

113 North Sewall's Point Road

417

SFR

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 417

Date 6/12/73

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

Owner Alton Burnett Present Address _____ Ph _____

General Contractor Karl O Herlin Address 12 Pine Lake Dr. Ph 287-2093

Where licensed Martin Co License No. 6

Plumbing Contractor Palm City License No. _____

Electrical Contractor Alpena Elec License No. _____

Street building will front on French Lane

Subdivision Twin Rivers Lot No. 8 Area 19,570 sq'

Building area, inside walls (excluding garage, carport, porches) Sq ft 1590

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 38,000.00

Total cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

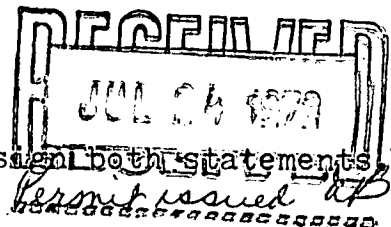
I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

Karl O Herlin
Signed by General Contractor

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

Alton W. Burnett
Signed by Owner

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



TOWN RECORD

Date submitted _____

Date approved _____

7/20/73
417

Certificate of Occupancy issued _____ Date _____

Septic Tank Permit # MC 3-581

Application/Permit
No. MC 3-581

DEPARTMENT OF POLLUTION CONTROL
Application and Permit
Of
Individual Sewage Disposal Facilities

BURNETT LOT 8 EAST

Section I - Instructions:

1. Percolation test data, soil profile and watertable elevation information must be attached. (Note: Test must be made at proposed location of System).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call (305) 464-8525 and give this office an 8-hour notice when ready for inspection.

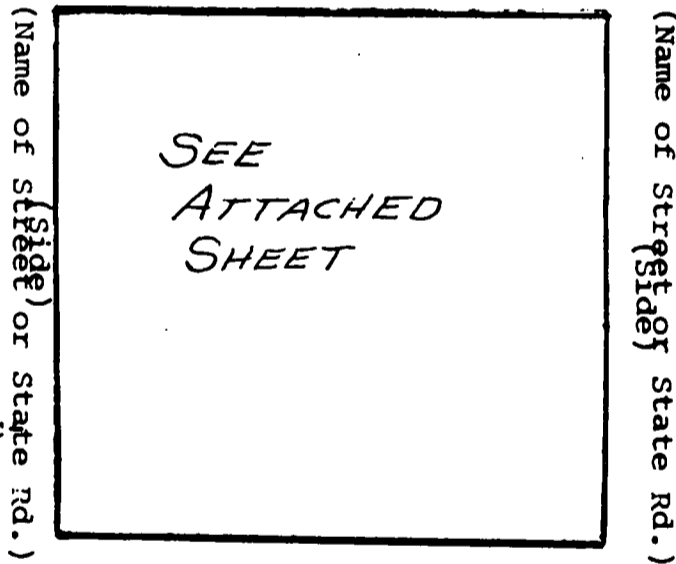
Section II - Information:

1. Property Address (Street & House No.) SEWALL'S POINT ROAD-NORTH
Lot 8A(EAST) Block - Subdivision TWIN RIVERS
Date Recorded BEFORE 1972 Directions to Job STUART-N ON AIA TO SEWALLS POINT RD N TO LOT 8
2. Owner or Builder A.W. BURNETT
P. O. Address BOX 2087 City STUART, FLA.
3. Specifications

750 Tank 2 BR. Drainfield
Gals 47 ft of 6" clay tile
or 5" perforated
plastic drain in a
750 Gals 94 3' trench or
ft of 4" clay drain
or 4" perforated
plastic drain in an
18" trench

Scale 1" = 50'
(Rear)

4. House to be constructed:
Check one: FHA
 VA X Conventional



This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: A.W. BURNETT
Please Print

Signature: A.W. Burnett / K.L. Larson Date: 5-4-73
(Name of Street or State Road)

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 10D-6, DPC rules and construction is hereby approved, subject to the above specifications and conditions.

BY: Eric S. Mize Date: 5/7/73

Section IV - Final Construction Approval

Construction of installation approved: Yes No.

Date: _____ By: _____

FHA No. _____ VA No. _____

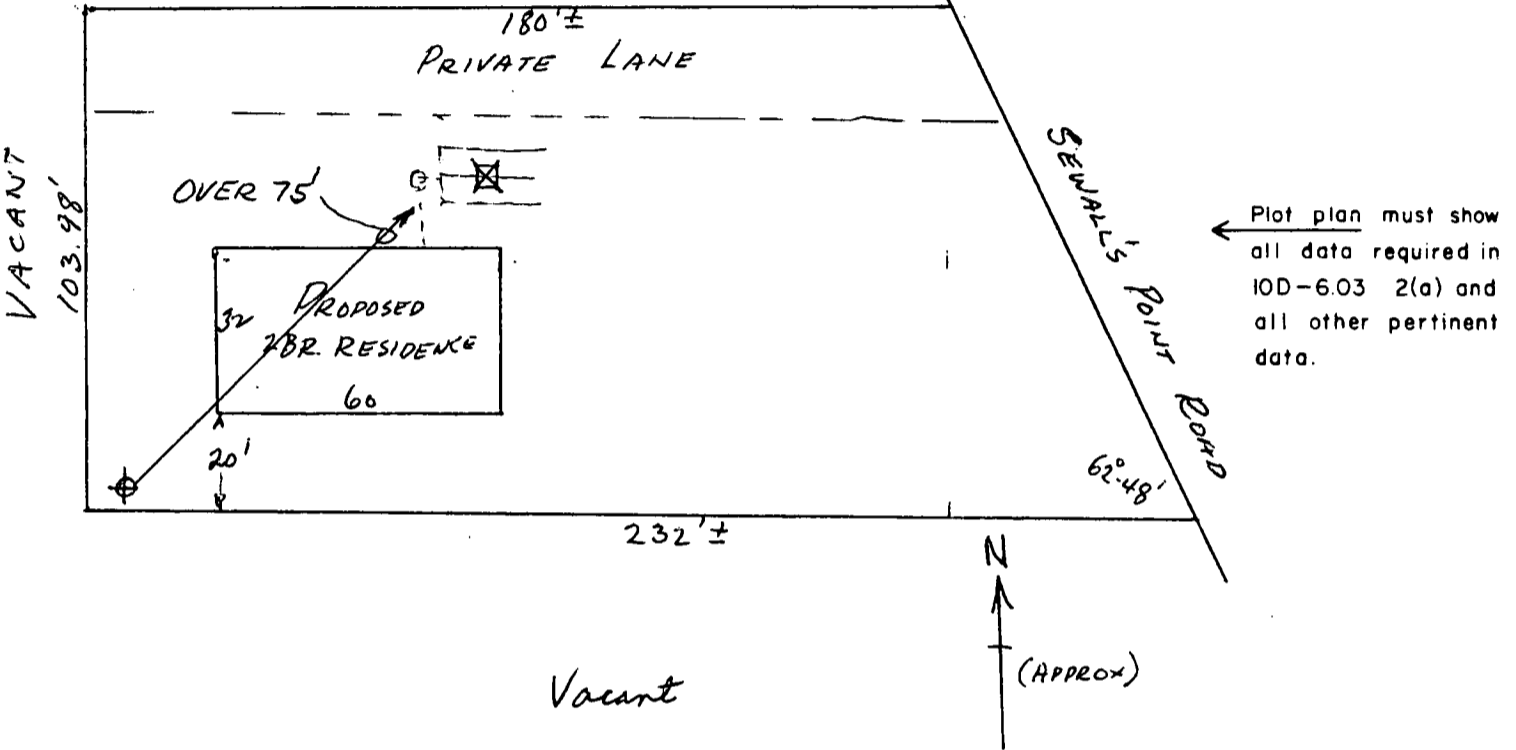
FLORIDA DEPARTMENT OF POLLUTION CONTROL

S. E. Subregion
 806 South 6th Street
 Fort Pierce, Florida 33450
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
 DATA SHEET

Location: LOT 8- EAST END- Applicant: A.W. BURNETT
SEWALLS PT. RD. NORTH County: MARTIN

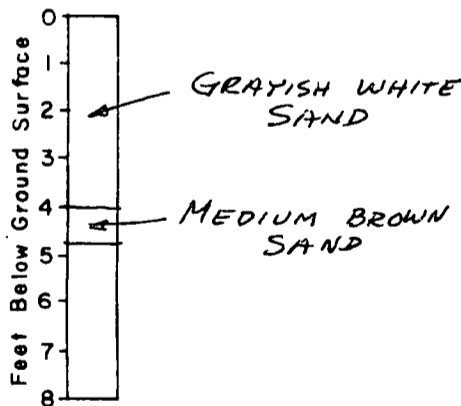
VACANT
NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer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



PLAN
 Scale: 1" = 40'

SOIL DATA

LEGEND



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

SOIL BORING LOG

Soil Identification: CLASS I GROUP SW
 Soil Characteristics SAND



Percolation Rate 1 min/inch
 Water Table Depth 4'-2"
 Water Table Depth During Wet Season 3'-6"
 Compacted Fill Of - Req'd
 Compacted Fill Checked By: -
 Date -

CERTIFIED BY: K.G. Larson
 FLORIDA PROFESSIONAL No. 16552
 Date 5-4-73 Job No. 73-589-03

111 or SEWALL'S PT RD
DN 403

TOWN OF SEWALL'S POINT
CERTIFICATE OF OCCUPANCY

DATE Feb. 7, 1974

This Certificate of Occupancy is issued for Alton Burnett
on Lot No: 8, Block _____, _____ Street,
Twin Rivers S/D, constructed under Building Permit
No. 417 on record in the Town of Sewall's Point Town Hall.

Construction of this building conforms to all Ordinances of
the Town.

RECORD OF INSPECTIONS

ITEM	DATE	APPROVED BY
FOOTINGS		
ROUGH PLUMBING		
PERIMETER BEAM		
ROUGH ELECTRIC		
CLOSE IN		
FINAL PLUMBING	<u>1-10-74</u>	<u>CIC</u>
FINAL ELECTRIC	<u>1-10-74</u>	<u>CIC</u>

PROOF OF SEPTIC TANK APPROVAL BY OTHERS, ie (COUNTY HEALTH DEPT.) ←

Approved by Building Inspector C. Lavelle
Approved by Town Commission: [Signature]

Utilities notified: _____ Date

February 7, 1974

Mr. Alton Burnett
8 Melody Lane
Sewall's Point
Jensen Beach, Florida 33457

Re: Certificate of Occupancy

Dear Mr. Burnett:

Enclosed herewith is a Certificate of Occupancy
covering your home located at Lot No. 8, Twin
Rivers Subdivision, commonly known as:

Sincerely,

TOWN OF SEWALL'S POINT

A. L. Bundshuh
Town Clerk

1913

DECK

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1913

Date 4/22/86

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

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

Owner MADARAS Victor G Present Address 113 N Sewall Pt Rd

Phone 286-7046 Sewalls, FL

Contractor OWNER Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor _____ License number _____

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Wood dock

State the street address at which the structure will be built:
113 N Sewall Pt Rd

Subdivision TURN RIVERS Lot number 8 Block number _____

Contract price \$ 2000 Cost of permit \$ 1000

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, the State of Florida Model Energy Efficiency Building Code and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor Victor G Madaras

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 Victor G Madaras

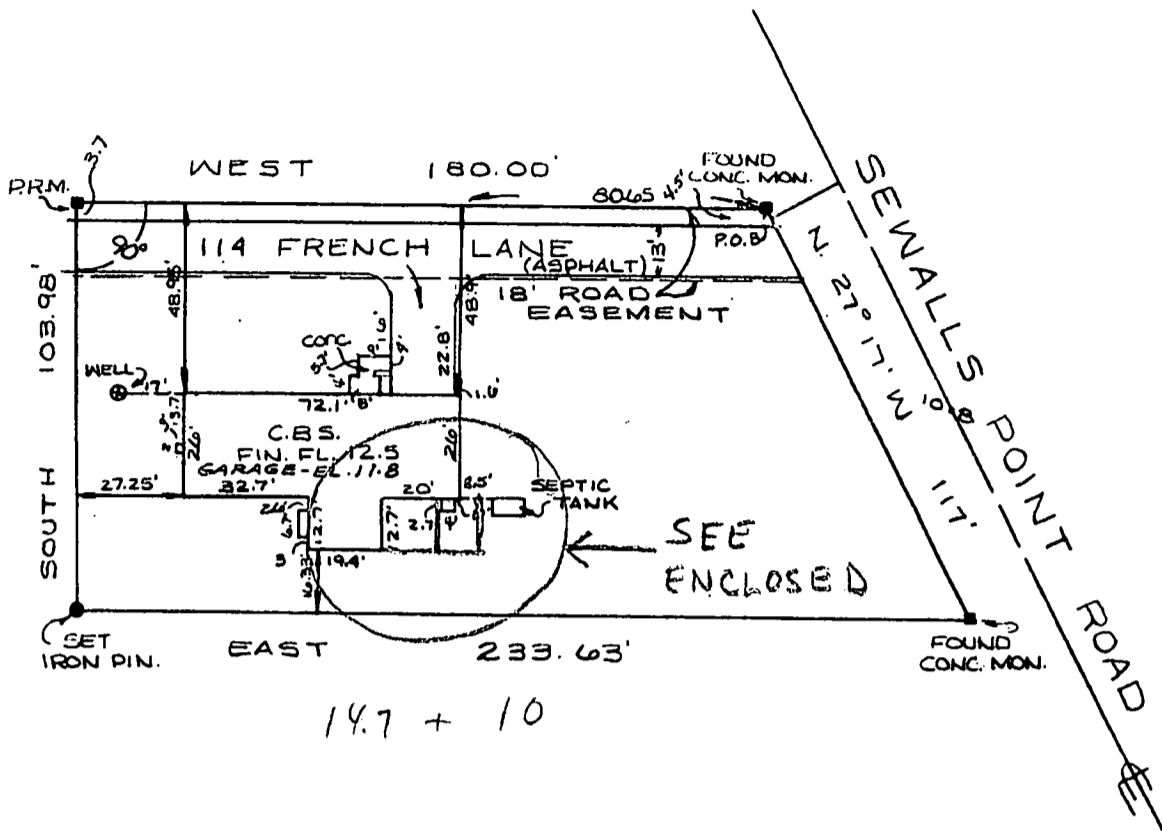
TOWN RECORD

Date submitted 3/21/86 Approved [Signature] 4/22/86
Building Inspector Date

Approved [Signature] 4/24/86 Final Approval given [Signature]
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

LOCATED IN FLOOD ZONE "A-10"



**NO PERMANENT STRUCTURES
IN SET-BACK AREAS**

A SURVEY OF

PARCEL A: A portion of Lot 9, TWIN RIVERS SUBDIVISION as recorded in Plat Book 2, Page 52, Martin County, Florida, public records, described as follows:

Begin at the Northeast corner of Lot 8, run West along the North line of said Lot a distance of 180 feet; thence South 103.98 feet to the South line of said Lot; thence East, along said South line a distance of 233.63 feet to the Southeast corner of said Lot; thence North 27° 17' West along the East line of said Lot a distance of 117 feet to the Point of Beginning.

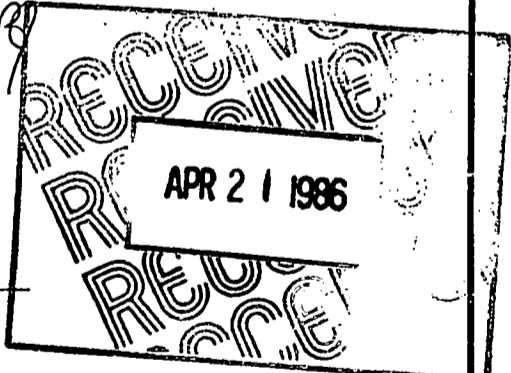
Subject to an easement for ingress, egress, access, utilities and drainage, over, under, upon and across the Northerly 18 feet of the above described property.

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

FOR

VICTOR G. & EILEEN M. MADRAS

4/22/86



SCALE: 1" = 50'

DATE: 4-30-85

PLAT BOOK: 2

PAGE: 52

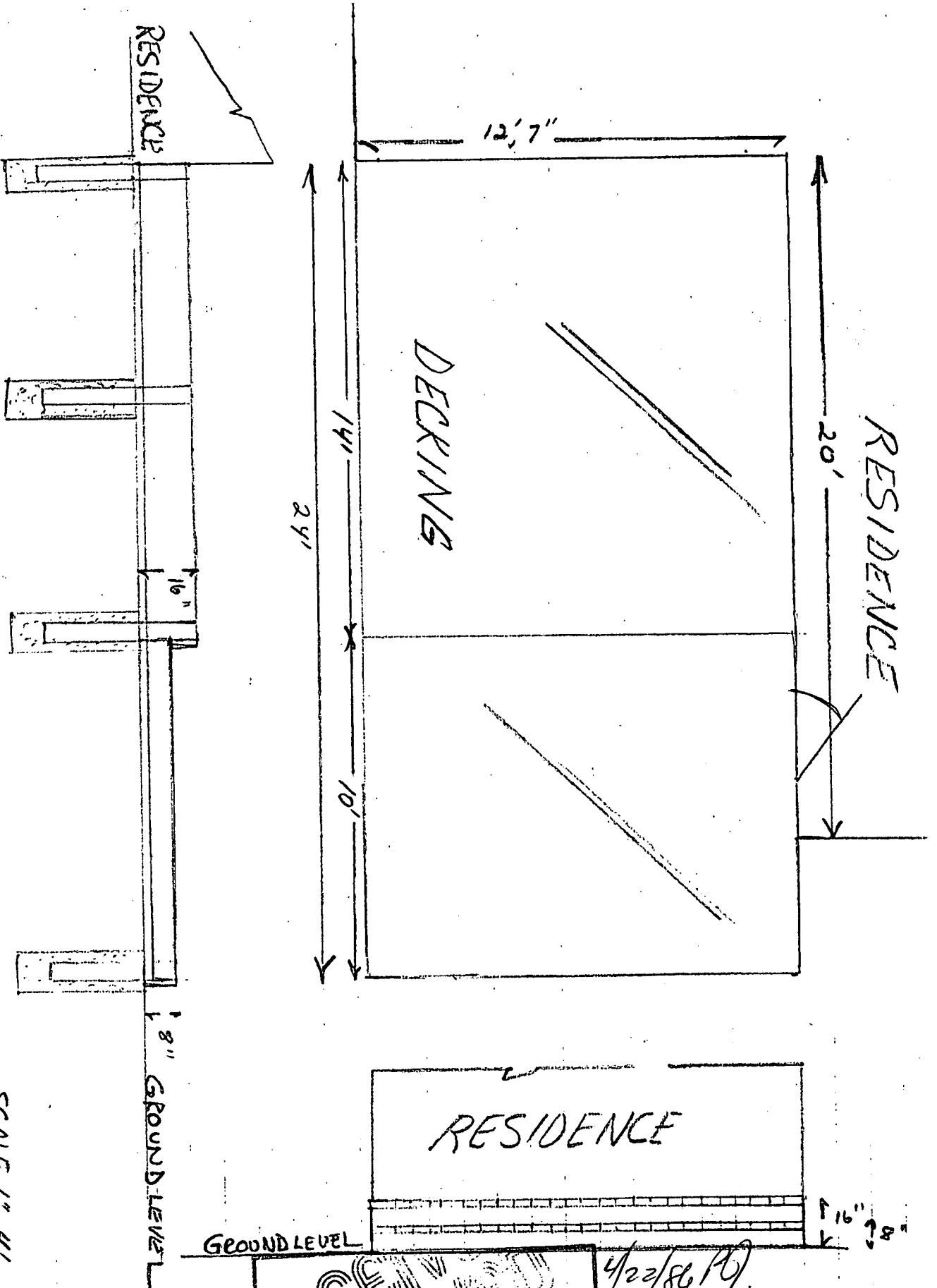
I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief.

DON WILLIAMS & ASSOCIATES, INC.

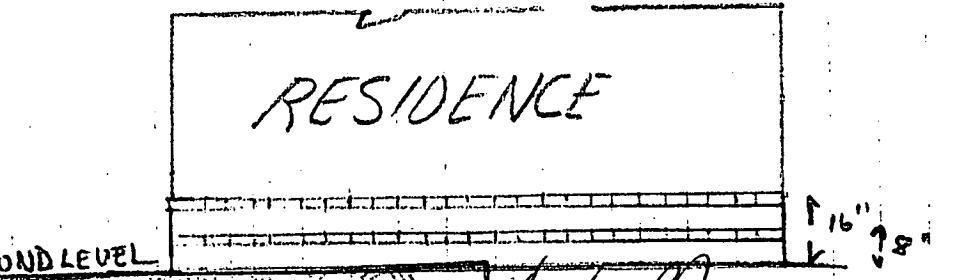
LAND SURVEYORS
1115 E. OCEAN BLVD. STUART, FLA.

W.L. Williams
W.L. WILLIAMS
R.L.S. FLA. REG. No. 1272

**NO PERMANENT STRUCTURES
IN SET-BACK AREAS**



SCALE 1"=4'
DATE 4-21-86



RECEIVED
RECEIVED
RECEIVED
APR 21 1986

4/22/86 PJ

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

9401

REROOF



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	9401	DATE ISSUED:	APRIL 6, 2010
SCOPE OF WORK:	REROOF		
CONDITIONS :			
CONTRACTOR:	ALL AMERICAN ROOFING		
PARCEL CONTROL NUMBER:	353741-007-000-000817	SUBDIVISION	TWIN RIVER - LOT 8
CONSTRUCTION ADDRESS:	113 N SEWALLS PT RD		
OWNER NAME:	WALDO		
QUALIFIER:	PAUL WILKINS	CONTACT PHONE NUMBER:	463-8055

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

9401

Date: 4/1/10

Permit Number: 9401

OWNER/TITLEHOLDER NAME: Robert and Anita Waldo Phone (Day) _____ (Fax) _____

Job Site Address: 113 N. Sewall's Point Rd City: Sewall's Point State: FL Zip: 34996

Legal Description: Twin River Pt Lots 8 Parcel Control Number: 353741007000000817

Owner Address (if different): PO Box 1555 City: N. Conway State: NH Zip: 03860

Scope of work (please be specific): Re-roof

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: \$ 11000
(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: All American Roofing of the Treasure Coast LLC Phone: 772 463 8055 Fax: 772 463 8054

Street: 3006 SE Waaler St City: Stuart State: FL Zip: 34997

State License Number: CCC058118 OR: Municipality: _____ License Number: _____

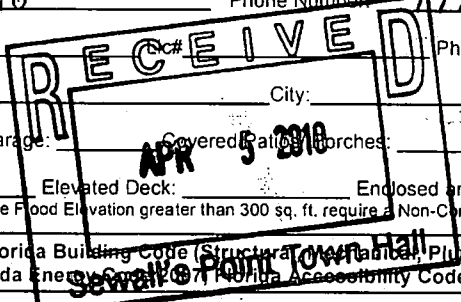
LOCAL CONTACT: Glenda Palacio Phone Number: 772 463 8055

DESIGN PROFESSIONAL: _____ 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'S SIGNATURE (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Robert Waldo
State of Florida / County of: Martin
This the 12 day of April, 2010
by Robert Waldo who is personally known to me or produced as identification GLENDA RUTH GREGORY-PALACIO
My Commission # DD 883017
Expires: May 12, 2013
Notary Public Underwriters

CONTRACTOR SIGNATURE (required)
Paul Wilkins
On State of Florida, County of: Martin
This the 2 day of April, 2010
by Paul Wilkins who is personally known to me or produced as identification GLENDA RUTH GREGORY-PALACIO
My Commission # DD 883017
Expires: May 12, 2013
Notary Public Underwriters

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!

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

INSTR # 2202338 DR BX 02446 PG 0377 RECD 04/05/2010 01:22:50 PM

PERMIT #:

TAX FOLIO #:

353741007 000 000817

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):

Wia River Pt of lots Beg ME Cor, w 1/8 MLN S103 98 E ALG SLN
Lot 9 233.63 to se cor of newly into PB 113 S Sewalls Point Rd

GENERAL DESCRIPTION OF IMPROVEMENT

Re roof

OWNER NAME: Robert & Anita Waldo

ADDRESS: 113 S. Sewalls Pt Rd Sewalls Point FL 34996

PHONE NUMBER: FAX NUMBER:

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: All American Roofing of the Treasure Coast Inc.

ADDRESS: 3006 SE Wagler St Stuart FL 34997

PHONE NUMBER: 772 463 8055 FAX NUMBER: 772 463 8054

PROPERTY COMPANY (IF ANY):

ADDRESS:

PHONE NUMBER: FAX NUMBER:

BOND AMOUNT:

LENDER/MORTGAGE COMPANY:

ADDRESS:

PHONE NUMBER: FAX NUMBER:

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

NAME:

ADDRESS:

PHONE NUMBER: FAX NUMBER:

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

FLORIDA STATUTES:

PHONE NUMBER: FAX NUMBER:

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN 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 OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 2 DAY OF April, 2010

BY: Robert Waldo

AS Owner

FOR self

NAME OF PERSON

TYPE OF AUTHORITY

NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

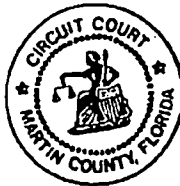
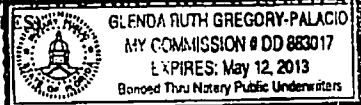
PERSONALLY KNOWN OR PRODUCED IDENTIFICATION ✓

TYPE OF IDENTIFICATION PRODUCED DL

NOTARY SIGNATURE/SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FOREGOING ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES)

(Signature of Natural Person Signing Above)



**WAIVER AND RELEASE OF LIEN
UPON PROGRESS PAYMENT**

The undersigned Lienor, in consideration of the progress payment in the amount of One Thousand Five Hundred Eighty Dollars & 00/100 (\$1,580.00), hereby waives and releases its April 1, 2010 on the job for the Waldo Residence, upon the following described real property:

Robert and Anita Waldo
113 S. Sewell's Point Rd.
Stuart, Fl.

This waiver and release does not cover any retention of labor, services or materials furnished after the date specified.

Dated on: April 1 2010

Lienor's Name: All American Roofing of
the Treasure Coast, Inc.
Address: 3006 SE Waaler Street
Stuart, FL 34997

By *Yvonne Koehler*
Printed Name: Yvonne Koehler

SWORN TO AND SUBSCRIBED before me this April 1, 2010 by Yvonne Koehler, who is personally known to me.

Notary Public: *[Signature]* Seal:



Note: This is a statutory form prescribed by Section 713.20, Florida Statutes (1996) Effective October 1, 1996, a person may not require a lienor to furnish a waiver or Release of Lien that is different from the statutory form.



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

**RESIDENTIAL REROOF WINDSTORM LOSS
 MITIGATION CERTIFICATION
 (FLORIDA STATUTE 553.844)**

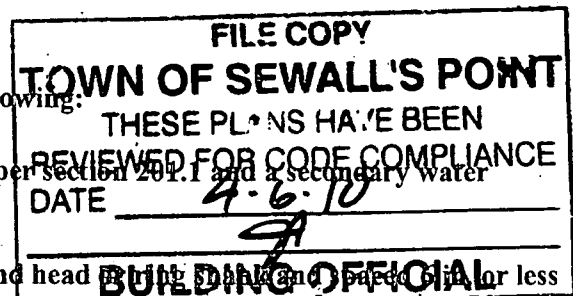
The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract

All re-roofs regardless of value shall comply with the following:

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



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

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

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

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

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

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.



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

RE-ROOF PERMIT CERTIFICATION

PERMIT # _____
 CONTRACTOR'S NAME: All American Roofing of the TC PHONE #: 772-4638054 FAX: 772-4638054

OWNER'S NAME: Robert Waldo
 CONSTRUCTION ADDRESS: 113 S Sewalls Pt Rd CITY Sewalls Pt STATE FL

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

**...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO
 ** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE _____

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

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 6 /12 SLOPE

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED
 RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

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

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

EXISTING ROOF COVERING: tile EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: tile

MANUFACTURER Entegra PRODUCT NAME Plantation Fl. PRODUCT APPR # 090803.03

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

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

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: 30/90 hot mop dripped spaced 4" oc straggled 626, 666, 444 spacing 30" fcft w 1"4" RS & 1"6" straggled

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.

Paul J. Hill DATE: 4/1/10
 SIGNATURE OF CONTRACTOR



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

ROOFING MATERIAL LIST

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
	30 # felt	30	sq	
	15 # felt	30	sq	
	bull	3	can	
	drip edge	as needed		
	E Ortega tile	30	sq	
	asphalt sticks	10		
	1 1/4" RS nails	3.5	box	
	1 5/8" tin tags	3	box	
	8d RS nails	3	box	
	Necessary metals	as metals		

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



NON-HVHZ

BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Entegra Roof Tile, Inc.
1289 NE 9th Ave
Okeechobee, FL 34972

SCOPE:

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

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

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

DESCRIPTION: Plantation Roof Tile

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

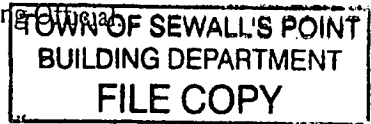
RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

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

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

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

This revises NOA# 06-0713.06 and consists of pages 1 through 4.
The submitted documentation was reviewed by Alex Tigera.



NOA No.: 09-0803.03
Expiration Date: 01/04/12
Approval Date: 09/16/09
Page 1 of 4

ROOFING ASSEMBLY APPROVAL

Category: Roofing
 Sub Category: Roofing Tiles
 Material: Concrete

1. SCOPE

This renews a roofing system using Entegra "Plantation" concrete roof tile, as manufactured for Entegra Roof Tile, Inc. as described in Section 2 of this Notice of Acceptance, designed to comply with the NON-High Velocity Hurricane Zone of the Florida Building Code.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Plantation Tile	Length: 16½" Width: 13"	ASTM C 1492	Flat concrete roof tile for direct deck or batten nail-on.
Trim Pieces	Length: varies Width: varies Thickness: varies	ASTM C 1492	Accessory trim, concrete roof pieces for use at hips, rakes ridges and valley terminations

2.1 EVIDENCE SUBMITTED

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
PRI Construction Materials, Technologies	ESI-002-02-01	ASTM C 1492	11/06/06

3. LIMITATIONS

- 3.1 This evaluation report is not for use in the HVHZ.
- 3.2 Fire classification is not part of this acceptance. Refer to FBC Section 1502.5 or current Approved Roofing Materials Directory for fire rating of this product.
- 3.3 Installation shall comply with manufacturer's current published instructions, but not less than the requirements of FBC Section 1507.3 and the FRSA/TRI 07320.
- 3.4 For mechanically attached tiles, attachment for wind load resistance shall be in accordance with FRSA/TRI 07320, 4th edition.
- 3.5 For mortar-set or adhesive-set tiles, attachment for wind load resistance shall be in accordance with FBC Section 1609.7.3 and the mortar or adhesive manufacturer's Product Approval.
- 3.6 All products in the roof assembly shall have quality assurance audit in accordance with the Florida Building Code and F.A.C. Rule 9B-72.



NOA No.: 09-0803.03
 Expiration Date: 01/04/12
 Approval Date: 09/16/09
 Page 2 of 4

4. INSTALLATION

4.1 "Entegra Roof Tile Inc. Plantation Flat and its components shall be installed in strict compliance with FRSA/TRI 07320

5. LABELING

All tiles shall be labeled as per the standard conditions herein.

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 Any other documents required by the Building Official or applicable Building Code in order to properly evaluate the installation of this system.

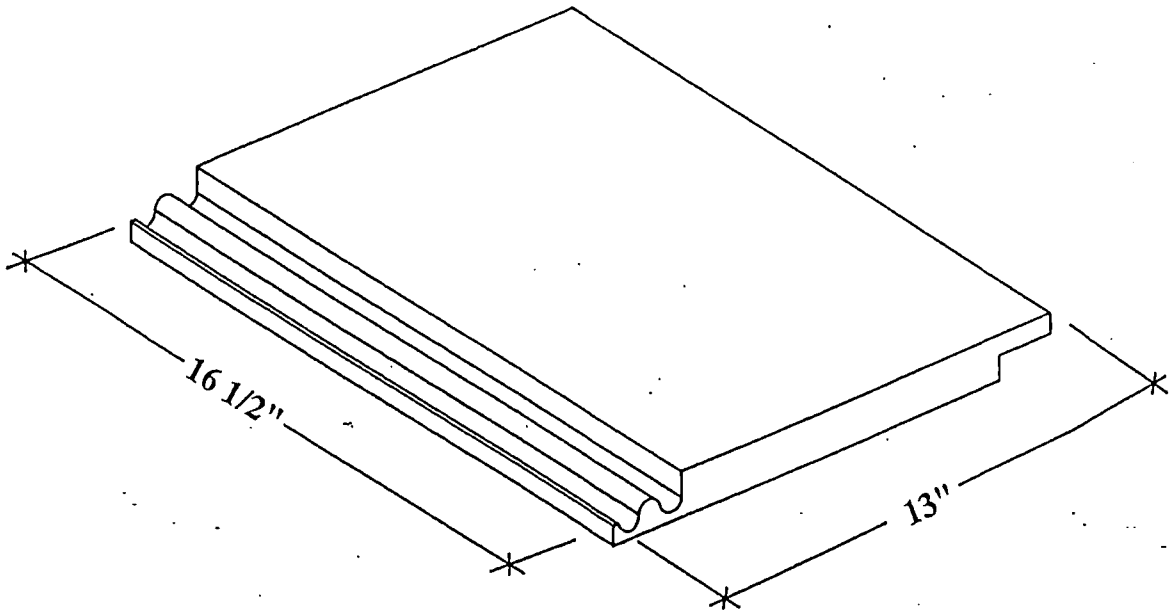
7. MANUFACTURING LOCATIONS

7.1 Okeechobee, FL



PROFILE DRAWING

PLANTATION FLAT CONCRETE TILE



END OF THIS ACCEPTANCE



NOA No.: 09-0803.03
Expiration Date: 01/04/12
Approval Date: 09/16/09
Page 4 of 4

Scope of Work - New roof Re-roof Roof Slope _____

Underlayment System - 30/90 Direct Deck Peel & Stick 30/Peel & Stick Other

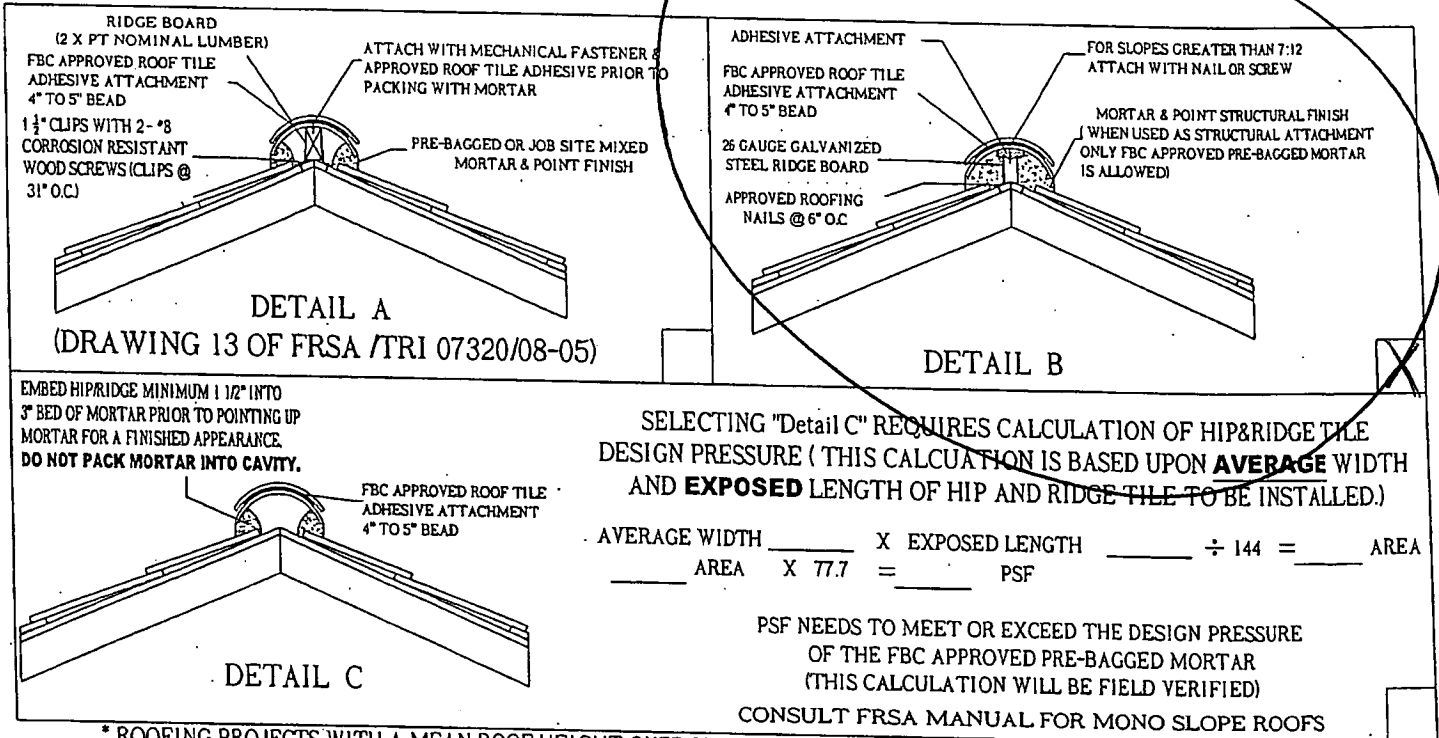
* TWO COPIES OF THE UNDERLAYMENT PRODUCT APPROVALS SHALL BE SUBMITTED*

Roof Tile Manufacturer & Style Concrete

* TWO COPIES OF THE ROOF TILE PRODUCT APPROVALS SHALL BE SUBMITTED*

Proposed Field Tile Attachment Method

- TWO #8, GALVANIZED OR STAINLESS STEEL SCREWS (THIS METHOD REQUIRES DETAIL A OR B RIDGE ATTACHMENT)
- FOAM ATTACHMENT - POLYPRO AH 160 ONLY (THIS METHOD REQUIRES DETAIL A , B, OR C RIDGE ATTACHMENT)
- FBC APPROVED PRE-BAGGED MORTAR (THIS METHOD REQUIRES DETAIL A , B, OR C RIDGE ATTACHMENT)



* ROOFING PROJECTS WITH A MEAN ROOF HEIGHT OVER 30' REQUIRE A COMPLETE ROOF DESIGN CONFORMING TO FRSA / TRI 07320/08-05 CONCRETE AND CLAY ROOF TILE INSTALLATION MANUAL

- * ALL NEW OR RE-ROOF PROJECTS REQUIRE 4 INSPECTIONS : SHEATHING, TIN TAG, IN PROGRESS, AND FINAL
- * ROOF SHEATHING SHALL BE NAILED WITH 8d GALVANIZED RING SHANK NAILS 4 "O.C. AT EDGES & 6"O.C. IN THE FIELD
- * TIN TAGS AT ALL LAPS SHALL BE 6 "O.C. & TWO STAGGERED ROWS @ 6" O.C. IN THE FIELD
- * BACKNAILING OF CAP SHEET SHALL BE TIN TAGGED @ 12" O.C.
- * PRE-BAGGED OR JOB SITE MIXED MORTAR MAY BE USED FOR WEATHER BLOCKING AREAS ONLY! WHEN USED AS A STRUCTURAL ATTACHMENT ONLY FBC APPROVED PRE-BAGGED MORTAR (TESTED ACCORDING TO ICC-SSTD-11) SHALL BE USED
- *(INFORMATION PROVIDED IS PER FRSA / TRI 07320/08-05 CONCRETE AND CLAY ROOF TILE INSTALLATION MANUAL)*
- *(PLEASE CONSULT FRSA / TRI 07320/08-05 CONCRETE AND CLAY ROOF TILE INSTALLATION MANUAL FOR MORE INFORMATION PRIOR TO SUBMITTING THIS APPLICATION)*

0007 2:41PM

NO. 0000 C. 1

(2)

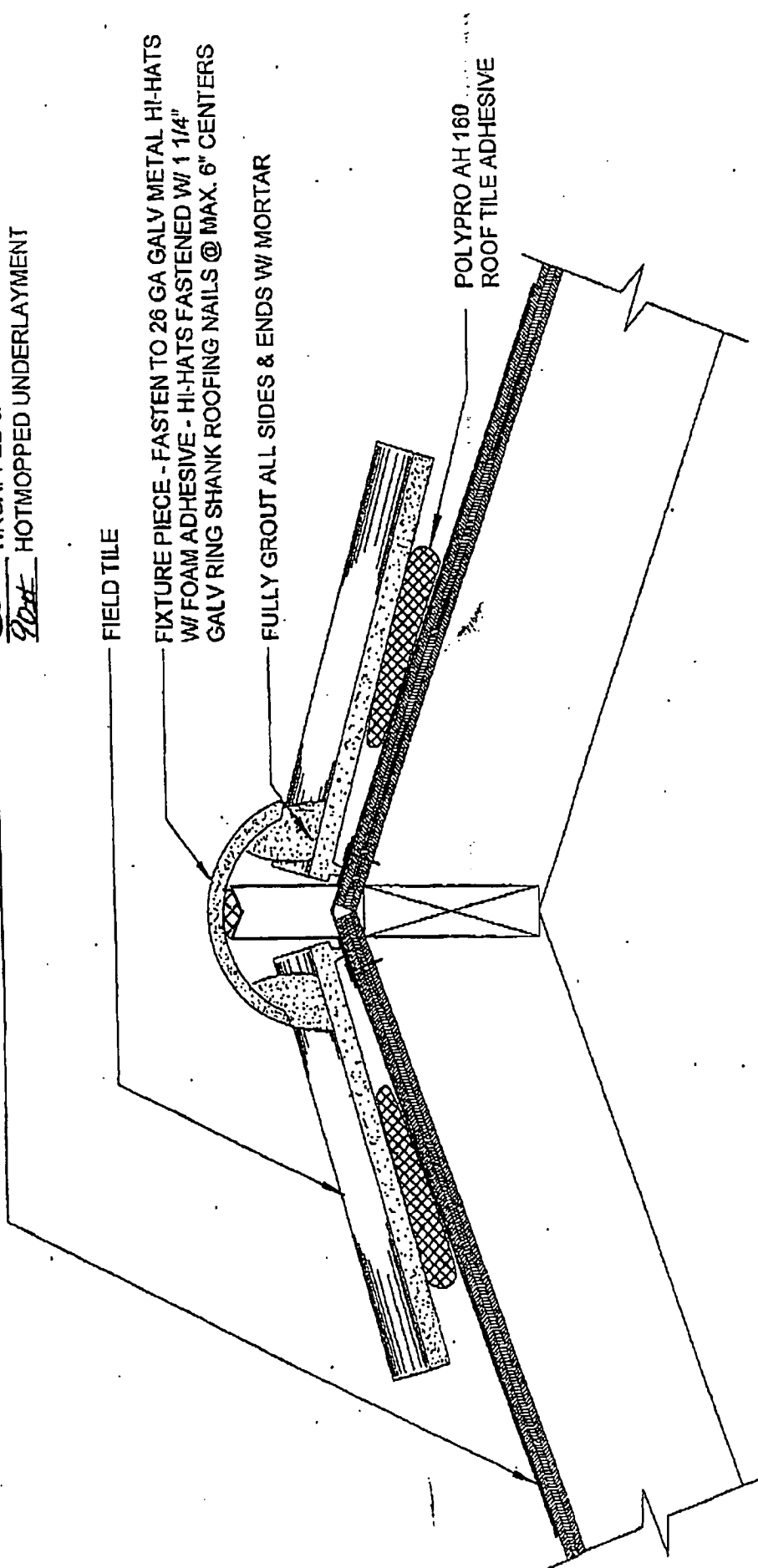
30# TINCAPPED &
90# HOTMOPPED UNDERLAYMENT

FIELD TILE

FIXTURE PIECE - FASTEN TO 26 GA GALV METAL HI-HATS
W/ FOAM ADHESIVE - HI-HATS FASTENED W/ 1 1/4"
GALV RING SHANK ROOFING NAILS @ MAX. 6" CENTERS

FULLY GROUT ALL SIDES & ENDS W/ MORTAR

POLYPRO AH 160
ROOF TILE ADHESIVE



This is
one

DRAWING TITLE: HIP & RIDGE DETAIL	PAGE: R	REVIEWER'S INITIALS
	SCALE: NTS LATITE	
REF ON PLANS:		



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Polyfoam Products, Inc.
11715 Boudreaux Road
Tomball, TX 77375

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Polypro® AH160

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

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

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

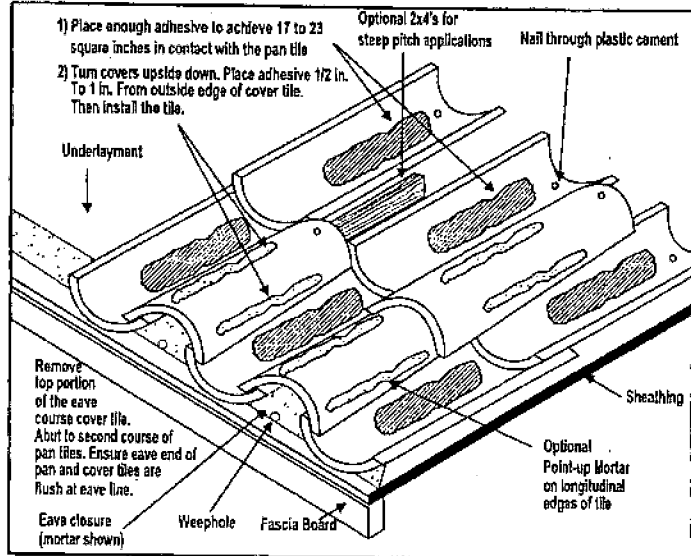
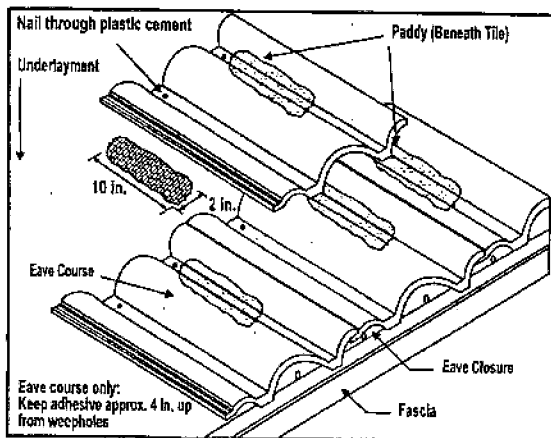
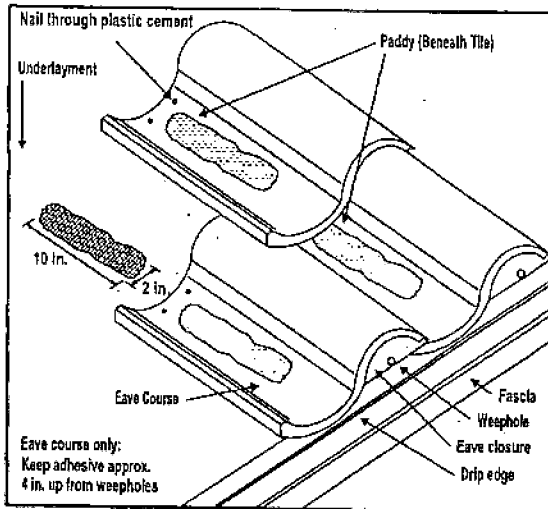
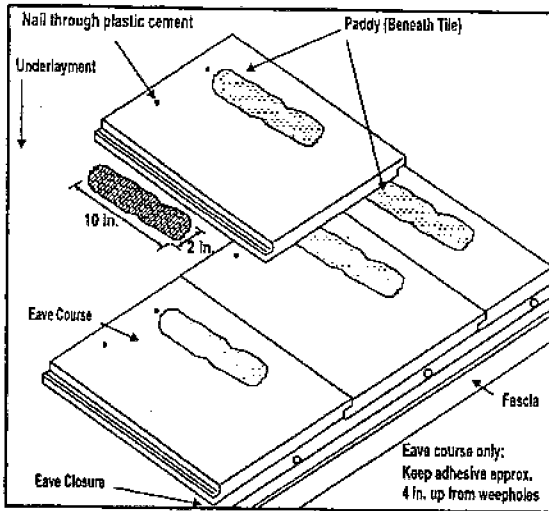
INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA renews NOA No.01-0521.02 and consists of pages 1 through 7
The submitted documentation was reviewed by Jorge L. Acebo.

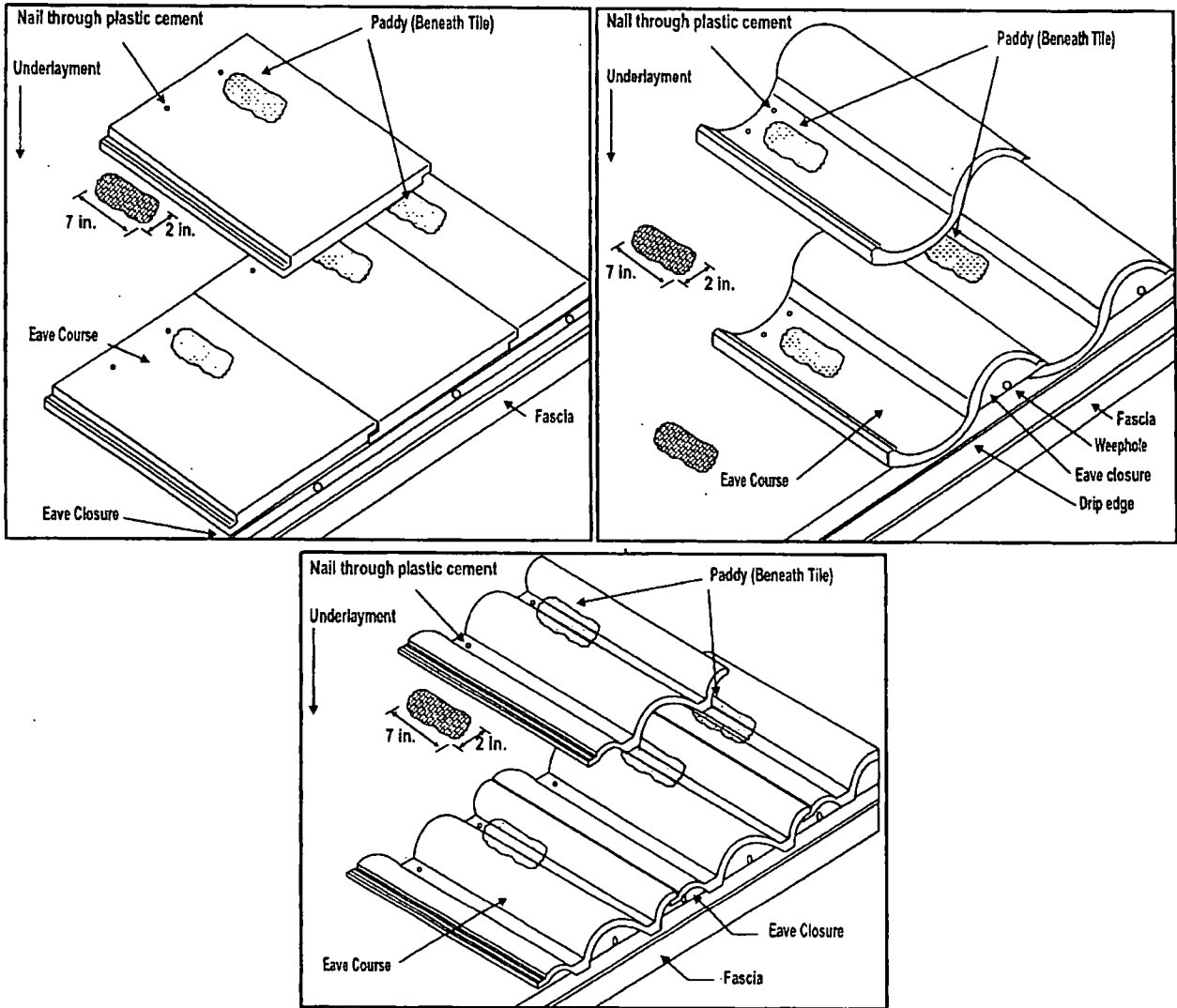


NOA No.: 06-0201.02
Expiration Date: 05/10/11
Approval Date: 04/13/06
Page 1 of 7

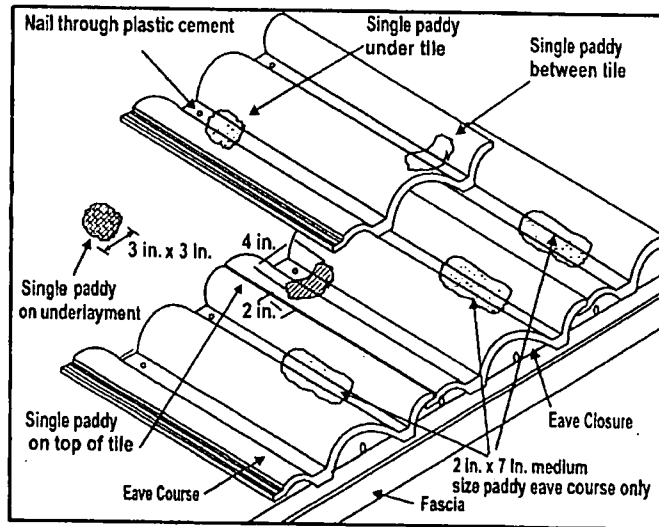
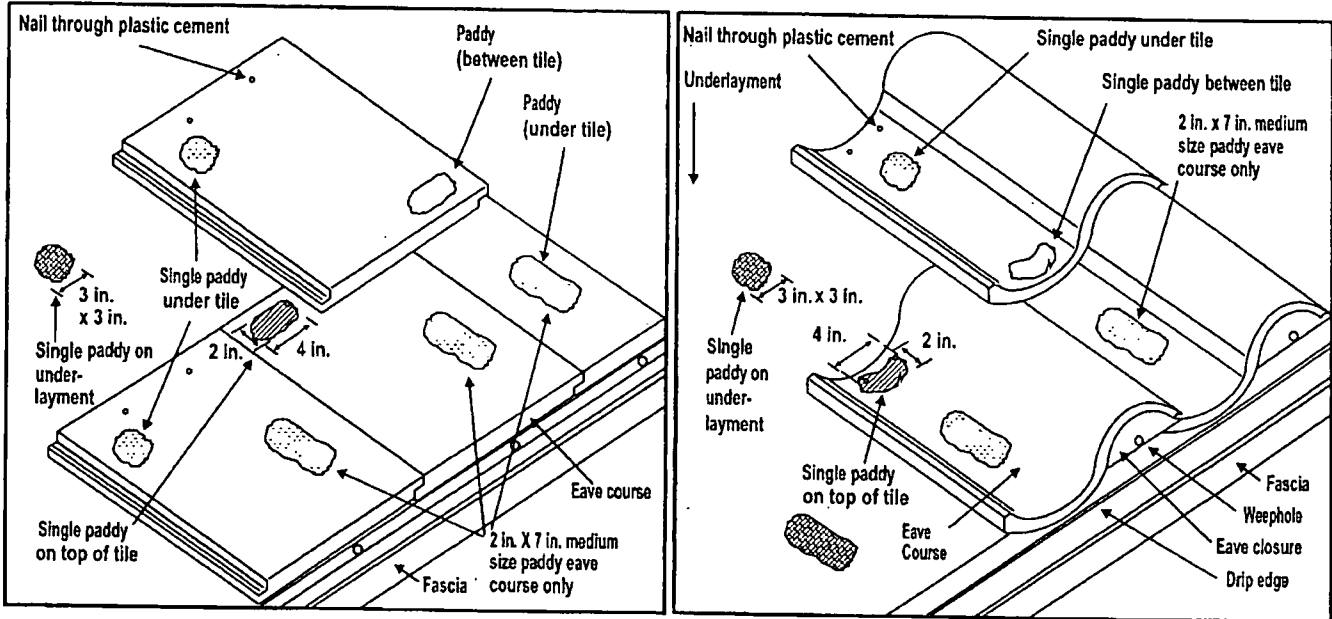
ADHESIVE PLACEMENT DETAIL 1 SINGLE PATTY



ADHESIVE PLACEMENT DETAIL 2 SINGLE PATTY



ADHESIVE PLACEMENT DETAIL 3 DOUBLE PATTY



END OF THIS ACCEPTANCE



NOA No.: 06-0201.02
 Expiration Date: 05/10/11
 Approval Date: 04/13/06
 Page 7 of 7

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4-7-10** Page **1** of **2**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE	20 N Via Lirindia	Garbage Pails		OKED FOR REPAIR
				INSPECTOR
9400	Brewer 12 Copaire Stuart Roofing	in progress	PASS	
				INSPECTOR
9401	Walds 1150 Sewalls All Am Roofing	shunting dry in 3		NO APPROVED
				INSPECTOR
9382	Longmaid 1st 665 Sewalls Scott Holmes	Insulation	PASS	
				INSPECTOR
9271	Hantom 104 N Sewalls Resort Const	Renovated framing all trades	PASS	
				INSPECTOR
9388	Starfi 73 N Sewalls Stratikon	Jace Pre-shoot	PASS	
				INSPECTOR
9287	SWARTZ 73 N SPRO STRATICON	ENTRY Roof Siding	PASS	
				INSPECTOR



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

RE: Permit # 9401

Date 4/8/10

Inspection Affidavit

I Paul Wilkins licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle (i.c. Type)) FS 468 Building Inspector*

License #; CCC058118

On or about April 6, 2010 3pm I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 113 N. Sewall's Point Rd
(circle one) (circle one) (Job Site Address)

Based upon that examination I have determined the installation was done according to the
Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

[Signature]
Signature

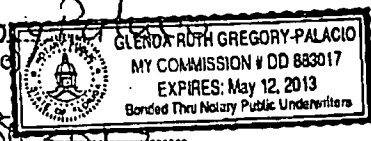
STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this 8 day of April, 2010

By Paul Wilkins

[Signature]
Notary Public, State of Florida

Glenda Gregory
(Print, type or stamp name)



Commission No.: DD883017

Personally known or
Produced Identification

Type of identification produced _____

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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-9-10 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9407	WADO 113 N 37th Rd ALL AMERICAN	ROOF DEM-TN/ METAL		
				INSPECTOR <i>[Signature]</i>
TREE	24 SIMARA St		OK	
				INSPECTOR
TREE	1 RIVERVIEW Dr		OK	
				INSPECTOR
932	CAMP LIN 1 OAKWOOD Dr O/B	SIDING FINAL	OK	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
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-19 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9379	Bulfoot	Stem wall		PENDING ⁴⁻²⁰ OK <i>JA</i>
1130	103 Hillcrest	tie columns	Pass	TIE-IN SURVEY
<i>PA</i>	Bulfoot Const	fill cells		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9400	Brewer			PERMIT FEE
	12 COLLIERE	FINAL	CANCEL	CHECK RETURNED
	STUART ROOF			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9401	Wheeler			
	113 N 31st	Removal	Pass	
	All American	Address		INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-21 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9387	Jaley 113 Hillcrest Seagate	Frame all mechanics TRADES	PASS	INSPECTOR <i>JA</i>
9370	Taylor 22E High Pt Seagate	Final Wall removal Remodel 263-4448	PASS	CLOSE INSPECTOR <i>JA</i>
9401	Whedo 113 N. 8th St All American	Final	PASS	CLOSE INSPECTOR <i>JA</i>
	Tree Miraglia 66 N Sewalls	Trees	OK	INSPECTOR <i>JA</i>
9288	Gibson 1345 River Rd Preston Ball Home	Final	PASS	CLOSE INSPECTOR <i>JA</i>
				INSPECTOR
				INSPECTOR

7511

RENOVATION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/26/05

BUILDING PERMIT NO. **7511**

Building to be erected for Ronald Hart

Type of Permit Int/Ext Repair/Re

Applied for by Black Diamond Const Bldrs (Contractor)

Building Fee 288.00

Subdivision St. Lucie Est Lot 17 Block 2

Radon Fee _____

Address 113 N. Sewall's Point Rd

Impact Fee _____

Type of structure SFR

AC Fee 35.00

Parcel Control Number:

03-38-41-011-0170-60000

Electrical Fee 35.00

Plumbing Fee 35.00

Amount Paid 288.00 Check # 1175 Cash _____

Roofing Fee 432.30
Other Fees (10% P.R.) 39.30

Total Construction Cost \$ 576.60

TOTAL Fees 864.60

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/26/05

BUILDING PERMIT NO. 7511

Building to be erected for Ronald Hart

Type of Permit Int/Ext Repair + Ren

Applied for by Black Diamond Cert Bldrs. (Contractor)

Building Fee 288⁰⁰

Subdivision David River Lot 8 Block 3

Radon Fee _____

Address 113 N. Sewall's Point Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

03-38-41-011-0170-60000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 288⁰⁰ Check # 1175 Cash _____

Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ _____

TOTAL Fees 288⁰⁰

Signed [Signature]
Applicant

Signed Gene Simons (Taj)
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

APR 2 2 2005

BY:

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 04/18/05

OWNER/TITLEHOLDER NAME: Ronald M. Hart Phone (Day) 201-8163 (Fax) 781-1964

Job Site Address: 113 Nath Sewall's Point Rd. City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 17, Block II, Sec. 3, St. Lucie Est. Parcel Number: 03-38-41-011-0170-60000

Owner Address (if different): 211 Colorado Ave. City: Stuart State: FL Zip: 34994

Description of Work To Be Done: (See Attached) Interior Renovation

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 30,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 7000

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Blackdiamond Certified Builders Phone: 321-452-8022 Fax: 321-452-8022

Street: 133 N. Tropical Tr. City: Merritt Is. State: FL Zip: 32920

State Registration Number: _____ State Certification Number: CGC028518 Martin County License Number: _____

SUBCONTRACTOR INFORMATION: Forward License Number: EC0001472

Electrical: Forward Electric State: FL License Number: EC0001472

Mechanical: AS Air Conditioning Inc State: FL License Number: CAC058715

Plumbing: South Park Plumbing Inc State: FL License Number: CFC057458

ARCHITECT: NA Lic.#: _____ Phone Number: _____

ENGINEER: NA Lic.#: _____ Phone Number: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: Martin

This the 13th day of April, 2005

by Ronald M Hart who is personally

known to me or produced Fla Drive Lic.

as identification. Beverly M. Hall

Notary Public, State of Florida

My Commission Expires: 7-14-05 My Comm. exp. July 14, 2005

Seal Comm. No. DD 014149

CONTRACTOR SIGNATURE (required)

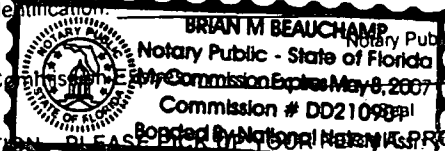
On State of Florida, County of: MARTIN

This the 19th day of APRIL, 2005

by AFFLUIT who is personally

known to me or produced _____

As identification: _____



TOWN OF SEWALL'S POINT

Date 4/29/05

BUILDING PERMIT NO. 7518

Building to be erected for HART

Type of Permit SUB-ELEC

Applied for by BLACK DIAMOND FORWARDER A/C (Contractor)

Building Fee /

Subdivision TWIN RIVER Lot B Block _____

Radon Fee _____

Address 113 N. SEWALL'S Pt RD

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL. NAME: Douglas Taylor

Electrical Fee PN 7511

St. Lic #: EC0001472

Parcel Control Number: _____

Plumbing Fee _____

3537410070000008170000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Douglas Taylor
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input checked="" 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 type="checkbox"/> ADDITION |

INSPECTIONS

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

TOWN OF SEWALL'S POINT

Date 5/3/05

BUILDING PERMIT NO. 7517

Building to be erected for Hect

Type of Permit Sub-A/C

Applied for by Black Diamond / DS Air Conditioning (Contractor)

Building Fee _____

Subdivision Turn River Lot 8 Block _____

Radon Fee _____

Address 113 N Sewall's Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee See PN7511

Print Qual Name: _____

Electrical Fee _____

St Lic #: _____

Parcel Control Number: _____

Plumbing Fee _____

355741007000000 \$170000

Roofing Fee _____

Amount Paid Check # Cash _____

Other Fees (_____)

Total Construction Cost \$ _____

TOTAL Fees _____

Signed [Signature]

Signed Gene Simons (Signature)

Applicant

Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> ELECTRICAL - A/C | <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 type="checkbox"/> ADDITION |

INSPECTIONS

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

MASTER PERMIT NO. 7511

TOWN OF SEWALL'S POINT

Date 4/28/05

BUILDING PERMIT NO. 7519

Building to be erected for HARV

Type of Permit SUB-PLUMBING

Applied for by Blaque Diamond / South Park Plum (Contractor)

Building Fee _____

Subdivision TWIN RIVER Lot 8 Block _____

Radon Fee _____

Address 113 N. Sewall's Point Rd

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL NAME: Jason Wintercorn

Electrical Fee PN 7511

Parcel Control Number: St. Lic # CFC 1426656

Plumbing Fee _____

3537410070000008170000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|--|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input checked="" 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 type="checkbox"/> ADDITION |

INSPECTIONS

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

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): 113 N SENAU'S POINT ROAD
APR 11 11 00 LOT 8, TRACT 1, PLYERS, ACCORDING TO THE MAP THEREOF RECORDED IN PLAT BOOK 2, PAGE 52

GENERAL DESCRIPTION OF IMPROVEMENT: Interior Renovations

OWNER: RONALD M. HART

ADDRESS: 211 COLORADO AVE. #5 STUART, FL 34994

PHONE #: 772-701-8163 FAX #: 772-781-1964

CONTRACTOR: Blackdiamond Certified Builders

ADDRESS: 133 W. Tropical Tr Merritt Is

PHONE #: 321-452-8022 FAX #: 321-452-8023

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE # _____ FAX # _____

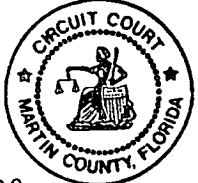
STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK

BY: [Signature] D.C.

DATE: 4/25/05



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1X)A7., 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(1XB), FLORIDA STATUTES.
PHONE #: _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF April
2005 BY Ronald Hart

[Signature]
NOTARY SIGNATURE

OR
PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID FLTD



INS # 1833488 OR BK 18006 PG 2020 RECD 04/25/2005 03:18:52 PM
MARSHA EWING CLERK C W15H
INS # 1833488 OR BK 18006 PG 2020 RECD 04/25/2005 03:18:52 PM
MARSHA EWING CLERK C W15H

Blk 6006 PG 2020 CW

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

CITY OF SEWALLS POINT
 BUILDING DEPARTMENT
 1 SEWALLS POINT ROAD
 SEWALLS POINT, FL 34996

INSURED:

DS AIR CONDITIONING INC
 2032 SE GIFFIN AVE
 PORT ST LUCIE, FL 34952

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> LIABILITY and Medical Expense	77-AC-481560-3001 NATIONWIDE MUTUAL INSURANCE CO.	11-01-04	11-01-05	Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100,000
				General Aggregate* \$ 2,000,000
				Prod/Comp Ops Aggregate* . \$ 1,000,000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) \$
<input type="checkbox"/> Owned				(Each Accident) \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) \$
<input type="checkbox"/> Non-Owned				Combined Single Limit \$
EXCESS LIABILITY				
<input type="checkbox"/> Umbrella Form				Each Occurrence \$
				Prod/Comp Ops/Disease Aggregate* \$
STATUTORY LIMITS				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease EACH EMPLOYEE \$
				Bodily Injury by Disease POLICY LIMIT \$

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the company, its agents, or representatives.

DESCRIPTION OF OPERATIONS/LOCATIONS
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS



Effective Date of Certificate: 11-01-2004
 Date Certificate Issued: 04-28-2005

Authorized Representative: POST INSURANCE & FINANCIAL
 Countersigned at: 146 NW CENTRAL PARK, #102
 PORT ST LUCIE, FL 34986

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BR
BLACO-1
DATE (MM/DD/YYYY)
11/04/04

PRODUCER
Broadway Insurance & Mtg. Inc.
P.O. Box 320770
3201 W. Atlantic Ave
Cocoa Beach FL 32932-0770
Phone: 321-783-2404 Fax: 321-784-1055

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

Black Diamond Certified Builders, Inc.
133 North Tropical Trail
Merritt Island FL 32953

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	First American Insurance Company	
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.

POLICY TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
					EACH OCCURRENCE	AGGREGATE
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"/> PROJ. <input type="checkbox"/> LOC	FAC6342207	11/01/04	11/01/09	EACH OCCURRENCE	\$ 1,000,000
	LIABILITY TO THIRD PARTY PERSONAL & ADV INJURY MED EXP (Any one person) GENERAL AGGREGATE PRODUCTS - COMP/OP AGG				\$ 50,000 \$ 500,000 \$ 2,000,000 \$ 1,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE/ AUTO <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per occurrence) BODILY INJURY (Per person) BODILY INJURY (Per occurrence) PROPERTY DAMAGE (Per occurrence)	\$ \$ \$ \$
	Garage Liability <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY AGG	\$ \$ \$
	UMBRELLA 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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				NC STATUTE - TOPT LIMITS OTH-ER EL EACH ACCIDENT EL OVERSAS - EA EMPLOYEE EL DISEASE - POLICY LIMIT	\$ \$ \$ \$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Carpentry for residential property not over 3 stories

CERTIFICATE HOLDER

TERMIN - 1

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 ISSUER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE:
 William D. Kellwood

© ACORD CORPORATION 1999

ACORD 28 (2001/08)

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 01/18/2004

** EXPIRATION DATE: 01/17/2006

PERSON:

FOLCARLETT LEONARD

FEIN:

3295833

BUSINESS NAME
AND ADDRESS:

BLACK DIAMOND CERTIFIED BUILDERS INC
133N TROPICAL TRAIL
MERRITT ISLAND FL 32953

SCOPE OF BUSINESS OR TRADE: GENERAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC - 252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 488-2333

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 01/18/2004 ** EXPIRATION DATE: 01/17/2006</p> <p>PERSON: FOLCARLETT LEONARD FEIN: 3295833</p> <p>BUSINESS NAME: BLACK DIAMOND CERTIFIED BUILDERS INC AND ADDRESS: 133N TROPICAL TRAIL MERRITT ISLAND FL 32953</p> <p>SCOPE OF BUSINESS OR TRADE: GENERAL CONTRACTOR</p>	<p style="text-align: center;">IMPORTANT</p> <p>Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p style="text-align: right;">QUESTIONS? (850) 488-2333</p>
---	---

CUT HERE

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

DWC - 252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

AC# 1438193

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
SEC#L04060701290

DATE	06/07/2004	030706517	LICENSE NBR	CGC028518
------	------------	-----------	-------------	-----------

The GENERAL CONTRACTOR
Named below is CERTIFIED under the provisions of Chapter 489 F.S.
Expiration date: AUG 31, 2006

FOLCARELLI, LEONARD
BLACK DIAMOND STREET
4680 KUNQUAT STREET
COCOA FL 32926

JBB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CABR
SECRETARY

2004 - 2005

BREVARD COUNTY OCCUPATIONAL LICENSE
SUBJECT TO COUNTY ZONING RESTRICTIONS
LICENSE SHOULD BE DISPLAYED ON PREMISES

ACCOUNT NO.
9730719

THE PERSON(S), OR ENTITY BELOW:

LICENSE PERIOD:

OCTOBER 1, 2004 - SEPTEMBER 30, 2005

EXPIRES:

SEPTEMBER 30, 2005

BLACK DIAMOND CERTIFIED BUILDERS INC
133 N TROPICAL TRL
MERRITT ISLAND FL 32953

ISSUED PURSUANT AND SUBJECT TO FLORIDA STATUTES AND BREVARD COUNTY CODE.
ISSUANCE DOES NOT CERTIFY COMPLIANCE WITH ZONING OR OTHER LAWS.
LICENSE IS SUBJECT TO REVOCATION FOR ZONING VIOLATIONS, AND / OR FAILURE TO
MAINTAIN REGULATORY PRE-REQUISITES AS REQUIRED FOR LIC. CLASSIFICATION(S),
OR SUBSEQUENT ACTIVITIES. NOTIFY TAX COLLECTOR UPON CLOSING OF BUSINESS.
A PERMIT IS REQUIRED TO ADVERTISE (including with signage) "GOING OUT OF BUSINESS".

ROO NORTHCUTT, CFC, CPM, Tax Collector, Brevard County
P O Box 2500, Titusville, Florida 32781-2500
(321) 264-6910

IS LICENSED AS INDICATED FOR THE FOLLOWING LOCATION:

133 N TROPICAL TRL
UNINCORP. N. MERR. ISL. FL 32953

UPON A CHANGE OF OWNERSHIP OR LOCATION,
LICENSE SHOULD BE TRANSFERRED WITHIN 30 DAYS.

OWNED BY:

BLACK DIAMOND CERTIFIED BUILDERS INC
L FOLCARELLI, CGC028518

EXEMPTIONS: **NON EXEMPT**

LICENSE CLASSIFICATIONS, DISCLAIMERS, AND RELATED FEES:

300305	GENERAL CONTR (CERTIFIED)	
590501	HAZ WASTE GEN SURCHARGE	\$37.00
820005	2004 - 2005 LICENSE AMT	\$15.00
	HAZ WASTE GEN FEE \$220	

RCT. NUM	TILL DATE	AMT PAID
PAID- 1500195.0001-0001	MIS 10/11/2004	52.00

BRANCH OFFICES:

Merritt Island Office, 1450 N. Courtenay Pkwy, Merritt Island, FL 32953 (321) 455-1413
Melbourne Office, 1515 Sarno Road, Melbourne, FL 32935 (321) 255-4453
Palm Bay Office, 2050 Eldron Blvd SE, Palm Bay, FL 32909 (321) 652-6325

MAIN OFFICE:

400 South St - 6th Floor, Titusville, FL 32780 (321) 264-6910, (321) 633-2199, ext. 46910

8193

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 04060701290

DATE	BATCH NUMBER	LICENSE NBR
07/2004	0307066	MCGC028518



The GENERAL CONTRACTOR
 named below IS CERTIFIED
 under the provisions of Chapter 485
 Expiration date: AUG 31, 2006

POLCARELLI, LEONARD
 BLACK DIAMOND CERTIFIED BUILDERS, INC.
 1680 KUMQUAT STREET
 COCOA FL 32926

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID SS DSAIR-1	DATE (MM/DD/YYYY) 04/28/05
PRODUCER R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255		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 DS Air Conditioning 2032 SE Giffen Ave Port St Lucie FL 34952		INSURERS AFFORDING COVERAGE INSURER A: FUBA INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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

INSR	ADDL	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> 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/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$												
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	10636382	04/01/05	04/01/06	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">WC STATUTORY LIMITS</td> <td style="width:5%;">OTHER</td> <td style="width:90%;"></td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 100000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 100000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 500000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT		\$ 100000	E.L. DISEASE - EA EMPLOYEE		\$ 100000	E.L. DISEASE - POLICY LIMIT		\$ 500000
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

CERTIFICATE HOLDER TOWN OF S Town of Sewalls Point 1 South sewalls Point road Stuart FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	---

OCCUPATIONAL TAX RECEIPT
CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34954-5099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL REGULATED TRADE LICENSES / COMPETENCY CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2004 to September 30, 2005

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY.

Business/Lic. 117439/05-1010933

Business Address: 2032 SE GIFFEN AV
Classification: CONT CONTRACTOR
Issued to: DS AIR CONDITIONING, INC.
2032 SE GIFFEN AV
PORT ST. LUCIE, FL 34952

Fee: 115.77
Discount: 0.00

Mary B. Mastio
BUSINESS LICENSE COORDINATOR
206/064 KA BUSINESS COPY

Fees: 115.77 Late Fees: 0.00 Total this payment : 115.77

OCCUPATIONAL TAX RECEIPT
CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34954-5099

THIS LICENSE VALID WHEN ALL STATE AND LOCAL REGULATED TRADE LICENSES / COMPETENCY CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

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This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

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Business Address: 2032 SE GIFFEN AV
Classification: CONT CONTRACTOR
Issued to: DS AIR CONDITIONING, INC.
2032 SE GIFFEN AV
PORT ST. LUCIE, FL 34952

Fee: 115.77
Discount: 0.00

BUSINESS LICENSE COORDINATOR
206/064 KA PAYMENT RECEIPT

Fees: 115.77 Late Fees: 0.00 Total this payment : 115.77



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

SHAWVER, DANIEL WAYNE JR
DS AIR CONDITIONING, INC
2032 SE GIFFEN AVE.
PORT ST. LUCIE FL 34952

STATE OF FLORIDA AC# 08888888
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CAC058715 08/23/04 040176550
 CERTIFIED AIR COND CONTR
 SHAWVER, DANIEL WAYNE JR
 DS AIR CONDITIONING, INC
 IS CERTIFIED under the provisions of Ch.489 FS.
 Expiration date: AUG 31, 2006 L04082301600

DETACH HERE

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID LE FOENR-1	DATE (MM/DD/YYYY) 12/06/04
PRODUCER R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	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 Forward Electrical Contractors of Florida Inc 4149 SE Salerno Rd Stuart FL 34997-8822	INSURERS AFFORDING COVERAGE	NAIC #	
	INSURER A: Auto-Owners Insurance Co	18988	
	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.

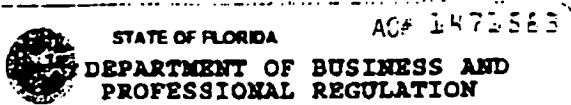
POLICY LTR	POLICY INSRCT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2061824304	08/28/04	08/28/05	EACH OCCURRENCE \$ 500000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 500000 GENERAL AGGREGATE \$ 500000 PRODUCTS - COMP/OP AGG \$ 500000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIREN AUTOS <input type="checkbox"/> NON-OWNED AUTOS	9543501600	08/28/04	08/28/05	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	95-435-016-01	08/28/04	08/28/05	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	NOT COVERED W/THIS AGENCY			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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 <div style="text-align: right; font-weight: bold;">TOWN024</div> Town of Sewalls Point 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 INSURER WILL ENDEAVOR TO MAIL <u>10*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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DIANE CARR
SECRETARY

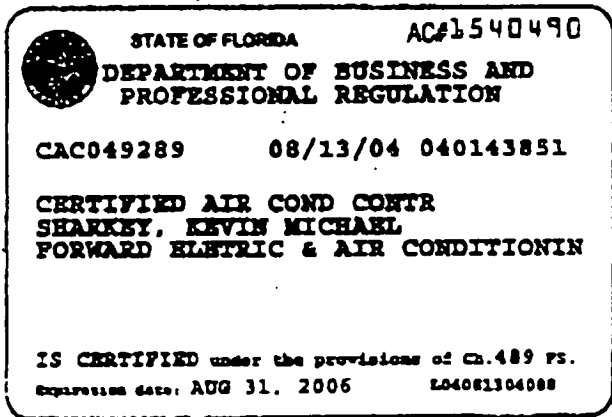
BY LAW



STATE OF FLORIDA AC# 1472563
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
EC0001472 07/02/04 040004474

CERTIFIED ELECTRICAL CONTRACTOR
TAYLOR, DOUGLAS LYNN
FORWARD ELECTRICAL CONTRACTORS OF

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L04070202140



STATE OF FLORIDA AC# 1540490
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CAC049289 08/13/04 040143851

CERTIFIED AIR COND CONTR
SHARKEY, KEVIN MICHAEL
FORWARD ELCTRIC & AIR CONDITIONIN

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L04061304088

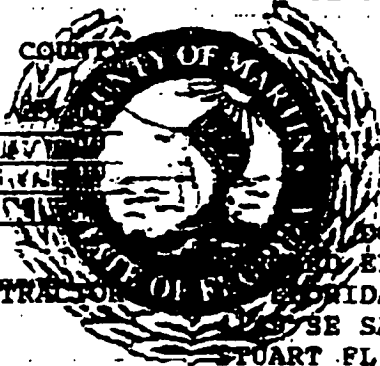
2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34986
(772) 289-6604

LICENSE 1974-508-045 CERT EC0001472
PHONE (772) 221-1660 SIC NO 235310
LOCATION 4149 SE SALERNO RD MA

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$.00	LIC. FEE \$	
\$.00	PENALTY \$	
\$.00	COL. FEE \$	
\$.00	TRANSFER \$	25.00
TOTAL			



DOUGLAS L (PRES)
CERTIFIED ELECTRICAL CONTRACTOR
4149 SE SALERNO RD
STUART FL 34997

RECEIPT OF PAYMENT

6010
LARRY C. O'STEEN
9/30/04/2004 0001 MARTIN
022841001000162

30 SEPTEMBER 04
DAY OF 2005

ACORD. CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
12/17/2004

PRODUCER
 Insurance Company of the Americas
 1310 Ulica Street
 P.O. Box 855
 Oriskany, New York 13424
 Tel: (315) 768-2726 Fax: (315) 736-8731

INSURED
 Employee Leasing Solutions, Inc.

1401 Manatee Ave W. Suite 600
 Bradenton, FL 34205

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Company of the Americas	33030
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED.LEXP. (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC69203010102	01/01/2005	01/01/2006	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER Print Ref:4523 Client ID: #4040029				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:

Forward Electric and A/C
Qualifiers Name: Douglas Taylor/Will Carso

Aprox active employee count: 32

CERTIFICATE HOLDER
 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
[Signature]

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
SOUTP-1

DATE (MM/DD/YYYY)
03/18/05

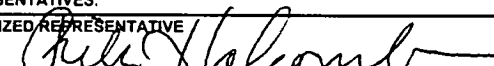
PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED South Park Plumbing, Inc. of Martin County P. O. Box 768 Port Salerno FL 34992	INSURER A: Assurance Company of America	19305
	INSURER B: Bridgefield Insurance Co	
	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 ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	SCP32908593	03/20/05	03/20/06	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					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)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
						\$
	EXCESS/UMBRELLA 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	830-22064	08/17/04	08/17/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	OTHER					

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

CERTIFICATE HOLDER TOWNS-1 Town of Sewalls Point 220-4765 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 INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CFC1426656 04/07/05 040818085

CERTIFIED PLUMBING CONTRACTOR
WINTERCORN, JASON THOMAS
SOUTH PARK PLUMBING INC OF MARTIN

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L05040700237

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

AC# 1972011

QB0014990 04/07/05 030730450

QUALIFIED BUSINESS ORGANIZATION
SOUTH PARK PLUMBING INC OF MARTIN

(NOT A LICENSE TO PERFORM WORK.
ALLOWS COMPANY TO DO BUSINESS IF
IT HAS A LICENSED QUALIFIER.)

IS QUALIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2005 L05040703858

AC# 1972011

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0504070385

DATE	BATCH NUMBER	LICENSE NBR
04/07/2005	030730450	QB0014990

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2005
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

SOUTH PARK PLUMBING INC OF MARTIN COUNTY
4505 SE DIXIE HIGHWAY
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC# 1968390

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0504070023

DATE	BATCH NUMBER	LICENSE NBR
04/07/2005	040818085	CFC1426656

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

WINTERCORN, JASON THOMAS
SOUTH PARK PLUMBING INC OF MARTIN COUNTY
4505 S DIXIE HWY
STUART FL 34997

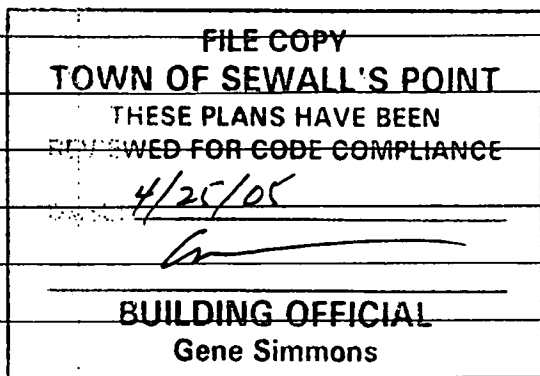
JEB BUSH

DIANE CARR

Scope of work

1. Electric

A. Kitchen:



1. Replace Runs To Accomodate Removal of Soffit.
2. Install New CANS in ceilings
3. Install GFI's where Required
4. HOOK up Appliances (DW, stove top, oven, MW Range Hood, GD)

B. Bath Room 1:

1. Install GFIs where Required
2. Install Light Box
3. Install CAN in

C. Bath Room 2

1. Install GFIs where Required
2. Install Light Box
3. Install CAN
4. Install Fan

D. Check all Circuits. Repair or Replace if necessary.

Trim

Page 1

2. Plumbing

A. Kitchen

1. New Sink stub out
P-TRAPS - VALVES
Install Sink

2. Check Ref Line
& DW Hook up
Replace if necessary

B. Bathroom 1:

1. Replace vent and Down
Line

2. New Valves

3. Install LAV, W.C.,
and Tub

C. Bathroom 2:

1. New valves

2. Install LAV, W.C.,
and Tub

D. Check W.H. and

Washer Hook-up
Replace if necessary

3. H.V.A.C.

- A. Check Ducts
Install New Drops
where Required,
Regs
- B. Hood vent (relocate)
- C. Check system & Balance
- D. Vents in Bedrooms -

4. G.C.

- A. Replace Insulation
where Required
- B. Install Dry wall
and Duro Rock
where Required
(Kitchen) (Baths)
- C. Replace Soffit where
Required (Dry Rot)
- D. Interior Doors
and Trim
- E. Paint inside & outside
- F. Tile & Capent
- G. Garage Door - Replace

H. Kitchen Cabinets (Install)
Counter Tops

J. Both Vanities

INSTR # 1755184
OR BK 01904 PG 1679
RECORDED 05/28/2004 04:05:37 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
DEED DOC TAX 2,240.00
RECORDED BY L Wood

This instrument Prepared By: ()
and return to: ()
Jordan Fields, Esquire ()
416 Cortez Avenue ()
Stuart, FL 34994 ()
Parcel ID# 03-38-41-011-011-00170-60000 ()

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, made this 26 day of May, 2004, by **RONALD MICHAEL HART, a single man**, party of the first part ("Grantor"), and **COOL CREATIONS, LLC, a Florida limited liability company**, whose post office address is 211 Colorado Avenue, Suite 5, Stuart, Florida 34994, party of the second part ("Grantee").

WITNESSETH: That the said party of the first part, for and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, paid in hand by the said party of the second part, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in Martin County, Florida, to-wit:

Lot 17, Block 11, Section Three, ST. LUCIE ESTATES, a subdivision in the City of Stuart, Martin County, Florida, according to the plat thereof on file in the Office of the Clerk of the Circuit Court in and for Palm Beach County, Florida recorded in Plat Book 11, page 23.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Print Name: JENNIFER PERRY

[Signature]
RONALD M. HART

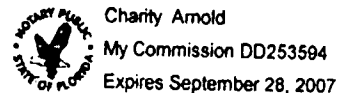
[Signature]
Print Name: TENA PENSENTI

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 26th day of May, 2004 by **RONALD M. HART**, a single man, who is personally known to me or who has produced his FL driver's license as identification.

(Seal)

[Signature]
Notary Public
Print Name: Charity Arnold
My commission expires:



OR BK 01904 PG 1681
RECORDED 05/28/2004 04:06:28 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
DEED DOC TAX 1,512.00
RECORDED BY L Wood

This instrument Prepared By: ()
and return to: ()
Jordan Fields, Esquire ()
416 Cortez Avenue ()
Stuart, FL 34994 ()
Parcel ID# 35-37-41-007-000-00081.70000 ()

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, made this 26 day of May, 2004, by **RONALD M. HART, a single man**, party of the first part ("Grantor"), and **COOL CREATIONS, LLC, a Florida limited liability company**, whose post office address is 211 Colorado Avenue, Suite 5, Stuart, Florida 34994, party of the second part ("Grantee").

WITNESSETH: That the said party of the first part, for and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, paid in hand by the said party of the second part, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in Martin County, Florida, to-wit:

A portion of Lot 8, TWIN RIVERS, according to the plat thereof, recorded in Plat Book 2, Page 52, Public Records of Martin County, Florida, described as follows:

Begin at the Northeast corner of Lot 8, run West along the North line of said Lot a distance of 180 feet; thence South 103.98 feet to the South line of said Lot; thence East, along said South line a distance of 233.63 feet to the Southeast corner of said Lot; thence North 27 17' West along the East line of said Lot a distance of 117 feet to the Point of Beginning.

LESS AND EXCEPT the Easterly two (2) feet conveyed in Quit Claim Deed recorded in Official Records Book 1096, page 1068, of the Public Records of Martin County, Florida.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Jordan Fields
Print Name: Jordan Fields

Ronald M. Hart
RONALD M. HART

Tena Pensenti
Print Name: TENA PENSENTI

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 26th day of May, 2004 by **RONALD M. HART**, a single man, who is personally known to me or who has produced his FL driver's license as identification.

(Seal)

Charity Arnold
Notary Public
Print Name: Charity Arnold
My commission expires:

7511

STOP WORK ORDER

DATE: 4-12-05

ADDRESS: 113 N.S.P.R

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

The work described below requires a permit:

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

Chris McCarty

 BUILDING OFFICIAL OR INSPECTOR

DO NOT REMOVE THIS NOTICE UNTIL PERMIT IS OBTAINED!



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 113 N. SPR.

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

DTM WALL

METALIC FLEX ELEC. SERVICE
FOR WATER HEATER

NEED GROUNDING FOR W. H.

EXHAUST DUCTS TO TERMINATE
AT OUTSIDE.

NAILED AT TOP WALL KITCHEN

EXT. WALL, & BATHS-

REMOVE ABANDONED FLUOR. FX.

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


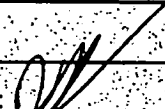
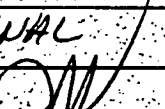
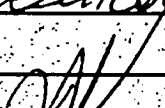
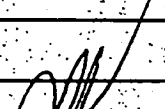
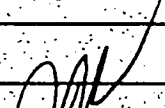
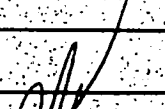
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/28, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6812	MADER	GROUND RGT	FAIL	
5	106 ABBIE CT.			INSPECTOR: 
	PARADIAN PLUMB.			
7511	HART	RGT PLUMB/AC/ELEC	FAIL	
14	113 N. SEWALL'S Pt	(PRE-DOWNS)		INSPECTOR: 
	BLACK DIAMOND			
7428	BOUCHER	FINAL REEFOF	PASS	PASSED PREVIOUSLY
2	21 MIDDLE ROAD	(CLOSE)		FOR FINAL
	DENNIS CONST			INSPECTOR: 
6741	OSTEEN	FINAL ELEC	—	WILL RECHECK
12	1 RIDGEVIEW			INSPECTOR: 
	ANGUS ENT.			
7482	FERRARO	PLUMBING	PASS	
9	4 KINGSTON CT			INSPECTOR: 
	AQUA DIMENSIONS			
7054	TAPPEE	UG PLUMBING	PASS	
3	22 ISLAND RD			INSPECTOR: 
	WINCHIP			
6857	PREISSMAN	MECH	PASS	
10	28 RIO VISTA	ROUGH PLUMB	PASS	INSPECTOR: 
	WINCHIP			

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 6, 2005 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7231	Schmitt	Fence-Final	PASS	CLOSE
10	15 Heritage Way O/B			INSPECTOR: <i>[Signature]</i>
7509	Barry	Re-roof Tin top	PASS	Requested very
9	97 S. Sewalls Pt Rd Apostolopoulos	nailing metal		early INSPECTOR: <i>[Signature]</i>
7017	Schneider	Final Pool Screen	PASS	CLOSE
6	90 S. River Rd Coastal Alumn.	Enclosure		INSPECTOR: <i>[Signature]</i>
6857	Pressman	Framing	FAIL	
7	28 Rio Vista O/B	Electric	FAIL	INSPECTOR: <i>[Signature]</i>
7054	Tapper	Slab	PASS	concrete scheduled
1	22 Island Rd Winthrop			for Monday INSPECTOR: <i>[Signature]</i>
7267	Taylor	Final Roofs	PASS	CLOSE
2	11 Palm Road Campano Robbins			INSPECTOR: <i>[Signature]</i>
1511	Hart	Day wall	PASS	
72	113 N. Sewalls Pt Rd Black Diamond			INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 113 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.

FINAL

- GFCI RECEPT. TO RIGHT K.M. SINK
HAS REVERSE POLARITY -
- VANITY LIGHT IN GUEST DOES NOT
WORK.
- LABEL ELEC. SERVICE PANEL
- (4) SCREWS MISSING ON PANEL COVER
- GAR. DOOR BUCKS (WOOD) NEED
EXPANSION BOLTS @ 24 OC TO
SECURE TO BLOCK WALL.

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

DATE: 8/31

AM
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/31, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
511	Hart	Final	FAIL	
10A	113 N Sewall's Pt Rd Black Diamond			INSPECTOR: <i>OM</i>
TREE	TROOATO	TREE	PASS	
5	99 S Sewall's Pt			INSPECTOR: <i>OM</i>
TREE	DAYTON	TREE	PASS	
11A	14 PALM COURT			INSPECTOR: <i>OM</i>
6	DUNN 48 RIO VISTA O/B	FENCE FINAL	PASS	CLOSE INSPECTOR: <i>OM</i>
6719	DONAHE	FINAL SFR	—	SCHEDULE FOR FRIDAY 9/2
2	163 S. Sewall's Pt HAUL-SAMMONS			INSPECTOR:
7412	DONAHE	FINAL GAS	—	SCHEDULE FOR FRIDAY 9/2
2	163 S. Sewall's Pt PROPANE DISCOUNTERS			INSPECTOR:
7122	DONAHE	FINAL RETAINING WALL	—	↓ INSPECTOR:
2	163 S. Sewall's Pt O/B			

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 113 N. SEWALL'S 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.

FINAL

WOOD BUCKS @ GAR. DOOR
NEED ANCHORS PER
SURRENT CODE WHEN
NEW DOOR IS INSTALLED.
- 24" O.C STAGGERED -

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: 9/2

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7511	HART	FINAL RENOV	FAIL	
9	113 N. SEWALL'S Pt BLACK DIAMOND			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	OSTEEN	TREE	PASS	
4	1 RIDGEVIEW Dr			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7536	BUONO	ROOF FINAL	PASS	CLOSE
8	106 N. SEWALL'S TITLE ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7412	DONAHE	FINAL GAS	PASS	CLOSE
11	1163 S. SEWALL'S PROPANE DISCOUNTERS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7122	DONAHE	FINAL RETAINING WALL	PASS	CLOSE
11	163 S. SEWALL'S Pt O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7208	DONAHE	FINAL RETAINING WALL + FENCE COL	PASS	CLOSE
11	163 S. SEWALL'S Pt HALL-SAMMONS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7347	DONAHE	FINAL RET'G WALL	PASS	CLOSE
11	163 S. SEWALL'S Pt O/B			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/9, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7691	THOMAS	FINAL ROOF	PASS	CLOSE
2	10 PALM ROAD FEAZEL ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	SIMPSON	TREE	PASS	
1	140 S. SEWALLS PT	FIRST PLEASE = DOG		INSPECTOR: <i>[Signature]</i>
7755	BARILE	DRY-IN	PASS	
7	17 FIELDWAY DR SUPERIOR ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	CONWAY	TREE	PASS	
8	4 OAK HILL WAY			INSPECTOR: <i>[Signature]</i>
7724	SWEENEY/BOJNICK	FINAL GARAGE DOOR	PASS	CLOSE
4	4 S. VIA LUCINDIA BROTEN GARAGE			INSPECTOR: <i>[Signature]</i>
7511	HART	FINAL RENOV.	PASS	CLOSE
9	113 N. SEWALLS PT BLACK DIAMOND			INSPECTOR: <i>[Signature]</i>
7712	THORNE	FINAL ROOF	FAIL	
10	22 PERRIWINKLE LA DUREN			INSPECTOR: <i>[Signature]</i>
OTHER:	82 S. SEWALLS PT - FREE ROOF WORK W/O PERMIT			NO ACTIVITY ON SITE - <i>[Signature]</i>

~~82 S SEWALLS PT RD~~