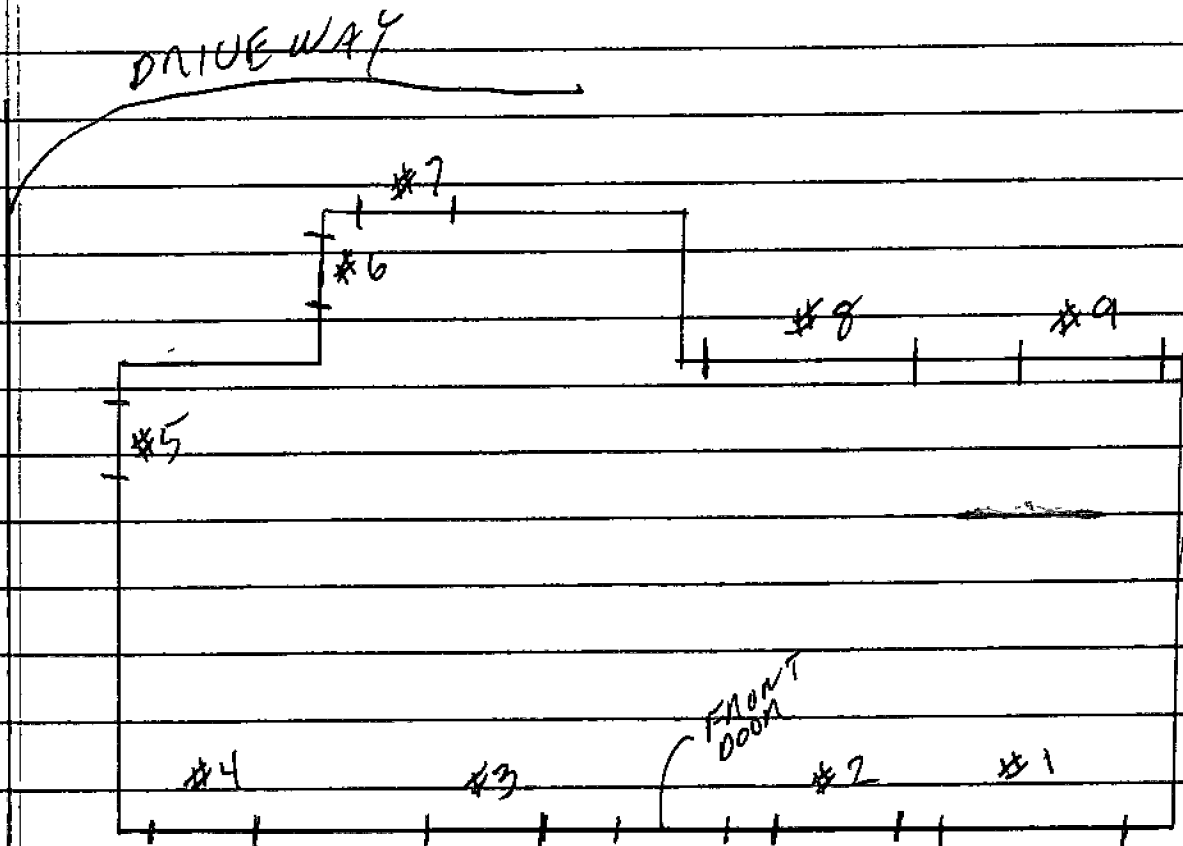
EMAIL - HUTCHINS GLEN@COMCAST.NET

### SITE PLAN & WINDOW LIST

SCOPE OF WORK - REPLACEMENT OF EXISTING WINDOWS WITH NEW IMPACT CUSTOM WINDOW SYSTEMS

DRIVEWAY

109 TH ST



FRONT DOOR

SEWALLS PT DR.

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|  |  |
|--|--|
| FL #   | FL5823-R5  |
| Application Type   | Revision   |
| Code Version   | 2010   |
| Application Status   | Approved   |
| Comments   |  |
| Archived   | <input type="checkbox"/>   |
| Product Manufacturer   | Custom Window Systems Inc  |
| Address/Phone/Email  | 1900 SW 44th Avenue<br>Ocala, FL 34474<br>(352) 368-6922 Ext 207<br>mlafevre@cws cc  |
| Authorized Signature   | Michael LaFevre<br>mlafevre@cws cc   |
| Technical Representative   | Brian Tenace   |
| Address/Phone/Email  | 1900 SW 44th Ave<br>Ocala, FL 34474<br>(352) 368-6922 Ext 291<br>btenace@cws cc  |
| Quality Assurance Representative                                       | Jeff Thompson  |
| Address/Phone/Email  | 1900 SW 44th Ave<br>Ocala, FL 34474<br>(352) 368-6922 Ext 221<br>jthompson@cws cc  |
| Category   | Windows  |
| Subcategory  | Single Hung  |
| Compliance Method  | Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer<br><input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received |
| Florida Engineer or Architect Name who developed the Evaluation Report | Lucas A Turner   |
| Florida License  | PE-58201   |
| Quality Assurance Entity   | Keystone Certifications, Inc   |
| Quality Assurance Contract Expiration Date                             | 03/01/2014   |
| Validated By   | Steven M Urich, PE<br><input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received   |
| Certificate of Independence  | <a href="#">FL5823_R5_COI_EvalRep_CWS-155B (SH-8100_Impact).pdf</a>  |
| Referenced Standard and Year (of Standard)                             | <u>Standard</u> <span style="float: right;"><u>Year</u></span>   |

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|  |   |
|--|---|
| FL #   | FL9520-R3   |
| Application Type   | Revision  |
| Code Version   | 2010  |
| Application Status   | Applied For   |
| Comments   |   |
| Archived   | <input type="checkbox"/>  |
| Product Manufacturer   | Custom Window Systems Inc   |
| Address/Phone/Email  | 1900 SW 44th Avenue<br>Ocala, FL 34474<br>(352) 368-6922 Ext 207<br>mlafevre@cws cc   |
| Authorized Signature   | Michael LaFevre<br>mlafevre@cws cc  |
| Technical Representative   | Brian Tenace  |
| Address/Phone/Email  | 1900 SW 44th Ave<br>Ocala, FL 34474<br>(352) 368-6922 Ext 291<br>btenace@cws cc   |
| Quality Assurance Representative                                       | Jeff Thompson   |
| Address/Phone/Email  | 1900 SW 44th Ave<br>Ocala, FL 34474<br>(352) 368-6922 Ext 221<br>jthompson@cws cc   |
| Category   | Windows   |
| Subcategory  | Mullions  |
| Compliance Method  | Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer<br><input type="checkbox"/> Evaluation Report - Hardcopy Received |
| Florida Engineer or Architect Name who developed the Evaluation Report | Lucas A Turner  |
| Florida License  | PE-58201  |
| Quality Assurance Entity   | Keystone Certifications, Inc  |
| Quality Assurance Contract Expiration Date                             | 03/15/2014  |
| Validated By   | Steven M Urch, PE<br><input type="checkbox"/> Validation Checklist - Hardcopy Received  |
| Certificate of Independence  | <a href="#">FL9520_R3_COI_EvalRep_CWS_150B (Impact 3 in Mull).pdf</a>   |
| Referenced Standard and Year (of Standard)                             | <b>Standard</b> <span style="float: right;"><b>Year</b></span>  |

AAMA 450-06 2006  
 ASTM E1886-02 2002  
 ASTM E1996-02 2002  
 PA TAS 201/202/203 1994

Equivalence of Product Standards  
 Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 02/22/2012  
 Date Validated

| Summary of Products  |                          |   |
|--|--------------------------|---|
| FL #   | Model, Number or Name    | Description   |
| 9520 1   | 3" Alum Tube Mullion     | 3" Alum Tube Mullion, Horizontal & Vertical, Fin & Flange applications (IMPACT)   |
| <b>Limits of Use</b><br>Approved for use in HVHZ Yes<br>Approved for use outside HVHZ Yes<br>Impact Resistant Yes<br>Design Pressure N/A<br>Other Large Missile Impact, See Installation Instructions and Evaluation Report for complete list of Limitations and Conditions of Use |                          | <b>Installation Instructions</b><br><a href="#">FL9520_R3_II_CWS_150B (Impact 3 in Mull).pdf</a><br>Verified By Lucas A Turner 58201<br>Created by Independent Third Party Yes<br><b>Evaluation Reports</b><br><a href="#">FL9520_R3_AE_EvalRep_CWS_150B (Impact 3 in Mull).pdf</a><br>Created by Independent Third Party Yes |
| 9520 2   | 4" Alum Tube Mullion     | 4" Alum Tube Mullion, Horizontal & Vertical, Fin & Flange applications (IMPACT)   |
| <b>Limits of Use</b><br>Approved for use in HVHZ Yes<br>Approved for use outside HVHZ Yes<br>Impact Resistant Yes<br>Design Pressure N/A<br>Other Large Missile Impact, See Installation Instructions and Evaluation Report for complete list of Limitations and Conditions of Use |                          | <b>Installation Instructions</b><br><a href="#">FL9520_R3_II_CWS-146B (Impact 4 in Mull).pdf</a><br>Verified By Lucas A Turner 58201<br>Created by Independent Third Party Yes<br><b>Evaluation Reports</b><br><a href="#">FL9520_R3_AE_EvalRep_CWS-146B (Impact 4 in Mull).pdf</a><br>Created by Independent Third Party Yes |
| 9520 3   | 5 1/2" Alum Tube Mullion | 5 1/2" Alum Tube Mullion, Horizontal & Vertical, Fin & Flange applications (IMPACT)   |
| <b>Limits of Use</b><br>Approved for use in HVHZ Yes<br>Approved for use outside HVHZ Yes<br>Impact Resistant Yes<br>Design Pressure N/A<br>Other Large Missile Impact, See Installation Instructions and Evaluation Report for complete list of Limitations and Conditions of Use |                          | <b>Installation Instructions</b><br><a href="#">FL9520_R3_II_CWS-192B (Impact 5 in Mull).pdf</a><br>Verified By Lucas A Turner 58201<br>Created by Independent Third Party Yes<br><b>Evaluation Reports</b><br><a href="#">FL9520_R3_AE_EvalRep_CWS-192B (Impact 5 in Mull).pdf</a><br>Created by Independent Third Party Yes |

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Contact Us 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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Product Approval Accepts



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 7-11 - 14 Page      of     

| PERMIT #          | OWNER/ADDRESS/CONTRACTOR                        | INSPECTION TYPE                     | RESULTS  | COMMENTS   |
|-------------------|---|-------------------------------------|----------|--|
| 10901             | NESSER<br>109 N SEWALLS Pt Rd<br>GLENMARK HOMES | WINDOW<br>FINAL                     | CANCELED | 341-2750<br><br>INSPECTOR                          |
| 10909             | VEINER<br>10 Pineapple Ln<br>Flynn's A/C        | Final                               | PASS     | 283-4114<br><br>INSPECTOR                          |
| W-2 <sup>57</sup> |   |                                     |          |  |
|                   | MANTIL<br>32 Rio VISTA<br>FL WINDOWS & DOOR     | WINDOW<br><del>FRATE</del><br>ROUER | PASS     | <br><br>INSPECTOR <i>A</i>                         |
|                   |   |                                     |          |  |
|                   | BARBER<br>117 N. Sewalls<br>DRIFWOOD HOMES      | ALL SIDES                           | FAIL     | <br><br>INSPECTOR <i>A</i>                         |
|                   |   |                                     |          |  |
| 10922             | BEAN<br>5 MARY ANN                              | U.G. TANK<br>& LINES                | PASS     | <br><br>INSPECTOR <i>A</i>                         |
|                   |   |                                     |          |  |
| 10923             | FED MGT<br>3 BRYAN<br>ALLIGATOR A/C             | A/C<br>FINAL                        | FAIL     | No Access<br>NO ONE HOME<br><br>INSPECTOR <i>A</i> |
|                   |   |                                     |          |  |
| 10934             | FARMLEY<br>6' OAKHILL WAY<br>SEAGATE PAPER      | PAV. POLE                           | PASS     | FPL<br><br>INSPECTOR <i>A</i>                      |





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

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

CALL 8.00 AM - 12.00 NOON FOR INSPECTION - WORK HOURS 8 00 AM TO 5.00 PM - NO SUNDAYS

Owner TESTABO AKTIEBILAL Address 109 N. SEWALLS PT Phone 678-6320  
 Contractor DEMAREST Address 800 SE. INDIAN ST Phone 220-0065  
 No of Trees REMOVE 2 Species 1: SEA GRAPE 1: SITIKERILLA  
 No of Trees RELOCATE 1 Species PALM  
 No of Trees REPLACE \_\_\_\_\_ Species \_\_\_\_\_

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

**ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY**

Reason for tree removal /relocation (see notice above) UNDERMINING FOUNDATION

Signature of Property Owner [Signature] Date 02/25/13

Approved by Building Inspector [Signature] Date 2-26-13 Fee 15.00

NOTES \_\_\_\_\_

SKETCH

**DEMAREST CONSTRUCTION GROUP INC**  
 800 SE INDIAN ST  
 STUART, FL 34997

GULFSTREAM BUSINESS BANK  
 2400 S E MONTEREY ROAD  
 STUART FL 34998

15066

63 1472/67  
 01

2/25/2013

PAY TO THE ORDER OF Town of Sewalls Point \$ \*\*15 00  
 Fifteen and 00/100 \*\*\*\*\* DOLLAR

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

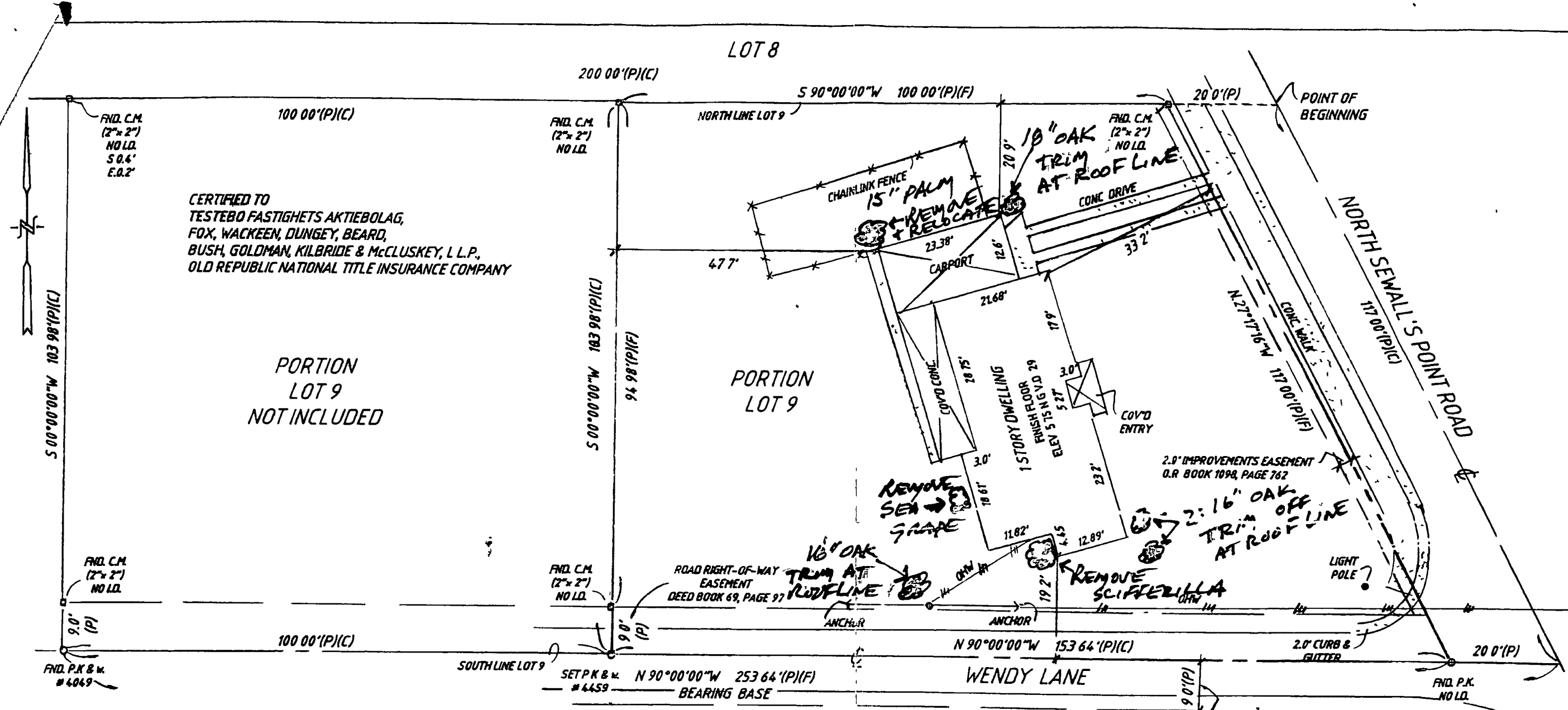
[Signature]  
 AUTHORIZED SIGNATURE

MEMO Nessen Rental

⑈015066⑈ ⑆067014712⑆ 0150037572⑈

THIS DOCUMENT MUST HAVE A COLORED BACKGROUND, ULTRAVIOLET FIBERS AND AN ARTIFICIAL WATERMARK ON THE BACK - VERIFY FOR AUTHENTICITY





CERTIFIED TO  
 TESTEBO FASTIGHETS AKTIEBOLAG,  
 FOX, WACKEEN, DUNGEY, BEARD,  
 BUSH, GOLDMAN, KILBRIDE & McCLUSKEY, L.L.P.,  
 OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

PORTION  
 LOT 9  
 NOT INCLUDED

PORTION  
 LOT 9

**FLOOD ZONE INFORMATION**  
 PROPERTY LOCATED IN FLOOD ZONE: "X" & "AE"  
 BASE ELEVATION: 8.0  
 COMMUNITY PANEL NO. 120164 0154 F  
 DATED: 10/04/2002

**STREET ADDRESS:** 109 NORTH SEWALL'S POINT ROAD  
 STUART, FL 34996

**SURVEYOR'S NOTES**

- 1 SURVEY OF DESCRIPTION AS FURNISHED BY CLIENT, UNLESS OTHERWISE NOTED
- 2 LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS, BUILDING SETBACKS, AND/OR RIGHTS-OF-WAY OF RECORD BY ACCURIGHT LAND SURVEYING, INC.
- 3 ELEVATIONS SHOWN HEREON ARE RELATIVE TO NORTH AMERICAN VERTICAL DATUM OF 1988, SEE SURVEY FOR REFERENCE BENCH MARK, UNLESS OTHERWISE NOTED
- 4 THERE ARE NO ABOVE GROUND ENCROACHMENTS, UNLESS OTHERWISE NOTED.
- 5 UNDERGROUND ENCROACHMENTS ARE NOT LOCATED
- 6 ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES

**LEGEND:**

A/C - AIR CONDITIONER    ATT - TELEPHONE  
 CONC - CONCRETE    D - DELTA/CENTRAL ANGLE  
 FND. - FOUND    C.M. - CONCRETE MONUMENT  
 I.B. - IRON BAR    SET I.B. - 5/8" IRON BAR CAP #4459  
 P.P. - POWER POLE    I.P. - IRON PIPE COVD - COVERED  
 O.H.W. - OVERHEAD WIRE    PK&W - PK NAIL & WASHER  
 R/W - RIGHT-OF-WAY    CATV - CABLE TELEVISION  
 F.H. - FIRE HYDRANT    WM - WATER METER  
 I.D. - IDENTIFICATION    PCP - PERMANENT CONTROL POINT  
 N.A.V.D. 88 - NORTH AMERICAN VERTICAL DATUM 1988  
 (P) - DENOTES DISTANCE, ANGLE OR BEARING BY DESCRIPTION  
 (F) - DENOTES MEASURED DISTANCE, ANGLE OR BEARING  
 (C) - DENOTES CALCULATED DISTANCE, ANGLE OR BEARING

**LEGAL DESCRIPTION**

The Easterly 100 feet of the following described parcel:  
 Beginning at a point where the center line of Sewall's Point Road intersects the Easterly extension of the North Line of Lot 9 of Twin Rivers Subdivision, thence run West along the North line of said Lot 9 a distance of 20 feet to a concrete monument thence continue West along the North line of Lot 9, a distance of 200 feet to a concrete monument, thence by angle of 90 degrees from West to South run a distance of 94.98 feet to a concrete monument, thence continue South along the same line a distance of 9 feet to the south line of Lot 9, said South line being the center line of Wendy Lane, thence by angle of 90 degrees from South to East run East along the South line of Lot 9 a distance of 273.64 feet to the center line of Sewall's Point Road, thence run Northwesterly along the center line of said Sewall's Point Road a distance of 117 feet to the point of beginning being in Government Lot 1, Section 35, Township 37 South, Range 41 East, Martin County, Florida

BOUNDARY SURVEY  
 ACCURIGHT LAND SURVEYING, INC.  
 LICENSED BUSINESS NO. #6607

EARLE R. STARKEY - PROFESSIONAL LAND SURVEYOR  
 REGISTRATION NO. 4459 - STATE OF FLORIDA

SURVEY NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF A FLORIDA LICENSED LAND SURVEYOR AND MAPPER

|   |            |
|---|------------|
| PROJECT: 1999-01-01   | REVISIONS: |
| FIELD DATE: 12/28/2012  |            |
| DRAWN BY: W.G.H.  |            |
| CHECKED BY: E.R.S.  |            |
| SCALE: 1" = 20.00'  |            |
| PREPARED FOR: AKTIEBOLAG<br><b>ACCURIGHT LAND SURVEYING, INC.</b><br>1501 DECKER AVENUE UNIT 419 - STUART, FLORIDA, 34994<br>OFFICE PHONE NO. (772) 286-7694 - FAX NO. (772) 220-7993<br>LAND SURVEYING - CONSULTANTS - LAND PLANNERS - DESIGNERS |            |