

101 North Sewall's Point Road

2524

DRIVEWAY

Permit No _____

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

2524

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 DIANA FORMAN Present Address 101 N. SEWALLS Pt Rd

Phone 283-3700 STUART FLA

Contractor JULIUS GRAHAM Address 799 N. DIXIE HWY

Phone 334-0858 JENSEN BEACH, FL

Where licensed STATE of Florida License number CBC031884

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 NEW DRIVEWAY

101 N. SEWALL Pt Rd

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

Subdivision MINOR Lot number 20 SECTION Block-number 35

Contract price \$ ~~10,500.00~~ 10,500.00 Cost of permit \$ _____

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 Julius Graham

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

Owner _____

TOWN RECORD

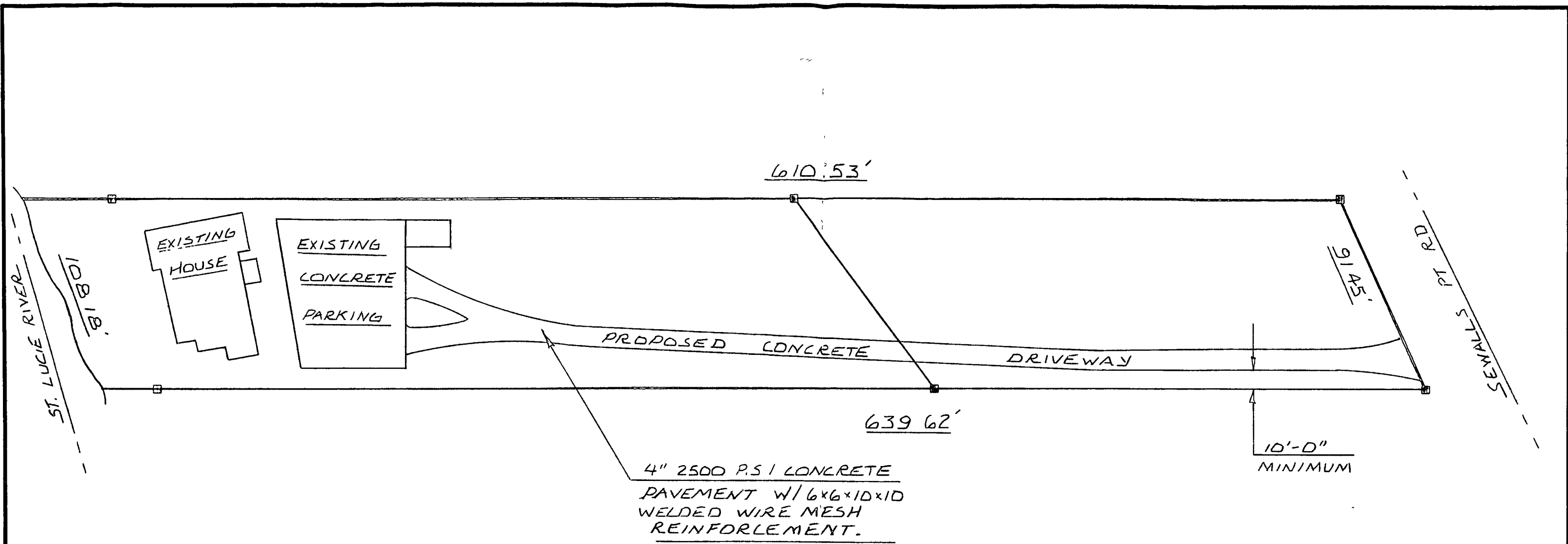
Date submitted _____ Approved Dale Brown 4/12/89
Building Inspector _____ Date _____

Approved _____ Commissioner _____ Date _____ Final Approval given _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282 Permit No _____

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



<u>PROPOSED</u> <u>CONCRETE DRIVEWAY</u>		
SCALE 1" = 50'	APPROVED BY	DRAWN BY
DATE 4-7-89		<i>[Signature]</i>
DIANA S FOREMAN		
101 N. SEWALLS PT. RD. STUART, FLORIDA		DRAWING NUMBER

4641

DOCK

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 6/30/99

BUILDING PERMIT NO. 4641

Building to be erected for KEITH E. INGRAM

Type of Permit DOCK

Applied for by PLAZA MARINE CONST. INC. (Contractor)

Building Fee \$240.00

Subdivision _____ Lot _____ Block _____

Radon Fee _____

Address 101 N. SEWALL'S POINT RD.

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number _____

Electrical Fee _____

Amount Paid \$240.00 Check # 5116 Cash _____ Other Fees (_____)

Plumbing Fee _____

Total Construction Cost \$20,000.00

Roofing Fee _____

TOTAL Fees \$240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

DOCK PERMIT

INSPECTIONS

SETBACKS
PILINGS
BOAT LIFT

DATE _____
DATE _____
DATE _____

WATER
ELECTRIC
DECK
FINAL

DATE _____
DATE _____
DATE _____
DATE _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

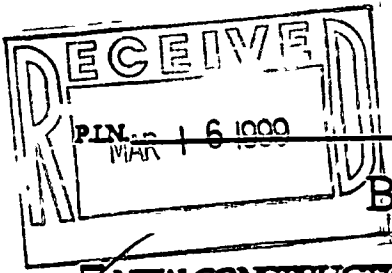
MONDAY THROUGH SATURDAY

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

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

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

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



Town of Sewall's Point

Date 2-22-99

BUILDING PERMIT APPLICATION

to construct:

[X] NEW CONSTRUCTION [] ADDITION [] ALTERATION [] DEMOLITION

[X] RESIDENTIAL [] COMMERCIAL 1000 SF _____ CF

OTHER: _____ CONTRACT PRICE \$24000-

Owner's Name Keith & Ingram

Owner's Address 1847 NW Treasure Point, Stuart, FL 34994 ?
101 N. Sewall's Point Rd.

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

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

City Stuart State FL Zip 34994

Contractor's Name Plaza Mann Construction, Inc.

Contractor's Address 1295 SE Cutoff Road 220-3625 "USA"

City Stuart State FL Zip 34994

Job Name Ingram dock + associated pilings

Job Address 101 North Seawalls Point Rd

City Stuart State FL Zip 34996

Legal Description 30-37-41-007-005-0005-0400

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name Jose Villanueva

Architect/Engineer's Address 3316 NW Perimeter Rd, Palm City FL 34990

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Phil Hagen _____ 2-12-99 _____
Owner or Agent Date

Lisa Ann Guidice _____ 2-12-99 _____
Contractor Date

COUNTY OF MARTIN
STATE OF FLORIDA

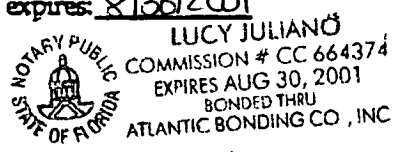
Sworn to and subscribed before me this 12 day of JAN 1999 by Kenn Ingram who: [] is/are personally known to me, or [X] has/have produced License as identification, and who did not take an oath.

Name: Lucy Juliano

(NOTARY SEAL) Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of CC 664374 and my commission expires: 8/30/2001

STATE OF FLORIDA
COUNTY OF MARTIN

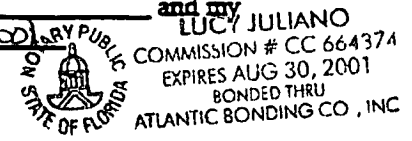


Sworn to and subscribed before me this 12 day of JAN 1999 by Lisa Ann Guidice who: [] is/are personally known to me, or [X] has/have produced License as identification, and who did not take an oath.

Name: Lucy Juliano

(NOTARY SEAL) Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of CC 664374 and my commission expires: 8/30/2001



Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. SP01585

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner

IIL BUILDING INDUSTRY SERVICES

MEMORANDUM

Date. 3/17/99
To KEITH E. INGRAM
Re. 1847 NW TREASURE POINT

The following listed items are needed to process your permit application.

Please provide

5/19/99

- NO 1. PAY DOCK FEE OF \$240.00
- NO 2. PAY PLAN REVIEW FEE OF \$19.20
- OK 3. COMPLIANCE WITH SECT. 4.5-4 (b)(2).
- OK 4. PROVIDE REFLECTIVE DEVICES PER SECT. 4.5-5, (2) 1.
- OK 5. MIN. HT. OF 5' MEAN HIGH WATER.
- OK 6. HANDRAIL PER STANDARD BUILDING CODE CH 10 - MAY BE 3/4" ROPE WITH POSTS AT 8' O.C.
- NOT RECEIVED
APD
OK 7. HIRE ATTORNEY TO REVIEW FOR COMPLIANCE WITH SECT. 4.5-4, (4), (b), (3).

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SECTION A

DATE: 06/17/09

FOR AGENCY USE ONLY

ACOE Application # _____ DEP/WMD Application # _____
 Date Application Received _____ Date Application Received _____
 Proposed Project Lat. _____ Fee Received \$ _____
 Proposed Project Long. _____ Fee Receipt # _____

PART 1:

Are any of the activities described in this application proposed to occur in, on, or over wetlands or other surface waters? Yes No

Is this application being filed by or on behalf of a government entity or drainage district? Yes No

PART 2:

A. Type of Environmental Resource Permit Requested (check at least one) See Attachment 2 for thresholds and descriptions.

Modification - Exemption

- Noticed General - include information requested in Section B
- Standard General (Single Family Dwelling) - include information requested in Sections C and D
- Standard General (all other Standard General projects) - include information requested in Sections C and E
- Individual (Single Family Dwelling) - include information requested in Sections C and D
- Individual (all other Individual projects) - include information requested in Sections C and E
- Conceptual - include information requested in Sections C and E
- Mitigation Bank Permit (construction) - include information requested in Section C and F (If the proposed mitigation bank involves the construction of a surface water management system requiring another permit defined above, check the appropriate box and submit the information requested by the applicable section)
- Mitigation Bank (conceptual) - include information requested in Section C and F

B. Type of activity for which you are applying (check at least one)

- To construct a 5'x168' Approach with 10'x16' Terminal - To Install 8 Mooring Piling - To Install 1 Boatlift
- Construction or operation of a new system, other than a solid waste facility, including dredging or filling in, on or over wetlands and other surface waters
- Construction, expansion or modification of a solid waste facility
- Alteration or operation of an existing system which was not previously permitted by a WMD or DEP
- Modification of a system previously permitted by a WMD or DEP Provide previous permit numbers 43-0151139-001
 - Alteration of a system Extension of permit duration Abandonment of a system
 - Construction of additional phases of a system Removal of a system

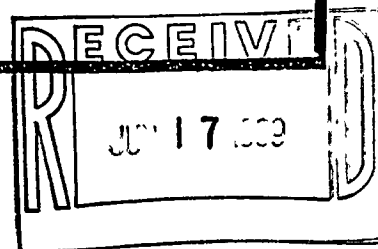
C. Are you requesting authorization to use Sovereign Submerged Lands. Yes No (See Section G and Attachment 5 for more information before answering this question)

D. For activities in, on or over wetlands or other surface waters, check type of federal dredge and fill permit requested:

- Individual Programmatic General SAJ-20 General Nationwide Not Applicable

E. Are you claiming to qualify for an exemption? Yes No

If yes, provide rule number if known 40E-4.051(3)(B)



PART 3:

A. OWNER(S) OF LAND

B. ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)

NAME

Keith E. Ingram

NAME

TITLE AND COMPANY

TITLE AND COMPANY

ADDRESS

1847 NW. Treasure Point

ADDRESS

CITY, STATE, ZIP

Stuart, FL 34994

CITY, STATE, ZIP

TELEPHONE AND FAX

TELEPHONE AND FAX

C. AGENT AUTHORIZED TO SECURE PERMIT

D. CONSULTANT (IF DIFFERENT FROM AGENT)

NAME

Sal Juliano, JR Pres.

NAME

TITLE AND COMPANY

Bella Marine Inc.

TITLE AND COMPANY

ADDRESS

1295 SE Cutoff Rd

ADDRESS

CITY, STATE, ZIP

Stuart FL 34994

CITY, STATE, ZIP

TELEPHONE AND FAX

TELEPHONE AND FAX

OFF: 223-9138 / Fax - 220-6816

PART 4 (Please provide metric equivalent for federally funded projects)

A. Name of project, including phase if applicable. Ingram dock/Rings/Boatlift

B. Is this application for part of a multi-phase project? Yes No

C. Total applicant-owned area contiguous to the project _____ ac., _____ ha.

D. Total area served by the system. _____ ac., _____ ha

E. Impervious area for which a permit is sought _____ ac., _____ ha.

F. Volume of water that the system is capable of impounding: _____ ac. ft., _____ m³

G. What is the total area of work in, on, or over wetlands or other surface waters?

_____ ac., _____ ha. 1000 sq. ft., _____ sq. m

H. Total volume of material to be dredged _____ yd³; _____ m³

I. Number of new boat slips proposed 2 wet slips, _____ dry slips

PART 5:

Project location (use additional sheets, if needed):

County(ies) Martin

Section(s) 30 Township 37 Range 41

Section(s) _____ Township _____ Range _____

Section(s) _____ Township _____ Range _____

Land Grant name, if applicable Sewalls Point

Tax Parcel Identification Number 30-37-41-007-005-00050400

Street address, road, or other location 101 N. Sewalls Point Rd

City, Zip Code if applicable Stuart FL 34996

PART 6. Describe in general terms the proposed project, system, or activity

Original Exemption # 43-0151139-001

Remove an existing dock - To construct a 1000 square foot private dock with an access measuring 5'x105' Long, a 10'x15' Landing, and a 5'x45' Long section ending in a 10'x10' platform. Also included on the original drawings were the installation of 8 mooring pilings.

Modification:

To construct a 168'x5' Approach = 840 sq. Ft
To construct a 10'x16' Terminal Platform = 160 sq. Ft.
TOTAL Square Feet = 1000 sq. Ft.

To Install 8 mooring pilings
To Install A Boat Lift.

PART 7:

A. If there have been any pre-application meetings, including on-site meetings, with regulatory staff, please list the date(s), location(s), and names of key staff and project representatives.

DIA

B. Please identify by number any MSSW/Wetland resource/ERP/ACOE Permits pending, issued or denied for projects at the location, and any related enforcement actions

Agency	Date	No. \ Type of Application	Action Taken
<u>DEP</u>	<u>2/10/99</u>	<u>43-0151139-001</u>	<u>Exemption</u>
_____	_____	_____	_____
_____	_____	_____	_____

C. Note. The following information is required for projects proposed to occur in, on or over wetlands that need a federal dredge and fill permit or an authorization to use state owned submerged lands.

Please provide the names, addresses and zip codes of property owners whose property directly adjoins the project (excluding applicant) and/or (for proprietary authorizations) is located within a 500 ft. radius of the applicant's land. Please attach a plan view showing the owner's names and adjoining property lines. Attach additional sheets if necessary.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

PART 8:

A. By signing this application form, I am applying, or I am applying on behalf of the applicant, for the permit and any proprietary authorizations identified above, according to the supporting data and other incidental information filed with this application. I am familiar with the information contained in this application and represent that such information is true, complete and accurate. I understand this is an application and not a permit, and that work prior to approval is a violation. I understand that this application and any permit issued or proprietary authorization issued pursuant thereto, does not relieve me of any obligation for obtaining any other required federal, state, water management district or local permit prior to commencement of construction. I agree, or I agree on behalf of the applicant, to operate and maintain the permitted system unless the permitting agency authorizes transfer of the permit to a responsible operation entity. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S. and 18 U.S.C. Section 1001.

Bella Marine, Inc. by Salvatore J. Juliano, Jr. Pres.
Typed/Printed Name of Applicant (If no Agent is used) or Agent (If one is so authorized below)

Salvatore J. Juliano Jr. Pres 6-14-99
Signature of Applicant/Agent Date

President
(Corporate Title if applicable)

AN AGENT MAY SIGN ABOVE ONLY IF THE APPLICANT COMPLETES THE FOLLOWING

B. I hereby designate and authorize the agent listed above to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above, and to furnish, on request, supplemental information in support of the application. In addition, I authorize the above-listed agent to bind me, or my corporation, to perform any requirements which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S. and 18 U.S.C. Section 1001.

Keith Ingram Keith E. Ingram 6-14-99
Typed/Printed Name of Applicant Signature of Applicant Date

(Corporate Title if applicable)

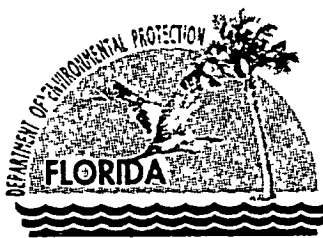
Please note: The applicant's original signature (not a copy) is required above.

PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING.

C. I either own the property described in this application or I have legal authority to allow access to the property, and I consent, after receiving prior notification, to any site visit on the property by agents or personnel from the Department of Environmental Protection, the Water Management District and the U.S. Army Corps of Engineers necessary for the review and inspection of the proposed project specified in this application. I authorize these agents or personnel to enter the property as many times as may be necessary to make such review and inspection. Further, I agree to provide entry to the project site for such agents or personnel to monitor permit work if a permit is granted.

Keith Ingram Keith E. Ingram 6-14-99
Typed/Printed Name Signature Date

(Corporate Title if applicable)



Jeb Bush
Governor

Department of Environmental Protection

Port St Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St Lucie, FL 34952
(561)871-7662 (561)335-4310

David B. Struhs
Secretary

FEB 10 1999

Keith E. Ingram
1847 NW Treasure Point
Stuart, FL 34994

Re File Number 43-0151139-001
Martin County

Dear Mr. Ingram

On January 25, 1999, we received your application for an exemption to perform the following activities: remove an existing dock to construct a 1000 square foot private dock with an access measuring 5' x 105' long, a 10' x 15' landing, and a 5' x 45' long section ending in a 10' x 10' platform in the St. Lucie River (Class III waters of the state), located at 101 North Sewalls Point Road (Section 35, Township 37 South, Range 41 East), Stuart, Martin County.

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

REGULATORY AUTHORIZATION - EXEMPTION VERIFIED

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

Based on the information you submitted, we have determined that your project is exempt from the need to obtain a DEP Environmental Resource Permit under Rule 40E-4.051(3)(b), (F.A.C.)

This determination is based solely on the information provided to the Department and the statutes and rules in effect when the application was submitted and is effective only for the specified activity. In addition, any substantial modifications in your plans should be submitted to the Department for review, as changes may result in a permit being required.

PROPRIETARY AUTHORIZATION - GRANTED

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

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

Printed on recycled paper

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

SPGP REVIEW - AUTHORIZATION GRANTED

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

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

NOTICE OF RIGHTS OF SUBSTANTIALLY AFFECTED PERSONS

Be advised that your neighbors and other parties who may be substantially affected by the proposed activity allowed under this determination of exemption have a right to request an administrative hearing on the Department's decision that the proposed activity qualifies for this exemption. If an administrative hearing is timely requested by a substantially affected person, the finding that the proposed activity qualifies for this exemption must be reconsidered, and it is possible that the hearing could result in a determination that the proposed activity does *not* qualify for the exemption. Under Rule 28-106.111, F.A.C., a request for such an administrative hearing must be filed with the Department's Clerk in the Office of General Counsel within 21 days of either (a) publication of notice in a newspaper of general circulation in the county where the activity is to take place, or (b) the substantially affected person's receipt of written notice which includes the information contained in Attachment (A).

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

Keith E Ingram
File Number 43-0151139-001
Page 3

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

If you wish to limit the time within which *all* substantially affected persons may request an administrative hearing you may elect to publish, at your own expense, the enclosed notice (Attachment A) one time only in the legal advertisement section of a newspaper of general circulation in the county where the activity is to take place


If you wish to limit the time within which any *specific* person(s) may request an administrative hearing, you may provide such person(s), by certified mail, a copy of this determination, including Attachment A

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

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

Thank you for applying to the Submerged Lands and Environmental Resource Program If you have questions regarding this matter, please contact **Darryl DeLeeuw** of this office, at telephone (561) 871-7662

Sincerely,



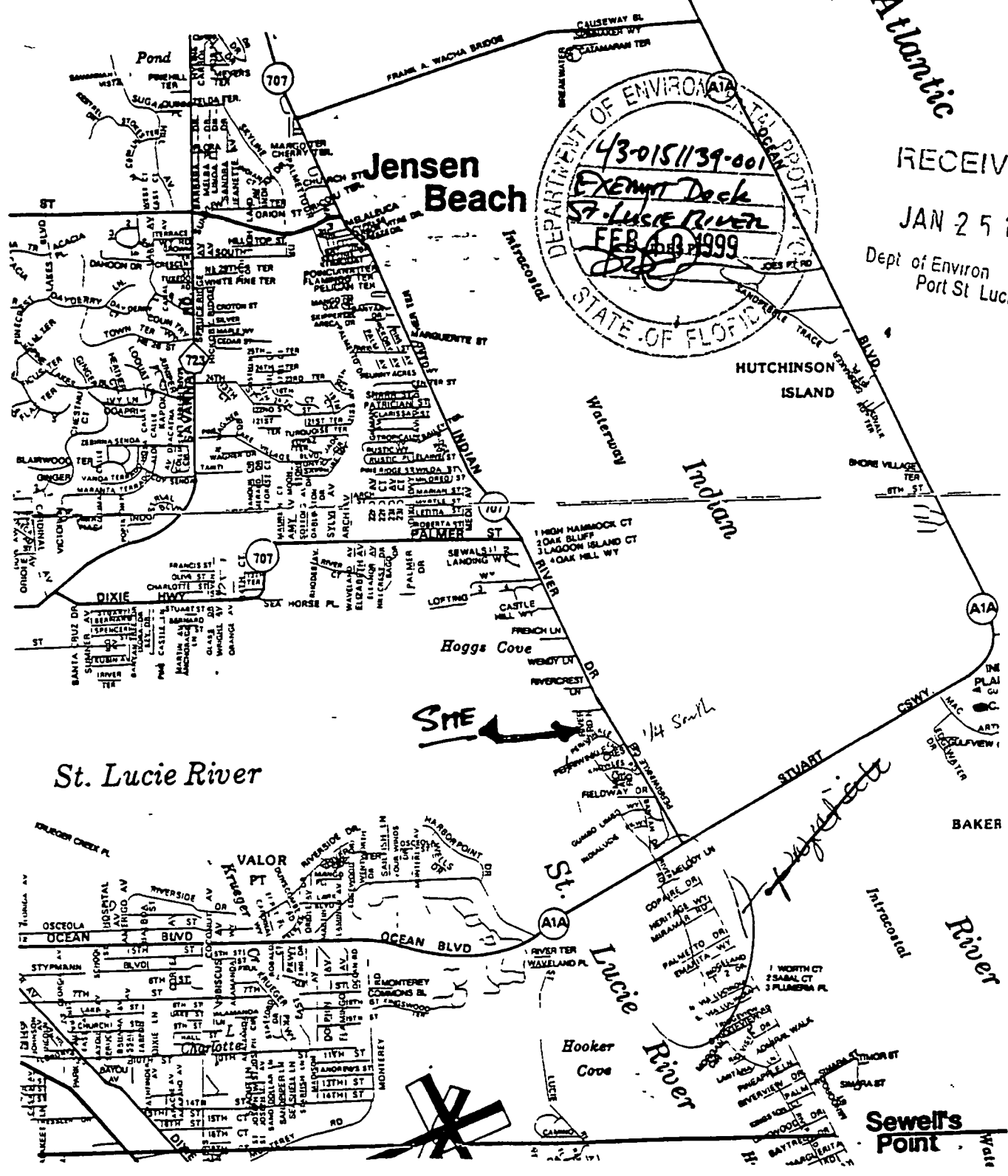
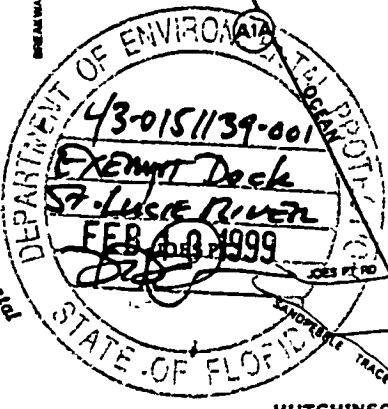
Melissa L Meeker
Environmental Administrator

MLMDD *BM*

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

cc U S Army Corps of Engineers, Stuart [without enclosures]
Bella Marine, Inc (Agent) [without enclosures]

Atlantic
 RECEIVED
 JAN 25 1999
 Dept of Environ
 Port St Lucie



SCALE NTS

DATE 11/24/98

REVISIONS _____

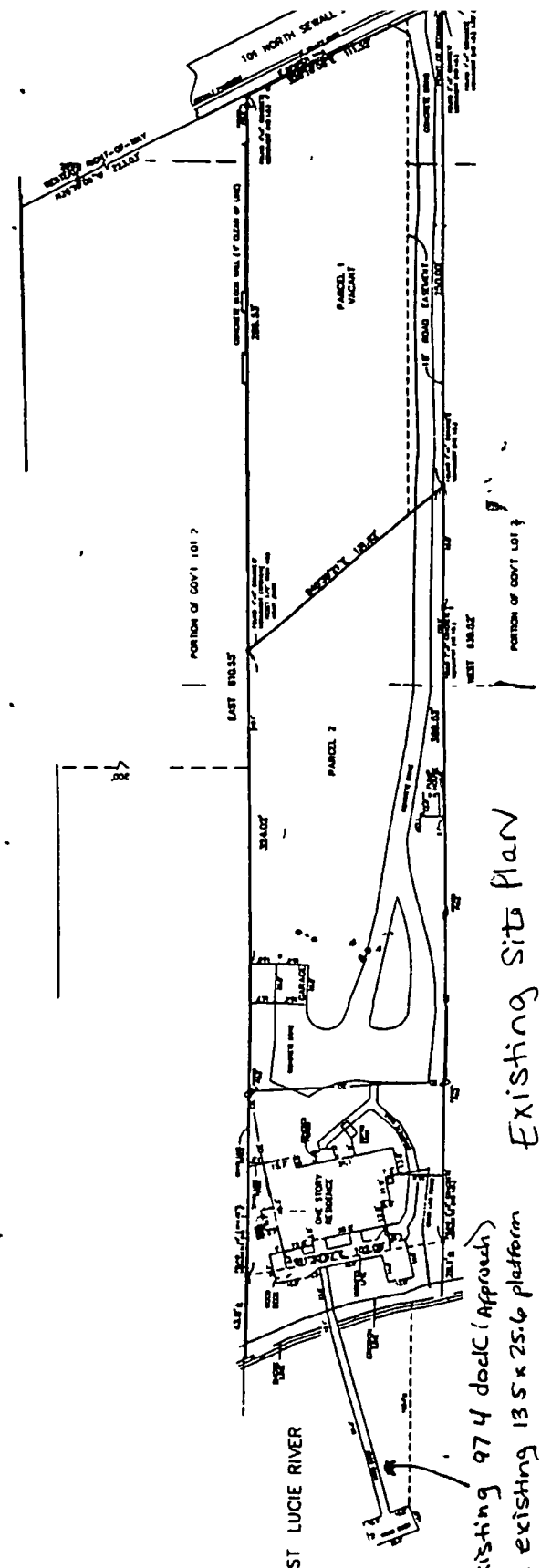
SHEET 1 OF 1

STATE OF FLORIDA
 REGISTERED ENGINEER
 JOSE VILLANUEVA
 3316 NW PERIMETER ROAD
 PALM CITY, FLORIDA 34990
 STATE OF FLORIDA P E NO = 15749

Handwritten signature and date: J. Villanueva 11/24/98

CONTRACTOR SALVATORE J JULIANO, JR
 BELLA MARINE, INC
 1295 SE CUTOFF ROAD STUART FL 34994
 MARINE CONTRACTOR LICENSE# SP01585

OWNER Keith E. Ingram
 101 N. Sewalls Pt Rd
 STUART FL 34990



Remove existing 974 dock (Approach)
 Remove existing 135 x 25.6 platform

Existing Site Plan

Scale: NTS

Date: 11/24/98

Revisions: —

Sheet 2 of 5

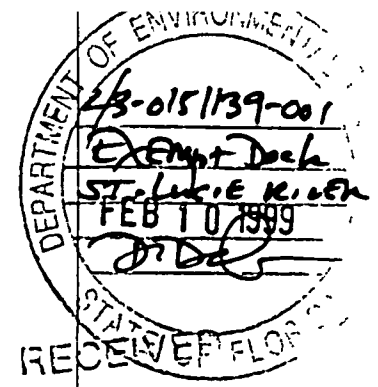
State of Florida
 Registered Engineer
 Jose Villanueva
 3316 NW Perimeter Road
 Palm City FL 34990
 State of Florida P.E. No. #16749

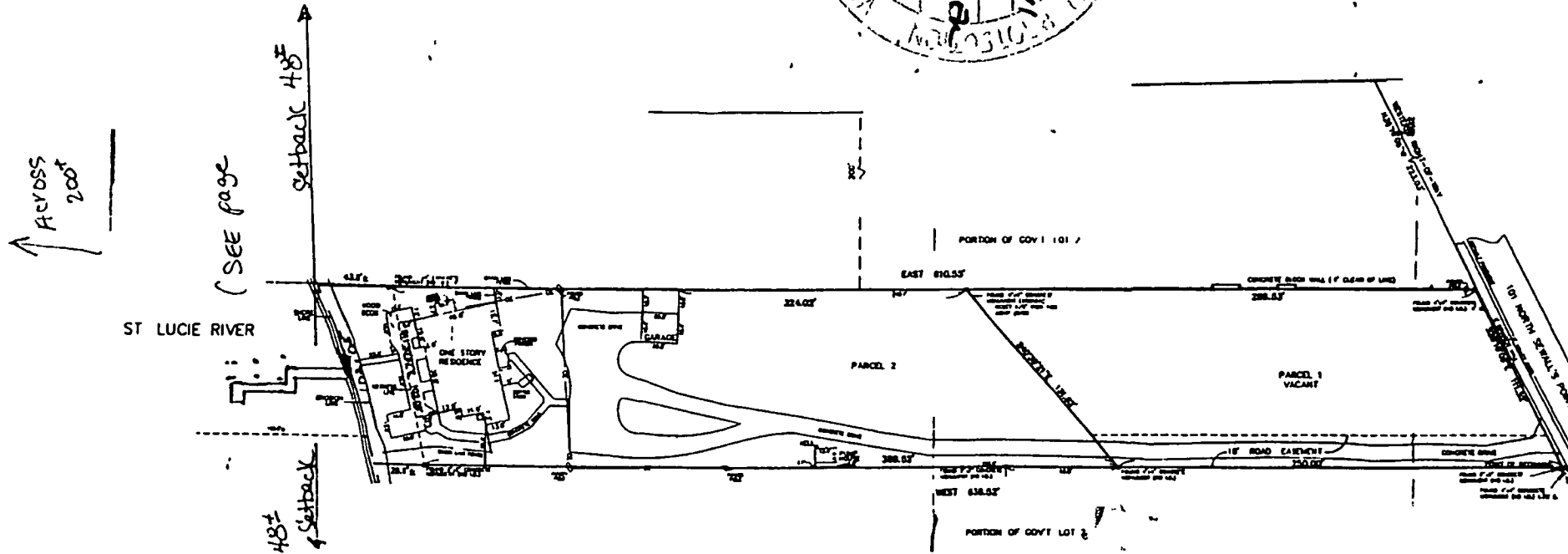
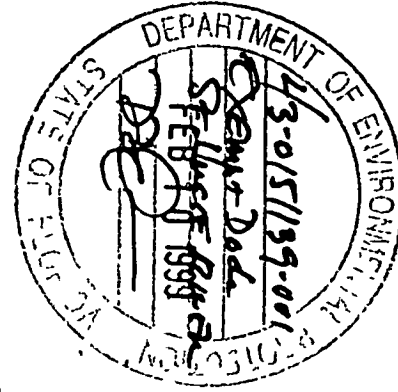
Contractor: Bella Marina Inc.
 1295 SE Cutoff Rd, Stuart FL 34994

Owner: Keith Ingranit
 101 N Sewalls Point Rd
 Stuart FL 34996

Dept of Environ Protection
 St Lucie

JAN 25 1999





Scale. NTS

Date: 11/24/98

Revisions. _____

Sheet 2 of 5

State of Florida
Registered Engineer

Jose Villanueva
3316 NW Perimeter Rd
Palm City FL 34990

State of Florida, P.E. # 16749

[Handwritten signature]
2/11/99

Contractor. Bella Marine Inc.

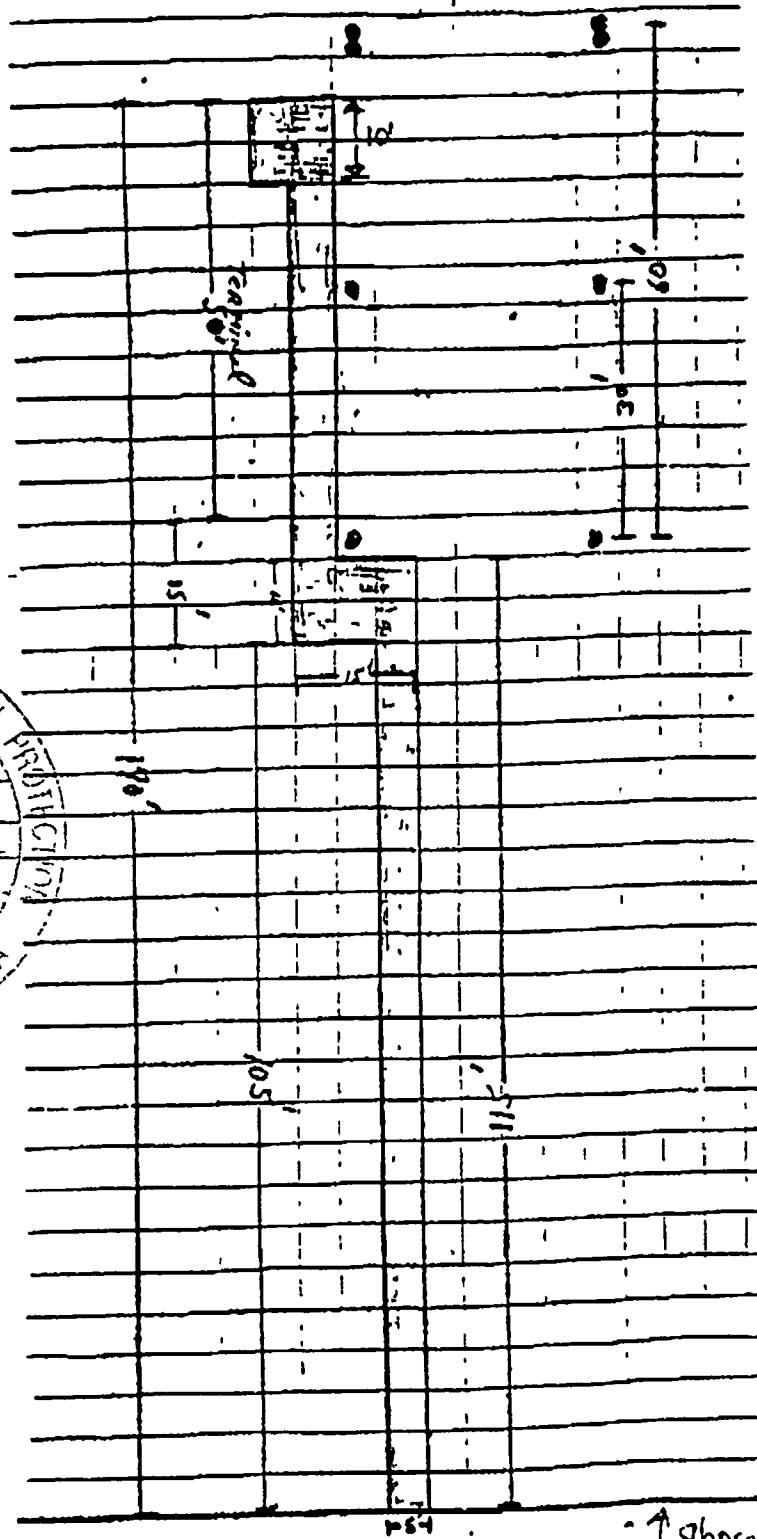
1295 S.E. Cutoff Rd
STUART 7034994

Owner. Keith Ingram
101 N. Sewalls Point Rd
STUART 7L 34996

Dept of Environ Protection
Port St Lucie

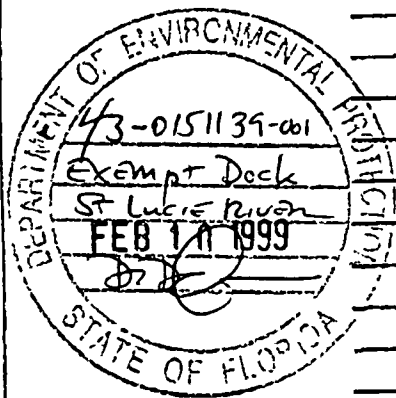
JAN 25 1999

RECEIVED



To construct a:
 5'x105' Dock = 525 sq ft
 10'x15' Platform = 150 sq ft
 5'x45' Dock = 225 sq ft
 10'x10' Terminal = 100 sq ft
 1000 sq ft.

To Install 8 mooring
 pilings



To: Darryl
 871-7666

From: Lisa

↑ Shoreline at MHWL

SCALE <u>1/8" = 1'</u>	DATE: <u>11/21/98</u>	REVISIONS <u>2-9-99</u>	SHEET <u>4</u> OF <u>5</u>
STATE OF FLORIDA REGISTERED ENGINEER JOSE VILLANUEVA 3316 NW PERIMETER ROAD PALM CITY, FLORIDA 34990 STATE OF FLORIDA P E NO = 16749 <i>[Signature]</i>		CONTRACTOR SALVATORE J JULIANO, JR BELLA MARINE, INC 1295 SE CUTOFF ROAD STUART, FL 34994 MARINE CONTRACTOR LICENSE# SP01585 OWNER Keith Ingram 101 N. Sewalls Point Rd STUART FL 34996	

To be determined during Construction

2" DECK
1" SPACING

8" C.C.A.
MARINE FIBER

2" x 8" STRINGERS

Hot Dip GALV-BOLT WASHERS

RECEIVED

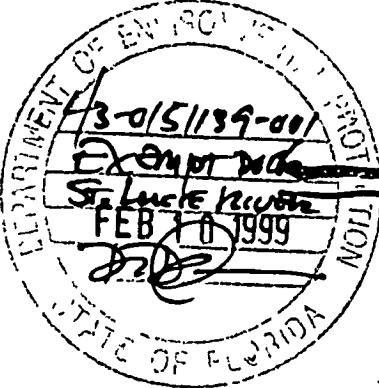
JAN 25 1999

Dept of Environ Protection
Port St Lucie
M.H.W. = 25'

M.H.W.

M.L.W.

M.L.W. = 1.6'



Access

6" MIN PERFORATION

DOOR DETAILS

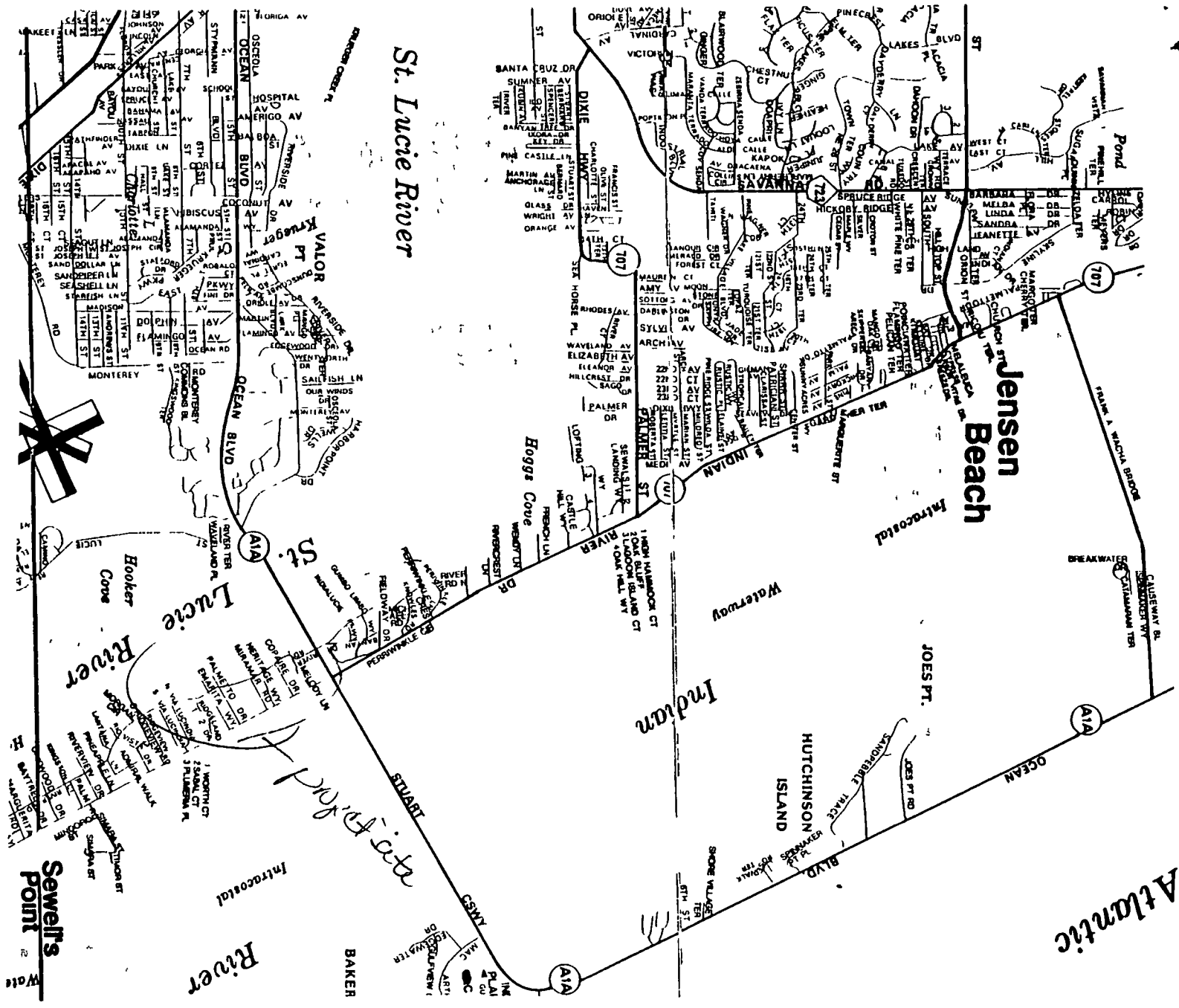
SCALE N.T.S. DATE 11/24/98 REVISIONS _____ SHEET 5 OF 5

STATE OF FLORIDA
REGISTERED ENGINEER
JOSE VILLANUEVA
3316 NW PERIMETER ROAD
PALM CITY, FLORIDA 34990
STATE OF FLORIDA P.E. NO #16749

CONTRACTOR SALVATORE J. ILLANO, JR.
BELLA MARINE, INC
1295 SE CUTOFF ROAD, STUART, FL 34994
MARINE CONTRACTOR LICENSE # SP01585

OWNER Keith Ingram
101 N Sewalls Point Rd
St. Lucie, FL 34951

Handwritten signature and date: J. Villanueva 11/24/98



St. Lucie River

Jensen Beach

Atlantic

SCALE FTS

DATE 11/24/98

REVISIONS

SHEET 10FC

STATE OF FLORIDA
REGISTERED ENGINEER

JOSE VILLANUEVA
3316 NW PERIMETER ROAD
PALM CITY, FLORIDA 34990
STATE OF FLORIDA P.E. NO. = 15749

[Handwritten Signature]

CONTRACTOR SALVATORE J. ILLANO, JR.
BELLA MARINE, INC
1295 SE CUTOFF ROAD STUART FL 34994

MARINE CONTRACTOR LICENSE# SP01585
OWNER Keith E. Ingram
101 N. Sewalls Pt Rd
Stuart FL 34990

Scale: LTS

Date: 11/24/98

Revisions:

Sheet 2 of 5

State of Florida

Registered Engineer

Jose Ullanueva

3316 NW Perimeter Road

Palm City FL 34990

State of Florida P.E. No. #16749

Jose Ullanueva
8/15/98

Owner: Keith Ingram

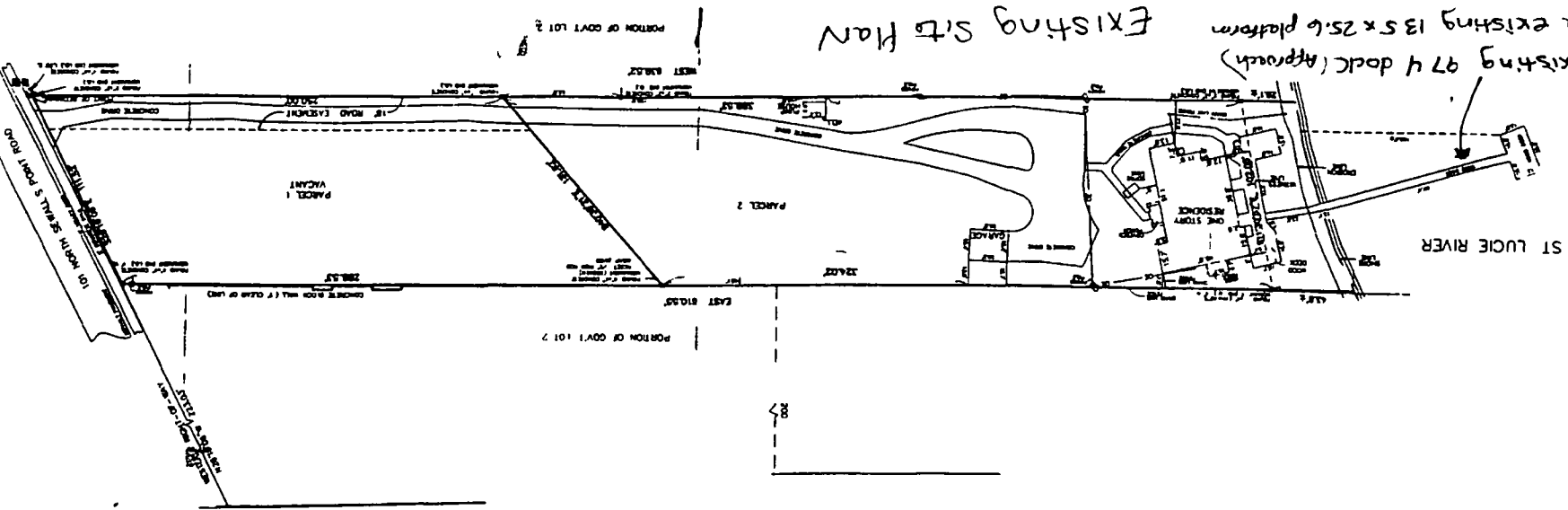
101 N Serralls Point Rd

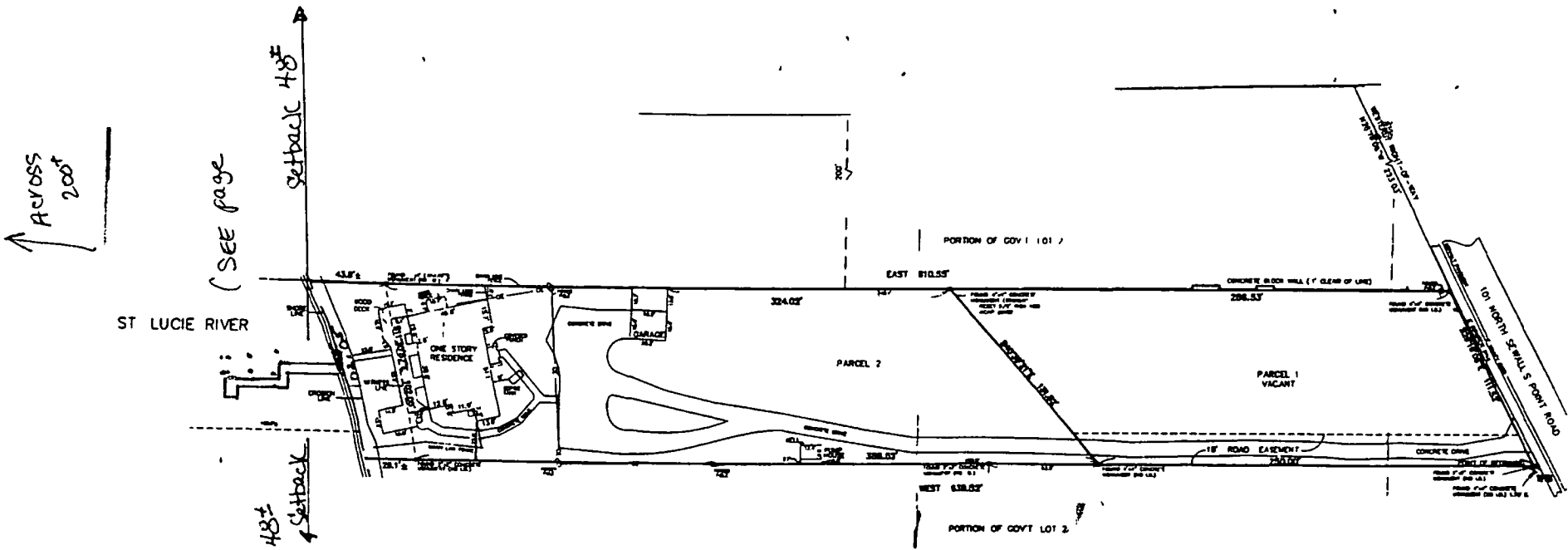
Stuart FL 34996

Contractor: Bella Marina Inc.
1285 SE Cutler Rd, Stuart FL 34984

EXISTING SITE PLAN

Remove existing 974 dock (Approach)
Remove existing 135x25.6 platform





Scale. NTS

Date: 11/24/98

Revisions.

Sheet 3 of 5

State of Florida
Registered Engineers

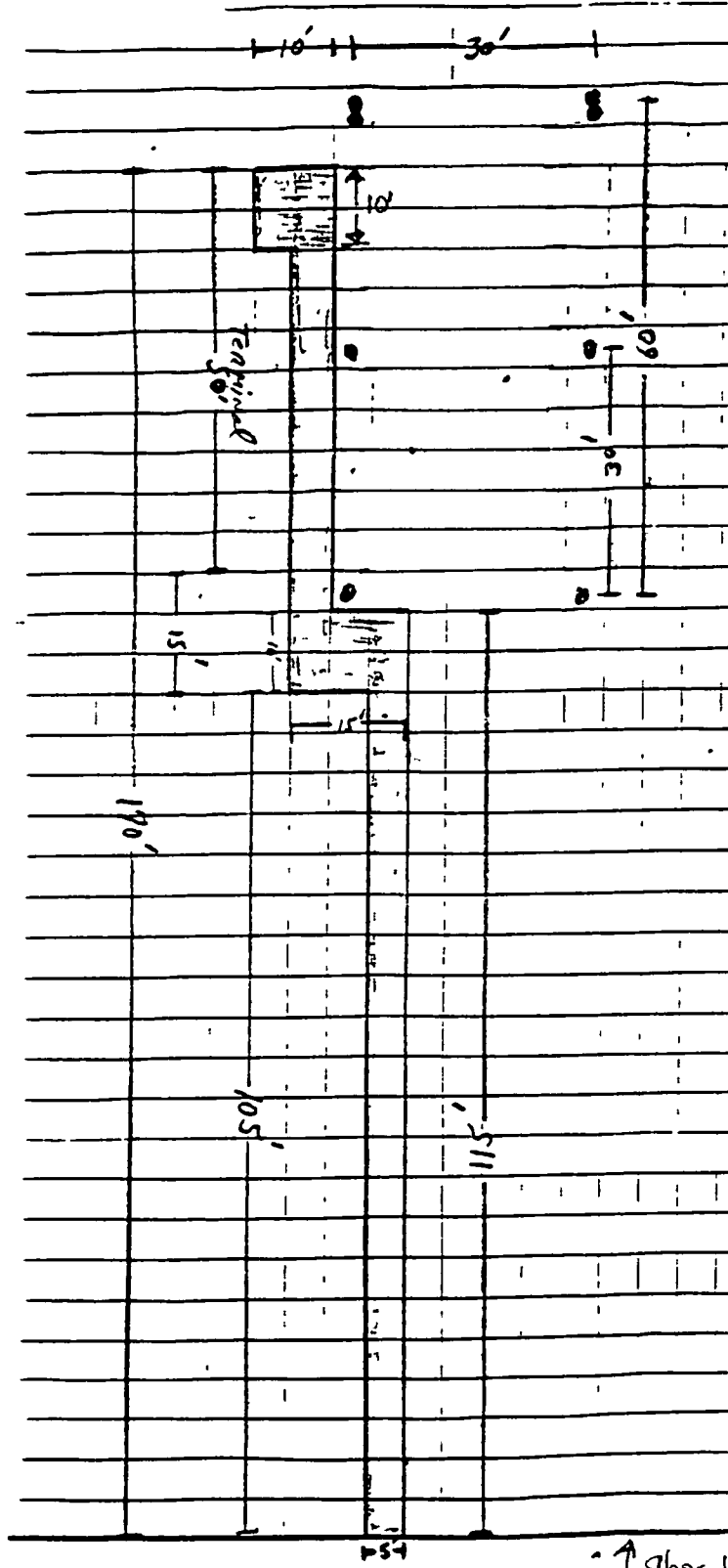
Jose Villanueva
3316 NW Denimeter Rd
Palm City FL 34990

State of Florida, P.E. # 16749

Handwritten signature and date: JF Villanueva 11/24/98

Contractor. Bella Marine Inc.
1295 S.E. Cutoff Rd
Stuart FL 34994

Owner. Keith Ingram
101 N. Sewalls Point Rd
Stuart FL 34996



To construct a:
 5'x105' Dock = 525 sq ft
 10'x15' Platform = 150 sq ft
 5'x45' Dock = 225 sq ft
 10'x10' Terminal = 100 sq ft
 1000 sq ft.

To Install 8 mooring
 Pilings

To: Darryl L
 871-7666

From: Lisa

SCALE NTS

DATE 11/21/98

REVISIONS 2-9-99 SHEET 4 OF 5

STATE OF FLORIDA
 REGISTERED ENGINEER
 JOSE VILLANUEVA
 3316 NW PERIMETER ROAD
 PALM CITY, FLORIDA 34990
 STATE OF FLORIDA P E NO = 15749

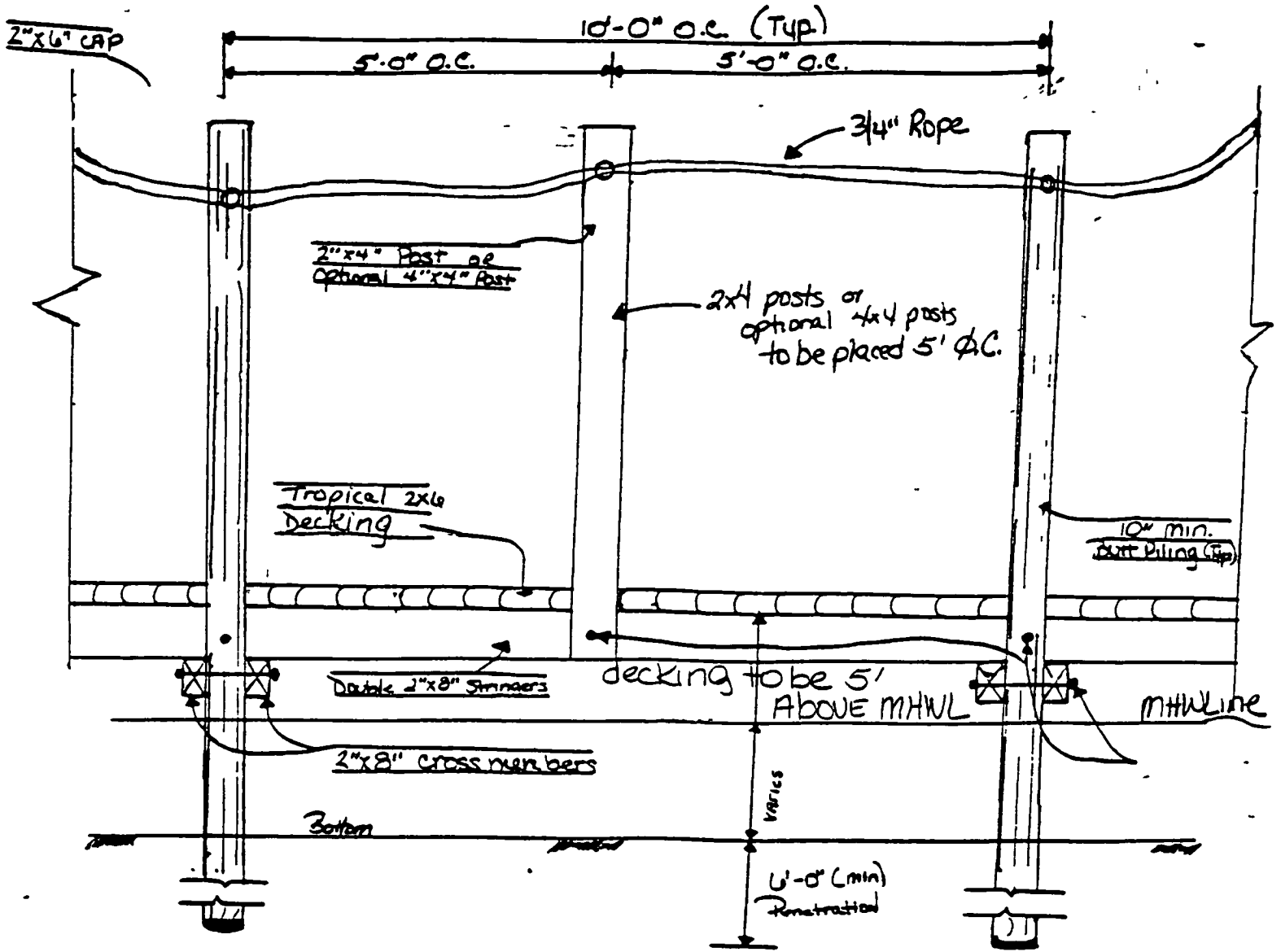
[Handwritten signature]
 8/11/99

CONTRACTOR SALVATORE J JULIANO, JR
 BELLA MARINE, INC
 1295 SE CUTOFF ROAD, STUART, FL 34994
 MARINE CONTRACTOR LICENSE# SP01585

OWNER Keith Ingram
 101 N. Sewalls Point Rd
 Stuart FL 34996

Note:

Reflective devices to be placed every 100' of Dock on corners.



S. J. Amico P.E.

SCALE NTS

DATE 6-14 1999

REVISIONS _____

SHEET 5 OF 5

Design & Engineering Consultant
SAL J. AMICO, C.E., P.E.
Licensed Professional Engineer

1163 East 14th Street
Stuart, Florida 34994

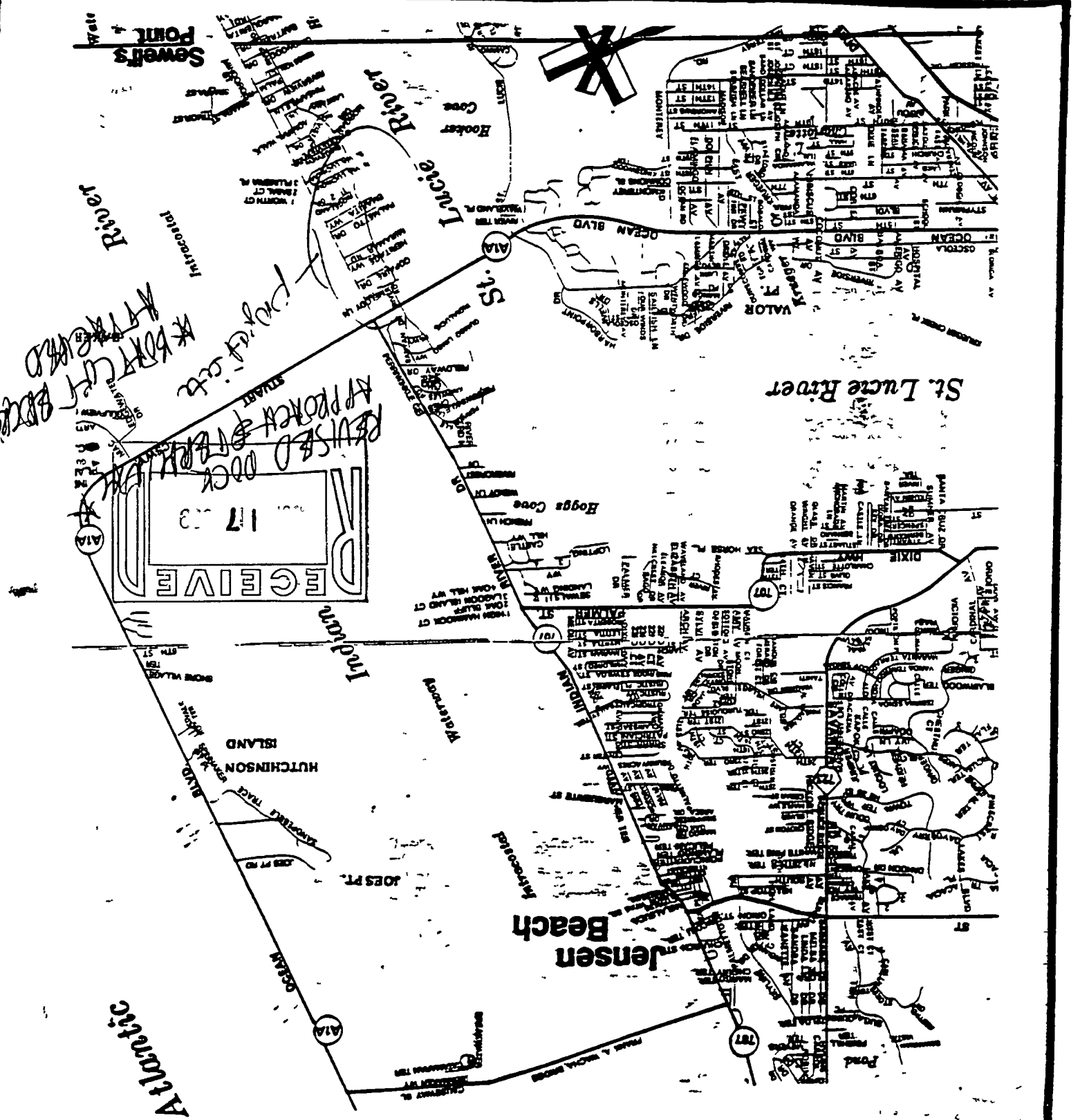
PLAZA MARINE CONSTRUCTION INC.
1295 CUT-OFF ROAD
STUART, FLA.

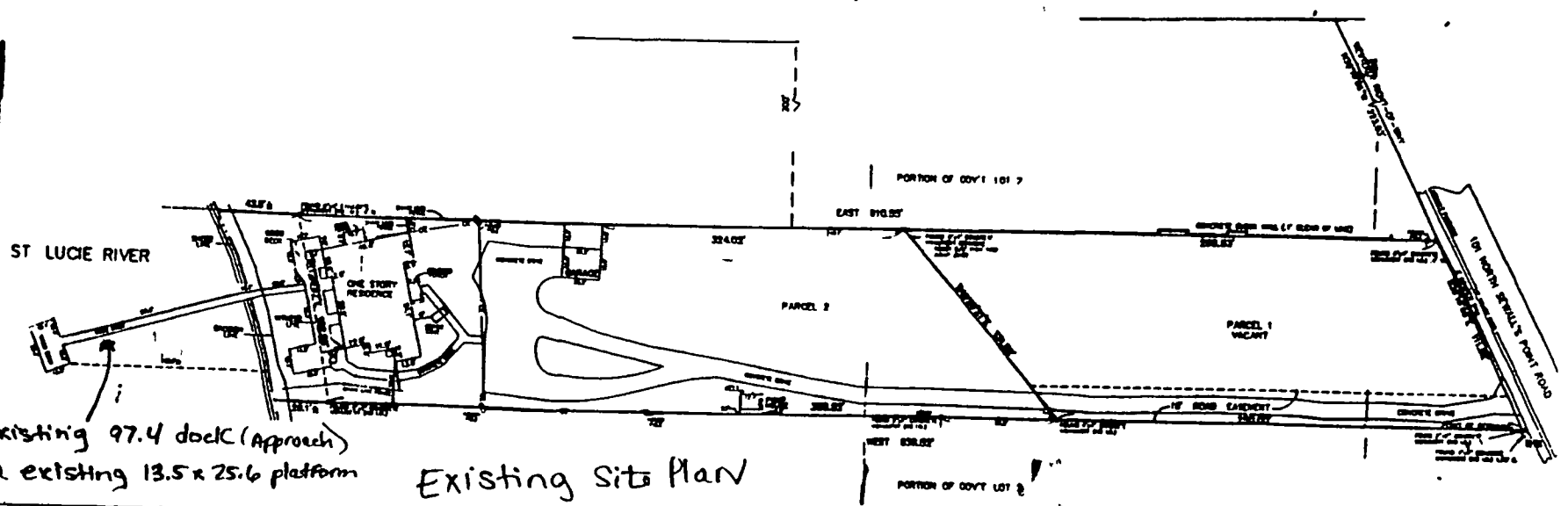
Keith Ingrank
101 N. Sewall's Point Rd
STUART FL 34996

PLAZA MARINE CONSTRUCTION INC.
 1295 CUT-OFF ROAD
 STUART, FLA.
 6/22/99
 (888) 242-1111
 Keith Ingram
 101 N. Sewalls Point Rd
 Stuart FL 34999

J. J. Amico P.E.
 Design & Engineering Consultant
 SALT AMCO, CR, PE
 - Licensed Professional Engineer
 1163 East 14th Street
 Stuart, Florida 34994

SCALE: N.T.S. DATE: 6-1999 REVISIONS SHEET OF





Remove existing 97.4 dock (Approach)
 Remove existing 13.5 x 25.6 platform

Existing Site Plan

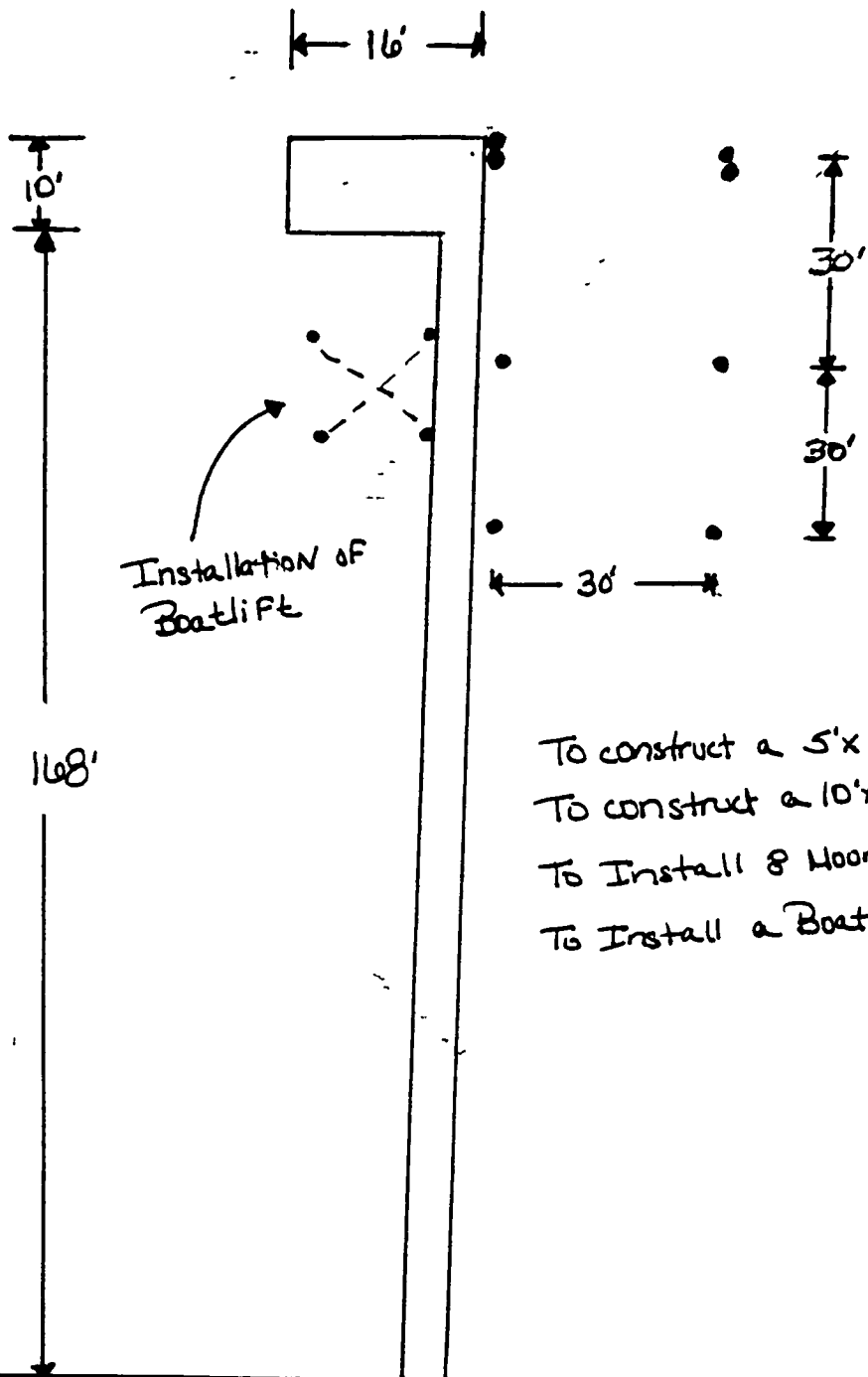
Scale: NTS	Date: 11/24/98	Revisions: 6-14-99	Sheet 2 of 5
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Design + Engineering Consultant
 Sal J. Amico, C.E., P.E.
 Licensed Professional Engineer
 1163 East 14th St
 STUART, FL 34994

Sal J. Amico P.E.

Contractor: Bella Marina Inc.
 1295 SE Cutoff Rd, Stuart FL 34994

Owner: Keith Ingram
 101 N. Seawalls Point Rd
 STUART FL 34996



To construct a 5' x 168' Approach = 840 sq ft
 To construct a 10' x 16' Terminal = 160 sq ft
 To Install 8 Mooring Pilings 1000 sq ft.
 To Install a Boatlift

S. J. Amico P.E.

SCALE UTS

DATE 6-14 1999

REVISIONS _____

SHEET 4 OF 5

Design & Engineering Consultant
SAL J. AMICO, C.E., P.E.
 Licensed Professional Engineer

1163 East 14th Street
 Stuart, Florida 34994

PIAZA MARINE CONSTRUCTION INC.
 1295 CUT-OFF ROAD
 STUART, FLA.

owner: Keith E. Ingram
 101 N. Sewalls Point Rd
 Stuart, FL 34990

To be determined during Construction

2" x 8" DECK
1" SPACING

2" C.C.A.
MARINE FLOOR

2" x 8" STRINGERS

5/8" HOT DIP GALV-BOLT & WASHERS

2" x 2" CORNER BRACKET

M.H.W.

M.H.W. = 25'

M.L.W.

M.L.W. = 1.6'

Approx 20'

C.M.W. PENETRATION

DOCK DETAILS

SCALE N.T.S.

DATE 11/24/98

REVISIONS _____

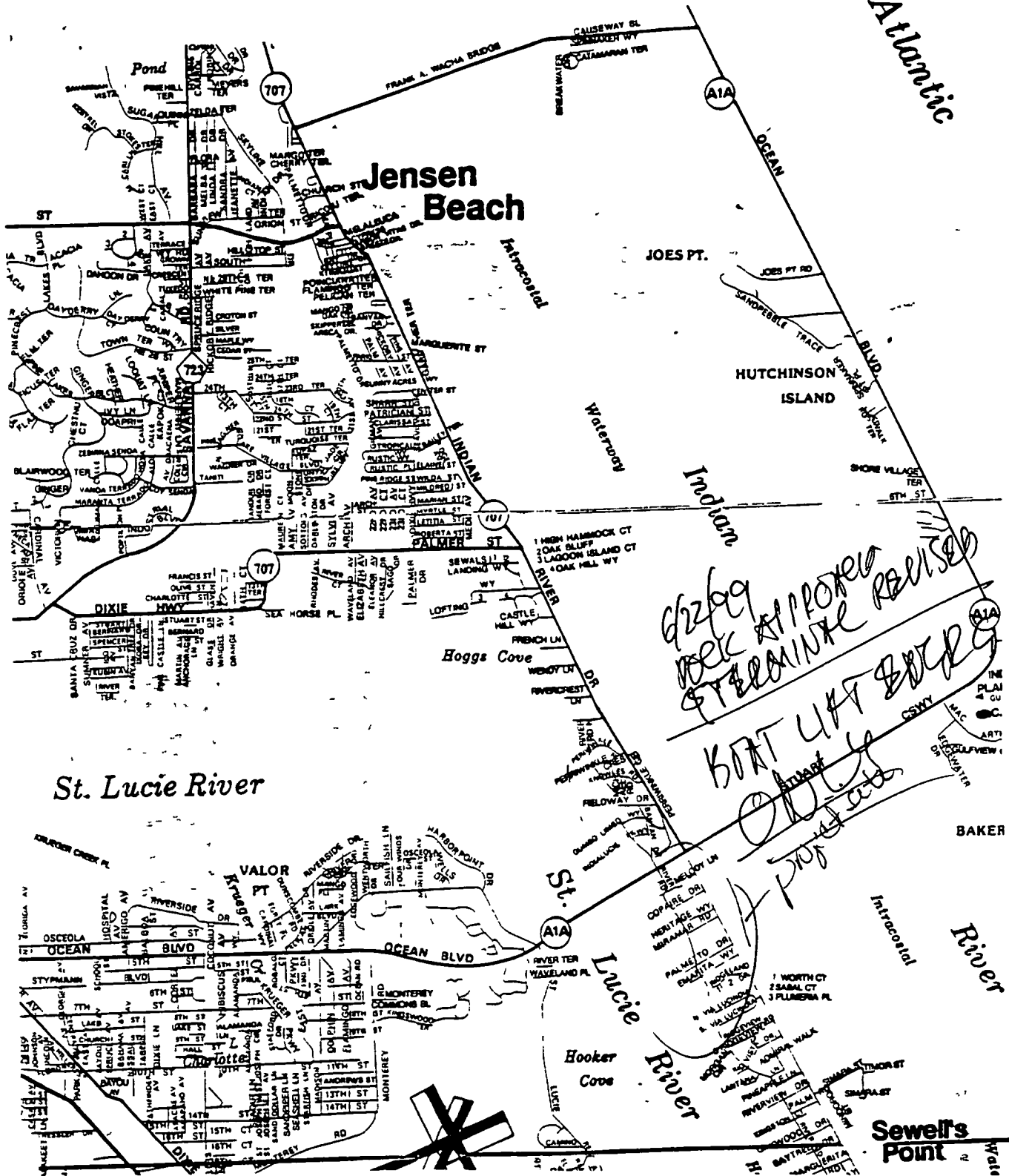
SHEET 5 OF 5

STATE OF FLORIDA
REGISTERED ENGINEER
JOSE VILLANUEVA
3316 NW PERIMETER ROAD
PALM CITY, FLORIDA 34990
STATE OF FLORIDA P.E. NO #16749

[Handwritten signature]
2/11/99

CONTRACTOR, SALVATORE J JULIANO, JR
BELLA MARINE, INC
1295 SE CUTOFF ROAD, STUART, FL 34994
MARINE CONTRACTOR LICENSE # SP01585

OWNER Keith Ingram
101 N Sewalls Point Rd
Stuart FL 34996



SCALE NTS

DATE 11/24/98

REVISIONS 5/20/99

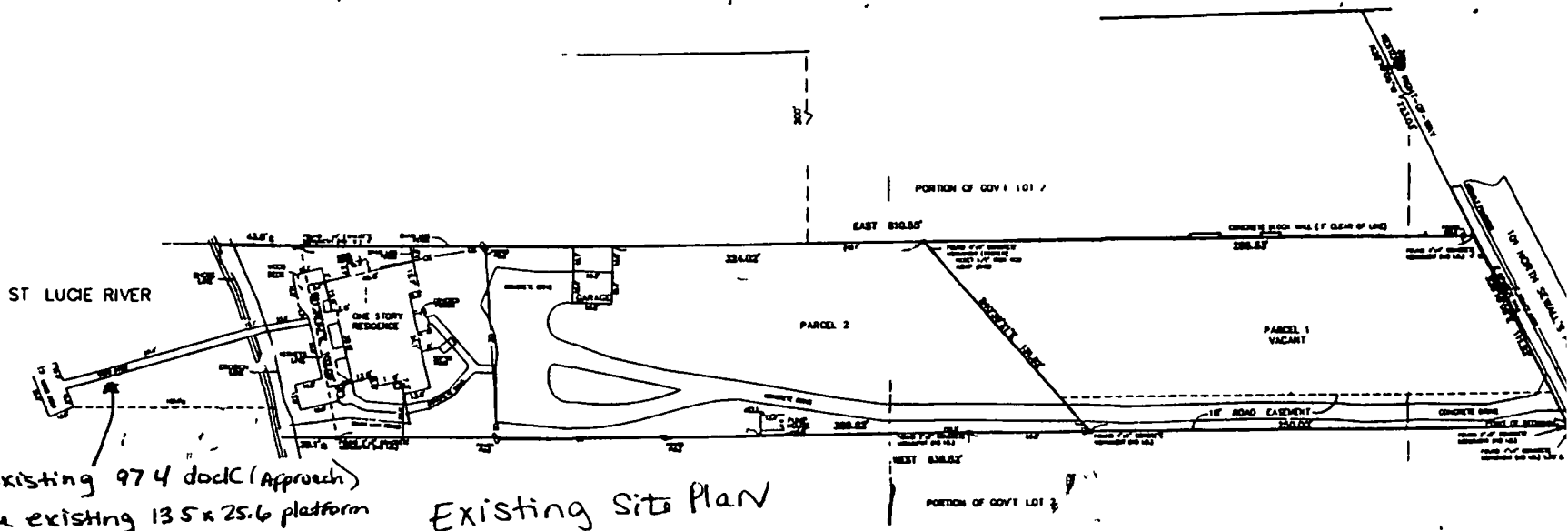
SHEET 1 OF 9

STATE OF FLORIDA
 REGISTERED ENGINEER
 JOSE VILLANUEVA
 3316 NW PERIMETER ROAD
 PALM CITY, FLORIDA 34990
 STATE OF FLORIDA P E NO = 15749

[Handwritten signature]
 5/20/99

CONTRACTOR SALVATORE J JULIANO, JR
 BELLA MARINE, INC
 1295 SE CUTOFF ROAD STUART, FL 34994
 MARINE CONTRACTOR LICENSE # SP01585

OWNER Keith E. Ingram
 101 N. Sewalls Pt Rd
 Stuart FL 34990

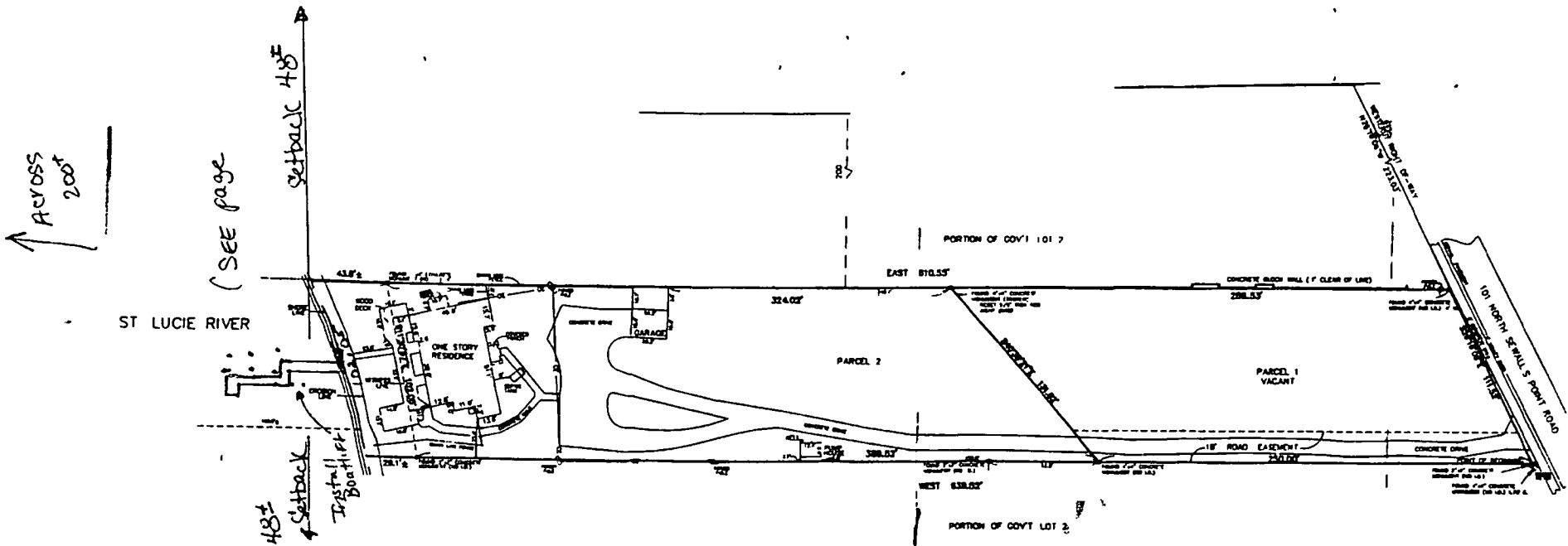


Remove existing 97.4 dock (Approach)
 Remove existing 135 x 25.6 platform

Existing Site Plan

Scale: NTS	Date: 11/24/98	Revisions: 5-20-99	Sheet 2 of 2
State of Florida Registered Engineer Jose Villanueva 3316 NW Perimeter Road Palm City FL 34990 State of Florida P.E. NO. #16749		Contractor: Bella Marina Inc. 1295 SE Cutoff Rd, Stuart FL 34994 Owner: Keith Ingram 101 N Sewalls Point Rd Stuart FL 34996	

[Handwritten Signature]
 11/24/98



Scale. NTS	Date. 11/24/98	Revisions. 5-20-99	Sheet 3 of 9
State of Florida Registered Engineers		Contractor. Bella Marine Inc. 1295 S.E. Cutoff Rd STUART FL 34994	
Jose Villanueva 3316 NW Denimeter Rd Palm City FL 34990 State of Florida, P.E. # 16749		Owner. Keith Ingram 101 N. Sewalls Point Rd STUART FL 34996	

[Handwritten Signature]
5/21/99

CALCULATIONS AND DESIGN DATA

SUBJECT: CALCULATIONS FOR 12K/ 9K/ 6K BOATLIFT

WELDS # 4043 ALLOY WIRE

f_s (ALLOW) 12 KSI THRU THROAT
 f_s (ACTUAL) $\frac{5.1 K}{1/4 \text{ WELD} \times 4" \times 4} = 1.3 \text{ KSI}$ (12 KSI)

BOLT DESIGN

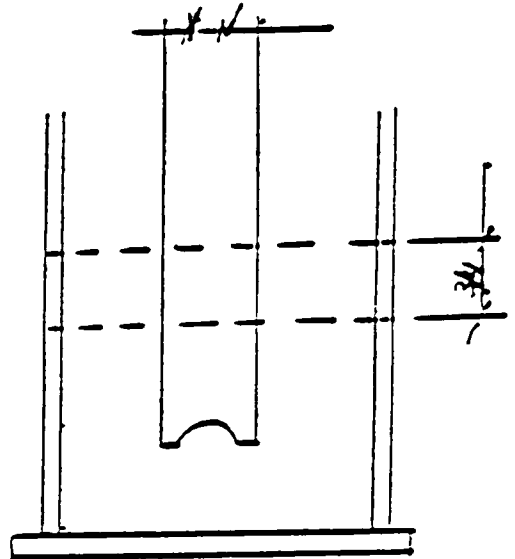
S.S. BOLT 3/4" \varnothing
 f_s (ALLOW) 10 KSI
 f_s (ACTUAL) $= \frac{5.1}{.44 \times 2} = 5.8 \text{ KSI}$ (17 ALLOW YIELD)


PULLEY

6061 T6 ALUM
 CHECK BEARING BOLT ON ALUM

f_s (ALLOW) = 56 KSI
 $f_s = \frac{5.1}{3/4" \varnothing \times 3/4} = 9.1 \text{ KSI}$ (56)

(ASSUME PULLEY 3/4" THICK)



SCALE <u>MS</u>	DATE _____	REVISIONS <u>5/30/99</u>	SHEET <u>5</u> OF <u>9</u>
STATE OF FLORIDA REGISTERED ENGINEER JOSE VILLANUEVA 3316 NW PERIMETER ROAD PALM CITY, FLORIDA 34990 STATE OF FLORIDA P E NO #16749		CONTRACTOR SALVATORE J JULIANO, JR BELLA MARINE, INC 1295 SE CUTOFF ROAD, STUART, FL 34994 MARINE CONTRACTOR LICENSE# SP01585	
		OWNER <u>Keith Ingram</u> <u>101 N. Jewell St #10</u> <u>Stuart FL 34926</u>	

SUBJECT: CALCULATIONS FOR

1/4" Ø CABLE (S.S.) = 6.4 K

LOAD P $\frac{12000\# \times 1.7 \text{ L.L.}}{4}$

P = 5.1 K

STRESS = $\frac{5.1 \text{ K}}{2 \text{ (P) LINE}} = 2.55 \text{ K}$

F.S = $\frac{6.4}{2.55} = 2.51$

SHEAR: 1/4" PLATE

FS $\frac{P}{3" \times 1/4" \times 4 \text{ (UNITS)}} = \frac{5.1}{3" \times 0} = 1.7 \text{ KSI (35.0 ALLOW)}$

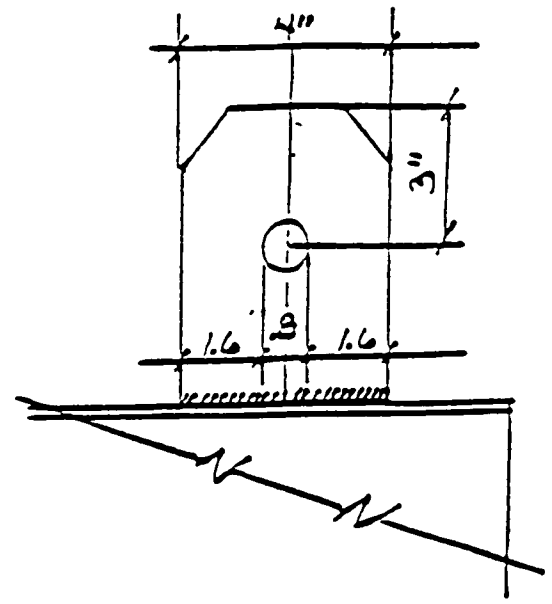
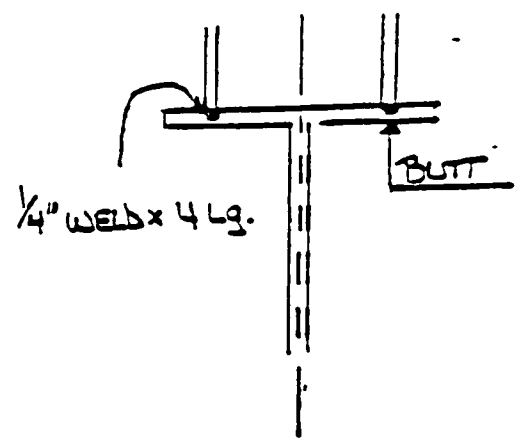
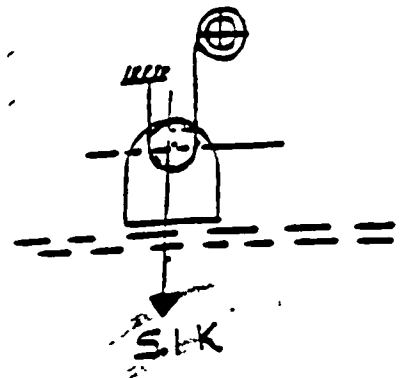
TENSION 1/4" B

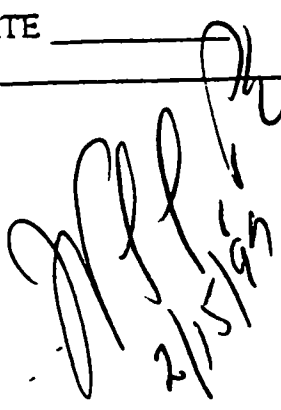
FR $\frac{5.1}{1.0 \times 1/4 \times 4 \text{ (UNITS)}} = 3.2 \text{ KSI (35KSI)}$

FT @ WELD = $\frac{5.1}{4 \times 1/4 \times 2 \text{ E 'S}} = 2.6 \text{ KSI (20KSI)}$

BEARING @ 1/4" B

F_b = $\frac{5.1}{.75 \times 1/4 \times 4 \text{ SIDES}} = 6.8 \text{ KSI (56 KSI)}$



SCALE <u>NTS</u>	DATE _____	REVISIONS. <u>5/20/99</u>	SHEET <u>7</u> OF <u>9</u>
STATE OF FLORIDA REGISTERED ENGINEER JOSE VILLANUEVA 3316 NW PERIMETER ROAD PALM CITY, FLORIDA 34990 STATE OF FLORIDA P E NO #16749		CONTRACTOR: SALVATORE J JULIANO, JR BELLA MARINE, INC 1295 SE CUTOFF ROAD, STUART, FL 34994 MARINE CONTRACTOR LICENSE# SP01585	
 2/15/99		OWNER <u>Keith Ingram</u> <u>102 N. Seawall St</u> <u>Stuart FL 34994</u>	

FRAME MATERIAL 6061T6 ALUMINUM STD. BEAM SECTION 4 x 3³/₈ S = 3.3³
 COMPUTATION CUT AWAY SECTION OF STD. SECTION

$$S = \frac{b(d^3 - d_1^3)}{6d}$$

$$S = \frac{1(4^3 - 3.42^3)}{6 \times 4}$$

$$S = 1 \text{ IN}^3$$

$$3.3 \text{ IN}^3 - 1 \text{ IN}^3 = 2.3 \text{ IN}^3$$

(EACH OF 2 BMS)

$$\text{TOT. S} = 2 \times 2.3 \text{ IN}^3 = 4.6 \text{ IN}^3$$

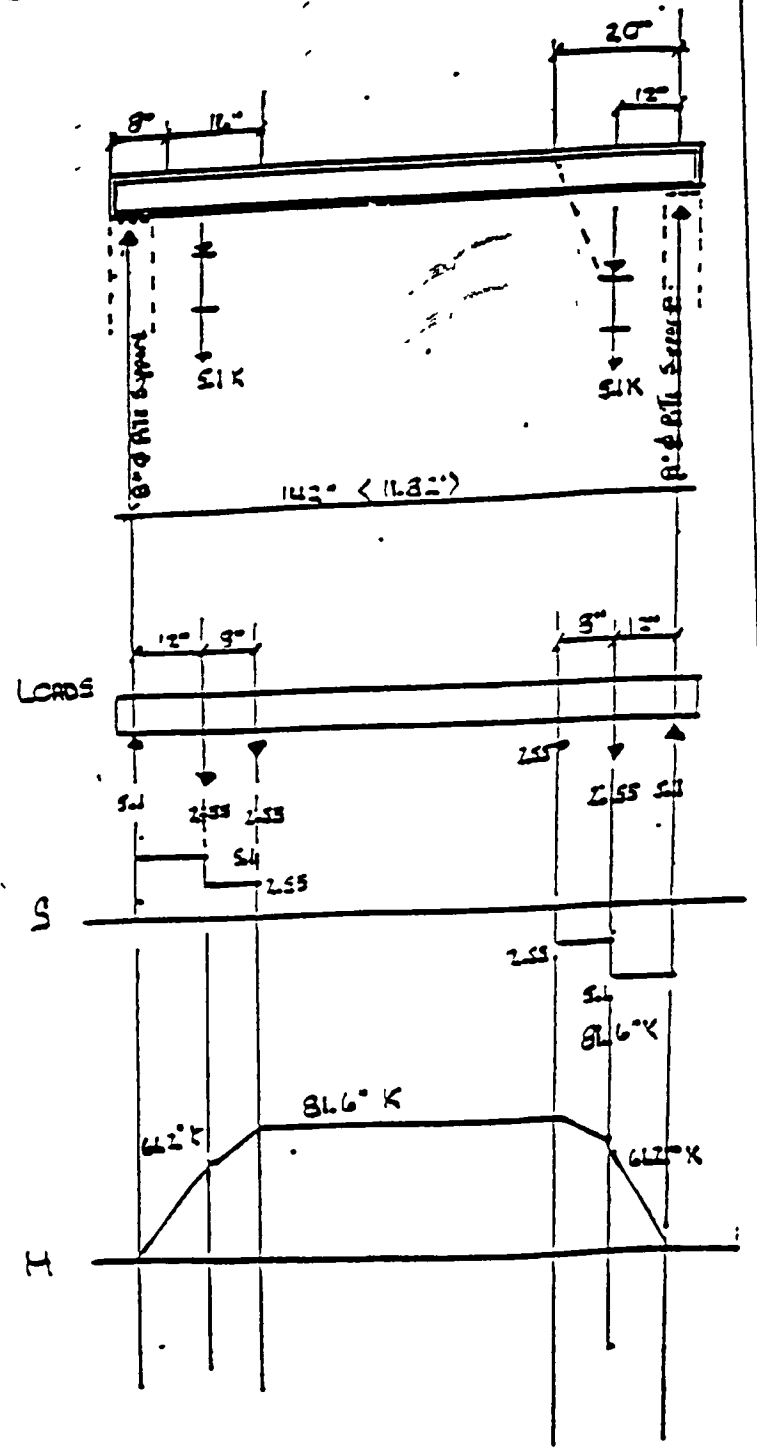
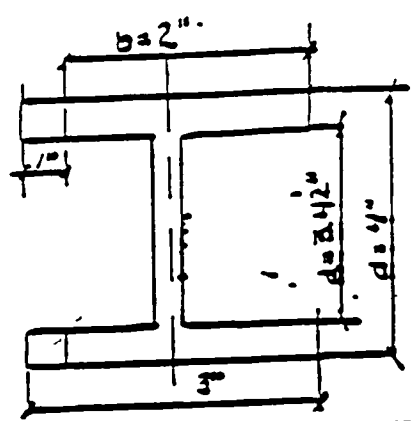
COMPUTATION OF MOMENT
 (AREA OF SHEAR DIA.)

$$(12' \times 5.1) + (2.55 \times 8) = 81.6" \text{ K}$$

$$\text{SECTION REQD} = \frac{M}{F} = \frac{81.6" \text{ K}}{35 \text{ KSI}} = 2.33" \text{ }^3$$

$$S \text{ PROVIDED} = 4.6" \text{ }^3 > 2.33" \text{ }^3 \text{ (OK)}$$

ALLOWABLE (YEILD) STRESSES FROM
 ALUMINUM ASSOCIATION MANUAL.



SCALE NTS

DATE 5/20/99

REVISIONS 5/20/99

SHEET 8 OF 9

STATE OF FLORIDA
 REGISTERED ENGINEER
 JOSE VILLANUEVA
 3316 NW PERIMETER ROAD
 PALM CITY, FLORIDA 34990
 STATE OF FLORIDA P E NO #16749

[Handwritten Signature]
 2/1/99

CONTRACTOR. SALVATORE J JULIANO, JR
 BELLA MARINE, INC
 1295 SE CUTOFF ROAD, STUART, FL 34994
 MARINE CONTRACTOR LICENSE# SP01585

OWNER Keith Ingram
 101 N. Jewalls Rd
 Stuart FL 34996

SUBJECT: CALCULATIONS FOR 12K/ 9K/ 6K BOATLIFTS

LIFT BEAM = 6061 T6

8" x 4" r= 3.4 S= 16.7 in³ I=66.82 in

DESIGN REVIEW @ MAX. MOMENT

MOM MAX 5.1 x 5.1 = 26.1 K

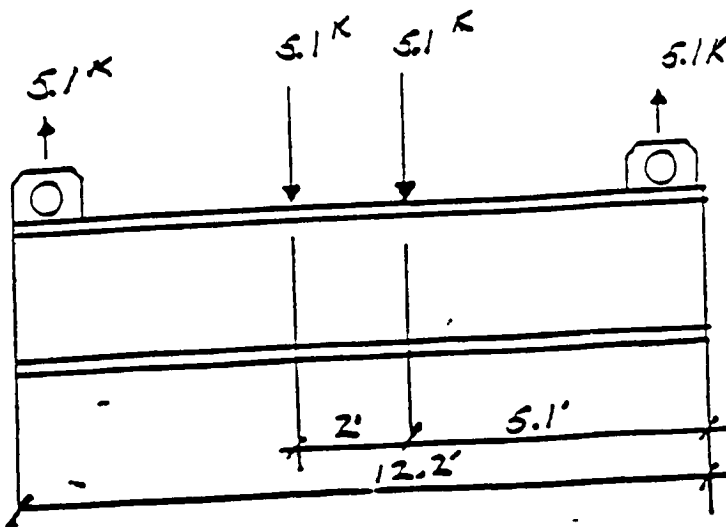
f = M/S $\frac{26.1 \times 12^3 / 1}{16.7 \text{ IN}^3}$ = 19 KSI (35 KSI

TENSION BEAM WEB

ALLOW 1" welds 20 KSI

F $\frac{5.1 \text{ KSI}}{1/4 \times 4}$ = 5.1 KSI (20 ALLOW OK

NOTE. BOAT MUST BE RAISED WITH BOTH LIFT BEAMS BEING LEVEL -- FAILURE MAY OCCURE DUE TO TORSION OF BEAMS "WEAK AXIS- WARNING SHALL BE POSTED ON EQUIPMENT AND ELECTRICAL & MECHANICAL SHALL BE SYNCHRONIZED TO OPERATE LIFT BEAMS AS NEAR LEVEL AS POSSIBLE.



SCALE NTS

DATE _____

REVISIONS 5-20-99 SHEET 9 OF 9

STATE OF FLORIDA
REGISTERED ENGINEER
JOSE VILLANUEVA
3316 NW PERIMETER ROAD
PALM CITY, FLORIDA 34990
STATE OF FLORIDA P E NO #16749

Handwritten signature and date: J.P. 2/15/99

CONTRACTOR SALVATORE J JULIANO, JR
BELLA MARINE, INC
1295 SE CUTOFF ROAD, STUART, FL 34994
MARINE CONTRACTOR LICENSE# SP01585

OWNER *Keith E Ingram*
101 N. Sewalls Pt Rd
STUART FL 34996



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

Wed-9-1

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4670 (M.P.) N 4512	8 Quail Run Lane (ROOS) 10-11	Pool Inspection	PASSED	STL./ BOOD/ FORMBOARD CURVE
4565	CASTLE HILL KENNEDY	ON SITE INSP MTC. STEVE COOK FLEET	}	CONFIRMED MANDATORY COMPLIANCE REQUIRED. IF BC 4505.1(a)(1)(aa)
N	3 OAKHILL WAY			MAHO DISCONNECT ON EXTERIOR ^{SEE}
416411	INGRAM 101 N SPR	FINAL DOCK INSP.	FAILED	T.P. 10'-7" x 15'-10" TILIGHT PD; WALKWAY BDS NOT @ 1" SPC.; minig 10' + o.c.
N	PLAZA MARINE		Permit does illegible - no	
4640	AMOS 114 S. SPR	FINAL	CANCELLED BY CONTR.	
S	TROPIC MARINE		10:15 9/1	
4657	FUGLIA 165 Henn. J Sewall way	Stemwall footing (reinsp)	PASSED	7:00 PM REQUESTED 11:15 INSP.
461-8	Barker 12 ISLAND WAY	SLAB WIRING	PASSED	NOT READY FOR FRAMING
S		(re model)		
4587	Guerard 164 ABBIE COURT	roof + subsiding	PASSED	ROOF COMPLETE (ALL) WALL SUBSTRATE (")

OTHER: (1) BOB SMITH STUART F.O. 288-5362 (off message 9:00) re: Beinhann; WALK THRU W/ CONTR.
 (2) 13 S. OAKHILL (READ) NOTICE HAND DELIVERED TO OWNER; UNPERMITTED
 BULKHEAD/RETAINING WALL, ENCR. DOGS REQUIRED FOR
 "APRIL PACT" PERMIT APPL. SUBMITTAL.

INSPECTOR: **DATE:** 9/1/99

VARIANCE

November 3, 2000

Honorable Mayor and Commissioners
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, Florida 34996

*Dec.
Agenda*

Gentlemen

I am the owner of the property located at 101 N Sewall's Point Road, Section 35, Township 37S, Range 41E, Martin County, Florida. I hereby request permission to obtain a variance to perform construction in the upland buffer area which includes riprap installation and bulkhead construction. Please put me on the agenda for your November 21, 2000 Town Hall meeting.

Thank you for your consideration.



Keith E. Ingram
P O Box 7520
Port St. Lucie, Florida 34985
(561) 398-4995

RESOLUTION NO. 553

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, GRANTING KEITH E. INGRAM AND LINDA INGRAM, HIS WIFE, A VARIANCE FOR CONSTRUCTION OF A WOOD RETAINING WALL IN THE UPLAND BUFFER ADJACENT TO GOVERNMENT LOT 2, SECTION 35, TOWNSHIP 37 SOUTH RANGE, 41 EAST, AT SEWALL'S POINT, MARTIN COUNTY, FLORIDA, AS DESCRIBED IN THE WARRANTY DEED RECORDED AT OFFICIAL RECORDS BOOK 1301, PAGE 953, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

WHEREAS, Keith E Ingram and Linda Ingram, his wife ("Applicants") the owners of the above-described property have applied for a permit under the Code, and

WHEREAS, the Town Building Department received, reviewed and denied the Applicants' application for a building permit to build the above-referenced structure because the proposed structure is non-conforming under the Code, and

WHEREAS, the Applicants have appealed the denial of their application for a permit to this Town Commission, and

WHEREAS, the Town Commission has reviewed the appeal by the Applicants, and the Town Commission has determined that the Applicants demonstrated that the purpose of the upland buffer restriction, that is to protect shorelines, their associated vegetation, wildlife, and water quality attributes from adjacent development impacts, will not be frustrated by the building of the exposed upland retaining wall and that the exposed upland retaining wall will promote and comport with the health, safety, and welfare of the Town, and

WHEREAS, the Town Commission has determined that the Applicants should be

granted a variance from Section 70-101, and has determined that the Applicants meet all other criteria and requirements of that ordinance

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

1 The Applicants' appeal is hereby granted by the Town Commission of the Town of Sewall's Point, Florida, and the Applicants shall be granted a building permit to construct the wood retaining seawall, including the rip-rap and bulkhead in the upland buffer area in accordance with the plans submitted to the building department of the Town of Sewall's Point, an 8 5 x 11 copy of which are attached to this Resolution

2 This appeal is granted for construction of the exposed upland retaining wall and shall not constitute permission or license either now or in the future to modify the structure or to construct any other structure attached to or part and parcel of the exposed upland retaining wall

3 This Resolution shall be recorded by the Applicants in the Martin County Public Records at the Applicants' expense

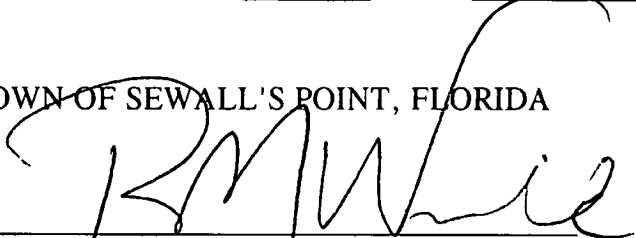
4 This Resolution and permit are conditioned upon payment by Applicants of any fees due under Section 76-31 of the Town Code

The vote was as follows

	AYE	NAY
ROBERT M WIENKE, Mayor	<u>✓</u>	<u> </u>
THOMAS P BAUSCH, Vice Mayor	<u>✓</u>	<u> </u>
DAWSON C GLOVER, III, Commissioner	<u>absent</u>	<u> </u>
E DANIEL MORRIS, Commissioner	<u>absent</u>	<u> </u>
MARC S TEPLITZ, Commissioner	<u>✓</u>	<u> </u>

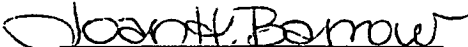
The Mayor thereupon declared this Resolution 553 approved and adopted by the Town Commission of the Town of Sewall's Point on this 16th day of January, 2001

TOWN OF SEWALL'S POINT, FLORIDA



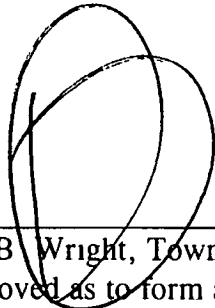
Robert M. Wienke, Mayor

ATTEST

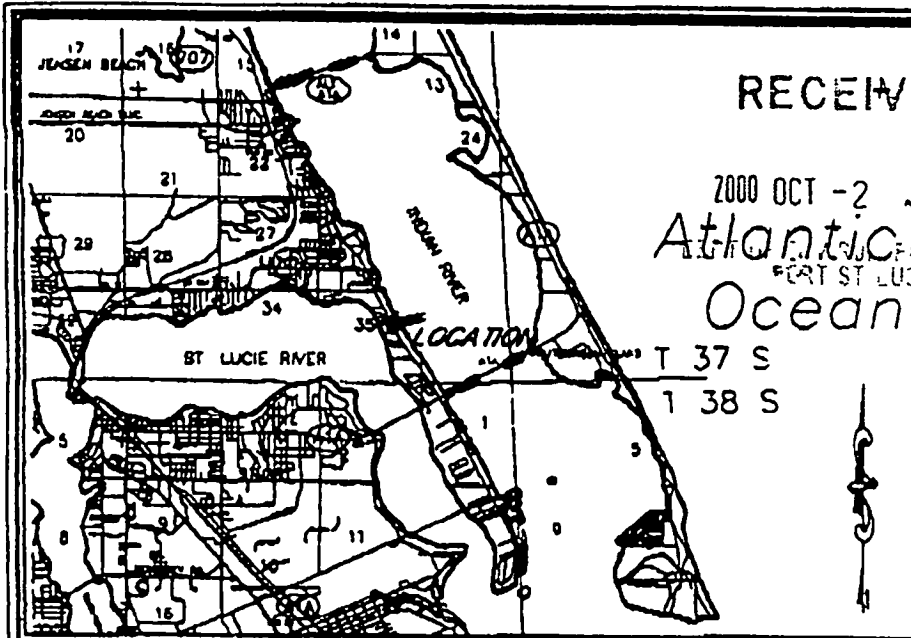


Joan H. Barrow, Town Clerk

(TOWN SEAL)



Tim B. Wright, Town Attorney
Approved as to form and
legal sufficiency

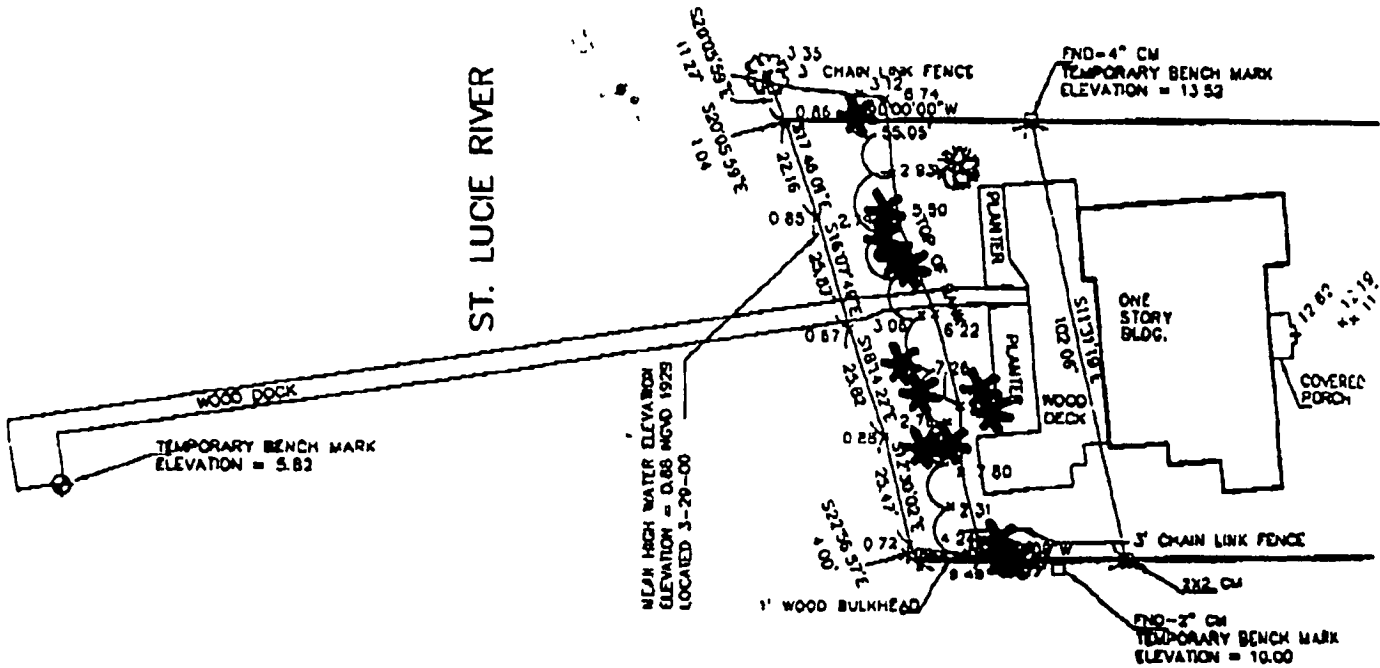


RECEIVED

2000 OCT -2
Atlantic
OCEAN PROTECTION
FORT ST. LUCIE

84 Keith Ingram
101 Sewalls Point Rd.
Sewalls Point, FL
Page 1 of 2

LOCATION MAP
SCALE: 1"=10000

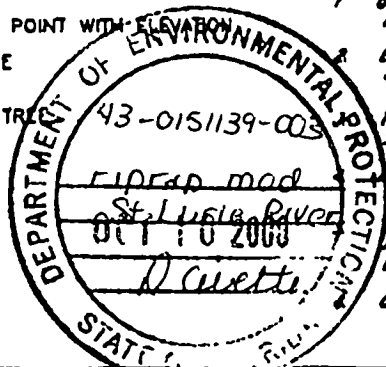


SYMBOL LEGEND

- FIELD LOCATED POINT WITH ELEVATION
- ☪ MANGROVE TREE
- ☪ GUMBO LIMBO TREE
- ☪ PALM TREE

SURVEYOR'S NOTES

- 1 BEARINGS AS SHOWN HEREON ARE BASED ON RECORD PLAT DATA, REFERENCE A BEAR ALONG THE NORTH LINE OF PARCEL 2
 - 2 ELEVATIONS AS SHOWN HEREON ARE IN FEET NGVD 1929, REFERENCE SEWALL'S POINT ELEVATION 4.511
- THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF A SURVEYOR
- MEAN HIGH WATER ELEVATION 0.88 FEET NGVD 1929 BASED ON RANGE RATIO METHOD OBSERVATION COMPUTED ON TIDE STATION 872-2336, STUART
- THE MEAN HIGH WATER SURVEY DEPICTED HEREON COMPLES WITH CHAPTER 177, PART 1 AND IS RECORDED IN THE PUBLIC REPOSITORY OF THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF SURVEY AND MAPPING AS MEAN HIGH WATER SURVEY FILE NUMBER 2766 ON APRIL 31, 2000. WE ACQUIRED ONE LINE OF SPOT ELEVATION FROM THE HOUSE TO



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 Michael Rothberg
 1 Laticrete Park N.
 Bethant, CT 06524

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8712

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 Robert Dubois
 105A N. Sewalls Point Rd.
 Sewalls Point, FL 34996

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8729

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 JoAnn Kilgallen
 106 N. Sewalls Point Rd.
 Sewalls Point, FL 34996

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8767

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 Frank Sebastian
 376 Lake Side Road
 Hewitt, NJ 07421

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8866

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 Darline Johnson
 1417 Riverside Drive
 Stuart, FL 34994

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8347

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 Henry T. Clements
 108 N. Sewalls Point Rd.
 Sewalls Point, FL 34996

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8750

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 Town of Sewalls Point
 1 S. Sewalls Point Road
 Sewalls Point, FL 34996

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8323

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 Michael Cary
 1 Wendy Lane
 Sewalls Point, FL 34996

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8873

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
 Donald Poole
 94 N. Sewalls Point Rd.
 Sewalls Point, FL 34996

2 Article Number (Copy from service label)
 7000 0520 0014 8896 8811

PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature Agent Addressee
 D Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C O D

4 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Received by (Please Print Clearly) <i>Bernard Lawson</i>	B Date of Delivery <i>12/22/00</i>
	C Signature <i>[Signature]</i>	
	<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Addressed to <i>Bernard Lawson 11 Wendy Lane Sewalls point, FL 34996</i>		
Article Number (Copy from service label) <i>7099 3400 0006 2198 8947</i>		
PS Form 3811, July 1999 Domestic Return Receipt 102595 00-M 0952		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Received by (Please Print Clearly) <i>Raymond Morrow</i>	B Date of Delivery <i>22 Dec 2000</i>
	C Signature <i>[Signature]</i>	
	<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Addressed to <i>Raymond Morrow P.O. Box 643838 Vero Beach, FL 32964</i>		
Article Number (Copy from service label) <i>7000 0520 0014 8896 8743</i>		
PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Received by (Please Print Clearly)	B Date of Delivery
	C Signature <i>[Signature]</i>	
	<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Addressed to <i>Richard Brk Lacie 2017 NE 22nd Street Wilton Manors, FL 33305</i>		
Article Number (Copy from service label) <i>7000 0520 0014 8896 8798</i>		
PS Form 3811, July 1999 Domestic Return Receipt 102595-00 M 0952		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Received by (Please Print Clearly) <i>[Signature]</i>	B Date of Delivery <i>12/26/2000</i>
	C Signature <i>[Signature]</i>	
	<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Addressed to <i>Tah boob N. Alikhan 14 N. Sewalls Point Rd. Sewalls point, FL 34996</i>		
Article Number (Copy from service label) <i>7000 0520 0014 8896 8774</i>		
PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Received by (Please Print Clearly)	B Date of Delivery <i>12-27-00</i>
	C Signature <i>[Signature]</i>	
	<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Addressed to <i>William Maguire 98 N. Sewalls Point Rd. 1684 S SILVERWOOD CR Sewalls Point, FL TALLAHASSEE 34996 32301</i>		
Article Number (Copy from service label) <i>7000 0520 0014 8896 8804</i>		
PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Received by (Please Print Clearly)	B Date of Delivery <i>12/26/00</i>
	C Signature <i>[Signature]</i>	
	<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Addressed to <i>Kenneth Conway 194 Cottrell Road Matawan, NJ 07747</i>		
Article Number (Copy from service label) <i>7000 0520 0014 8896 8781</i>		
PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired Print your name and address on the reverse so that we can return the card to you Attach this card to the back of the mailpiece, or on the front if space permits 	A Received by (Please Print Clearly) <i>MARGARET BARNHILL</i>	B Date of Delivery
	C Signature <i>[Signature]</i>	
	<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Article Addressed to <i>E.C. Barnhill P.O. Box 3207 Stuart, FL 34995</i>		
Article Number (Copy from service label) <i>7000 0520 0014 8896 8842</i>		
PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952		

**WARNER, FOX, WACKEEN, DUNGEY
SEELEY, SWEET, WRIGHT & BEARD, L.L.P.**

DEBORAH B BEARD
RICHARD J DUNGEY*
M LANNING FOX*
LOUIS E LOZEAU JR
MICHAEL J McCLUSKEY
WILLIAM R. FONSOLOTT JR
GARY L. SWEET
W THOMAS WACKEEN**
THOMAS E WARNER**
TIM B WRIGHT

1100 S FEDERAL HIGHWAY
PO DRAWER 6
STUART FLORIDA 34995-0006
(561) 287-4444
TELEFAX (561) 220-1489
JUPITER (561) 744-6499
WWW.WARNERFOX.COM

FERNANDO M GIACHINO
ROBERT A GOLDMAN
SUSANN B WARD

AARON A. FOOSANER
ROBERT L SEELEY
OF COUNSEL

* BOARD CERTIFIED REAL ESTATE LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER

May 23, 2001

Mr and Mrs Keith E Ingram
P O Box 7520
Port St Lucie, Florida 34985

Re Town of Sewall's Point, Retaining Wall in the Upland Buffer Variance

Dear Mr and Mrs Ingram

In connection with the permit or variance granted to you by the Town of Sewall's Point, an official resolution of the Town Commission has been prepared. The resolution is recordable in the public records upon completion of the conditions determined by the Commission, and as stated in the resolution. One of the requirements is that you provide the Town with an 8½ x 11 copy of the plans reflecting the approved permitting or variance granted by the Commission. Please send the Town a certified 8½ x 11 copy of the plans containing the approved changes.

Please call me if you have any questions

Sincerely yours,


Tim B Wright
Town Attorney

TBW/mcf

cc Mr Edwin B Arnold
Mrs Joan H Barrow

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
Print your name and address on the reverse so that we can return the card to you
Attach this card to the back of the mailpiece, or on the front if space permits

Article Addressed to
*Bradley Granfield
6 N. Wendy Lane
Sewalls point, FL
34996*

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly)	B Date of Delivery
C Signature X	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D Is delivery address different from item 1? If YES, enter delivery address below	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

Article Number (Copy from service label)
7000 0520 0014 8896 8705
S Form 3811, July 1999 Domestic Return Receipt 102595 00 M-0952

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
Print your name and address on the reverse so that we can return the card to you
Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
*John Vance
12 Wendy Lane
Sewalls point, FL
34996*

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly)	B Date of Delivery
C Signature X	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D Is delivery address different from item 1? If YES enter delivery address below	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

2 Article Number (Copy from service label)
7099 3400 0006 2198 8916
S Form 3811, July 1999 Domestic Return Receipt 102595 00-M 0952

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
Print your name and address on the reverse so that we can return the card to you
Attach this card to the back of the mailpiece, or on the front if space permits

Article Addressed to
*Neil Boland
97 N. Sewalls Point Rd.
Sewalls Point, FL
34996*

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly)	B Date of Delivery
C Signature X	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D Is delivery address different from item 1? If YES, enter delivery address below	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

Article Number (Copy from service label)
7000 0520 0014 8896 8859
Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
Print your name and address on the reverse so that we can return the card to you
Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to
*David Gulick
93 N. Sewalls Point Rd.
Sewalls Point, FL
34996*

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly)	B Date of Delivery
C Signature X	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D Is delivery address different from item 1? If YES enter delivery address below	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C O D	
4 Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

2 Article Number (Copy from service label)
7000 0520 0014 8896 8828
PS Form 3811, July 1999 Domestic Return Receipt 102595 00 M 0952

5233

SEAWALL

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 1/19/01

BUILDING PERMIT NO. 5233

Building to be erected for KEITH E. INGRAM

Type of Permit SEWALL

Applied for by BLUE WATER MARINE

(Contractor)

Building Fee \$ 96.00

Subdivision _____ Lot _____ Block _____

Radon Fee _____

Address 101 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure S.F.R.

A/C Fee _____

Parcel Control Number.

35-37-41-000-000-00170-60000

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$105.60 Check # 20906 Cash _____

Other Fees (PLAD REV) 9.60

Total Construction Cost \$ 10,080.00

Roofing Fee _____

TOTAL Fees \$105.60

Signed Mark Friedman

Applicant

Signed [Signature]

Town Building Inspector OFFICIAL

RETAINING WALL PERMIT-SEA WALL

INSPECTIONS

SETBACKS
TIE-BACKS

DATE _____
DATE _____

BACKFILL
FINAL

DATE _____
DATE 4/16/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

Bldg. Pmt# _____

Town of Sewall's Point

Date 5/30/00

RECEIVED

JUL 19 2000

BUILDING PERMIT APPLICATION

Owner's Name: Keith E. Ingram Phone No. (561) 398-4995
Owner's Present Address: P.O. Box 7520, Port St. Lucie, FL 34985
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: 101 Sewalls Point Road, Sewall's Point, Florida
TYPE OF WORK TO BE DONE: 100 LF of Wood Seawall in front of existing Seawall.

CONTRACTOR INFORMATION
Contractor/Company Name: Blue Water Marine Const. Inc. Phone No. (561) 286-5181
COMPLETE MAILING ADDRESS 3211 SE Railroad Ave., Stuart, FL 34997

State Registration N/A State License Martin County SP01329

Legal Description of Property lot 2, Section 35, township 37S, Range 41E

Parcel Number 353741 000 000 0017060

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____

Address _____

Engineer _____ Phone No. _____

Address _____

Area Square Footage: Living Area _____ Garage Area _____ Carport _____

Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____

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

NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD

proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)

Cost of construction or Improvement 16,000

Fair Market Value (FMV) prior to improvement _____

Substantial Improvement 50% of FMV yes _____ No _____

Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical _____ State License _____

Mechanical _____ State License# _____

Plumbing _____ State License# _____

Roofing _____ State License# _____

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Keith E. Ingram

Sworn to and subscribed before me this 30th day of May, 2000, by Keith E. Ingram who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE Mark Dickman

Sworn to and subscribed before me this 19th day of January 2001, by M Dickman who is personally known to me or has produced Jean F. Barrow and who did (did not) take an oath.

Jean F. Barrow
MY COMMISSION # _____ EXPIRES
November 30, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

TREE REMOVAL (Attach sealed survey)

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

1. ALL APPLICATIONS REQUIRE:

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

ACORD. CERTIFICATE OF LIABILITY INSURANCE

CSR 22 BLDEN-1 DATE REVISED 04/20/00

Gary Insurance Agency & Associates, Inc
117 East Seminole Street
Stuart FL 34994

FILE COPY

Andre J. Lambros, CIC
Phone No 561-283-2609 Fax No 561-220-8107

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

COMPANIES AFFORDING COVERAGE

COMPANY A	Burlington Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

RECEIVED
MAY - 1 2000
BY: *[Signature]*

Blue Water Marine Construction, Inc.
Janet K. Dickman
3211 SE Railroad Avenue
Stuart FL 34997

file

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.

CODE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	AMOUNTS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> MEMBERS & CONTRACTORS ONLY	B 61676422076	04/23/00	04/23/02	GENERAL AGR + EC - JC \$ 300000 PRODUCTS - C (UP OF AGR) \$ 300000 PERSONAL & AUTO INJURY \$ 300000 EACH OCCUR \$ 300000 FIRE DAMAGE (BY THE AGR) \$ 50000 MED EXP (LTY - 20-100%) \$ 1000 COMBINED SINGLE LIMIT \$ BODILY INJURY (PP - 30000) \$ BODILY INJURY (PP - 50000) \$ PROPERTY DAM - C \$ AUTO ONLY - ACCIDENT \$ OTHER THAN AUTO \$ BACH - OCCIDENT \$ BACH - RESTATE \$ BACH - PERSONAL \$ AGGREGATE \$ JIC STATUS FOR LIMITS 0% - 5% EL EACH AUT. (LTY) \$ EL DISEASE - POL. Y (LTY) \$ EL DISEASE - BA (LTY) (EC) \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTO SCHEDULED AUTO HIRED AUTO NON-OWNED AUTO				
	UMBERS & CONTRACTORS ONLY ANY AUTO				
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				
	MEMBERS' COMPENSATION & EMPLOYERS LIABILITY THERAPEUTIC PARTISAN/EXECUTIVE OFFICERS APE OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL RISKS
 Construction of docks and installation of boat lifts for homeowners

CERTIFICATE HOLDER

Town of Sewalls Point
Building Department
13 Sewalls Point Road
Sewalls Point FL 34996

SEWALLS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ASSURING COMPANY SHALL WAIVE TO THE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO GIVE SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY ON ANY AND NONE OF THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Andre J Lambros, CIC

ACORD 25-S (1/85)

ACORD CORPORATION 1998

Attn: Ed Arnold 220-5765

Re: Unlicensed contractors



J & B
DOCKS & DECKS
PRESSURE CLEANING
REFINISHING • WATERPROOFING

**BOAT LIFT & DAVIT
MAINTENANCE INC.**

SALES & SERVICE • REPAIR / MAINTENANCE
All Work Guaranteed • Licensed • Insured

PHONE 561-219-0315 • BEEPER 561-377-1767
SERVING MARTIN, ST. LUCIE & PALM BEACH COUNTIES



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/11/00

PRODUCER

AON RISK SERVICES, INC OF NEW YORK

TWO WORLD TRADE CENTER

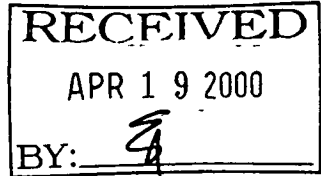
NEW YORK, NY 10048-1096

FILE
be/iv

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

COMPANIES AFFORDING COVERAGECOMPANY LETTER **A**

RELIANCE INSURANCE COMPANY

COMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E****INSURED**

ADVANCED EMPLOYMENT CONCEPTS, INC

7073 SAN PEDRO AVE

SAN ANTONIO, TX 78216

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	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$
	CLAIMS MADE OCCUR				PERSONAL & ADVERTISING INJURY	\$
	OWNER S & CONTRACTOR S PROT				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MEDICAL EXPENSE (Any one person)	\$
	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				STATUTORY	
	AND				\$	(EACH ACCIDENT)
A	EMPLOYER'S LIABILITY	WB8629100	4/1/00	6/1/00	\$1,000,000 00	(DISEASE-POLICY LIMIT)
					\$1,000,000 00	(DISEASE EACH EMPLOYEE)
	OTHER				\$1,000,000 00	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ALTERNATE EMPLOYER BLUE WATER MARINE CONSTRUCTION, INC

CERTIFICATE HOLDERTOWN SEWALLS POINT
BUILDING DEPARTMENT
1 S SEWALLS POINT ROAD
STUART, FL 34996**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

FILE
llc/lus

RECEIVED
NOV - 7 2000
By: *[Signature]*



**MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency**

License: SP01560
Expires September 30, 2001

**DIEKMAN, WADE E
BLUE WATER MARINE CONST
3558 SE DIXIE HWY
STUART, FL 34997
MARINE CONTRACTOR**



**MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency**

License: SP01329
Expires September 30, 2001

**DIEKMAN, JANET K
BLUE WATER MARINE CONST
3558 SE DIXIE HWY
STUART, FL 34997-5245
MARINE CONTRACTOR**

*Attn: town of Sewalls point
FAX 220-4765*

ROBERT M WIENKE
Mayor

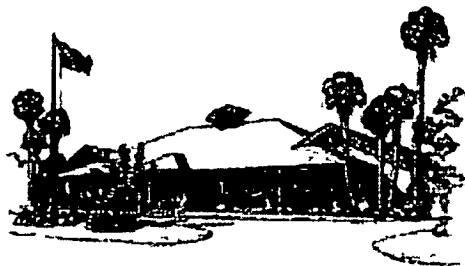
MARC S TEPLITZ
Vice Mayor

DAWSON C GLOVER, III
Commissioner

E DANIEL MORRIS
Commissioner

THOMAS P BAUSCH
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C DORSKY
Town Manager

JOAN H BARROW
Town Clerk

LARRY E McCARTY
Chief of Police

EDWIN ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

TO: All Commissioners, Town Attorney, the Public

FROM: Robert M Wienke, Mayor

SUBJECT: There will be a meeting of the Town Commission on Tuesday, January 16, 2001 at 7 00 PM at the Town Hall

PUBLIC COMMENT IS ENCOURAGED: Please fill in a comment form and return it to the town clerk before discussion on the agenda item has begun Please limit comments to three (3) minutes

As a courtesy to those in attendance it would be appreciated if questions for an individual commissioner were addressed by phone, in writing, or in person outside of the meeting Your help in avoiding lengthy meetings is appreciated

AGENDA

1 Call to Order & Welcome - Mayor Wienke

- a Pledge of Allegiance
- b Roll call
- c Approval of Agenda

2 Announcements - Mayor Wienke

3 Public Hearings and Presentations

~~a. Buffer Zone Variance, Keith Ingram, 101 North Sewall's Point Road - Commissioner Bausch~~

PASTED ; OK TO PROCESS PERMIT APPL.

- b Appeal of Dock Permit Denial, William Lippisch, 22 South Sewall's Point Road - Commissioner Bausch
- c Buffer Zone Variance, Henry Rothberg, 103 North Sewall's Point Road - Commissioner Bausch

5233

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

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

101 Sewalls Pt. Rd, Sewalls Point, FL Sect. 35, Twp 37S, Rng 4W.

GENERAL DESCRIPTION OF IMPROVEMENT: 10' x 6' of Wood Seawall in front of existing wall

OWNER Keith E. Ingram

ADDRESS POB 7520, Port St. Lucie, FL 34985

PHONE # (561) 398-4995 FAX # _____

CONTRACTOR Blue Water Marine Const., Inc.

ADDRESS 3211 SE Railroad Ave., Stuart, FL 34997

PHONE # (561) 286-5181 FAX # (561)

SURETY COMPANY (IF ANY) _____

ADDRESS _____

PHONE # _____

BOND AMOUNT _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

INSTR # 1453891

OR BK 01504 PG 0472

FAX # RECORDED 09/07/2000 02 01 PM

FORWARD ENGINE

MARTIN COUNTY Florida

DEPUTY CLERK L. Wood

LENDER _____

ADDRESS _____

PHONE # _____ FAX # _____

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

NAME _____

ADDRESS _____

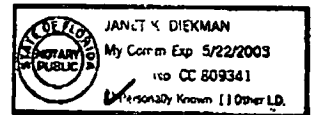
PHONE # _____ FAX # _____

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

PHONE # _____ FAX # _____

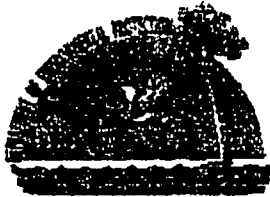
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE

Keith E. Ingram 5/30/00
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 30th DAY OF May 2000 BY Keith E. Ingram

NOTARY SIGNATURE Janet K. Diekman OR PERSONALLY KNOWN PRODUCED ID _____ TYPE OF ID _____



Jeb Bush
 Governor

Department of Environmental Protection

Marjory Scoveman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

RECEIVED
SEP 14 2000
BY: _____

David B. Scrubs
Secretary

Notice of Mean High Water Survey Filing

(The following data to be completed by the signing Surveyor and submitted to the Bureau of Surveying and Mapping with the signed/scaled survey drawing):

Date: June 15, 2000 County: Martin Waterbody: St. Lucie River

Project Vicinity: Sewalls Point SEC: 35 TWP: 37 SRNG: 41 E

Job No./Name: Sewalls Point Client Name: Ingram

USGS 7.5-Minute Quad Map Name: St. Lucie Inlet

Surveyor Name: Elizabeth A. Lindsay PGM #: 4724

Business Name: Betsy Lindsay, Inc.

Mailing Address: 208 N. U.S. Highway No. 1-Unit 8

City, State, Zip: Tequesta, Florida 33469

Phone: 561-575-5275 FAX: 561-575-4324

Data below this line to be completed by the Bureau of Surveying and Mapping:

A copy of this form will be returned to the Surveyor

The above Mean High Water Survey has been filed in the Bureau of Surveying and Mapping public repository.

The Mean High Water Survey File number is 2260

W. Thompson 9/13/2000
For Bureau of Surveying and Mapping

The MHW survey drawing(s) shall be sent to:
Florida Department of Environmental Protection
Bureau of Surveying and Mapping
Mail Station 105
3900 Commonwealth Blvd.
Tallahassee, Florida 32399

MHW/11/NEEDS/2000

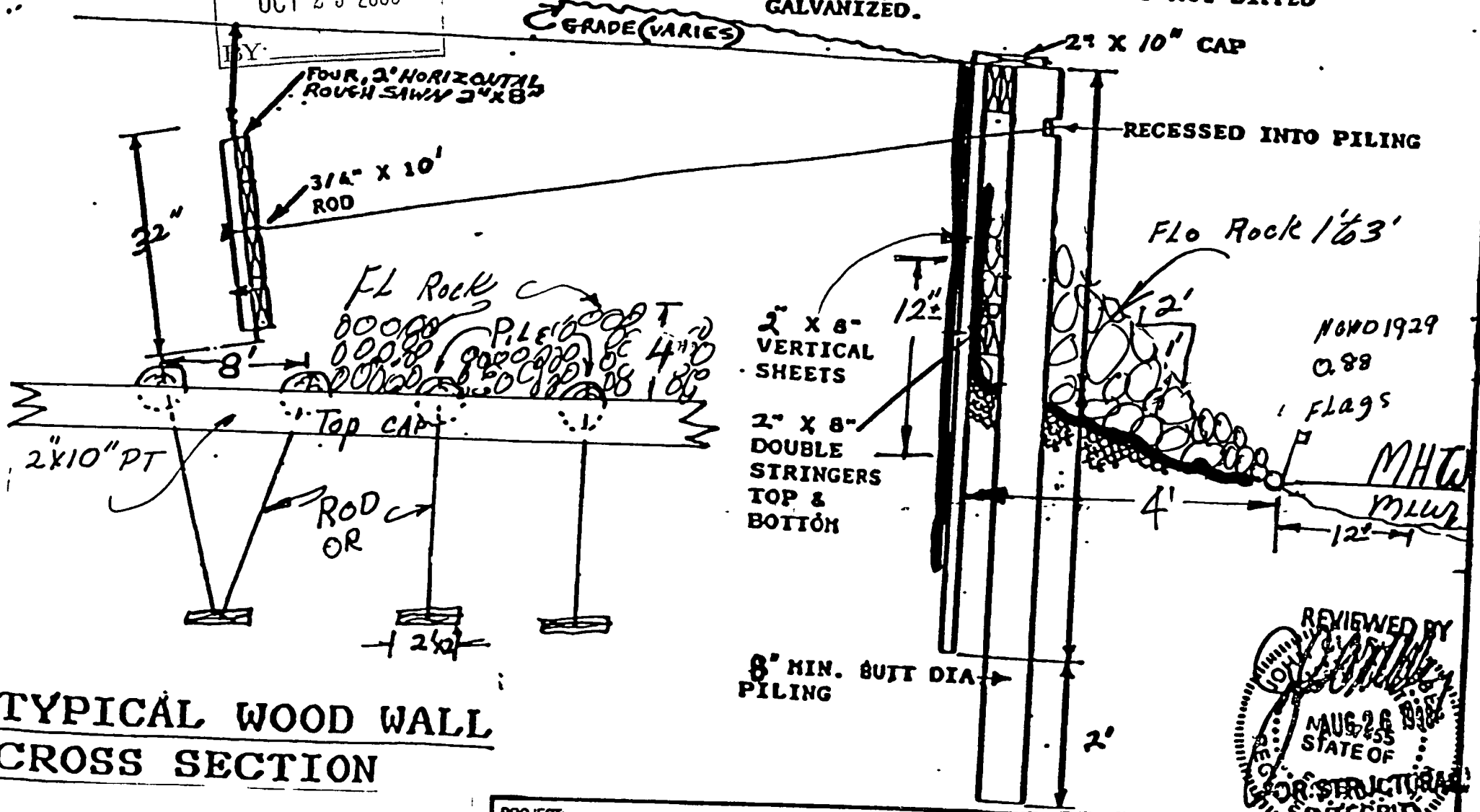
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

RECEIVED
SEP 13 2000
SURVEY & MAPPING

RECEIVED
 OCT 23 2000
 BY: _____

NOTE: ALL PILINGS, STRINGERS, WILL BE 2.5 PCF C.C.A. MARINE TREATED. AND ALL HARDWARE WILL BE OF HOT-DIPPED GALVANIZED.



TYPICAL WOOD WALL CROSS SECTION

BLUE WATER MARINE CONSTRUCTION, INC.
 3211 S.E. Railroad Ave.
 Stuart, FL 34997
 561-286-5181

PROJECT:			
SITE:			
OWNER:			
SCALE:		DWN. BY:	
DATE:		REVISED:	
PERMITS:			
		DRAWING NUMBER OF	

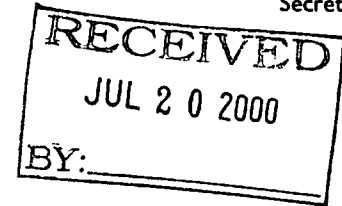


Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary



7000 0600 0022 8538 2737
Certified Mail
Return Receipt Requested

JUL 17 2000

Keith E. Ingram
P O Box 7520
Port St Lucie, FL 34985

Dear Mr. Ingram

Enclosed is Standard General Environmental Resource Permit No. 43-0151139-002, issued pursuant to Part IV of Chapter 373, Florida Statutes (F.S.), and Title 62, Florida Administrative Code (F.A.C.)

Appeal rights for you as the permittee and for any affected third party are described in the text of the permit along with conditions which must be met when permitted activities are undertaken. Please review this document carefully to ensure compliance with both the general and specific conditions contained herein. As the permittee, you are responsible for compliance with these conditions. **Please ensure all construction personnel associated with your activity review and understand the approved drawings and conditions.** Failure to comply with this permit may result in liability for damages and restoration, and the imposition of civil penalties up to \$10,000.00 per violation per day pursuant to Sections 403.141 and 403.161, F.S.

In addition, please ensure the construction commencement notice and all other reporting conditions are forwarded to the appropriate office as indicated in the specific conditions.

If you have any questions about this document, please contact me at (561)398-2806.

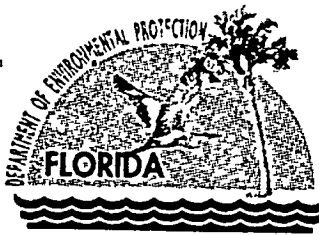
Sincerely,

Danna Civetti
Environmental Specialist
Submerged Lands & Environmental
Resources Program

cc U.S. Army Corps of Engineers, Stuart
Blue Water Marine Construction, Inc., (Agent)
Ed Arnold, Town of Sewall's Point

"More Protection, Less Process"

Printed on recycled paper



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

CONSOLIDATED ENVIRONMENTAL RESOURCE PERMIT AND SOVEREIGN SUBMERGED LANDS AUTHORIZATION

PERMITTEE/AUTHORIZED ENTITY:

Keith E. Ingram
P O Box 7520
Port St Lucie, FL 34985

Permit/Authorization No 43-0151139-002

Date of Issue July 14, 2000

Date of Expiration July 14, 2005

County Martin

Project Seawall/Riprap

This permit is issued under the authority of Part IV of Chapter 373, Florida Statutes (F S), and Title 62, Florida Administrative Code (F A C) The activity is not exempt from the requirement to obtain an Environmental Resource Permit Pursuant to Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F A C , the Department is responsible for reviewing and taking final agency action on this activity

ACTIVITY DESCRIPTION:

The purpose of the project is to construct a 102.5 linear foot retaining wall, landward of mean high water and face the wall with riprap The riprap shall be installed at a slope of 2H 1V

ACTIVITY LOCATION:

The project is located at 101 N Sewall's Point Road, in the St Lucie River, Class III waters of the state, (Section 35, Township 37 South, Range 41 East), Stuart, Martin County

This permit also constitutes a finding of consistency with Florida's Coastal Zone Management Program, as required by Section 307 of the Coastal Management Act

This permit also constitutes certification of compliance with water quality standards under Section 401 of the Clean Water Act, 33 U S C 1341

This activity also requires a proprietary authorization, as the activity is located on sovereign submerged lands owned by the Board of Trustees of the Internal Improvement Trust Fund, pursuant to Article X, Section 11 of the Florida Constitution, and Sections 253.002 and 253.77, F S The activity is not exempt from the need to obtain a proprietary authorization The Department has the responsibility to review and take final action on this request for proprietary authorization in accordance with Section 18-21.0051, and the Operating Agreements executed between the Department and the water management districts, as referenced in Chapter 62-113, F A C In addition to the above, this proprietary authorization has been reviewed in accordance with Chapter 253, F S , Chapter 18-21, Section 62-343.075, F A C , and the policies of the Board of Trustees

As staff to the Board of Trustees, the Department has reviewed the activity described above, and has determined that the activity qualifies for a consent to use sovereign, submerged lands, as long as the

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

work performed is located within the boundaries as described herein and is consistent with the terms and conditions herein. Therefore, consent is hereby granted, pursuant to Chapter 253 77, F S , to perform the activity on the specified sovereign submerged lands.

This permit constitutes a determination, pursuant to Section 380 0651(3)(e), F S , that the facility is located so that it will not adversely impact Outstanding Florida Waters or Class II Waters, and will not contribute to boat traffic in a manner that will adversely impact the manatee.

SPGP REVIEW – AUTHORIZATION GRANTED

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

Your project has been reviewed for compliance with a State Programmatic General Permit (SPGP). As shown on the attached drawings, the proposed project is consistent with the SPGP program. The attached Corps general conditions apply to your project. No further permitting for this activity is required by the Corps.

You are hereby advised that authorizations also may be required by other federal, state, and local entities. This authorization does not relieve you from the requirements to obtain all other required permits and authorizations.

The above named permittee is hereby authorized to construct the work shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof. **This permit and authorization to use sovereign submerged lands is subject to the limits, conditions, and locations of work shown in the attached drawings, and is also subject to the attached 19 General Conditions, 12 General Consent Conditions, and 12 Specific Conditions, which are a binding part of this permit and authorization.** You are advised to read and understand these drawings and conditions prior to commencing the authorized activities, and to ensure the work is conducted in conformance with all the terms, conditions, and drawings. If you are utilizing a contractor, the contractor also should read and understand these drawings and conditions prior to commencing the authorized activities. Failure to comply with all drawings and conditions shall constitute grounds for revocation of the permit and appropriate enforcement action.

Operation of the facility is not authorized except when determined to be in conformance with all applicable rules and with the general and specific conditions of this permit/certification/authorization, as specifically described below.

GENERAL CONDITIONS:

GENERAL CONDITIONS:

(1) All activities authorized by this permit shall be implemented as set forth in the plans, specifications and performance criteria as approved by this permit. Any deviation from the permitted activity and the conditions for undertaking that activity shall constitute a violation of this permit and Part IV, Chapter 373, F S

(2) This permit or a copy thereof, complete with all conditions, attachments, exhibits, and modifications shall be kept at the work site of the permitted activity. The complete permit shall be available for review at the work site upon request by the Department staff. The permittee shall require the contractor to review the complete permit prior to commencement of the activity authorized by this permit.

(3) Activities approved by this permit shall be conducted in a manner which does not cause violations of state water quality standards. The permittee shall implement best management practices for erosion and pollution control to prevent violation of state water quality standards. Temporary erosion control shall be implemented prior to and during construction, and permanent control measures shall be completed within 7 days of any construction activity. Turbidity barriers shall be installed and maintained at all locations where the possibility of transferring suspended solids into the receiving waterbody exists due to the permitted work. Turbidity barriers shall remain in place at all locations until construction is completed and soils are stabilized and vegetation has been established. All practices shall be in accordance with the guidelines and specifications described in Chapter 6 of the Florida Land Development Manual, A Guide to Sound Land and Water Management (Department of Environmental Regulation, 1988), unless a project-specific erosion and sediment control plan is approved as part of the permit. Thereafter the permittee shall be responsible for the removal of the barriers. The permittee shall correct any erosion or shoaling that causes adverse impacts to the water resources.

(4) The permittee shall notify the Department of the anticipated construction start date within 30 days of the date that this permit is issued. **At least 48 hours prior to commencement** of activity authorized by this permit, the permittee shall submit to the Department an "Environmental Resource Permit Construction Commencement" notice (Form No 62-343 900(3), F A C) indicating the actual start date and the expected completion date.

(5) When the duration of construction will exceed one year, the permittee shall submit construction status reports to the Department on an annual basis utilizing an "Annual Status Report Form" (Form No 62-343 900(4), F A C) Status Report Forms shall be submitted the following June of each year.

(6) **Within 30 days after completion of construction** of the permitted activity, the permittee shall submit a written statement of completion and certification by a registered professional engineer or other appropriate individual as authorized by law, utilizing the supplied "Environmental Resource Permit As-Built Certification by a Registered Professional" (Form No 62-343 900(5), F A C) The statement of completion and certification shall be based on on-site observation of construction or review of as-built drawings for the purpose of determining if the work was completed in compliance with permitted plans and specifications. This submittal shall serve to notify the Department that the system is ready for inspection. Additionally, if deviation from the approved drawings are discovered during the certification process, the certification must be accompanied by a copy of the approved permit drawings with deviations noted. Both the original and revised specifications must be clearly shown. The plans must be clearly labeled as "as-built" or "record" drawing. All surveyed dimensions and elevations shall be certified by a registered surveyor.

(7) The operation phase of this permit shall not become effective until the permittee has complied with the requirements of condition (6) above, has **submitted a "Request for Transfer of**

Environmental Resource Permit Construction Phase to Operation Phase" (Form No. 62-343.900(7), F.A.C.), the Department determines the system to be in compliance with the permitted plans and specifications, and the entity approved by the Department in accordance with Sections 9 0 and 10 0 of the Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District - August 1995, accepts responsibility for operation and maintenance of the system. The permit shall not be transferred to such approved operation and maintenance entity until the operation phase of the permit becomes effective. Following inspection and approval of the permitted system by the Department, the permittee shall initiate transfer of the permit to the approved responsible operating entity if different from the permittee. Until the permit is transferred pursuant to Section 62-343 110(1)(d), F A C , the permittee shall be liable for compliance with the terms of the permit.

(8) Each phase or independent portion of the permitted system must be completed in accordance with the permitted plans and permit conditions prior to the initiation of the permitted use of site infrastructure located within the area served by that portion or phase of the system. Each phase or independent portion of the system must be completed in accordance with the permitted plans and permit conditions prior to transfer of responsibility for operation and maintenance of the phase or portion of the system to a local government or other responsible entity.

(9) For those systems that will be operated or maintained by an entity that will require an easement or deed restriction in order to enable that entity to operate or maintain the system in conformance with this permit, such easement or deed restriction must be recorded in the public records and submitted to the Department along with any other final operation and maintenance documents required by sections 9 0 and 10 0 of the Basis of Review for Environmental Resource Permit Applications Within the South Florida Water Management District - August 1995, prior to lot or unit sales or prior to the completion of the system, whichever occurs first. Other documents concerning the establishment and authority of the operating entity must be filed with the Secretary of State where appropriate. For those systems which are proposed to be maintained by the county or municipal entities, final operation and maintenance documents must be received by the Department when maintenance and operation of the system is accepted by the local government entity. Failure to submit the appropriate final documents will result in the permittee remaining liable for carrying out maintenance and operation of the permitted system and any other permit conditions.

(10) Should any other regulatory agency require changes to the permitted system, the permittee shall notify the Department in writing of the changes prior to implementation so that a determination can be made whether a permit modification is required.

(11) This permit does not eliminate the necessity to obtain any required federal, state, local and special district authorizations prior to the start of any activity approved by this permit. This permit does not convey to the permittee or create in the permittee any property right, or any interest in real property, nor does it authorize any entrance upon or activities on property which is not owned or controlled by the permittee, or convey any rights or privileges other than those specified in the permit and Chapter 40E-4 or Chapter 40E-40, F A C.

(12) The permittee is hereby advised that Section 253 77, F S states that a person may not commence any excavation, construction, or other activity involving the use of sovereign or other lands of the state, the title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund without obtaining the required lease, license, easement, or other form of consent authorizing the proposed use. Therefore, the permittee is responsible for obtaining any necessary authorizations from the Board of Trustees prior to commencing activity on sovereignty lands or other state-owned lands.

(13) The permittee is advised that the rules of the South Florida Water Management District require the permittee to obtain a water use permit from the South Florida Water Management District.

prior to construction dewatering, unless the work qualifies for a general permit pursuant to subsection 40E-20 302(4), F A C , also known as the "No Notice" rule

(14) The permittee shall hold and save the Department harmless from any and all damages, claims, or liabilities which may arise by reason of the construction, alteration, operation, maintenance, removal, abandonment or use of any system authorized by the permit

(15) Any delineation of the extent of a wetland or other surface water submitted as part of the permit application, including plans or other supporting documentation, shall not be considered binding unless a specific condition of this permit or a formal determination under section 373 421(2), F S , provides otherwise

(16) The permittee shall notify the Department in writing within 30 days of any sale, conveyance, or other transfer of ownership or control of a permitted system or the real property on which the permitted system is located All transfers of ownership or transfers of a permit are subject to the requirements of section 62-343 130, F A C The permittee transferring the permit shall remain liable for corrective actions that may be required as a result of any violations prior to the sale, conveyance or other transfer of the system

(17) Upon reasonable notice to the permittee, Department authorized staff with proper identification shall have permission to enter, inspect, sample and test the system to insure conformity with the plans and specifications approved by the permit

(18) If historical or archaeological artifacts are discovered at any time on the project site, the permittee shall immediately notify the appropriate Department office

(19) The permittee shall immediately notify the Department in writing of any previously submitted information that is later discovered to be inaccurate

GENERAL CONSENT CONDITIONS:

(1) No activities other than those set forth in this permit are authorized Any additional activities on state-owned sovereignty submerged lands must receive further consent from the Governor and Cabinet, sitting as the Board of Trustees of the Internal Improvement Trust Fund (hereinafter the "Board") or their properly designated agent

(2) Grantee agrees that all title and interest to all lands lying below the historical mean high water line or ordinary high water line are vested in the Board, and shall make no claim of title or interest in said lands by reason of the occupancy or use thereof

(3) Grantee agrees to use or occupy the subject premises for those purposes specified herein, and Grantee shall not permit the premises or any part thereof to be used or occupied for any other purpose or knowingly permit or suffer any nuisances or illegal operations of any kind on the premises

(4) Grantee agrees to maintain the premises in good condition in the interest of the public health, safety and welfare The premises are subject to inspection by the Board or its designated agent at any reasonable time

(5) Grantee agrees to indemnify, defend and hold harmless the Board and the State of Florida from all claims, actions, lawsuits and demands arising out of this consent

(6) No failure, or successive failures, on the part of the Board to enforce any provision, waiver or successive waivers on the part of the Board of any provision herein, shall operate as a discharge thereof or render the same inoperative or impair the right of the Board to enforce the same in the event of subsequent breach

(7) Grantee binds itself and its successors and assigns to abide by the provisions and conditions set forth herein In the event Grantee fails or refuses to comply with the provisions and conditions of this consent, the consent of use may be terminated by the Board after written notice to the Grantee Upon receipt

of such notice, the Grantee shall have thirty (30) days in which to correct the violation. Failure to correct the violations within this period shall result in the automatic revocation of this Letter of Consent.

(8) All costs, including attorneys' fees, incurred by the Board in enforcing the terms and conditions of this consent shall be paid by the Grantee. Grantee agrees to accept service by certified mail of any notice required by Chapter 18-14, Florida Administrative Code, at the address shown on page one of this Agreement and further agrees to notify the Board in writing of any change of address at least ten days before the change becomes effective.

(9) Grantee agrees to assume responsibility for all liabilities that accrue to the sovereignty submerged land or to the improvements thereon, including any and all drainage or special assessments or taxes of every kind and description which are now or may be hereafter lawfully assessed and levied against the property during the effective period of this consent.

(10) Grantee agrees that any dispute arising from matters relating to this consent shall be governed by the laws of Florida and initiated only in Leon County, Florida.

(11) The Letter of Consent associated with these General Consent Conditions as well as these conditions themselves are subject to modification after 5 years in order to reflect any applicable changes in statutes, rule or policies of the Board or its designated agent.

(12) In the event that any part of the structure(s) consented to herein is determined by a final adjudication issued by a court of competent jurisdiction to encroach on or interfere with adjacent riparian rights, Grantee agrees to either obtain written consent for the offending structure from the affected riparian owner or to remove the interference or encroachment within 60 days from the date of the adjudication. Failure to comply shall constitute a material breach of this consent and shall be grounds for its immediate termination.

SPECIFIC CONDITIONS:

(1) The project drawings, sheets 1 through 5 and DEP forms 62 343 900(3), (4), (5), and (7) are attached to and become part of this permit.

(2) If the approved permit drawings conflict with the specific conditions, then the specific conditions shall prevail.

(3) After selection of the contractor to perform the authorized activities and prior to the initiation of any work authorized by this permit, the permittee (or authorized agent) and the contractor shall attend a pre-construction conference with a representative of the Department. The permittee shall contact the Department in writing to schedule the conference. Department of Environmental Protection, Southeast District Branch Office, Submerged Lands & Environmental Resources Program, Compliance/Enforcement Section, 1801 S E Hillmoor Drive, Suite C 204, Port St Lucie, FL 34952.

(4) The work authorized by this permit shall not be conducted on any property, other than that owned by the permittee, without the prior written approval of that property owner.

(5) All storage or stockpiling of tools or materials (i.e. lumber, pilings, etc.) shall be limited to uplands. Excess lumber, scrap wood, trash, garbage and other type of debris shall be removed from wetlands/waters of the state within 14 days of completion of the work authorized in this permit.

(6) Best management practices for erosion control shall be implemented and maintained at all times during construction to prevent siltation and turbid discharges in excess of state water quality standards pursuant to Rule 62-302, F A C Methods shall include, but are not limited to the use of staked hay bales, staked filter cloth, sodding, seeding, and mulching, staged construction, and the installation of turbidity screens around the immediate project site The permittee shall be responsible for ensuring that erosion control devices/procedures are inspected and maintained daily during all phases of construction authorized by this permit until all areas that were disturbed during construction are sufficiently stabilized to prevent erosion, siltation, and turbid discharges The following measures shall be taken immediately by the permittee whenever turbidity levels within waters of the state surrounding the project site, exceed background conditions

- a Immediately cease all work contributing to the water quality violation
- b Stabilize all exposed soils contributing to the violation Modify the work procedures that were responsible for the violation and install more turbidity containment devices and repair any non-functioning turbidity containment devices
- c Notify the Southeast District Branch Office within 24 hours of the time the violation is first detected

(7) The wall and riprap shall be installed in accordance with the distances from fixed landmarks as shown on the attached permit drawings The riprap shall be hand placed around the prop roots of the red mangrove on the northern corner of the shoreline

(8) An as built survey shall be submitted **within 30 days of completion of this project** to the Department of Environmental Protection, Southeast District Branch Office, Submerged Lands & Environmental Resources Program, Compliance/Enforcement Section, 1801 S E Hillmoor Drive, Suite C 204, Port St Lucie, FL 34952 If work is to exceed one year then a narrative report will be due six months from the issuance of this permit The cover page shall indicate the permit number, project name and the permittee name The report shall include the following information

- a Date permitted activity was begun, if work has not begun on-site, please indicate so
- b Brief description of extent of work (i e , dredge, fill, monitoring, mitigation, management, maintenance) completed since the previous report or since the permit was issued Show on copies of the permit drawings those areas where work has been completed
- c Brief description and extent of work (i e dredge, fill, monitoring, mitigation, management, maintenance) anticipated in the next six months if project is not complete Indicate on copies of the permit drawings those areas where it is anticipated that work will be done
- d This report shall include on the first page, just below the title, the certification of the following statement by the individual who supervised preparation of the report
"This report represents a true and accurate description of the activities conducted during

the six month period covered by this report ”

- (9) The retaining wall shall be fully installed prior to the placement of any back fill material. Any fill material used behind the retaining wall shall be clean fill and free of vegetative matter, trash, garbage, toxic or hazardous waste or any other unsuitable materials.
- (10) The riprap shall be installed in accordance with the specifications shown on the attached permit drawings and shall have a minimum waterward face slope of 2:1 (Horizontal:Vertical). The riprap shall not be placed more than 10 feet waterward of mean high water (NGVD).
- (11) Riprap shall consist of unconsolidated boulders, rocks, or clean concrete rubble without exposed reinforcing rods or similar protrusions. The riprap shall be free of sediment, debris, and toxic or otherwise deleterious substance. The riprap shall have a diameter of 12 to 36 inches.
- (12) All wetland areas or water bodies which are adjacent to the specific limits of construction authorized by this permit shall be protected from erosion, sedimentation, siltation, scouring, excess turbidity or dewatering.

RIGHTS OF AFFECTED PARTIES

This permit and consent to use sovereign submerged lands is (are) hereby granted. This action is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed under sections 120.569 and 120.57 of the Florida Statutes as provided below. If a sufficient petition for an administrative hearing is timely filed, this action automatically becomes only proposed agency action on the application, subject to the result of the administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. Because an administrative hearing may result in the reversal or substantial modification of this action, the applicant is advised not to commence construction or other activities until the deadlines noted below for filing a petition for an administrative hearing or request for an extension of time have expired.

Mediation is not available.

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under rule 62-110.106(4) of the Florida Administrative Code, a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, before the applicable deadline. A timely request for extension of time shall toll the running of the time period.

for filing a petition until the request is acted upon. If a request is filed late, the Department may still grant it upon a motion by the requesting party showing that the failure to file a request for an extension of time before the deadline was the result of excusable neglect.

If a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Intervention will be permitted only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

In accordance with rules 28-106.111(2) and 62-110.106(3)(a)(4), petitions for an administrative hearing by the applicant must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within 14 days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes.

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

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

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

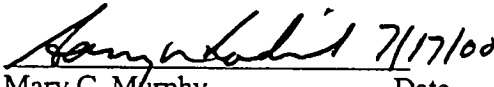
Permittee Keith E Ingram
File No 43-0151139-002
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Under sections 120 569(2)(c) and (d) of the Florida Statutes, a petition for administrative hearing must be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed

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

Executed in Port St Lucie, Florida

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

So  7/17/00
Mary C Murphy Date
Program Administrator
Submerged Lands & Environmental Resources Program

MCM/DC

Copies furnished to U S Army Corps of Engineers , Stuart
Blue Water Marine Construction, Inc , (Agent)
Ed Arnold, Town of Sewall's Point

Permittee Keith E Ingram
File No 43-0151139-002
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CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this permit and authorization to use sovereign submerged lands, including all copies, were mailed before the close of business on July 17, 2000, to the above listed persons

FILING AND ACKNOWLEDGMENT

FILED, on this date, under 120 52(7) of the Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged

Carla A. Howard 7/17/00
Clerk Date

Prepared by Danna Civetti

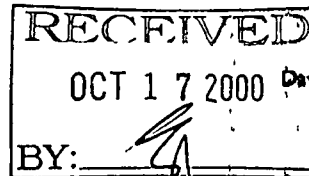
12 pages attached



Job Bush
Governor

Department of Environmental Protection

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



OCT 10 2000

CERTIFIED MAIL - RETURN RECEIPT REQUESTED 7000 0600 0022 8538 1228

Keith Ingram
P O Box 7520
Port St. Lucie, FL 34985

Re ~~File Number Keith Ingram~~
~~File No. 43-0151139-003~~
Modification of Permit No 43-0151139-002

Dear Mr. Ingram:

Your request to modify this permit has been received and reviewed by Department staff. The modifications are the following: move the proposed retaining wall 4' waterward of the original proposed location and face the wall with riprap, not to extend waterward of the mean high water line.

The site is a single family residence, located at ~~101 N. Sewall's Point Road~~, adjacent to the St. Lucie River, Class III waters of the state (Section 35, Township 37-South, Range 41 East), Stuart, Martin County.

The above changes are not expected to adversely affect water quality and will not be contrary to the public interest provided the following project description is amended and the specific condition is added to the permit as issued.

PROJECT DESCRIPTION The project consists of the following activities: ~~construct a 102.5 linear foot retaining wall 14' landward of mean high water and face the wall with riprap, not to extend more than 4' landward of mean high water.~~ construct a 102.5 linear foot retaining wall 4' landward of mean high water and face the wall with riprap, not to extend waterward of mean high water. The riprap shall be installed at a slope of 2H:1V.

SPECIFIC CONDITION All vessels utilized in the construction activities must maintain sufficient clearance above the substrate in order to prevent prop dredging or bottom scouring. No prop dredging or bottom scouring is authorized by this permit.

Since the proposed modification with the above project description and specific condition is not expected to result in any adverse environmental impact or water quality degradation, the permit is hereby modified as requested. By copy of this letter and the six (6) attached drawings, we are notifying all necessary parties of the modifications.

This letter of approval does not alter the original expiration date, General or Specific Conditions, or monitoring requirements of the permit. This letter and the accompanying drawings must be attached to the original permit.

This permit modification is hereby granted. This action is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed under sections 120.569 and 120.57 of the Florida Statutes as provided below. If a sufficient petition for an administrative hearing is timely filed, this action automatically becomes only proposed agency action on the application, subject to the result of the administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. Because an administrative hearing may result in the reversal or substantial modification of this action, the applicant is advised not to commence construction or other

"More Protection, Less Process"

Printed on recycled paper

Keith Ingram
File No 43-0151139-003
Modification of Permt No 43-0151139-002
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activities until the deadlines noted below for filing a petition for an administrative hearing or request for an extension of time have expired

Mediation is not available

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000

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

If a timely and sufficient petition for an administrative hearing is filed, other persons whose substantial interests will be affected by the outcome of the administrative process have the right to petition to intervene in the proceeding. Intervention will be permitted only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

In accordance with rules 28-106 111(2) and 62-110 106(3)(a)(4), petitions for an administrative hearing by the applicant must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within 14 days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition for an administrative hearing within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes.

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

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

Keith Ingram
File No 43-0151139-003
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Page 3

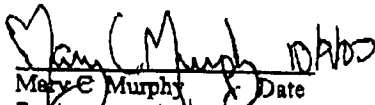
(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

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

Under sections 120.569(2)(c) and (d) of the Florida Statutes, a petition for administrative hearing must be dismissed by the agency if the petition does not substantially comply with the above requirements or is untimely filed.

This permit modification constitutes an order of the Department. Subject to the provisions of paragraph 120.68(7)(a) of the Florida Statutes, which may require a remand for an administrative hearing, the applicant has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the order is filed with the Clerk of the Department.

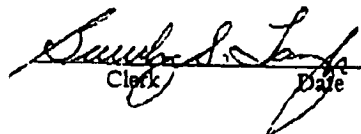
Sincerely,


Mary E. Murphy Date
Environmental Program Administrator
Southeast District

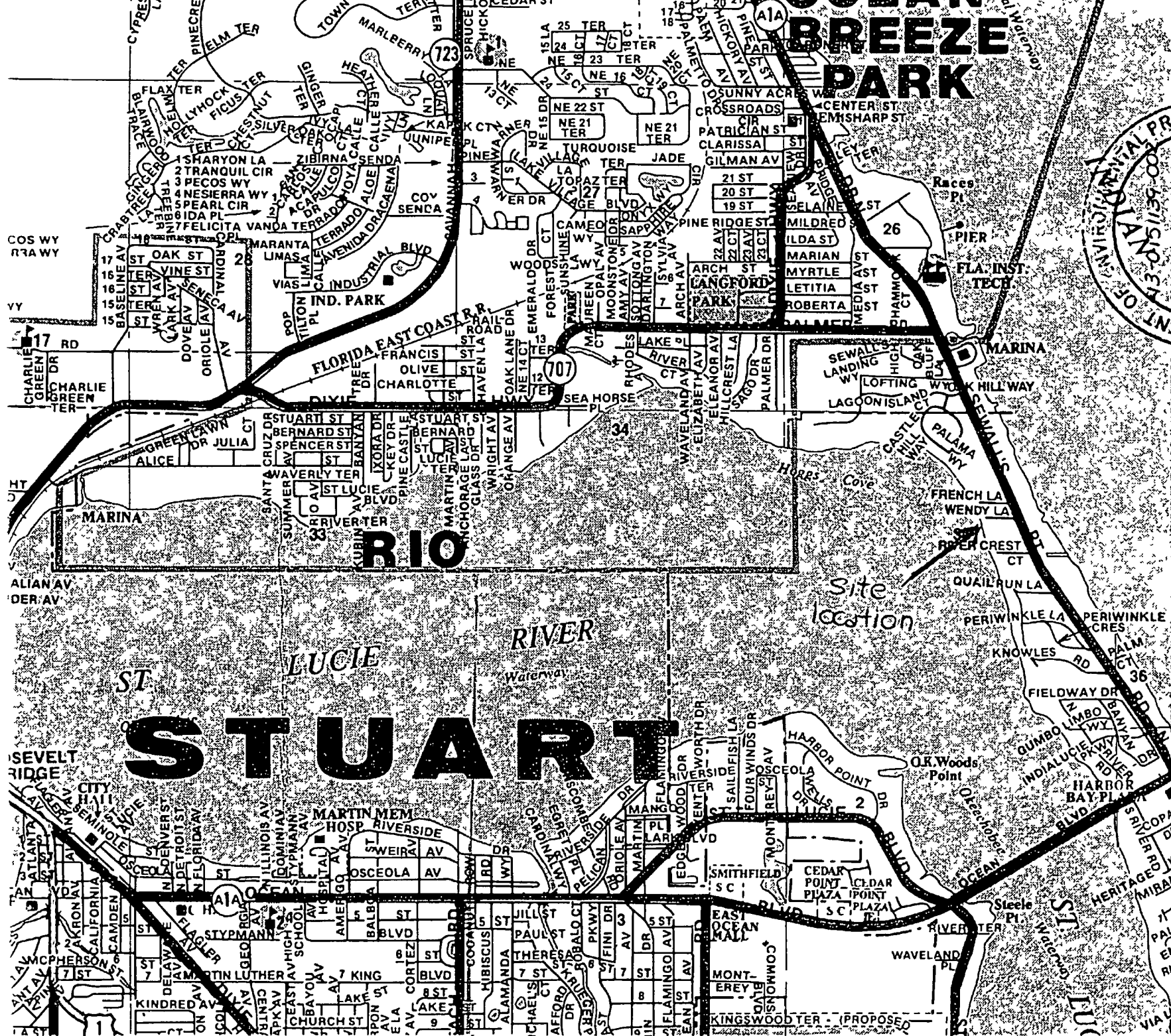
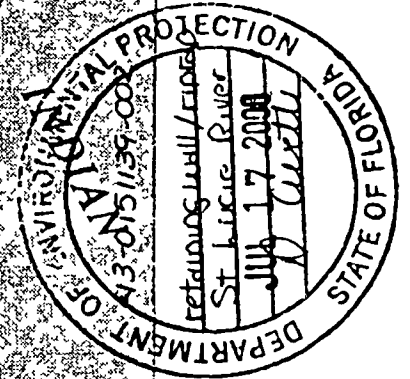
MCM/DC
Enclosures

cc U. S. Army Corps of Engineers, Stuart
Blue Water Marine Construction, Inc (Agent)

FILING AND ACKNOWLEDGMENT
FILED, on this date, pursuant to 120.52(7),
Florida Statutes, with the designated Department Clerk,
receipt of which is hereby acknowledged


Clerk Date 10-10-00

BREEZE PARK



STUART

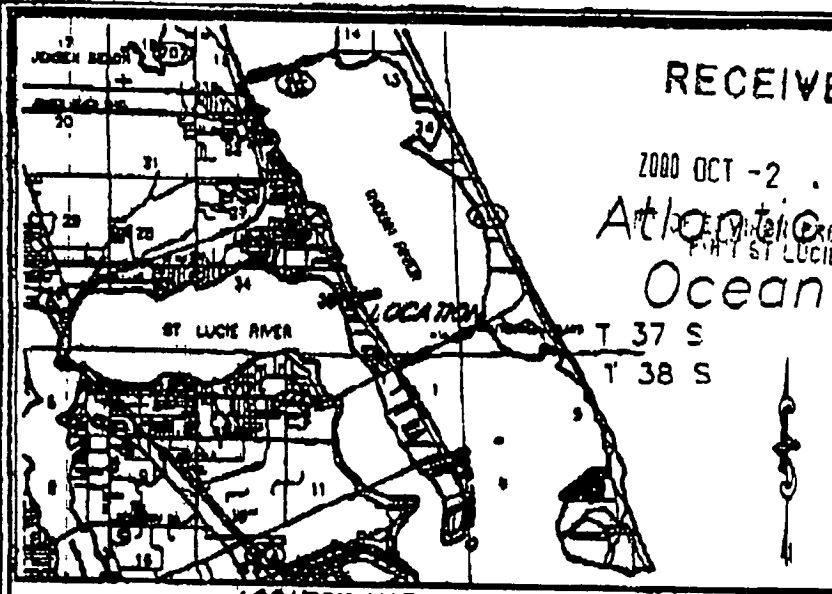
RIO

Site location

FROM: Betsy Lindsay, Inc.

PHONE NO. : 561 575 4324

May. 30 2000 02:58PM P3



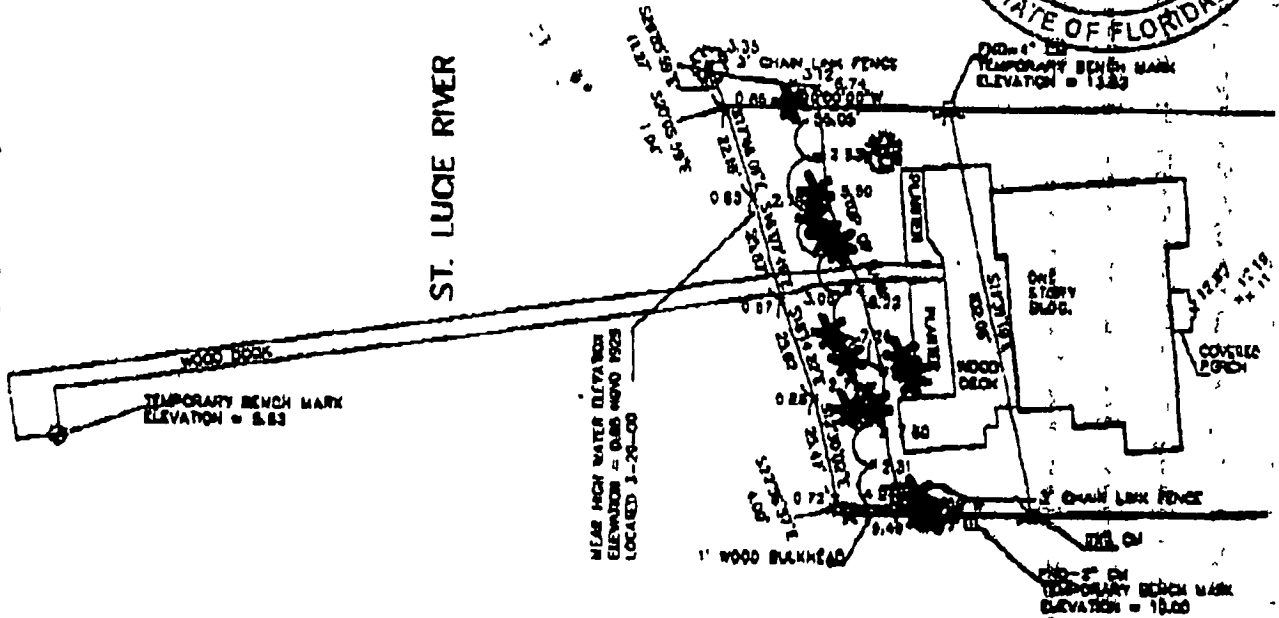
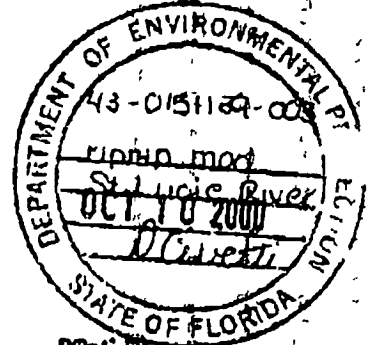
LOCATION MAP
SCALE 1"=1000'

RECEIVED

2000 OCT -2 8:40

Atlantic Ocean
PROTECTION
ST. LUCIE

Keith Ingram
101 Sewalls Point Rd.
Sewalls Point, FL
Page 1 of 2



SYMBOL LEGEND

- 1.2 FIELD LOCATED POINT WITH ELEVATION
- MANGROVE TREE
- CUMBO LIMBO TREE
- PALM TREE

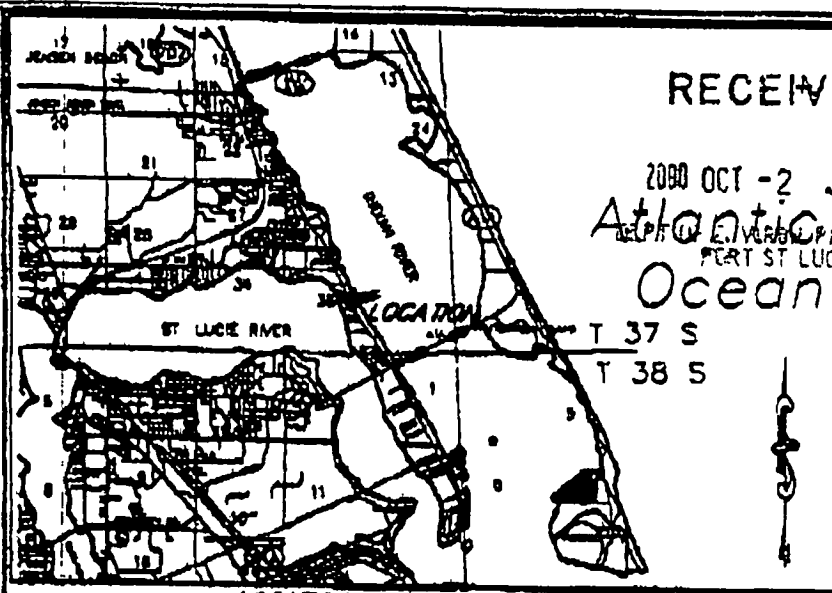
SURVEYOR'S NOTES

1. BEARINGS AS SHOWN HEREON ARE BASED ON RECORD PLAT DATA, REFERENCE A BEAN ALONG THE NORTH LINE OF PARCEL B.
2. ELEVATIONS AS SHOWN HEREON ARE IN FEET ABOVE 1985, REFERENCE EARTH'S HIGH TIDE FROM 4.11'
3. THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF A SURVEYOR.
4. MEAN HIGH WATER ELEVATION 0.00 FEET, MEASUREMENT BASED ON RANGE GARD BEING OBSERVATION CONDUCTED ON TIDE STATION 879-3308, STUART.
5. THE MEAN HIGHER HIGH SURVEY POINTS HEREON WERE OBTAINED FROM CHARTER 122, PART 1 AND IS ACCORDING TO THE PUBLIC INSPECTION OF THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION, BUREAU OF SURVEY AND MAPPING AS MEAN HIGH WATER ELEVATION FILE NUMBER 2766.
6. ON APRIL 24, 2000, HE ACQUIRED ONE LINE OF SPOT ELEVATION FROM THE HOUSE TO

FROM: BETSY LINDSAY, INC.

PHONE NO.: 561 575 4324

May 30 2000 02:53PM F3

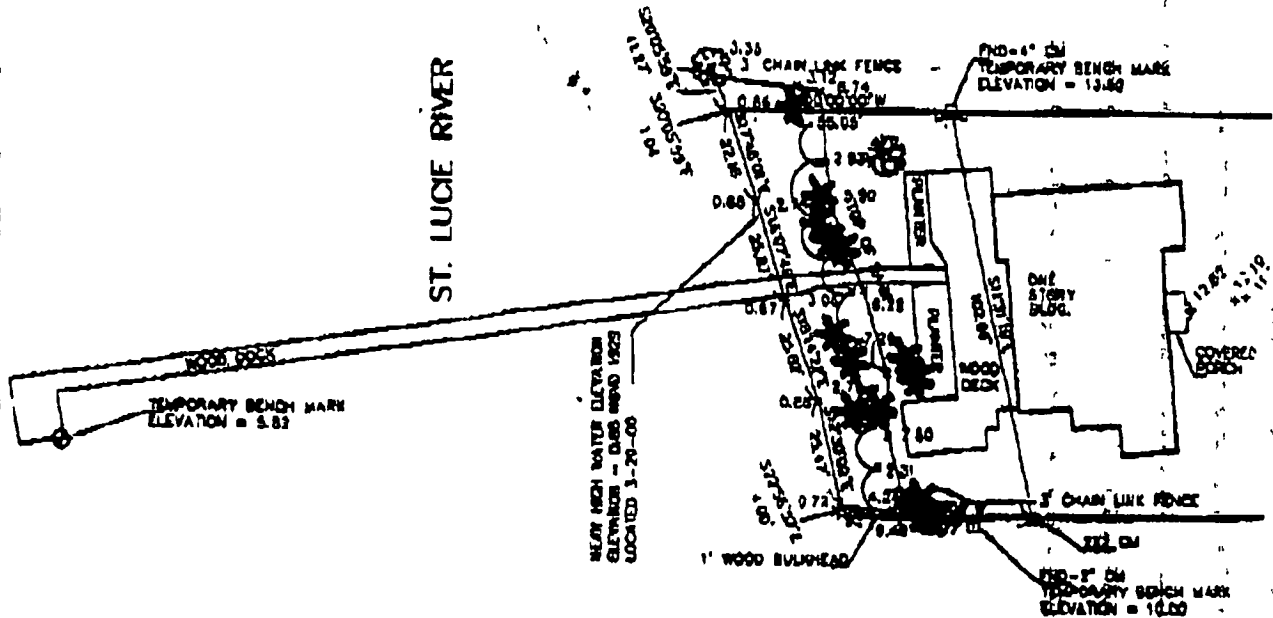


RECEIVED

2000 OCT -2
 DEPT. OF ENVIRONMENTAL PROTECTION
 PORT ST LUCIE
 Ocean

84 Keith Ingram
 101 Sewalls Point Rd.
 Sewalls Point, FL
 Page 1 of 2

LOCATION MAP SCALE 1"=10000



SYMBOL LEGEND

- FIELD LOCATED POINT WITH ELEVATION
- MANGROVE TREE
- CUMBO LIMBO TREE
- PALM TREE

SURVEYOR'S NOTES

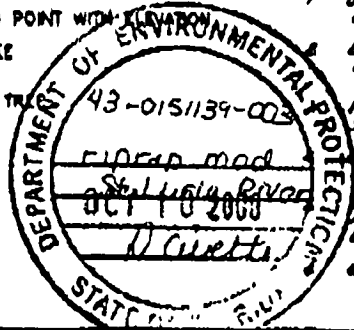
1. BEYOND AS SHOWN HEREON ARE BASED ON RECORD PLAT DATA, REFERENCE IS MADE ALONG THE NORTH LINE OF PARCEL 2.

2. ELEVATIONS AS SHOWN HEREON ARE IN FEET MEAS 1985, REFERENCE SEWALL'S PERM PLAT FROM 4.511

3. THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED SEAL OF A SURVEYOR.

4. MEAN HIGH WATER ELEVATION 0.80 FEET MEAS 1985 BASED ON RANGE POINT MEASUREMENT COMPUTED ON TIDE STATION 879-3004, STUART.

5. THE MEAN HORIZONTAL SURVEY DATA TO HEREON COMPLIES WITH CHAPTER 177, F.S., AND IS RECORDED IN THE PUBLIC RECORDS OF THE FLORIDA DEPARTMENT OF STATE BUREAU OF SURVEY AND MAPPING AS MEAN HIGH WATER SURVEY FILE NUMBER 3790 ON APRIL 24, 2000. WE ADVISED ONE LINE OF SPOT ELEVATION FROM THE POINT TO



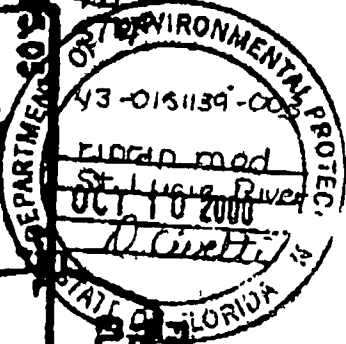
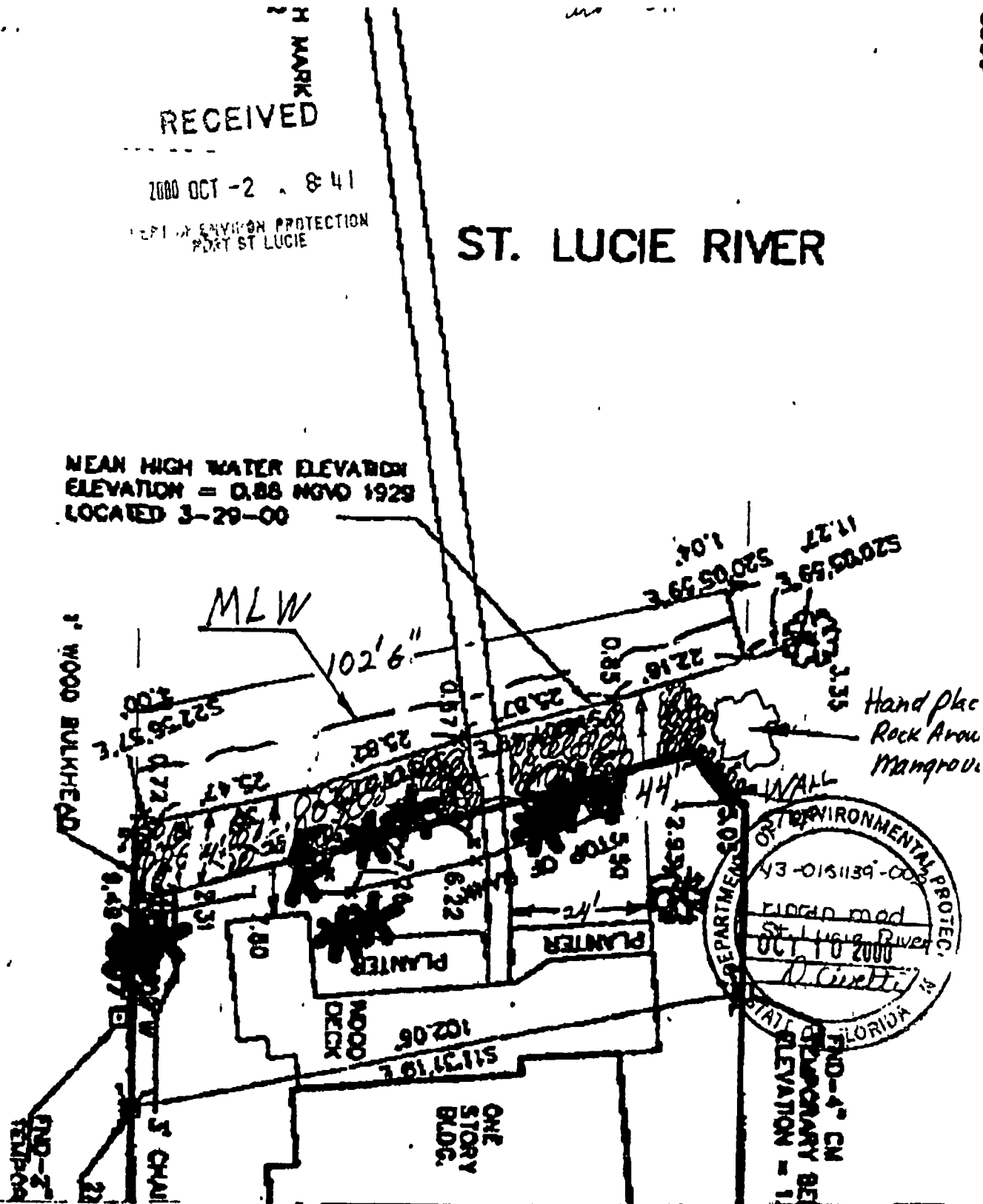
RECEIVED

2000 OCT -2 . 8 41

DEPT. OF ENVIRONMENTAL PROTECTION
PORT ST LUCIE

ST. LUCIE RIVER

MEAN HIGH WATER ELEVATION
ELEVATION = 0.88 MGD 1929
LOCATED 3-29-00

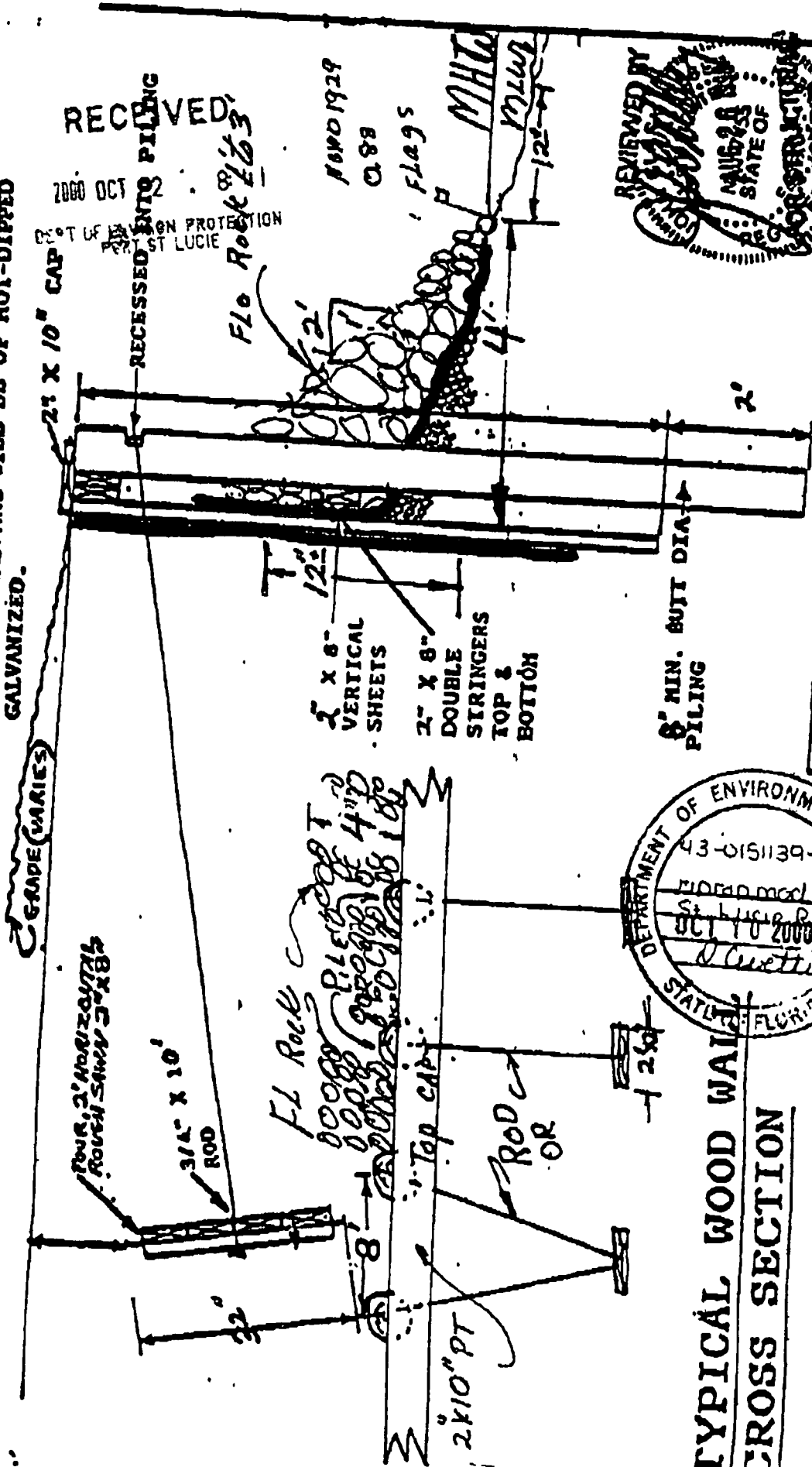


**BLUE WATER MARINE
CONSTRUCTION, INC.**

Stuart, FL 34997
561) 286-5181 Phone
561) 286-1260 (fax)

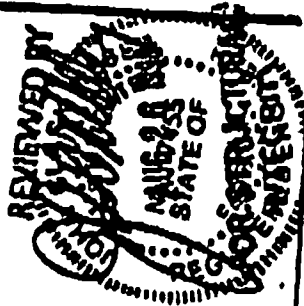
PROJECT: Wood Seawall in front of existing wall	
SITE: 101 Sewalls Point Rd, Sewalls Point, FL	
OWNER: Keith Ingram	
SCALE: 1/4" = 3'-0"	DRAWN BY: [blank]
DATE: 5-30-00	REVISED: 9-14
PERMITS: Fed. State, Local	
Wall Repair	DRAWING NUMBER: 102

NOTE: ALL PILING, STRINGERS, WILL BE 2.5 PCF C.C.A. MARINE TREATED. AND ALL HARDWARE WILL BE OF HOT-DIPPED GALVANIZED.

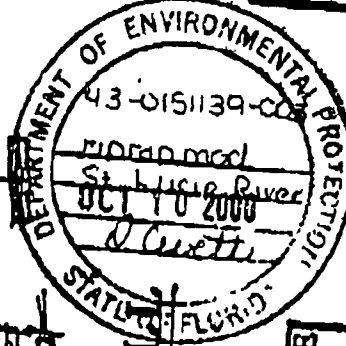


RECEIVED
2000 OCT 10
POINT OF VIEW ENVIRONMENTAL PROTECTION
ST. LUCIE

Fla Rock #163
NOV 19 1999
0188
Flags



PROJECT	Wood Seawall in front of existing
SITE	1st Swells Point Road, Seawalls Point, FL
OWNER	Keith Ingram
SCALE	None
DATE	
DESIGNED BY	MED
REVISED	914-00
FORNITE	Federal / State / Local



**TYPICAL WOOD WALL
CROSS SECTION**

**BLUE WATER MARINE
CONSTRUCTION, INC.**

Stuart, FL 34997
(561) 286-5181 Phone
(561) 286-1260 (fax)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ~~Fri~~ ~~Tue~~ ~~Thu~~ ~~Sat~~ ~~Sun~~ , 2001; Page 1 of 2 .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5261	Rappaport	Roof final	Passed	Valley repair
N (3)	9 Rivercrest Ct Marzo	871 2489		(no permit) (no ladder) INSPECTOR 3/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5277	MOSLEY	FENCE-FINAL		
S (7)	52 S. SEWALL'S POINT RD BULLDOG FENCE	(JERRY 221-8855)	→	by Ed. A. INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5283	INGRAM	TIE-BREAK	Passed	(check spacing 15')
N (4)	101 N. SEWALL'S POINT RD. BLUE WATER MARINE	Seawall (286-5781)		INSPECTOR 3/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ TIR	ZOTTA	FIELD VERIF	OK to remove 1 door	
N (5)	23 CASTLE HILL WAY KIMBERSMITH			Pine tree INSPECTOR 3/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ TIR	GUNZEL	FIELD VERIF	to be discussed	
S (6)	19 N VIA LUCINDIA			INSPECTOR 3/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TIR	DYER	FIELD VERIF.		
S (8)	9 PINEAPPLE LANE EARNEST CURTIS		→	by Ed. A. INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5209	TRANTNER	INSULATION	Passed	
S (9)	9 MIDDLE ROAD EMMICK CONST.			INSPECTOR 3/14

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~THU~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5325	BROTHERS	FENCE - FINAL	Passed	RiverQuest
N ①	2 VIA DE CRISTO QUALITY FENCE	"STAR": 879-9126		INSPECTOR <i>[Signature]</i> 4/16 ✓
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5320	WILLIAMS	FENCE - FINAL	Passed	
S ⑦	110 HENRY SEWALL WAY CREWS CONST. CO.	692-3371		INSPECTOR <i>[Signature]</i> 4/16 ✓
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5143	GIFFORD	SHEATHING	Passed	
N ②	85 N SPR HOLMES	Roof		INSPECTOR <i>[Signature]</i> 4/16 ✓
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5007	PAGE	FINAL WALK	Cond.	PERMIT RENEWAL REQUIRED (2/2/01)
S ⑤	8 ST LUCIE CT WHITE LAKE	THRU	only	10 ⁰⁰ INSPECTOR <i>[Signature]</i> 4/16 ✓
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5317	NEARING	FINAL -	Passed	
S ⑪	5 LANTANA LN COOPER	FLAT RE-ROOF		INSPECTOR <i>[Signature]</i> 4/16 ✓
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5233	INDIANA	SEWALL - FINAL	Passed	
N ③	101 N. SEWALL'S POINT RD BLUE WATER MARINE	(561-276-5181)		INSPECTOR <i>[Signature]</i> 4/16 ✓
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
S 5269	DAVIELSON	REROOF - FINAL	Passed	
✓ ⑥	161 S. RIVER RD. PACIFIC RFG. (ROB 263-0116)	(BFSIG. RES.)		INSPECTOR <i>[Signature]</i> 4/16 ✓

OTHER _____

5254

DEMOLITION

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 2/7/01

BUILDING PERMIT NO. 5254

Building to be erected for KEITH & LINDA INGRAM

Type of Permit DEMOLITION (W/TEMP. ERECT.)

Applied for by BUFORD CONST. CO., INC.

(Contractor) Building Fee \$ 96.00

Subdivision (PTC) GOV LOT Lot 2 Block _____

Radon Fee _____

Address 101 N SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR W/ACCESS STRUCT. (GARAGE)

A/C Fee _____

Parcel Control Number

35-37-41-000-00170-60000

Electrical Fee 120.00

Amount Paid \$225.60

Check # 1128

Cash _____

Other Fees (PLAN REV) 9.60

Plumbing Fee _____

Roofing Fee _____

Total Construction Cost \$ 10,000.00

TOTAL Fees \$225.60

Signed _____

Applicant

Signed _____

Town Building Inspector OFFICIAL

DEMOLITION

INSPECTIONS

UTILITIES FLAGGED
ASBESTOS CERT.
DEBRIS REMOVAL

DATE _____
DATE _____
DATE _____

WATER DISC
ELECTRIC DISC.
SITE RESTORATION
FINAL

DATE _____
DATE _____
DATE _____
DATE 4/18/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

TOTAL

PARTIAL

EXPLORATORY

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

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

MASTER PERMIT NO. 5254

TOWN OF SEWALL'S POINT

Date 2/28/01

BUILDING PERMIT NO. 5281

Building to be erected for KELTH & LINDA INGRAM Type of Permit ELECT. - SUB

Applied for by ALL PHASE ELECTRIC (Contractor) Building Fee _____

Subdivision (PR) GOV LOT Lot 2 Block _____ Radon Fee _____

Address 101 N. SEWELL'S POINT ROAD Impact Fee _____

Type of structure SPR (Mdw) A/C Fee _____

QUALIFIER: JEFFREY THOMPSON
LIC/CERT: EC-0002725

Electrical Fee SEE PN 5254

Parcel Control Number 35-37-41-000-00170-60000
Plumbing Fee _____
Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant (LOR AUTH. SIGNATURE)

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

Owner or Titleholder's Name Keith and Linda Ingram Phone No. (561) 398-4995

Street: 3205 SE Morningside Boulevard City: Port St. Lucie State: FL Zip: 34952

Legal Description of Property: Gov. Lot 2, Section 35, Township 37, S. Range 41 East

Sewall's Point Parcel Number: 35-37-41-000-00170 60000

Location of Job Site: 101 N Sewall's Point Road

TYPE OF WORK TO BE DONE: Demolition of Residence

CONTRACTOR/Company Name: Buford Construction Co., Inc. Phone No. (561) 283-2050

Street: 606 Camden Avenue City: Stuart State: FL Zip: 34994

State Registration: N/A State License: CBC037840

ARCHITECT: Joseph P. McCarty Phone No. (561) 287-6735

Street: 900 E. Osceola City: Stuart State: FL Zip: 34994

ENGINEER: V.J. Gerley and Associates Phone No (561) 334-2600

Street: 3190 NE Maple Avenue City: Jensen Beach State: FL Zip: 34957

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: 1800 Garage Area: 350 Carport: _____ Accessory Bldg: _____

Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____

Type Sewage: Septic Septic Tank Permit # from Health Dept. 43-SS-02991

New Electrical Service Size: 400 AMPS

FLOOD HAZARD INFORMATION

Flood zone: A-8 & C Minimum Base Flood Elevation (BFE): 9 NGVD

Proposed first habitable floor finished elevation: F.F.E. = 13.0' NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ ~~500,000.00~~ 10,000

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

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

Method of determining Fair Market Value: _____

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

Electrical: Fairchild Electric State: FL License # ER0010037

Mechanical: Environmental Control Technology State: FL License # CAC041263

Plumbing: Master Plumbing State: FL License # RF0036357

Roofing: Pacific Roofing State: FL License # CCC056793

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

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

OWNER or AGENT SIGNATURE (Required)

[Signature]

State of Florida, County of: Martin On

this the 5th day of Feb, 2004,

by Linda L Ingram who is personally

known to me or produced Fla Driver License

as identification. I526-532-60-606-0

[Signature]

Notary Public

My Commission Expires: 7-14-01

CONTRACTOR SIGNATURE (Required)

[Signature]

State of Florida, County of: Martin On

this the 5th day of Feb, 2004,

by DENNIS A Buford who is personally

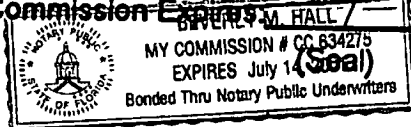
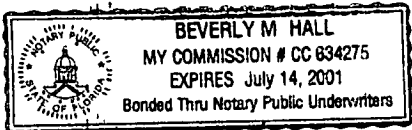
known to me or produced Fla Driver License

as identification. B-163-161-49-209-0

[Signature]

Notary Public

My Commission Expires: 7-14-01



Number of trees to be removed: 7 Number of trees to be retained: 120 Number of trees to be planted: _____ Number of Specimen trees removed: (4) Malaucea plus Australian Pine group
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, or 1/4" to scale with engineer's or architects seal and the following items.

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

Approved by Town Engineer: _____ Date: _____
(If required)

RETURN TO:
CHELSEA TITLE CO. #22

CLERK OF CIRCUIT COURT
MARTIN CO FL

RECORDED & VERIFIED
BY DC

Prepared By: Marilyn L. Russell
Chelsea Title Company
1229 S.E. Port St. Lucie Blvd. Port St. Lucie, FL 34952-5398
incidental to the issuance of a title insurance policy
File # 2061*98-146
Parcel ID # 35-37-41-000-000-00170-6
Grantee(s) SS #

01290833

98 APR 13 PM 2:50

DOC DFED # 3955 00 MARSHA STILLER
DOC MTG # _____ MARTIN COUNTY
DOC ASM # _____ CLERK OF CIRCUIT COURT
INT TAX # _____ BY [Signature] D.C.

WARRANTY DEED
(INDIVIDUAL)

This WARRANTY DEED, dated APRIL 9, 1998 by
DIANA SPAULDING FORMAN, as Trustee of the Diana Spaulding Forman Revocable Trust dated April 25, 1995
whose post office address is
1926 NE RIVER COURT, JENSEN BEACH, FL 34957

hereinafter called the GRANTOR, to
KEITH EDWARD INGRAM and LINDA LOUISE INGRAM, his wife
whose post office address is 101 North Sewall's Point Road, Stuart, FL 34996

hereinafter called the GRANTEE

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

WITNESSETH That the GRANTOR, for and in consideration of the sum of \$10 00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the GRANTEE, all that certain land situate in Martin County, Florida, viz
See Exhibit "A" attached.

SUBJECT TO covenants, conditions, restrictions, reservations, limitations, easements and agreements of record, if any, taxes and assessments for the year 1998 and subsequent years, and to all applicable zoning ordinances and/or restrictions and prohibitions imposed by governmental authorities, if any,

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

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

AND THE GRANTOR hereby covenants with said GRANTEE that except as above noted, the GRANTOR is lawfully seized of said land in fee simple, that the GRANTOR has good right and lawful authority to sell and convey said land, that the GRANTOR hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever

IN WITNESS WHEREOF, GRANTOR has signed and sealed these presents the date set forth above

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES

Signature [Signature]
Print Name Marilyn L. Russell

[Signature]
DIANA SPAULDING FORMAN

Signature [Signature]
Print Name WALTER G. WOODS

State of FLORIDA
County of MARTIN

I am a notary public of the state of FLORIDA, and my commission expires _____ THE
FOREGOING INSTRUMENT was acknowledged before me on April 9, 1998 by
DIANA SPAULDING FORMAN, as Trustee of the Diana Spaulding Forman Revocable Trust dated April 25, 1995
who is personally known to me or who has produced Drivers License as identification and who take an oath
(did/did not)

Notary Seal

Signature [Signature]
Print Name Marilyn L. Russell
Notary Public



MARILYN L. RUSSELL
Notary Public, State of Florida
My Comm Exp. May 1, 2002
Comm No CC 720808

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/26/2000

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

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

FILE

INSURERS AFFORDING COVERAGE

INSURED **Buford Construction Company**
4899 SE Jack Ave.
Stuart, FL 34997

INSURER A **Great American**
INSURER B **Hartford**
INSURER C
INSURER D
INSURER E

RECEIVED
MAY 31 2000
BY: *[Signature]*

COPY

FILE

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GGL1041	05/31/2000	05/31/2001	EACH OCCURRENCE \$ 500,00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,00
					PERSONAL & ADV INJURY \$ 500,00
					GENERAL AGGREGATE \$ 1,000,00
					PRODUCTS COMP/OP AGG \$ 1,000,00
					GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	38WBGDW3751	04/17/2000	04/17/2001	WC STATUTORY LIMITS OTH ER
					E L EACH ACCIDENT \$ 100,00
					E L DISEASE EA EMPLOYEE \$ 100,00
					E L DISEASE POLICY LIMIT \$ 500,00
	OTHER				

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

State of Florida

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
Town of Sewells Point One South Sewells Point Rd Sewalls Point Rd,, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 <i>Susan Fines</i> Susan Fines/SMF

ACORD. CERTIFICATE OF LIABILITY INSURANCE

ID CW
ALLPH-1

DATE (MM/DD/YY)
02/06/01

PRODUCER
HARBOR INSURANCE AGENCY
2222 Colonial Road, Suite 100
Fort Pierce FL 34950-5309
Phone: 561-462-6040 Fax: 561-460-2315

FILE

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

INSURED
All Florida Electric
Jeff Thompson D/B/A
411 Granada Street
Fort Pierce FL 34949

FILE

INSURERS AFFORDING COVERAGE	
INSURER A: Old Dominion Insurance Company	RECEIVED FEB - 6 2001
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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

BY: *nu*

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	MPG03822	05/18/00	05/18/01	EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMPROP AGG \$ 600,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATE TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
Town of Sewalls Point Fax 881-220-4765 Attn: Building Dept 1 South Sewalls Point Road Stuart FL 34996	SEWAL-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES <i>Kenneth J. Shockey</i> K. John Shockey

NOTICE OF ELECTION TO BE EXEMPT

PAID

STATE USE ONLY

Effective/Issue Date: 1/24/00

Expiration Date: 7/2002

Control Number: _____

Postmark Date: NPD

Received Date: _____

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application - refer to the instruction sheet for more details.

1731-00021367

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY Sole Proprietor Partner Corporate Officer (your corp. title: _____) -OR-

NON-CONSTRUCTION INDUSTRY Corporate Officer (your corp. title: _____)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"):

N/A

RECEIVED

JAN 24 2000

Are you a sole proprietor, partner, or corporate officer in any business entity other than the business to which this application applies?
 NO YES list the name of all other businesses in which you have an ownership interest: WEST PALM BEACH

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>All-Phase Electric</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>411 Granada Street</u>		City: <u>Fort Pierce</u>	State: <u>FL</u>
County: <u>St. Lucie</u>	Phone No.: <u>(561) 465-1660</u>	Nature of Business: <u>Electrical Contractor</u>	Zip: <u>34949</u>
Employment Compensation Ex No:	Date Business Established: <u>3/87</u>	FEIN: <u>273-44-4365</u>	No of Employees: <u>0</u>

Do you have a certified or registered license issued to you pursuant to Chapter 489, Florida Statutes? NO YES - identify the license and list the license no. of all licenses issued to you: ER0012230

FIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

Jeffrey M. Thompson
 PRINT NAME OF PERSON APPLYING FOR EXEMPTION

27314414365 06 130 157
 SOCIAL SECURITY NO mo. day yr.

Jeffrey M. Thompson
 APPLICANT'S SIGNATURE

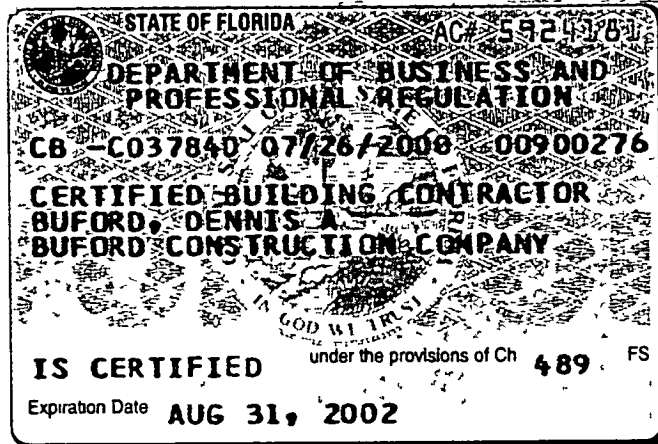
1/24/00
 DATE SIGNED

BY _____
 COUNTY OF FLORIDA, COUNTY OF St Lucie

to and subscribed before me this 24th day of January, 2000, by Sharon Waldron



Sharon Waldron
 Commissioner # 00 835080
 Expires May 26, 2003
 Bonded Through
 Atlantic Bonding Co., Inc.



FILE *he/ins*

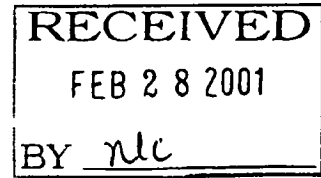
RECEIVED
FEB 22 2001
BY: *[Signature]*

STATE OF FLORIDA AC# 6160046
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
EC -0002725 02/12/2001 00020893
CERTIFIED ELECTRICAL CONTRACTOR
THOMPSON, JEFFREY M.
ALL PHASE ELECTRIC
IS CERTIFIED under the provisions of Ch 489 FS.
Expiration Date AUG 31, 2002

ALL PHASE ELECTRIC

411 Granada Street
Fort Pierce, Florida 34949
United States of America

EC 0002725
Phone 561 465 1660
Pager 561 377 5466
Fax 561 465 2255



February 27, 2001

Mr Ed Arnold
Town of Sewall's Point
Building Department
1 S Sewall's Point Rd
Sewall's Point FL 34996

Dear Mr Arnold,

I Jeffrey Thompson, owner of All Phase Electric, request that you accept James Combs as an agent of the company James will be acting in all matters on my behalf Please issue permits and inspections for the Ingram res. project located at 101 N Sewalls Point rd Sewall's Point, Florida 34996 Please accept his signature on documents and verbal requests for inspections as our company's representative

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Thompson".

Jeffrey Thompson
ALL PHASE ELECTRIC

A handwritten signature in black ink, appearing to read "Joan H Barrow".

Joan H Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAWN INSURANCE, INC.





INVOICE 11422

MAIN OFFICE
3102 Enterprise Road Fort Pierce FL 34982
St Lucie Co 561 595 6254
Martin Co 561 287 5453
FAX 561 461 3077
800 330 7686
E-mail kyledkelly@aol.com

TERMS NET 10 DAYS

REMIT PAYMENT TO K R K Enterprises Inc • PO BOX 3093 • FORT PIERCE FL 34948 3093

CUSTOMER ECB Vanhook
ADDRESS 101 N Semmes St
CITY/ZIP Fort Pierce
PHONE # 888-661-1111
FAX/OTHER #
CONTACT

DATE COMPLETED
10-7 _____ 10-8 _____ 3-6-01

COD BILLING Initials
 CHECK # _____
 CASH _____
 CARD # _____
EXP DATE _____
ZIP CODE _____
AUTHORIZATION # _____
PO # _____

BILL TO

TOTAL-CARE' Inspection Notes

- S/T was at normal level
- S/T above normal level
- S/T was structurally sound
- D/F showing signs of failure
- Water table @ _____ "Cover over D/F _____"
- D/F bottom @ _____ "Separation of _____"
- D/F saturated Effluent flowing back from D/F
- Recommend D/F Rejuv New D/F
- Excessive waste in S/T G/T
- Excessive Sand Roots tank lines
- Recommend cleaning S/T G/T
- Recommend jet cleaning tank lines
- Excessive grease in tank lines
- S/T lid needs to be replaced repaired
- Outlet baffle needs to be replaced repaired
- Water running continuously
- Recommend Drain Cleaner S/T trmt CuS
- Recommend Video Camera inspection
- Recommend additional work to be performed
- Recommend "Priority Care" Service Agreement
- Requested Proposal for additional work to be performed
- OTHER see comments

KRK SERVICES PROVIDED

VACUUM TRUCK

- Septage _____ gallons
- GREASE _____ gallons
- HOURLY _____ hours
- S/T INSPECTION ONLY S/T & D/F CERTIFICATION
- DUMP FEES SAND REMOVAL
- HYDRO JETTING
 - line cleaned? _____
 - JETTER # _____ hours
- VIDEO INSPECTION & UNDERGROUND LOCATING
 - CAMERA _____ hours
 - LOCATOR _____ hours
- PLUMBING LIFT STATION REPAIRS BACKFLOW REPAIRS
 - FLAT RATE ESTIMATE - see comments
 - LABOR _____ hours
 - 2nd TECH _____ hours
 - MATERIALS _____
 - see list below
 - OTHER _____
 - INSPECTION SERVICE CHARGE ONLY 75.00
- PRODUCT SALES
 - S/T TREATMENT _____
 - DRAIN CLEANER _____
 - GTT 5-gal _____
 - HGTT 5-gal _____
 - ROOT DESTROYER _____
 - CARPET CLEANER _____
 - GTT 15 gal _____
 - HGTT 15-gal _____

TOTAL AMOUNT DUE 75.00
\$30.00 or 5% (whichever is greater) Service Charge for all Returned Checks

ADDITIONAL COMMENTS/RECOMMENDATIONS/SKETCHES

2nd inspection and still no way out in tank tanks

- Priority-Care Customer Service
- Emergency Service "ON CALL"
- Requested Priority Care Service Agreement

PAID BY TERMS
A service charge of 1 1/2 % per month (max 18 % per annum) will be charged to all accounts unpaid past 30 days. Costs plus reasonable attorney fees to be added in case of suit for collection.

OUR GOAL is to achieve 100% CUSTOMER SATISFACTION
By signing this invoice I concur that the above described service(s) was/were performed to my complete satisfaction

CUSTOMER'S SIGNATURE
Kyle Kelly
Krk TECHNICIAN(S)

Return To:
Chelsea Title Co
Box #77

NOTICE OF COMMENCEMENT

FLA 1967 LAWS

This Notice of Commencement is filed in connection with
Mortgage filed in O R Book _____, page _____,
Public Records of Martin County, Florida

State of Florida
County of Martin

Parcel ID# 35-37-41-0000-0000-170600

Loan Number 24064543

**WE HEREBY CERTIFY THIS TO BE
A TRUE AND CORRECT COPY.
CHELSEA TITLE CO.**

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with
Section 713.13 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT

Description of Property
SEE ATTACHED EXHIBIT "A"

General description of improvements SINGLE FAMILY RESIDENCE AND ALL IMPROVEMENTS

Owner KEITH E. INGRAM, LINDA LOUISE INGRAM

Address 1551 SE BALLANTRAE COURT, PORT ST LUCIE, FL 34952-

Owner's interest in site of the improvement FEE SIMPLE

This instrument prepared by

HARBOR FEDERAL SAVINGS BANK

Fee Simple Title Holder (if other than owner)

Name NONE

Address NONE

Contractor BUFORD CONSTRUCTION COMPANY Phone #. (561) 283-2050

Address. 606 CAMDEN AVENUE STUART, FL 34994

Surety (if any) NONE

Address NONE

Amount of Bond \$ NONE

Name of any person making a loan for the construction of the above improvements:

HARBOR FEDERAL SAVINGS BANK Telephone # 561-460-7239
POST OFFICE BOX 249
FORT PIERCE, FLORIDA 34954

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served

HARBOR FEDERAL SAVINGS BANK Telephone # 561-460-7239
POST OFFICE BOX 249
FORT PIERCE, FLORIDA 34954

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(1)(F), Florida Statutes, (Fill in at Owner's option)

Keith E Ingram
Owner

The foregoing instrument was acknowledged before me this 16 day of February, 2001, by
Keith E Ingram, who is personally known to me or who has produced
a driver's license, as identification



PAM SLOAN
Notary Public State of Florida
My Comm Exp Jul 16, 2004
Comm No CC 952150

Pam Sloan
Notary Public Pam Sloan
My Commission Expires.
My Commission No

EXPIRATION DATE OF THE NOTICE OF COMMENCEMENT IS 1 YEAR FROM THE DATE OF RECORDING, UNLESS OTHERWISE SPECIFIED.



3102 Enterprise Road
Fort Pierce, FL 34982
800 330 7686
561 461 3077 fax

**"PRIORITY-CARE"
MAINTENANCE SERVICES**

KRK ENTERPRISES SEPTIC TANK CERTIFICATION
for Martin County Public Health Unit (Fax # 561.221 4967)

Septic Tank Contractor **KRK ENTERPRISES** License # **SLC - 104**

Job Address 101 N. SEWELLS POINT Pk. SEWELLS POINT, FL

SEPTIC TANK ABANDONMENT

I certify the septic system at 101 N. SEWELLS POINT Pk.
was pumped by KRK Enterprises for abandonment on MARCH 8, 01. The septic tank
will be abandoned by LEB Demolition in accordance with Chapter 10D-6 053, Florida
Administrative Code

Marvin Kelly S/T
Marvin Kelly - Secretary / Treasurer

SR0890167
Certification #

MARCH 8, 01
Date of inspection

"Committed to Exceeding Your Expectations!"

www.FPROTOROOTER.com

Permit No -

MARTIN COUNTY HEALTH DEPT.

620 S Dixie Hwy
Stuart, FL 34994
(861) 221-4090

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

Received From Y.E.B. Demolition

For Tank Aband.

Name 101-N. Stwalls Pt. Rd. 50.00

Permit # 43-88-3211

Environmental Health
No 54969

YMM
Cashier's Signature

RECEIVED
APR 18 2001
BY. EA

FILE PD 5254
101 N. STEWALLS POINT RD



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ ~~2001~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5013		Roof + floor truss	Passed	Drgs ??
①	18 Ridgeland FL Finest	Engineering		INSPECTOR <i>J</i> 3/2
5192	Rao	Tie beam	Passed	
①	33 Carle Hill w AR Hart-			INSPECTOR <i>J</i> 3/2
5143	Giffard	Part Tie beam	Passed	(Partial)
②	85 N. Sewalls Pt. Scott Homes	+ Columns		INSPECTOR <i>J</i> 3/2
5109	Ingram	Imp. El.	Passed	Call PPL
③	101 N. Sewall Pt. Al Phase El.			INSPECTOR <i>J</i> 3/2
T/R	Noujel	Tree rem.		
?	6 Ridgeview			INSPECTOR
5185	JONES	form, insp.	Passed	
⑥	14 HERONS NEST O/B	(concrete)		INSPECTOR <i>J</i> 3/2
5152	BONING & I	SEAWALL -	Passed	
⑦	5 ST LUCIE CT. TROPIC MARINE	FINAL		Hillocraft INSPECTOR <i>J</i> 3/2

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5284	ST. LUCIE BLDG. 3601 E. OCEAN A+W	FINAL (Roof)	Passed	INSPECTOR [Signature] 4/18 ✓
①				
✓ 4895	SEELY 37 NE LOFTING GRIBBEN	FINAL - CO	rollover	→ Friday (Late) (CONT. REQUEST) [Signature] ✓
⑦				INSPECTOR
✓ 4943	BOTWINICK 27 EMARITA WAY FIRST FL. DEVEL. & CONST. →	THEATRE ADDN - FINAL / C.O. (BRUCE STALEY 260.8827)	Passed	1145 called FPL w/ note release INSPECTOR [Signature] 4/18 ✓
⑧				
✓ 5254	INGRAM 101 N. SEWALL'S POINT RD. BUFORD CONST.	DEMOLITION - FINAL	Passed	INSPECTOR [Signature] 4/18 ✓
③				
✓ 5121	NOHEJL 18 S VIA LUCINDIA	FINAL - PANEL CHANGE	rollover	→ Monday (O/B REQUEST) [Signature] ✓
④				INSPECTOR
✓ 5150	NOHEJL 18 S. VIA LUCINDIA O/B	FINAL - ROOF ALT.	rollover	→ Monday (O/B REQUEST) [Signature] ✓
⑤				INSPECTOR
✓ 4978	RIMER 29 S RIVER RD LEAR DEV.	2nd floor tie beam	Passed	INSPECTOR [Signature] 4/18 ✓
⑥				

OTHER _____

ROBERT M WIENKE
Mayor

MARC S TEPLITZ
Vice Mayor

DAWSON C GLOVER, III
Commissioner

THOMAS P BAUSCH
Commissioner

E DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C DORSKY
Town Manager

JOAN H BARROW
Town Clerk

LARRY E McCARTY
Chief of Police

EDWIN B ARNOLD
Building Official

JOSE TORRES, JR
Maintenance

CERTIFICATE OF COMPLETION

DEMOLITION (w/ACCESS STRUCTURE)
 Single Family Residence Other _____

OWNER KEITH/LINDA INGRAM , PROPERTY ADDRESS 101 N SEWALL'S POINT RD.

LEGAL DESCRIPTION LOT 2 BLOCK _____ SUBDIVISION (PTL) GOV. LOT

GENERAL CONTRACTOR BURFORD CONSTRUCTION, INC. , LIC/CERT NO. CBC-037840

ADDRESS 606 CAMDEN AVE, STUART, FL 34994 , TEL 783-2050 , FAX 783-0940

ARCHITECT OR ENGINEER N/A , LIC/REG NO _____

ADDRESS _____ , TEL _____ , FAX _____

PERMIT NO 5254 , DATE OF ISSUE 2/7/01 , RENEWAL PERMIT NO N/A , DATE OF ISSUE —

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Completion is hereby issued for the foregoing described property

Entered at Sewall's Point, Florida, this 18TH day of APRIL , 2001

Edwin B Arnold, AIA, CBO
Building Official, Town of Sewall's Point

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail police@sewallspoint.org

5358

SFR

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 5/8/01 BUILDING PERMIT NO. 5358
 Building to be erected for KEITH/LINDA INGRAM Type of Permit BLDG - S.F.P.
 Applied for by BUFORD CONST. CO., INC. (Contractor) Building Fee 4,800.00
 Subdivision GOV. LOT Lot 2 (PT) Block _____ Radon Fee 68.40
 Address 101 N. SEWALL'S POINT ROAD Impact Fee N/A
 Type of structure SFR W/ACCESS. STRUCTURE A/C Fee 120.00
(REPLACEMENT) Electrical Fee 120.00
 Parcel Control Number Plumbing Fee 120.00
35-37-41-000-00170-60000 Roofing Fee 120.00
 Amount Paid \$5,828.40 Check # 1152 Cash _____ Other Fees (PLAN REV.) 480.00
 Total Construction Cost \$ 500,000.00 TOTAL Fees \$5,828.40

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT, NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE. DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

MASTER PERMIT NO. 5358

TOWN OF SEWALL'S POINT

Date 9/18/01

BUILDING PERMIT NO. 5359

Building to be erected for KEITH/LINDA INGRAM

Type of Permit ELECT - SUB

Applied for by ALL PHASE ELECTRIC (Contractor)

Building Fee _____

Subdivision GOV LOT Lot 2 (PTL) Block _____

Radon Fee _____

Address 101 N SEWALL'S POINT ROAD

Impact Fee _____

Type of structure S.F.R. W/ACCESS. STRUCT.

~~AVG Fee~~ SEE PN 5358
Electrical Fee _____

QUALIFIER: JAMES COMBS /
LIC/CERT: JEFF THOMPSON
EC-0002725

Parcel Control Number: _____

Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

MASTER PERMIT NO. 5358

TOWN OF SEWALL'S POINT

Date 9/13/01 BUILDING PERMIT NO. 5360
 Building to be erected for KEITH/LINDA INGRAM Type of Permit A/C ~~REAR~~ - SUB
 Applied for by ENVIRONMENTAL CONTROL TECHNOLOGY, INC. (Contractor) Building Fee _____
 Subdivision GOV LOT Lot 2 (PT.) Block _____ Radon Fee _____
 Address 101 N. SEWALL'S POINT ROAD Impact Fee _____
 Type of structure S.P.R. W/ ACCESS, STREET. A/C Fee _____
QUALIFIER: MARK MAZZILLI Electrical Fee SEE PN 5358
LC/CERT: CA-C041263 Plumbing Fee _____
 Parcel Control Number _____ Roofing Fee _____
 Amount Paid _____ Check # _____ Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ _____ TOTAL Fees _____
 Signed Mark Mazzilli Applicant Signed _____ Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

MASTER PERMIT NO. 5358

TOWN OF SEWALL'S POINT

Date 6/14/01

BUILDING PERMIT NO. 5361

Building to be erected for KEITH/LINDA INGRAM

Type of Permit PLUMB'G - SUB

Applied for by MASTER PLUMBING (Contractor)

Building Fee _____

Subdivision GEN. LOT Lot 2 (PT) Block _____

Radon Fee _____

Address 101 N. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR. W/ACCESS. STREET.

A/C Fee _____

QUALIFIER: PETER VANETTEN
LIC/CRPT CF-C057528

Electrical Fee _____

Parcel Control Number _____

Plumbing Fee SEE PD 5358

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Peter Van Etten
Applicant

Signed [Signature]
Town Building Inspector

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____
COMPACTION TESTS	DATE _____
GROUND ROUGH	DATE _____
SOIL POISONING	DATE _____
FOOTINGS / PIERS	DATE _____
SLAB ON GRADE	DATE _____
TIE-BEAMS & COLUMNS	DATE _____
STRAPS AND ANCHORS	DATE _____
DRIVEWAY	DATE _____
AS-BUILT SURVEY	DATE _____

SHEATHING	DATE _____
FRAMING	DATE _____
INSULATION	DATE _____
ROOF DRY-IN	DATE _____
ROOF FINAL	DATE _____
METER FINAL	DATE _____
AS BUILT SURVEY	DATE _____
STORM PANELS	DATE _____
LANDCAPE & GRADE	DATE _____
FINAL INSPECTION	DATE _____

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



Town of Seawall's Point
BUILDING PERMIT APPLICATION

5358

Owner or Titleholder's Name Keith and Linda Ingram Phone No. (561) 398-4995

Street: 3205 SE Morningside Boulevard City Port St. Lucie State FL Zip 34952

Legal Description of Property: Gov. Lot 2, Section 35, Township 37, S. Range 41 East

Sewall's Point Parcel Number 35341000000170.60000

Location of Job Site: 101 N Sewall's Point Road

TYPE OF WORK TO BE DONE: New Residence

CONTRACTOR/Company Name: Buford Construction Co., Inc. Phone No. (561) 283-2050

Street: 606 Camden Avenue City Stuart State FL Zip 34994

State Registration: N/A State License: CBC037840

ARCHITECT: Joseph P. McCarty Phone No. (561) 287-6735

Street: 900 E. Osceola City Stuart State FL Zip 34994

ENGINEER: V.J. Gerley and Associates Phone No (561) 334-2600

Street: 3190 NE Maple Avenue City Jensen Beach State FL Zip 34957

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: 5080 Garage Area: 900 Carport: _____ Accessory Bldg: _____

Covered Patjo: 390 Scr. Porch: 470 Wood Deck: _____

Type Sewage: Septic Septic Tank Permit # from Health Dept. 43-SS-02991

New Electrical Service Size: 400 AMPS

FLOOD HAZARD INFORMATION

Flood zone: A-8 & C Minimum Base Flood Elevation (BFE) 9 NGVD

Proposed first habitable floor finished elevation: F.F.E. = 13.0' NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 500,000.00

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

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

Method of determining Fair Market Value: _____

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

Electrical: Fairchild Electric State FL License # ER0010037

Mechanical: Environmental Control Technology State FL License # CAC041263

Plumbing: Master Plumbing State FL License # RF0036357

Roofing: Pacific Roofing State FL License # CCC056793

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

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

OWNER or AGENT SIGNATURE (Required)

Keith E. Ingram
Owner

State of Florida, County of Martin On

this the 9th day of January, 2000

by _____ who is personally

known to me or produced drivers license

as identification.

Herberta J. Daley
Notary Public

My Commission Expires _____
Herberta J. Daley
Commission # CC 959050
Expires Sep 17, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (Required)

[Signature]
Contractor

State of Florida, County of Martin On

this the 9th day of January, 2000

by _____ who is personally

known to me or produced drivers license

as identification.

Herberta J. Daley
Notary Public

My Commission Expires _____
Herberta J. Daley
Commission # CC 959050
Expires Sep 17, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

TREE REMOVAL (Attach sealed survey)

822

Number of trees to be removed: 10 Number of trees to be retained: 120 Number of trees to be planted: _____ Number of Specimen trees removed: (4) plus Australian Pine group

Fee: \$ _____ Authorized/Date: _____

9.5
10.5
11.0

31.0 10.33
 1.5

 11.83 → 120

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: [Signature] Date: 5/4/07

Approved by Town Engineer _____ Date: _____
(If required)

RETURN TO:
CHELSEA TITLE CO. #22

CLERK OF CIRCUIT COURT
MARTIN CO. FL

RECORDED & VERIFIED
BY DC

Prepared By: Marilyn L. Russell

Chelsea Title Company

1229 S.E. Port St. Lucie Blvd. Port St. Lucie, FL 34952-5398

incidental to the issuance of a title insurance policy

File #: 2061*98-146

Parcel ID #: 35-37-41-000-000-00170-6

Grantee(s) SS #:

01290833

98 APR 13 PM 2:50

DOC-DFED # 3955 00 MARSHA STILLER
DOC MTG # _____ MARTIN COUNTY
DOC ASM # _____ CLERK OF CIRCUIT COURT
INT TAX # _____ BY [Signature] D.C.

**WARRANTY DEED
(INDIVIDUAL)**

This WARRANTY DEED, dated APRIL 9, 1998 by
DIANA SPAULDING FORMAN, as Trustee of the Diana Spaulding Forman Revocable Trust dated April 25, 1995

whose post office address is

1926 NE RIVER COURT, JENSEN BEACH, FL 34957

hereinafter called the GRANTOR, to

KEITH EDWARD INGRAM and LINDA LOUISE INGRAM, his wife

whose post office address is 101 North Sewall's Point Road, Stuart, FL 34996

hereinafter called the GRANTEE

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

WITNESSETH That the GRANTOR, for and in consideration of the sum of \$10 00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the GRANTEE, all that certain land situate in Martin County, Florida, viz
See Exhibit "A" attached.

SUBJECT TO covenants, conditions, restrictions, reservations, limitations, easements and agreements of record, if any; taxes and assessments for the year 1998 and subsequent years, and to all applicable zoning ordinances and/or restrictions and prohibitions imposed by governmental authorities, if any,

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

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

AND THE GRANTOR hereby covenants with said GRANTEE that except as above noted, the GRANTOR is lawfully seized of said land in fee simple, that the GRANTOR has good right and lawful authority to sell and convey said land, that the GRANTOR hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever

IN WITNESS WHEREOF, GRANTOR has signed and sealed these presents the date set forth above

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES

Signature [Signature]
Print Name Marilyn L. Russell

[Signature]
DIANA SPAULDING FORMAN

Signature [Signature]
Print Name WALTER G. WOODS

State of FLORIDA
County of MARTIN

I am a notary public of the state of FLORIDA, and my commission expires _____ THE
FOREGOING INSTRUMENT was acknowledged before me on Apr 9, 1998 by
DIANA SPAULDING FORMAN, as Trustee of the Diana Spaulding Forman Revocable Trust dated April 25, 1995
who is personally known to me or who has produced Drivers License as identification and who take an oath
(did/did not)

Notary Seal

Signature [Signature]
Print Name Marilyn L. Russell
Notary Public



MARILYN L. RUSSELL
Notary Public, State of Florida
My Comm. Exp. May 1, 2002
Comm No CC 720806

ACORD CERTIFICATE OF LIABILITY INSURANCE

05/02/2001

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

COPY

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 **Buford Construction Company**
 606 Camden Ave
 Stuart, FL 34994

See file

INSURERS AFFORDING COVERAGE	
INSURER A Great American	RECEIVED MAY - 7 2001 BY: <i>[Signature]</i>
INSURER B Hartford	
INSURER C	
INSURER D	
INSURER E	

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GGL2705	05/31/2000	05/31/2001	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 500,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	38WBGGA6515	04/17/2001	04/17/2002	WC STATU TORY LIMITS OTH ER
					E L EACH ACCIDENT \$ 100,000
					E L DISEASE EA EMPLOYEE \$ 100,000
					E L DISEASE POLICY LIMIT \$ 500,000
	OTHER				

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

State of Florida

CERTIFICATE HOLDER	ADDITIONAL INSURED INSURER LETTER	CANCELLATION
Town of Sewells Point One South Sewells Point Rd Sewalls Point Rd, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Susan Fines/DRS <i>[Signature]</i>

STATE OF FLORIDA AC# 5924181
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CB - 0037840 07/26/2000 00900276
CERTIFIED BUILDING CONTRACTOR
BUFORD, DENNIS A.
BUFORD CONSTRUCTION COMPANY
IN GOD WE TRUST
IS CERTIFIED under the provisions of Ch 489 FS
Expiration Date AUG 31, 2002

ALL PHASE ELECTRIC

411 Granada Street
Fort Pierce, Florida 34949
United States of America

EC 0002725
Phone 561 465 1660
Pager 561 377 5466
Fax 561 465 2255

RECEIVED
FEB 28 2001
BY: *nc*

February 27, 2001

Mr Ed Arnold
Town of Sewall's Point
Building Department
1 S Sewall's Point Rd.
Sewall's Point, FL 34996

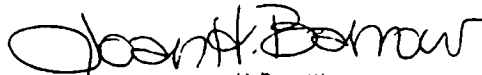
Dear Mr Arnold,

I, Jeffrey Thompson, owner of All Phase Electric, request that you accept James Combs as an agent of the company James will be acting in all matters on my behalf Please issue permits and inspections for the Ingram res. project located at 101 N Sewalls Point rd Sewall's Point, Florida 34996 Please accept his signature on documents and verbal requests for inspections as our company's representative

Sincerely,



Jeffrey Thompson
ALL PHASE ELECTRIC



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FARM INSURANCE, INC.



PRODUCER

HARBOR INSURANCE AGENCY
2222 Colonial Road, Suite 100
Fort Pierce FL 34950-5309
Phone. 561-461-6040 Fax 561-460-2315

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

INSURERS AFFORDING COVERAGE

INSURED

All Phase Electric
Jeff Thompson D/B/A
411 Granada Street
Fort Pierce FL 34949



INSURER A	Old Dominion Insurance Company
INSURER B	
INSURER C	
INSURER D	
INSURER E	

RECEIVED
MAY 30 2001
BY: *[Signature]*

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MPG03822	05/18/01	05/18/02	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 300,000
					GENERAL AGGREGATE \$ 600,000
					PRODUCTS COMPI/OP AGG \$ 600,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS OTH ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE EA EMPLOYEE \$
					E.L. DISEASE POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED, INSURER LETTER

CANCELLATION

Town of Sewalls Point
Fax 561-220-4765
Attn Building Dept
1 South Sewalls Point Road
Stuart FL 34996

SEWAL-1

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

[Signature]
Harbor Insurance Agency

NOTICE OF ELECTION TO BE EXEMPT

PAID

STATE USE ONLY

Effective/Issue Date: 1/24/00

Expiration Date: 7/2002

Control Number:

Postmark Date: NPD

Received Date:

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application - refer to the instruction sheet for more details.

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY Sole Proprietor Partner Corporate Officer (your corp. title:) -OR-

NON-CONSTRUCTION INDUSTRY Corporate Officer (your corp. title:)

1731-00021367

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"):

N/A

RECEIVED

JAN 24 2000

Are you a sole proprietor, partner, or corporate officer in any business entity other than the business to which this application applies?

NO YES list the name of all other businesses in which you have an ownership interest.

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: All-Phase Electric		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: 411 Granada Street		City: Fort Pierce	State: FL
County: St. Lucie	Phone No: (561) 465-1660	Nature of Business: Electrical Contractor	Zip: 34949
Unemployment Compensation Tax No:	Date Business Established: 3/87	FEIN: 273-44-4365	No of Employees: 0

Do you have a certified or registered license issued to you pursuant to Chapter 489, Florida Statutes? YES - identify the license and list the license no. of all licenses issued to you. ER0012230 NO

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, on any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

Jeffrey M. Thompson
 NAME OF PERSON APPLYING FOR EXEMPTION

27314414365 06130157
 SOCIAL SECURITY NO mo. day yr.
 DATE OF BIRTH

1/24/00
 DATE SIGNED

ATTEST:

STATE OF FLORIDA, COUNTY OF St. Lucie

Witnessed and subscribed before me this 24th day of January, 2000, by Sharon Waldron

Sharon Waldron
 Commission # 00 835080
 Expires May 28, 2003
 Bonded Thru
 Atlantic Bonding Co., Inc.



FILE *he/ins*

RECEIVED
FEB 22 2001
BY: *[Signature]*

STATE OF FLORIDA AC# 6160046
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
EC -0002725 02/12/2001 00020873
CERTIFIED ELECTRICAL CONTRACTOR
THOMPSON, JERREY M.
ALL PHASE ELECTRIC
IS CERTIFIED under the provisions of Ch 489 F.S.
Expiration Date AUG 31, 2002

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/30/2001

PRODUCER (561)287-2030 FAX (561)288-2481
Deakins-Carroll Insurance Agency
www.deakinscarroll.com
P.O. Box 1597
Pt Salerno, FL 34992

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

INSURERS AFFORDING COVERAGE

INSURED Environmental Control Technology, Inc.
3397 SW 42nd Avenue
Palm City, FL 34990

INSURER A Transcontinental Ins. Co
INSURER B Bridgefield Employers Ins Co
INSURER C
INSURER D
INSURER E

RECEIVED

MAY - 2 2001

FILE
2/21/2002

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	C2020263887	04/01/2001	04/01/2002	EACH OCCURRENCE	\$ 1,000,000
	GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire)	\$ 50,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	C2020263923	04/01/2001	04/01/2002	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,00
					BODILY INJURY (Per person)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				PROPERTY DAMAGE (Per accident)	\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	83027415	04/01/2001	04/01/2002	AUTO ONLY EA ACCIDENT	\$
	OTHER				OTHER THAN AUTO ONLY EA ACC AGG	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
					WC STATUTORY LIMITS	
					OTHER	
					E L EACH ACCIDENT	\$ 500,00
					E L DISEASE EA EMPLOYEE	\$ 500,00
					E L DISEASE POLICY LIMIT	\$ 500,00

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

CERTIFICATE HOLDER

ADDITIONAL INSURED, INSURER LETTER

CANCELLATION

Sewall's Point, City of
1 South Sewall's Point Road
Stuart, FL 34996

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

AUTHORIZED REPRESENTATIVE

David Deakins/BAG

©ACORD CORPORATION

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530

MAZZILLI, MARK
ENVIRONMENTAL CONTROL TECHNOLOGY INC
3397 SW 42ND AVE
PALM CITY FL 34990-5554

STATE OF FLORIDA AC# 587758

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CA -C041263 06/10/2000 99902144

CLASS B CERTIFIED AIR COND CONTI
MAZZILLI, MARK
ENVIRONMENTAL CONTROL TECHNOLOGY

IS CERTIFIED under the provisions of Ch 489 F

Expiration Date AUG 31, 2002

DETACH HERE

5877589

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

DATE	BATCH NUMBER	LICENSE NBR
6/10/2000	99902144	CA -C041263

CLASS B AIR CONDITIONING CONTRACTOR
as provided below - IS CERTIFIED
under the provisions of Chapter 489 -- FS.
Expiration date: AUG 31, 2002

MAZZILLI, MARK
ENVIRONMENTAL CONTROL TECHNOLOGY INC
3397 SW 42ND AVE
PALM CITY FL 34990-5554

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE 2001

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

LICENSE 1980 518 171 CERT LA 0041203

PHONE 561 283 0746 SIC NO 0000

LOCATION

3397 SW 42ND AVE

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR	\$	<u>0.00</u>	LIC FEE	\$	<u>25.00</u>
	\$	<u>0.00</u>	PENALTY	\$	<u>0.00</u>
	\$	<u>0.00</u>	COL FEE	\$	<u>0.00</u>
	\$		TRANSFER	\$	<u>0.00</u>
		TOTAL	<u>25.00</u>		

ENVIRONMENTAL CONTROL TECH INC
3397 SW 42ND AVENUE
PALM CITY FL 34990

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION
OF MISC. CONTR. - AIR CONDITIONIN

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 20⁰⁰
AND ENDING SEPTEMBER 30 2001 12 81402 1590 PAID

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER Stuart Insurance, Inc 3070 S W Mapp Palm City FL 34990 Phone 561-286-4334 Fax 561-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW INSURERS AFFORDING COVERAGE INSURER A Southern Owners INSURER B Auto Owners Insurance Co INSURER C INSURER D INSURER E
--	---

INSURED Masters Plumbing, Inc of Martin County dba Master Plumbing 2551 SE Clayton Street Stuart FL 34997-5017	<div style="text-align: center; font-size: 2em; font-weight: bold;">FILE</div> <div style="text-align: center;">kevin</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="text-align: center; font-weight: bold; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">SEP 22 2000</p> <p style="text-align: center; margin: 0;">BY: <i>[Signature]</i></p> </div>
--	--

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	20100900-01	10/09/00	10/09/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	41100100-01	10/09/00	10/09/01	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 500000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ 500000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ 500000
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
B	EXCESS LIABILITY	21100900-01	10/09/00	10/09/01	EACH OCCURRENCE \$ 2000000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2000000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10000				\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS OTH-ER \$
					E L EACH ACCIDENT \$
					E L DISEASE EA EMPLOYEE \$
					E L DISEASE POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Plumbing Contractor - State of Florida

CERTIFICATE HOLDER N TOWSP-1 Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES <i>[Signature]</i> Joseph E Coons CPCU CIC
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
3/23/01

INSURER
Aon Risk Services, Inc.
1001 Brickell Bay Dr.
Suite 1100
Miami, FL 33131-4937
305-372-9950

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

COMPANIES AFFORDING COVERAGE

COMPANY
A NATIONAL FIRE INS CO OF HTFD

COMPANY
B CONTINENTAL CASUALTY COMPANY

COMPANY
C

COMPANY
D

RECEIVED
MAR 28 2001

INSURED
OASIS OUTSOURCING, INC.
(FORMERLY PEM)
Sarasota Center
1819 Main Street, 8th Floor
Sarasota, FL 34236

FILE
luc/ins

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER S & CONTRACTOR S PROT				GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	194268115 194268129	4/01/01	4/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1000000 EL DISEASE POLICY LIMIT \$ 1000000 EL DISEASE EA EMPLOYEE \$ 1000000
B	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:
MASTER PLUMBING

CERTIFICATE HOLDER
TOWN OF SEWALLS POINT
1 S SEWALLS POINT ROAD
SEWALLS POINT, FL 34996

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES
AUTHORIZED REPRESENTATIVE *Joseph Tichangelo* 015687432

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 REF: 0086357 06/04/1999 9870279
 REGISTERED PLUMBING CONTRACTOR
 VAN ETTEN, PETER J.
 MASTER PLBG INC. DE MARTIN CNTY.
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)
 HAS REGISTERED under the provisions of Ch. 489
 Expiration Date: AUG 31, 2001

DETACH HERE

05503786 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DATE	BATCH NUMBER	CYCLIC	NEP
06/04/1999	06/04/1999		

The PLUMBING CONTRACTOR Named below HAS REGISTERED Under the provisions of Chapter 489. Expiration date: AUG 31, 2001. (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

VAN ETTEN, PETER J.
 MASTER PLBG INC. OF MARTIN CNTY.
 2551 SE CLAYTON ST
 STUART FL 34997-5017

JEB BUSH GOVERNOR DISPLAY AS REQUIRED BY LAW CYNTHIA A HENDERSON SECRETARY

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 FLORIDA INDUSTRIAL LICENSING BOARD

DATE: 07/27/00 BATCH NUMBER: LICENSE NBR:

To: **EXEMPTED**
 Under the provisions of Chapter 289
 Expiration date: AUG 31 2002

CF-C057528

VAN ETTEN, PETER J
 MASTERS PLUMBING INC OF MARTIN COUNTY
 2551 SE CLAYTON STREET
 STUART FL 34997

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

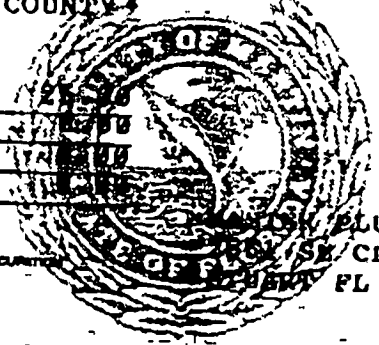
CYNTHIA A. HENDERSON
 SECRETARY

MARTIN COUNTY ORIGINAL
 2000 COUNTY OCCUPATIONAL LICENSE 2001
 Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34985
 (887) 288-6804

LICENSE 1977 524 053 CERT _____
 PHONE 561 287 2366 LIC NO 0000
 LOCATION: 2551 SE CLAYTON ST

CHARACTER COUNTS IN MARTIN COUNTY

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



PLUMBING
 SE CLAYTON
 FL 34997

IS HEREBY APPLIED TO MYSELF IN THE BUSINESS, PROFESSION OR OCCUPATION OF
 PLUMBING
 AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE
 30 DAY OF AUGUST 00
 AND ENDING SEPTEMBER 30, 2001

RECEIPT OF PAYMENT
 L.C. O'STEEN
 89 08/30/2001 FOR \$25.00
 1977524053
 0000008390047267



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

CENTRAX # 43-SS-02991
OSTDSNBR 00-1014-N

rw

CONSTRUCTION PERMIT FOR

[] New System [] Existing System [] Holding Tank [] Innovative Other
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT INGRAM, DR KEITH AGENT LINDSY,

PROPERTY STREET ADDRESS 101 N SEWALLS POINT Rd SEWALLS POINT FL

LOT 2 BLOCK _____ SUBDIVISION SEWALLS POINT

[Section/Township/Range/Parcel No.]

PROPERTY ID # 3537410000000017 0-6 [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT

SYSTEM DESIGN AND SPECIFICATIONS

T [1500] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES []
A [0] Gallons MULTI-CHAMBERED/IN SERIES []
N [0] GALLONS GREASE INTERCEPTOR CAPACITY
K [0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D [583] SQUARE FEET PRIMARY DRAINFIELD SYSTEM Trench or
R [875] SQUARE FEET BED. SYSTEM
A TYPE SYSTEM [] STANDARD [] FILLED [] MOUND []
I CONFIGURATION [] TRENCH [] BED []

F LOCATION TO BENCHMARK Concrete Monument In SW Corner of Property 10 0 NGVD
I ELEVATION OF PROPOSED SYSTEM SITE [6 0] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [24 0] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED [0 0] INCHES EXCAVATION REQUIRED [0 0] INCHES
OTHER REMARKS

Sleeve potable water lines within 10 feet of drainfield The drainfield aggregate must be at least 5 feet from the property line(s) Install an approved outlet filter in the septic tank Do not exceed 18" of cover on the top of the drainfield See the attached special conditions list A reinspection fee will be charged for additional inspections All special conditions and items above must be completed prior to Final Inspection and Approval

SPECIFICATIONS BY Black, Angela TITLE ESTI

APPROVED BY Cross, Ray TITLE Env Supervisor II Martin CHD

DATE ISSUED 1/5/01 EXPIRATION DATE 7/5/02

DH 4016, 03/97 (Obsoletes previous editions which may not be used)
(Stock Number 5744-001-4016-0) (ostds_cons_4016-1)

FILE
TOWN COPY
101 N. SEWALLS POINT RD.
Page 1

PP 5358

5/4/01



Martin County Health Department

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME INGRAM PERMIT NO 43-SS-02991
SUBDIVISION Sewalls Point

Permit General Conditions

Finished floor foundation elevation is recommended to be above the drainfield filled elevation of 0 inches above grade 10.5 If the foundation is proposed to be lower than the drainfield filled elevation, please contact this office to determine the foundation setback away from the drainfield (setback is calculated by adding 4:1 slope, 5-foot shoulder and berm Recommend roof gutters to divert water away from this berm area)

If gravity flow from the building to the septic tank cannot be maintained, this permit must be revised to show an approved drainfield dosing pump system

If the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required

If fill is required, contact Martin County or your city Building Division for requirements

Inspection results will be posted on the building permit A copy of the construction approval is available upon request

A septic tank outlet filter is required on all septic tanks in unincorporated Martin County

If any information on this permit changes, an amended application is required to be filed immediately

Any alteration of the information or conditions of this permit found to be in non-compliance with 64E-6, Florida Administrative Code or Chapter 381, Florida Statute, will be sufficient cause for revocation of this permit

NOTE Special Condition(s) marked "X" are in effect.

- X 1. Driveway / sidewalk elevation must be 9" higher than the top of the drainfield elevation if they are within 5 feet of each other
X 2. Septic system must be 75 feet from surface water / wetlands mean high water line
X 3. Future ponds or surface water created onsite must be greater than 75' from septic system
4. Septic system must be a minimum of 10 feet from drainage culverts or storm water drains and a 15 feet minimum from dry retention, dry detention or dry drainage ditches
5. Excavate one foot beyond drainfield area to a depth of

X SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.

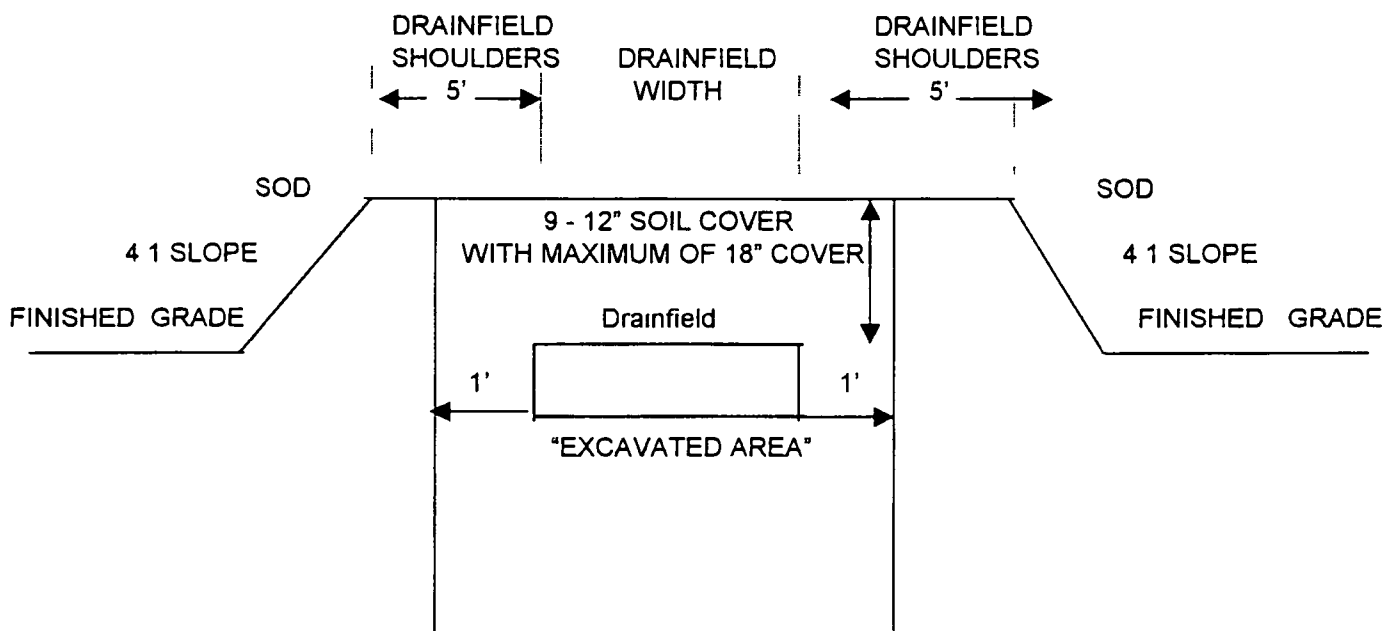
SPECIAL CONDITION REQUIREMENTS (Page 2 of 3)

6. In addition to item #5, 33% of unsuitable soils at depths greater than _____ must be removed to a depth of slightly limited soils
- 7 Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation
8. The organic vegetation layer at the existing grade must be removed and slightly limited fill placed between the existing grade and the bottom of the drainfield
- 9 Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval
10. The attached well abandonment form must be completed by a certified well driller and submitted to this office prior to the initial building construction or system inspection
11. The mound area must be sodded prior to the request for final grade inspection
12. Drainfield must be protected from vehicular traffic (i.e., traffic barriers)
13. Occupational approval will not be given until all requirements for public water system/ food-service/ institutional/ septic system are met _____
14. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) manhole cover(s) per tank extending to the surface
15. _____ to be dosed two / six times in a twenty-four hour period is required A high water alarm that gives audible and visual signals is required
16. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval
17. Two pumps are required to alternately dose into two separate fields Separate drainfields must be a minimum of 10 feet apart
18. Irrigation lines must be separated from the drainfield by ten feet unless an approved backflow prevention device is properly installed
19. Potable water lines, whether connected to an on-site well or to a utility meter, must be a minimum of ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the bottom of the drainfield
20. All new potable wells must be 25' from the building foundation and meet all other setback installation requirements
21. \$ _____ Re-inspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection
22. A well construction permit is required prior to well installation

SPECIAL CONDITION REQUIREMENTS (Page 3 of 3)

- ___23 The engineer of record must certify that the installed system complies with the approved engineer design and installation requirements
- ___24. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$_____ Annual Permit Fee (For ___ Indust /Manuf ___ Aerobic System ___ Commercial System ___ Performance Based)
- ___25. If a mound drainfield is proposed, see following sketch of additional requirements **(No retaining walls are allowed within the drainfield shoulder or slope areas of a mound system). No boulders or trees are allowed within the drainfield or drainfield shoulder area.**

DRAINFIELD MOUND REQUIREMENTS



NOTE THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS

___26. Other _____

NOTE - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling ANGELA BLICK at (561) 221-4090

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O M B No 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important Read the instructions on pages 1 - 7

SECTION A - PROPERTY OWNER INFORMATION

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use
BUILDING OWNER'S NAME Keith E and Linda Ingram			Policy Number
BUILDING STREET ADDRESS (Including Apt , Unit, Suite, and/or Bldg No) OR P O ROUTE AND BOX NO 101 N Sewall's Point Road			Company NAIC Number
CITY Stuart	STATE FL	ZIP CODE 34996	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc) A portion of Government Lot 2, Section 35, Township 37 South, Range 41 East, Sewall's Point, Florida			
BUILDING USE (e g , Residential, Non-residential, Addition, Accessory, etc Use Comments section if necessary) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" or ## #####°)	HORIZONTAL DATUM <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE <input type="checkbox"/> GPS (Type) _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP COMMUNITY NAME & COMMUNITY NUMBER Town of Sewall's Point 120164		B2 COUNTY NAME Martin		B3 STATE FL	
B4 MAP AND PANEL NUMBER 0001	B5 SUFFIX E	B6 FIRM INDEX DATE 08/15/78	B7 FIRM PANEL EFFECTIVE/REVISED DATE 10/16/96	B8 FLOOD ZONE(S) C	B9 BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8 0

- B10 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9
 FIS Profile FIRM Community Determined Other (Describe) _____
- B11 Indicate the elevation datum used for the BFE in B9 NGVD 1929 NAVD 1988 Other (Describe) _____
- B12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1 Building elevations are based on Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete

C2 Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7 If no diagram accurately represents the building, provide a sketch or photograph)

C3 Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3a-i below according to the building diagram specified in Item C2 State the datum used If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE Show field measurements and datum conversion calculation Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion Datum NGVD 1929 Conversion/Comments _____

Elevation reference mark used 8.0 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>12 20</u> ft (m)
<input type="checkbox"/> b) Top of next higher floor	<u>12 70</u> ft (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>11 5</u> ft (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>12 5</u> ft (m)
<input type="checkbox"/> h) No of permanent openings (flood vents) within 1 ft above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq in (sq cm)

License Number, Embossed Seal, Signature, and Date

[Handwritten Signature]
4724
4/25/02

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available
 I understand that any false statement may be punishable by fine or imprisonment under 18 U S Code, Section 1001

CERTIFIER'S NAME Elizabeth A Lindsay, P L S LICENSE NUMBER 4724

TITLE President	COMPANY NAME Betsy Lindsay, Inc
ADDRESS 208 N US 1 # 8	CITY Tequesta
SIGNATURE <i>[Handwritten Signature]</i>	STATE FL
	ZIP CODE 33469
	DATE 04/25/02
	TELEPHONE 561-575-5275

IMPORTANT In these spaces, copy the corresponding information from Section A			For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt , Unit, Suite, and/or Bldg No) OR P O ROUTE AND BOX NO			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4 *If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed*

- E1 Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7 If no diagram accurately represents the building, provide a sketch or photograph)
- E2 The top of the bottom floor (including basement or enclosure) of the building is __ ft (m) __ in (cm) above or below (check one) the highest adjacent grade
- E3 For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft (m) __ in (cm) above the highest adjacent grade
- E4 For Zone AO only If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate Complete the applicable item(s) and sign below

- G1 The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information (Indicate the source and date of the elevation data in the Comments area below)
- G2 A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO
- G3 The following information (Items G4-G9) is provided for community floodplain management purposes

G4 PERMIT NUMBER	G5 DATE PERMIT ISSUED	G6 DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
------------------	-----------------------	--

G7 This permit has been issued for New Construction Substantial Improvement

G8 Elevation of as-built lowest floor (including basement) of the building is _____ ft (m) Datum _____

G9 BFE or (in Zone AO) depth of flooding at the building site is _____ ft (m) Datum _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

CENTRAX # 43-SS-02991
OSTDSNBR 00-1014-N

APPLICANT INGRAM, DR KEITH

AGENT LINDSY BETSY LINDSY, LINDSY

LOT 2 BLOCK _____ SUBDIVISION SEWALLS POINT ID# 3537410000000017 0-6

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON ENGINEER'S MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN YES [] NO NET USABLE AREA AVAILABLE 152 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 700 GALLONS PER DAY [64E-6, TABLE 1]
AUTHORIZED SEWAGE FLOW: 3800 GALLONS PER DAY [1500GPD/ACRE OR 2500GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE. 1750 SQFT UNOBSTRUCTED AREA REQUIRED 1750 (bed) SQFT

BENCHMARK/REFERENCE POINT LOCATION CM IN SW CORNER 10.0 NGVD
ELEVATION OF PROPOSED SYSTEM SITE IS 6 [Inches] [Above] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: 146 FT DITCHES/SWALES: N/A FT NORMALLY WET? [] YES [] NO
WELLS PUBLIC N/A FT LIMITED USE N/A FT PRIVATE N/A FT NON-POTABLE 84 FT
BUILDING FOUNDATIONS 5 FT PROPERTY LINES 5 FT POTABLE WATER LINES 55 FT

SITE SUBJECT TO FREQUENT FLOODING [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE N/A FT NGVD SITE ELEVATION: 10.5 FT NGVD

SOIL PROFILE INFORMATION SITE 1			
Munsell #/Color	Texture	Depth	
10YR 5/2	fs	0 to 12	
6/1	S	12 to 30	
8/1	S	30 to 48	
6/8	S	48 to 72	
		to	
		to	
		to	
		to	
USDA SOIL SERIES: <u>#16 pralic</u>			

SOIL PROFILE INFORMATION SITE 2			
Munsell #/Color	Texture	Depth	
10YR 5/2	fs	0 to 12	
6/1	S	12 to 24	
8/1	S	24 to 36	
6/8	S	36 to 72	
		to	
		to	
		to	
		to	
USDA SOIL SERIES: <u>#16 pralic</u>			

OBSERVED WATER TABLE Not Obs INCHES [BELOW] EXISTING GRADE TYPE: [APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION 72 INCHES [below] EXISTING GRADE.
HIGH WATER TABLE VEGETATION. [] YES [] NO MOTTLING: [] YES [] NO DEPTH: N/A INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING S 1.2/04 DEPTH OF EXCAVATION: N/A INCHES
DRAINFIELD CONFIGURATION [] TRENCH [] BED [] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY AM Bed DATE 12/26/00

RECEIVED

JAN 04 2001

PERMIT NO. 43-SS-2991
DATE PAID: 12/19/00
FEE PAID: 200.00
RECIPT #: 31285



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
MARTIN COUNTY
APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
 New System
 Repair
 Existing System
 Abandonment
 Holding Tank
 Temporary
 Innovative

APPLICANT: Dr. Keith E. Ingram

AGENT: Elizabeth A. Lindsay (Betsey Lindsey, Inc.) TELEPHONE: 561-575-5275

MAILING ADDRESS: 208 North U.S. Highway No. 1 - Unit 8

Tequesta, Florida 33469

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(2)(b) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION: South 100' of North 300' Gov Lot 2, lying West of Sewalls Point Rd, Sect. 35-37-41 PLATTED: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY # #.3537410000000017.0-60000 ZONING: R-1 I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 1.52 ACRES WATER SUPPLY: PRIVATE PUBLIC I <= 2000 GPD I > 2000 GPD

IS SEWER AVAILABLE AS PER 38L 0651, 217 Y / N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 101 N. Sewalls Point Road, Sewalls Point, Florida

DIRECTIONS TO PROPERTY: From the intersectio of A1A and Sewalls Point Rd head North for approximately 0.5 miles to the 101 N. Sewalls Point road on the left.

BUILDING INFORMATION		<input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft
1	Single Family	5	5080
2			
3			
4			

Commercial/Institutional System Design Table 1, Chapter 64B-6, FAC

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature] DATE: 12/15/00

APPLICANT'S NAME Dr. Keith E. Ingram
 LEGAL DESCRIPTION South 100' of North 300' Gov Lot 2, Lying West of Sewalls Point Rd Section 35037-41

PROPOSED SEPTIC SYSTEM SITE INFORMATION

ANSWER ALL QUESTIONS AND FILL IN ALL BLANKS
 CIRCLE ONE ANSWER FOR EACH QUESTION (FOR ITEMS 1-17 BELOW).
 N/A MEANS THAT THE QUESTION IS NOT APPLICABLE

- 1 Is there a septic system within 75 feet of the proposed private well? _____ Yes No (N/A)
- 2 Is there a potable private well within 75 feet of the available area for the proposed septic system? _____ Yes (No)
- 3 Is there a non-potable well within 50 feet of the available area for the proposed septic system? _____ Yes (No)
- 4 Is the proposed potable well within 25 feet of the building foundation? _____ Yes No (N/A)
- 5 Is the pesticide-treated building foundation within 25 feet of existing potable wells? _____ Yes No (N/A)
- 6 Is there a public well that serves less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system? _____ Yes (No)
- 7 Is there a public well that serves more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system? _____ Yes (No)
- 8 Is there a gravity sewer line, or a low pressure or vacuum sewage collection line in the public easement or right-of-way that adjoins the property line of the lot? _____ Yes (No)
- 9 Is there a drinking water line within 10 feet of the proposed septic system? _____ Yes (No)
- 10 Is the proposed septic system in an area proposed for paving or vehicular traffic? _____ Yes (No)
- 11 Is there a lake, stream, wetland, or surface water within 75 feet of the available area for the proposed septic system? _____ Yes (No)
- 12 Is this septic system located on the side of the house farthest from surface water? _____ Yes No (N/A)
- 13 Does site plan show all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot? _____ Yes No (N/A)
- 14 Are all public wells within 200 feet of the applicant's lot shown on the site plan? _____ Yes No (N/A)
- 15 Does the site plan include a plat of the lot or total site ownership drawn to scale showing boundaries with dimensions, locations of any existing or proposed buildings or residences, swimming pools, septic systems, walls, sidewalks, paved areas, driveways, the general slope of the property, recorded easements from the recorded plat, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands? _____ (Yes) No
- 16 Are the locations of the benchmark and the natural grade elevation in the septic system area shown on the site plan? _____ (Yes) No
- 17 Is the water line location from the water meter or well to the building shown on the site plan? _____ (Yes) No
- 18 There is 1750 square feet of available, unobstructed, contiguous land to install the septic system. This area excludes interferences. Show this same size available area on the site plan.

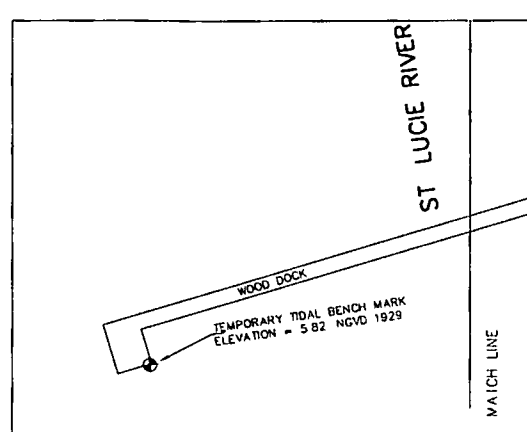
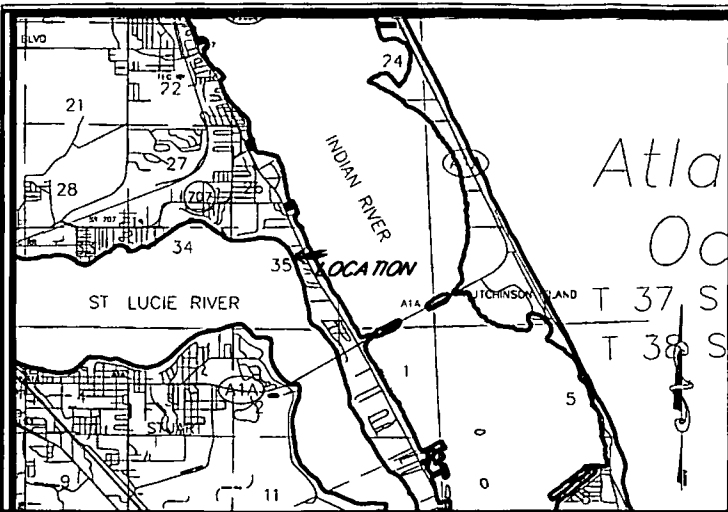
SITE ELEVATIONS

- 1 Benchmark elevation 10.00 NGVD Show location on the site plan. The benchmark must be within 200 feet of the proposed septic system and be visible from the proposed septic system
- 2 Natural grade elevation in the area of the proposed septic system 10.5 NCVD Show location on site plan.
- 3 Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? (Yes) or No If yes, what is the minimum required flood hazard floor elevation of the building? 9.0 NCVD

NOTE THIS FORM MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OR ENGINEER

CERTIFIED BY Elizabeth A. Lindsay, PLS
 FLORIDA PROFESSIONAL NO 4724
 DATE 12/15/00 JOB NO 0012

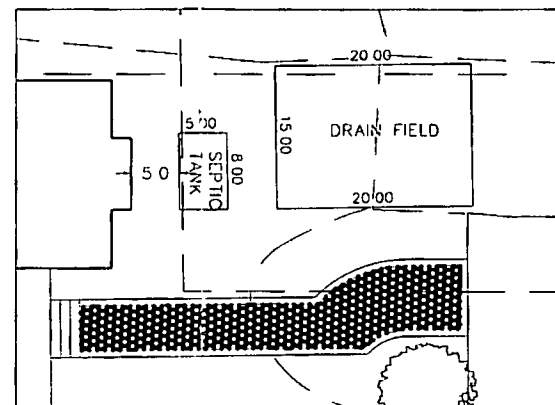
Elizabeth A. Lindsay



LOCATION MAP
NOT TO SCALE

- SYMBOL LEGEND**
- ⊗ 4.32 FIELD LOCATED POINT WITH ELEVATION (EXISTING ELEVATIONS)
 - 🌴 MANGROVE TREE
 - 🌳 GUMBO LIMBO TREE
 - 🌴 PALM TREE
 - 🌳 HICKORY TREE
 - 🌳 OAK TREE

SEPTIC DETAIL
SCALE 1"=20'



LEGAL DESCRIPTION

PARCEL 1
ALL OF THAT PART OF THE SOUTH 100 FEET OF THE NORTH 300 FEET (SAID DISTANCE BEING MEASURED ON THE PERPENDICULAR) OF GOVERNMENT LOT 2 SECTION 35 TOWNSHIP 37 SOUTH RANGE 41 EAST LYING WESTERLY OF THE SEWALL'S POINT ROAD AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGIN AT THE INTERSECTION WITH THE SOUTH LINE OF SAID SOUTH 100 FEET OF THE NORTH 300 FEET AND THE WESTERLY RIGHT OF WAY LINE OF SEWALL'S POINT ROAD - BEAR NORTH 26°16'06" WEST ALONG SAID RIGHT OF WAY LINE A DISTANCE OF 111.52 FEET THENCE WEST A DISTANCE OF 286.53 FEET THENCE SOUTH 40°39'21" EAST A DISTANCE OF 131.82 FEET THENCE EAST A DISTANCE OF 250 FEET TO THE POINT OF BEGINNING SUBJECT TO AN EASEMENT OVER THE SOUTH 18 FEET FOR ROAD PURPOSES CONTAINING 0.61 ACRES

PARCEL 2

ALL OF THAT PART OF THE SOUTH 100 FEET OF THE NORTH 300 FEET (SAID DISTANCE BEING MEASURED ON THE PERPENDICULAR) OF GOVERNMENT LOT 2 SECTION 35 TOWNSHIP 37 SOUTH RANGE 41 EAST LYING WESTERLY OF THE SEWALL'S POINT ROAD LESS, HOWEVER THE FOLLOWING DESCRIBED PARCEL OF LAND A PART OF THE SOUTH 100 FEET OF THE NORTH 300 FEET (SAID DISTANCE BEING MEASURED ON THE PERPENDICULAR) OF GOVERNMENT LOT 2 SECTION 35 TOWNSHIP 37 SOUTH RANGE 41 EAST LYING WESTERLY OF SEWALL'S POINT ROAD AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGIN AT THE INTERSECTION WITH THE SOUTH LINE OF SAID SOUTH 100 FEET OF THE NORTH 300 FEET AND THE WESTERLY RIGHT OF WAY LINE OF SEWALL'S POINT ROAD - BEAR NORTH 26°16'06" WEST ALONG SAID RIGHT OF WAY LINE A DISTANCE OF 111.52 FEET THENCE WEST A DISTANCE OF 286.53 FEET THENCE SOUTH 40°39'21" EAST A DISTANCE OF 131.82 FEET THENCE EAST A DISTANCE OF 250 FEET TO THE POINT OF BEGINNING SUBJECT TO AN EASEMENT OVER THE SOUTH 18 FEET FOR ROAD PURPOSES CONTAINING 0.91 ACRES

Martin County Health Department

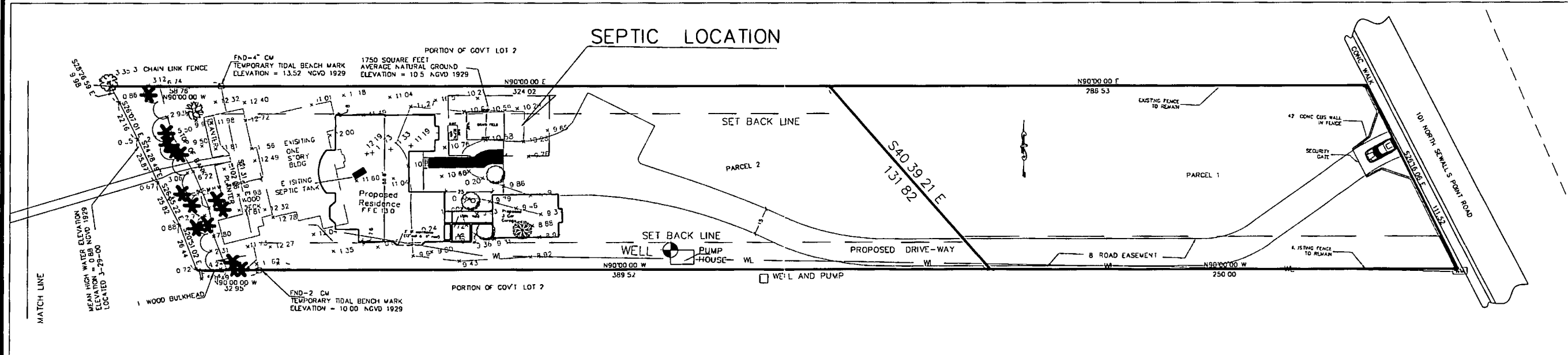
THIS PLAN IS APPROVED FOR:
 ✓ Septic System Approval # 43 SS-02991
 Well Location Approval # 43-
 By Boad Approval # _____ Date 1/5/01
 All Changes To The Plans Must Be Approved By The Health Dept.
 Comments _____

DATE	REVISIONS
1/02/01	ADD EXISTING FEAT

DATE	12/14/00
SCALE	1"=60'
FIELD BK	STUART
DWNG BY	CADD
CHECKED BY	EAL

KEITH E INGRAM
 GOVT LOT 2, SEC 35, TNSHP 37 S, RNG 41 E
 SITE PLAN - NEW RESIDENCE

SHEET NO	1
OF	SHEETS
PROJECT NO	00-12



SURVEYOR'S NOTES

- 1 BEARINGS AS SHOWN HEREON ARE BASED ON RECORD PLAT DATA REFERENCE A BEARING OF N90°00'00" ALONG THE NORTH LINE OF PARCEL 2
- 2 ELEVATIONS AS SHOWN HEREON ARE IN FEET AND DECIMALS, REFERENCE TO NGVD 1929 REFERENCE SEWALL'S POINT BENCHMARK 2 ELEVATION 4.11
- 3 THIS IS NOT A SURVEY
- 4 MEAN HIGH WATER ELEVATION 0.88 FEET NGVD 1929 BASED ON RANGE RATIO METHOD FROM 3 CYCLE TIDE OBSERVATION COMPUTED ON TIDE STATION 872-2357 STUART
- 5 THE MEAN HIGH WATER SURVEY DEPICTED HEREON COMPLIES WITH CHAPTER 177 PART II FLORIDA STATUTES AND IS RECORDED IN THE PUBLIC REPOSITORY OF THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF SURVEY AND MAPPING AS MEAN HIGH WATER SURVEY FILE NUMBER 2260
- 6 ON APRIL 21 2000 WE ACQUIRED ONE LINE OF SPOT ELEVATION FROM THE HOUSE TO THE GARAGE

ABBREVIATIONS

NO	NUMBER
P.L.S	PROFESSIONAL LAND SURVEYOR
NGVD	NATIONAL GEODETIC VERTICAL DATUM
FND	FOUND
BLDG	BUILDING
GOVT	GOVERNMENT
SEC	SECTION
TNSHP	TOWNSHIP
RNG	RANGE
CM	CONCRETE MONUMENT
BLDG	BUILDING

[Handwritten signature]

TOWN OF SEWALL'S POINT

**Building Department
One South Sewall's Point Road
Sewall's Point, Florida 34996**

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN: _____

(To be submitted at final electrical inspection in order to turn on electric service)

Owner: KEITH + LINDA INGRAM Address 3205 morningside Blvd.
~~606 Camden Rd~~

Project Address: 101 Sewalls Pt Rd Legal Lot _____ Blk _____ Subdivision _____

General Contractor Butford Construction Lic/Cert No. CBC 037840

Address 606 Camden Rd Stuart Tel 283-2450 Fax _____

Electrical Contractor. All Phase Electric Lic/Cert No EC 0002725

Address 411 Granada St., Ft. Pierce, FL Tel 772 465-1660 Fax 772 465-2251

WHEREAS, pursuant to the provisions of, and governed by, Sections 0307 6 and 4504 6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electric hook-up for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions, and,


WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of _____ for the purpose of _____
At the above designated construction now in progress under a valid building permit, and equipment and completion of building operations as herein above described

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT,

- 1 The parties to this agreement are Gene Simmons, Building Official, Town of Sewall's Point, and the above named responsible persons, firms, corporations
- 2 In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit
- 3 This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion
- 4 The temporary electric hook-up is solely for the purposes stated No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued

IN WITNESS WHEREOF the parties have caused this agreement to be executed this _____ day of _____, 200__


SIGNATURE OF GENERAL CONTRACTOR


SIGNATURE OF OWNER


SIGNATURE OF ELECTRICAL CONTRACTOR


GENE SIMMONS, BUILDING OFFICIAL



RECEIVED
AUG 22 2001
BY: [Signature]

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis FL 34274

Your application for Product Approval of
~~Series PW 701 Aluminum Insulated Window - Impact Resistant (7/16" Laminated)~~
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

Acceptance No.: 99-0218.01
Expires: 05/20/2002

[Signature]
Raul Rodriguez
Chief Product Control Division

COPY

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

- 99-0218.01
- 98-1009.06
- 99-0128.01
- 98-0901.10
- 98-0223.01

8/22/01 TOWN OF SEWALLE'S POINT REVIEW.

[Signature]
Francisco Quintana, R.A.
Director

Approved: 05/20/1999

FILE ^{10/12/01} TOWN COPY
101 W. SEWALLE'S POINT RD.

Miami-Dade County
Building Code Compliance Office

PN 5358



COPY

PGT Industries

ACCEPTANCE No.: 99-0218.01

APPROVED : MAY 20 1999

EXPIRES : MAY 20 2002

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

1.1 This approves an aluminum fixed window, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings

2. PRODUCT DESCRIPTION

2.1 The Series PW 701 ~~Aluminum Fixed Window - Impact Resistant~~ and its components shall be constructed in strict compliance with the following documents Drawing No 4214, titled "Impact Picture Window (O)" Sheets 1 through 4 of 4 dated 2/16/98, revised on 1/29/99, signed and sealed by Robert L. Clark, P E , bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division These documents shall hereinafter be referred to as the approved drawings

3. LIMITATIONS

3.1 This approval applies to single unit applications only, as shown in approved drawings

4. INSTALLATION

4.1 The aluminum fixed window and its components shall be installed in strict compliance with the approved drawings

4.2 Hurricane protection system (shutters) the installation of this unit ~~will not require a hurricane protection system~~

5. LABELING

5.1 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"

6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following

6.1.1 This Notice of Acceptance

6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation

6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system

innovative

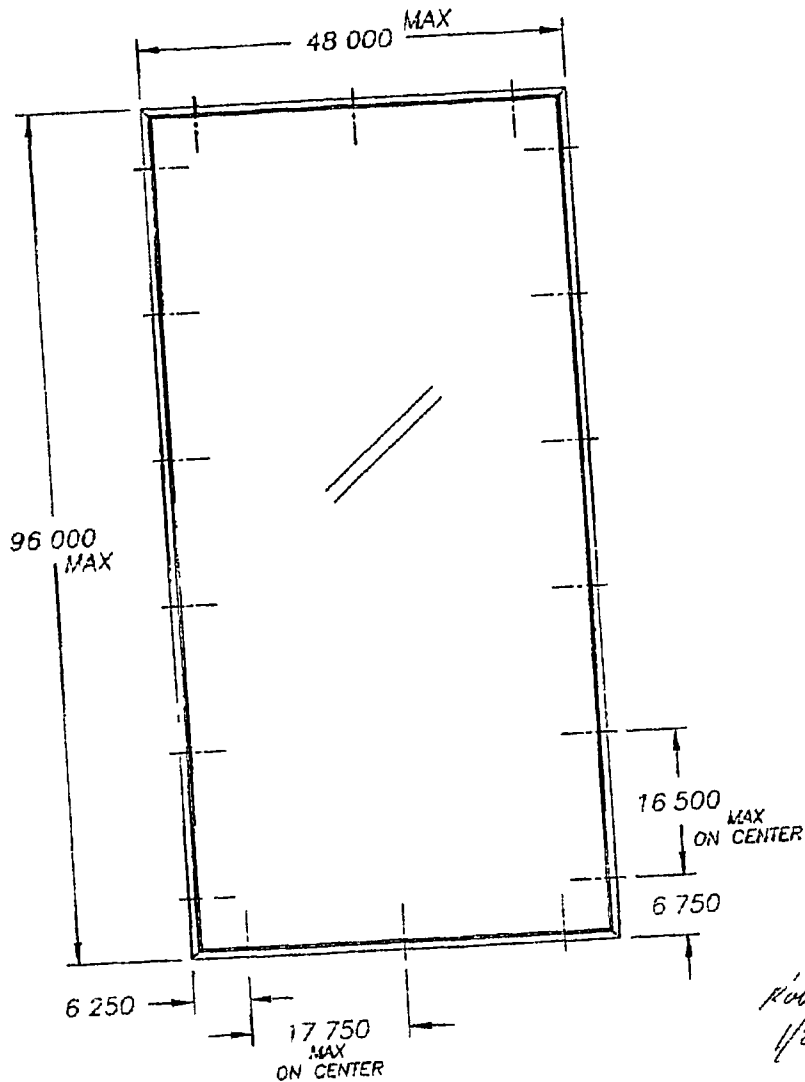
Manuel Percz
Manuel Percz, P E Product Control Examiner
Product Control Division

~~2002~~

12-3122-66

LARGE MISSILE IMPACT WINDOWS

- 1) GLAZING 7/16 (454) LAMINATED W/INTERLAYER (3/16" HS/090 FILM/3/16" HS)
- 2) CONFIGURATIONS 0
- 3) DESIGN PRESSURE RATING
~~100 PSF~~ ~~90 PSF~~
- 4) ANCHORS
MAX 6 1/4" FROM EACH CORNER (HEAD & SILL)
MAX 6 3/4" FROM EACH CORNER (JAMBS)
MAX SPACING AT HEAD & SILL 17 3/4"
MAX SPACING AT JAMBS 16 500"
- 5) SHUTTER REQUIREMENT
NO SHUTTERS REQUIRED
- 5) REFERENCE TEST REPORT FTL-1971



A. PROVIDED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE May 30, 1999
 BY Walter Long
 PROJECT OFFICE
 FULTON AND COLUMBIA OFFICE
 MODEL AND TO 99-0218-01

Kiefer/Blank
1/29/99

Revisions		VINYL TECH		progressive GLASS technology	
Manufacturer		Class/Product		Prod. Location	Series/Model
Material		PW		701	Item
Drawn By: DB		Date: 2/18/98		Description: IMPACT PICTURE WINDOW (Q)	
Revised By: DB		Date: 1/29/99		Address: P O BOX 1529	
Vendor No.		Scale: NTS		City: NOKOMIS, FL 34274	
		Size: B		Drawing No.: 4214	
				Rev: A	

COPY



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

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

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

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

Your application for Product Approval of Series SF-701 Aluminum Single Hung Window Impact Resistant

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by Applicant, along with Drawing No. 4040, sheets 1 thru 4 of 4

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et seq and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 98-0223 01

Expires: 10/22/01

Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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

Charles Dangier, P.E.
Director
Building Code Compliance Dept
Metropolitan Dade County

Approved: 10/22/98

-1-



Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No. : 98-0223.01

APPROVED : OCT 2 7 1998

EXPIRES : OCT 2 2 2001

NOTICE OF ACCEPTANCE. SPECIFIC CONDITIONS

1. SCOPE

This approves an aluminum single hung window, as-described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

The Series SH-701 Aluminum Single Hung Window—Impact and its components shall be constructed in strict compliance with the following document Drawing No 4040, titled "SH-701 Aluminum Single Hung window" Sheets 1 thru 4 of 4, prepared by manufacturer, dated 2/9/98 and revised on 08-18-98, signed and sealed by Robert L. Clark, P E , bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings

3. LIMITATIONS

3.1 This approval applies to single unit applications only, as shown in approved drawings.

4. INSTALLATION

4.1 The aluminum single hung window and its components shall be installed in strict compliance with the approved drawings

4.2 The installation of this product will not require a hurricane protection system

5. LABELING

5.1 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"

6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following

6.1.1 This Notice of Acceptance

6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation

6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system

Ishaq I Chanda
Ishaq I Chanda, P E , Product Control Examiner
Product Control Division



PRODUCT CONTROL NOTICE OF ACCEPTANCE

Therma Tru Corporation
109 Nutzfeld Road
Butler IN 46721

BUILDING CODE COMPLIANCE OFFICE
METRO DADE FLAGLER BUILDING
140 WEST FLAGLER STREET SUITE 1603
MIAMI FLORIDA 33130 363
(305) 375 2701 FAX (305) 375 2908

CONTRACTOR LICENSING SECTION
(305) 375 2527 FAX (305) 375 2559

CONTRACTOR ENFORCEMENT SECTION
(305) 375 2765 FAX (305) 375 2908

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

Your application for Product Approval of

"Premium" Outswing Residential Insulated Steel Doors, Impact Resistant

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

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

The expense of such testing will be incurred by the manufacturer

Acceptance No 98-1009.06
Expires 12/18/2001

Raul Rodriguez
Chief Product Control Director

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved 02/25/1999

1 of 3

Internet mail address postmaster@buildingcodeonline.com



Homepage <http://www.buildingcodeonline.com>

Therma-Tru Corporation

ACCEPTANCE NO.: 98-1009 06

APPROVED : FEB 25 1998

EXPIRES : December 18, 21

NOTICE OF ACCEPTANCE. SPECIFIC CONDITIONS

1. SCOPE
 - 1.1 This renews the Notice of Acceptance No 95-0929 02 which was issued on December 12, 1995 approves a residential insulated steel door, as described in Section 2 of this Notice of Acceptance designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, not exceed the Design Pressure Rating values indicated in the approved drawings
2. PRODUCT DESCRIPTION
 - 2.1 The "Premium" Outswing Residential Insulated Steel Doors - Impact Resistant and components shall be constructed in strict compliance with the following documents: Drawing 1 B0203, Sheets 1 through 3 of 3, titled "6/0 x 8/0 Steel Outswing," prepared by manufacturer, dated 08/10/98, with revision B dated 01/29/99, bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings
3. LIMITATIONS
 - 3.1 This approval applies to single unit applications of single door only, as shown in approved drawings
4. INSTALLATION
 - 4.1 The residential insulated steel door and its components shall be installed in strict compliance with the approved drawings
 - 4.2 Hurricane protection system (shutters) the installation of this unit will not require a hurricane protective system
5. LABELING
 - 5.1 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"
6. BUILDING PERMIT REQUIREMENTS
 - 6.1 Application for building permit shall be accompanied by copies of the following
 - 6.1.1 This Notice of Acceptance
 - 6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation
 - 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system


Manuel Perez, P E, Product Control Examiner
Product Control Division

2 of 3

Therma-Tru Corporation

ACCEPTANCE NO.: 98-1009 06

APPROVED FEB 25 1999

EXPIRES December 18, 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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


Manuel Perez, P. E., Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE

3 of 3



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

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

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

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

Your application for Product Approval of

~~SWD-101~~ Outswing Aluminum French Door (3/8" or 7/16" Laminated)

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

The expense of such testing will be incurred by the manufacturer

Acceptance No.: 99-0128.01 (Revises No.: 98-0506 02)

Expires. 11/22/2001

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved 02/18/1999



Vinyl Tech/Progressive Glass Technology.

ACCEPTANCE No.: 99-0128 01

APPROVED : FEB 18 1999

EXPIRES : November 22, 2001

NOTICE OF ACCEPTANCE- SPECIFIC CONDITIONS

1. SCOPE

1.1 This revises and replaces the Notice of Acceptance No 98-0506 02, which was issued on November 22, 1998 It approves an outswing aluminum French door, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings

2. PRODUCT DESCRIPTION

2.1 The Series SWD-101 Outswing Aluminum French Doors-Impact Resistant and its components shall be constructed in strict compliance with the following documents Drawing No 971, titled "French Door XX, X" Sheets 1 through 4 of 4, prepared by manufacturer, dated 02/16/98, with revision C dated 1-22-99, signed and sealed by Robert I Clark, P E, bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division These documents shall hereinafter be referred to as the approved drawings

3. LIMITATIONS

3.1 This approval applies to single unit application of pair of doors and single door only, as shown in approved drawings. Single door unit shall include described in the active leaf of this approval

4. INSTALLATION

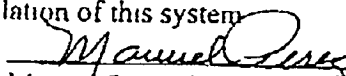
4.1 The outswing aluminum French doors and its components shall be installed in strict compliance with the approved drawings
4.2 Hurricane protection system (shutters) the installation of this unit will not require a hurricane protection system

5. LABELING

5.1 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"

6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following
6.1.1 This Notice of Acceptance
6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation
6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system


Manuel Perez, P E Product Control Examiner
Product Control Division

Vinyl Tech/Progressive Glass Technology.

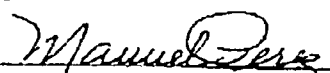
ACCEPTANCE No.: 99-0128.01

APPROVED FEB 18 1999

EXPIRES : November 22, 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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



 Manuel Perez, P. E., Product Control Examiner
 Product Control Division

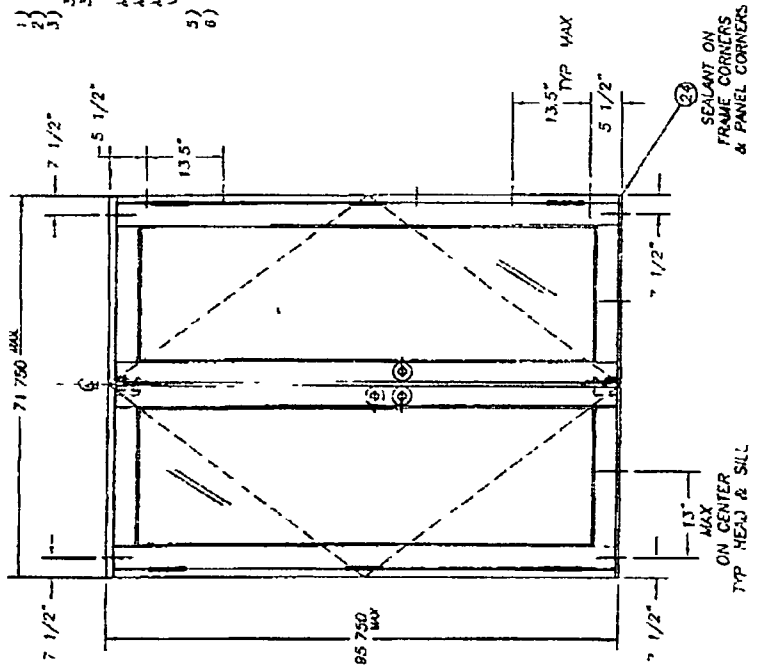
END OF THIS ACCEPTANCE

LARGE MISSILE IMPACT DOORS

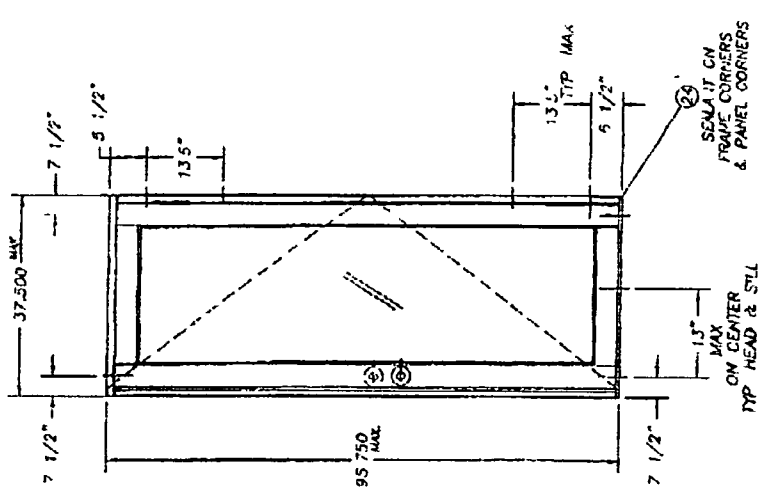
- 1) GLAZING: 401/464 LAMINATED W/INTERLAYER (MONOMANTO OR DUPONT)
- 2) CONFIGURATIONS: X & XX
- 3) DESIGN PRESSURE RATING:
 - 3a) 464 LAM +75 P.S.F
 - 3b) 401 LAM +60 P.S.F
 - 3c) 464 LAM -75 P.S.F
 - 3d) 401 LAM -60 P.S.F
- 4) ANCHORS:
 - MAX 7 1/2" FROM CORNERS (HEAD & SILL)
 - MAX 5 1/2" FROM CORNERS (JAMB)
- 5) MAX SPACING AT HEAD & SILL 13.000
- 6) MAX SPACING AT JAMB 11.500
- 7) NO SHUTTERS REQUIRED
- 8) REFERENCE TEST REPORT FTL-2241

APPROVED AS CONTAINING WITH THE
 2300M FOR OR BUILDING CODE
 BY *Edward J. ...*
 19 19 99
 ENGINEER
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTED 10. 29 01249

XX



X



Project No: DB Date: 2/16/98 Revision: DB Date: 1/22/99 Scale: NTS	Product Code: SMC Size: 101 ELEV: 1 of 4	FRENCH DOOR - XX, X ADDRESS: PO BOX 1529 NOKOMIS, FL 34274 B 971 SHEET: C	

Robert J. ...
 1/24/99

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
 12195 NW 98th Avenue
 Hialeah Gardens FL 33016

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

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

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

Your application for Product Approval of:

Sectional Residential Garage Door

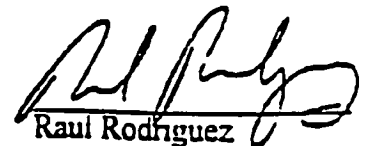
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 98-0901.10 (Revises No.: 98-0409.03)

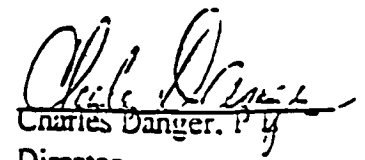
Expires: 08/14/01


 Raul Rodriguez
 Product Control Supervisor

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

BUILDING CODE COMMITTEE

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


 Charles Danger, P.E.
 Director
 Building Code Compliance Dept.
 Metropolitan Dade County

Approved: 10/22/98

-:-



ACCEPTANCE NO: 98-0901 10
APPROVED : OCT 22 1998
EXPIRES : 08/14/01

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. **SCOPE**

- 1.1 This revises the Notice of Acceptance No. 98-0409.03 which was issued on 08/14/98. It approves a Sectional Steel Door 9 ft wide as described in Section 2 of this Notice of Acceptance. And it is designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County (SFBC) for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the design pressure rating values indicated in the approved drawings.

2. **PRODUCT DESCRIPTION**

- 2.1 The DAB Sectional Door and its components shall be constructed in strict compliance with the following documents: Drawing No. 98-01, titled "Sectional Residential Garage Door" prepared by Al-Farooq Corporation dated 01/30/98 with latest revision on 08/24/98, Sheet 1 to 2 of 2. It bears the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by Miami-Dade Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. **LIMITATIONS**

- 3.1 Units with dimensions equal to or smaller than those shown on the approved drawings shall qualify under this approval.
- 3.2 This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County Approved Laboratory selected and paid by the manufacturer. Every 3 months, 4 times a year the manufacturer shall mail to this office a copy of the Test Reports with confirmation that the specimens were selected from coils at the manufacturer's production facilities. And a notarized statement from the manufacturer that only coils with a yield strength of 34,000 PSI or more shall be used to make door panels for Dade County under this Notice of Acceptance.

4. **INSTALLATION**


- 4.1 The Sectional Door and its components shall be constructed in strict compliance with the approved drawings.
- 4.2 The installation of this door does not require a Hurricane Protection System.

5. **LABELING**

- 5.1 Each door shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved"

6. **BUILDING PERMIT**

- 6.1 Building Permit shall be accompanied by copies of the following:
- 6.1.1 This Notice of Acceptance, including two copies of the approved drawings as identified in Section 2
- 6.1.2 Any other document required by the Building Official or the SFBC in order to properly evaluate the installation of this system


Candido Font, PE, Sr Product Control Examiner
Product Control Division

DAB Dec Company, Inc.


ACCEPTANCE NO. 98-0901 10

APPROVED : OCT 2 7 1999

EXPIRES : 08/14/01

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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


Candido Font PE, Sr Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
FORT PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE - (561) 461-8880 FAX

RECEIVED
MAY 14 2001
BY:

BUILDING PAD COMPACTION REPORT

Client Buford Construction
Contractor Perkins Trucking
Site 101 North Sewall's Point Road
 Foundation Fill

Date 5/9/01
Test No 2993
Permit No. 5353

FILE

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
2993	5/7/01	S E Corner	0 - 1	118.5	116.7	98.4
		Center	0 - 1		116.2	98.0
		N W Corner	0 - 1		117.0	98.7

CONCLUSIONS

The depth of the fill is approximately 2 feet. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.

Rebecca Grant Ascoli
Rebecca Grant Ascoli P.E.
Florida Registration No. 51863

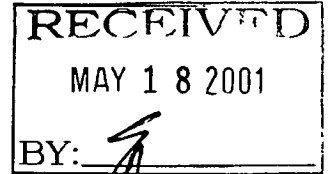
Client - 1
MC Building Dept - 1

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
FORT PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE - (561) 461-8880 FAX

FILE

BUILDING PAD COMPACTION REPORT



Client Buford Construction Date 5/9/01
Contractor Perkins Trucking Test No. 2992
Site 101 North Sewall's Point Road Permit No: 5358
 Stripped Surface

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
2992	5/7/01	NE Corner	0 - 1	105.8	103.7	98.0
		Center	0 - 1		104.1	98.3
		SW Corner	0 - 1		103.8	98.1

CONCLUSIONS

The depth of the fill is approximately 2 feet. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.

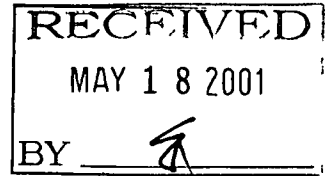
[Signature]
Rebecca Grant Ascoli, P.E.
Florida Registration No. 51863

Client - 1
MC Building Dept - 1

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
FORT PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE - (561) 461-8880 FAX

FILE



BUILDING PAD COMPACTION REPORT

Client Buford Construction Date 5/9/01
Contractor Perkins Trucking Test No 2993
Site **101 North Sewall's Point Road** **Permit No.: 5358**
Foundation Fill

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
2993	5/7/01	S E Corner	0 - 1	118.5	116.7	98.4
		Center	0 - 1		116.2	98.0
		N W Corner	0 - 1		117.0	98.7

CONCLUSIONS

The depth of the fill is approximately 2 feet. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.

Rebecca Grant Ascoli
Rebecca Grant Ascoli, P.E.
Florida Registration No. 51863

Client - 1
MC Building Dept - 1

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
FORT PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE - (561) 461-8880 FAX

BUILDING PAD COMPACTION REPORT

FILE

Client Buford Construction Date 6/14/01
Contractor Perkins Trucking Test No 3360
Site **101 North Sewall's Point Road** **Permit No.: 5358**
Foundation Fill – Garage

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.


The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
3360	6/14/01	S E Corner	0 - 1	118.5	116.1	97.9
		Center	0 - 1		116.7	98.4
		N W Corner	0 - 1		116.5	98.3

CONCLUSIONS

The depth of the fill is approximately two feet. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

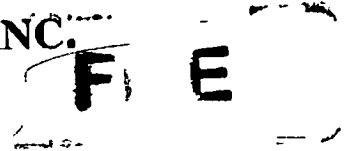
A. M. ENGINEERING AND TESTING, INC.


Rebecca Grant Ascoli - P.E.
Florida Registration No. 51863

Client - 1
Sewall's Point Bldg Dept - 1

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
FORT PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE • (561) 461-8880 FAX



Client: Buford Construction

Project: 101 North Sewall's Point Road

Date Tested: 1/23/02

Project No.: 5079

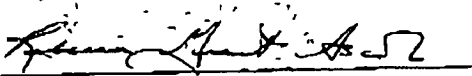
Backfill Between House and Pool / Pool Deck
Permit No. 5358

REPORT OF IN-PLACE DENSITY TESTS

As requested by the client, a representative of A M Engineering and Testing, Inc performed in-place density tests at the referenced project. The tests were made to evaluate if the soil below the pool deck and between the pool shell and the house has been compacted in accordance with the requirements of the Sewall's Point Building Department. A minimum of five (5) locations were tested using a nuclear density gauge and/or a hand cone penetrometer. At four (4) of the locations, the upper one foot of soil was tested. At the fifth (5th) location, the closest point between the existing house and the pool, the fill was tested in one-foot intervals to a depth of four (4) feet. The test results indicate that the soil has been compacted to at least 95% of the modified Proctor maximum dry density (ASTM D 1557).

Respectfully submitted,

A. M. ENGINEERING AND TESTING, INC


Rebecca Grant Ascoli, P E
Senior Geotechnical Engineer

Copies Client - 1
Sewall's Point Building Dept - 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MAY 30, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5255	NOHEJL	FRAMING	PASSED	
S (6)	18 S. VIA LUCINDIA O/B	(PORCH ADD'N)		INSPECTOR <u>EA</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5294	LEHMAN	TEMP ELECT	PASSED	INSP. 5/29/01
S X	6 RIDGELAND DR. RIVERSIDE ELECT			FPL RELEASE 5/29 12.08" SHEET" INSPECTOR <u>EA</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5266	MUSSO	TIN TAG +	PASSED*	INSP. 5/29/01
S X	18 S. RIVER RD. HARRY BLUE	METAL		* DEL. ENTRY - SEE PAGE 1 INSPECTOR <u>EA</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5344	HENRY	TIN TAG +	PASSED	
S (3)	8 E. HIGHPOINT HEATON ROOFING	METAL		287-0116 - DAN INSPECTOR <u>EA</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5312	ENRIQUEZ	TIE BEAM	PASSED	8'45" TIE - COLUMN (BLK ROOF)
S (5)	1 KINGSTON CT. DRIFTWOOD			10'00" TIE BM INSPECTOR. <u>EA</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 4990	ELDER	DRIVEWAY	PASSED	CC. PERMIT TO JOB
S (8)	4 EMARITA WAY O/B (223-9305)			INSPECTOR <u>EA</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5358	UNGRAM	TIE	X	CANCELLED BY OWNER 5/30
N (9)	101 N. SEWALL'S PT. RD. BURFORD CONST. (ANDY 201-9153)			- PASSED 6/4/01 INSPECTOR
OTHER	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ S 5278	FOGLIA	T/T & MTL.	PASSED	
S (4)	102 ABBIE CT. FOGLIA CONTR. (PACIFIC REG. ROB; 263-0113)			INSPECTOR: <u>EA</u>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed ~~2/1/2001~~ ~~2/1/2001~~, 2001; Page 1 of 3.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5013	DENNIS 16 RIDGELAND FL. FINEST (DONALD ROZANTO) 288-1715	FRAMING - ALL TRADES		RESCHED WED 6/6 MR. G.C. (NOT KRAMEK) INSPECTOR
5345	BARON 25 FIELDWAY DR O/B	ELECTRICAL (Partial) Tie beams ANCHORS + STRAPS?	Passed	220-1388 fr. Richard INSPECTOR 6/4
5185	JONES 14 HERONS NEST O/B 225-8153	STEEL (Pads)	Passed	INSPECTOR 6/4
5257	TEPLITZ 25 N. RIVER RD. GULF STREAM	SHUTTERS - FINAL	PASSED	10:00 am - 219-3659 INSPECTOR SA
5068	WINER 19 RIDGELAND LEAR	SLAB + TIE BEAM	PASSED	date as possible 7:45 am INSPECTOR SA
4903	KOCH 71 N. RIVER RD. ALVAR JACKSON POOLS	POOL - FINAL REINSPE. FEE \$30.00	Failed	Door alarm not inst. no reinspection fee and alarm specs req. INSPECTOR 6/4 SA
5353	JUNYAN 101 N. SAR BUFORD	FOOTER	PASSED	 INSPECTOR SA

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Monday Tuesday Wednesday Thursday Friday Saturday Sunday, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ T/R	Edna	tree removal	Passed	18" pipe
5 (7)	67 Henry Sewall way JMC	REPLACEMENT ON LANDSCAPE PUMP		replace ✓ INSPECTOR J 6/20
✓ 5313	INDIANA	WATER PLUMBING	Passed	INSPECTOR
N (2)	INDIANA BUDFORD CONST.	(MASTER PLUMBING PWSO)		INSPECTOR J 6/20
✓ 5302	NOHE JL	R.F. SHEATHING.	Passed	
S (12)	6 N. RIDGEVIEW ROD RAYMOND CONST.	+ wall upst		INSPECTOR J 6/20
✓ 5345	BARON	ELECT. RGH. (PTLV)	Passed	IF SCHED. TOO FULL - ROLL OVER
N (3)	25 FIELDWAY DR. O/B (RICARDO BARON 220-1388)	- GARAGE ELG. - E.I. ✓ Straps + anchors	Disconn. Excl. !	(CALL OWNER & ADVISE) INSPECTOR J 6/20
✓ 5409	HELLER	TIE BM.	Passed	
S (11)	23 N. VIA LUCINDIA TREASURE CONST CARPENTRY	(PORCH FRAMING REP.)		INSPECTOR J 6/20
✓ 5300	BERCAW	POOL - DECK	Passed	VERIFY COMP. TEST RCVD.?
N (4)	11 RIVERCREST CT HARBOR BAY POOLS	Failed (MPN 5001 - REPAIR)		but c. test not on site or office INSPECTOR J 6/20
✓ 5143	GIFFORD	FRAMING.	Passed	
N (1)	85 N. SEWALL'S POINT RD SCOTT J. HOLMES			INSPECTOR J 6/20
OTHER	MUSSO	Pool steel	Passed	
(MANS202)	18 S. Oliver Rd.			J 6/20
5416	SF Pools 286 7633			J 6/20

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun **JUNE 20** 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5013	DENNIS	PARTIAL -	Passed	Green board only
S (13)	16 RIDGELAND DR.	DRYWALL +		Call Bathroom
	FL. FINEST	SCREW OFF		INSPECTOR [Signature] 6/20
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5352	CLEMENTS	PLUMBING	Passed	
S (8)	11 W HIGHPOINT	GRD. ROUGH		
	MOLTER			INSPECTOR [Signature] 6/20
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5358	INGRAM	PLUMBING - Rm	Passed	
N (J)	101 N. SPR			
	BUFORD			INSPECTOR [Signature] 6/20
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ TIR	BAER	FIELD VERIF.	Passed	CODE ENF. K W/TOWN
S (14)	12 S SPR (VACANT)			PERMIT 0456
	MONTEZ			INSPECTOR [Signature] 6/20
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5408	CHURCH	T/T & MTL.	Passed	
S (9)	8 ISLAND ROAD			
	PACIFIC RFG (ROB 283-0116)			INSPECTOR [Signature] 6/20
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5377	ECKNA	DECK	Passed	VERIFY COMP. TEST RCVD.
S (6)	107 HENRY SEWALL WAY		test ???	
	POOLS BY GREG (HOLLY 337-9113)			INSPECTOR [Signature] 6/20
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5161	BRENNAN	DRIVEWAY	Passed	
S (10)	111 HENRY SEWALL WAY			
	GLAN HUTCHINS			INSPECTOR [Signature] 6/20

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Monday Friday, ~~June 27~~ 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5187	JORDAN	WALL SHEATHING	Passed	
N (2)	110 N. SEWALL'S POINT RD. WDC CONST. (WAYNE 201-1565)	(PTC.)		INSPECTOR J 6/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5353	INGRAM	Footers/slab	Passed	Late
N (2)	101 N. SEWALL'S POINT RD. BUTFORD CONST. (ANDY 201-9153)			INSPECTOR J
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5405	HECKERBERG	COL./BM. (ENTRY)	Passed	
N (1)	5 NE LAGOON ISLAND CT. O/B (JAMIE & TURKLE BCH. 718-2777)			INSPECTOR J 6/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5391	PITTINOS	Footers/slab	Passed	Late 11 ⁰⁰ wood dolly
(8)	117 HENRY SEWALL WAY JMC CONTR. (JERRY 287-0390)			Coverage w/ wood dolly INSPECTOR J 6/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5061	BERCAW	PROPOSED SITE	N	SCHED. APPT. 2:30 PM
(12)	11 RIVERCREST CT. RIVER DEVBL (RICH: 692-7800 X310)	GRADING & LANDSCAPE		INSPECTOR J
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER * BERCAW - 11 RIVERCREST; 5 PALM TREES REQUIRE RELOCATION FROM SIDE SLOPE TO EAST OF POOL DECK - O.K. T/R APR. TO BE SUBMITTED. J

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu Fri Sat Sun, 11/23/2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5436	MIRAGLIA 66 N. SEWALL'S POINT RD. PRV. CO CONTRACTING	DRIVEWAY REP/REPL - BASE PREP (260-7480)	PASSED	EARLY A.M. INSPECTOR <u>GA</u>
✓ 5425	BERCAW 11 RIVERCREST CT. ALL AMERICAN SHUTTERS	STORM SHUTTERS - FINAL	PASSED	INSPECTOR <u>GA</u>
✓ 5001	BERCAW 11 RIVERCREST CT. RENAR DEVEL (RICH: 692-7800 x 310)	FINAL	PASSED	- PUNCH LIST FOR REINSPECTION - NO FRI INSPECTOR <u>GA</u>
✓ T/R	GILLEN 5 PALMETTO DR. 0/13	FIELD VERIF.	PASSED OK TO PERMIT	INSPECTOR <u>GA</u>
✓ 5407	Mc KELVEY 21 E. HIGH POINT PACIFIC RFG. (263-0116)	T/G & MTL (RE ROOF) - ROB AUSTIN	PASSED	LAST UNDOY RE & CHIM. BEST. BLDG INSTALLED. OK INSPECTOR <u>GA</u>
✓ 5294	FRANK LEHMAN 6 RIDGELAND GILBREN CONST.	T/G & MTL. (PACIFIC RFG.)	PASSED	ADD'L EDGE MTL. HAILING TO BE VIEWED - OWNER REOF REINS INSPECTOR <u>GA</u>
✓ 5172	ECKWA 107 HENRY SEWALL WAY JMC CONTRACTING	BLDG - FINAL	NOT READY	FINAL SURVEY RECD 7/12 INSPECTOR <u>GA</u>

OTHER: 10/23/01 - 10/24/01; FIELD DOCUMENTS TO SITE (PN 5352)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Fri Sat Sun, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5280	ROTHBERG	RTG. WALL-	Passed	9x10' tie backs
N (6)	103 N. SEWALL'S POINT RD CUSTOM BUILT MARINE (GRAMM)	TIE BACKS		INSPECTOR 7/13
✓ 5358	INAPPROPRIATE	CARPORT	Passed	
N (8)	101 N. SEWALL'S POINT RD. BIFORD CONST. (ANDY)	TIE B.M.		INSPECTOR 7/18
✓ 5444	SEBASTIANO	RTG. WALL-	Passed	
N (9)	99 N. SEWALL'S POINT RD. BIFORD CONST. (ANDY)	FTG.		INSPECTOR 7/18
✓ 5409	HELLER	PORCH REPAIR-	Passed	
S (1)	23 N. VIA LUCINDIA TRBS. COAST CARPENTRY	FINAL		INSPECTOR 7/18
✓ T/R	CARY	FIELD VERIF.	Passed	288 4792
S (2)	76 S. RIVER RD @ VIA LUCINDIA GONZALEZ			INSPECTOR 7/18
✓ T/R	KIRLINGER WASHINGTON	FIELD VERIF.	Passed	
S (11)	143 S. RIVER RD O/B (EARL PEARSON 287-4011)			INSPECTOR 7/18
✓ 5439	BRENNAN	STL. & GROUND	Passed	FORMBOARD SURVEY WAIVED. ✓
S (3)	111 HENRY SEWALL WAY FLAMINGO POOLS			INSPECTOR 7/18

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Thu Fri Sat Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5234	R. Fie Carthy	Sheathing	Passed	
S (4)	45 W Highpoint Wilson	(Part.)		INSPECTOR 7/25
✓ 5437	DENNIS (MPN 5013)	STL / GRD. (POOL)	Passed	*LATE AS POSSIBLE
S (7)	16 RIDGELAND A+G POOLS			ART-878-7752 INSPECTOR 7/25
✓ TIR	SMITH	FIELD VERIF	Passed	
S (3)	133 ^S RIVER RD. SHADE TREE			INSPECTOR 7/25
✓ TIR	LAZARUS	FIELD VERIF	Passed	
S (2)	315 RIVER RD SHADE TREE			INSPECTOR 7/25
✓ TIR	SARTAIN	FIELD VERIF.	Passed	
S (1)	41 S. SPR TIMBER TREE			INSPECTOR 7/25
✓ 5378	PROGRAM	(C) THE BAR	Passed	
N (9)	121 N. SEWALL'S POINT BUFORD CONST. (ANNX: 201-9153)	(Part.)		INSPECTOR 7/25
✓ 5427	FOGUA	STEM WALL FTG.	Passed	called FPL 8 ⁰⁵ wsg.
S (5)	105 ABLE CT. FOGUA CONTR. (TODD 954-4446/126)			early INSPECTOR 7/25

OTHER 28 Fieldway Dr. Check lat & long

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~ THU, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ T/R	ATEW	FIELD VERIF.	Passed	INCIDENT TO CONSTR.
S	103 ABBIE CT GRIBBEN CONST.			BPN 5455 (7/26/01) INSPECTOR <u>JD</u> 7/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5286	SCHULTZ	REVIEW-PROPOSED	APPROVED	SPEC. APPT. 2:30 - EBA
S	64 S. SEWALL'S POINT RD ADVANTAGE POOL BLURS	POOL SAFETY ACT COMPLIANCE.	(BOOK RECD)	(RODDY BROWN 781-3053) INSPECTOR <u>J</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5318	KOENKE	REVIEW-PROPOSED	APPROVED	SPEC. APPT. 2:45 - EBA
S	66 S. SEWALL'S POINT RD. ADVANTAGE POOL BLURS	POOL SAFETY ACT COMPLIANCE.	(BOOK RECD)	INSPECTOR: <u>J</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5302	NOHETL	T/T & MTL.	Passed	1115
S	6 N. RIDGEVIEW RON RAYMOND CONST.	1) Will submit Wind/Door/Root 2) Will obtain all sub permits		specs. (see 8/27/01) INSPECTOR: <u>J</u> 7/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5387	INGRAM	POOL STL/MANU DR.	Passed	(MPD STSB - BUFORD CONST.)
N	101 N. SEWALL'S POINT RD OLYMPIC POOLS (FRANK: 286-6070)			FORM BOARD SUBMIT RECD. INSPECTOR <u>J</u> 7/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5442	GELLER	REEROOF - FINAL	Passed	
S	10 PALMETTO DR. REPAIRS REPAIRS			INSPECTOR <u>J</u> 7/27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5358	INGRAM	T/T & MTL	not ready	will call
N	101 N. SEWALL'S POINT RD BUFORD CONST.			INSPECTOR:

OTHER: 1 KINGSTON CT (DRIFTWOOD) T/R PN 0426; stn field copy to office for dupl.

J 7/27

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection ~~Monday~~ Wed ~~Friday~~ ~~July 30~~, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5230	DENNISON 49 W. HIGH POINT O/B	INT. ALI - FINAL CANCEL BY OWNER 6:40 PM 7/27		DR DENNISON } RESPON: 594-8093 OFFICE: 225-5955 INSPECTOR.
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5363	JOHNSON 2 OAK HILL WAY DRIFTWOOD HOMES	TIE BM		LATE: Resched. Windwood. Cancelled by Contr. INSPECTOR J 7/30
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5465	TEDESCO 18 N. RIVER RD PACIFIC RFG.	RE ROOF - SHEATHING	Passed	Late INSPECTOR J 7/30
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5452	VITALE 15 KNOWLES ROAD DECOR BATH & KITCHEN	DEMOLITION - ELECTRICAL/UTL/PLUMB	Passed	wood lamp. motor INSPECTOR J 7/30
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5358	INGRAM 101 N. SEWALL'S POINT RD.	TIE BM REP. RE-SHEATHING	Passed	partial ✓ INSPECTOR J 7/30
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5143	GILFORD 85 N. SEWALL'S POINT RD SCOTT J. HOLMES, BLDG., INC.	(PT) ELECT. RGH. BALC. CLG. FIXTURES	Passed	all porch coils only INSPECTOR J 7/30
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ T/R	Baron 25 Fieldway Dr. Baron	Field verific.	Passed	INSPECTOR J 7/30

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
558	INDIANA	TUBS	passed	late AM if possible
(8)	101 N. SEWALL'S POINT RD BUFORD CONST. (ADDY: 201-1953)		passed	OK
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5013	DEWIS 16 RIDGELAND DR. FL. FINEST	METER SET - FINAL (TEST PURPOSES) - REINSPECTION	FAILED CA	A/C & MAIN PANEL G.F.I. BRS. REG'D @ COND. UNITS
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
	REINSPECTION 8/2/01 8:00 AM	↓	PASSED	- METER RECREATE TO PPL - DEBBIE 331-707
				INSPECTOR <i>A</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri AUGUST 2001, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5291	Pittinos	Roof Sheathing	Passed	
S (9)	117 H. Sewalls Way JAC			INSPECTOR J 8/20
✓ 5234	MC Cartney	Cort. wck thrgls	Passed	11 ⁰⁰
S (11)	45 High Pt. Wilson Bldg.			INSPECTOR J 8/20
✓ 5499	MOTLEY	SHEATHING	Passed	
N (1)	34 N. SEWALL'S POINT RD. PACIFIC IRFG. (DRIVE: 263-0177)	(2ND I.S.P.)		INSPECTOR J 8/20
✓ 5465	TEDESKO	FINAL-ROOF	Passed	
N (2)	18 N. RIVER RD PACIFIC ROOFING			INSPECTOR J 8/20
✓ 5154	RIMIER	POOL PLUMBING	Passed	
S (7)	29 S. RIVER RD. OLYMPIC			INSPECTOR J 8/20
✓ 5358	INGRAM	PTL NAIL	Passed	PH
N (3)	101 N. SPR BUFORD	SHEATHING		INSPECTOR J 8/20
✓ 5468	BRIAN MERRAN	Electrical plumbing	Passed	Roof penetrations
S (6)	SMELODY HILL (370-0522)	+ everything else so it can be drywalled on this way		INSPECTOR J 8/20

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~AUGUST 29~~, 2001; Page 1 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5068	WINER (285-4600)	T/I T & METAL	Passed	
5 (2)	19 RIDGELAND DR. LEAR DEV.	WINDOW BUCKS	Passed	INSPECTOR <i>J</i> 8/24
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5410	WITTMAN	T/I T & METAL	Passed	
5 (1)	13 RIVERVIEW DR. A+W ROOFING (APRIL 283-0292)			INSPECTOR <i>J</i> 8/24
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5473	LIPPISCH	DEPTH OF DITCH		DOCK PN 5279
5 (7)	22 S. SPR HOSS ELECT.	(DOCK ELECT. SERV.)		INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5488	JUSTICE	STEEL	Passed	FORM BOARD SUKBY KCH
5 (6)	18 MIDDLE RD TWIN POOLS	Coverage to be improved		- FIELD CORR TO SIDE INSPECTOR <i>J</i> 8/24
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5294	LEHMAN	INSULATION	Passed	
5 (3)	6 RIDGELAND GRIBBEN			INSPECTOR <i>J</i> 8/24
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5302	NOHEJL	TIE BM	Passed	
5 (4)	6 N. RIDGEVIEW POD RAYMOND (216-1188)	(PRIVACY WALL)		INSPECTOR <i>J</i> 8/24
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5426	DEMAREST	FRAMING/INSUL	Passed	
5 (5)	92 S. RIVER RD. COMM'L. CONST. (TM: 260-2060)	(ENTRY ENCL.) EL ✓		INSPECTOR <i>J</i> 8/24

OTHER: 101 N. SPR (AN 5358) - DELIVER PRODUCT CONTROL NOTICE OF ACCEPT. TO JOB
~~102 ABILE CT. (AN 5228) - VERIFY SHUTTER PLACEMENT~~

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~August 22~~, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5352	INGRAM	ME BA	Passed	
(2)	101 N. SEWALL'S POINT RD. BUFORD CONST.			INSPECTOR <i>[Signature]</i> 8/20
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5187	JORDAN	FRAMING-	Passed	
(1)	110 N. SEWALL'S POINT RD. W.D.C. CONST.	ALL TRADES		INSPECTOR <i>[Signature]</i> 8/29
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5509	MILORD	V/G PLUMB	Passed	NO SUB PERMIT
(4)	4 FIELDWAY DR. MILORD DEVEL.		→ Pend	Permit <i>[Signature]</i> 8/29
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Monday Friday 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5508	GLOVER	FRAMING	Passed	
5 (1)	16 RIVERVIEW RD.	(Partial)		
	SWAT			INSPECTOR J 9/12
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5439	BRENNAN	POOL -	Passed	
5 (3)	111 Henry Sewall Way	FINAL		
	FLAMINGO POOLS			INSPECTOR J 9/12
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5302	NOTHETL	DRYWALL	Passed	
5 (2)	6 N. RIDGEVIEW			
	RON RAYMOND CONST.	(216-1188)		INSPECTOR J 9/12
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5455	ATEN	TEMP. ELECT.	Failed	On neighbors lot
(4)	103 ABBIE CT.	(SHORELINE - ^{LAURIE} 221-3923)		at hand hold
	GRIFFEN CONST (ROW 260-7059)			INSPECTOR J 9/12
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5350	INGRAM	TRUSS ROOF	Passed	
(6)	101 W. SWEETWOOD ST	TRUSS ROOF	Passed	
	BUNOLD CONST. (MAY 20 915)	512	Failed	INSPECTOR J 9/12
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
T/R	ESCUE	FIELD VERIF.	Passed	
(7)	2 BAUYAN RD			
	O/B			INSPECTOR J 9/12
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER POSSIBLE CODE VIOL.: 8 PALM COURT - SUBIN; SHORELINE CONST. & TREE REMOVAL?
 (COMPLAINT BY MRS. BERGALIS 287-4852) (1)
 → exclusive land + pool/scaping, no tree removal
 Police: 103 Abbie Ct. sign not BAW 92 (no buffer zone, no shoreline encroachment) modification

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~SEPTEMBER 11, 2001~~ 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5523	RIBELL/DO	POOL STL/GRD	Passed	
S (7)	18 ISLAND ROAD PLANNING POOLS	(220-0627; KAROL)		INSPECTOR J 9/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5373	FOGLIA CONTR.	POOL - FINAL	Passed	
S (5)	102 ABILE COURT A & G CONC. POOLS.			INSPECTOR J 9/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5391	PITTIDOS	T/T & MTL	Failed	rear slope insufficient.
S (6)	117 HENRY SEWALL WAY SELECT HOMES	(STUART REG 256-2317)		T tags INSPECTOR J 9/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ T/R	YETTI (VACANT)	FIELD VERIF.	NO ACCESS = SWAMP	
N (3)	122 N. SEWALLS POINT RD. ALL CLEAR INC			INSPECTOR J 9/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 4855	UNIVERSAL GROUP	FRAMING -	Passed	Note: AC/Smoke/Ga
S (4)	23 S. SEWALL'S POINT RD HBS GRP (LAGANA 219-1044)	ALL TRADES		INSPECTOR J 9/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5358	INTEGRAL	TRUSS & PCR. BUDGET	Passed	
N (2)	101 N. SEWALLS POINT RD BUDFORD CONST. (MAY: 201-9153)	STRAPPING		INSPECTOR J 9/14
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5187	JORWAN	DRYWALL PART.	Passed	
N (1)	110 N. SEWALLS POINT RD WDC CONST.			INSPECTOR: J 9/14

OTHER (2) 29 Fieldway code violation inquiry re playground equipment in front yard: Yes verified equipment in front yard

J 9/14

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Oct 5, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5358	INGRAM	PARTIAL BATH	Passed	Main house
N (11)	101 N. SEWALLS PT. RD. BUFORD CONST			INSPECTOR <i>[Signature]</i> 10/5
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5546	LEHMAN 6 RIDGELAND DR	POOL STEEL / MAIN DRAIN	Passed	
S (8)	HARBOR BAY POOLS.			INSPECTOR <i>[Signature]</i> 10/5
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5138	RIBELLINO 18 ISLAND RD.	FINAL ELEC FOR TEMP. POWER	Passed Inpd. ←	agreement? keys - circuits
S (3)	NILSON BLDG'S			INSPECTOR <i>[Signature]</i> 10/5
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5234	MC CARTHY 45 W. HIGHPOINT RD.	PLUMBING	Passed	(tub not req)
S (2)	WILSON BLDG'S			INSPECTOR <i>[Signature]</i> 10/5
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 01/23/01, 2001; Page 6 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5262	MUSSO	PROPERTY LINE WALL - TIE BR	Passed	(1/5 Top foot required)
①	185. RIVER ROAD. HARRY BLUE	+ COLUMN.		INSPECTOR <i>[Signature]</i> 10/2
5234	M'CARNEY	ROUGH PLUMBING	Passed	
①	45 HIGH POINT RD. WILSON BLDG'S	Insulat. wall, ceiling	Passed	(partial) INSPECTOR <i>[Signature]</i> 10/3
5358	INGRAM	SPRINKLER	Passed	
②	101 N. SEWALLS PT. RD. BUEFORD CONST			INSPECTOR <i>[Signature]</i> 10/3
5311	Walker	El rough	Passed	
④	6 Cranes Nest Laniero			INSPECTOR <i>[Signature]</i> 10/3
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

OTHER _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS 101 N. SEWALL'S PT. RD.

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

PLUMBING ROUGH - STRAP ALL PIPING PER CODE

- NAIL PLATES REQUIRED MASTER BATH ROOM

- ALL VENTING MUST BE STRIPPED

- ISOLATE ALL COPPER LINES BESIDE DUCT WORK

- ALL PIPES THROUGH BLOCK NEED TO BE FOAMED.

- NEED PRESSURE TEST ON WATER LINES

FRAMING - ACCESS PANEL REQUIRED FOR VALVES IN MASTER TUB.

- NUTS ON ALL LEDGER LOOSE.

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 11/2/01

GENE

INSPECTOR

DO NOT REMOVE THIS TAG



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 101 N. SEWALL'S Pt Rd.

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

FRAMING - CUT RAT RUN IN KITCHEN
REPAIR DUCT.

- FORD HOLE IN TOP PLATE UPSTAIRS
BATH.

ELECTRIC - ISOLATE ALL ROMEX FAN
DUCT WORK. - B B QUE FLUE ALSO

HVAC - STRAP EXHAUST - POWDER ROOM

NEED SPECIFICATION SHEET ON B B QUE
& FLUE SYSTEM TO CHECK "O" TOLERANCE
STRAP DUCT WITH METAL.

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 11/2/01

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri NOV 2, 2001, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5143	GIFFORD.	POOL DECK.	PASSED	<i>in</i>
4	85 N. SEWALLS PT RD. Scott Holmes			INSPECTOR
5391	PITTINGS.	TEMP ELEC.		CANCELLED
2	117 HENRY SEWALL WY. JMC CONTRACTING	CHECK POLE		<i>in</i> INSPECTOR
5302	NOHEJL 6 N RIDGEVIEW RD HARBOR BAY POOLS	DECK		Reinspection Cancelled by cont INSPECTOR
5501	ALLMAN 3 SUMMER CT. OIB	SLAB	FAILED	<i>in</i> INSPECTOR
5358	INGRAM	ADD STAIRS	FAILED	<i>in</i>
5	101 N. SEWALLS PT RD. BUFFORD.	FRAMING		INSPECTOR
5501	PITTINGS	POOL STEEL.	PASSED	<i>in</i>
2	117 HENRY SEWALLS WAY POOLS BY GREG	(CRYSTAL) 337-9713		INSPECTOR
5506	NUNNELBE 32 W. HARBOR POINT. PACIFIC	SHEATHING/TINTING	PASSED	<i>in</i> INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri NOV 5, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5294	LEHMAN	DRIVE + POOL DECK	Passed	
3	6 RIDGELAND DR. GRIFFIN CONST			INSPECTOR
5354	INGRAM	FIN TRG.	RE SCHEDULE (RAIN)	
1	101 N SEWALL PT RD. RUFORD			INSPECTOR
5483	VITALE	SHEATHING	OK - EXCEPT EDGES CHECK	WEDNESDAY
2	13 KNOWLES RD. DECOR BATH + KITCHEN			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 101 N. SEWALL'S PT RD.

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

PLUMBING - ISOLATE COPPER LINES FROM
DUCT WORK IN DINING ROOM

FRAMING - TIGHTEN ALL NUTS ON LEDGERS
& FRAMING (IE. - UP STAIRS BED ROOM
#3. CHECK ALL NUTS ON
LEDGERS.

RE-INSPECTION FEE \$ 35.00

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 11/7/01

GENE

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri NOV 7, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5302	NOH ELL. 6 RIDGEVIEW RD. RAYMOND COAST.	TEMP POWER		CANCELLED
		216-1188		INSPECTOR <i>h</i>
5358	INGRAM	TIN TAG	Passed	
1	101 N. SEWALL PT RD. BUFORD COMST.	FRAMING/AIL TRADE AIR & PLUG	Failed Passed	INSPECTOR <i>h</i>
5358	XUGRAM	TIN TAG		CANCELLED
	101 N SEWALL PT RD PACIFIC ROOFING			INSPECTOR <i>h</i>
523A	MCCARTHY.	INSULATION	Passed	
7	45 W HIGH POINT. WILSON BLDG'S.	SAFE ROOM TIE DOWN GLR	Passed Passed	INSPECTOR <i>h</i>
4	CONNELLY 23 N. RIDGEVIEW. O/B.	TREE	OK TO REMOVE.	INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri NOV 9, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5302	NOHEJL	TEMP POWER	FAILED	
3	6 RIDGE VIEW DR. RAYMOND CONST.			INSPECTOR <i>h</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5254	INGRAM	PLUMBING	PASSED	
1	101 N. SEWALLS PT RD. RUFFORD	PLUMBING	PASSED	INSPECTOR <i>h</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5352	CLEMENTS	STRAP + ANCHOR	RE-SCHEDULED	
4	11 W. HIGHPOINT MOLTER		CANCELLED	INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5588	GOODE	SHEATHING		
2	9 EMARITA WAY JIM'S ROOFING	TIN TAG		INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5213	ENRIQUEZ	DRIVE.	PASSED	
3	1 KINGSTON CT. DRIEWOOD BLDG'S	TEMP. FUEL	PASSED.	INSPECTOR <i>h</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5515	WALKER	SLAB	PASSED	
	6 CRANES NEST. IANIERO.			INSPECTOR <i>h</i>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JAN 25, 2001; 2 Page 2 of 2.


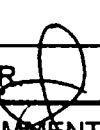



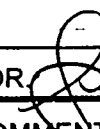
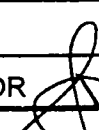
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5358	INGRAM	POOL DECK	Passed	Density Test = 0.6.
(11)	101 N. SEWALLS PT RD BYFORD.	Stairs		Soil Treatment ✓ INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5599	WATSON	ROOF FINAL	Passed	
(10)	30 N. RIVER DR. PACIFIC.	263 0116		INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5488	ED JUSTICE	CHECK POOL		Padlock / 1st Flr
(8)	18 MIDDLE RD.	FOR FINAL. 287 4049		Gar. Door INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5565	RUPP	SHEATHING	Passed	
(7)	19 W HIGH POINT EMMICK			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5589	QUINN.	ROOF FINAL	Passed	
(4)	98 S SEWALLS PT RD COOPER			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5483	UTALE	INSULATION	Passed	
	13 KNOWLES RD DECOR			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~MARCH 18~~, 2001; Page 1 of 2.

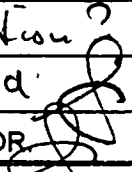

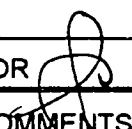
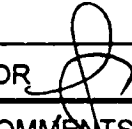

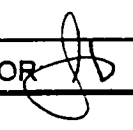
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5068	WINER	INSULATION	Passed	
(4)	19 RIDGELAND LEAR			INSPECTOR 
5358	WALKER	POOL PLUMBING	Passed	
(5)	6 CANALS WEST OLYMPIC			INSPECTOR 
5486	VILLAR	SWEATHING	Passed	
(3)	92 N. SEWALLS PT RD PACIFIC			INSPECTOR 
5507	INGRAM	ELECTRICAL	Passed	agreement?
(2)	101 N. SEWALLS PT RD BUFORD.	RELEASE		INSPECTOR 
5656	D'AMINO,	FINAL ROOF	Passed	
(8)	5 ISLAND RD. TAYLOR			INSPECTOR 
5501	ALMAN	ELECTRICAL + MECH ROUGH	Partial Passal	
(1)	3 SUMMER LN. --- ALMAN			INSPECTOR 
5718	MADDEN	Roof Repair	Passed	
(7)	160 S RIVER RD. COLLIAS	283 4202		INSPECTOR 

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MARCH 27, 2001; Page 1 of 2.

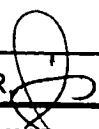



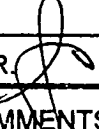
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5671	ATEN	DECK POOL.	Passed	Compaction received
(9)	103 ABBIE CT. HARBOUR BAY	878 8806		INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
T/R	Davis	Tree rem.	Passed	
(8)	5 Palm Rd. (Simara) O/R			INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5709		Sheathing (Masad)	Passed	
(1)	1227 Plaza 3725 Pacific			INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5572	Flaugh	TT + Metal	Passed	
(2)	G Industrial Pkw. Pacific			INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
T/R	Miraglia	Tree rem.		
(7)	66 N Sewalls Pt. Rd. O/R			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5358	INGRAM	PARTIAL	Passed	
	101 N. SPR BUFORD	-DRIVEWAY-		INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5719	GRIMES	ROOF-	Passed	= 1 st . inspection !!
(3)	6 PERRIWINKLE CIR STUART REG	FINAL		INSPECTOR 

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri APRIL 12, 2001, Page of .



PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5455	ATEN 103 ABBIE CT. GURBEN	CO.	Failed	INSPECTOR 
5352	CLEMENTS 11 W. HIGH POINT MOLTER	FRAMING	PASSED	INSPECTOR 
5689	HENDERSON 24 ISLAND RD BUFORD	ROOF NAILING	PASSED	INSPECTOR 
5350	INGRAM 101 N. SEWALL BUFORD	FLATWORK	PASSED	INSPECTOR 
5753	HORWIT 11 PERWINKLE LN. PACIFIC	ROOF-FINAL 263 0113	PASSED	INSPECTOR 
				INSPECTOR
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri April 19, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
1770	Powler	Sheathing	Pass	
(9)	22 Middle Rd. Cadae			INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
15358	Ingram	Downy Road	Pass	
(4)	101 N. Sewall Pt. Buford			INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____



REVISE SURVEY
1. FINISH FLOOR
2. ENCROACHMENT

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 101 N. Sewalls Pt. Rd.

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

CO Final Page 1 of 2

- 1.) Hood North Sewage + Part Softy
- Garage shower hood valve cover
- 2nd floor drain #1 air ME HANGER
- Outside shower wait for valve
- weathr stripping (near shower)
- Gas stove: no shut off
- D-washer cabinet door
- G/B Porch door
- Porch grill wall in, stile not in

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 4/26/2

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS lot N. Sewall's Pt Rd

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

Final CO. Page 2 of 2

Hot Water Heater ground

~~Air handler upst. 2nd drain~~

Need: Permit Bl. cert.

d
f
g
h
i

Stair railing ?? 4x4 not req landing + floor

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 4/26/2


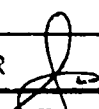
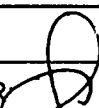
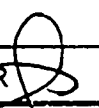

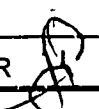
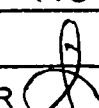
[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri APRIL 26, 2002, Page ___ of ___.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5143	GIFFORD	TEMP.	Failed	
(5)	85 N SPR HOLMES	ELECTRIC		INSPECTOR 
5734	ABESADA - TERK	TEMP. POLE	Passed	FPL!
(3)	8 MORGAN CIR (Ridgeview/Rio V) CONWAY			INSPECTOR 
5358	INGRAM	CO - FINAL	Failed	
(6)	101 N. SPR BUFORD			INSPECTOR 
5573	Flaugh	Pool, Propose	Passed	
(4)	6 Ludalucie Puy Hufnagel			INSPECTOR 
5356	Clowouts	Roof Tile in progr	Passed	
(1)	11 W High Pt. RTS 227 0005 (1265 Robin)			INSPECTOR 
5388	Walker	Pool Deck	Passed	
(2)	6 Cranes Nest Olympic Pools			INSPECTOR 
5541	Milord	Framing	Passed	Frid. as Hand.
	144 N Sewalls Pt. O/B			INSPECTOR 

OTHER _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS 101 N. Sewall Pt.

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

OO Final

Garage + Exterior Showers
Valves not sealed

Penalty \$30.-

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 4/29/12


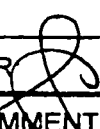


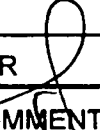
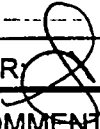
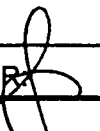
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri April 29, 2001; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5123	Piceu	Power Release	Failed	
(2)	65 S. River Seagate/Doug Taylor			INSPECTOR 
5541	Milord	Insulation	Passed	
(5)	144 N Sewalls Pt. O/R			INSPECTOR 
5636	FRANCIS	TIE BEAM	Passed	
(3)	5 S RIVER ROAD. WILBOLDING			INSPECTOR 
5697	Whalen	SCREEN FINAL	Passed	
(4)	9 KNOWLES RD East Coast Spec.			INSPECTOR 
5501	ALLMAN	FRAMING	Failed	
(1)	3 Summer Ln. ALLMAN	GAS PIPING	Failed	INSPECTOR 
5158	Ingraham	CO Final	Failed	(2 showers?)
(6)	61 N Sewalls Pt. Buford			INSPECTOR 
5755	DeGraff	Temp Pole	Passed	call PPL
(7)	9 Castle Hill way DeGraff			INSPECTOR 

OTHER _____



Martin County Health Department
(561) 221-4090 Fax. (561) 221-4967

TO BUILDING DEPARTMENT MARVO JUPITER ISL SEWALLS PT STUART

FROM Roy Cross

DATE 04/29/02

SUBJECT FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT PERMIT

BUILDING DEPT PERMIT

LOCATION

- 43-SS- 02991 5358 LOT 2 SEWALL'S POINT KEITH INGRAM
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 88.8

The higher the score, the more efficient the home.

Keith and Linda Ingram, North Sewalls Point Road, , ,

<p>1 New construction or existing New <input type="checkbox"/></p> <p>2 Single family or multi-family Single family <input type="checkbox"/></p> <p>3 Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4 Number of Bedrooms 4 <input type="checkbox"/></p> <p>5 Is this a worst case? No <input type="checkbox"/></p> <p>6 Conditioned floor area (ft²) 5080 ft² <input type="checkbox"/></p> <p>7 Glass area & type ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">a Clear - single pane 0 0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b Clear - double pane 0 0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c Tint/other SC/SHGC - single pane 673 0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d Tint/other SC/SHGC - double pane 0 0 ft² <input type="checkbox"/></p> <p>8 Floor types ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">a Slab-On-Grade Edge Insulation R=0 0, 274 0(p) ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b N/A ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">c N/A ___ <input type="checkbox"/></p> <p>9 Wall types ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">a Concrete, Int Insul, Exterior R=5 0, 2730 0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b Concrete, Int Insul, Exterior R=5 0, 1456 0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c N/A ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">d N/A ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">e N/A ___ <input type="checkbox"/></p> <p>10 Ceiling types ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">a Under Attic R=19 0, 3100 0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b N/A ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">c N/A ___ <input type="checkbox"/></p> <p>11 Ducts ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">a Sup Unc Ret Con AH Interior Sup R=6 2, 120 0 ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b Sup Con Ret Con AH Interior Sup R=6 2, 80 0 ft <input type="checkbox"/></p>	<p>12 Cooling systems ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">a Central Unit Cap 60 0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">SEER 12 00 ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">b Central Unit Cap 36 0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">SEER 12 00 ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">c N/A ___ <input type="checkbox"/></p> <p>13 Heating systems ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">a Electric Strip Cap 60 0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">COP 1 00 ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">b Electric Strip Cap 36 0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">COP 1 00 ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">c N/A ___ <input type="checkbox"/></p> <p>14 Hot water systems ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">a LP Gas Cap 50 0 gallons <input type="checkbox"/></p> <p style="padding-left: 40px;">EF 0 60 ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">b N/A ___ <input type="checkbox"/></p> <p style="padding-left: 20px;">c Conservation credits ___ <input type="checkbox"/></p> <p style="padding-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15 HVAC credits MZ-C, CF, MZ-H <input type="checkbox"/></p> <p style="padding-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
--	---

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature  Date 4-26-02

Address of New Home 101 N. Sewalls Pt. Rd. City/FL Zip Sewalls Point Fl.



**NOTE The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

DOWN PAYMENT	
\$	
AMOUNT	SEQUENCE NUMBER
RECEIVED AT COMPLETION	
\$	
AMOUNT	DEPOSIT NUMBER
ACCOUNT NUMBER	

BUG MAN PEST MANAGEMENT, INC.

1401 S.W. BILTMORE STREET
PORT ST, LUCIE, FLORIDA 34983

(561) 879-2740

SOIL TREATMENT PLAN

PURCHASER INGRAM TELEPHONE 398-4995

MAIL ADDRESS 101 N Sewalls Pt. Rd.

CITY Sewalls Point STATE FLA ZIP CODE _____

DESCRIPTION OF PROPERTY RESIDENTIAL DWELLING

LOT 2 BLOCK _____ SECTION GOV

PROPERTY ADDRESS 101 W SEWALL'S POINT RD

CITY STUART STATE FLORIDA ZIP CODE 0

CHEMICAL USED PREVAIL FT CONCENTRATION 5 PERCENT

SQ. FEET 4000 AMOUNT (gals) APPLIED 200

Effective 06/25/01 through 06/25/02, for the sum of \$ _____

Bug Man hereby states that the soil has been treated at the above described property for the control of subterranean termites (Reticulitermes sp., Herterotermes sp.)

Bug Man agrees, that if subterranean termite infestation(s) should occur at the described property, within a period one year from the date of treatment, upon written notice from Purchaser, Bug Man will inspect and, if necessary, will provide retreatment at no additional cost to the Purchaser.

In the event of additions or alterations to the described property which affect the structure and create conditions conducive to new subterranean termite infestation, or interfere with the chemical soil treatment this limited guarantee is null and void.

This soil treatment plan will be effective only upon payment of the charges as provided herein.

Any additional provisions attached hereto including the general conditions on the reverse side are part of this plan.

NOTICE: YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.

PURCHASER KEITH & LINDA INGRAM DATE _____

BUG MAN REPRESENTATIVE MICHAEL BURKE DATE 06/26/01

BUG MAN ADDRESS 1401 SW BILTMORE STREET TELEPHONE (561) 879-2740

CITY PORT ST. LUCIE STATE FLORIDA ZIP CODE 34983

GENERAL CONDITIONS

1. **WATER LEAKAGE.** Water leakage in treated areas, and leakage in interior areas or through the roof or exterior walls of the identified property, may destroy the effectiveness of Bug Man's treatment and is conducive to new infestation. Purchaser is responsible for making timely repairs as are necessary to stop the leakage. Upon completion of repairs by Purchaser Bug Man will provide additional treatment to control infestation at Purchaser's expense. If Purchaser elects not to repair said defects or purchase the additional necessary treatment, then Bug Man shall have no further obligation under this agreement.

2. **ADDITIONS, ALTERATIONS.** This agreement covers the property identified on the Inspection Graph as of the date of initial treatment. In the event the premises are structurally modified, altered or otherwise changed or if soil is removed or added around the foundation Purchaser will immediately notify Bug Man and will purchase the additional treatment required by the changes incurred. Failure to do so will terminate this agreement automatically.

3. **NOTICE OF CLAIMS, ACCESS TO PROPERTY.** Any claim under the terms of this agreement will be made immediately in writing to any Bug Man office. Bug Man is only obligated to perform under this agreement provided the Purchaser allows Bug Man access to the identified property for any purpose contemplated by this Contract, including but not limited to reinspection, whether the inspection was requested by the Purchaser or considered necessary by Bug Man.

4. DISCLAIMER.

A -- Bug Man's liability under this agreement will be terminated if Bug Man is prevented from fulfilling its responsibilities under the terms of this agreement by reason of delays in transportation, shortages of fuel and or materials, strikes, embargoes, fires, floods, quarantine restrictions, or any other act of God or circumstances or cause beyond the control of Bug Man.

B -- This agreement does not cover and Bug Man will not be responsible for

(1) Damage resulting from moisture condition, including but not limited to fungus damage, and/or

(2) Damage resulting from masonry failure or grade alterations

C This agreement excludes coverage on formosan termites (*Coptotermes* sp.)

D -- BUG MAN DISCLAIMS ANY LIABILITY FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES. THE GUARANTEES STATED IN THIS AGREEMENT ARE GIVEN IN LIEU OF ANY OTHER GUARANTEE OR WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

5. **CHANGE IN LAW.** Bug man performs its services in accordance with the requirements of federal, state and local law. In the event of a change in existing law as it pertains to the services promised herein, Bug Man reserves the right to terminate this agreement.

6. **NON-PAYMENT, DEFAULT.** In case of non-payment or default by the Purchaser, Bug Man has the right to terminate this agreement and reasonable attorney's fees and cost of collection shall be paid by Purchaser, whether suit is filed or not. In addition, interest at the highest legal rate will be assessed for the period of delinquency.

7. **ENTIRE AGREEMENT.** The service order signed at time of purchase and the Agreement constitute the entire agreement between the parties and no other representations or statements will be binding upon the parties.

8. **ARBITRATION.** The Purchaser and Bug Man agree that any controversy or claim between them arising out of or relating to the interpretation, performance or breach on any provision of this agreement shall be settled exclusively by arbitration. Such arbitration shall be conducted in accordance with the Commercial Arbitration Rules then in force of the American Arbitration Association before three arbitrators appointed by the American Arbitration Association. The arbitration award shall be final and binding on both parties. Judgement upon such arbitration award may be entered in any court having jurisdiction.

9. **SEVERABILITY.** If any part of this agreement is held to be invalid or unenforceable for any reason, the remaining terms and conditions of this agreement shall remain in full force and effect.

10. **DISCLAIMER.** This agreement is assignable by Purchaser for a period of one year from the effective date, and a additional four year providing renewal is maintained. Purchaser may transfer or assign this agreement in whole upon sale of identified property.

Fritz Irrigation, Inc

Jack Fritz • 2102 SW Perry Ter Stuart, Fl 34997 • 772-220-1023, Pager 326-2987 Fax 219-8625

****Mailing Address: P. O Box 1101 Hobe Sound, FL 33475-1101

over 25 years experience in installation and maintenance

March 11, 2002

Town of Sewall's Point
One S Sewall's Point Rd
Sewall's Point, Fl 34996

Re: Keith and Linda Ingram
101 N Sewall's Point Rd
Sewall's Pt, Fl 34996

In accordance with Section 22-146.

- **1 MiniClik Rain Sensor will be installed for system on city water,
- **one 12 station ESP time clock will be installed for system on city water
- **1 MiniClik Rain Sensor will be installed for system on well water;
- **one 16 station ESP time clock will be installed for system on well water

Water Source:

11 zones are calibrated at 25 GPM, city water with 5/8" meter;
16 zones are calibrated at 25GPM for well water system

Submitted by

John Fritz

OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA
MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says

- 1 That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature
- 2 That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes
- 3 That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 632,000.00
- 4 That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose

Affidavit's Signature

Linda J Ingram

Property Address

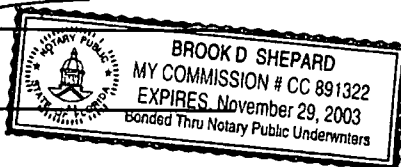
101 N Sewalls Pt Rd
Stuart, FL 34996

SWORN TO and subscribed before me this 26th day of April, 2002, by LINDA L INGRAM, who is personally known to me or produced known w/ID as identification

[Signature]
Notary Public

My commission expires _____

(Notary Seal)



ROBERT M WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C GLOVER, III
Commissioner

THOMAS P BAUSCH
Commissioner

E DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

~~EDWIN B. ARNOLD~~
GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: KEITH + LINDA INGRAM. ; PROPERTY ADDRESS: 101 N. SEWALL PT RD.

LEGAL DESCRIPTION: LOT 2 BLOCK _____ SUBDIVISION _____

GENERAL CONTRACTOR: BYFORD CONSTRUCTION CO. ; LIC/CERT No. CBC 037840

ADDRESS 606 CAMDEN AVE. ; TEL 283-2050, FAX 283-0940


ARCHITECT OR ENGINEER: JOSEPH McCARTY. , Lic/Reg. No 9639

ADDRESS 900 E OSEOLA ; TEL 287-6735, FAX 287-4618

PERMIT No. 5358 ; DATE OF ISSUE 5/8/01 ; RENEWAL PERMIT No: _____ , DATE OF ISSUE _____

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property

Entered at Sewall's Point, Florida, this 30 day of APRIL, 2002


GENE SIMMONS CBO
Edwin B. Arnold, AIA, CBO
Building Official, Town of Sewall's Point

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7689 • E-Mail. police@sewallspoint.org



Martin County Health Department
(561) 221-4090 Fax. (561) 221-4967

TO BUILDING DEPARTMENT MARTIN JUPITER ISL SEWALLS PT STUART

FROM RAY CROSS

DATE 04/25/02

SUBJECT FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT PERMIT

BUILDING DEPT PERMIT

LOCATION

- 43-SS- 02991 5358 DR 1 WOKAM LOT 2 SD
- 43-SS- _____ lot N Sewalls Pt. Rd.
- 43-SS- _____ Ingram / Buford
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____

5387

POOL

MASTER PERMIT NO. 5358

TOWN OF SEWALL'S POINT

Date 5/25/01

Building to be erected for KEITH INGRAM

Applied for by OLYMPIC POOLS OF STUART (Contractor)

Subdivision GOV LOT Lot 2 Block _____

Address 101 N. SEWALL'S POINT RD

Type of structure S.P.R. (UNDER CONST.)

Parcel Control Number 35-37-41-000-000-00170-60000

Amount Paid \$240.00 Check # 3173 Cash _____ Other Fees (_____)

Total Construction Cost \$ 24,000.00

Signed [Signature] Applicant

Signed [Signature] Town Building Inspector

BUILDING PERMIT NO. 5387

Type of Permit POOL/SPA

Building Fee \$240.00

Radon Fee _____

Impact Fee _____

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

TOTAL Fees \$240.00

POOL / SPA PERMIT

INSPECTIONS			
SETBACKS	DATE _____	DECK	DATE _____
COMPACTION TESTS	DATE _____	ENCLOSURE & LATCH	DATE _____
GROUND ROUGH	DATE _____	DOOR ALARM(S)	DATE _____
STEEL & BOND	DATE _____	FINAL	DATE <u>5/10/02</u>
LIGHT NITCHE	DATE _____		

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

- New Construction Remodel Addition Demolition

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

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

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



Town of Sewall's Point
BUILDING PERMIT APPLICATION 001

RECEIVED

Bldg Permit Number **5387**

Owner or Titleholder's Name Keith Ingram Phone No. (501) 283-2050
 Street 101 North Sewalls Pt Rd City Stuart State Fla Zip 34996
 Legal Description of Property Coast Lot 2 Sect 35 Twnshp 37 S. Range 41 E.
 Parcel Number 35-37-41-000-000-

Location of Job Site 101 North Sewalls Pt Rd 00170-6

TYPE OF WORK TO BE DONE Swimming Pool w/ Spa

CONTRACTOR/Company Name Olympic Pools of Stuart Inc Phone No. (501) 286-6020
 Street 1565 S.W. Martin Hwy City Palm City State Fla Zip 34996
 State Registration CPL039888 State License: _____

ARCHITECT _____ Phone No. () _____
 Street _____ City _____ State _____ Zip _____

ENGINEER Carl Kunyan Phone No. (501) 286-6070
 Street 1565 SW Martin Hwy City Palm City State Fla Zip 34996

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg _____
 Covered Patio _____ Scr Porch _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size _____ AMPS

FLOOD HAZARD INFORMATION
 Flood zone _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
 Estimated cost of construction or improvement. \$ 2,000
 Estimated Fair Market Value (FMV) prior to improvement \$ _____
 If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value _____

SUBCONTRACTOR INFORMATION. (Notification to this office of subcontractor change is mandatory.)
 Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)
X _____
 State of Florida, County of Martin On this the 4 day of May, 2000,
 by Kim Smith who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required)
X _____
 State of Florida, County of Martin On this the 4 day of May, 2000,
 by Kim Smith who is personally known to me or produced as identification.

Notary Public

Notary Public

My Commission Expires _____
 JOHN K. DAVIES, JR.
 My Comm Exp 12/19/03 (Seal)
 No CC 896745
 () Personally Known () Other I.D.

My Commission Expires _____
 JOHN K. DAVIES, JR.
 My Comm Exp 12/19/03 (Seal)
 No CC 896745
 () Personally Known () Other I.D.

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed. 0 Number of trees to be retained _____ Number of trees to be planted: _____ Number of Specimen trees removed _____
Fee. \$ _____ Authorized/Date _____


DEVELOPMENT ORDER # _____

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official  Date: 5/22/01

Approved by Town Engineer _____ Date: _____
(if required)

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/17/2001

PRODUCER (561)334-3181 FAX (561)334-7742
Rick Carroll Insurance Agency
2160 N E Dixie Highway
P.O. Box 877
Jensen Beach, FL 34958-0877

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

FILE
permut

INSURERS AFFORDING COVERAGE

INSURED ~~Dynaco Pool of Stuart Corp~~ P. Custom Pool
1565 SW Martin Highway
Palm City, FL 34990-1370

INSURER A Valley Forge Insurance Company
INSURER B Transcontinental Ins Co
INSURER C Associated Industries of FL
INSURER D
INSURER E

COPY FILE

RECEIVED
MAY 17 2001

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

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	31028001140	02/01/2001	02/01/2002	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	31028001140	02/01/2001	02/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYER LIABILITY OTHER	200337725	02/01/2001	02/01/2002	WC STATU-TORY LIMITS UTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE EA EMPLOYEE \$ 500,000 E L DISEASE POLICY LIMIT \$ 500,000

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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
TOM OF SEWALLS POINT 1 SOUTH SEWALLS POINT RD STUART, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 Keith Carroll/KAS <i>Keith Carroll</i>



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530

COPY

RECEIVED
MAY 17 2001
BY: *[Signature]*

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

FILE
[Signature]

FILE
[Signature]

	STATE OF FLORIDA	AC# 592350
	DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION	
	CP -C039888 07/26/2000 0090026	
	CERT COMMERCIAL POOL/SPA CONTR SMITH, KIM S OLYMPIC POOLS OF STUART CORP	
	IS CERTIFIED	under the provisions of Ch 489
	Expiration Date	AUG 31, 2002

DETACH HERE

AC# 5923506

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/26/2000	00900266	CP -C039888

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

NOTICE OF RESIDENTIAL POOL SAFETY REQUIREMENTS

To All Pool/Spa Contractors
From Edwin B. Arnold, Building Official *EA*
Subj Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act
Date Sept 1, 2000

Section 515 27 of the subject law provides in part as follows

(1) In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet at least one of the following requirements relating to pool safety features:

(a) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of s. 515.29;

(b) The pool must be equipped with an approved safety pool cover;

(c) All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85 dB A at 10 feet; or

(d) All doors and windows providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches from the floor.

The effective date of this statute is October 1, 2000. All pools completed on or after that date will be required to fully comply with the provisions of the statute. The statute also mandates specific information which must be furnished to buyers on entering into an agreement to build a residential swimming pool. Evidence of compliance with these requirements will be required as part of the building permit application submittal. Please contact me if you have any questions.

***SUBMIT DETAILS OF PROPOSED METHOD OF COMPLIANCE FOR REVIEW PRIOR TO INSTALLATION.**



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail police@sewallspoint.org

NOTICE OF COMMENCEMENT

Permit No _____
State Of Florida

Tax ID No 35-37-41-0000-0000-170600
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 Attached

General description of improvements Sewall, Pt Swimming Pool w/ Spa
Owner Keith Ingram
Address 101 North Sewall Pt Rd Stuart Fla 34996
Owner's interest in site of improvement _____

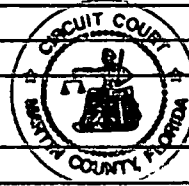
Fee Simple Title holder (if other than owner) _____

Address _____

Contractor Olympic Pools of Stuart Corp Phone# (561) 286-6070
Address 1565 SW Martin Hwy, Palm City Fla 34990 Fax# (561) 288-6962

Surety _____ Phone# _____
Address _____ Fax# _____
Amount of Bond \$ _____

Lender _____ Phone# _____
Address _____ Fax# _____



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

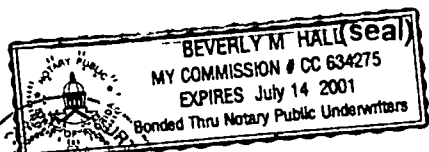
Name Bufo-d Construction Phone# (561) 283-2050
Address 606 Camden Ave Stuart, Fla 34996 Fax# (561) 283-0940

In addition to himself, owner designates Dennis Buford of Bufo-d Construction (Phone# 283-2050 Fax# 283-0940) to receive a copy of the Lienor's Notice as provided in Section 713 13(1)(b), Florida Statutes

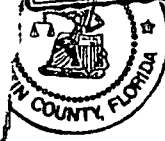
Expiration date of notice of commencement is one year from the date of recording unless a different date is specified _____

Keith J Ingram
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF Martin
Sworn to and subscribed before me this 12th day of April 2001, by Linda L Ingram, who is personally known to me or who has produced Fla DL 1526-532-60 as identification



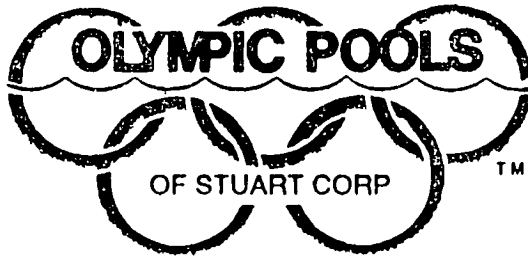
Beverly M Hall
SIGNATURE OF NOTARY
Beverly M Hall
TYPE OR PRINT NAME OF NOTARY
NOTARY PUBLIC TITLE
634275 COMMISSION NUMBER



MEMBER



NATIONAL SPA & POOL INSTITUTE



DOUGLAS M. ALLEN
PRESIDENT

RESIDENTIAL SWIMMING POOL, SPA, AND HOT TUB
SAFETY ACT
NOTICE AND REQUIREMENTS

JOB NAME: Keith Ingram ADDRESS: 101 North Seawall Pt Rd

I (We) acknowledge that a new swimming pool, spa, and/or hot tub will be constructed or installed at 101 North Seawall Pt Rd, and hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes. (PLEASE INITIAL THE METHOD(S) TO BE USED FOR YOUR POOL)

- The pool will be isolated from the access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;
- The pool will be equipped with an approved safety pool cover that complies with ASTM F1246-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas, and Hot Tubs);
- All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet;
- All doors providing direct access from the home to the pool will be equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck;

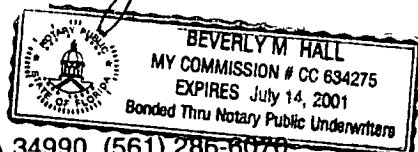
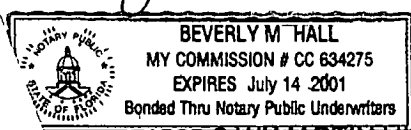
I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, Florida Statute, and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500.00 and/or up to 60 days in jail as established in Chapter 775, Florida Statute.

X Dennis Buford 4-12-01
CONTRACTOR'S SIGNATURE & DATE
B163-161-49-209-0
Dennis Buford
CONTRACTOR'S NAME (PLEASE PRINT)

X Linda L Ingram 4-12-01
HOMEOwner'S SIGNATURE & DATE
F526-532-00-606-0
LINDA L INGRAM
HOMEOwner'S NAME (PLEASE PRINT)

Beverly M Hall
NOTARY

Beverly M Hall
NOTARY



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ ~~Thu~~ ~~Thu~~ , 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ T/R	ATEN	FIELD VERIF.	Passed	INCIDENT TO CONSTR.
S	103 ABBIE CT. GRIBBEN CONST.			BPN 5455 (7/26/01) INSPECTOR JD 7/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5286	SCHULTZ	REVIEW-PROPOSED	APPROVED	SPEC. APPT. 2:30 - EBA
S	64 S. SEWALL'S POINT RD ADVANTAGE POOL BLURS	POOL SAFETY ACT COMPLIANCE.	(NOOK KUBA)	(RODDY BROWN 781-3053) INSPECTOR JD
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5318	KOENKE	REVIEW-PROPOSED	APPROVED	SPEC. APPT. 2:45 - EBA
S	66 S. SEWALL'S POINT RD. ADVANTAGE POOL BLURS	POOL SAFETY ACT COMPLIANCE.	(NOOK KUBA)	INSPECTOR JD
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5302	NOHEJL	T/T # MTL.	Passed	1115
S	6 N. RIDGEVIEW RON RAYMOND CONST.	1) Will submit Wind/Door/Roof 2) Will obtain all sub permits		specs. (see 845 7/27) INSPECTOR JD 7/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5387	INGRAM	POOL STC/MANU...	Passed	(MFD STSB - BUFORD CONST.)
N	101 N. SEWALL'S POINT RD. OLYMPIC INDUSTRIES (PHASE 2) 256-6070	FORMWORK SURVEY RCVD. INSPECTOR JD 7/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5442	GELLER	REEROOF - FINAL	Passed	
S	10 PALMETTO DR. REPAIRS RFG.			INSPECTOR JD 7/27
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5358	INGRAM	TIE RM # COL.	not ready, will call	
N	101 N. SEWALL'S POINT RD BUFORD CONST.			INSPECTOR

OTHER: 1 KINGSTON CT (DRIFTWOOD) T/R PN 0426; str field copy to office for dupl.
7/27

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Oct 22, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5506	NUNNELLE	SHEATHING	Cancelled	
(4)	32 W. HIGH POINT RD. PACIFIC			INSPECTOR <u>8/6/22</u>
5013	DEBUNKS.	DRIVEWAY	Failed	
(2)	16 RIDGELAND DR FLORIDA FINESST			INSPECTOR <u>8/6/22</u>
5337	1006 LAM.	POOL PLUMBING	Passed	
(1)	101 N. SEWALL'S PT RD. OLYMPIC			INSPECTOR <u>8/6/22</u>
5477	MORRIS.	COLUMN STEEL.	Failed	
(3)	24 RIDGELAND DR. TEAM CONSTRUCTION	2 ND Floor Addition		INSPECTOR <u>8/6/22</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~November 19~~, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5022	SMITH 133 S. RIVER RD MACARI	TEMP. ELECT. POLE	Passed	
(4)				INSPECTOR <i>[Signature]</i>
5400	STANTON. 6 SABLE CT O/B.	INSULATION CANCELED.	 	
				INSPECTOR <i>[Signature]</i>
5455	A Ten 101 Abbie Ct. Gribben	Roof Sheathing	Passed	
(3)				INSPECTOR <i>[Signature]</i>
5294	LEHMAN 6 RIDGELAND DR GRIFFIN.	TEMP POWER	Passed	CO Under ?? Dead Tree: !!
(1)				INSPECTOR <i>[Signature]</i>
5558	INGRAM	INSULATION	Passed	
(5)	101 N SEWALLS PT. RD BEUFORD.			INSPECTOR <i>[Signature]</i>
5187	JORDAN 110 N. SEWALLS PT RD WDC JOE CONSTRUCTION	Slab (open basement)	Passed	11 ⁰⁰
(6)				INSPECTOR <i>[Signature]</i>
5013	Dennis 16 Ridgeland FL Finest	Final Grade	Passed	
(2)				INSPECTOR <i>[Signature]</i>

OTHER (7) 65 S. River Pkway, Seagate: repair lotte & plywood
 (Letter should be at office?) Passed
 Lags installed 12" oc (nailed 4" oc earlier !!)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MAY 10, 2009 Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
8 5778	VITAGE 13 KNOWLES DECOR	FINAL FENCE.	FAILED	INSPECTOR <u>h</u>
6 5663	HORUIT. 11 PEARLWINKLE LN. DECOR	HURRICANE SHUTTERS	PASSED	INSPECTOR <u>h</u>
7 5387	INGRAM 101 N. SEWALL PT RD OLYMPIC.	POOL FENCE	PASSED	INSPECTOR <u>h</u>
9	CLARK 33 FIELDWAY DR.	CHECK TREE <u>PERMIT</u>	OK.	INSPECTOR <u>h</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

5724

IRRIGATION

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 3/17/02

BUILDING PERMIT NO. 5724

Building to be erected for KEITH + LINDA INGRAM Type of Permit IRRIGATION

Applied for by FRITZ IRRIGATION (Contractor) Building Fee 76.80

Subdivision GOV. Lot 2 Block _____ Radon Fee _____

Address 101 N SEWALL'S POINT RD. Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number _____ Electrical Fee _____

3537410000000017060000 Plumbing Fee _____

Amount Paid 76.80 Check # 7036 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 8,840.00 TOTAL Fees \$76.80

Signed *Maupia Yg*
Applicant

Signed *Mene Simmons / nlc*
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number _____

Owner or Titleholder Name KEITH & LINDA Ingram City _____ State _____ Zip _____

Legal Description of Property S 100' F OF N' 300' W/OT LOT 2 Parcel Number WEST OF ROAD

Location of Job Site 101 N. Sewalls Point Rd Type of Work To Be Done _____

INSTALLATION OF AUTOMATIC SPRINKLER SYSTEM

CONTRACTOR/Company Name FRITZ IRRIGATION INC Phone Number 220-1023

Street PO BOX 1101 City Hobe Sound State FL Zip 33471

State Registration Number NA State Certification Number NA Martin County License Number SP02370

ARCHITECT _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

ENGINEER _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

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

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

Type Sewage _____ Septic Tank Permit Number From Health Dept _____ Well Permit Number _____

FLOOD HAZARD INFORMATION Flood Zone _____ Minimum Base Flood Elevation (BFE) _____ NGVD

Proposed First Floor Habitable Floor Finished Elevation _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements 8,840.00 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical _____ State _____ License Number _____

Mechanical _____ State _____ License Number _____

Plumbing _____ State _____ License Number _____

Roofing _____ State _____ License Number _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code _____ Florida Energy Code _____ Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (required) _____

State of Florida, County of _____

This the _____ day of _____, 2002

by _____ who is personally

known to me or produced _____

as identification _____

Notary Public

My Commission Expires _____

Seal

CONTRACTOR SIGNATURE (required) _____

On State of Florida, County of MARTIN

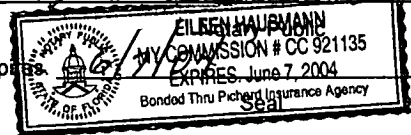
This the 13th day of MARCH 2002

by John FRITZ who is personally

known to me or produced Florida Drivers License

As identification Eileen Haubmann

My Commission Expires _____



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AM DATE (MM/DD/YY)
FRITZ-1 12/17/01

PRODUCER
Plastridge Agency, Inc
811 S E Ocean Blvd
Stuart FL 34994-2427
Phone 561-287-5532 Fax 561-287-5572

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

INSURERS AFFORDING COVERAGE

INSURED
Fritz Irrigation
John Fritz d/b/a
PO Box 1101
Hobe Sound FL 33475-1101

INSURER A Old Dominion Ins
INSURER B Hartford Accident & Indemnity
INSURER C
INSURER D
INSURER E

RECEIVED

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MPG17749	09/20/01	09/20/02	EACH OCCURRENCE \$ 300000
					FIRE DAMAGE (Any one fire) \$ 300000
					MED EXP (Any one person) \$ 10000
					PERSONAL & ADV INJURY \$ 300000
					GENERAL AGGREGATE \$ 600000
					PRODUCTS COMP/OP AGG \$ 600000
					GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS	B1G17749	09/04/01	09/04/02	COMBINED SINGLE LIMIT (Ea accident) \$ 100000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	38WBGEV0275	12/03/01	12/03/02	WC STATUTORY LIMITS OTHER
					E L EACH ACCIDENT \$ 100000
					E L DISEASE EA EMPLOYEE \$ 100000 E L DISEASE POLICY LIMIT \$ 500000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Irrigation systems/coded in landscape, *30 days notice for Workers Compensation

CERTIFICATE HOLDER	N	ADDITIONAL INSURED INSURER LETTER	CANCELLATION
Town of Sewall's Point 1 S Sewall's Point Road Stuart FL 34996		TOWNSP1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE Jean Reed Parks <i>Jean R Parks/am</i>

Fritz Irrigation, Inc

Jack Frntz • 2162 SW Perry Ter Stuart, Fl 34997 • 772-220-1023, Pager 326-2987 Fax 219-8625
****Mailing Address P O Box 1101 Hobe Sound, FL 33475-1101
over 25 years experience in installation and maintenance

March 11, 2002

Town of Sewall's Point
One S Sewall's Point Rd
Sewall's Point, Fl 34996

Re Keith and Linda Ingram
101 N Sewall's Point Rd
Sewall's Pt, Fl 34996

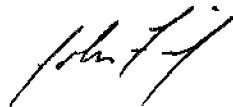
In accordance with Section 22-146

- **1 MiniClk Rain Sensor will be installed for system on city water,
- **one 12 station ESP time clock will be installed for system on city water
- **1 MiniClk Rain Sensor will be installed for system on well water,
- **one 16 station ESP time clock will be installed for system on well water

Water Source

11 zones are calibrated at 25 GPM, city water with 5/8" meter,
16 zones are calibrated at 25GPM for well water system

Submitted by

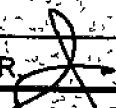
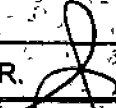

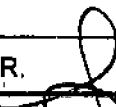



John Fritz

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-5, 2001 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6107	BYER	Interior repairs	Pass	
6104	32 N. SEWALLS PT	fence		
(3)				INSPECTOR 
6110	RISENDORF	FINAL	Pass	
(2)	17 S. VIA LUCINDIA	WINDOW REPL.		
	FRANK BUZZ			INSPECTOR 
6092	PLUTT	POUMING SUB	Pass	
(1)	*12 HERON'S NEST	U-grad		
	O/B			INSPECTOR 
5721	INGRAM	FINAL	Pass	
	107 N. SEWALLS PT	IRRIGATION		
	FRITZ IRRIGATION			INSPECTOR 
5725	ATEN	FINAL	Pass	
	103 ABBIE COURT	IRRIGATION		
	FRITZ IRRIGATION			INSPECTOR 
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR

OTHER _____

9805

POOL ELECTRIC



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	9805	DATE ISSUED.	JUNE 3, 2011
SCOPE OF WORK	ELECTRIC FOR NEW POOL EQUIPMENT		
CONDITIONS :			
CONTRACTOR.	LOUDEN POOLS		
PARCEL CONTROL NUMBER·	353741000-000-001706	SUBDIVISION	PT GOV LOT 2
CONSTRUCTION ADDRESS·	101 N SEWALLS PT RD		
OWNER NAME·	FEARONS		
QUALIFIER.	ROBERT BRUHN	CONTACT PHONE NUMBER	465-2700

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

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

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

REQUIRED INSPECTIONS

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

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

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

Permit Number 9805

Date 6-2-11

OWNER/TITLEHOLDER NAME George Feunonds Phone (Day) 908-353-9694 (Fax) _____

Job Site Address 101 N. Sewalls Point Rd City Stuart State FL Zip _____

Legal Description _____ Parcel Control Number _____

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

SCOPE OF WORK (PLEASE BE SPECIFIC) Electrical for new pool system

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

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 2000
(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 Louden Budget Pools Phone 772-465-2700 Fax 772-465-1063

Qualifiers name Robert S. Bauha Street 4306 S. US 1 City Ft. Pierce State FL Zip 34982

State License Number RP0066790 OR Municipality _____ License Number _____

LOCAL CONTACT Robert S. Bauha Phone Number 772-465-2700

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) 2007
National Electrical Code 2005(2008 after 6/1/09) Florida Energy Code 2007, Florida Accessibility Code 2007, Florida Fire Prevention Code 2007,

NOTICES TO OWNERS AND CONTRACTORS

- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING. CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
- 2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCOMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
- 3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95
- 4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF: FBC 2007 SECT 105 4 1 105 4 1 1 - 5

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

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

OWNER NOTORIZED SIGNATURE (required per 713 135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
X _____
State of Florida, County of _____
On This the _____ day of _____, 20____
by _____ who is personally known to me or produced _____
As identification _____
Notary Public
My Commission Expires _____

CONTRACTOR NOTORIZED SIGNATURE (required per 713 135 F.S.)
X _____
State of Florida, County of St. Lucie
On This the 2 day of June, 2011
by Robert S. Bauha who is personally known to me or produced _____
As identification _____
Notary Public
My Commission Expires September 17, 2011

MARYLYNN NELSON
 Notary Public
 MY COMMISSION # DD-716475
 EXPIRES September 17, 2011
 Bonded thru Budget Notary Services

2138

LOUDEN BONDED POOLS, INC.

4306 SOUTH U S 1
FORT PIERCE, FL 34982
465-2700 • 569-1740 • 286-5760

FX 508-858

0615

PROPOSAL SUBMITTED TO <i>Gorge Fearono</i>		PHONE <i>508-353-9684</i>	DATE <i>5/10/11</i>
STREET <i>101 N Sewal pt</i>		JOB NAME	
CITY STATE and ZIP CODE <i>stuart Fla</i>		JOB LOCATION <i>Sewal point</i>	
ARCHITECT	DATE OF PLANS	contact <i>263-3810</i>	JOB PHONE

We hereby submit specifications and estimates for

- 1. Repair Deck and clean reseat existing Deck (off white) ^{match - Colva}
- 2. ~~new pool lights and spa light and stainless~~ ^{done}
- 3. ~~spa pump~~
- 4. ~~new 2950 Keema heater~~
- 5. Redo pool and spa Florida gen (color?)
- 6. new step the pool and spa Sky Blue
- 7. Retile existing pool spa. 6x6
- 8. ~~spa log with salt system spa side and Hand Held unit~~ ^{TH Blue top}
(Electrical included) for pool only

Start June 1st

5 year Warranty on plaster

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of

thirty six thousand

dollars (\$ 36,000)

Payment to be made as follows

<i>50% Down</i>	<i>40% plaster</i>	<i>10% final</i>
<i>18,000</i>	<i>14,400</i>	<i>3600⁰⁰</i>

All material is guaranteed to be as specified All work to be completed in a workmanlike manner according to standard practices Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate All agreements contingent upon strikes accidents or delays beyond our control Owner to carry fire tornado and other necessary insurance Our workers are fully covered by Workman's Compensation Insurance

Authorized Signature

Note This proposal may be withdrawn by us if not accepted within 30 days

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

Date of Acceptance

May 18, 2011

Signature

Signature

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER _____

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

OWNERS NAME GEORGE FEARNS

CONSTRUCTION ADDRESS 101 N Sewall Point Rd

PERMIT TYPE _____ RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS
- ROOFING

TYPE OF SERVICE _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK WIRING FOR SWIMMING POOL

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 OF LICENSED CONTRACTOR [Signature] ADDRESS OF CONTRACTOR 2501 Calusa Ave

COMPANY OR QUALIFIER'S NAME ROBERT T. FAYAL

TELEPHONE NO 772-337-4197 FAX NO 772-335-1679

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC 1300 1275

** 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



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



Electrical Load Calculations

Electrical Contractor PAYUK ELECTRIC License No EL13001275
 Phone # 772-337-4197 772-335-1639 Fax # 772-335-1639
 Project George FEACONS RES Location 110 N Sewall's Point Rd
 Existing Service Feeder Size 350 MCM AL Existing Panel Size 300 AMP
 Main Breaker Size 200 AMP / 150 AMP Number of Breakers 51 BREAKERS

Existing Loads

5,144 Sq Ft X 3 watts per sq ft.	15,432 watts
4 Appliance cir @ 1500 watts each	6000 watts
1 Laundry cir @ 1500 watts each	1500 watts
1 Range @ 8 kw	8100 watts
1 Dishwasher and disposal @ 1500 watts each	3000 watts
1 Microwave @ 2000 watts	2000 watts
1 Water heater @ 4.5 kw	4500 watts
Tank less water heater	watts
1 Dryer @ 5 kw	5000 watts
1 Refrigerator @ 1500 watts	1500 watts
1 Bathroom 1 @ 1500 watts	1500 watts
1 Sprinkler Pump	1800 watts
1 Other <u>KILN OUTLET</u>	16,000 watts
Other <u>EXISTING 65 AMP TO POOL</u>	watts
Other	watts
	<u>66,332</u> Subtotal Watts

New Loads

2 Pool pump	5376 watts
2 Pool light	400 watts
1 Heat pump	12,000 watts
Chlorine generator	watts
Blower	watts
1 Boatlift	watts
Other <u>Sewage SYSTEM</u>	6000 watts
Other	watts
Other	watts
	<u>90,108</u> Total Watts
First 10 kw @ 100%	10,000 watts
Remainder @ 40%	32,043 watts
A/C heat @ 100%	10,500 watts

Total watts 52,543 Divided by 240 volts = 219 Amps 300 Amp service provided

Prepared by Bob Payuk Date 6/1/11

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **8-2-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9805	1010 Sewalls	Pool Deck	Pass	9/8/11
	1010 Sewalls Louder Pools			INSPECTOR
9808	Bentana 3602 SE Ocean ADT	Final alarm	Reset for Wed	INSPECTOR
9779	Schroeder 4 Ridgecland Greymarden	plumbing & electric	PASS	INSPECTOR
9828	Pare 61 N River Rd Peck	plumbing rough mechanical rough framing rough electric rough	PASS u u	INSPECTOR
9807	Lawless 12 Mandalay OB	pt sheeting	cancel	see Wed. INSPECTOR
9842	McCarthy 3 Kingston Ct	Final A/C		
9-915	Accentemp AC		PASS	CLOSE INSPECTOR
	4 ST. LUCIE CT			
	Pool Deck Demo - No Permit			287-0070
	Big T East Coast Concrete Cutting			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

9-26-11

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9838	Greenspan 1st 3 Oak Hill Way Zone Carter	Final Transfer Switch	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9865	Leavens 101 N Sewalls Valley Crest	Final Landscape lighting	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9871	Mine 2 melody Ln All Am Roof	Final Roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9865	LEAVENS 101 N SEWALLS LOUBEN POOLS	POOL POOL FINAL	PASS	CLOSE 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
	11 HERITAGE WAY CONST NO PERMIT?			INSPECTOR

9812

FENCE



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:	9812	DATE ISSUED	JUNE 10, 2011
SCOPE OF WORK:	FENCE		
CONDITIONS:			
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	353741-000-000-001706	SUBDIVISION	PT GOVT LOT 2
CONSTRUCTION ADDRESS	101 N SEWALLS PT RD		
OWNER NAME	FEARONS		
QUALIFIER:	CHESTER RICHARDSON	CONTACT PHONE NUMBER:	288-1151

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

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

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

REQUIRED INSPECTIONS

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

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

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

Permit Number 9812

Date: 6-6-2011

OWNER/TITLEHOLDER NAME George Fearons

Phone (Day) 508-353-9684 (Fax) _____

Job Site Address 101 NE Sewalls Point Rd

City Stuart

State FL

Zip 34996

Legal Description Gov lot 2 W of Rd.

Parcel Control Number 35-37-41-000-000-00170-6

Owner Address (if different) _____

City _____

State _____

Zip _____

SCOPE OF WORK (PLEASE BE SPECIFIC).

34 LF of 4' High Black two rail aluminum w/ 2-5w Gates

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner/Builder questionnaire must accompany application)
YES _____ NO X

Has a Zoning Variance ever been granted on this property?

YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

COST AND VALUES (Required on ALL permit applications)

Estimated Value of Improvements \$ 1460.00

(Notice of Commencement required when over \$2500 prior to final inspection, \$7500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AEB 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 Stuart Fence Company

Phone 288-1151

Fax 288-3035

Qualifiers name Chester J. Richmond Street P.O. box 21636

City Stuart

State FL

Zip 34995

State License Number _____

OR Municipality _____

License Number CFE 3584

LOCAL CONTACT Chester Richmond

DESIGN PROFESSIONAL _____

Street _____ City _____

State FL

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, Electrical, Gas) 2007
National Electrical Code 2005 (2008 after 6/1/09) Florida Energy Code 2007, Florida Accessibility Code 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

- 1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
- 2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCOMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95
- 4 THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT 105 4.1, 106 4.1.1 - 6

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

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

OWNER NOTORIZED SIGNATURE (required per 713.135 F.S.)
OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

X [Signature]

State of Florida, County of Martin

On This the 6th day of JUNE, 2011

by George Fearons who is personally known to me or produced DL # S3005

As Identification Melissa Notary Public, State of Florida, Commission # EE086761, Expires APR 21, 2015
BONDED THRU ATLANTIC BONDING CO., INC.

My Commission Expires _____

CONTRACTOR NOTORIZED SIGNATURE (required per 713.135 F.S.)

X [Signature]

State of Florida, County of Martin

On This the 19th day of May, 2011

by Chester J. Richmond known to me or produced _____

As Identification Melissa Notary Public, State of Florida, Commission # EE086761, Expires APR 21, 2015
BONDED THRU ATLANTIC BONDING CO., INC.

My Commission Expires _____

**Martin County, Florida
Laurel Kelly, C.F.A**

generated on 6/7/2011 9:53:21 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
35-37-41-000-000-00170-6	9382	101 N SEWALL'S POINT RD, SEWALL'S POINT	\$1,789,910	6/4/2011

Owner Information

Owner(Current)	FEARONS GEORGE T & JILLINE A
Owner/Mail Address	9 HIGH RIDGE DR MATTAPOISETT MA 02739
Sale Date	5/17/2011
Document Book/Page	2518 0872
Document No	2274950
Sale Price	2470000

Location/Description

Account #	9382	Map Page No	SP
Tax District	2200	Legal Description	S 100' OF N 300' OF GOV LOT 2 W OF RD
Parcel Address	101 N SEWALL'S POINT RD, SEWALL'S POINT		
Acres	1 5570		

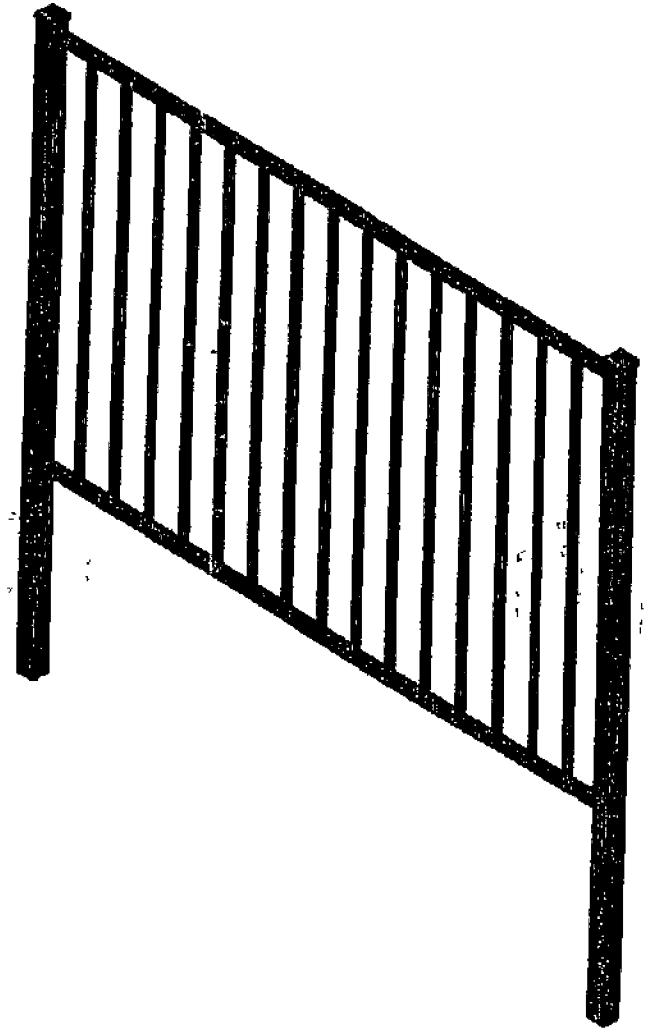
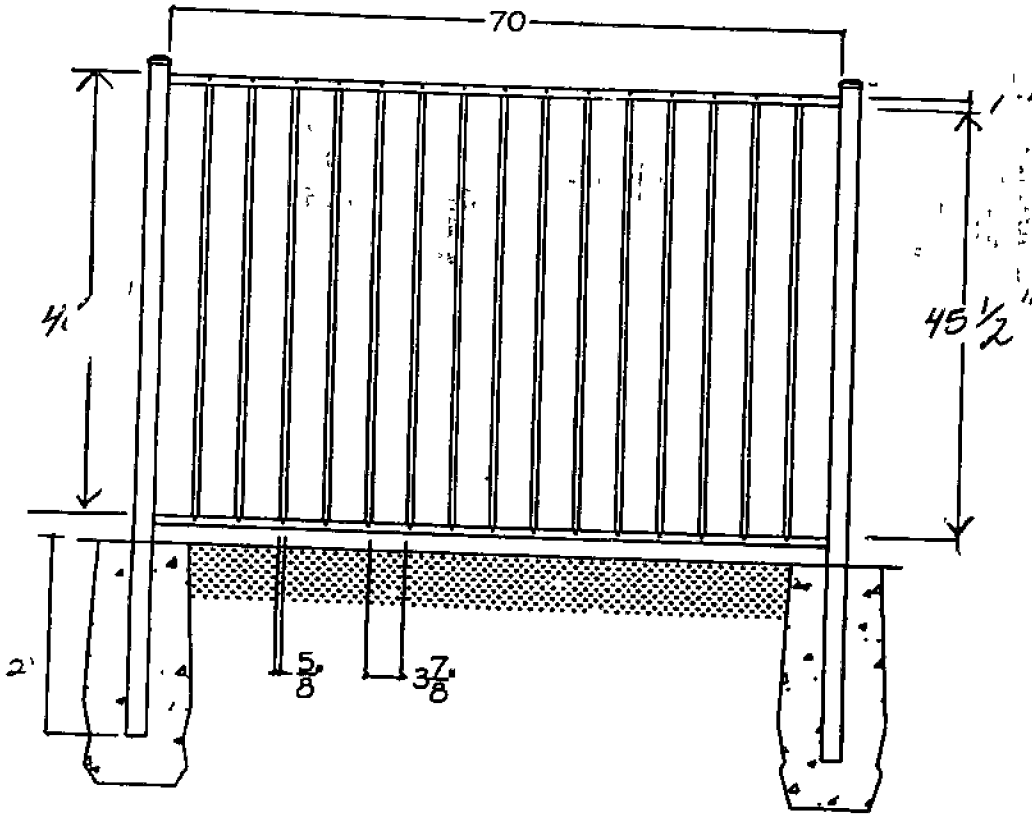
Parcel Type

Use Code	0100 Single Family
Neighborhood	193195 S SEWALL'S PT ST LUCIE RVR

Assessment Information

Market Land Value	\$1,320,000
Market Improvement Value	\$469,910
Market Total Value	\$1,789,910

FENCE PARTS		
ITEM	QTY	DESCRIPTION
1	15	5/8" PRESS POINT PICKET W/ .050" THICKNESS
2	8	1" X 1" HORIZONTAL RAIL W/ .062 X .072" THICKNESS
3	2	2" POST CAP
4	2	2" SQ. POST W/ .062" THICKNESS
5	45	SCREWS
6		
7		
8		



Drawn by: M. JONES
 This drawing is the property of iDEAL Products.
 It is not to be reproduced, copied, or used in
 whole or in part without written permission.

iDEAL <i>Aluminum Products</i>	2000 BRUNSWICK LANE DELAND, FL 32724	
	PHONE: 386-756-1700 FAX: 386-822-4950	
DRAWING: #400 RESIDENTIAL		
DWG. NO: 300-72-48	REV	
SCALE: NTS		

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

~~7-5-11~~

7-5-11

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9802	Zucker 18 E High Pt fence/gas	Final gas tank	FAIL PASS	OK CHECK BY ANY INSPECTOR [Signature]
Tree	Rivera 3 E Marita	Tree	N/G	INSPECTOR
1st *				
Tree	Diaz 475 Sewalls	Tree	OK	INSPECTOR
1st *				
Tree	Breheny 6 Riverview	Tree	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9812	known	Final	Pass	Close
	101 N Sewalls Stuart Fence			INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9815	Bonover 6 Grand Run Stuart	Final Fence	PASS	CLOSE INSPECTOR [Signature]
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Truitt 395 River	Tree	OK	INSPECTOR

9865

LANDSCAPE

LIGHTING



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:	9865	DATE ISSUED	AUGUST 30, 2011
SCOPE OF WORK:	LANDSCAPE LIGHTING		
CONDITIONS :			
CONTRACTOR	VALLEY CREST LANDSCAPE		
PARCEL CONTROL NUMBER:	353741000-000-001706	SUBDIVISION	PT GOVT LOT 2
CONSTRUCTION ADDRESS.	101 N SEWALLS POINT RD		
OWNER NAME:	FEARONS		
QUALIFIER	GEORGE SZABO	CONTACT PHONE NUMBER:	220-3676

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.

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

REQUIRED INSPECTIONS

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

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 THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION FAILURE TO RECEIVE A SUCCESSFUL
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 TO THE CONTRACTOR OR OWNER /BUILDER**

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

9865

Date: 8/8/11

Permit Number: _____

OWNER/TITLEHOLDER NAME Mr. GEORGE FEARONS

Phone (Day) 508-353-9684 (Fax) _____

Job Site Address 101 N SEWALLS Pt Rd

City SEWALLS POINT State FL Zip 34996

Legal Description _____ Parcel Control Number _____

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

SCOPE OF WORK (PLEASE BE SPECIFIC)

LANDSCAPE LIGHTING

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

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 14,000.-
(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 VALLEYCREST LANDSCAPE COMPANIES Phone 772-220-3676 Fax 772-287-1164

Qualifiers name _____ Street 3340 SE DINE HWY City STUART State FL Zip 34996

State License Number _____ OR Municipality _____ License Number _____

LOCAL CONTACT George Szabo Phone Number 772-651-1667

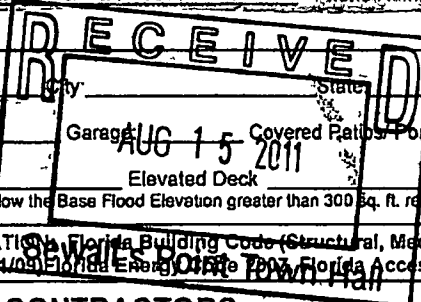
DESIGN PROFESSIONAL _____ Fla License# _____

Street _____ City _____ State _____ Zip _____ Phone Number _____

AREAS SQUARE FOOTAGE Living _____ Garage AUG 15 2011 Covered Patios 2 Poches _____ Enclosed Storage _____

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas) 2007
National Electrical Code 2005(2008 after 8/4/08) Florida Energy Code 2007 Florida Accessibility Code 2007, Florida Fire Prevention Code 2007



NOTICES TO OWNERS AND CONTRACTORS:

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- 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 60-95
- 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 106.4 1 106.4 1 1 - .5.

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

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

OWNER NOTORIZED SIGNATURE (required per 713.135 F S)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
X [Signature]
State of Florida, County of Martin
On This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
As Identification _____
Notary Public
My Commission Expires _____

CONTRACTOR NOTORIZED SIGNATURE (required per 713 135 F S)
X [Signature]
State of Florida, County of Martin
On This the 9th day of August, 2011
by George N Szabo who is personally
known to me or produced ALISA BOISCLAIR
As Identification Notary Public - State of Florida
My Comm Expires Oct 23, 2015
Notary Public
My Commission Expires 10-23-2015

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!

LOCATES CALLED
6/30 FINISH



ValleyCrest
Landscape Maintenance

AEW NO · 052511-1808

3340 SE Dixie Hwy, Stuart, FL 34997
(772) 220-3676 P (772) 287-1164 F

254650

Contract & Authorization For Extra Work

1187309

Date 05/25/11 Time 2 33 34 PM
 Client Name Mr George Fearons
 Client/Jobsite Phone No 101 N Sewalls Point Drive
 Job Name Sewalls Point, FL 34996
 Detailed Scope of Work to Perform Labor and materials required to install the items listed below
 Specifications attached

INTERNAL USE ONLY

Client No 1187309
 Branch /Job No 35340 0111
 P O No _____
 Tax Code _____

Maintenance 170
 Chem Spray 170
 Snow/Sand 180
 DO NOT MAH, SEND INVOICE BACK TO BRANCH
 ATTACH COPY OF SIGNED APPROVAL LETTER W/ INVOICE

Enhancement 130
 Color / Interior 140
 Irrigation Repair 150

Tree 300
 PHC 330
 Mulch 160

OTHER NOTES Lighting Package

Item No	Type of Labor, Equipment or Materials Used	Hrs or Qty	Unit Price	Total
1				
2	Total number of lights for entire property - includes all lights, wire,	43	\$285 00	\$12,255 00
3	(2) 1200 watt transformers and labor (50 watt lights)			
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
Total Labor & Materials, including Sales Tax				\$12,255 00

This bid is valid for 60 calendar days unless otherwise approved by ValleyCrest Landscape Maintenance

THIS IS NOT AN INVOICE

506 \$ 6127 50

Terms and Conditions

No 052511-1808

Total: \$12,255.00

1. The Contractor shall recognize and perform in accordance with written terms, written specifications and drawings only contained or referred to herein. All materials shall conform to bid specifications.
2. Work Force. Contractor shall designate a qualified representative with experience in landscape maintenance/construction upgrades. The workforce shall be presentable at all times. All employees shall be competent and qualified and shall be legally authorized to work in the U.S.
3. License and Permits. Contractor shall maintain a Landscape Contractor's license if required by State or local law and will comply with all other license and permit requirements of the City, State and Federal Governments as well as all other requirements of law.
4. Taxes. Contractor agrees to pay all applicable taxes, including sales tax where applicable on material supplied.
5. Insurance. Contractor agrees to provide General Liability Insurance, Automotive Liability Insurance, Worker's Compensation Insurance and any other insurance required by Law or Client/Owner, as specified in writing prior to commencement of work. If not specified, Contractor will furnish insurance with \$1,000,000 limit of liability.
6. Liability. Contractor shall indemnify the Client/Owner, its agents, and employees from liabilities which arise out of the Contractor's work. It is understood and agreed that the Contractor is not liable whatsoever for any damages that are caused by the sole negligence or willful misconduct of the Client/Owner or an indemnified party. Contractor shall not be liable for any damage that occurs from acts of God. Acts of God are defined as those caused by windstorm, hail, fire, flood, earthquake, hurricane and freezing, etc. Under these circumstances, Contractor shall have the right to renegotiate the terms and prices of this agreement within sixty (60) days. Any illegal trespass, claims and/or damages resulting from work requested that is not on property owned by Client/Owner or not under Client/Owner management and control shall be the sole responsibility of the Client/Owner.
7. Subcontractors. Contractor reserves the right to hire qualified subcontractors to perform specialized functions or work requiring specialized equipment.
8. Additional Services. Any additional work not shown in the above specifications involving extra costs will be executed only upon signed written orders and will become an extra charge over and above the estimate.
9. Access to Jobsite. Client/Owner shall provide all utilities to perform the work. Client/Owner shall furnish access to all parts of jobsite where Contractor is to perform work as required by the Contract or other functions related thereto, during normal business hours and other reasonable periods of time. Contractor will perform the work as reasonably practical after the owner makes the site available for performance of the work.
10. Invoicing. Client/Owner shall make payment to Contractor within fifteen (15) days upon receipt of invoice. In the event the schedule for the completion of the work shall require more than thirty (30) days, a progress bill will be presented by month end and shall be paid within fifteen (15) days upon receipt of invoice.
11. Termination. This Work Order may be terminated by the Client/Owner with or without cause upon seven (7) work days advance written notice. Client/Owner will be required to pay for all materials purchased and work completed to the date of termination and reasonable charges incurred in demobilizing.
12. Assignment. The Client/Owner and the Contractor, respectively, bind themselves, their partners, successors, assignees and legal representatives to the other party with respect to all covenants of this Contract. In the event of sale or transfer of Client/Owner's interest in its business and/or the property which is the subject of this agreement, Client/Owner must first obtain the written consent of Contractor for the assignment of any interest in this agreement to be effective.
13. Disclaimer. This proposal was estimated and priced based upon a site visit and visual inspection from ground level using ordinary means, at or about the time this proposal was prepared. The price quoted in this proposal for the work described, is the result of that ground level visual inspection and therefore our company will not be liable for any additional costs or damages for additional work not described herein, or liable for any incidents/accidents resulting from conditions that were not ascertainable by said ground level visual inspection by ordinary means at the time said inspection was performed. We cannot be held responsible for unknown or otherwise hidden defects. Any corrective work proposed herein cannot guarantee exact results.

Acceptance of this Contract

Contractor is authorized to perform the work stated on the face of this Contract. Payment will be 100% due at time of billing. If payment has not been received by ValleyCrest Landscape Maintenance within fifteen (15) days after billing, ValleyCrest Landscape Maintenance shall be entitled to all costs of collection, including reasonable attorneys' fees and it shall be relieved of any obligation to continue performance under this or any other Contract with Client/Owner. Interest at a per annum rate of 1% per month, or the highest rate permitted by law, will be charged on unpaid balance 45 days after billing.

NOTICE: FAILURE TO MAKE PAYMENT WHEN DUE FOR COMPLETED WORK ON CONSTRUCTION JOBS, MAY RESULT IN A MECHANIC'S LIEN ON THE TITLE TO YOUR PROPERTY

Client / Owner

FAX

By

Signature

Title

Printed Name

Date

ValleyCrest Landscape Maintenance

FAX

(772) 287-1164

By

Signature

Title

Printed Name

Date

George Pelicon

5.25.11

George Szabo

6/7/11
EM

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER _____

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

OWNERS NAME George FEARON S

CONSTRUCTION ADDRESS 101 N Sewalls Pt Rd

PERMIT TYPE RESIDENTIAL _____ COMMERCIAL

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

TYPE OF SERVICE _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK _____

VALUE OF CONSTRUCTION \$ _____

<input checked="" type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE <input checked="" type="checkbox"/> OTHER
SCOPE OF WORK <u>Install LV Lights, wire & TRANSFORMER</u> VALUE <u>12000</u>

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

1209 SE DIXIE CUTOFF RD
STUART FL 34994
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME ELECTRICAL CONNECTIONS

TELEPHONE NO 772 283 5792 PLEASE PRINT FAX NO 772-283-3890

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC13001484

** 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

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

PERMIT # _____ TAX FOLIO # _____

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE)
S100' N ~~300'~~ OF GOV LOT 2 W OF RD

GENERAL DESCRIPTION OF IMPROVEMENT LANDSCAPE LIGHTING

OWNER NAME GEORGE FERRONS
 ADDRESS 101 N. SEAWALLS PT RD., SEAWALLS PT., FL 34996
 PHONE NUMBER 508-353-9684 FAX NUMBER 508-858-0615

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

CONTRACTOR VALLENCREST LANDSCAPE COMPANIES
 ADDRESS 1340 SE DIXIE HWY, STUART, FL 34997
 PHONE NUMBER 772-220-3676 FAX NUMBER 772-287-1164

SURETY COMPANY (IF ANY) _____
 ADDRESS _____
 PHONE NUMBER _____ FAX NUMBER _____
 BOND AMOUNT _____ STATE OF FLORIDA
 MARTIN COUNTY

LENDER/MORTGAGE COMPANY _____
 ADDRESS _____ THIS IS TO CERTIFY THAT THE
 PHONE NUMBER _____ FAX NUMBER _____
 THE FOREGOING 1 PAGES IS A TRUE

AND CORRECT COPY OF THE ORIGINAL
 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 _____ BY [Signature] DC
 ADDRESS _____
 PHONE NUMBER _____ FAX NUMBER 0875/11

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

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

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

[Signature]
 SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 11th DAY OF Aug, 2011

BY George Ferrons AS _____ TYPE OF AUTHORITY _____ FOR _____
 NAME OF PERSON NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION
 TYPE OF IDENTIFICATION PRODUCED Mass ID

[Signature]
 NOTARY SIGNATURE/ SEAL

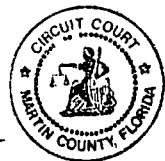
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92 525, FLORIDA STATUTES)

[Signature]
 (Signature of Notary Person Signing Above)

TERESA C FERREIRA-KEYES
 Notary Public
 Commonwealth of Massachusetts
 My Commission Expires
 January 18, 2013

[Signature]

INST# 2289600 OR BK 02537 FG 1486 RECD 08/15/2011 11:33:54 PM
 Pg 0486 (1pg)
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK (011)ver1



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

9-26-11

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9838	Greenspan	Final		
1ST	3 Oak Hill Way Zone Carter	Transfer Switch	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9865	FEARONS	Final		
	101 N Sewalls Valley Crest	Landscape Lighting	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9871	Mine	Final		
	2 Melody Ln All Am Roof.	Roof	PASS	CLOSE INSPECTOR <i>[Signature]</i>
9805	FEARONS	POOL EQUIP		
	101 N SPT LN LOUDEN POOLS	FINAL	PASS	CLOSE 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
	11 HERITAGE WAY	CONSTR	NO PERMIT?	INSPECTOR

9819

(3) A/C

CHANGEOUTS



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	9819	DATE ISSUED.	JUNE 14, 2011
SCOPE OF WORK	3 - AC CHANGEOUTS		
CONDITIONS	CONTRACTOR MUST PROVIDE LADDER FOR ATTIC ACCESS		
CONTRACTOR:	COASTAL HTG & AC		
PARCEL CONTROL NUMBER	353741000-000-001706	SUBDIVISION	PT GOV LOT 2
CONSTRUCTION ADDRESS:	101 N SEWALL SPT RD		
OWNER NAME:	FEARONS		
QUALIFIER	RICHARD WHITEHEAD	CONTACT PHONE NUMBER	288-4829

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

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

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

REQUIRED INSPECTIONS

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

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

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

Date 5/31/11 Permit Number 9819

OWNER/TITLEHOLDER NAME George T. Fearons Phone (813) 307-3333 (Fax) _____

Job Site Address 101 N Sewall's Point Rd City Stuart State FL Zip 34999

Legal Description _____ Parcel Control Number _____

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

SCOPE OF WORK RELEASE SECTION Change out 3 a/c systems

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

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

ESTIMATE AND NOTICE OF COMMENCEMENT (permit applications)
Estimated Fair Market Value of improvement: \$ _____
(Notice of Commencement required when over \$2500 prior to first inspection; \$1500 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 COASTAL HTG + A/C Phone 288-4829 Fax 220-4997

Qualifiers name Richard Whitehead Street 7984 SW JACKSON ST City Stuart State FL Zip 34997

State License Number CAC058137 OR Municipality: _____ License Number _____

LOCAL CONTACT: Rick Whitehead Phone Number 772-260-3004

DESIGN PROFESSIONAL _____ Fla. License Number _____

Street _____ City _____ State _____

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

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

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

NOTICES TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO THIS PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 60-95
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF FBC 2007 SECT 105.4.1 105.4.1-5

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

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

OWNER NOTORIZED SIGNATURE (required per 713.135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

X [Signature]

State of Florida, County of Plymouth

On this the 3 day of June, 2011

by DAVID PERKINS who is personally known to me or produced [Signature]

As identification DAVID A PERKINS

My Commission Expires 10-13-2012

Notary Public Notary Public
Commonwealth of Massachusetts
My Commission Expires _____

CONTRACTOR NOTORIZED SIGNATURE (required per 713.135 F.S.)

X [Signature]

State of Florida, County of MARTIN

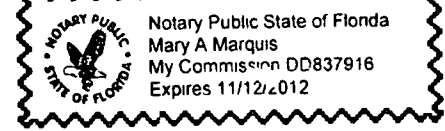
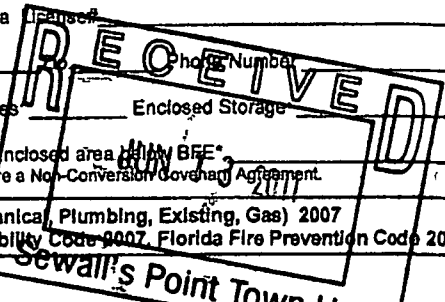
On this the 1 day of June, 2011

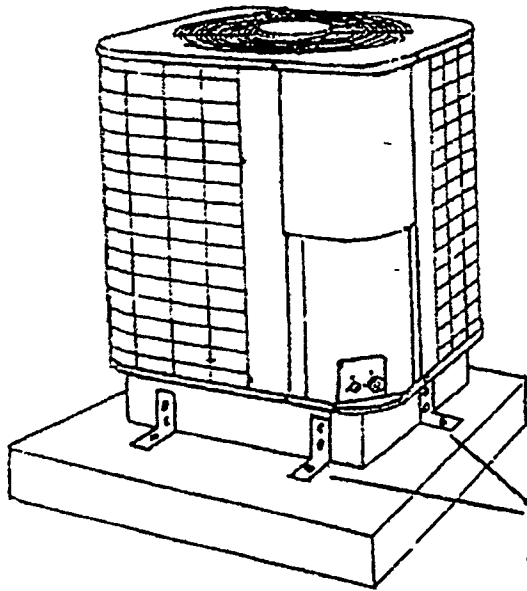
by Richard Whitehead who is personally known to me or produced _____

As identification [Signature]

My Commission Expires 11-12-12

SINGLE FAMILY PERMIT APPLICATIONS MUST BE SUBMITTED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION PER 105.34 ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY.





ANCHOR CLIPS
(2) 5/16" SCREW PER CLIP TO UNIT
(1) 2 1/2" WOOD SCREW INTO DLEEPER

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

PERMIT # 9819 TAX FOLIO # _____
 STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
S 100' of N 300' of GCU Lot 2 W of Rd - 101 N. Sewall's Point Rd.

GENERAL DESCRIPTION OF IMPROVEMENT A/C change out - 3 units

OWNER NAME GEORGE T. FEARONS
 ADDRESS 9 HIGH RIDGE DRIVE MATTA POSETT, MA 02739
 PHONE NUMBER 508-353-9684 FAX NUMBER _____

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

CONTRACTOR Coastal Heating and Air Conditioning, Inc.
 ADDRESS 7994 SW JACK JAMES DRIVE STUART, FL 34997
 PHONE NUMBER 772-288-4829 FAX NUMBER 772-280-4997

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

LENDER/MORTGAGE COMPANY _____ THIS IS TO CERTIFY THAT THE _____
 ADDRESS _____ PAGES IS A TRUE
 PHONE NUMBER _____ FAX NUMBER _____
 AND CORRECT COPY OF THE ORIGINAL

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 _____ BY [Signature] DC
 ADDRESS _____ DATE 06/27/11
 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 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

[Signature]
 SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
 SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 3 DAY OF June, 2011

BY DAVID A PERKINS AS Notary FOR George T. Fearons
 NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

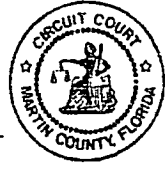
PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____
 TYPE OF IDENTIFICATION PRODUCED _____

[Signature]
 NOTARY SIGNATURE/ SEAL

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

[Signature]
 (Signature of Natural Person Signing Above)

DAVID A. PERKINS
 Notary Public
 Commonwealth of Massachusetts
 My Commission Expires
 October 13, 2017



INSTR # 2279791 OR BK 02523 PG 0029 RECD 06/17/2011 03:50:46 PM
 Pg 0029; (1ps)
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK C 0111871



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

[Handwritten signature]

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier ___ Yes No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg <u>TRAC</u> Model# <u>GAM1004</u>	Condenser: Mfg <u>TRAC</u> Model# <u>4TTKJBY49E1000A</u>
Volts <u>230</u> CFM's <u>1135</u> Heat Strip <u>10</u> Kw	Volts <u>230</u> SEER/EER <u>16.5</u> BTU's <u>45.5</u>
Min Circuit Amps <u>55</u> Wire gauge <u>6</u>	Min Circuit Amps <u>28</u> Wire gauge _____
Max Breaker size <u>60</u> Min Breaker size <u>5</u>	Max Breaker size <u>45</u> Min Breaker size _____
Ref line size Liquid <u>3/8</u> Suction <u>7/8</u>	Ref line size Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>410c</u>	Refrigerant type <u>410c</u>
Location Existing <input checked="" type="checkbox"/> New _____	Location Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>closet</u>	Left/Right/Rear/Front/Roof <u>Front Left</u>
Access: _____	Condensate Location _____

(Contractor must provide ladder if required)

EXISTING SYSTEM COMPONENTS

Air handler: Mfg <u>Carrier</u> Model# <u>AV40W07</u>	Condenser: Mfg <u>Carrier</u> Model# <u>388R1048</u>
Volts <u>230</u> CFM's _____ Heat Strip <u>10</u> Kw	Volts <u>230</u> SEER/EER <u>12</u> BTU's <u>45</u>
Min Circuit Amps _____ Wire gauge <u>6</u>	Min Circuit Amps _____ Wire gauge <u>6</u>
Max Breaker size <u>60</u> Min Breaker size _____	Max Breaker size <u>45</u> Min Breaker size _____
Ref line size Liquid <u>3/8</u> Suction <u>7/8</u>	Ref line size. Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R-22</u>	Refrigerant type <u>R-22</u>
Location Ext <input checked="" type="checkbox"/> New _____	Location. Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>closet</u>	Left/Right/Rear/Front/Roof <u>Front Left</u>
Access: _____	Condensate Location <u>Left</u>

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Richard T. White
 Signature

6-13-11
 Date



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

Bob [unclear]

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

Residential Commercial

Package Unit Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement Yes No - Refrigerant line replacement Yes No

Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes No

Rooftop A/C Stand Installation Yes No - Curb Installation Yes No

Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg Tren Model# GAMSAX9
 Volts 230 CFM's 1135 Heat Strip 10 Kw
 Min Circuit Amps 55 Wire gauge 6
 Max Breaker size 60 Min Breaker size _____
 Ref line size Liquid 3/8 Suction 7/8
 Refrigerant type 410a
 Location: Existing New
 Attic/Garage/Closet (specify) Closet
 Access _____

Condenser: Mfg Tren Model# 4TT16049G1000
 Volts 230 SEER/EER 16.5 BTU's 45.5
 Min Circuit Amps 28 Wire gauge 6
 Max. Breaker size 45 Min. Breaker size _____
 Ref line size Liquid 3/8 Suction 7/8
 Refrigerant type 410a
 Location Existing New
 Left/Right/Rear/Front/Roof left Front
 Condensate Location _____

(Contractor must provide ladder if required)

EXISTING SYSTEM COMPONENTS

Air handler: Mfg Cullin Model# FV41037
 Volts 230 CFM's _____ Heat Strip 10 Kw
 Min. Circuit Amps _____ Wire gauge 6
 Max Breaker size 60 Min Breaker size _____
 Ref line size Liquid 3/8 Suction 7/8
 Refrigerant type R-22
 Location Ext New
 Attic/Garage/Closet (specify) Closet
 Access _____

Condenser: Mfg Cullin Model# 3B32048
 Volts 230 SEER/EER 12 BTU's 47.5
 Min Circuit Amps _____ Wire gauge 6
 Max Breaker size 45 Min Breaker size _____
 Ref. line size Liquid 3/8 Suction 7/8
 Refrigerant type R-22
 Location: Ext New
 Left/Right/Rear/Front/Roof left Front
 Condensate Location left

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Rick [unclear]
 Signature

6-13-11
 Date



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

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

Air handler: Mfg Trane Model# CA140A0370
 Volts 230 CFM's 740 Heat Strip 5 Kw
 Min Circuit Amps 29 Wire gauge 10
 Max Breaker size 30 Min Breaker size _____
 Ref line size Liquid 3/8 Suction 3/4
 Refrigerant type 410a
 Location Existing New _____
 Attic/Garage/Closet (specify) Attic
 Access Master Bed Closet

(Contractor must provide ladder if required)

Condenser: Mfg Trane Model# 4TTK502V6100A
 Volts 230 SEER/EER 17 BTU's 22,2
 Min Circuit Amps 9 Wire gauge 10
 Max Breaker size 15 Min Breaker size _____
 Ref line size Liquid 3/8 Suction 3/4
 Refrigerant type 410a
 Location Existing New _____
 Left/Right/Rear/Front/Roof Left Front
 Condensate Location Right Rear

EXISTING SYSTEM COMPONENTS

Air handler: Mfg Carris Model# FA4M100
 Volts 230 CFM's _____ Heat Strip 5 Kw
 Min Circuit Amps _____ Wire gauge 10
 Max Breaker size 30 Min Breaker size _____
 Ref line size Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location Ext New _____
 Attic/Garage/Closet (specify) Attic
 Access Master Bed Closet

Condenser: Mfg Carris Model# 3DKK024
 Volts 230 SEER/EER 12 BTU's 213
 Min Circuit Amps _____ Wire gauge 10
 Max Breaker size 15 Min Breaker size _____
 Ref line size Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location Ext New _____
 Left/Right/Rear/Front/Roof Left Front
 Condensate Location Right Rear

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Roderick E. Webb
 Signature

6-13-11
 Date

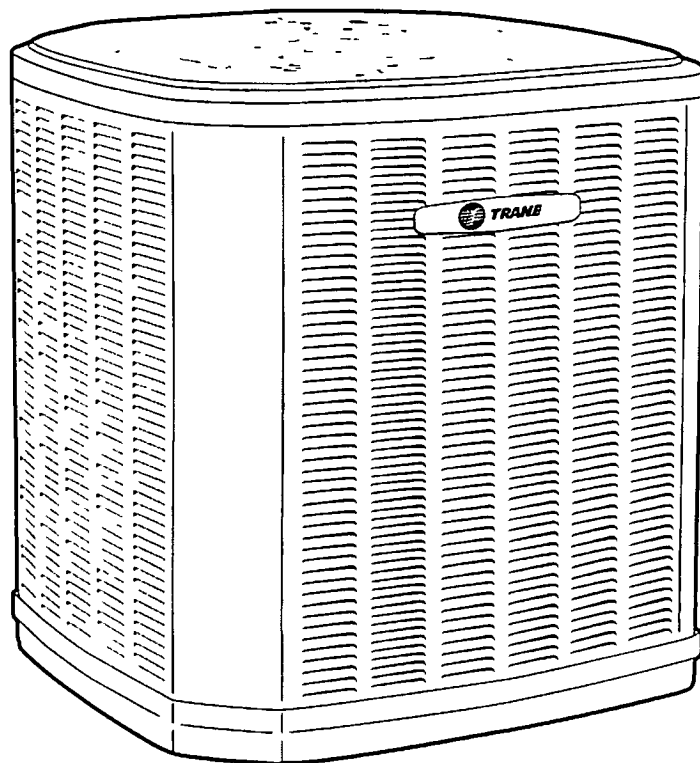


TRANE®

Split System Cooling Product Data

XR15 4TTR5

1 1/2 - 5 Tons (018E - 061E)



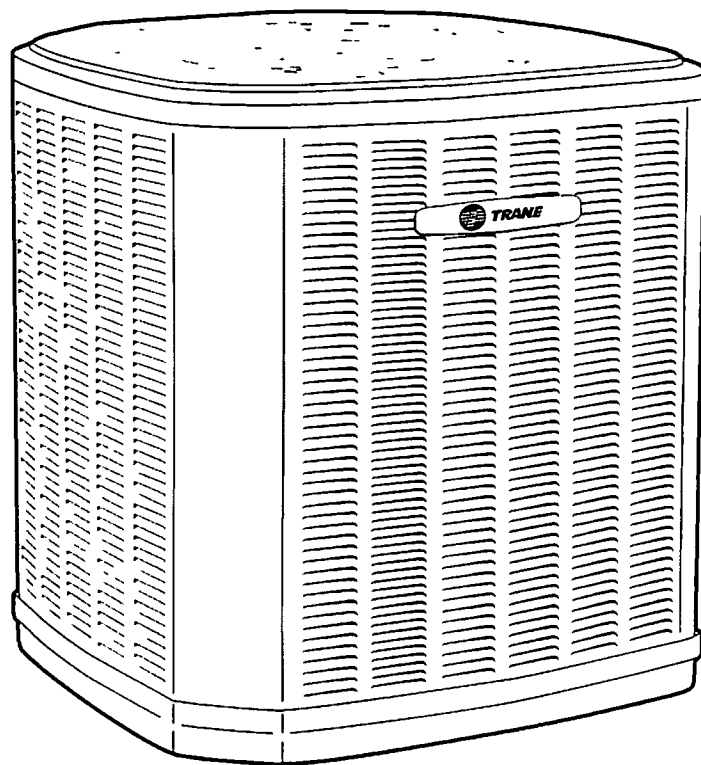
PUB. NO. 22-1831-06



Split System Cooling Product Data

XR15 4TTR5

1 1/2 - 5 Tons (018E - 061E)



PUB. NO. 22-1831-06



General Data

Product Specifications

Model No ①	4TTR5042E1	4TTR5048E1	4TTR5049E1	4TTR5060E1	4TTR5061E
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60	230/1/60
Min Cir Ampacity	23	26	28	34	39
Max Fuse Size (Amps)	40	45	45	60	60
Compressors	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL
No Used - No Stages	1 1	1 1	1 1	1-1	1-2
RL AMPS - LR AMPS	17 9 - 112	19 9 - 109	19 9 - 109	26 4 - 134	28 8 - 152 9
Outdoor Fan FL Amps	0 93	0 93	2 80	0 93	2 80
Fan HP	1/5	1/5	1/3	1/5	1/3
Fan Dia (inches)	27 6	27 6	27 6	27 6	27 6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R 410A	8/4 LB/OZ	8/5 LB/OZ	11/9-LB/OZ	8/8 LB/OZ	12/9 LB/OZ
Line Size - (in) O D Gas ③	7/8	7/8	7/8	7/8	1 1/8
Line Size - (in) O D Liquid ③	3/8	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	46 4 x 35 1 x 38 7	51 x 35 1 x 38 7	51 x 35 1 x 38 7	51 x 35 1 x 38 7	51 x 35 1 x 38 7
Weight - Shipping	272	282	304	285	312
Weight - Net	235	245	267	248	275
Start Components	NO	NO	NO	YES	NO
Sound Enclosure	YES	YES	NO	YES	NO
Compressor Sump Heat	NO	NO	NO	NO	NO
Optional Accessories ④					
Anti short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Hard Start Kit Scroll	BAYKSKT260	BAYKSKT260	BAYKSKT260		
Extreme Condition Mounting Kit	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004
Snow Leg Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN*4

① Certified in accordance with the Air Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240

② Calculated in accordance with N E C Only use HACR circuit breakers or fuses

③ Standard line lengths 60 Standard lift 60 Suction and Liquid line For 061 units Max linear length 60 ft Max lift Suction 25 ft Max lift Liquid 25 ft For Greater lengths and lifts refer to refrigerant piping software Pub# 32 3312 01 (*denotes latest revision)

④ For accessory description and usage, see page 5

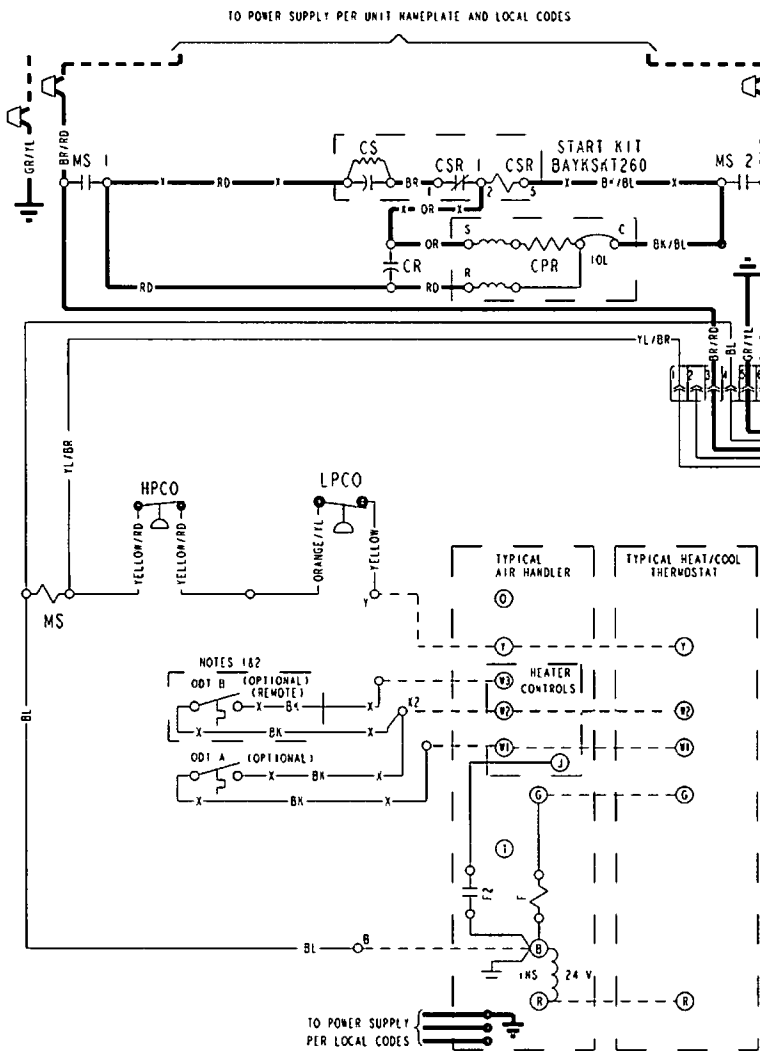
⑤ = 15 20 25 30 40 and 50 foot lineset available



Electrical Data

Schematic Diagrams

4TTR5049



- | | |
|---------------------------------|--------------------------------|
| CA COOLING ANTICIPATOR | LPCO LOW PRESSURE CUTOFF SW |
| CBS COIL BOTTOM SENSOR | MS COMPRESSOR MOTOR CONTACTOR |
| CF FAN CAPACITOR | ODA OUTDOOR ANTICIPATOR |
| CN WIRE CONNECTOR | ODT OUTDOOR FAN THERMOSTAT |
| CPR COMPRESSOR | ODS OUTDOOR TEMPERATURE SENSOR |
| CR RUN CAPACITOR | ODT OUTDOOR THERMOSTAT |
| CS STARTING CAPACITOR | RHS RESISTANCE HEAT SWITCH |
| CSR CAPACITOR SWITCHING RELAY | SC SWITCHOVER VALVE SOLENOID |
| DFC DEFROST CONTROL | SM SYSTEM ON OFF SWITCH |
| F INDOOR FAN RELAY | TDL DISCHARGE LINE THERMOSTAT |
| HA HEATING ANTICIPATOR | TNS TRANSFORMER |
| HPCO HIGH PRESSURE CUTOFF SW | TS HEATING COOLING THERMOSTAT |
| IOL INTERNAL OVERLOAD PROTECTOR | TSH HEATING THERMOSTAT |
| ACR A/C RECTIFIER | R OFT SHUNT RESISTOR |

<p>⚠ WARNING HAZARDOUS VOLTAGE* DISCONNECT ALL ELECTRIC POWER INCLUDING REMOTE DISCONNECTS BEFORE SERVICING. FAILURE TO DISCONNECT POWER BEFORE SERVICING CAN CAUSE SEVERE PERSONAL INJURY OR DEATH!</p>	<p>⚠ CAUTION USE COPPER CONDUCTORS ONLY* UNIT TERMINALS ARE NOT DESIGNED TO ACCEPT OTHER TYPES OF CONDUCTORS. FAILURE TO DO SO MAY CAUSE DAMAGE TO THE EQUIPMENT*.</p>
---	---

COLOR OF WIRE
BK/BL BLACK WIRE WITH BLUE MARKER
COLOR OF MARKER

BK BLACK	OR ORANGE	YL YELLOW
BL BLUE	RD RED	GR GREEN
BR BROWN	WH WHITE	PR PURPLE

- NOTES**
- IF ODT B IS NOT USED ADD JUMPER BETWEEN W2 & W3 AT AIR HANDLER. IF USED, ODT B MUST BE MOUNTED REMOTE OF CONTROL BOX IN AN APPROVED WEATHER PROOF ENCLOSURE.
 - IF ODT A IS NOT USED ADD JUMPER BETWEEN W1 & W2 AT AIR HANDLER.
 - LOW VOLTAGE (24 V) FIELD WIRING MUST BE 18 AWG MIN.

**FOR CANADIAN INSTALLATIONS
POUR INSTALLATIONS CANADIENNES**

CAUTION NOT SUITABLE FOR USE ON SYSTEMS EXCEEDING 150V TO GROUND
ATTENTION NE CONVIENT PAS AUX INSTALLATIONS DE PLUS DE 150 V A LA TERRE



TRANE®

Electrical Data

WIRING DATA											
GAM5A0B36M31SAA											
Heater Model No	No of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater			-	4 1	5	15	-	-	4 1*	5	15
BAYEAAC05++	1	4 80	16400	20	30	30	3 60	12300	17 3	27	30
BAYEAAC08++	1	7 68	26200	32	45	45	5 76	19700	27 7	40	40
BAYEAAC10++	1	9 60	32800	40	55	60	7 20	24600	34 6	48	50
	circuit 1	9 60	49200	40	55	60	7 20	36900	34 6	48	50
	BAYEABC15++										
	circuit 2	4 80	49200	20	25	25	3 60	36900	17 3	22	25

Note * Motor Amps

WIRING DATA											
GAM5A0C42M31SAA											
Heater Model No	No of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-		-	4 1*	5	15		-	4 1	5	15
BAYEAAC05++	1	4 80	16400	20	30	30	3 60	12300	17 3	27	30
BAYEAAC08++	1	7 68	26200	32	45	45	5 76	19700	27 7	40	40
BAYEAAC10++	1	9 60	32800	40	55	60	7 20	24600	34 6	48	50
	circuit 1	9 60	49200	40	55	60	7 20	36900	34 6	48	50
	BAYEABC15++										
	circuit 2	4 80	49200	20	25	25	3 60	36900	17 3	22	25

Note * Motor Amps

Notes

- 1 See Product Data or Air Handler Nameplate for approved combinations of Air Handlers and Heaters
- 2 Heater model number may have additional suffix digits



General Data

Product Specifications

Model No ①	4TTR5042E1	4TTR5048E1	4TTR5049E1	4TTR5060E1	4TTR5061E
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60	230/1/60
Min Cir Ampacity	23	26	28	34	39
Max Fuse Size (Amps)	40	45	45	60	60
Compressors	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL
No Used No Stages	1-1	1 1	1 1	1 1	1 2
RL AMPS LR AMPS	17 9 - 112	19 9 - 109	19 9 109	26 4 - 134	28 8 152 9
Outdoor Fan FL Amps	0 93	0 93	2 80	0 93	2 80
Fan HP	1/5	1/5	1/3	1/5	1/3
Fan Dia (inches)	27 6	27 6	27 6	27 6	27 6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R 410A	8/4-LB/OZ	8/5-LB/OZ	11/9 LB/OZ	8/8 LB/OZ	12/9 LB/OZ
Line Size - (in) O D Gas ③	7/8	7/8	7/8	7/8	1-1/8
Line Size - (in) O D Liquid ③	3/8	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	46 4 x 35 1 x 38 7	51 x 35 1 x 38 7	51 x 35 1 x 38 7	51 x 35 1 x 38 7	51 x 35 1 x 38 7
Weight Shipping	272	282	304	285	312
Weight Net	235	245	267	248	275
Start Components	NO	NO	NO	YES	NO
Sound Enclosure	YES	YES	NO	YES	NO
Compressor Sump Heat	NO	NO	NO	NO	NO
Optional Accessories ④					
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Hard Start Kit Scroll	BAYKSKT260	BAYKSKT260	BAYKSKT260		
Extreme Condition Mounting Kit	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004
Snow Leg Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN*4

① Certified in accordance with the Air Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240

② Calculated in accordance with N E C Only use HACR circuit breakers or fuses

③ Standard line lengths 60 Standard lift 60 Suction and Liquid line For 061 units Max linear length 60 ft Max lift Suction 25 ft Max lift Liquid 25 ft For Greater lengths and lifts refer to refrigerant piping software Pub# 32 3312-01 (denotes latest revision)

④ For accessory description and usage see page 5

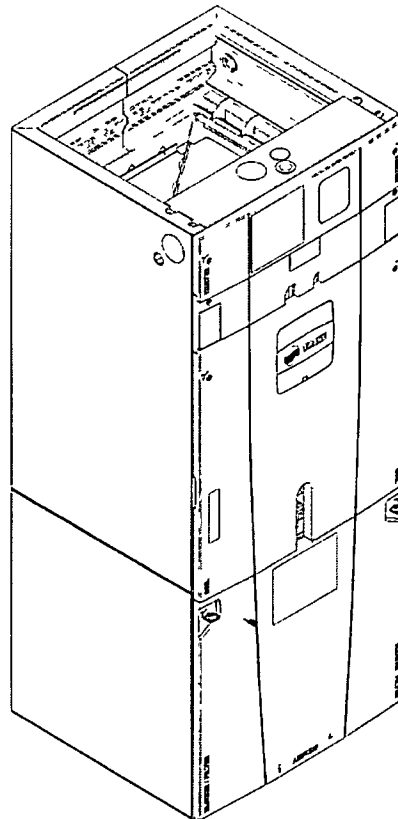
⑤ = 15, 20 25 30, 40 and 50 foot Lineset available



TRANE

Modular Multi-position Air Handlers

**GAM5A0A18M11SA
GAM5A0A24M21SA
GAM5A0B30M21SA
GAM5A0B36M31SA
GAM5A0C42M31SA
GAM5A0C48M41SA
GAM5A0C60M51SA**



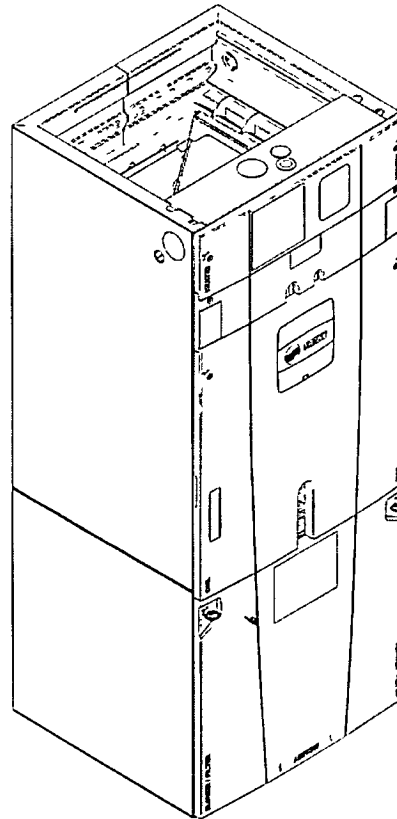
PUB. NO. 22-1845-06



TRANE®

Modular Multi-position Air Handlers

**GAM5A0A18M11SA
GAM5A0A24M21SA
GAM5A0B30M21SA
GAM5A0B36M31SA
GAM5A0C42M31SA
GAM5A0C48M41SA
GAM5A0C60M51SA**



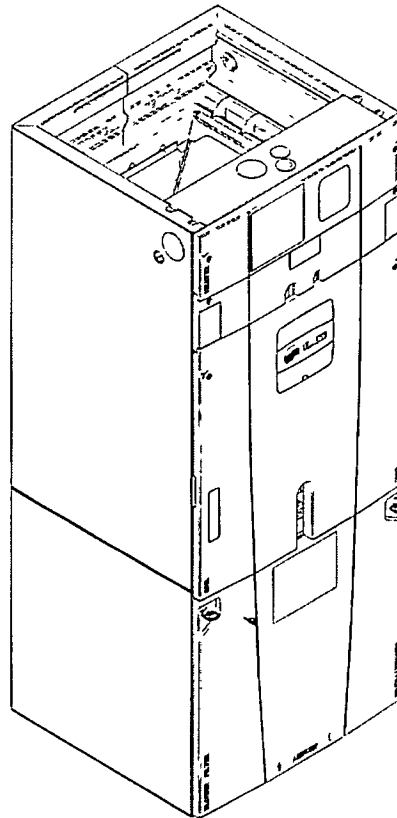
PUB. NO. 22-1845-06



TRANE®

Modular Multi-position Air Handlers

**GAM5A0A18M11SA
GAM5A0A24M21SA
GAM5A0B30M21SA
GAM5A0B36M31SA
GAM5A0C42M31SA
GAM5A0C48M41SA
GAM5A0C60M51SA**



PUB. NO. 22-1845-06



TRANE®

Electrical Data

WIRING DATA											
GAM5A0B36M31SAA											
Heater Model No	No of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	4 1*	5	15	-	-	4 1*	5	15
BAYEAAC05++	1	4 80	16400	20	30	30	3 60	12300	17 3	27	30
BAYEAAC08++	1	7 68	26200	32	45	45	5 76	19700	27 7	40	40
BAYEAAC10++	1	9 60	32800	40	55	60	7 20	24600	34 6	48	50
circuit 1		9 60	49200	40	55	60	7 20	36900	34 6	48	50
BAYEABC15++											
circuit 2		4 80	49200	20	25	25	3 60	36900	17 3	22	25

Note * Motor Amps

WIRING DATA											
GAM5A0C42M31SAA											
Heater Model No	No of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater				4 1*	5	15		-	4 1	5	15
BAYEAAC05++	1	4 80	16400	20	30	30	3 60	12300	17 3	27	30
BAYEAAC08++	1	7 68	26200	32	45	45	5 76	19700	27 7	40	40
BAYEAAC10++	1	9 60	32800	40	55	60	7 20	24600	34 6	48	50
circuit 1		9 60	49200	40	55	60	7 20	36900	34 6	48	50
BAYEABC15++											
circuit 2		4 80	49200	20	25	25	3 60	36900	17 3	22	25

Note Motor Amps

Notes

- 1 See Product Data or Air Handler Nameplate for approved combinations of Air Handlers and Heaters
- 2 Heater model number may have additional suffix digits



TRANE®

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5A0A18M11SA	GAM5A0A24M21SA	GAM5A0B30M21SA
RATED VOLTS/PH/Hz	208 230/1/60	208 230/1/60	208 230/1/60
RATINGS (1)	See O D Specifications	See O D Specifications	See O D Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — FPI	3 14	3 14	3 14
Face Area (sq ft)	3 67	3 67	4 13
Tube Size (in)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn Size (in) (2)	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter Width (In)	11 X 8	11 X 8	11 X 10
No Used	1	1	1
Drive No Speeds	Direct 5	Direct 5	Direct 5
CFM vs in w g	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No Motors — H P	1 1/3	1 1/3	1 1/3
Motor Speed R P M	1050	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208 230/1/60
FL Amps	2 8	2 8	2 8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No Size Thickness	1 - 16 X 20 1 in	1 16 X 20 1 in	1 - 20 X 20 1 in
REFRIGERANT	R-410A	R-410A	R-410A
Ref Line Connections	Brazed	Brazed	Brazed
Coupling or Conn Size — in Gas	3/4	3/4	3/4
Coupling or Conn Size — in Liq	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In)	51 3/8 x 20 1/2 x 25 3/4	51 3/8 x 20-1/2 x 25 3/4	53 x 24 1/4 x 25 3/4
Uncrated	49 7/8 x 17 1/2 x 21 3/4	49 7/8 x 17 1/2 x 21 3/4	51 1/2 x 21 1/4 x 21 3/4
WEIGHT			
Shipping (Lbs)/Net (Lbs)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5A0B36M31SA	GAM5A0C42M31SA
RATED VOLTS/PH/Hz	208 230/1/60	208-230/1/60
RATINGS (1)	See O D Specifications	See O D Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — FPI	3 14	4 14
Face Area (sq ft)	5 04	5 04
Tube (in)	3/8	3/8
Refrigerant Control	EEV	EEV
Drain Conn Size (in) (2)	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter Width (In)	11 X 10	11 X 10
No Used	1	1
Drive No Speeds	Direct 5	Direct - 5
CFM vs in w g	See Fan Performance Table	See Fan Performance Table
No Motors — H P	1 1/2	1 1/2
Motor Speed R P M	1050	1050
Volts/Ph/Hz	208 230/1/60	208 230/1/60
FL Amps	4 1	4 1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No Size Thickness	1 20 X 20 1 in	1 22 X 20 1 in
REFRIGERANT	R-410A	R-410A
Ref Line Connections	Brazed	Brazed
Coupling or Conn Size — in Gas	7/8	7/8
Coupling or Conn Size — in Liq	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In)	57 1/4 x 24 1/4 x 25 3/4	58 1/2 x 27 1/2 x 25 3/4
Uncrated	55 3/4 x 21 1/4 x 21 3/4	56 7/8 x 23-1/2 x 21 3/4
WEIGHT		
Shipping (Lbs)/Net (Lbs)	150/142	163/153



General Data

Product Specifications

Model No ①	4TTR5018E1	4TTR5024E1	4TTR5030E1	4TTR5036E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60
Min Cir Ampacity	9	9	12	19
Max Fuse Size (Amps)	15	15	20	30
Compressors	CLIMATUFF®	CLIMATUFF®	CLIMATUFF®	CLIMATUFF® SCROLL
No Used No Stages	1-1	1-1	1 1	1-1
RL AMPS - LR AMPS	6 4 - 38 6	6 8 38 6	9 1 - 57 8	14 1 77
Outdoor Fan FL Amps	0 74	0 74	0 93	0 93
Fan HP	1/8	1/8	1/5	1/5
Fan Dia (inches)	23	23	27 6	27 6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	5/2-LB/OZ	6/3-LB/OZ	7/0-LB/OZ	7/4-LB/OZ
Line Size - (in) O D Gas ③	5/8	3/4	3/4	3/4
Line Size - (in) O D Liquid ④	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	34 x 30 1 x 33	34 x 30 1 x 33	38 4 x 35 1 x 38 7	42 4 x 35 1 x 38 7
Weight - Shipping	200	201	234	228
Weight - Net	173	174	201	193
Start Components	YES	YES	YES	NO
Sound Enclosure	YES	YES	YES	YES
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories ⑤				
Anti short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT300	BAYCCHT300	BAYCCHT300	BAYCCHT302
Hard Start Kit Scroll				BAYSKT260
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT023	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN950	TAYREFLN7*	TAYREFLN7*	TAYREFLN7*

① Certified in accordance with the Air Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210-240

② Calculated in accordance with N E C Only use HACR circuit breakers or fuses

③ Standard line lengths 80' Standard lift 60' Suction and Liquid line

For Greater lengths and lifts refer to refrigerant piping software Pub# 32 3312-01 (*denotes latest revision)

④ For accessory description and usage see page 5

⑤ = 15 20 25 30 40 and 50 foot lineset available

A-weighted Sound Power Level [dB(A)]

MODEL	SOUND POWER LEVEL [dB(A)]	A-WEIGHTED FULL OCTAVE SOUND POWER LEVEL dB - [dB(A)] High Stage							
		63	125	250	500	1000	2000	4000	8000
4TTR5018E	75	24 9	44 9	56 7	71 1	74 1	72 7	62 2	49 9
4TTR5024E	75	23	45 4	57	70 9	74 2	70 5	62 9	52 6
4TTR5030E	75	27 9	52 9	62 9	74 3	76 2	73	64 7	52 5
4TTR5036E	75	23 2	51 7	64 2	72 3	74 1	71 3	62 7	49 5
4TTR5042E	75	22 8	52 8	65 6	73 3	75 1	71 5	62 8	50
4TTR5048E	75	22 8	52 8	65 6	73 3	75 1	71 5	62 8	50
4TTR5049E	74	43 8	53 6	56 8	60 9	61 9	57 2	50 4	40 7
4TTR5060E	75	22 8	52 8	65 6	73 3	75 1	71 5	62 8	50
4TTR5061E	75	41 8	53 8	58	64 3	64 2	57 5	54	47 1

Note Rated in accordance with AHRI Standard 270-2008

4

22 1831 06



TRANE®

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5A0A18M11SA	GAM5A0A24M21SA	GAM5A0B30M21SA
RATED VOLTS/PH/HZ	208 230/1/60	208 230/1/60	208 230/1/60
RATINGS (1)	See O D Specifications	See O D Specifications	See O D Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — FPI	3 14	3 14	3 14
Face Area (sq ft)	3 67	3 67	4 13
Tube Size (in)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn Size (in) (2)	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter Width (In)	11 X 8	11 X 8	11 X 10
No Used	1	1	1
Drive - No Speeds	Direct 5	Direct 5	Direct 5
CFM vs in w g	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No Motors — H P	1 - 1/3	1 1/3	1 - 1/3
Motor Speed R P M	1050	1050	1050
Volts/Ph/Hz	208 230/1/60	208-230/1/60	208 230/1/60
FL Amps	2 8	2 8	2 8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No Size-Thickness	1 16 X 20 1 in	1 16 X 20 - 1 in	1 - 20 X 20 1 in
REFRIGERANT	R-410A	R-410A	R-410A
Ref Line Connections	Brazed	Brazed	Brazed
Coupling or Conn Size — in Gas	3/4	3/4	3/4
Coupling or Conn Size — in Liq	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In)	51 3/8 x 20 1/2 x 25 3/4	51 3/8 x 20-1/2 x 25 3/4	53 x 24 1/4 x 25-3/4
Uncrated	49 7/8 x 17 1/2 x 21 3/4	49 7/8 x 17 1/2 x 21 3/4	51 1/2 x 21-1/4 x 21-3/4
WEIGHT			
Shipping (Lbs)/Net (Lbs)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5A0B36M31SA	GAM5A0C42M31SA
RATED VOLTS/PH/HZ	208 230/1/60	208-230/1/60
RATINGS (1)	See O D Specifications	See O D Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — FPI	3 14	4 14
Face Area (sq ft)	5 04	5 04
Tube (in)	3/8	3/8
Refrigerant Control	EEV	EEV
Drain Conn Size (in) (2)	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter Width (In)	11 X 10	11 X 10
No Used	1	1
Drive - No Speeds	Direct 5	Direct 5
CFM vs in w g	See Fan Performance Table	See Fan Performance Table
No Motors — H P	1 1/2	1 1/2
Motor Speed R P M	1050	1050
Volts/Ph/Hz	208 230/1/60	208 230/1/60
FL Amps	4 1	4 1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No Size Thickness	1 20 X 20 1 in	1 22 X 20 - 1 in
REFRIGERANT	R-410A	R-410A
Ref Line Connections	Brazed	Brazed
Coupling or Conn Size — in Gas	7/8	7/8
Coupling or Conn Size — in Liq	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In)	57 1/4 x 24 1/4 x 25 3/4	58-1/2 x 27 1/2 x 25 3/4
Uncrated	55 3/4 x 21 1/4 x 21 3/4	56-7/8 x 23-1/2 x 21 3/4
WEIGHT		
Shipping (Lbs)/Net (Lbs)	150/142	163/153



TRANE®

Electrical Data

WIRING DATA											
GAM5A0A18M11SAA											
Heater Model No	No of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater		-	-	2 8	4	15	-	-	2 8	4	15
BAYEAAC05++	1	4 80	16400	20	29	30	3 60	12300	17 30	25	25
BAYEAAC08++	1	7 68	26200	32	44	45	5 76	19700	27 70	38	40
BAYEAAC10++	1	9 60	32800	40	54	60	7 20	24600	34 60	47	50

Note * Motor Amps

WIRING DATA											
GAM5A0A24M21SAA											
Heater Model No	No of Cir-cuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater		-	-	2 8*	4	15	-	-	2 8*	4	15
BAYEAAC05++	1	4 80	16400	20	29	30	3 60	12300	17 3	25	25
BAYEAAC08++	1	7 68	26200	32	44	45	5 76	19700	27 7	38	40
BAYEAAC10++	1	9 60	32800	40	54	60	7 20	24600	34 6	47	50

Note * Motor Amps

WIRING DATA											
GAM5A0B30M21SAA											
Heater Model No	No of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2 8*	4	15	-	-	2 8*	4	15
BAYEAAC05++	1	4 80	16400	20	29	30	3 60	12300	17 3	25	25
BAYEAAC08++	1	7 68	26200	32	44	45	5 76	19700	27 7	38	40
BAYEAAC10++	1	9 60	32800	40	54	60	7 20	24600	34 6	47	50
circuit 1		9 60	49200	40	54	60	7 20	36900	34 6	47	50
BAYEABC15++											
circuit 2		4 80	49200	20	25	25	3 60	36900	17 3	22	25

Note * Motor Amps



TRANE[®]

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5A0A18M11SA	GAM5A0A24M21SA	GAM5A0B30M21SA
RATED VOLTS/PH/Hz	208 230/1/60	208 230/1/60	208 230/1/60
RATINGS Ⓝ	See O'D Specifications	See O'D Specifications	See O'D Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — FPI	3 14	3 14	3 14
Face Area (sq ft)	3 67	3 67	4 13
Tube Size (in)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn Size (in) Ⓜ	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter Width (In)	11 X 8	11 X 8	11 X 10
No Used	1	1	1
Drive No Speeds	Direct 5	Direct 5	Direct 5
CFM vs in w g	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No Motors — H P	1 1/3	1 1/3	1 1/3
Motor Speed R P M	1050	1050	1050
Volts/Ph/Hz	208 230/1/60	208-230/1/60	208 230/1/60
FL Amps	2 8	2 8	2 8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No Size Thickness	1 16 X 20 1 in	1 16 X 20 - 1 in	1 20 X 20 1 in
REFRIGERANT	R-410A	R-410A	R-410A
Ref Line Connections	Brazed	Brazed	Brazed
Coupling or Conn Size — in Gas	3/4	3/4	3/4
Coupling or Conn Size — in Liq	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In)	51 3/8 x 20 1/2 x 25 3/4	51 3/8 x 20-1/2 x 25 3/4	53 x 24 1/4 x 25 3/4
Uncrated	49 7/8 x 17 1/2 x 21 3/4	49 7/8 x 17-1/2 x 21 3/4	51 1/2 x 21 1/4 x 21 3/4
WEIGHT			
Shipping (Lbs)/Net (Lbs)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5A0B36M31SA	GAM5A0C42M31SA
RATED VOLTS/PH/Hz	208-230/1/60	208 230/1/60
RATINGS Ⓝ	See O'D Specifications	See O'D Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — FPI	3 - 14	4 14
Face Area (sq ft)	5 04	5 04
Tube (in)	3/8	3/8
Refrigerant Control	EEV	EEV
Drain Conn Size (in) Ⓜ	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter-Width (In)	11 X 10	11 X 10
No Used	1	1
Drive No Speeds	Direct 5	Direct - 5
CFM vs in w g	See Fan Performance Table	See Fan Performance Table
No Motors — H P	1 1/2	1 1/2
Motor Speed R P M	1050	1050
Volts/Ph/Hz	208 230/1/60	208 230/1/60
FL Amps	4 1	4 1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No Size-Thickness	1 20 X 20 1 in	1 22 X 20 1 in
REFRIGERANT	R-410A	R-410A
Ref Line Connections	Brazed	Brazed
Coupling or Conn Size — in Gas	7/8	7/8
Coupling or Conn Size — in Liq	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In)	57 1/4 x 24-1/4 x 25-3/4	58 1/2 x 27 1/2 x 25 3/4
Uncrated	55-3/4 x 21 1/4 x 21 3/4	56 7/8 x 23-1/2 x 21-3/4
WEIGHT		
Shipping (Lbs)/Net (Lbs)	150/142	163/153



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011

Certificate of Product Ratings

AHRI Certified Reference Number 4150919 Date 6/10/2011

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

Outdoor Unit Model Number 4TTR5049E1

Indoor Unit Model Number GAM5A0C42M31

Manufacturer TRANE

Trade/Brand name XR15

Manufacturer responsible for the rating of this system combination is TRANE

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)	45500
EER Rating (Cooling)	13 50
SEER Rating (Cooling)	16 50

Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data unless accompanied with a WAS which indicates an involuntary rerate

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Air-Conditioning, Heating, and Refrigeration Institute

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CERTIFICATE NO. 129522119892766940



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011

Certificate of Product Ratings

AHRI Certified Reference Number 4150919

Date 6/10/2011

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

Outdoor Unit Model Number 4TTR5049E1

Indoor Unit Model Number GAM5A0C42M31

Manufacturer TRANE

Trade/Brand name XR15

Manufacturer responsible for the rating of this system combination is TRANE

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)	45500
EER Rating (Cooling)	13.50
SEER Rating (Cooling)	16.50

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data unless accompanied with a WAS which indicates an involuntary rerate

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CERTIFICATE NO : 129522119892766940



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011

Certificate of Product Ratings

AHRI Certified Reference Number 4150906

Date 6/10/2011

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

Outdoor Unit Model Number 4TTR5024E1

Indoor Unit Model Number GAM5A0B30M21

Manufacturer TRANE

Trade/Brand name XR15

Manufacturer responsible for the rating of this system combination is TRANE

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)	22200
EER Rating (Cooling)	14 00
SEER Rating (Cooling)	17 00

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CERTIFICATE VERIFICATION

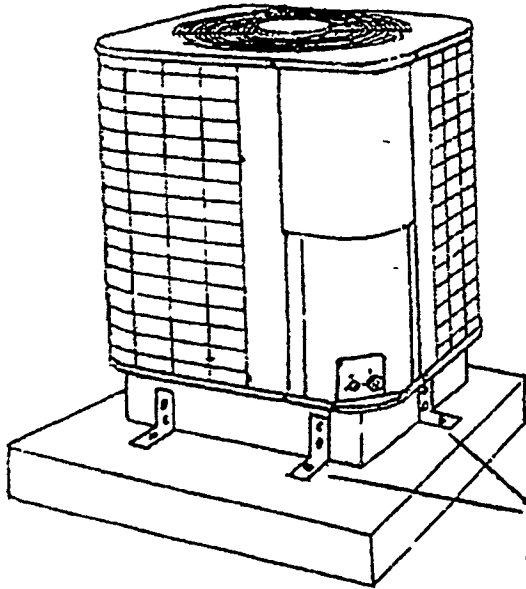
The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



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CERTIFICATE NO.. 129522119140274860



ANCHOR CLIPS
(2) 5/16" SCREW PER CLIP TO UNIT
(1) 2 1/2" WOOD SCREW INTO SLEEPER

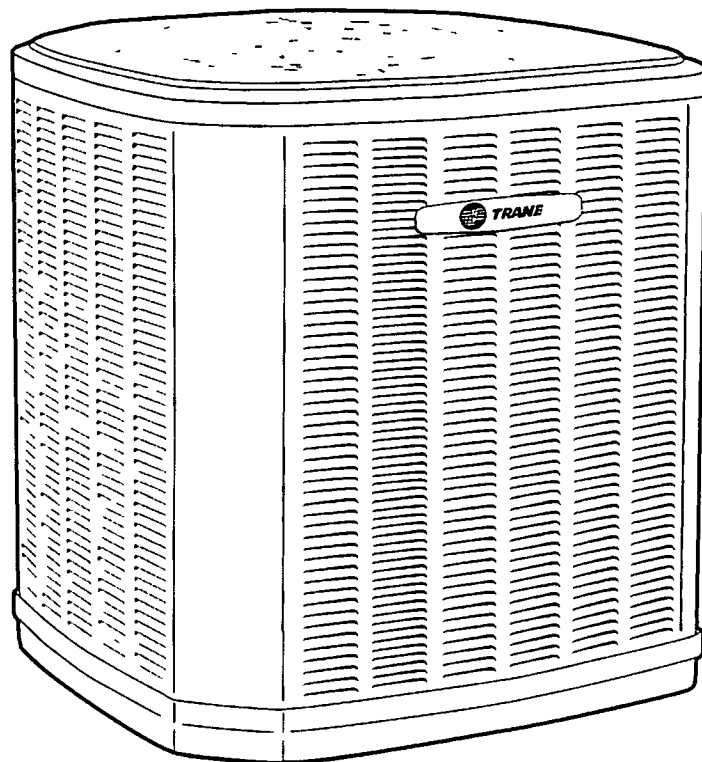


TRANE®

Split System Cooling Product Data

XR15 4TTR5

1 1/2 - 5 Tons (018E - 061E)



PUB. NO. 22-1831-06

9873

GENERATOR, PAD,

GASLINES



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	9873	DATE ISSUED	SEPTEMBER 9, 2011
SCOPE OF WORK	GENERATOR, PAD & NEW GAS LINES		
CONDITIONS			
CONTRACTOR	ENERGIZED ELECTRIC		
PARCEL CONTROL NUMBER	353741000-000-001706	SUBDIVISION	PT GOV LOT 2
CONSTRUCTION ADDRESS	101 N SEWALLS PT RD		
OWNER NAME	FEARONS		
QUALIFIER	MICHAEL FLAXMAN	CONTACT PHONE NUMBER	772-807-4566

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

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

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

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number 9873

Date 8/30/11

OWNER/TITLEHOLDER NAME George Kearns Phone (Day) 508 353 9104 (Fax)

Job Site Address 101 N Sewalls Point Road City Stuart State FL Zip 34907

Legal Description S 100' of N 300' of Gov lot 2 wp of rd Parcel Control Number 85-3741-000-000-00170-0

Owner Address (if different) 9 High Ridge Dr. City Mattapoisett State MA Zip 02739

Scope of work (please be specific) install stand by generator

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

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

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements \$ 5,000 17200

(Notice of Commencement, required when over \$2500 prior to first inspection \$7 500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X

FOR ADDITIONS, REMODELS AND RE ROOF APPLICATIONS ONLY Estimated Fair Market Value prior to improvement \$ (Fair Market Value of the Primary Structure only Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company Energized Electric Phone 772 807 4566 Fax 772 807 4565

Street 145 NW Enterprise Dr. #107 City Port St Lucie State FL Zip 34980

State License Number ER13013070 OR Municipality License Number

LOCAL CONTACT Phone Number

DESIGN PROFESSIONAL Lic# Phone Number

Street City State Zip

AREAS SQUARE FOOTAGE Living Garage Covered Patios/ Porches Enclosed Storage

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

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

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

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

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

OWNER SIGNATURE (required) OR OWNERS LEGAL AUTHORIZED AGENT (PROVE REQUIRED)

CONTRACTOR SIGNATURE (required)

State of Florida, County of

On State of Florida County of St Lucie

This the day of 2011

This the 20th day of August 2011

by who is personally

by Michael Flaman who is personally

known to me or produced

known to me or produced

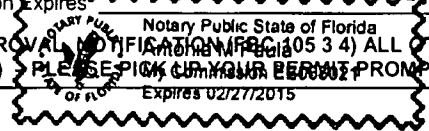
as identification Notary Public

As identification Notary Public

My Commission Expires

My Commission Expires

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 PICK UP YOUR PERMIT PROMPTLY! Expires 02/27/2015



60% Copies



1568 S E South Niemeyer Circle • Port St Lucie, FL 34952
772-398-4448 • Fax 772-398-4449 • Toll Free 800-434-1499

Proposal / Contract

George Fearons
101 N Sewalls Point Road
Stuart, FL 34996

May 19th 2011

508 3539684 cell

Energized Electric is pleased to quote on your new generator purchase & installation:

Energized Electric hereby agrees to furnish all labor and materials necessary for the completion of services as specified below

- 1) Supply (1) 27,000 watt Generac model #QT02724 Generator with Aluminum Enclosure
- 2) RTSD200A3 Nexus 200AMP service entrance rated transfer switch automatic
- 3) Supply and deliver preformed concrete pad
- 4) Deliver generator and set in place
- 5) Includes labor, engineering, interstate battery for generator, materials, permits, inspections and electric installation
- 6) Start up and test
- 7) 3-year limited warranty on generator and transfer switch from Generac
- 8) 1-year warranty on labor and material from energized electric
- 9) Indoor remote led display basic additional \$300 00 Advanced additional \$600 00
- 10) 5 year limited warranty additional \$700 00
- 11) 1 year silver service additional \$339 00
- 12) Energized Electric will make minor repairs only to drywall, soffit or exterior of home that are a result of ensuring proper installation of generator

Generator and Install:	\$18,200.00
Coupon Discount:	- \$500.00
No commission:	-\$500.00

For the sum of: \$ 17,200.00

This agreement shall be construed under the laws of the State of Florida. This agreement contains the entire understanding of the parties and supersedes all previous verbal or written agreements. There are no other agreements, representations or warranties not set forth herein. If any conflicts exist in this agreement between terms which are printed and those which are typed or written, the typed or written language shall govern.

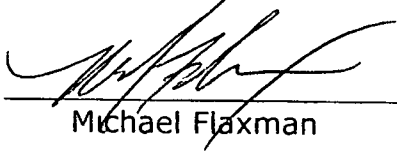
TERMS:

Charges & Payments Charges are due in full at time services are rendered unless otherwise stated below. Contractor may charge and customer agrees to pay a late fee for all past due payments, such fees not to exceed the maximum allowed rate by

applicable law Customer shall be responsible and agrees to pay for all charges billed, applicable taxes, applicable legal fees and other charges/fees
✓\$1,720.00 is due at signing
\$12,000.00 is due at delivery of permit & add-ons if chosen
\$3,480.00 is due at generator installation

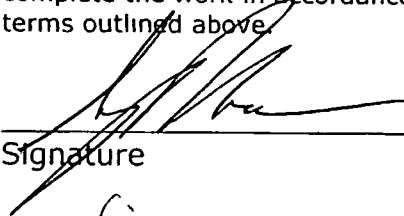
Initial GE

We appreciate the opportunity you have extended us to quote on this work and would like to thank you in advance for your consideration

Authorized signature 
Michael Flaxman

Acceptance of Proposal

I, GEORGE T FEARONS (printed name), authorize Energized Electric to complete the work in accordance with the above specifications and conditions I agree to pay as per terms outlined above.

 Date _____
Signature

*Thank you for choosing Energized Electric
Authorized Generac Elite Dealer.*

Generator install will be a stub-out only for LP or Natural Gas hook up, unless otherwise indicated. Your gas company will complete the connection to the generator. CUSTOMER is responsible for contacting and paying the gas company.

If contract is cancelled after the permit has been applied for/received, Customer will be responsible for Permit fees and/or Permit expediting services. Customer will also be responsible for generator cost if generator has been received at time of customer cancellation. Initial GE

A site survey of your property showing property lines is required to pull a permit. Please provide along with this signed proposal. Initial GE



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER _____

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

OWNERS NAME George Fanson

CONSTRUCTION ADDRESS 101 W Sewall's point rd

PERMIT TYPE RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE _____ NEW SERVICE _____ EXISTING SERVICE OTHER

SCOPE OF WORK Repair existing 1/2" gas line - replace it with 3/4 poly at 70'

VALUE OF CONSTRUCTION \$ 500.00

<input type="checkbox"/> 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

Timothy C Russell Cell - Mark 370-3524
 SIGNATURE OF LICENSED CONTRACTOR

5232 Dixie Hwy Street
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME Tim Russell / Ferrelgas

TELEPHONE NO 287-4330 FAX NO 287-3456

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER 01237

** 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



MARTIN COUNTY BUILDING PERMIT

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

Permit Number	BGEN - 2011080321
Permit Type	GENERATOR
Permit Name	
Date Issued	10-AUG-11
Project	
Scope of Work	GENERATOR RESIDENTIAL

Applicant/Contact:	FLAXMAN, MICHAEL S	/ FLAXMAN, MICHAEL S
Parcel Control Number	35-37-41-000-000-0017 0-60000	
Subdivision	METES and BOUNDS 353741000	
Construction Address	101 N SEWALLS POINT RD	
Location Description	101 N SEWALLS POINT ROAD	
Owner Name	FEARONS GEORGE T & JILLINE A	
Prime Contractor	FLAXMAN, MICHAEL S	FLAXMAN, MICHAEL S
	1568 SE SOUTH NIEMEYER CIR	
	PORT ST LUCIE, FL 34952	772-398 4448 License No MCME4165

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

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

WARNING TO OWNER YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY 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 RECORDING YOUR NOTICE OF COMMENCEMENT

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

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

INSPECTIONS

The inspections listed below may not represent all necessary required inspections for the scope of work

Phone 288-5489 for inspections 24 hour notice is required

3010 Slab

3021 Underground Rough Ele

3099 Final Electric-Res

3028 Res-Srvce Chng

NOTICE OF COMMENCEMENT TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$1,500.00

PERMIT # _____ FAX FOLIO # 35-37-41-000-000-00170-6

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) 101 N Sewalls Point Road Stuart FL 34997 S 100' of N 300' of Parcel 2 W of Rd

GENERAL DESCRIPTION OF IMPROVEMENT install Gen Standby

OWNER NAME George Fearons ADDRESS 9 High Fidel Dr. Mattapoisett, MA 02739 PHONE NUMBER 508-353-4684 FAX NUMBER _____

INTEREST IN PROPERTY _____

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

CONTRACTOR Emerged Electric ADDRESS 645 NW Enterprise Dr. #107 PSL FL 34910 PHONE NUMBER 772-807-4566 FAX NUMBER 772-807-4565

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 _____ FLORIDA STATUTES TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES

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

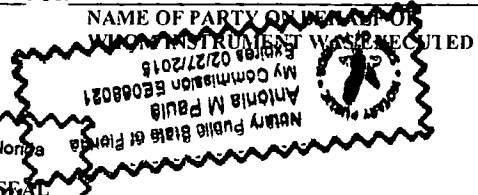
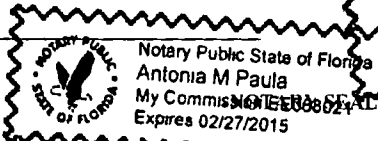
Signature of George Fearons SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE _____ THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 11 DAY OF July, 2011

BY George Fearons AS owner FOR _____ NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON INSTRUMENT

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____

TYPE OF IDENTIFICATION PRODUCED _____ NOTARY SIGNATURE



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

Signature of George Fearons (Signature of Natural Person Signing Above)

INSTR # 2285522 OR BK 02528 PG 2858 RECD 07/26/2011 10:46:28 AM Pg 2858 (1pg) MARSHA EWING MARTIN COUNTY DEPUTY CLERK (Oliver)

OPTIONAL

AT High Strength Acrylic-Tie® Anchoring Adhesive



AT Acrylic Tie® is a two component high solids 10:1 ratio acrylic based adhesive for use as a high strength anchor-grouting material. Formulated for use in all types of weather AT is designed to dispense easily and cure at temperatures down to 0°F. Resin and initiator are dispensed and mixed simultaneously through the mixing nozzle. AT meets the physical requirements of ASTM C881 Type I & IV Grade 3 Classes A, B & C except Acrylic Tie is a non-epoxy product formulated for fast cure time.

USES: Threaded rod anchoring
Rebar doweling

Pick proof sealant around doors, windows and fixtures

CODES: ICC ES ER 5791 (CMU & URM) City of L.A. RR25459 Florida FL 11506.1 NSF/ANSI Standard 61 (11 in²/5000 gal)

Multiple DOT listings. The load tables list values based upon results from the most recent testing and may not reflect those in current code reports. Where code jurisdictions apply, consult the current reports for applicable load values. Applies to all AT products except AT10.

APPLICATION: Surfaces to receive adhesive must be clean and free of frost. The base material temperature must be 0°F or above at the time of installation. For information on installations below 0°F contact Simpson. Mixed material in nozzle can harden in 5-7 minutes. For installations in anchoring standing water see page 15 for details.

INSTALLATION: See pages 4-5

SHelf LIFE: 12 months from date of manufacture in unopened cartridge

STORAGE CONDITIONS: For best results store between 32°F - 80°F. Partially used cartridges can be stored for a limited time by leaving nozzle in place. To re-use attach new nozzle.

COLOR: Resin - white, initiator - black. When properly mixed adhesive will be a uniform gray color.

CLEAN UP: Uncured material - Wipe up with cotton cloths. If desired approved solvents such as ketones (MEK, acetone, etc.) lacquer thinner or adhesive remover can be used. DO NOT USE SOLVENTS TO CLEAN ADHESIVE FROM SKIN. Take appropriate precautions when handling flammable solvents. Solvents may damage surfaces to which they are applied. Cured material - Chip or grind off surface.

TEST CRITERIA: Anchors installed with AT Acrylic Tie® adhesive have been tested in accordance with ICC ES's Acceptance Criteria for Adhesive Anchors (AC508) for the following:

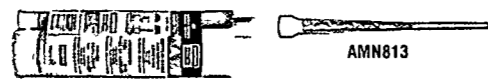
- Seismic/wind loading
- Long term creep at elevated temperature
- Static loading at elevated temperature
- Damp and water filled holes
- Freeze thaw conditions
- Critical and minimum edge distance and spacing

In addition, anchors installed with AT Acrylic Tie® adhesive have been tested in accordance with ICC ES's Acceptance Criteria for Unreinforced Masonry Anchors (AC608) and NSF/ANSI Standard 61 Drinking Water System Components - Health Effects.

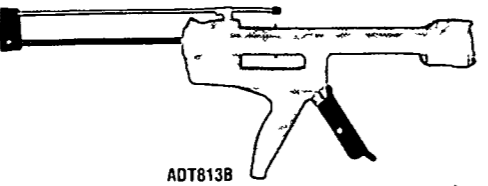
PROPERTY	TEST METHOD	RESULTS
Consistency (77°F)	ASTM C 881	Non sag/thixotropic paste
Heat deflection	ASTM D 648	149°F (65°C)
Bond strength (moist cure)	ASTM C 882	2,900 psi (2 days)
		2,970 psi (14 days)
Water absorption	ASTM D 570	0.23% (24 hours)
Compressive yield strength	ASTM D 695	10,210 psi (7 days)
Compressive modulus	ASTM D 695	660,800 psi (7 days)
Gel time (77°F)	ASTM C 881	9 min - Thin film

CHEMICAL RESISTANCE: Very good to excellent against distilled water and inorganic acids. Fair to good against organic acids and alkalis, inorganic alkalis, and many organic solvents. Poor against ketones. For more detailed information visit our website or contact Simpson Strong Tie and request Technical Bulletin T-SAS-CHEMRES06.

The performance of this product results from its unique formulation which is proprietary to Simpson Strong Tie. The product may also be protected by one or more of U.S. Pat. 5,643,994; 5,965,635; 6,228,207. Licensed from ITW.



AT13 (AT08 similar)



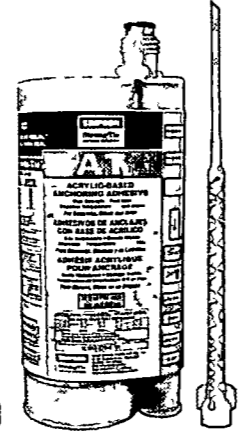
ADT813B



FAST PAC™ (ATPAC05KT) Includes 5 ounce coaxial cartridge adaptor and mixing nozzle.



AT10 Includes 9.6 ounce cartridge and mixing nozzle.



AT30 (The EMN221 is the required mixing nozzle for the AT30).

IMPORTANT - SEE PAGES 4-5 FOR INSTALLATION INSTRUCTIONS

When the concrete temperature is at or below freezing, ensure any holes drilled in advance are free of frost or ice.

SUGGESTED SPECIFICATIONS: Anchoring adhesive shall be a two component acrylic based system supplied in manufacturer's standard side by side or coaxial cartridge and dispensed through a static mixing nozzle supplied by the manufacturer. Adhesive shall meet the physical requirements of ASTM C 881 for Type I and IV Grade 3 Class A, B and C and must develop a minimum 10,210 psi compressive yield strength after 7 day cure. Adhesive must have a heat deflection temperature of a minimum 149°F (65°C). Adhesive shall be AT Acrylic Tie® adhesive from Simpson Strong Tie, Pleasanton, CA. Anchors shall be installed per Simpson Strong Tie instructions for AT Acrylic Tie® adhesive.

ACCESSORIES: See pages 88-92 of the Simpson Strong Tie Anchor Systems® Anchoring and Fastening Systems for Concrete and Masonry catalog (C SAS 2009) for information on dispensing tools, mixing nozzles and other accessories.

Tension Loads in Normal Weight Concrete

Size in (mm)	Drill Bit Dia in	Embed Depth in (mm)	Critical Edge Dist in (mm)	Critical Spacing Dist in (mm)	Tension Load						
					f'c ≥ 2000 psi (13.8 MPa) Concrete			f'c ≥ 3000 psi (20.7 MPa) Concrete		f'c ≥ 4000 psi (27.6 MPa) Concrete	
					Ultimate lbs (kN)	Std Dev lbs (kN)	Allowable lbs (kN)	Ultimate lbs (kN)	Std Dev lbs (kN)	Allowable lbs (kN)	Ultimate lbs (kN)
3/8 (9.5)	3/8	2 3/4 (70)	3 (76)	6 (152)	4 297 (19.1)	1 075 (4.8)	1 315 (5.8)	6 204 (27.6)	1 434 (6.4)	1 550 (6.9)	
		3 (95)			7 087 (31.5)	347 (1.5)	1 770 (7.9)	2 115 (9.4)	9 820 (43.7)	1 434 (6.4)	2 455 (10.9)
		2 3/4 (70)			4 610 (20.5)	1 155 (5.1)	1 400 (6.2)	6 580 (29.3)	1 645 (7.3)		
1/2 (12.7)	1/2	3 3/4 (92)	4 (102)	8 (203)	7 413 (33.0)	412 (1.8)	1 855 (8.3)	2 270 (10.1)	10 742 (47.8)	600 (2.7)	2 685 (11.9)
		5 1/4 (146)			10 278 (45.7)	297 (1.3)	2 570 (11.4)	3 240 (14.4)	15 640 (69.6)	2 341 (10.4)	3 910 (17.4)
		2 3/4 (70)			4 610 (20.5)	1 155 (5.1)	1 400 (6.2)	6 580 (29.3)	1 645 (7.3)		
5/8 (15.9)	5/8	4 1/4 (105)	5 (127)	10 (254)	8 742 (39.2)	615 (2.7)	2 185 (9.7)	2 630 (11.7)	12 286 (54.7)	1 604 (7.1)	3 070 (13.7)
		5 1/4 (146)			12 953 (57.8)	1 764 (7.8)	3 240 (14.4)	3 955 (17.6)	18 680 (83.1)	1 645 (7.3)	4 670 (20.8)
		2 3/4 (70)			4 610 (20.5)	1 155 (5.1)	1 400 (6.2)	6 580 (29.3)	1 645 (7.3)		
3/4 (19.1)	3/4	4 3/4 (117)	6 (152)	12 (305)	10 340 (46.0)	1 095 (4.9)	2 585 (11.5)	3 470 (15.4)	17 426 (77.5)	1 591 (7.1)	4 355 (19.4)
		5 1/4 (146)			13 765 (61.2)	1 016 (4.5)	3 440 (15.3)	4 055 (18.0)	18 680 (83.1)	1 743 (7.8)	4 670 (20.8)
		2 3/4 (70)			4 610 (20.5)	1 155 (5.1)	1 400 (6.2)	6 580 (29.3)	1 645 (7.3)		

See Notes Below

See page 5 for an explanation of the load table icons.

Shear Loads in Normal Weight Concrete

Size in (mm)	Drill Bit Dia in	Embed Depth in (mm)	Critical Edge Dist in (mm)	Critical Spacing Dist in (mm)	Shear Load						
					f'c ≥ 2000 psi (13.8 MPa) Concrete			f'c ≥ 3000 psi (20.7 MPa) Concrete		f'c ≥ 4000 psi (27.6 MPa) Concrete	
					Ultimate lbs (kN)	Std Dev lbs (kN)	Allowable lbs (kN)	Ultimate lbs (kN)	Std Dev lbs (kN)	Allowable lbs (kN)	Ultimate lbs (kN)
3/8 (9.5)	3/8	2 3/4 (70)	4 1/2 (114)	6 (152)	6 353 (28.3)	1 585 (7.1)	1 665 (7.4)	1 670 (7.4)	1 740 (7.7)	1 740 (7.7)	
		3 3/4 (95)			6 377 (28.4)	1 006 (4.5)	1 595 (7.1)	1 670 (7.4)	1 740 (7.7)	1 740 (7.7)	
		2 3/4 (70)			6 435 (28.6)	1 605 (7.1)	2 050 (9.1)	9 987 (44.4)	2 495 (11.1)	2 495 (11.1)	
1/2 (12.7)	1/2	3 3/4 (92)	6 (152)	8 (203)	9 324 (41.5)	1 285 (5.7)	2 795 (12.4)	2 795 (12.4)	13 027 (57.9)	597 (2.7)	3 255 (14.5)
		5 1/4 (146)			11 319 (50.3)	1 245 (5.5)	2 830 (12.6)	3 045 (13.5)	13 027 (57.9)	597 (2.7)	3 255 (14.5)
		2 3/4 (70)			7 745 (34.5)	1 940 (8.6)	2 220 (9.9)	9 987 (44.4)	2 495 (11.1)	2 495 (11.1)	
5/8 (15.9)	5/8	4 1/4 (105)	7 1/2 (191)	10 (254)	8 706 (38.7)	1 830 (8.1)	2 175 (9.7)	3 415 (15.2)	18 607 (82.8)	1 650 (7.3)	4 650 (20.7)
		5 1/4 (146)			12 498 (55.6)	2 227 (9.9)	3 125 (13.9)	3 890 (17.3)	18 607 (82.8)	1 650 (7.3)	4 650 (20.7)
		2 3/4 (70)			7 832 (34.8)	1 960 (8.7)	2 415 (10.7)	11 460 (51.0)	2 865 (12.7)	2 865 (12.7)	
3/4 (19.1)	3/4	4 3/4 (117)	9 (229)	12 (305)	11 222 (49.9)	2 900 (12.9)	2 805 (12.5)	4 490 (20.0)	24 680 (109.8)	2,368 (10.5)	6 170 (27.4)
		5 1/4 (146)			19 793 (88.0)	3,547 (15.8)	4 950 (22.0)	5 560 (24.7)	24,680 (109.8)	795 (3.5)	6 170 (27.4)
		2 3/4 (70)			7 832 (34.8)	1 960 (8.7)	2 415 (10.7)	11 460 (51.0)	2 865 (12.7)	2 865 (12.7)	

- The allowable loads listed are based on a safety factor of 4.0.
- Allowable loads may be increased 33% for short term loading due to wind or seismic forces where permitted by code.
- Refer to allowable load adjustment factors for spacing and edge distance on pages 128-129.

- The minimum concrete thickness is 1 1/2 times the embedment depth.
- Tension and Shear loads for the Titen HD anchor may be combined using the elliptical interaction equation (m=1). Allowable load may be interpolated for concrete compressive strengths between 2000 psi and 4000 psi.

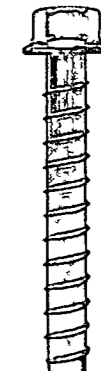
TITEN HD® Heavy Duty Screw Anchor for Concrete & Masonry



Titen HD® Anchor Product Data Zinc Plated

Size (in)	Model No	Drill Bit Dia (in)	Wrench Size (in)	Quantity	
				Box	Carton
3/8	THD37300H	3/8	9/16	50	200
	THD37400H			50	200
	THD37500H			50	100
	THD37600H			50	100
1/2	THD50300H	1/2	3/4	25	100
	THD50400H			20	80
	THD50500H			20	80
	THD50600H			20	80
5/8	THD50612H	5/8	1 1/8	20	40
	THD50800H			20	40
	THD501200H			20	40
	THD501300H			20	40
3/4	THD501400H	3/4	1 1/2	20	40
	THD501500H			20	40
	THD62400H			10	40
	THD62500H			10	40
1	THD62600H	1	1 3/4	10	40
	THD62612H			10	40
	THD62800H			10	20
	THD75400H			5	20
1 1/4	THD75500H	1 1/4	2	5	20
	THD75600H			5	20
	THD75700H			5	10
	THD75812H			5	10
1 3/4	THD75100H	1 3/4	2	5	10

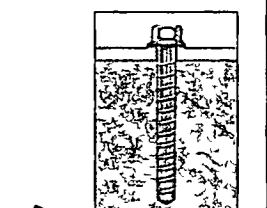
- Zinc plating meets ASTM B633 S-C1
- Length is measured from the underside of the head to the tip of the anchor.



Titen HD® screw anchor
U.S. Patent 5,674,035 & 6,623,228



Serrated teeth on the tip of the Titen HD® screw anchor facilitate cutting and reduce installation torque.



ANCHOR DESIGNER 11/13/18 Software Supported

INSTALLATION FEATURES:

- No special drill bit needed. Designed to install using standard sized ANSI tolerance drill bits.
- Installs with 50% less torque. Testing shows that when compared to competitors the Titen HD requires 50% less torque to be installed in concrete.
- Hex washer head. Requires no separate washer and provides a clean installed appearance.
- Removable. Ideal for temporary anchoring (e.g. formwork bracing) or applications where fixtures may need to be moved. Re-use of the anchor to achieve listed load values is not recommended.

See reinstallation note on next page.

Reinstallation of Titen HD® screw anchor in Original Drilled Hole

Titen HD anchors may be removed and reinstalled in the original hole without reducing load capacity if the threads that were cut into the concrete during the original installation are followed. Start reinstallation of the anchor by hand to prevent cross threading and a possible reduction in load capacity.

IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO FIELD VERIFY ALL DIMENSIONS AND ADJUST ON SITE AS REQUIRED.
WIND SPEED = 146 MPH/3 SECOND GUST = 133mph (table 1609.3.1)
WIND IMPORTANCE FACTOR = 1.0
WIND EXPOSURE CATEGORY = "C"
Not Hazardous to Human Health

DUE TO EXPANSION AND SHRINKAGE OF PRINTS WRITTEN DIMENSION TAKES PRECEDENCE OVER SCALING

AMERICAST
www.america-casting.com
"MADE IN AMERICA"
FED TAX # 20-8252362 LICENSE #599-20050163
5303 Palmetto Ave Fort Pierce, FL 34982
Tel 772-971-1958 Fax 772-464-0509
Email sales@america-casting.com or charlespitt2001@yahoo.com

This Certifies that these plans meet or exceed the 146 mph/3 sec gust of the 2007 Florida Building Code w/ 2009 Amendments and ASCE 7-05

By: [Signature]	Date: 6/15/2010	Revision: REVISIONAL (DATE FOR APPROVAL)	Drawn: GWW	Date: 06-29-2010	Project: Specific Purpose Generator Pad	Title of Page: Pre-Manuf Concrete Specs	Signature: [Signature]	Ronald H Wilson P.E. Lic No 9710
			Design: RHW	Scale: N.T.S.				Sheet 3 of 3

wilson
466 Weatherfield Avenue
Altamonte Springs, FL 32714
ph 407-482-4042
fx 407-682-3841
rhwengr@earthlink.net

05-10-11

Prefabricated Precast Generator Pad Manufactured by



AMERICAST
www.america-casting.com
"MADE IN AMERICA"
FED TAX # 20-8252362 LICENSE #599-20050163
5303 Palmetto Ave Fort Pierce FL 34982
Tel 772-971-1958 Fax 772-464-0509
Email sales@america-casting.com or charlespit2001@yahoo.com

Calculations

$qz = 0.00256 Kz Ku Kd V^2 I$

qz = Velocity Pressure
V = Wind Speed
Kz = Velocity Pressure Exposure Coef at Hght. z
Ku = Topographic Factor
Kd = Wind Directional Factor
I = Importance Factor

Mtn. Generator Weight = 336 lbs
Max. Generator Weight = 445 lbs

Hght of Generator/Pad = < 15 ft.
V = 146 mph/3sec = 21,316
Kz = 1.0 (Exposure C, Table 6-5, ASCE 7-05)
Ku = 1.0 (Flat Ground, Equation 6-1, ASCE 7-05)
Kd = 0.85 (Solid Structure, Table 6-6, ASCE 7-05)
I = 1.0 (Category II, Table 6-2, ASCE 7-05)

$0.00256 \times 1.0 \times 1.0 \times 0.85 \times 21,316 \times 1.0 = +46.38 \text{ psf}$

Dead Load = Gen Weight (Light) 340 lbs + Pad Weight 150 Lbs = 490 Lbs
Top Area = (25" x 48") 8.33 S.F.
Side Area = (29" high x 48" Long) 9.66 S.F.

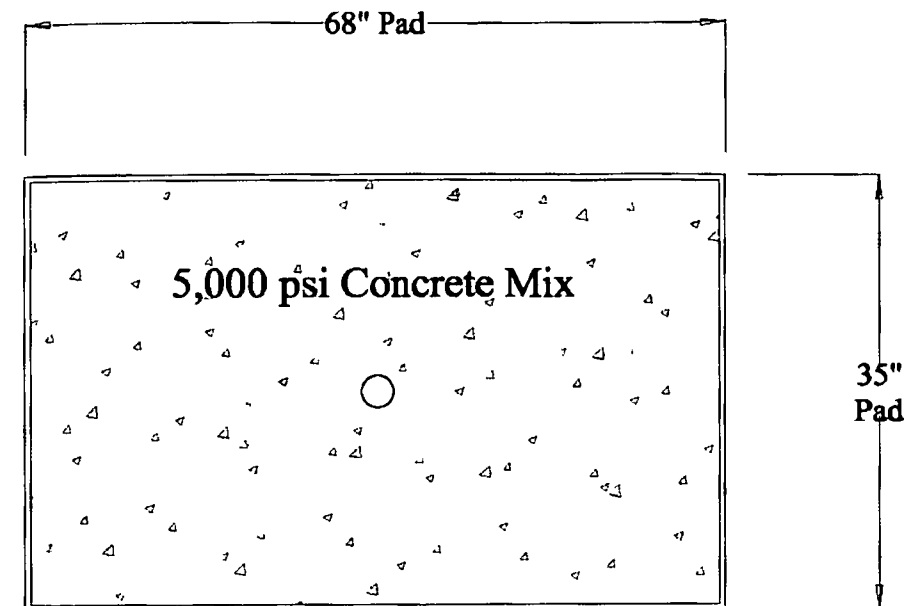
Uplift = +46.38 psf x 8.33 S.F. = 387 Lbs.

Overturning = +46.38 x 9.66 S.F. = 448 Lbs

Overturning = 448 Lbs
Total Weight of Lightest Generator and Pad 340 Lbs (Gen.) + 150 Lbs (pad) = 490 Lbs.

(ASCE 7-05 Sect. 2.4.1)
Mr = 0.6 x (D)490 lbs. x 18 S.F. (side & top) = 5,298 lbs in.
Mo = 448 x (29/2 + 4) = 8,288 lbs in.

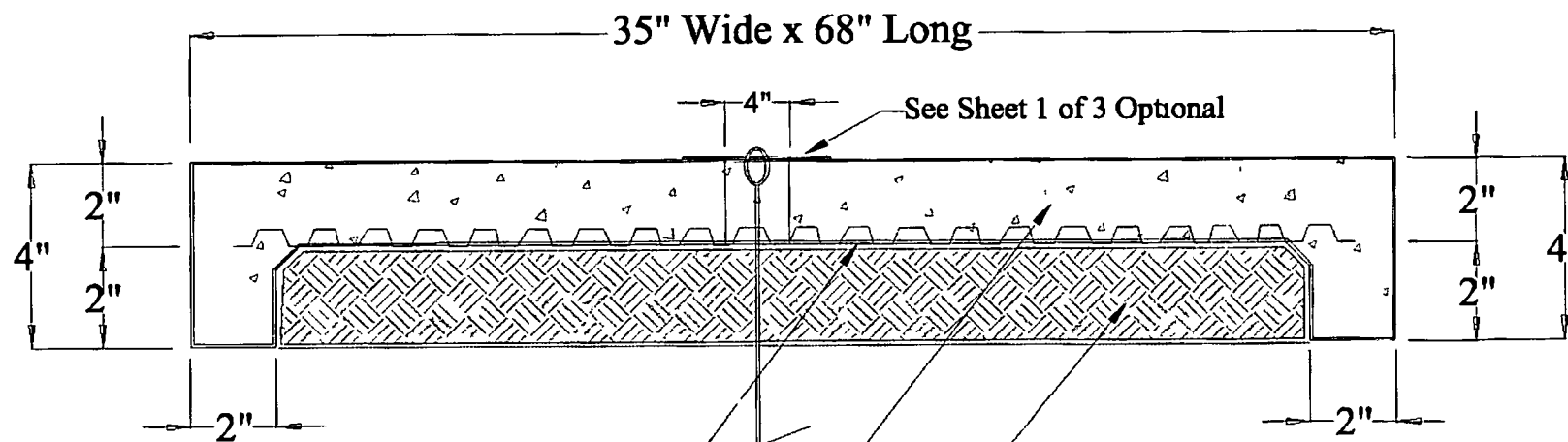
Bolt Allowable Tension = 1,645 lbs./bolt - Use 50% = 823 lbs/bolt
Bolt Allowable Shear = 2,495 lbs./bolt - Use 50% = 1,247 lbs/bolt
4 Titan Bolts per side used = 6,584 lbs Tension



Concrete Pad Plan
n.t.s.

- For Generac Model 005870 & 005882 - 8 kw - 340 lbs.
- Model 005871 & 005883 - 10 kw - 387 lbs.
- Model 005872 & 005884 - 14 kw - 439 lbs.
- Model 005873 & 005885 - 17 kw - 455 lbs.
- Model 005874 & 005886 - 17 kw - 421 lbs.
- Model 005875 & 005887 - 20 kw - 451 lbs.
- Model QT02224 - 22 kw - 843 lbs
- Model QT02516 - 25kw - 875 lbs
- Model QT02724 - 27 kw - 891 lbs
- Model QT03016 - 30 kw - 935 lbs.

Width = 25 to 29 inches
Length = 48 to 62.2 inches
Height = 29 to 33.5 inches



Concrete Pad Section
n.t.s.


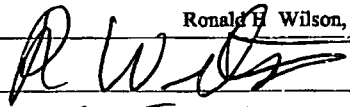
Carbonite Reinforcement Grid in Concrete
5,000 psi Concrete Mix
Structural Forming Foam

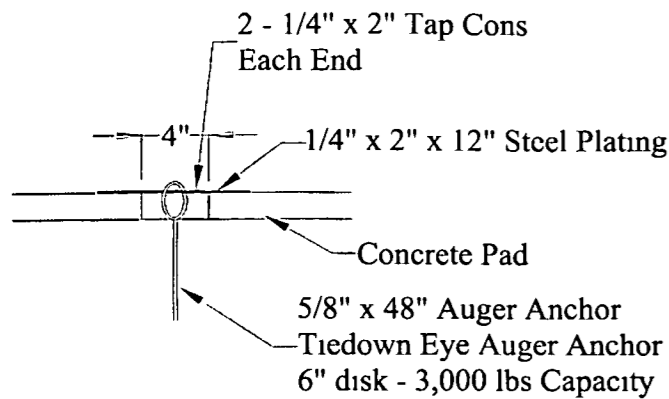
IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO FIELD VERIFY ALL DIMENSIONS AND ADJUST ONSITE AS REQUIRED

WIND SPEED = 146 MPH/3 SECOND GUST = 133mph (table 1609.3.1)
WIND IMPORTANCE FACTOR = 1.0
WIND EXPOSURE CATEGORY = "C"
Not Hazardous to Human Health

This Certifies that these plans meet or exceed the 146 mph/3 sec. gust of the 2007 Florida Building Code w/ 2009 Amendments and ASCE 7-05

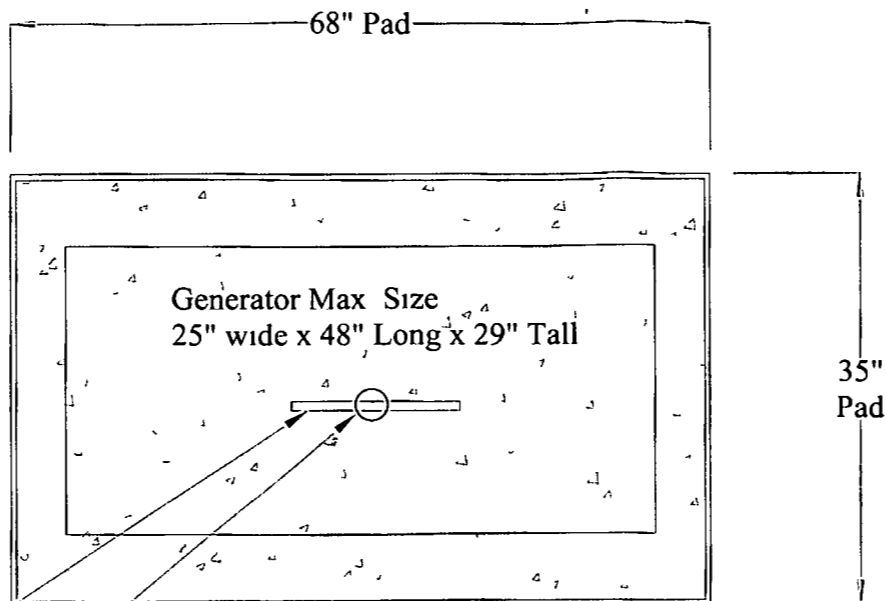
DUE TO EXPANSION AND SHRINKAGE OF PRINTS, WRITTEN DIMENSION TAKES PRECEDANCE OVER SCALING

By	Date	Revision	 wilson 466 Weathersfield Avenue Altamonte Springs, Fla. 32714 ph. 407-682-4853 fx. 407-682-3841 rhwengr@earthlink.net	Drawn:	GWV	Date:	06-29-2010	Project Specific Purpose Generator Pad	Title of Page:	Ronald H. Wilson, P.E. Lic No 9710 Signature:  05-10-11
				Design:	RHW	Date:	n.t.s.		Pre-Manuf. Concrete Specs	



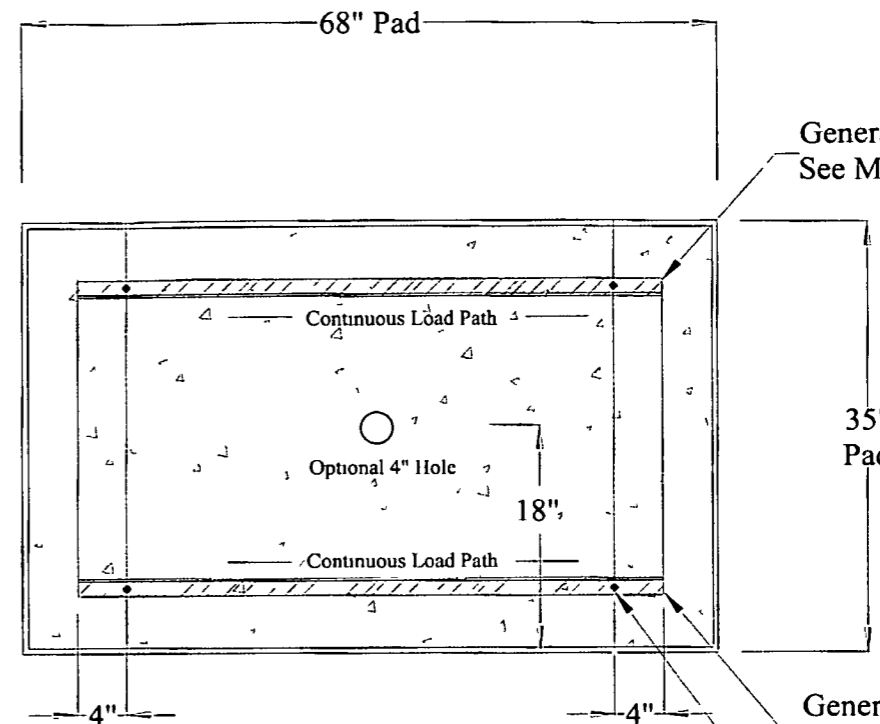
Optional Auger Anchor Connection

n.t.s.



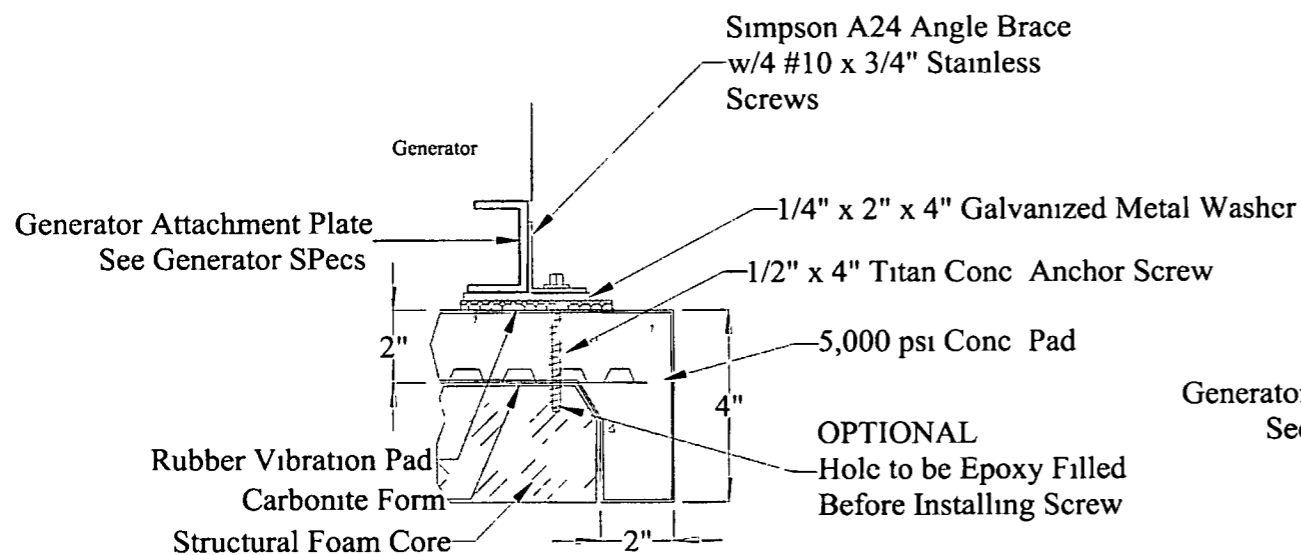
Generator Placement Plan

n.t.s.



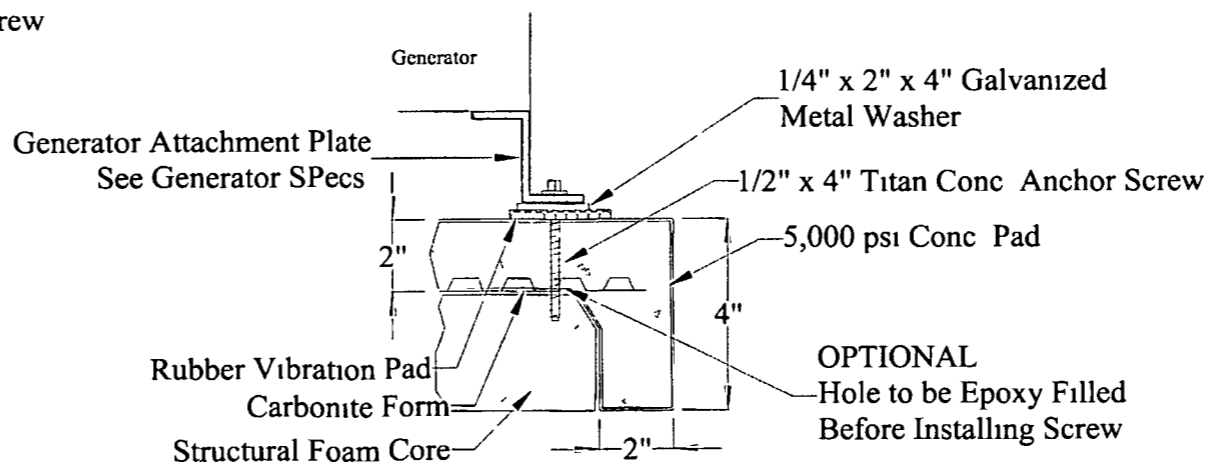
Bolt Placement

n.t.s.



Optional Anchor Plan

n.t.s.



Anchor Bolt Plan

n.t.s.

- Materials**
- (4) Simpson Titen HD 1/2" x 4" Concrete Anchor Screw
 - (4) 1/4" x 3" x 3" Galvanized Metal Washer
 - OPTIONAL (1) 5 Ounce High Strength Acrylic Epoxy Adhesive
 - Optional (4) Simpson A24 Angle Anchors
 - (16) #10 x 3/4" Stainless Screws
 - (1) 1/2" x 5" Concrete Drill Bit
 - (1) 8/24 Metal Drill Bit
 - (4) 4" x 6" x 1/4" Rubber Vibration Pads

IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO FIELD VERIFY ALL DIMENSIONS AND ADJUST ONSITE AS REQUIRED

WIND SPEED = 146 MPH/3 SECOND GUST
 WIND IMPORTANCE FACTOR = 1.0
 WIND EXPOSURE CATEGORY = 'C'
 Not Hazardous to Human Health

DUE TO EXPANSION AND SHRINKAGE OF PRINTS WRITTEN DIMENSION TAKES PRECEDENCE OVER SCALING

This Certifies that these plans meet or exceed the 146 mph/3 sec gust of the 2007 Florida Building Code w/ 2009 Amendments and ASCE 7-05

By	Date	Revision	Wilson		Drawn	Date	Project	Title of Page	Signature	
			466 Weatherfield Avenue Altamonte Springs, FL 32714		GW	12-14-09	Specific Purpose Generator Pad	DETAILS	Ronald H Wilson, P.E. Lic No 9710	
			rhwengr@earthlink.net		RHW	Noted			Sheet 2 of 3	

05-10-11

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

GENERATOR SPECIFICATIONS

MANUFACTURER Generac MODEL QT027

NEW USED _____ IF USED YEAR MANUFACTURED _____

MAXIMUM ELECTRICAL OUTPUT 27 KW

PROPOSED ELECTRICAL DEMAND SERVED 200 AMPS

FUEL SOURCE GASOLINE _____ DIESEL _____ LP OTHER _____

TANK SIZE 500 GALLONS

TANK TYPE UNDERGROUND ABOVE GROUND _____ EXISTING TANK _____

IF EXISTING YEAR INSTALLED _____ SUB BASE (ATTACHED TO GENERATOR) _____

MAXIMUM Db FULL LOAD 75 Db, EXERCISE/TEST 60 Db

GENERATOR LOCATION

PROPOSED CLEARANCES TO STRUCTURE 5 FT (3' min non-combustibles - 5' combustible)

NFPA 37 (4 1 4) Engines Located Outdoors Engines, and their weatherproof housings if provided, that are installed outdoors shall be located at least 1.5 m (5 ft) from openings in walls and at least 1.5 m (5 ft) from structures having combustible walls. A minimum separation shall not be required where the following conditions exist:

- (a) The adjacent wall of the structure has a fire resistance rating of at least 1 hour.
- (b) The weatherproof enclosure is constructed of noncombustible materials, and it has been demonstrated that a fire within the enclosure will not ignite combustible materials outside the enclosure.

PROPOSED SETBACKS FROM PROPERTY LINES FRONT 405 ft SIDE 13 ft REAR 154 ft
5' MINIMUM SIDE SETBACK ALLOWED ONLY FOR EXISTING HOMES PRIOR TO 02/27/2007
Generators installed on newly developed or substantially improved lots after 02/27/2007 must meet current required setbacks. Ref Ordinance no. 330.

OUTSIDE MOUNTING REQUIRES A MINIMUM OF 4" POURED IN PLACE CONCRETE SLAB, OR OTHER ENGINEERED BASE TO MEET MINIMUM WIND LOADING.

CONCRETE SLAB NEW EXISTING _____ OTHER BASE _____

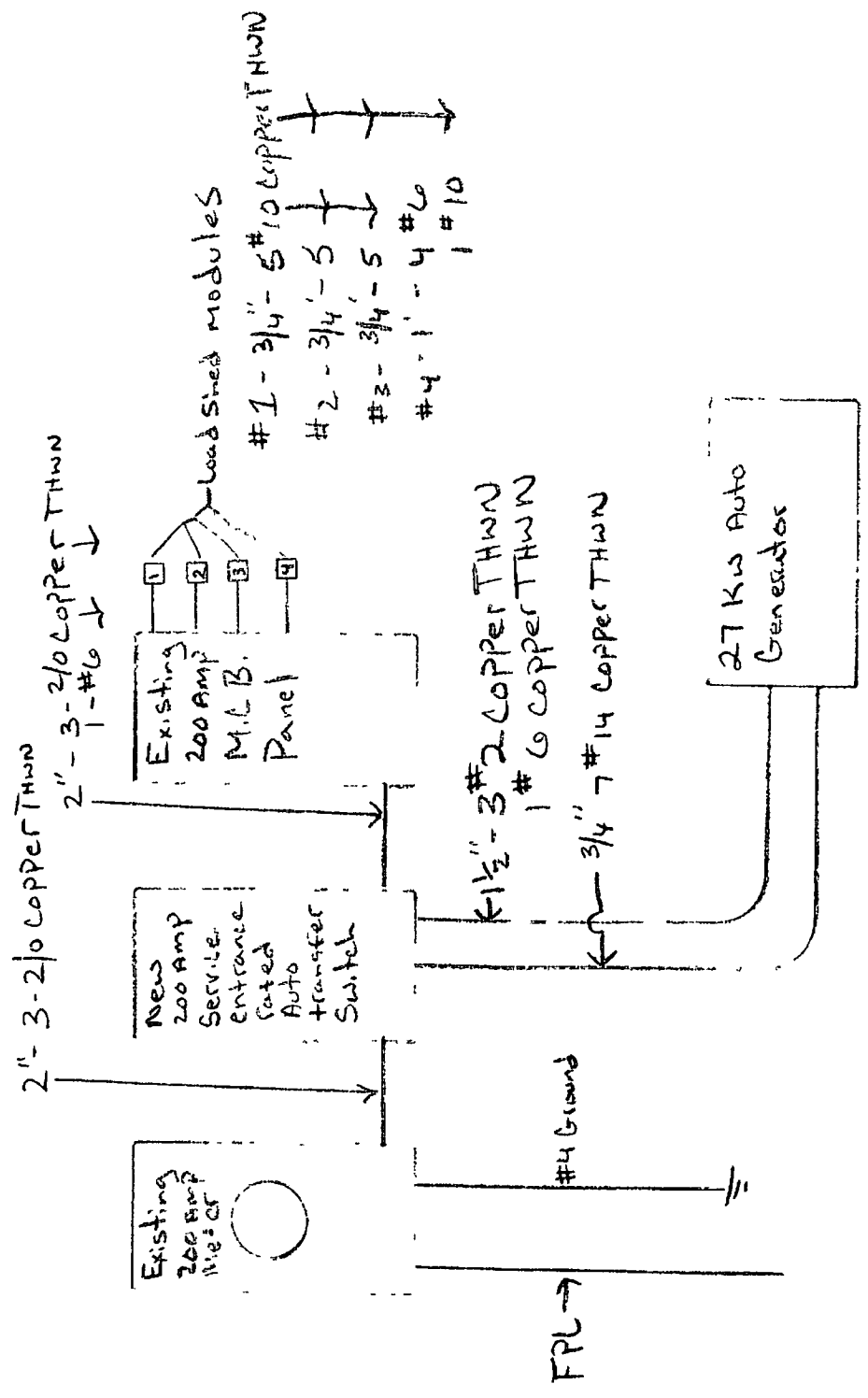
SLAB SIZE LENGTH 68" WIDTH 35 THICKNESS 4"

GENERATOR ANCHORING SPECIFICATIONS (SIZE, TYPE AND SPACING)

PROVIDE DETAIL BELOW

1/2" x 4" titan cone anchors
each corner

20117W PDU: MIN - 100 J GENERATOR WITH WHOLE HOUSE transfer switch.





GENERAC® QUIETSOURCE® SERIES STANDBY GENERATORS

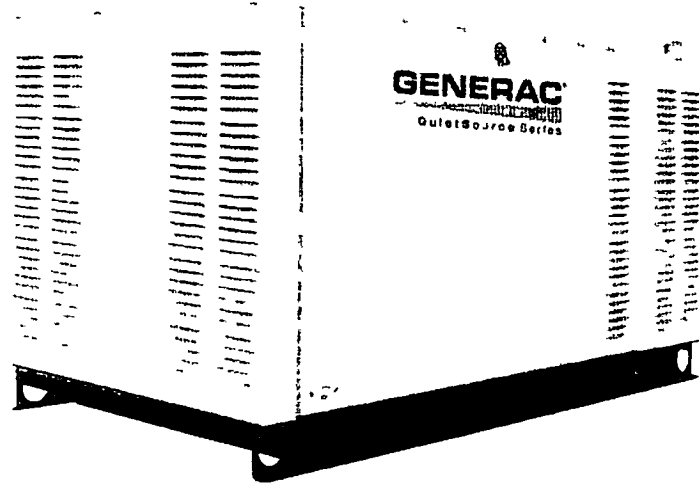
27 kW

Liquid-Cooled Engine Generator Sets

Standby Power Rating
Model QT027 (Gray) 27 kW 60Hz

INCLUDES

- Generac Naturally Aspirated Gaseous Fueled 2 4L Engine
- Two Line LCD Tri-lingual Digital Nexus™ Controller
- Isochronous Electronic Governor
- Closed Coolant Recovery System
- Smart Battery Charger
- UV/Ozone Resistant Hoses
- ±1% Voltage Regulation
- Natural Gas or LP Operation
- 2 Year Limited Warranty
- UL 2200 Listed



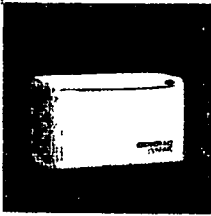
QUIET-TEST

Meets EPA Emission Regulations
CA/MA emissions Compliant

FEATURES

- **INNOVATIVE DESIGN & PROTOTYPE TESTING** are key components of GENERAC'S success in "IMPROVING POWER BY DESIGN". But it doesn't stop there. Total commitment to component testing, reliability testing, environmental testing, destruction and life testing, plus testing to applicable CSA, NEMA, EGSA, and other standards allows you to choose GENERAC POWER SYSTEMS with the confidence that these systems will provide superior performance.
- **SOLID-STATE, FREQUENCY COMPENSATED VOLTAGE REGULATION**
This state-of-the-art power maximizing regulation system is standard on all Generac models. It provides optimized FAST RESPONSE to changing load conditions and MAXIMUM MOTOR STARTING CAPABILITY by electronically torque-matching the surge loads to the engine. An unequalled ±1% voltage regulation.
- **TEST CRITERIA**
 - ✓ **PROTOTYPE TESTED** ✓ **NEMA MG1-22 EVALUATION**
 - ✓ **SYSTEM TORSIONAL TESTED** ✓ **MOTOR STARTING ABILITY**
- **SINGLE SOURCE SERVICE RESPONSE** from Generac's extensive dealer network provides parts and service know-how for the entire unit, from the engine to the smallest electronic component.
- **GENERAC TRANSFER SWITCHES** Long life and reliability are synonymous with GENERAC POWER SYSTEMS. One reason for this confidence is that the GENERAC product line includes its own transfer systems and controls for total system compatibility.

GENERAC®



GENERAC® NEXUS SMART SWITCH™

With Digital Load Management Technology

100 - 400 Amps, Single Phase



DESCRIPTION

Generac Nexus Smart Switches are designed for use with single phase generators 60kW and below. The 100, 150, 200 and 400 amp open transition switches are available in single phase in both service rated and non-service rated configurations.

STANDARD FEATURES

All Nexus Smart Switches are housed in an aluminum NEMA/UL Type 3R enclosure*, with electrostatically applied and baked powder paint. The Heavy Duty Generac Contactor is a UL recognized device, designed for years of service. The control at the generator handles all the timing sensing and exercising functions.

* The 400 amp Non-Service Rated Switch is housed in a steel enclosure.

DLM TECHNOLOGY

Through the use of Digital Load Management technology (DLM) each of these switches has the capability to truly manage two air conditioning loads with no additional hardware. When used in tandem with the individual DLM modules up to four more additional loads can be intelligently managed individually.

GENERAC®

FUNCTIONS

All Timing and sensing functions originate in the generator controller

Utility voltage drop-out	< 60%
Timer to generator start	10 second factory set adjustable between 10-30 seconds
Engine warm up delay	5 seconds
Standby voltage sensor	60% for 5 seconds
Utility voltage pickup	> 80%
Re-transfer time delay	15 seconds
Engine cool-down timer	60 seconds
Exerciser	12 minutes every 7 days

The transfer switch can be operated manually without power applied

SPECIFICATIONS

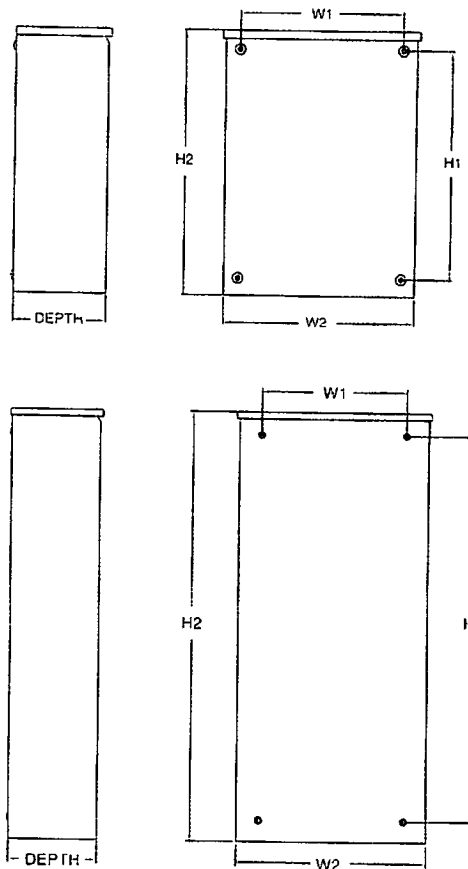
Model	RTSX100A3	RTSD100A3	RTSD150A3	RTSX200A3	RTSD200A3	RTSX400A3	RTSD400A3
Amps	100	100	150	200	200	400	400
Voltage	120/240 1Ø	120/240 1Ø	120/240, 1Ø	120/240, 1Ø	120/240 1Ø	120/240 1Ø	120/240 1Ø
Load Transition Type (Automatic)	Open Transition	Open Transition Service Rated	Open Transition Service Rated	Open Transition	Open Transition Service Rated	Open Transition	Open Transition Service Rated
Enclosure Type	NEMA 3R	NEMA 3R	NEMA 3R	NEMA 3R	NEMA 3R	NEMA 3R	NEMA 3R
UL Rating	UL/CUL	UL	UL	UL/CUL	UL	UL/CUL	UL
Withstand Rating (Amps)	10 000	10 000	22 000	10,000	22 000	18,000	22 000
Lug Range	2/0 - #14		400 MCM #4			600 MCM - #4 or 2-250 MCM	
Unit Weight - lbs kilos	20 9.07	22.5 9.97	39 17.69	20 9.07	39 17.69	133 60.32	140 63.50

EXTERNAL DIMENSIONS

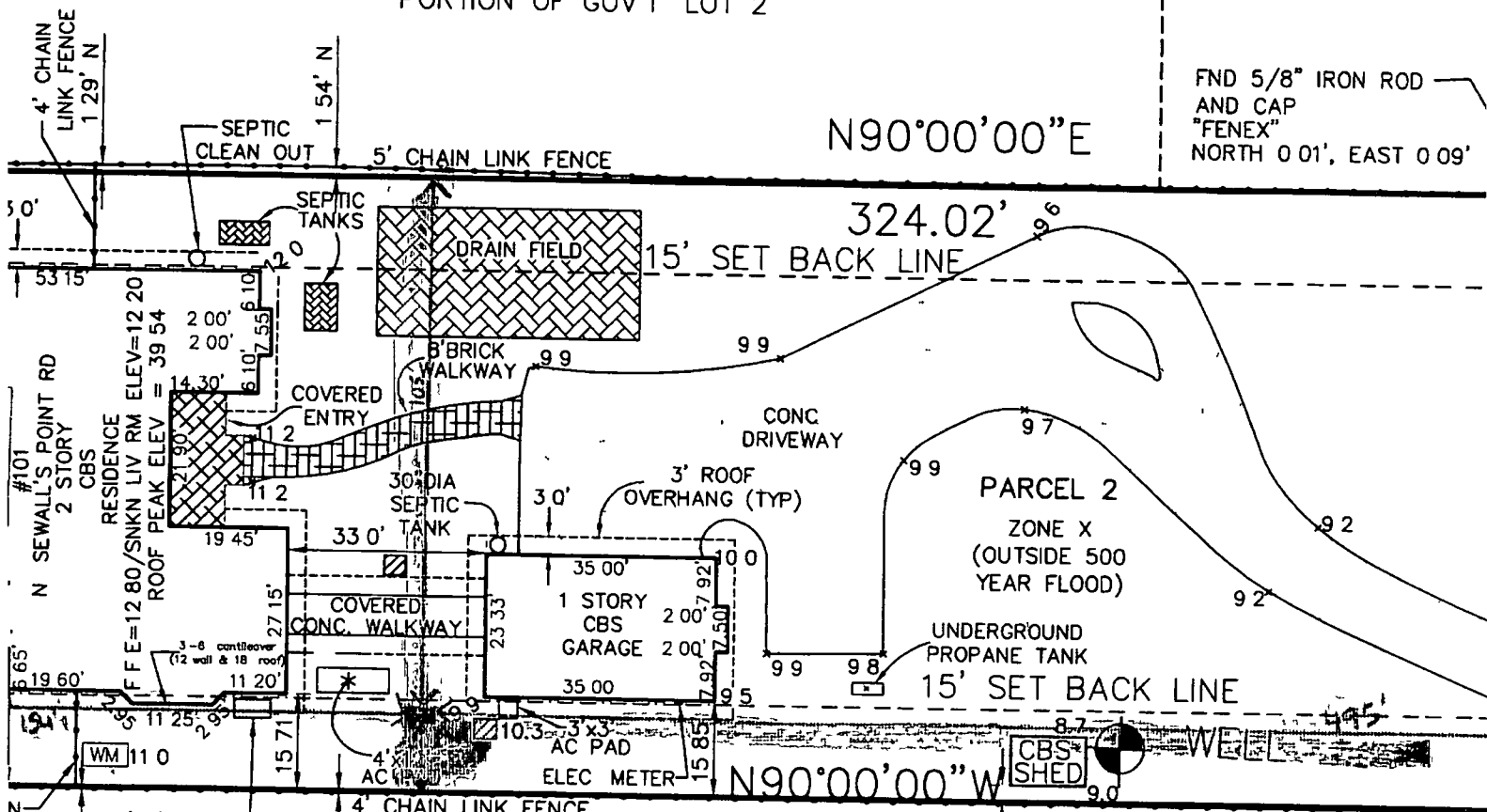
	100 Amps 120/240 1Ø Open Transition					100 Amps 120/240 1Ø Open Transition Service Rated				
	Height		Width		Depth	Height		Width		Depth
	H1	H2	W1	W2		H1	H2	W1	W2	
Inches	17.24	20	12.5	14.6	7.09	17.24	20	12.5	14.6	7.09
mm	438.0	508.4	318.0	372.0	180.0	438.0	508.4	318.0	372.0	180.0

	200 Amps 120/240, 1Ø Open Transition					150 & 200 Amps 120/240 1Ø Open Transition Service Rated				
	Height		Width		Depth	Height		Width		Depth
	H1	H2	W1	W2		H1	H2	W1	W2	
Inches	17.24	20	12.5	14.6	7.09	27.24	30.0	11.4	13.5	7.09
mm	438.0	508.4	318.0	372.0	180.0	692.0	762.4	289.0	343.0	180.0

	400 Amps 120/240, 1Ø Open Transition					100 Amps 120/240 1Ø Open Transition Service Rated				
	Height		Width		Depth	Height		Width		Depth
	H1	H2	W1	W2		H1	H2	W1	W2	
Inches	31.25	36.0	19.18	24.0	10.06	42.91	48.0	16.69	21.82	10.06
mm	794.0	917.0	487.0	609.6	255.5	1090.0	1219.3	424.0	554.3	255.5



PORTION OF GOV'T LOT 2



FND 5/8" IRON ROD
AND CAP
"FENEX"
NORTH 0 01', EAST 0 09'

N90°00'00"E

324.02' 9°

15' SET BACK LINE

PARCEL 2
ZONE X
(OUTSIDE 500
YEAR FLOOD)

UNDERGROUND
PROPANE TANK
15' SET BACK LINE

N90°00'00"W





389.52'

PORTION OF GOV'T LOT 2

ABBREVIATIONS

AC	AIR CONDITION
BLDG	BUILDING
CBS	CONCRETE BLC
CM	CONCRETE MOI
CONC	CONCRETE
ELEV	ELEVATION
FEAT	FEATURE
FFE	FINISHED FIRST
FND	FOUND
GOV'T	GOVERNMENT
MHW	MEAN HIGH WA
NGVD	NATIONAL GEO
NO	NUMBER
OR B	OFFICIAL RECOI
P L S	PROFESSIONAL
RNG	RANGE
SEC	SECTION
SNKN LIV RM	SUNKEN LIVING
TNSHP	TOWNSHIP
TYP	TYPICAL
WL	WATER LINE

SYMBOL LEGEND

-  YARD INLET
-  CATCH BASIN
-  C B
-  WATER METER

*x10 2 FIELD LOCATED POINT WITH
ELEVATION (EXISTING ELEVATIONS)

*Generator Location
5' off structure
5' clearance around unit
10' from windows doors & openings*

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-3-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9313	Levens	Final		
	013 Sewalls	Gas Line		
	Emergency	Gas Line		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Restained	Tree		
	Berrinville Cir			
				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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **10-13-11** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9873	Fewards	Generator		PROTECT VENT FROM DAMAGE
	101 NSPR	Pool/Gas Lines	FAIL	INSPECTOR <i>A</i>
9870	Augustine 9 India Lucie Schiller Park	New Concrete Pool/Paver Patio/Pool	PASSED MAIN DRAIN STEEL/BOND	INSPECTOR <i>A</i>
9851	Allen 6 St. Lucie Ct. Apex Pavers	Paver Pool/ Deck Pool	PASS	CLOSE INSPECTOR <i>A</i>
	8 N. VIALUCINDIA	ADM. VARIANCE	OK	INSPECTOR
2:00	Twitty Henry Semmas	TREE REMOVAL REVIEW	<i>OK</i>	INSPECTOR <i>A</i>
				INSPECTOR
				INSPECTOR

9896

DOCK, PILINGS,

BOATLIFTS



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.	9896	DATE ISSUED.	10/10/2011
SCOPE OF WORK.	DOCK REPLACEMENT, PILINGS & RELOCATE BOATLIFTS W/ELECTRIC		
CONTRACTOR.	MARLAND CONSTRUCTION		
PARCEL CONTROL NUMBER:	353741000-000-001706	SUBDIVISION.	PT GOVT LOT 2
CONSTRUCTION ADDRESS.	101 N SEWALLS PT RD		
OWNER NAME.	FEARONS		
QUALIFIER:	CHRIS LOUDON	CONTACT PHONE NUMBER.	223-0105

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number 9896

Date _____

OWNER/TITLEHOLDER NAME GEORGE FEARONS Phone (Day) 578-353-9684 (Fax) _____

Job Site Address 101 N SEWALLS PO, NT RD City SMART State FL Zip 34996

Legal Description _____ Parcel Control Number 55-37-41-000-000-00170-6

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

Scope of work (please be specific) REPAIR & REPLACE DOCK & BOAT LIFTS

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

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements \$ 20,000.00
(Notice of Commencement required when over \$2500 prior to first inspection \$7 500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY
Estimated Fair Market Value prior to improvement \$ _____
(Fair Market Value of the Primary Structure only Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company CHRISTOPHER LOUDON / MARIAN CONSTRUCTION Phone 223-0105 Fax 223-0105

Street PO BOX 1138, 125377 City PORT SAFLAND State FL Zip 34992

State License Number CBC1225577 OR Municipality _____ License Number _____

LOCAL CONTACT Christopher Loudon Phone Number 263-0667

DESIGN PROFESSIONAL ROGER BABER Lic# FL# 43855 Phone Number 214-4800

Street 1014 PINELAKE DRIVE City SMART State FL Zip 34994

AREAS SQUARE FOOTAGE * Living _____ Garage _____ Covered Porches _____ Enclosed Storage _____
Carpport _____ Total under Roof _____ Elevated Deck _____ Enclosed area below BFE* _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 200 sq ft require a Non-Conversion Covenant Agreement.

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

NOTICES TO OWNERS AND CONTRACTORS

1 YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

2 THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

3 BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 20-55.

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

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

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

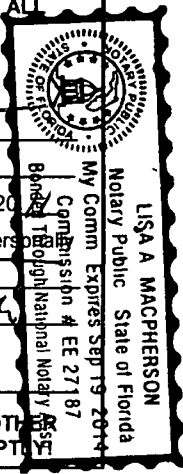
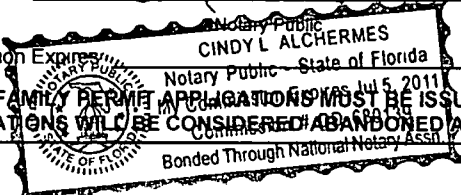
OWNER SIGNATURE (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
[Signature]
State of Florida, County of Martin
This the 11th day of May, 2011
by George Fearons who is personally
known to me or produced On Lic
as identification Cindy L Alchermes

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of Martin
This the 8th day of SEP, 2011
by Chris Loudon who is personally
known to me or produced _____
As identification [Signature]

My Commission Expires _____
Notary Public CINDY L ALCHERMES State of Florida

My Commission Expires 9/14/14
Notary Public

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



OK



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-230-4765 ATT: VALERIE

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 FEARON

CONSTRUCTION ADDRESS 101 N. SEWALL'S POINT ROAD STUART

PERMIT TYPE RESIDENTIAL _____ COMMERCIAL _____

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

TYPE OF SERVICE _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER _____

SCOPE OF WORK Electric to New Dock w/ Boat Lift

VALUE OF CONSTRUCTION \$ 2200⁰⁰

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

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

SIGNATURE OF LICENSED CONTRACTOR [Signature] ADDRESS OF CONTRACTOR 1501 Deller Ave #113, Stuart

COMPANY OR QUALIFIER'S NAME RMS Elect INC PLEASE PRINT

TELEPHONE NO 772 220 1052 FAX NO _____

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER EC6002707

** 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 _____

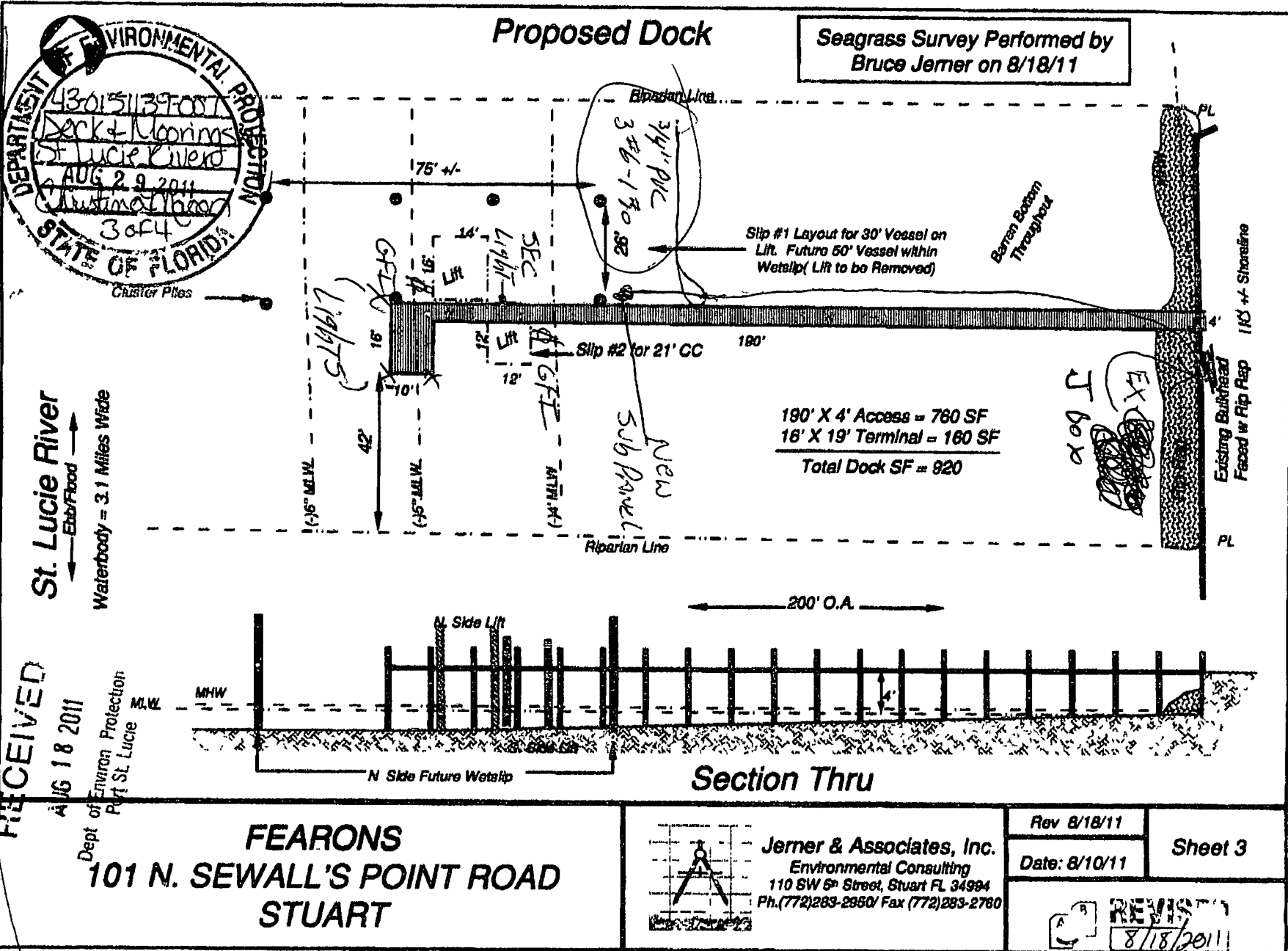
PARCEL CONTROL # _____

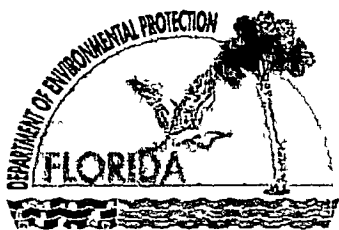
SUBDIVISION _____ LOT _____ BLK _____ PHASE _____

SITE ADDRESS _____

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

Boat Lifts - (4) 3/4 HP Motors Total - 5.5 Amps EA, Total - 22 Amps
 GFI outlets - (2)
 Lights - (4) 2 Watts Each, (2) Watts
 15 Amps EA





Florida Department of Environmental Protection

Southeast District
Port St. Lucie Branch Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952
(772) 380-1260

Rick Scott
Governor

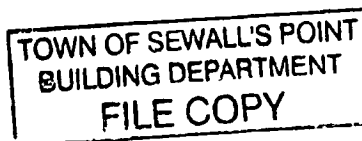
Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

AUG 29 2011

George Fearons
101 N. Sewall's Point Road
Stuart, FL 34996

Re: File No.. 43-0151139-007
File Name: Fearons, George



Dear Mr. Fearons:

On August 5, 2011, we received your application for an exemption to perform the following activities (1) remove an existing 904 ft.² dock with the associated boatlifts and mooring piles, and (2) construct a new 4' x 190' access and 10' x 16' terminal platform (for a total of 920 ft.²) with two boatlifts and mooring piles, as shown on the attached drawings. The projects are located in the St. Lucie River, Class III Waters, adjacent to 101 N Sewall's Point Road, Stuart (Section 35, Township 37 South, Range 41 East), in Martin County (27° 12' 53.93" North Latitude, 80° 12' 37.82" West Longitude)

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

1. Regulatory Review. -EXEMPTION VERIFIED

The Department has reviewed the submitted information and has determined that the projects are not expected to cause the release of pollutants in sufficient quantity, quality, content, or character with respect to the circumstances surrounding the location, use, and operation of the projects, as to contribute to pollution in contravention of the provisions of Chapters 373 and 403, Florida Statutes (F.S.), or Title 62, Florida Administrative Code (F.A.C.).

Therefore, based solely upon the documents submitted to the Department, the project to remove an existing dock, boatlifts, and mooring piles has been determined to qualify as

an activity that is exempt from the need for an environmental resource permit pursuant to Chapter 373 406(6), F.S

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

This determination is applicable only pursuant to the statutes and rules in effect at the time the information was submitted. This determination may not be valid in the event subsequent changes occur in the applicable statutes and rules of the Department Pursuant to Rule 62-302, F.A.C , activities that qualify for this exemption must be constructed and operated using appropriate best management practices and in a manner that does not cause water quality violations

The determination that your project qualifies as an exempt activity pursuant to Chapter 373.406(6), F.S., may be revoked if the installation is substantially modified, or if the basis for the exemption is determined to be materially incorrect, or if the installation results in water quality violations. Any changes made in the construction plans or location of the projects may necessitate a permit or certification from the Department. Therefore, you are advised to contact the Department before beginning the projects and before beginning any work in waters or wetlands which is not specifically described in your submittal

2. Proprietary Review. -GRANTED

The Department acts as staff to the Board of Trustees of the Internal Improvement Trust Fund (Board of Trustees) and issues certain authorizations for the use of sovereignty submerged lands The Department has the authority to review your projects under Chapters 253 and 258, F.S , Chapter 18-21, F A C., and Section 62-343 075, F.A.C.

Your projects will occur on sovereignty submerged land and will require authorization from the Board of Trustees to use public property. As staff to the Board of Trustees, we have reviewed the proposed projects and have determined that, as long as they are located within the described boundaries and are consistent with the attached general consent conditions, the projects qualify for consent by rule to use sovereignty submerged lands. Therefore, pursuant to Chapter 253.77, Florida Statutes, you may consider this letter as authorization from the Board of Trustees to perform the projects

3. Federal Review (SPGP) -GRANTED

Federal authorization for the proposed projects is reviewed by DEP pursuant to an agreement between the Department and the U.S Army Corps of Engineers (Corps) The agreement is outlined in a document titled *Coordination Agreement Between the U.S. Army Corps of Engineers and the Florida Department of Environmental Protection State*

Programmatic General Permit, Section 10 of the Rivers and Harbor Act of 1899 and Section 404 of the Clean Water Act.

Your projects have been reviewed for compliance with a State Programmatic General Permit (SPGP). As shown on the attached drawings, the proposed projects are consistent with the SPGP program. The attached Corps general conditions apply to your projects. No further permitting for these activities is required by the Corps.

This exemption verification is based on the information you provided the Department and the statutes and rules in effect when the information was submitted. This verification will expire after one year, and will not be valid at any other time if site conditions materially change, the project design is modified, or the statutes or rules governing the exempt activity are amended. However, the activity may still be conducted without further notification to or verification from the Department after the one-year expiration of this verification, provided: 1) the project design does not change; 2) site conditions do not materially change; and 3) there are no changes to the statutes or rules governing the exempt activity. In the event you need to re-verify the exempt status for the activity after the one-year expiration of this verification, a new application and verification fee will be required. Any substantial modifications to the project design should be submitted to the Department for review, as changes may result in a permit being required. Conditions of compliance with the regulatory exemption are contained in Attachment A.

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

NOTICE OF RIGHTS OF SUBSTANTIALLY AFFECTED PERSONS

This letter acknowledges that the proposed activities are exempt from ERP permitting requirements under Chapter 373.406(6), F.S. and Rule 40E-4.051(3)(b), F.A.C. This determination is final and effective on the date filed with the Clerk of the Department unless a sufficient petition for an administrative hearing is timely filed under sections 120.569 and 120.57 of the Florida Statutes as provided below. If a sufficient petition for an administrative hearing is timely filed, this determination automatically becomes only proposed agency action subject to the result of the administrative review process. Therefore, on the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. The procedures for petitioning for a hearing are set forth in the attached notice.

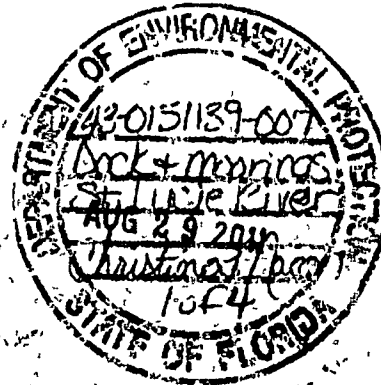
This determination is based on the information you provided the Department and the statutes and rules in effect when the application was submitted and is effective only for the specific activity proposed. This determination shall automatically expire if site conditions materially change or the governing statutes or rules are amended. In



NE Sewall Rd

NF Dixie Hwy

NE Indian River Dr

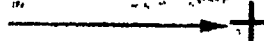


723

707

St. Lucie River

Project Site



N Sewall's Point Rd

NE Ocean Blvd

A1A

Sewall's Point

SE Ocean Blvd

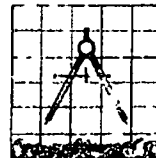
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

RECEIVED

AUG 05 2011

Dept. of Environ. Protection
Port St Lucie

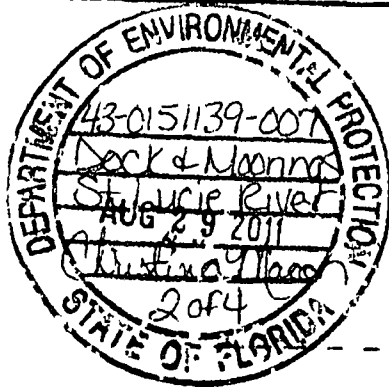
FEARONS
101 N. SEWALL'S POINT ROAD
STUART



Jemer & Associates, Inc
Environmental Consulting
110 SW 5th Street, Stuart FL 34994
Ph (772)283-2950/ Fax (772)283-2760

Date 8/30/11

Sheet 1



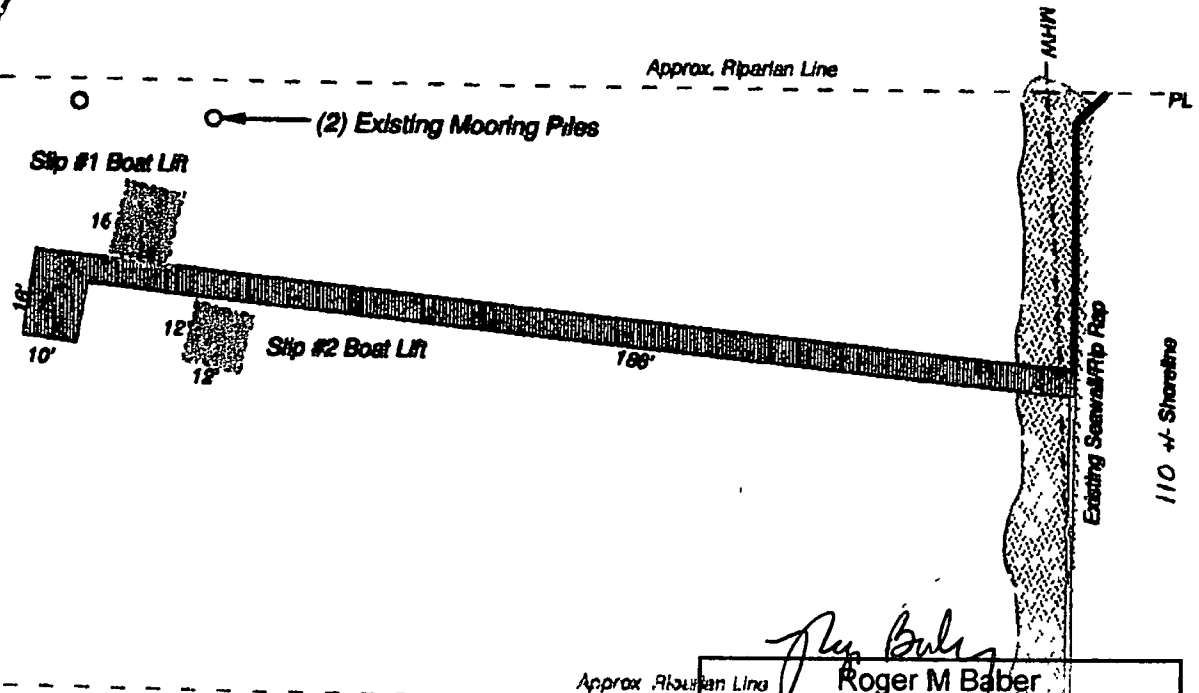
RECEIVED

AUG 18 2011

Dept. of Environ. Protection
Port St. Lucie

St. Lucie River
Ebb/Flood
Waterbody = 3.1 Miles Wide

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



Existing Site Conditions

Roger M Baber
 Roger M Baber
 Professional Engineer
 FL 43855
 772-214-4800
 sustainableearth@comcast.net

FEARONS
101 N. SEWALL'S POINT ROAD
STUART

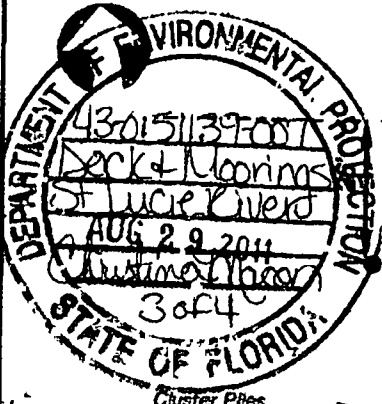


Design & Drawing by
Jerner & Associates, Inc.
Environmental Consulting
110 SW 5th Street, Stuart FL 34994
Ph (772)283-2950 Fax (772)283-2760

Date: 8/16/11

Sheet 2

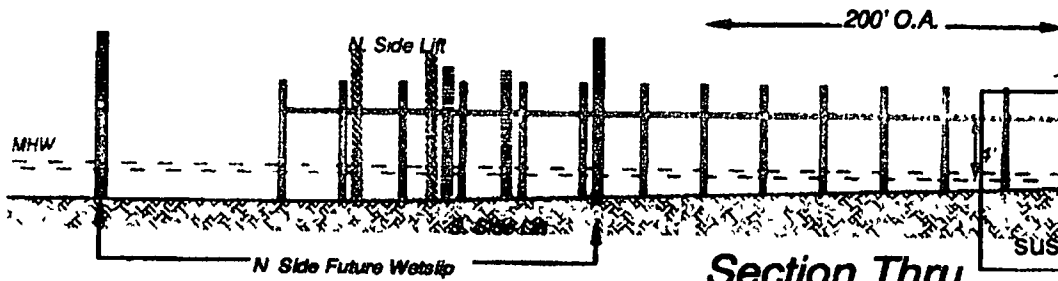
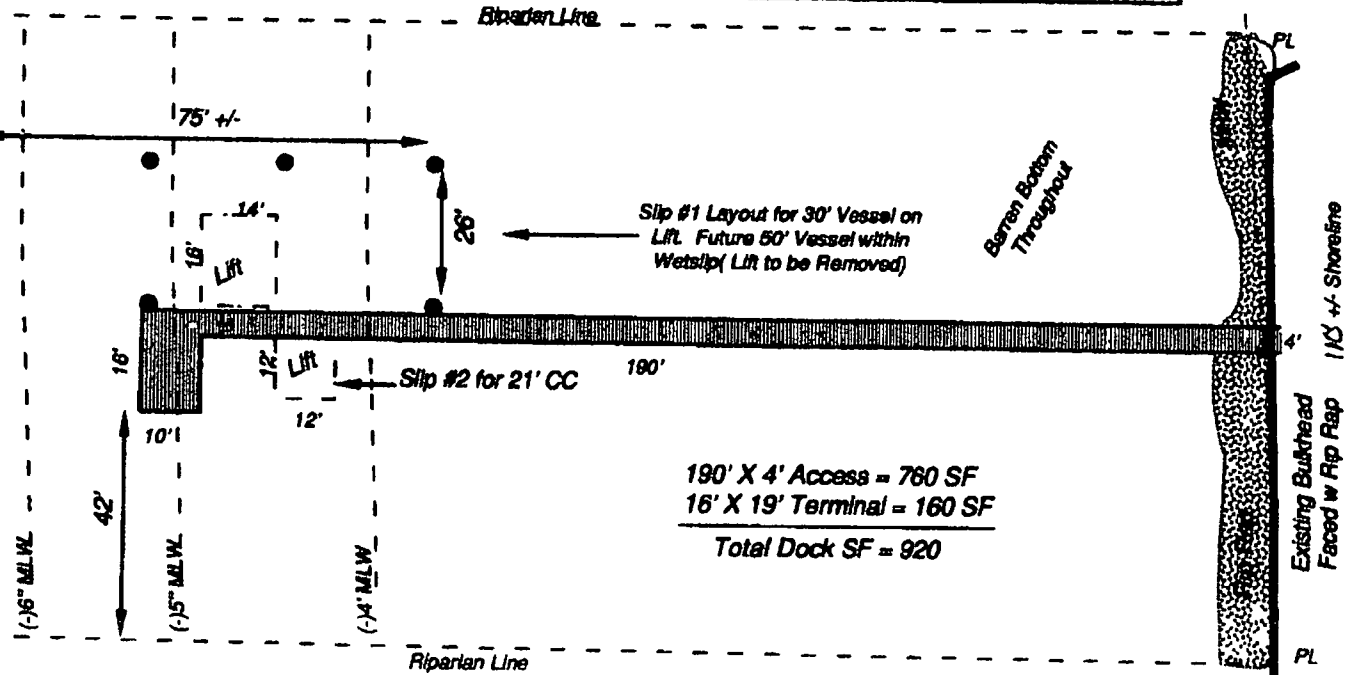
REVISIONS
8/18/2011



Proposed Dock

Seagrass Survey Performed by Bruce Jemer on 8/18/11

St. Lucie River
Waterbody = 3.1 Miles Wide
Ebb/Flood
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



Roger M. Baber
Roger M. Baber
 Professional Engineer
 F. 43655
 772-244-4800
 sustainableearth@comcast.net

RECEIVED
AUG 18 2011

Dept of Environ. Protection
Port St Lucie

FEARONS
101 N. SEWALL'S POINT ROAD
STUART



Jemer & Associates, Inc.
 Environmental Consulting
 110 SW 5th Street, Stuart FL 34994
 Ph. (772) 283-2950 / Fax (772) 283-2760

Rev. 8/18/11
 Date: 8/10/11

Sheet 3

REVISION
 8/18/2011

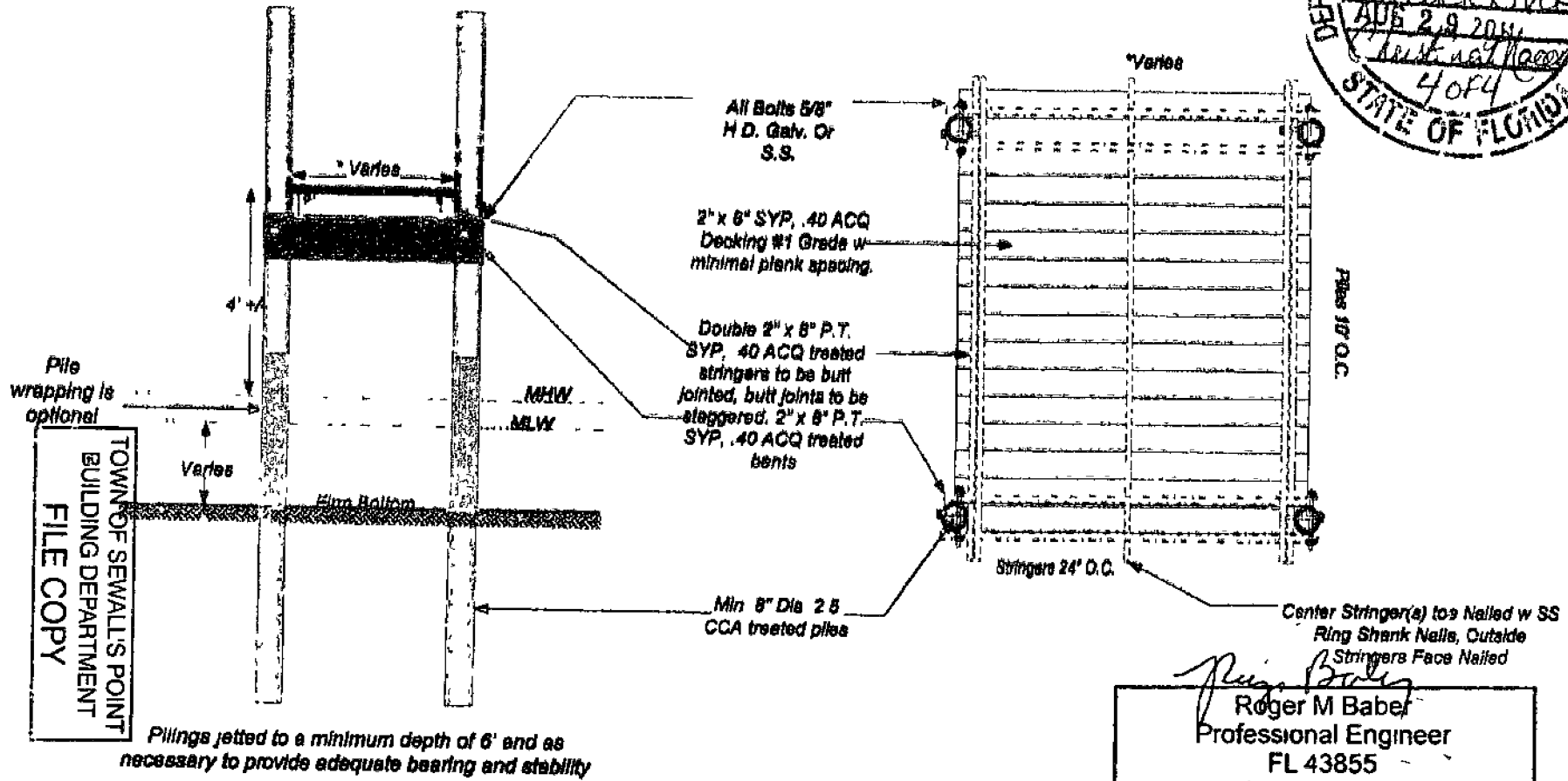
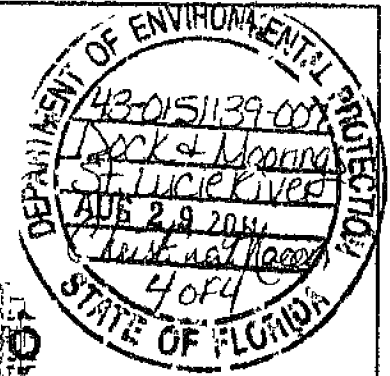
RECEIVED

AUG 12 2011

FL DEP PORT ST LUCIE

Dock Section Thru

Dock Plan View



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY


 Roger M. Baber
 Professional Engineer
 FL 43855
 772-214-4800
 sustainableearth@comcast.net

FEARONS
101 N. SEWALL'S POINT ROAD
STUART



Jerner & Associates, Inc.
 Environmental Consulting
 110 SW 5th Street, Stuart FL 34994
 Ph. (772) 283-2950 / Fax (772) 283-2760

Scale: Dimensioned

Date: 8/10/11

Sheet 3

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-16-11 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9884	Creech	Electrical		
9-10	176 S B Point MJC Const	Review Courtesy Call	OK	
				INSPECTOR
9902	Vance 12 Maryland Vance O/B	Inspection Hurricane St Clips - Framing	PASS	
				INSPECTOR
9896	Feathers	Final	PASS	CLOSE
				INSPECTOR
		DO NOT ENTER		
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

CORRESPONDENCE

Dear Mr Collins

In response to the attached Memorandum.

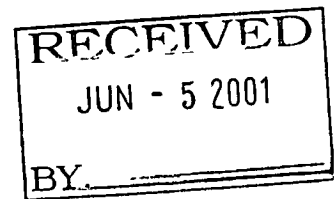
(1); # (2) - I have been lead to believe that Bella Marine pays the fees referenced, and I am invoiced by them for reimbursement.

(7) - Town attorney?
Is there something I need to be doing to speed the process.

Also There is no reference made to the boat lift about last week. I spoke to you Bella Marine was to submit a revised plan. Thanks Keith Ingram
754-0005

Joseph P. McCarty, Architect

900 East Osceola Street
Stuart, Florida, 34994
561-287-6735 fax: 561-287-4618



DPR Registration Number 9639

May 25, 2001

Edwin B. Arnold, AIA, CBO
Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Florida
34996

RE. Ingram Residence

Dear Ed,

I am submitting revisions to the Ingram Residence as follows:

Sheet A1 - Cantilevered bay one was reduced in width to 15 feet to meet town zoning requirements

Sheet A2 - Door and Window Schedule Revised

Sheet A3 - Garage Doors modified

Sheet S1 - Foundation modified, some of the stem wall footing was modified to monolithic footing, detail of transition of stem wall to monolithic footing added Bay window dimensions modified to reflect change in Sheet A1.

Sheet S4 - Foundation schedule and beam schedule modified Beam RB1 was reduced from 14" to 12" height to ensure building will not exceed town height requirement

Sincerely,


Joseph P. McCarty

**WARNER, FOX, WACKEEN, DUNGEY
SEELEY, SWEET, WRIGHT & BEARD, L.L.P.**

DEBORAH B BEARD
RICHARD J DUNGEY*
M LANNING FOX*
LOUIS E LOZEAU JR
MICHAEL J McCLUSKEY
WILLIAM R PONSOLDT JR
GARY L SWEET
W THOMAS WACKEEN**
THOMAS E WARNER**
TIM B WRIGHT

1100 S FEDERAL HIGHWAY
P O DRAWER 6
STUART FLORIDA 34995-0006
(561) 287-4444
TELEFAX (561) 220-1489
JUPITER (561) 744-6499
WWW WARNERFOX COM

FERNANDO M GIACHINO
ROBERT A GOLDMAN
SUSANN B WARD

AARON A FOOSANER
ROBERT L SEELEY
OF COUNSEL

* BOARD CERTIFIED REAL ESTATE LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER

FILE

May 23, 2001

Mr. and Mrs. Keith E. Ingram

P O Box 7520
Port St Lucie, Florida 34985

101 N SEWALL'S POINT RD.

Re **Town of Sewall's Point; Retaining Wall in the Upland Buffer Variance**

Dear Mr and Mrs Ingram

In connection with the permit or variance granted to you by the Town of Sewall's Point, an official resolution of the Town Commission has been prepared. The resolution is recordable in the public records upon completion of the conditions determined by the Commission, and as stated in the resolution. One of the requirements is that you provide the Town with an 8½ x 11 copy of the plans reflecting the approved permitting or variance granted by the Commission. Please send the Town a certified 8½ x 11 copy of the plans containing the approved changes.

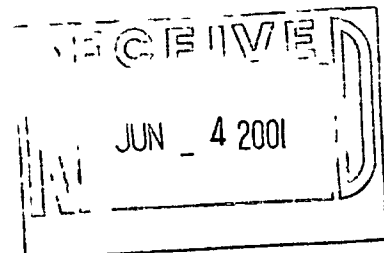
Please call me if you have any questions.

Sincerely yours,


Tim B Wright
Town Attorney

TBW/mcf

cc Mr Edwin B Arnold
Mrs Joan H Barrow

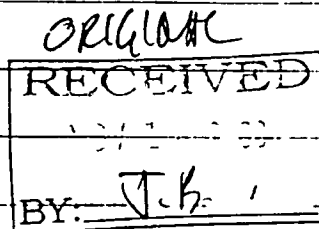


FILE

Need the property owners names and addresses within 300' of the following address: 101 N. Sewall's Point Road
thank you - ^{Keith Engler - owner} Janet Diehman
Also when is the December Town Hall Meeting?

BLUE WATER MARINE
CONSTRUCTION, INC.
3211 S.E. Railroad Ave.
Stuart, FL 34997
561-286-5181

RE: INGRAM
101 N. SP RD
SEAWALL APPL.



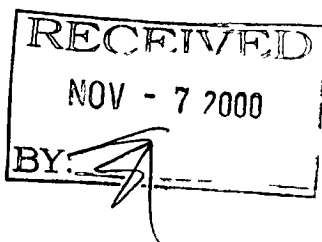
11/14/00

JOHN:

IN CONJUNCTION w/ VARIANCE -
HERE ARE THE SEVEN COPIES
OF THE SITE Dwg (UNSEALED) FOR
COMMISSIONER/TOWN ATTORNEY DIST.
I HAVE THE PERMIT SEALED COPY - INCL.
VERIFIED M.W.C. SURVEY IN PERMIT FILE



Correspondence



COPY

FILE

Handwritten
app.

(Original to [unclear] Clerk by [unclear])

November 3, 2000

Honorable Mayor and Commissioners
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, Florida 34996

Gentlemen

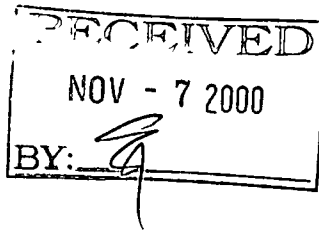
I am the owner of the property located at 101 N Sewall's Point Road, Section 35, Township 37S, Range 41E, Martin County, Florida I hereby request permission to obtain a variance to perform construction in the upland buffer area which includes riprap installation and bulkhead construction Please put me on the agenda for your November 11, 2000 Town Hall meeting

Thank you for your consideration

A handwritten signature in cursive script, appearing to read "Keith E. Ingram".

Keith E Ingram
P O Box 7520
Port St Lucie, Florida 34985
(561) 398-4995

VARIANCE



NOTICE TO NEIGHBORS WITHIN 300'

November 3, 2000

Dear Neighbor

I, the owner of the property located at 101 N Sewall's Point Road, Sewall's Point, Florida, am requesting permission for the Sewall's Point Town Commission to construct a bulkhead and install riprap in the upland buffer area

The Commission will consider my request on November 11, 2000 at the public meeting at the Sewall's Point Town Hall. You have the right to be present and to be heard at that meeting. If you cannot be present you may send written comments to

Thomas P Bausch, Building Commissioner
1 South Sewall's Point Road
Sewall's Point, Florida 34996

Thank you for your consideration

Sincerely,

A handwritten signature in cursive script that reads "Keith E Ingram".

Keith E Ingram
P O Box 7520
Port St Lucie, Florida 34985
(561) 398-4995

LETTER OF NO OBJECTION

WE, TERESA E' FRANK AND SEBASTIANO

being the owner(s) of certain property adjacent to and abutting the property of Keith Ingram, 101 N Sewalls Pt Rd who have applied for a dock permit for construction, have read and reviewed the drawing of the dock and I have no objection to the proposed dock pursuant to the plan attached herein.

X [Signature]
X [Signature]

STATE OF New Jersey
COUNTY OF Passaic

SWORN TO AND SUBSCRIBED befor me this 27th day of April, 1999.

[Signature]

NOTARY PUBLIC
MY COMMISSION EXPIRES:
DESTINY L. ROSSKOPF
Notary Public of New Jersey
My Commission Expires Dec 3, 2002

SEAL

LETTER OF NO OBJECTION

We, Henry W. [Signature] and William S. [Signature]

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

Henry W. [Signature]
William S. [Signature]

STATE OF Florida
COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 3rd day of May, 1999



Linda C. Collins
Notary Public

My Commission Expires 12/25/00

TOWN OF SEVALL'S POINT

RECEIVED
2/9/01
INSPECTION SCHED
2/9/01

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

RECEIVED
FEB - 7 2001
BY: [Signature]

Permit # 0406
Date Issued 2/12/01

(SEE DEMO. PN 5254)

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

Owner KEITH & LINDA INGRAM Address 3205 SE MORNINGSTAR Phone 398-4995

Contractor BUFORD CONST. Address 606 CAMDEN AVE Phone 283-2050

Number of trees to be removed (list kinds of trees) (1) OAK (4) MALAUCEA

(1) GROUP OF AUSTRALIAN PINES (1) HICKORY (1) GUMBO LIMBO

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

(5) SABAL PALMS (2) COCONUT PALMS (2) CITRUS

Number of trees to be replaced (list kinds of trees).

REMOVAL OF PROHIBITED SPECIES / RELOCATE ALL OTHER

WORK INCIDENT TO DEMOLITION
(EXISTG STRUCT)
PN 5254
NEW SPR
(APPL. PENDING)

Permit Fee \$ 15.00 (~~\$25.00~~) first tree plus \$10.00 - each additional tree - not to exceed \$100.00. \$15.00

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

Plans approved as submitted _____ Plans approved, as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted 2-1-2001

Approved by Building Inspector [Signature] Date 2/12/01

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

TOWN OF SEWALL'S POINT, FLORIDA

FILE

FILE

Date 2/12/01 ~~is~~ TREE REMOVAL PERMIT No 0406

APPLIED FOR BY Burford Courts (Contractor or Owner)

Owner K+L Ingram, 101 N. Sewalls Pt. Rd.

Sub-division _____, Lot _____, Block _____

Kind of Trees various, see drg. Houston Cuzzo Group

No Of Trees REMOVE } see above drg. Field verified

No Of Trees RELOCATE _____ WITHIN 30 DAYS (NO FEE) 2/12/01

No Of Trees REPLACE _____ WITHIN 30 DAYS

REMARKS all affected trees shown on drg.

and marked in the field FEE \$ 15.-

Signed, Sign-on file Applicant

Signed, [Signature] Town Clerk
Bldg. Insp.

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE ORDINANCE 103

[Empty grid area for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT, FLORIDA

Date 9-23-02 19 _____ TREE REMOVAL PERMIT No 1208

APPLIED FOR BY Keith & Linda Ingram (Contractor or Owner)

Owner 101 N. Sewalls Pt. Rd 219-9005

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 coconut Palm

No Of Trees REMOVE 1

No Of Trees RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No Of Trees REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons (N/A) Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE ORDINANCE 103

Blank lined area for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

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

Owner Keith + Linda Ingram Address 101 N Sewalls Pt Rd Phone 219 9005

Contractor self Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 coconut palm

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

Number of trees to be replaced _____ (list kinds of trees) _____

Permit Fee \$ 0

\$15 00

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

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year Fee for renewal of expired permit is \$5 00

Signature of applicant [Signature] Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted 9/20/12

Completed _____
Date _____ Checked by _____

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

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

See attached Tree Species List



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 GEORGET FEARONS ~~Address 101 N. Semmes Ln~~ Phone 508-353-9684

Contractor _____ Address _____ Phone _____

No. of Trees REMOVE 1 Species LIVE OAK

No. of Trees. RELOCATE 1 Species. GUMBO LIMBO

No. of Trees: REPLACE _____ Species _____

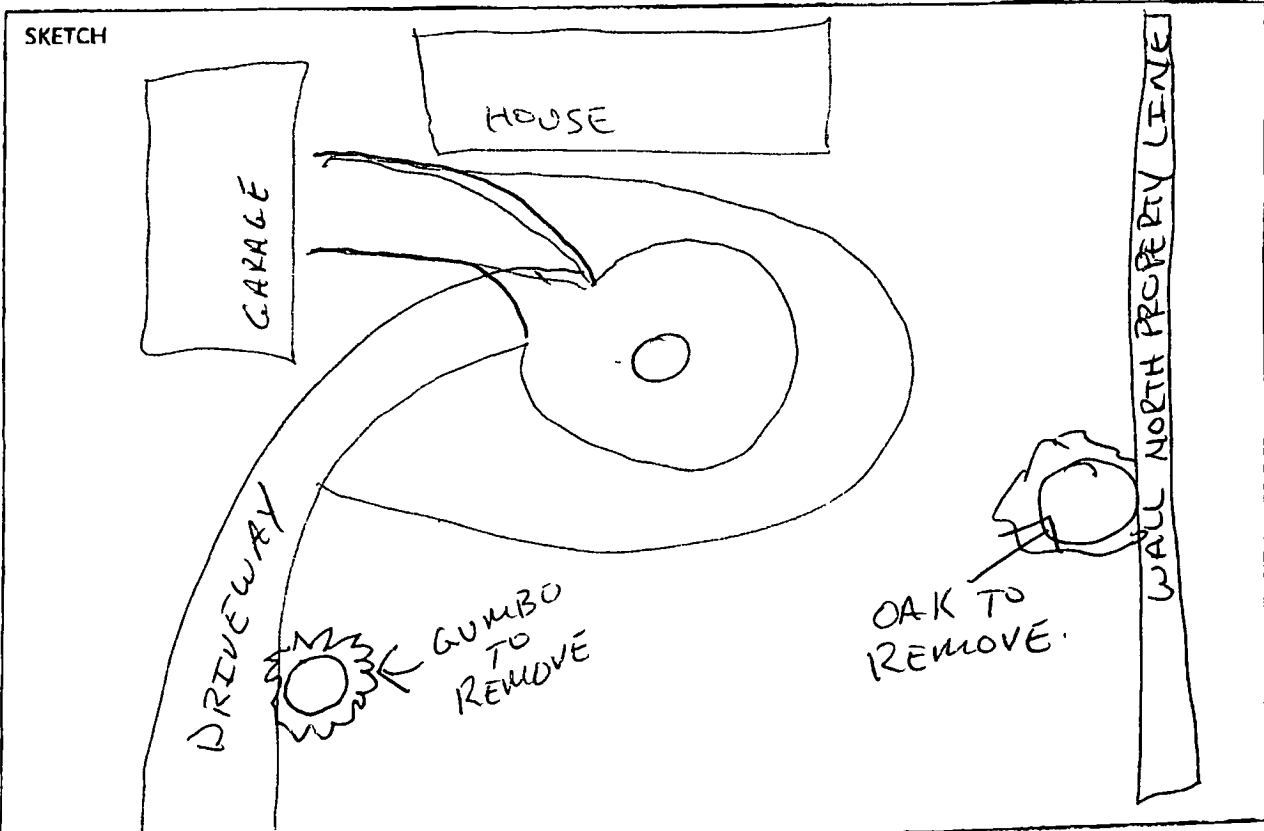
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) LIVE OAK HAS EXCESSIVE DIE BACK - GUMBO TO CLOSE TO DRIVE WAY

Signature of Property Owner [Signature] Date 6-21-11

Approved by Building Inspector [Signature] Date 6-28-11 Fee: N/R

NOTES: _____



See over

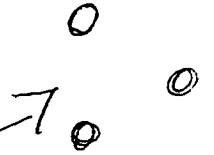
HOUSE

DRIVEWAY

GUMBO
TO
REMOVE

FRONT YARD

REPLANT
GUMBO
CUTTINGS



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed Fri ~~_____~~, 2000; Page of

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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5230	DENNISON	PL + EL.	Passed	2/12
①	49 W. HIGH POINT RD.	framing (int.)		
5192	RAO	U/G PLMBG	Passed	2/12
⑤	30 CASTLE HILL WAY AR MARTIN (718-9191 J.D)			
5228	FOGLIA	STEM WALL	Passed	2/12
③	102 ABBIE CT. FOGLIA CONST.			
5258	MASSAD	SHEATHING		LATE A.M. IF POSSIBLE
②	17 E HIGH POINT PACIFIC REG.		not ready	
5251	INYES	T/T & MTL.	Passed	2/12
④	113 HILLCREST CT. PACIFIC REG.			
T/R	INGRAM	FIELD INSPECTION	Passed	RESOLUTION PN 5254
⑥	101 N. SEWALLS POINT RD BURFORD CONST.			2/12
5226	Griffis	Shutters	Cancelled	reschedule
	140 S. Sewalls Pt Rd. Robt. DeLto Corp			781 8010

OTHER _____

INSPECTOR (Name/Signature) _____