

124 North Sewall's Point Road

DOCK

NO PERMIT

NUMBER ISSUED

Date 9/4/98

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

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

Owner Pasquale Zarro Present Address 729 S. Federal Hwy. Stuart, Fl. 34994
Phone 288-5251
Contractor P. J. Marine Const. Inc. Address 1295 SE Cutoff Rd. Stuart, Fl. 34994
Phone 561-220-3628
Where licensed Manatee County License number SPO1585
Electrical contractor n/a License number n/a
Plumbing contractor n/a License number n/a

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: TO construct 125' long X 4' wide dock

State the street address at which the proposed structure will be built: 104 N. Sewalls Point Rd, Stuart, Fl. 34996

Subdivision Indian River Hammocks Lot number 4 Block number

Contract price \$ 2,500. - Cost of permit \$

Plans approved as submitted Plans approved as marked

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

Contractor Lisa Juliano

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

Owner [Signature]

TOWN RECORD

Date submitted Approved: F. Collins (AS NOTED) 9/16/98 Building Inspector date

Approved: Commissioner Date Final Approval given: Date

Certificate of Occupancy issued (if applicable) Date

SP1282

Permit No.

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

AUG 06 1997

Regulatory Division
South Permits Branch
199704576 (GP-JC)

Post-it® Fax Note	7671	Date	8/26	# of pages	2
To	PASQUALE ZARRO	From	LISA TULLIANO		
Co./Dept.	Sterling Mortgage	Co.	PLAZA MARINA		
Phone #	288-5251	Phone #	220-3625		
Fax #	286-6861	Fax #	220-6816		

Shaun Jones
A Superior Marine Construction
5914 SE Mitzi Lane
Stuart, Florida 34997

*Here is the Army
Corps permit - Keep
this for your records.
Lisa*

Dear Mr. Jones:

Reference is made to your Department of the Army application submitted on behalf of Pasquale Zarro concerning the construction of a 4- by 125-foot pier. The project is located at Lot 4 of Indian River Hammocks in the Indian River, Section 35, Township 38 South, Range 41 East, Stuart, Martin County, Florida.

The proposed structure is authorized by General Permit SAJ-20, a copy of which is enclosed for your information and use. You are authorized to proceed with the project in accordance with the enclosed drawings subject to all conditions of the permit.

If the work authorized herein is not completed by March 1, 1999, no further work may be undertaken and you should contact this office. A determination of the status of the General Permit will be made and you will be advised. If the General Permit has been reissued with no substantive change(s), a request for an extension of your previous authorization will be considered. If the General Permit has not been reissued or was reissued with new conditions, a new application and drawings may need to be submitted.

This letter of authorization does not obviate the necessity to obtain any other Federal, State or local permits which may be required. You should check State permitting requirements with the Florida Department of Environmental Protection. A list of addresses of the appropriate State office is enclosed for your information and use.

Thank you for your cooperation with our permit program.

Sincerely,

Kelly D. Enright
for Osvaldo Collazo
Acting Chief, South Permits Branch.

Enclosure

bcc:
CESAJ-RD-SV



Department of Environmental Protection

Port St. Lucie Branch Office
1801 SE Hillmoor Drive
Suite C-204
Port St. Lucie, FL 34952

(561)871-7662 (561)335-4310

Lawton Chiles
Governor

JUL 24 1997

Virginia B. Wetherell
Secretary

Pasquale Zarro
729 South Federal Highway
Stuart, FL 34994

File No.: 0124904-001

Dear Mr. Zarro:

Thank you for your application to construct a 500 square foot fishing pier measuring 125' X 4' with handrails around the entire perimeter and posted with a "No Mooring" sign. This project is located at Lot 4, Indian River Hammocks, Indian River Lagoon Aquatic Preserve, O.F.W., Class III Waters, Section 35, Township 37 South, Range 41 East, Stuart, Martin County.

Based on the information you sent to us, we have determined that your project is exempt from the need for an environmental resource permit under Rule 40E-4.051 (3)(b), Florida Administrative Code (F.A.C.) and Chapter 403.813, Florida Statutes (F.S.).


In addition, this letter is your authorization to use state-owned submerged land (if applicable) for the construction of your project, as required by Chapter 253.77, F.S. and Chapters 18-20 and 18-21, F.A.C.

You may need additional permits from the U.S. Army Corps of Engineers and other county and city agencies before you begin construction.


If you change the project from what you submitted, you may no longer qualify for the exemption. Please contact us prior to construction if you wish to make any changes.

Please contact Bruce Jerner at the letterhead address, telephone number (561)871-7662 or (561)335-4310 if you have any questions.

Sincerely,



Mary C. Figueira
Acting Branch Office Administrator

MCF/BJ/lmw 

Enclosures: General Consent Conditions
Attachment C

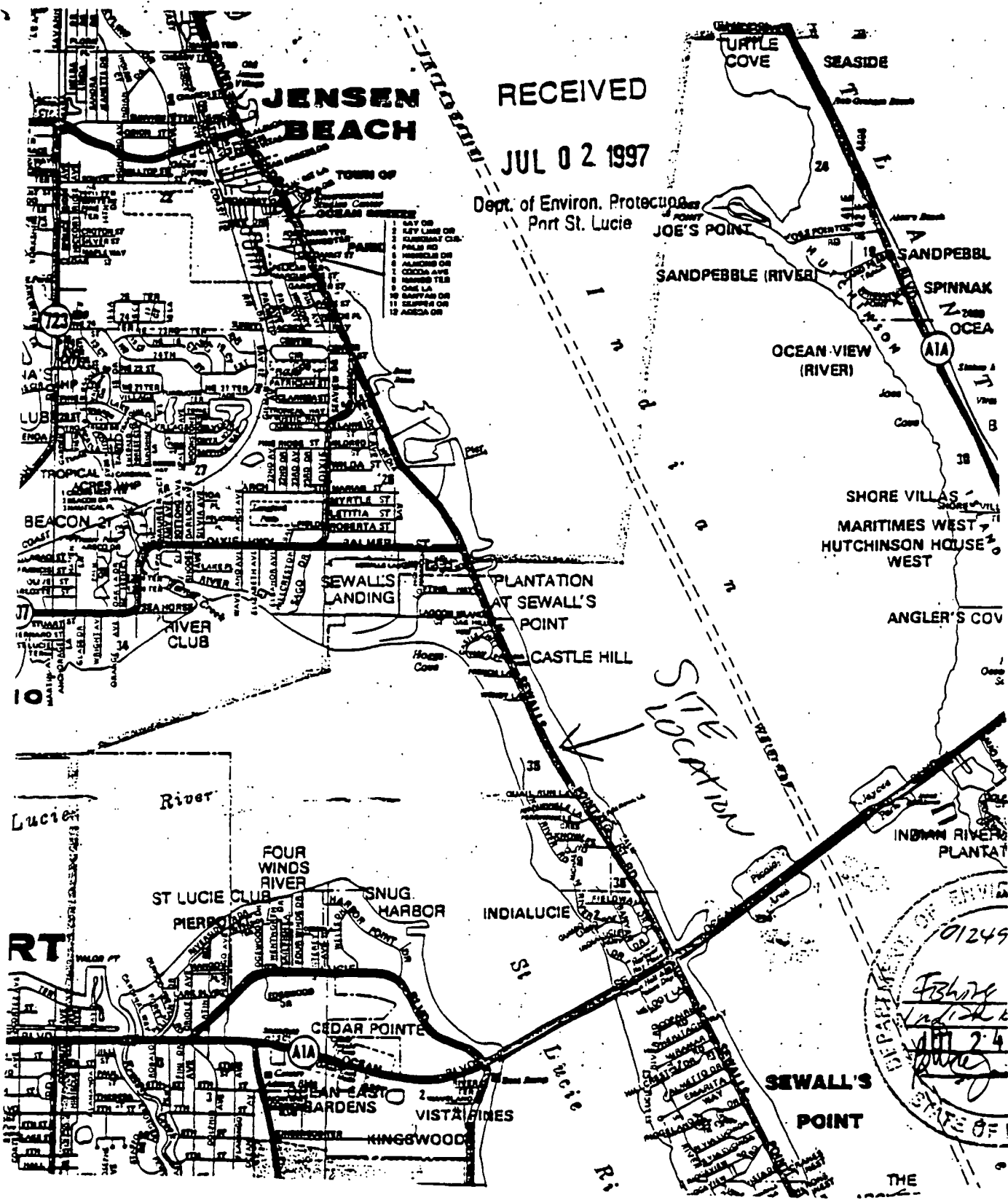
cc: U.S. Army Corps of Engineers, Jacksonville
Superior Marine Construction, Inc., (Agent)

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

RECEIVED

JUL 02 1997

Dept. of Environ. Protection
Port St. Lucie



SCALE: NTS

DATE: 8/31/98

REVISIONS:

SHEET: 1 OF 3

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

Handwritten signature and date: J. Villanueva 8/2/98

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

OWNER: Pasquale Zarro
 Lot 4, North Sewall's Point Rd
 Stuart FL

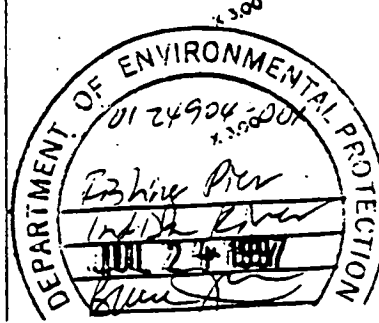
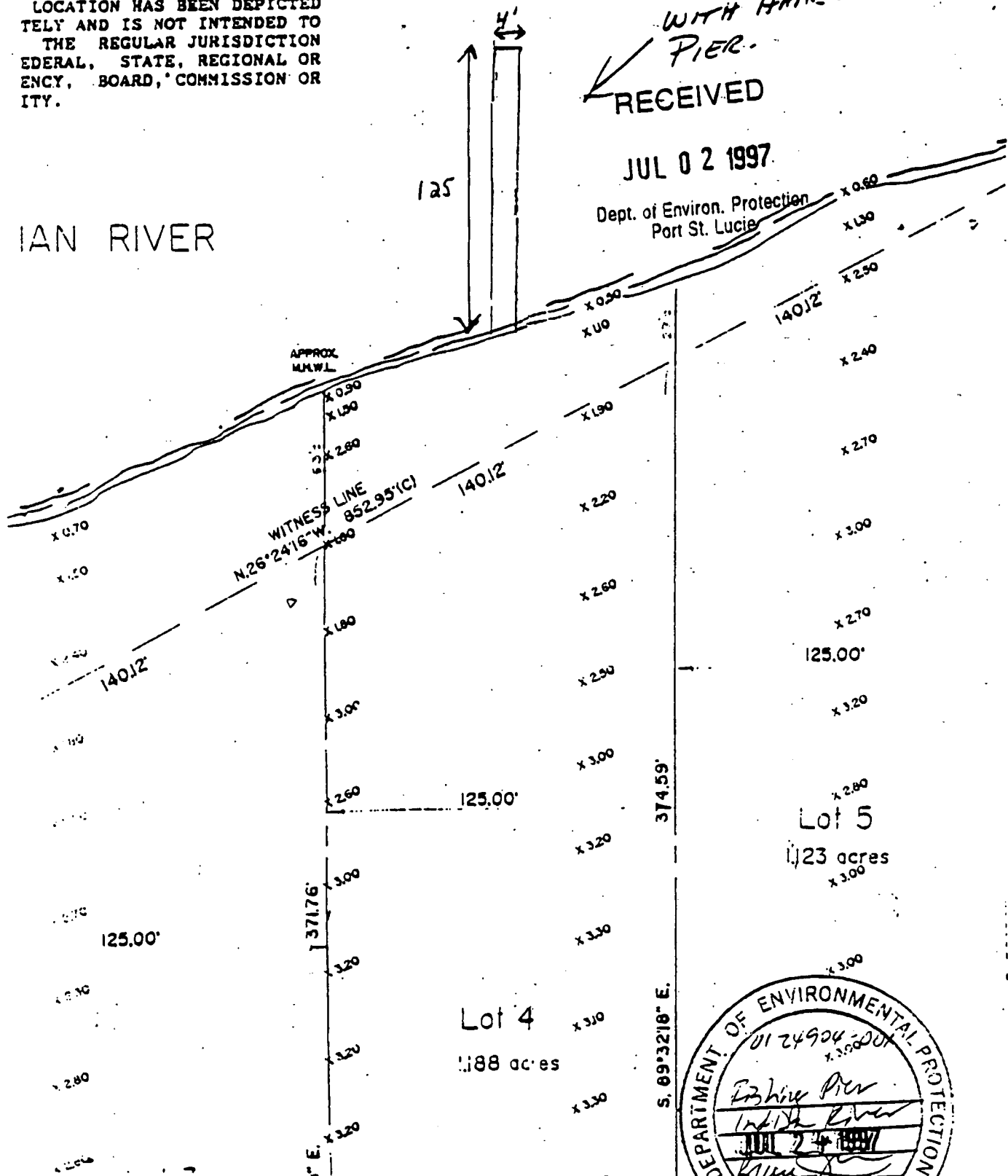
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JUL 02 1997

Dept. of Environ. Protection
 Port St. Lucie



SCALE: <u>NTS</u>	DATE: <u>8/31/98</u>	REVISIONS:	SHEET: <u>2 OF 3</u>
STATE OF FLORIDA REGISTERED ENGINEER JOSE VILLANUEVA 3316 NW PERIMETER ROAD PALM CITY, FLORIDA 34990 STATE OF FLORIDA P.E. NO.#16749		CONTRACTOR: SALVATORE J JULIANO, JR BELLA MARINE, INC. 1295 SE CUTOFF ROAD, STUART, FL 34994 MARINE CONTRACTOR LICENSE# SP01585	
<i>Jose Villanueva</i> 9/2/98		OWNER: Pasquale Zarro Lot 4, North Sewalls Point Rd Stuart, FL	

4' wide

125' Long

3'

8" C.C.A.

MACHINE FLS

2" DIA. DRILL
1" SPACING

2" x 8"

STRIPS

2" DIA. DRILL
GEN. EC.
6 W/SPACES

2" x 8" CROSSMEMBER

M.H.W.

M.H.W. = 2.5'

M.L.W.

M.L.W. = 1.6'

APPROX EST.

6" MIN. PENETRATION

DOCK DETAILS

APPROVED AS NOTED:

SEE REVERSE →

SCALE: NTS

DATE: 8/31/98

REVISIONS: _____

SHEET: 3 OF 3

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

Handwritten signature and date: JPV 9/2/98

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

OWNER: Pasquale Zarro
Lot 4, North Sewall's Pt Rd
Stuart, FL

9/16/198

NOTES:

1. NEED LETTERS OF NO OBJECTION FROM ALL RECORD OWNERS LOCATED ADJACENT TO THE APPLICANT'S PROPERTY PER SEC 9.5-4(2).
2. PROVIDE MIN. OF 2 EVENLY SPACED 2 1/2" DIAMETER REFLECTIVE DEVICES ON BOTH SIDES OF THE DECK. (ONE ON END AND ONE IN THE MIDDLE).
3. DECK PLANKS TO HAVE A MIN. SEPARATION OF 1".
4. MIN SETBACK OF 25' FROM SIDE PROPERTY LINES.

F Collins PX1415

: 0310 21 050299A

← 329310A 352

4717

SFR

7/20/99 APPLICATION WITHDRAWN FOR REVISION & RESUBMITTAL.

12/2/99 Bldg. Pmt# 4717

RECEIVED Town of Sewall's Point AUG 19 1999 BUILDING PERMIT APPLICATION

RECEIVED JUN 15 1999

Owner's Name: Pasquale G. Zarro Phone No. 561/288-5251
Owner's Present Address: 5628 SE Lamay Drive, Stuart, FL 34997
Fee Simple Titleholder's Name & Address if other than owner N/A

Location of Job Site: Lot #4, Indian River Hammock 124 N. SEWALL'S POINT RD
TYPE OF WORK TO BE DONE: Residential Construction
CONTRACTOR INFORMATION
Contractor/Company Name: Buford Construction Company Phone No. (PH) 283-0940
COMPLETE MAILING ADDRESS 4899 SE Jack Avenue, Stuart, FL 34997
State Registration State License CBC037840
Legal Description of Property Lot 4 Indian River Hammock
Parcel Number 25-27-41-000-000-00014.00000

ARCHITECT/ENGINEER INFORMATION
Architect Granfield Granfield Architects Phone No. 283-6032
Address 3601 SE Ocean Boulevard, Stuart, FL 34996
Engineer Stiles Pete Phone No. 223-9883
Address 1051 E Ocean Boulevard, Suite 2, Stuart, FL 34996
Area Square Footage: Living Area 3679 SF Garage Area 348 SF Carport 556 SF
Accessory Bldg. Covered Patio 2043 SF Scr. Porch Wood Deck
Type Sewage: SEWER Septic Tank Permit # from Health Dept. N/A
NEW electrical SERVICE SIZE 400 AMPS

FLOOD HAZARD INFORMATION
flood zone A10 minimum Base Flood Elevation (BFE) 10' NGVD
proposed finish floor elevation 11' NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement \$400,000.00
Fair Market Value (FMV) prior to improvement
Substantial Improvement 50% of FMV yes XXX No
Method of determining FMV

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)
Electrical Fairchild Electric State License ER0010037
Mechanical Environmental Control Tech State License# CAC041263
Plumbing Master Plumbing State License# RF0036357
Roofing Pacific Roofing State License# CCC056793

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE [Signature] 1999
Sworn to and subscribed before me this 8th day of JUNE, 1998 by
who is personally known to me or has produced or has produced
and who did (did not) take an oath.
CONTRACTOR SIGNATURE [Signature]
Sworn to and subscribed before me this 8th day of JUNE, 1998
by who is personally known to me or has produced 1999
and who did (did not) take an oath.

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed 2 No. to be retained 72 No. to be planted _____

Specimen tree removed PINE Fee _____ Authorized/Date _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

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

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

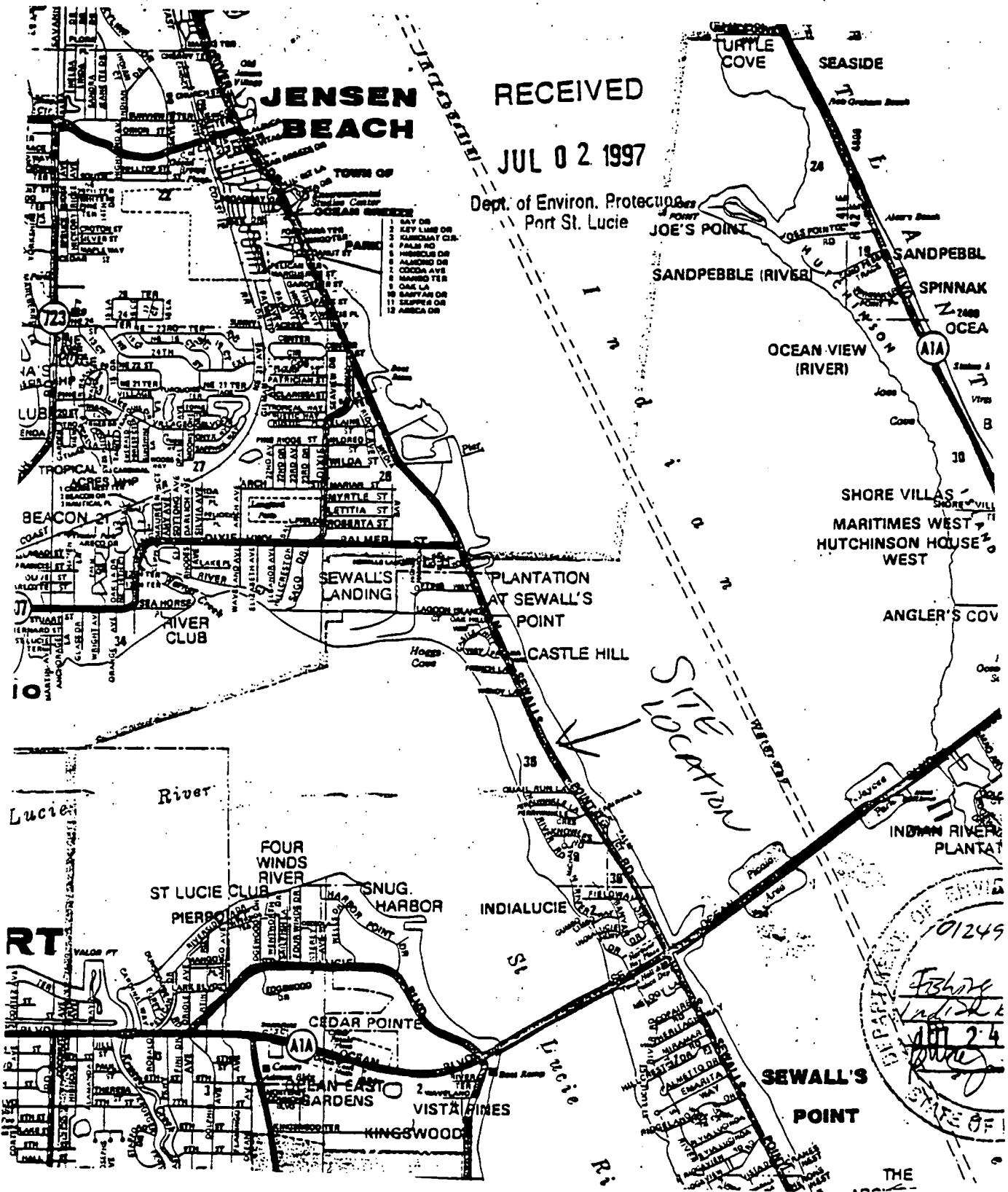
ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____



RECEIVED
JUL 02 1997

Dept. of Environ. Protection
Port St. Lucie

STATE OF FLORIDA
101249
John
Villanueva
7/24
pure

SCALE: <u>NTS</u>	DATE: <u>8/31/98</u>	REVISIONS:	SHEET: <u>1 OF 3</u>
STATE OF FLORIDA REGISTERED ENGINEER JOSE VILLANUEVA 3316 NW PERIMETER ROAD PALM CITY, FLORIDA 34990 STATE OF FLORIDA P.E. NO. #16749		CONTRACTOR: SALVATORE J JULIANO, JR BELLA MARINE, INC. 1295 SE CUTOFF ROAD, STUART, FL 34994 MARINE CONTRACTOR LICENSE#: SP01585	
<i>J. Villanueva</i> <i>9/2/98</i>		OWNER: Pasquale Zarro Lot 4, North Sewall's Point Rd Stuart FL	

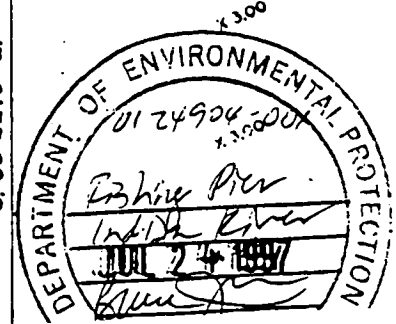
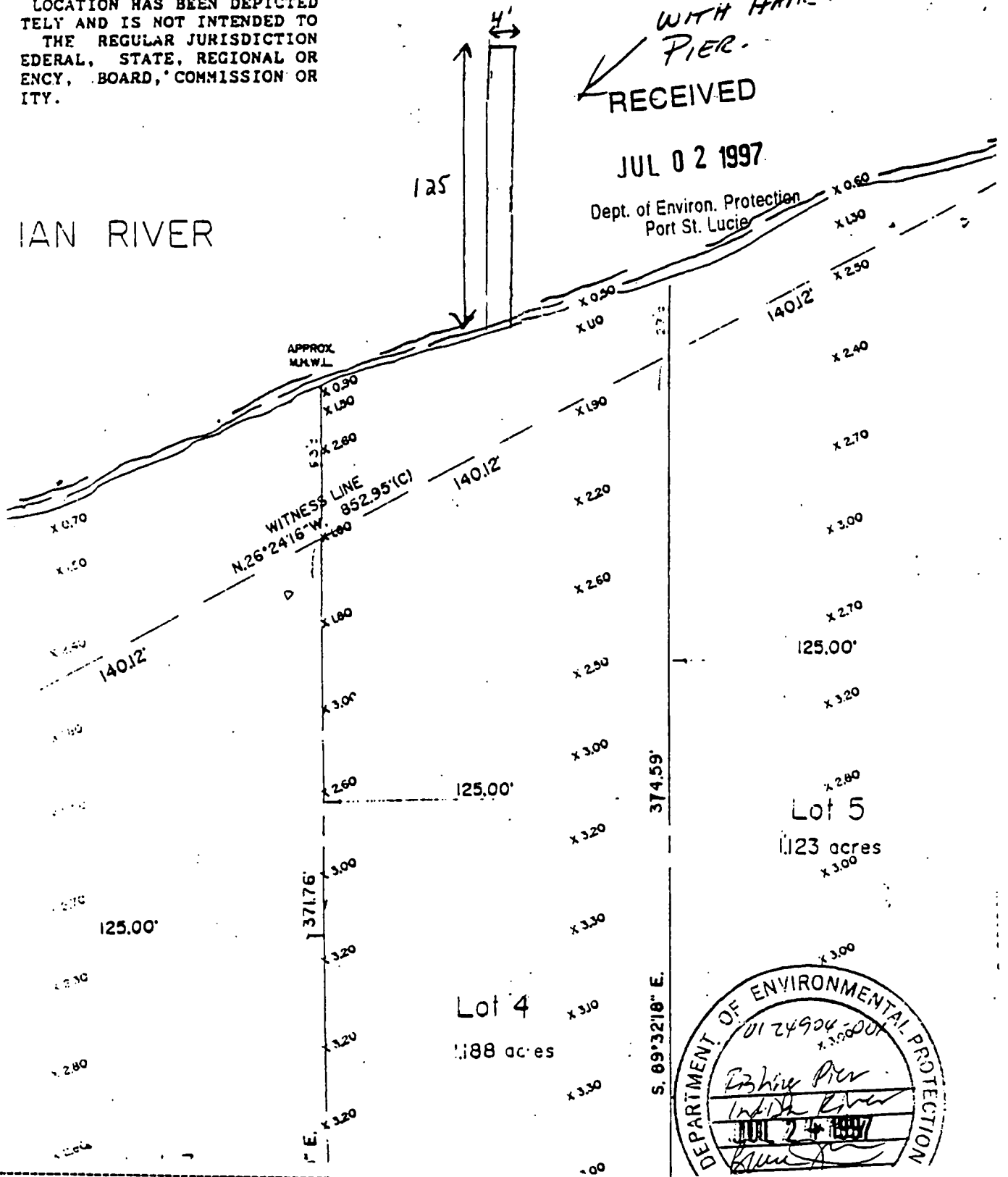
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JUL 02 1997

Dept. of Environ. Protection
 Port St. Lucie



SCALE: N.T.S. DATE: 8/31/98 REVISIONS: _____ SHEET: 2 OF 3

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

[Handwritten Signature]
 9/2/98

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

OWNER: Pasquale Zarro
 Lot 4, North Sewall's Point Rd
 Stuart, FL

4' wide

125' Long

3'

8" C.C.A.
MARINE PILES

2" x 8" DECK
1" SPACING

2" x 8"
SILLING

3/8" dia
GALV-304
WASHERS

2" x 2" CROSSMEMBER

M.H.W.

M.H.W. = 2.3'

M.L.W.

M.L.W. = 1.6'

APPROX EST.

6" MIN. PENETRATION

DOCK DETAILS

APPROVED AS NOTED:

SEE REVERSE →

SCALE: <u>N.T.S.</u>	DATE: <u>8/31/98</u>	REVISIONS: _____	SHEET: <u>3 OF 3</u>
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STATE OF FLORIDA
 REGISTERED ENGINEER
 JOSE VILLANUEVA
 3316 NW PERIMETER ROAD
 PALM CITY, FLORIDA 34990
 STATE OF FLORIDA P.E. NO. #16749

*J.P.L. pg
9/2/98*

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

OWNER: Pasquale Zerro
 Lot 4, North Sewall's Pt Rd
 Stuart, FL

9/16/18

NOTES:

1. NEED LETTERS OF NO OBJECTION FROM ALL RECORD OWNERS LOCATED ADJACENT TO THE APPLICANTS PROPERTY PER SEC. 4.5-4(2).
2. PROVIDE MIN OF 2 EVENLY SPACED 2 1/2" DIAMETER REFLECTIVE DEVICES ON BOTH SIDES OF THE DECK. (ONE ON END AND ONE IN THE MIDDLE).
3. DECK PLANKS TO HAVE A MIN. SEPARATION OF 1".
4. MIN. SETBACK OF 25' FROM SIDE PROPERTY LINES.

 PX145

APPROVED BY: [Signature]
DATE: [Signature]

SEWALL'S POINT
BUILDING DEPARTMENT
PLAN REVIEW FEE

DATE: 8.19.99

NAME: DENNIS BUFORD

ADDRESS: 4899 S.E. JACK AVE.

PHONE NUMBER: 283-2050

ESTIMATED COST OF PROJECT BEING REVIEWED \$400,000.00

PROJECT COST _____

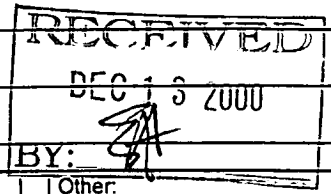

X \$9.60/m = 3840⁰⁰ ESTIMATED
BLDG.PERMIT FEE
X 10% = 384⁰⁰ PLAN REVIEW FEE

The information provided is to the best of my knowledge truthful and accurate.

Signature D. Buford
Date 8.19.99

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Zarro, Pasquale		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Sewall's Point Rd.		Company NAIC Number
CITY Sewall's Point	STATE FL	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) See Attached		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (###° - ##' - ###.###" or ###.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: BY: 

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Town of Sewall's Point 120164		B2. COUNTY NAME Martin	B3. STATE FL
B4. MAP AND PANEL NUMBER 120164 0001	B5. SUFFIX E	B6. FIRM INDEX DATE 6/30/99	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10/16/96
B8. FLOOD ZONE(S) A10, A10, V13		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8', 9', 10'	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

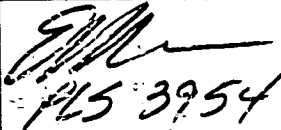
C2. Building Diagram Number 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) _____ 12 . 98 ft.(m)
- b) Top of next higher floor _____ 23 . 08 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) _____ 10 . 56 ft.(m)
- d) Attached garage (top of slab) _____ 4 . 2 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building _____ 10 . 05 ft.(m)
- f) Lowest adjacent grade (LAG) _____ 2 . 7 ft.(m)
- g) Highest adjacent grade (HAG) _____ 3 . 0 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 2
- i) Total area of all permanent openings (flood vents) in C3h 10,736.35 sq.in.(sq. cm)

License Number, Embossed Seal, Signature, and Date


945 3954
12/12/00

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Edwin R. Matthews		LICENSE NUMBER 3954	
TITLE P.S.M.	COMPANY NAME Velcon Group, Inc.		
ADDRESS 702 SW P.S.L. Blvd	CITY P.S.L.	STATE FL	ZIP CODE 34953
SIGNATURE	DATE 12/12/00	TELEPHONE (561)89-0477	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Sewall's Point			Policy Number
CITY Sewall's Point	STATE Florida	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade.
- E3. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

JORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/07/1999

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

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.

Attn: Rae Schichtel Ext:

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

COMPANIES AFFORDING COVERAGE	
COMPANY A	Great American
COMPANY B	Hartford
COMPANY C	
COMPANY D	

PERMIT FILE 11/2/99

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	GGL1041	05/31/1999	05/31/2000	GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					PERSONAL & ADV INJURY \$ 500,000
					EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
					BOCILI INJURY (Per person) \$
					BOCILI INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT: \$ AGGREGATE: \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	38WBGEV8741	04/17/1999	04/17/2000	WC STATUTORY LIMITS: DTH ER \$
					EL EACH ACCIDENT \$ 100,000
					EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS

State of Florida

CERTIFICATE HOLDER

Town of Sewells Point
One South Sewells Point Rd.
Sewalls Point Rd, , FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Susan Fines/DRS

Susan M. Fines

AC# 1155

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

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 07/07/1999, 99000525, CB -C037B40

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

BUFORD, DENNIS A
BUFORD CONSTRUCTION COMPANY
4899 SE JACK AVENUE
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

AC# 5580830

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

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 07/07/1999, 99000482, QB -0012246

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2001

(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS THE
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER,)

BUFORD CONSTRUCTION COMPANY
4899 SE JACK AVE
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

MARTIN COUNTY ORIGINAL
1999 COUNTY OCCUPATIONAL LICENSE 2000
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 088 513 305 CERT C037B40
PHONE 561 287 2050 SIC NO 1521
LOCATION:
4899 SE JACK AVE

CHARACTER COUNTS IN MARTIN COUNTY

Table with 2 columns: Description, Amount. Rows include PREV YR, LIC. FEE, PENALTY, COL. FEE, TRANSFER, and TOTAL 25.00

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF CERT BLDG CONTR
AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

20 DAY OF SEPTEMBER 19 99 SEC.
AND ENDING SEPTEMBER 30 2000

BUFORD CONSTRUCTION COMPANY
DENNIS A BUFORD
4899 SE JACK AVE
STUART FL 34997

RECEIPT OF PAYMENT
L.C. O'STEEN, T.C.
99 09/21/1999 OCC. NUMERAL
198851305
0219990921005653CK

OCT-13-1999 13:50

DEAKINS-CARROLL

561 288 2481

P.01/01

ACORD CERTIFICATE OF LIABILITY INSURANCE

10/13/1999

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

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

Attn: Ext:
 INSURED Environmental Control Technology, Inc.
 3397 S W 42nd Avenue
 Palm City, FL 34990

- COMPANIES AFFORDING COVERAGE
- COMPANY A TRANSCONTINENTAL INS CO
 - COMPANY B TRANSPORTATION INS CO
 - COMPANY C
 - COMPANY D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
A	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT	C134274428	01/03/1999	01/03/2000	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	C134274431	12/28/1998	12/28/1999	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
B	X EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	C155824592	01/03/1999	01/03/2000	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL OTHER: EXCL	WCC169069931	04/01/1999	04/01/2000	WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

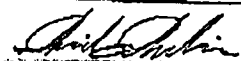
CERTIFICATE HOLDER

Town of Sewalls Point
 Fax No. 283-6776
 1 S. Sewalls Point Road
 Sewalls Point, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 David Deakins/BM



ACORD CORPORATION 1988

MARTIN COUNTY ORIGINAL
1999 COUNTY OCCUPATIONAL LICENSE 2000

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

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	0.00	LIC. FEE \$	25.00
\$	0.00	PENALTY \$	0.00
\$	0.00	COL. FEE \$	0.00
\$		TRANSFER \$	0.00
TOTAL			25.00

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **PLUMBING**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

8 DAY OF **SEPTEMBER**, 19**99**
 AND ENDING SEPTEMBER 30, **2000**

LICENSE: 1977 524 053
 PHONE: 561 287 2366
 LOCATION: 2551 SE CLAYTON ST

CERT: 10000
 SIC NO: 10000

MASTER PLUMBING
 2551 SE CLAYTON
 STUART, FLA 34997

RECEIPT OF PAYMENT
 1008
 L.C. O'STEEN, T.C.
 99-09/17/1999 OCC. NORMAL
 1977524053
 021999091700523CK \$25.00

AG# 5563786 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/04/1999	98502795	RF 50036357

The **PLUMBING CONTRACTOR**
 Named below HAS REGISTERED
 Under the provisions of Chapter 489, FS.
 Expiration date: **AUG 31, 2001**
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS
 PRIOR TO CONTRACTING IN ANY AREA)

VAN ETTEN, PETER J
 MASTER PLBG INC OF MARTIN CNTY
 2551 SE CLAYTON ST
 STUART FL 34997-5017

JEB BUSH GOVERNOR DISPLAY AS REQUIRED BY LAW CYNTHIA A HENDERSON SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

10/19/1999

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

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

Attn: Ext:
 INSURED Fred J. Fairchild Electric, Inc.
 167 Melton Dr, Box 5
 Fort Pierce, FL 34982

COMPANIES AFFORDING COVERAGE
 COMPANY A American States Ins Co
 COMPANY B ZC Insurance Company
 COMPANY C
 COMPANY D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01CC36378520	08/05/1999	08/05/2000	GENERAL AGGREGATE \$ 600,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 600,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY \$ 300,000
	OWNERS & CONTRACTORS PROT				EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 200,000
					MED EXP (Any one person) \$ 1,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
	EXCESS LIABILITY				AGGREGATE \$
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	197000061051099	07/01/1999	07/01/2000	WC STATUTORY LIMITS: OTH-ER \$ 100,000
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL				EL EACH ACCIDENT \$ 100,000
	EXCL				EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYEE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION

Buford Construction
 Fax: 283-0940

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

AUTHORIZED REPRESENTATIVE
 C. J. Deakins, Jr./BM

MARTIN COUNTY CONTRACTORS
 CERTIFICATE OF COMPETENCY

FAIRCHILD, FRED J
 FRED J FAIRCHILD ELEC INC
 5112 MYRTLE DRIVE
 FT PIERCE FL 34982

EXPIRES SEPTEMBER 30, 20		00
AUDIT CONTROL NUMBER	36158	CERTIFICATE NUMBER ME00151

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN


BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties of perjury, deposes and says:

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 460,000.00 .

4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.


Affiant

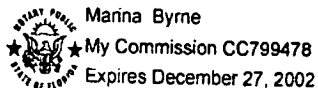
Property street address: -

124 N. Sewall's Point Rd
STUART FL 34996

Sworn to and subscribed
before me this 12th day of
December, 2000 .

Marina Byrne
Notary Public Marina Byrne
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)





GRANFIELD ■ GRANFIELD

ARCHITECTS PA • AIA

3601 SE OCEAN BLVD #002
STUART FLORIDA 34996
TELEPHONE • 561 • 283 • 6032
FACSIMILE • 561 • 283 • 8150

FLORIDA • AAC000549

October 7, 1999

PLAN REVIEW COMMENTS

Zarro Residence
124 N. Sewalls Point Road

1. Finish floor elevation call-out @ 1'-2" = 4.16' NGVD high point of roof = 39.0' NGVD.
2. See attached Engineering correspondence.
3. See attached Engineering correspondence.
4. See Revision 1 Sheet A-11.
- 5a. Bedroom #3 egress window F to be changed from 4040 XOX horiz roller to 4046 XO horiz roller.
- 5b. Handrails at stairs to be mounted at 34" aff guardrails at balconies to be 42" aff. All intermediate rails to be spaces such that at 4" sphere can not pass through; 6" sphere at open side of stairs.
6. See Revision 1 Sheet A-11.
7. See Revision 1 Sheet A-11.
8. General Contractor to provide window, door and roofing submittals to Architect for approval.

B. Granfield
10/11/99

October 8, 1999

Brad Granfield
Granfield-Granfield Architects
3601 SE Ocean Blvd
Suite 002
Stuart, FL 34996

Re: Zarro Residence

Dear Brad:

All CMU walls below NGVD = 10.0, running in the north to south direction, for the above referenced project are non-load bearing and are designed as breakaway walls, with the exception of the stair and elevator core walls. All CMU walls below NGVD = 10.0, running in the east to west direction are bearing structural shear walls and are engineered to resist expected storm surge forces.

The design live load section of the general structural notes on sheet A-5 of the construction drawings refers to exposure C. This note should say exposure D.

If you have any questions or concerns or if I can be of any future service, please do not hesitate to contact me.

Sincerely,



T. Stiles Peet, P.E.

EAST FOUNDATION/SHEAR WALLS

P.T. 2x4 @ 16" O.C.
W/ 5/8" PLYWOOD
#12 NAILS @ 6" O.C.
W/ STUCCO & LATH
FINISH

POOL EQUIP PEN

12'-0"


2x6 FRAME W/ NEOPRENE
WATERSTOP

4x4 (P.T.) FLOOR TO CEILING
W/ POST BASE & CAPS SECURED
TO STRUCTURE

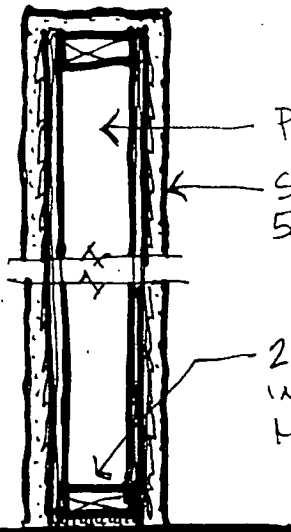
6" CURB
BELOW

REMOVABLE PANEL BOLTED
TO 2x6 FRAME
1x PANEL TRIM

FLOOR PLAN

RECEIVED
DEC 08 2000
BY: 

+10'-0"
NVD



P.T. 2x4 @ 16" O.C.
STUCCO & LATH ON
5/8" PLYWOOD

2x6 P.T. PLATE SET
IN BED OF VULCANITE
MASTIC

+4'-0" (+)
FINISH FLOOR SLAB

WALL SECTION

FILE 129 N.S.V. RD.
TOWN COY

PN 4717

D. Chamberlain
12/7/00



GRANFIELD • GRANFIELD
ARCHITECTS PA • AIA
FLA REG NO • AAC 549
3601 SE OCEAN BLVD #002
STUART FLORIDA 34996
PHONE • 561 • 293 • 6032
FAX • 561 • 293 • 8150

POOL EQUIP. ENCLOSURE
FOR WEATHER/STORM SURGE PROTECTION

ZARRO RESIDENCE
SEWALLS POINT

SCALE	ADDENDUM #
NONE	1
DATE	PG 1 OF 1
12.7.00	

STATEMENT OF INSPECTION

To: Building Official, Town of Sewall's Point
FROM: Architect or Engineer of Record
RE: Subject structure described as follows:

OWNER: PASQUALE ZARRO; ADDRESS: 5628 S.E. LAMAY DR., STUART

PROJECT ADDRESS: 124 N. Sewells Pt. Rt.; LEGAL DESCRIPTION: LOT 4 BLK _____ SUB Indian River Hammock

GENERAL CONTRACTOR: BURFORD CONSTRUCTION; LIC/CERT No. CBC037840

ADDRESS: 606 CAMDEN AVE. STUART; TEL 2832050; FAX 283-0940

ARCHITECT OR ENGINEER: BRAD S GRAFFIELD; LIC/REG No. AP0009650

ADDRESS: 3601 SE OCEAN BLVD #002; TEL 2836092; FAX 2838150

PERMIT NO: 4717; DATE OF ISSUE: 12/2/99; DATE OF THIS STATEMENT: 12/5/00

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:

- I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.
- To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
- To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

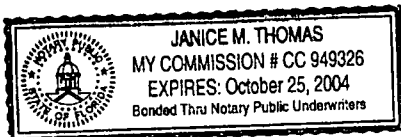
Executed at DECEMBER, this 5th day of 2000, _____.

NAME: BRAD GRAFFIELD; SIGNATURE: B. Graffield; Lic. No: AP9650

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 5th day of Dec., 2000, by BRAD GRAFFIELD, who is personally known to me or who has produced _____ as identification and who did not take an oath.

(NOTARY SEAL)



Janice M. Thomas
Name JANICE M. THOMAS

I am a Notary Public of the State of Florida and my commission expires: 10-25-2004

INSP. 11/20/00

FILE

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
One South Sewall's Point Road
Sewall's Point, Florida 34996
Tel: (561) 287-2455
Fax: (561) 220-4765

RECEIVED
NOV - 9 2000
BY: [Signature]

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 4717

OWNER: PASQUALE G. ZAKRO ; ADDRESS: 3628 S. BLANCK DR SEWALL'S POINT FL 34997

PROJECT ADDRESS: 124 N. SEWALL'S POINT RD. ; LEGAL: LOT 4 BLK SUB INDIAN RIVER HARBOR

GENERAL CONTRACTOR: Baron Const Co ; Lic/CERT No. CB0012390

ADDRESS: 606 Camden Ave, Stuart ; TEL: 252-1050 ; FAX: 252-09

ELECTRICAL CONTRACTOR: Richard Electric ; Lic/CERT No. 110009000051

ADDRESS: 107 SE 16th Ct Stuart FL ; TEL: 201-952 ; FAX:

WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and 4504.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electrical service for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and, 12/8/00 ADD LIFT STATION/ POOL PUMP

WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of Air conditioning units for the purpose of Installation of unit fans

at the above designated construction now in progress under a valid building permit; and WHEREAS, it is necessary to have a temporary electric hook-up for testing of equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

1. The parties to this agreement are Edwin B. Arnold, Building Official, Town of Sewall's Point, and the above named responsible persons, firms or corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit.
3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. This temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed this 20 day of November, 2000

[Signature]
SIGNATURE OF GENERAL CONTRACTOR

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR

[Signature]
SIGNATURE OF OWNER

[Signature]
EDWIN B. ARNOLD, BUILDING OFFICIAL

12/15/00 U. H. K. V. E. P. W. A. R. U. (CASH COST 400,000)
PH 400,000

BAR 60,000 @ 9.60/100 = \$576.00

12/15/00 INVOICE FOR TOWN OF SEWALL'S POINT \$384.00

ISSUED 12/2/99 TOWN OF SEWALL'S POINT

PH. 12/15/00 \$384.00 MASTER PERMIT NO.

Date ~~12/2/99~~ BUILDING PERMIT NO. 4717

Building to be erected for PASQUALE G. ZAPRO Type of Permit Bldg - S.F.R.

Applied for by BUFOKO CONSTRUCTION COMPANY (Contractor) Building Fee 3840.00

Subdivision LUDIAN RIVER HOMES of 4 Block Radon Fee 36.79

Address 124 N. SEWALL'S POINT ROAD Impact Fee 1508.20

Type of structure S.F.R. A/C Fee 120.00

Electrical Fee 120.00

Plumbing Fee 120.00

Roofing Fee 120.00

Other Fees (REVIEW) 384.00

Total Construction Cost \$ 400,000.00 TOTAL Fees \$ 6,248.99

Signed [Signature] Applicant

Signed [Signature] Town Building Inspector OFFICIAL

Parcel Control Number: 353741000000001400000

Amount Paid \$384.99 Check # 1023 Cash \$110,200.00

ISSUED

MASTER PERMIT NO. _____

12/2/99

TOWN OF SEWALL'S POINT

Date ~~11/2/99~~

BUILDING PERMIT NO. 47.17

Building to be erected for PASQUALE G. ZAPPO

Type of Permit BLDG. - S.F.R.

Applied for by BUFORD CONSTRUCTION COMPANY (Contractor)

Building Fee 3,840.00

Subdivision INDIAN RIVER HAMMOCK Lot 4 Block _____

Radon Fee 36.79

Address 124 N. SEWALL'S POINT ROAD

Impact Fee 1,508.20

Type of structure S.F.R.

A/C Fee 120.00

Parcel Control Number:

Electrical Fee 120.00

Amount Paid \$5864.99 check # 21145
\$384.00 Check # 1023 Cash _____

Plumbing Fee 120.00


Roofing Fee 120.00

Other Fees (PLAD REVIEW) 384.00

Total Construction Cost \$ 400,000.00

TOTAL Fees \$6,248.99

Signed 
Applicant

Signed 
Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

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

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.0

The higher the score, the more efficient the home.

ZARRO RES., . . .

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3898 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Clear - single pane 736.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 259.0(p) ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Frame, Wood, Exterior R=11.0, 961.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Concrete, Int Insul, Exterior R=4.2, 2140.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Under Attic R=30.0, 2605.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 240.0 ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Sup: Con. Ret: Con. AH: Interior Sup. R=6.0, 120.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Central Unit Cap: 42.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Central Unit Cap: 42.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="padding-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/> EF: 0.90 <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, MZ-H <input type="checkbox"/> (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: *[Signature]* Date: 6-15-99

Address of New Home: Lot #4 Indian River Hammock City/FL Zip: Sevels Point



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar[®] designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

Summary Energy Code Results

Residential Whole Building Performance Method A

ZARRO RES.

Project Title:
New Project ZARRO

Class 3 Rating
Registration No. 0
Climate: South

4/26/99

Building Loads			
Base		As-Built	
Summer:	1.1658E5 points	Summer:	116709 points
Winter:	2969 points	Winter:	5512 points
Hot Water:	8342 points	Hot Water:	8342 points
Total:	127890 points	Total:	130563 points

Energy Use			
Base		As-Built	
Cooling:	41502 points	Cooling:	36169 points
Heating:	3236 points	Heating:	5162 points
Hot Water:	9480 points	Hot Water:	9265 points
Total:	54218 points	Total:	50597 points

<p style="font-size: 24pt; margin: 0;">PASS</p> <p style="font-size: 18pt; margin: 0;">e-Ratio: 0.93</p>

S/N !!!!

RIGHT-J SHORT FORM

4-14-99

Job #:

For: ZARRO RESIDENCE
SEWALLS PT
STUART

FL

Outside db	Htg	45	Clg	91
Inside db		70		75
Design TD		25		16
Daily Range		-		M
Inside Humid.		-		50
Grains Water		-		60

By: E.C.T.

Const. Quality	a
# of Fireplaces	0

HEATING EQUIPMENT

COOLING EQUIPMENT

Make TRANE
 Model
 Type
 Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 4000 CFM
 Htg Air Flow Factor 0.042 CFM/Btuh

Make TRANE
 Model
 Type
 COP/EER/SEER 0.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 4000 CFM
 Clg Air Flow Factor 0.050 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 84

ROOM NAME	AREA SQ. FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
FOYER	100	2784	2199	118	109
MEDIA	400	7170	5616	303	279
DINING	140	4610	3637	195	180
KITCHEN	256	5716	5553	242	275
NOOK	80	4034	7680	170	381
FLORIDA RM	480	20011	13795	846	684
BED 3	168	4152	3643	175	181
BATH 3	78	3376	2127	143	106
BED 4	156	5210	6332	220	314
BATH 4	60	1328	738	56	37
CLOSETS	108	877	530	37	26
LAUNDRY	102	2067	1589	87	79
STAIRS	140	4384	2995	185	149
PWD RM	112	1120	936	47	46
HALL	90	119	191	5	9
MASTER BED RM	240	12026	10798	508	536
MASTER BATH	176	5005	3544	211	176
LOFT	196	2830	2361	120	117
GUEST BATH	72	982	529	41	26
GUEST BED RM	256	6855	5843	290	290
Entire House	3410	94655	80637	4000	4000
Ventilation Air Equip. @ 0.95 RSM		0	0		
Latent Cooling			76605		
			15489		
TOTALS	3410	94655	92094	4000	4000

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

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

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

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

2420

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
12195 NW 98th Avenue
Hialeah Gardens FL 33016

Your application for Product Approval of:

Sectional Residential Garage Door

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 98-0901.10 (Revises No.: 98-0409.03)

Expires: 08/14/01



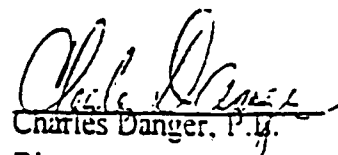
Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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

FILE 124 N.S.P. RD.



Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 10/22/98

-i-





ZARRO COPY

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
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PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis FL 34274

Your application for Product Approval of:

~~Series HS 710 Aluminum Horizontal Sliding Window - Impact Resistant~~ (5/16" Laminated)

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 99-0204.03

Expires: 05/20/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

FILE

1290. SP K11

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 05/20/1999

1 of 3





ZARRO

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis FL 34274

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

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

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

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

Your application for Product Approval of:

~~Series PW 701 Aluminum Lead Window Impact Resistant (7/16" Laminated)~~

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 99-0218.01

Expires: 05/20/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved: 05/20/1999

1 of 3





ZARRO



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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

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

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

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

Your application for Product Approval of:

~~Series 6700 Outswing Aluminum Casement Window - Impact Resistant~~ (5/16" Laminated)

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 98-0501.01

Expires: 01/28/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved: 01/28/1999





ZARCO



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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis FL 34274

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

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

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

Your application for Product Approval of:

Series PD-ROL Outswing Aluminum French Door

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 99-0615.01

Expires: 07/22/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

FILE

124 W. SEWELL'S POINT

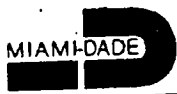
PD 4717

1083

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

Approved: 07/22/1999





ZARRO

COPY

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
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PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis FL 34274

Your application for Product Approval of:
~~Series SCD-2500 Aluminum Sliding Glass Door~~

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

Acceptance No.: 00-0301.03

Expires: 05/22/2003

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved: 06/08/2000

1 of 3





6001 Jackson Square, Suite 600, La Vergne, TN 37086
Phone: (615) 793-7788 Fax: (615) 793-7721

September 25, 2000

Hector Ampuero
Weyerhaeuser Co.
1405 SW 8th St.
Pompano, FL 33069
Ph.: (954)-946-5111
Fax: (954)-946-5130

RE: 1½" Knockout Holes in TJI® Joists

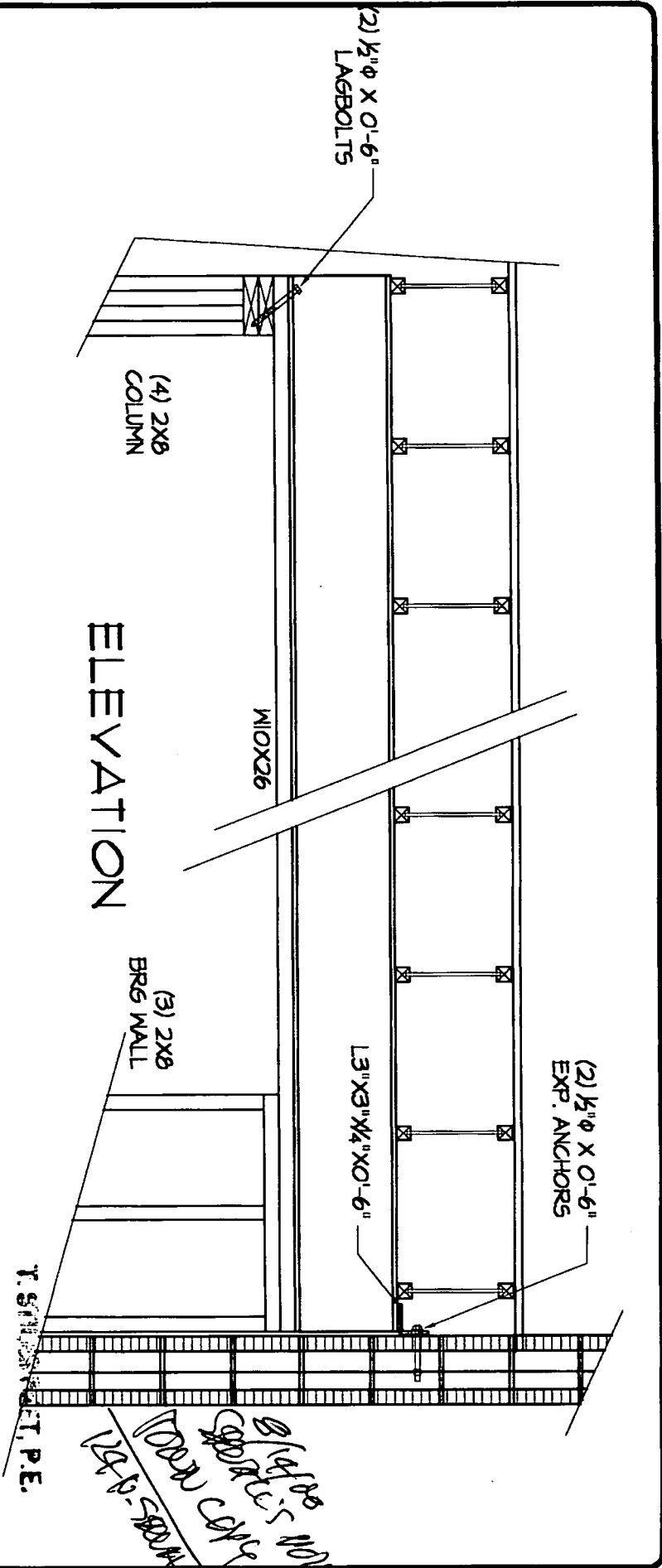
To Whom It May Concern:

Trus Joist manufactures TJI® joists with perforated 1½" knockouts every 12". The allowable shear values for the TJI® joists take into account the knockout holes. Thus, every knockout hole can be punched out without affecting the shear capacity. Furthermore, the hole charts in Trus Joist's TJI® joist brochure can be followed and the knockouts disregarded. However, if multiple 1½" holes are drilled through the joist (ie., not at a knockout location), they must be spaced according to the recommendations of the published hole chart literature.

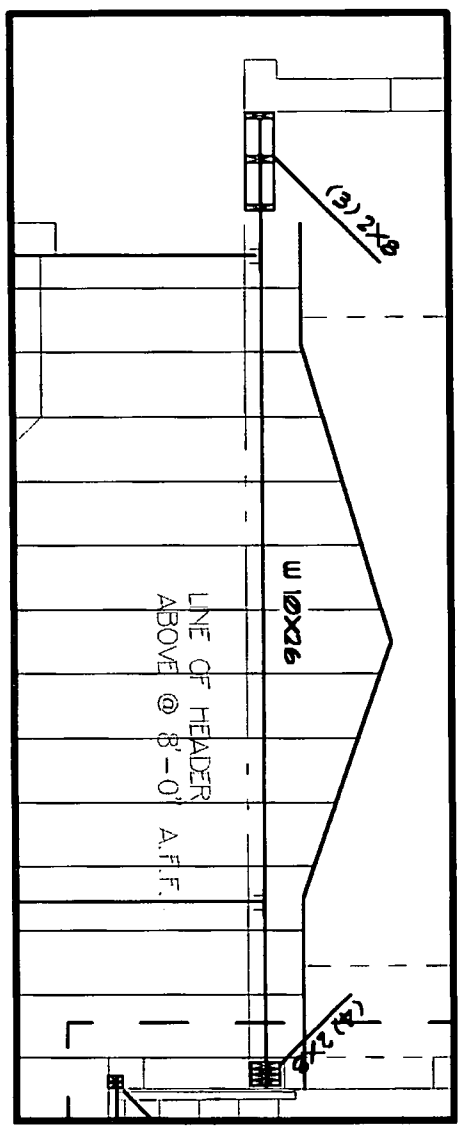
Please contact me should you have any further questions.

Sincerely,

Matthew J. Skulteti
Southeast Region Engineer



ELEVATION



PLAN

*Shaded portion
of wall's north
corner
copy to
124-B-SMALLS POINT RD*

T. STILES P.E.

A: 6 0 9 2000

NO. 49200

T. Stiles

Project # 88048
Sheet
1 of 1

ZARGO RESIDENCE
124 N. SMALLS POINT RD
SMALLS POINT, FL

T. STILES P.E., P.E.
1051 E OCEAN BLVD
SUITE 2
STUART, FL 34996
VOICE: 888-888-8888 FAX: 888-888-8888

LOFT SUPPORT BEAM
SUBSTITUTION DETAIL

DATE	REVISION

Scale : NONE
Date : 08-11-00
Designed : TSP
Drawn : TSP
Checked : TSP
Project No.: 88048
CAD File : DETL.DWG

FRASER ENGINEERING AND TESTING, INC.

VERO BEACH (561) 567-6167

3504 INDUSTRIAL 33rd STREET

FORT PIERCE FLORIDA 34946

FORT PIERCE (561) 461-7508

STUART (561) 283-7711

FT. PIERCE 1-800-233-9011

Report
of
DENSITY OF SOIL IN PLACE
ASTM D2922

RECEIVED
JAN 24 2000
BY: *GA*

CLIENT: D.A. Buford Building Contractor

DATE: 1/20/00

CONTRACTOR: Client

PERMIT #: 4717

SITE: ~~124 N Sewall's Point Rd~~

Footings

FILE
Wright

DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
				TEST NO.	MAX.		
2688	1/20/00	Map Location #1	0 - 1'	2623	112.3	110.4	98.3
		Map Location #2	0 - 1'			110.9	98.7
		Map Location #3	0 - 1'			110.7	98.5
		Map Location #4	0 - 1'			111.2	99.0
		Map Location #5	0 - 1'			111.0	98.8
		Map Location #6	0 - 1'			110.5	98.3
ALL ELEVATIONS BELOW BOTTOM OF FOOTINGS							

Copies: Client - 1
Sewall's Pt. Bldg. Dept. - 1

Respectfully submitted,

FRASER ENGINEERING AND TESTING, INC.

Alexander H. Fraser
Alexander H. Fraser, P.E. Fla. Reg. No. 16178

FRASER ENGINEERING AND TESTING, INC.

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Report
 of
 DENSITY OF SOIL IN PLACE
 ASTM D2922

RECEIVED
 FEB 10 2000
 BY: *EA*

CLIENT: D.A. Buford Building Contractor

Date: 2/3/00

CONTRACTOR: Client

Permit #: 11/29/12

SITE: ~~124 N. Sewall's Point Rd.~~
 Footings

FILE

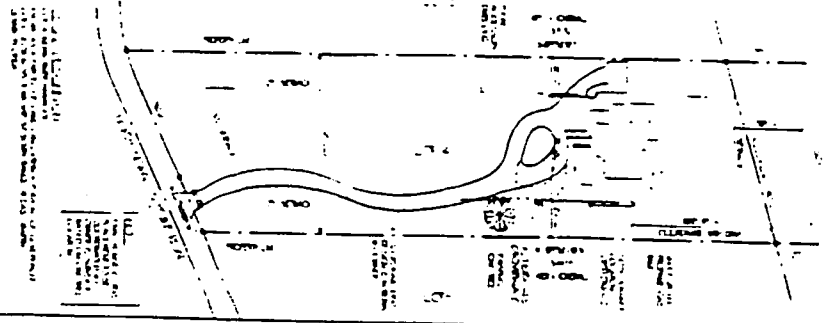
DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
				TEST NO.	MAX. DRY WT.		
2817	2/3/00	Map Location 7	0 - 1'	2623	112.3	111.0	98.8
		Map Location 8	"			110.3	98.2
		Map Location 9	"			110.5	98.3
ALL ELEVATIONS BELOW BOTTOM OF FOOTING GRADE							

Copies: Client - 1
 Sewall's Point Bldg. Dept. - 1

Respectfully submitted:
 FRASER ENGINEERING AND TESTING, INC.

Alexander H. Fraser
 Alexander H. Fraser, P.E. Fla. Reg. No. 16178

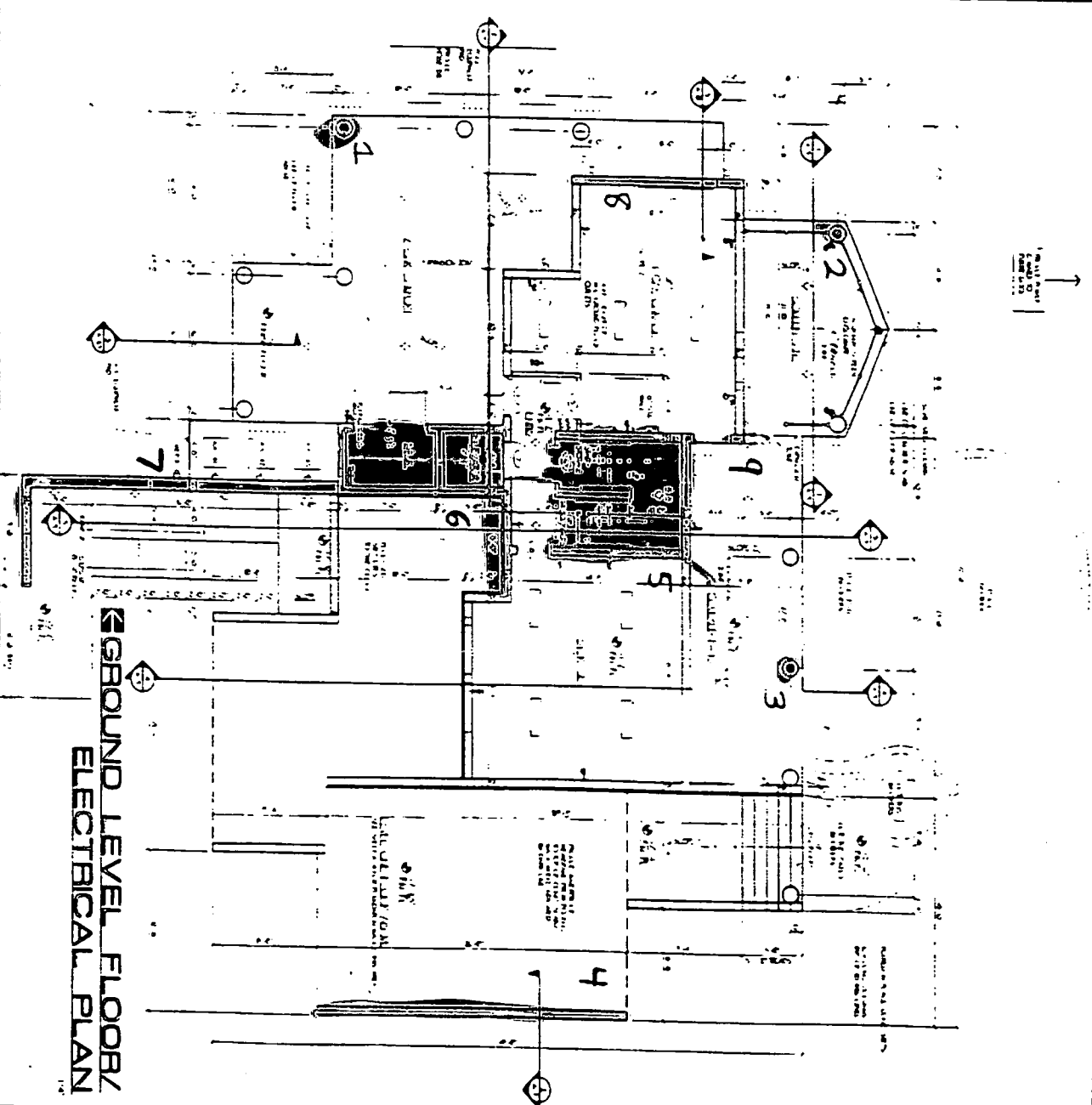
SITE PLAN



- NOTES:**
1. ALL UTILITIES SHOWN ARE BASED ON RECORD PLANS AND FIELD SURVEY.
 2. THE CLIENT IS RESPONSIBLE FOR VERIFYING THE LOCATION AND DEPTH OF ALL UTILITIES.
 3. THE ELECTRICAL SYSTEM IS TO BE INSTALLED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC) AND ALL LOCAL ORDINANCES.
 4. THE ELECTRICAL SYSTEM IS TO BE INSTALLED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC) AND ALL LOCAL ORDINANCES.
 5. THE ELECTRICAL SYSTEM IS TO BE INSTALLED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC) AND ALL LOCAL ORDINANCES.
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 9. THE ELECTRICAL SYSTEM IS TO BE INSTALLED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC) AND ALL LOCAL ORDINANCES.
 10. THE ELECTRICAL SYSTEM IS TO BE INSTALLED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC) AND ALL LOCAL ORDINANCES.



- LEGEND:**
- 1. ELECTRICAL OUTLET
 - 2. ELECTRICAL SWITCH
 - 3. ELECTRICAL PANEL
 - 4. ELECTRICAL WIRE
 - 5. ELECTRICAL CONDUIT
 - 6. ELECTRICAL SERVICE
 - 7. ELECTRICAL METER
 - 8. ELECTRICAL BREAKER
 - 9. ELECTRICAL FUSE
 - 10. ELECTRICAL GROUNDING



GROUND LEVEL FLOOR ELECTRICAL PLAN

DATE	09/12/12
SCALE	1/8" = 1'-0"
DRAWN BY	D.S.C.
CHECKED BY	D.S.C.

ZARRO RESIDENCE

301 SE OCEAN BLVD. SUITE 100
 ST. AUGUSTINE, FLORIDA 32080
 TEL: 321-287-6000 FAX: 321-287-6001

GRANFELD • GRANFELD



FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET * FORT PIERCE * FLORIDA * 34946

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STUART (561) 283-7711

FT. PIERCE 1-800-233-9011

Report
of
DENSITY OF SOIL IN PLACE
ASTM D2922

FILE

CLIENT: D.A. Buford Building Contractors

Date: 1/12/00

CONTRACTOR: Client

Permit #: 4717

SITE: 124 N. Sewall's Point Rd.
Foundation Fill

DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
				TEST NO.	MAX. DRY WT.		
2623	1/12/00	N.W. Corner	0 - 1'	2623	112.3	110.8	98.6
			1 - 2'			110.6	98.4
		Center	0 - 1'			111.2	99.0
			1 - 2'			111.4	99.1
		S.E. Corner	0 - 1'			111.0	98.8
			1 - 2'			110.9	98.7
ALL ELEVATIONS BELOW SLAB GRADE							

Copies: Client -1
Sewall's Pt. Bldg. Dept. - 1

Respectfully submitted,

FRASER ENGINEERING AND TESTING, INC.



Alexander H. Fraser, P.E. Fla. Reg. No. 16178

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET

FORT PIERCE, FLORIDA 34946

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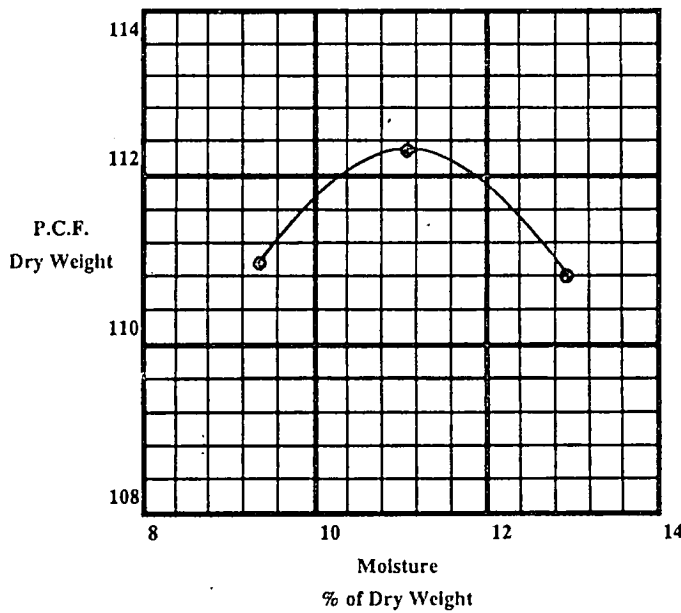
Report of MOISTURE DENSITY RELATIONSHIP ASTM D-1557

CLIENT: D.A. Buford Building Contractor

DATE: 1/12/00

CONTRACTOR: Client

SITE: 124 N. Sewall's Pt. Rd.
Foundation Fill



Test No.	Test Method	Sample Location	Optimum Moisture %	Max, Dry Density- P.C.F.	Soil Description
2623	A	Composite	11.1	112.3	Brown, slightly silty, slightly clayey fine sand

Respectfully submitted,

FRASER ENGINEERING AND TESTING, INC.

Alexander H. Fraser, P.E., Florida Reg. No. 16178

~~2000~~ **2000**
Town of Sewall's Point
Building Department - Inspection Log

FRI - ~~1/15/00~~

PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4590	Abbott	Driveway	PASSED	PTL; SOUTH DRIVE
	2 High Pt. Rd.	2 footers for well	PASSED	10'00 NOT READY REESP. YF
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4589	DeGios	steel footer for frame gate	PASSED	WALL LIMIT # VGT, NOT EN
	130 N.S.P. Rd.			MADE PLAD POTAT (LWS) RE; WALL HGT & PTG; REM; AS (WSP)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4756	Cicoria	shutter temp. power release	CANCEL	NO SHUTTER PERMIT (COURT. NOTICE) / 2:30
	176 N.S.P. Rd.			FPL 223-4208 (COPR/SUB)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4777	Ko	check utilities	CANCEL	
	124 N.S.P. Rd.		KY CONTR	
			1/15 BILL	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4360	Blutman	pool final	PASSED	PERMIT DEC'S (FIELD COPY) R TO SITE,
4784	23 W. High Pt.			
(orig. 446)				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4783	Ende scotter	fence FINAL	PASSED	5'-0" GATE (P.S.R) 3'-6" " AND N.S. OK VERIFY 4'-0" HGT
	72 S. RIVER			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4785	Hansen	driveway (grade) IN PROGRESS	PASSED	Noon prefer - POTEX AREA FOREIGNERS "PERMANENT"
	32 N.S.P. Rd.			

OTHER: ✓ 16 S. SEWALL'S POINT RD. PD 4764 (PERCE); DELIVERED APPROVED FIELD COPY OF REVISION TO SITE.
 RICH DI GROSSA (ADVISED RE: TRAIL, P.B.)
 ✓ WEST BAY RIDGE LAND (TOWN SITE) NEED ELEC. METER LOCATION - VERIFY (w/ JOE CARLA) SERVICE LOCATION? NOTE: GROUND CLAMP INCESSIBLE (MUST BE ABOVE GROUND)

INSPECTOR: _____

DATE: _____

1998 - 1999

Town of Sewall's Point
Building Department - Inspection Log

Mon. 1-19-00

Wed. 1-19-00

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4717	Zarro 124 N. S. P. Rd.	check mechanical	PASSED	- TAP FOR - VERIFY VERIF - DUNKSTER; TAP FOR
4766	McCarthy 4 N. Ridgeview	roof final	PASSED	
4789	Ciconia 126 N. S. P. Rd.	shutter FINAL	FAILED (REQ. SP. FEE) (REQ.)	1:15 PM NO PERMIT DOCUMENTS ON SITE
4589	DeGioia 130 N. S. P. Rd.	basement mechanical engineering	PASSED (GRD. PL.) FRANCHISE-A/C	REC'D. TRUSS REPAIR FRAMING
4590	Gobbert 2 E. Hi. Pt	driveway (PTL - N 1/2)	PASSED (COMPLETE) FORM	Tues 1/18/00 (SPEC. INSP)
4773	Dernbincki 4 Knowles P.d.	final screen anc.	FAIL	GRD SCREW MISSING CONNECTOR SCREW MIS GUEST PANEL BTM,
4770	Francis 5 S. River Rd.	demo.	CANCEL (by code)	Tree removed request permit to clear well p/c 1/20 (155 HA)

OTHER: 1. METER RELEASE INSP - TOWN PROPERTY; CUL DESNE PARCE W. END OF RIDGE PLANS
OK CALL PCL CALL 1/11/00 (ADVANCE ELECT.; RICH DE GROSSA 334-7564)

2. CODE ENFORCEMENT - SIDE INSP. LOU LARSEN II LAUTANA (283-5151 W/221-81
2:00 PM POLES SUPPORTIVE STRUCTURE SET ON RAIL STRAPS TO PROVED "FIT" - COMPLETE OPEN DECK & TRAFFIC
WORK COMPLETE (EXCEPT 3' OF DECK PLANKING) WHEN INSPECTED, NO VIOLATIONS/NO PERMIT/NO SETBACK

INSPECTOR: _____

DATE: 1/19/00

~~2000 1999 1998~~
Town of Sewall's Point
Building Department - Inspection Log

Inv. ~~11-24-00~~

PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4763	Spencer	pool deck	cancel	
	15 S. W. ...		re-schedule 1-26-00	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4682	Shurt	final	Passed.	Copy of C.O.?
	385. Sumals	No shutters REQUIRED FOR ENCLOSURE	WG.	FOR OWNER.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4702	Perry	strap	Passed	PARTIAL WALL STRAP
	18 N. Ridgeview	Addition	WG.	NO TRUSSES INSTALLED
	(AFTER 9:30)			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4717	PRO	partial	CANCEL	
	124 N. S. P. Rd.	footer	BY CONTR.	
			1/24 8:00	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	WIND	privacy wall	Passed	Picked up Revised Pl
	6. Island Rd.	before pour	WG.	FOR B.B.Q Area WA
	E. side	if required		+ Inspected Beam St.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4794	Birdsell	hardiplank	Consultation	
	2 Palm Court		WG.	
		AFTER 10AM		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 1. PN 4732 19 VE COPPING WALK; SPKC WD. FE. (SPEERS) COME REQ. TO GC.
 Lost with permit in Box. WG.

INSPECTOR: _____ DATE: 1/24/00

2000 ~~1999~~

2

Town of Sewall's Point Building Department - Inspection Log

Wed, 1-26-00

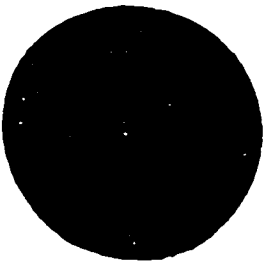
PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4726	Savastano 19 Island Rd. (High Point)	roof final	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4658	Foglia 103 H. Sewall Way (Sewall's Meadow)	framing, trades	Passed B.G.	Check with Ed. Receipt on Sliding Glass door FOR 12' Litter Ground
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4691	Wattles 20 N. Ridgeview	roof nailing	Passed B.G.	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4717	Zarko 124 N. S. Park	partial footers	Partial Passed B.G.	AM (pour Noon)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4628	Helmeel 11 Castle Hill WTA	strapping & engineering	Consultation	Need Truss plan. CANNOT READ. WINS WRT Need LIT. FOR ADD. Steps to BEAM FROM ARCHITECT.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER:

INSPECTOR:

DATE:



2000 ~~1999~~

Town of Sewall's Point
Building Department - Inspection Log

Mon 7-7:00

PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4775	Campo	Pl. - ground	Passed	1st thing
2	5 Palama Way (Castle Hill)	rough	B.G.	
4777	Zakro	Final footer	Passed	late AM
5	124 N. SPED.	11 columns	B.G.	Final Footer Pds
4818	Doss	electrical	Passed	early
1	85 S. River Rd	serv. change	B.G.	
4748	Dunn	framing	Passed	FRAMING ONLY
7	7 N. Via Lucinda	framing	B.G.	No metal installed We have better for extraction
4771	Eha Homes	porch	Passed	3 porches
3	3 Palama	footer	B.G.	
4665	Nicholas	framing	Partial	NO TRUSS END
4	21 C. Hill Way	all trades	Cons. Station	MISSING FINISHES & STRAPPING
4670 (POOL)	ROOS	C.O.		BLDG. REINSPE. - AUTO CLOSER TO GAR
4619 (BLK)	3 Quail Run	pool & house	Reinspect - Passed	Pool Heater needs Bondwire - Door
6			B.S.	Close installed on GARAGE DOOR

OTHER: 1. T/R APPL. (VACANT) between 108/114 N. SPED (JORDAN)
 2 11 11 11 ED. HIGGINS POINT (CLEMENTS)

INSPECTOR:

DATE: 2/7/00

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/1/00, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4802	Carell 17 So. Ridgeview (PACIFIC)	roof final	Passed BG	
4828	Camdena Court 85 N. S. P. Rd.	porch slab		
	Duplicate			
4848	Thomas Hall 7 N. Ridgeview Rd	PAVERS IN PROGRESS	BC BG	NOT Completed 2/3 Done
4759	PETER DAYTON 14 PALM CT (PACIFIC)	FINAL	Passed BG	
4717	ZARA 124 N. SEWALLS PT. RD.	RAISED FOUNDATION BASE - PARTIAL	PARTIAL BG	N. Slab + Grade Beam
	(Late A.M.) Lower Beam Bottom 10"			
4810	J.A. TAYLOR ROOFING 48 S. Sewalls Pt. Rd	Decking Sheathing	Passed BC	
4744	RAAB 22 SIMARA (O/B)	BULKHEAD CAP ADDN. - FINAL (REINSPECTION)	Passed BG	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-8-1, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4748	Dunn	final	Passed	BILL; CALL ME FROM SITE.
⑥	7 Via Lucindia No. TYRELL COAST.	CARPORT ADDN.	B.G.	GIVE ME SURVEY. FOR ED.
4711	Guerard	final	Passed	ENCLOSURE ONLY.
⑧	104 Abbie Crt. ADVANTAGE POOL BLURS	pool enc.	B.G.	
4823	Benzig	final	Passed	
⑦	137 S. RIVER RD. EAST COAST SPEC.	pool enc.	B.G.	Screen & Banded.
4857	Conway.	temp. 3/19/00 elec.	Elec. OK B.G.	VERIFY DUMPSTER/WATER/SAN CONTR. TO DELIVER RC'D W/D \$ SCHOOL IMPACT FEE RCPT/T/R FEE
②	4 oak Hill Way need water	Dumpster + part	Reject	
4712	Barr	insulated slab	Partial	
①	1977 11 S. P. Hill	temp. part LATE	B.G.	
4651	Demakarian	Re-inspect	Partial	Pending Revised
③	19 Castle Hill Way	all trades	B.G.	plan for moving p 1st fl. + 2nd fl. BRICK + Loft.
4628	Hollwegel	all trades	Reject	Need Firestops through out.
④	11 Castle Hill Way			

OTHER: 1. T/R APPL. 15 S. RIVER RD. - AYRES; NO ACCESS - dog loop on perimeter
no one home

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/10, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4628	Hellerge L	All Trakes	Reject	Plan not Readable.
④	11 Castel Hill way STRATHMORE	REINSPECTION 2nd Trip: Reject Fee.	BG	Need water in tub + PIB System.
				2 story
7717	2016	REINSPECTION	Passed	A/c Sls
①	124 N. ST. Rd.	REINSPECTION before pour	BG.	on Grade Beam.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
⑨	Steve Conway. 17 N.E. Lofting Way	Front, Rear + Guest House. Porch FRAMING	Partial BG.	Strapping + Elec. Rough to install T+G Ceiling.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-29-2000, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4832	Cocorullo 20 Island Wilson	porch fr. drywall nailing	Passed BG.	
4867	Vorresc 21 Periwinkle Pacific	map inspection	Passed BG.	
4861	CARLSON 7 KIRKSTON GLENN HUTCHINS	column steel porch	Partial BG.	2 - Columns Privacy Wall Cap.
4771	ENGINEERED HOMES, INC. 3 PALMA WAY (OWNER - VAN WAENER)	ROOF NAILING	Passed BG.	Sheathing
4740	GRIFFIS 140 S. SEWALLS P. RD. 140 S. S. P. Rd. Master Plan	PORCH FTG.	Passed BG.	8 - Pads
4740	140 S. S. P. Rd. Butford	Steel beam	Partial BG.	2nd Fl.
4570	Allman 166 S. S. P. Rd. A & W Roofing	sheathing Check permit 4749	Passed BG.	as late as possible

OTHER: W.G. FOGLIA; LOS HENRY SEWALL WAY; DELIVER ELECT. HOOK-UP AGMT. (CONTRACTORS EXECUTED COPY) ✓

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-29, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4869	Digby	tin-tag &	Passed	
(3)	7 Oakwood Pacific	metal	Bg.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4527	Seely	tie-beam &	PASSED	as late as possible
(10)	37 Lofting Way Emben	stairs	Bg (VERIFIED - S)	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4691	Wattles	tin-tag &	Reject	NOT Ready.
(2)	20 N. Ridgeview Driftwood	metal	Bg - *	Re-inspection Fee.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
	ZARRO	Tie Beam	Passed	
4717	24 N.S.P. Rd.		Bg.	
(11)	Bulford.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4717	Zerro	RES *	Passed	early as possible
①	124 N S P Rd Butford	under elevated house	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: ~~Ground Slab only - No Retaining Wall~~

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4771 (6)	Van Wagner 3 Palama Way	framing all trades		CANCEL BY CONTR. - RESCHED
S 4702 (9)	Perry 18 N. Ridgeview owner	partial strapping	Passed BG.	Complete Strapping
N 4859 (7)	Abbott 108 N.S.P. Rd ES. unlimited	pool 775-1887	Reject BG.	compection test rec. 5-17-00 Spoke with EARL ABOUT DECK SETBACK.
N 4732 (3)	Telamanti 19 Lofting Way Hufnagel	insulation *NO PRESSURE IN GAS LINE	Passed BG.	re-schedule From 5-17-00 CALL FOR Reinspect
N 4717 (2)	Zellio 124 N.S.P. Rd Buford	partial partial	Partial BG.	1st insp. if possible Survey for Roof Height
N 4912 (8)	chico's Harbour Bay	screw-Drywall Phase I	Passed BG.	Phase I Drywall screws.
S 4662 (10)	Foglia 106 H. Sewall Way owner	temp. el.	Passed BG	temp. el. sq. cream on file ✓ Kevin G

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/19/00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4860	Demarkian 19 C. Hill Way Harbor Bay Pools	rough plumbing pool		CANCEL BY CONTR, 6/19 8:00. RESCHED. WED 6/21
N 4888	Oberscheimer 75 N.S.P.Rd.	dock elec. final	Passed BG.	
N 4707	Nicklas 21 C Hill Way	pool final	Passed BG.	
S 4725	BRUSH 2 MINDORO DOLPHIN ALUM.	SCR. ENCL. (FINAL)	Rejected BG.	Screen & pool Pump not Bonded.
PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS REMARKS				
PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS REMARKS				
N 4117	ZARRO 124 N. STONESTRIP RD BUFORD CONST.	SWITCHES	BG.	
N 4732	Tetamanti 19 Lofting Way Hufnagel	screw drywall	Passed BG.	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/2/00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4860	DERMARKKIAN 19 CASTLE HILL WAY HARBOR BAY POOLS	ROUGH PLUMBING (POOL)	Passed BG.	(3RD RESCHEDULE)
S ✓ 4702	Perry 18 N. Ridgeview	s.c. chase (courtesy inspection)	Consultation BG.	
S ✓ 4803	Joyla 111 Fernwood Way	Driveway	Partial BG.	WALLS ONLY + KNEE WALLS
N ✓ 4977	Coverdale 51 N. River Rd. Knowles * NEED FINAL SURVEY BEFORE FINAL INSPECTION	rock driveway - House to water	OK BG.	as late as possible 10 FT FROM MHWL
✓ 4717	Buford Const. 124 N. Sewall's Point Rd.	Drop off letter For Building HT.	OK BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-9-00, 2000;

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4978	Pimer	rough framing	OK	EMERG REV. RCVD - OK
✓ (2)	29 So. River Rd. Lear	changes	BG	OVERHANG IN FRONT STRAPPING + COLLARS ON ROOF RAFT
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4813	Folweiler	insulation	OK	
✓ (9)	11 Lofting Way ARK HOMES		BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4775	Campo	frame all	OK	paid fee
✓ (11)	5 Palama Way Seagate	re-inspect	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4937	Greenwasser	final	OK	
✓ (10)	6 Castle Hill Way Macey	hurricane shutters	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4964	Gass Holdings	leaker for	OK	
✓ (1)	3727 E. Ocean (bark building) could	sign	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4777	Zerro	strapping	Partial	Exterior TRUSS
✓ (8)	129 N. S.P. Rd. Buford *	(Has Elec. Below Flood Elev.?)	BG	STRAPPING ONLY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4995	Leighton *	final fence	OK	VERIFY ALL FENCE HGTS
✓ (7)	43 W. High Point Just Wood Fence	Front 35' 5" HI 7' HIGH - 50' FROM WATER 3' HIGH	BG	FOR CODE COMPLIANCE PER APPROVED DWG'S.

OTHER: CONE B.M. (COMPLAINT): FENCE (EMERGE) AUSTRALIAN PINES 22 W. HIGH POINT; FITZGERALD

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4628	Hellmeyer	deck	OK	A/C ONLY (FOR INSTALL)
N ✓ (3)	11 C. Hill Way Strathmore	TEMP. ELBET (Electrician Gave me 2 Keys)	BG	HARDWOOD FLOORS. See P/L 223-4208
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4895	Seely	partial	Consultation	Letter for
N ✓ (2)	37 Lofting Way Cribben	framing	BG	Strapping. Add Firestops, Etc.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4975	Stenhoff ?	steel-pool	OK	FORMBOARD SURVEY RCVD.
S ✓ (7)	106 Hillcrest Andrews	(Left survey in PVC Tube)	BG	DELIVER FIELD COPY TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4717	Zarro	nsil-off-on	Reject	Used Staples
N ✓ (1)	124 N.S.P. Rd. Buford	stucco / ethe	BG	Box not stamped
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4717	Tidiki's	plumbing	OK	Need Permit
S ✓ (8)	6 Kingston D.S. Gen. Cont.	slab-rough MAIN HOUSE	BG	SPRAY.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4771	Campo	insulation &	OK BG	
N ✓ (4)	5 Palama Way Seagate	wire loth & Dim tag (MARC)	OK-BG CANCEL R	HAVE KOBBS (PACIFIC) COME TO OFF
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4986	Murray	boot sheathing	OK	Cut out
N ✓ (5)	27 Fieldway A & W		BG	Sections OK. Had RAIN.

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-27-00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 4702	Perry 18 N. Ridgeview owner	el. service meter change	OK BG.	Heritage Elec. CALLED FPL to Release. 11:45AM
N ✓ 4777	Zarro 124 N. S. Point Rd. Butford	metal, ethe	OK BG.	
N ✓ 5030	Demarkarian 4651 (Master) Hill 19 SUPERIOR TRS INC	hurricane shutters	Reject BG. No Fee	Panels NOT STAMPED Dade County Approved No Shutters on 2nd f
N ✓ 4986	Murray 21 Fieldway A & W	dry-in only	OK BG.	Replacing Rotted Facia Bd. Will CALL FOR metal
S ✓ 5027	Kelso 26 Rio Vista Dr. A & W	dry-in + metal	OK BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: Foglia - Gave Todd Keys to 110 Henry Way.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-9, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
<input checked="" type="checkbox"/> 4777	Zarro	frame AC/pubs	PASSED	REINSP. TRUSS ERIK
N (1)	124 N S P Rd Buford	all ELECT. STRUCT. (PTC)	(as noted) E	(NO PER)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N (2)	4895 Seely 37. Lefting Way Gibben	partial "TOM" a.c. all duct work/struc	PASSED E	roofs, all repair - all in hand evidence (2)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S (6)	4755 CLEMENTS 6 MIDDLE ROAD JIM CAMPBELL	FRAMING (REINSP) MECH/ELECT	PASSED E	AFTER 11:00 ELECT (PENDING REINSP R (NO PER) COVER PER.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S (X)	4965 Danielson 161 S. River Rd. DARYL Miller 283-1670 458-4939	slab - left message 8:45 - contr. in office 9:15 will be reached.	CANCELLED	COMP. TEST/SURVEY REQ.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5032	CLEMENTS 11 W. HIGH POINT CIUFFO & SONS	DOCK ELECTRIC (FINISH)	PASSED E	NOTE FOR CONTR. TO CALL BLDG OFF. (PER N.O.C.)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5037	Dunker	final fence	PASSED	
N ②	19 Perriwinkle Crescent Quality Fence		☞	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S ④	LYDON 167 S. SEWALL'S POINT RD O/B ZSS-1849	"AFTER FACT" PERMIT APPLICATION - STATUS VERIFICATION	OK FOR PERMIT	11:00 IF WAIVE "AFTER FACT" PERM. (CORRECTIVE ONLY TO DATE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4882	Woods	sheathing	PASSED	10:15 - 10:30
N ③	116 S. River Rd. Pacific 263-0116	(REINSPECT) (GARAGE FLOOR DECK)	☞	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4717	Zorro	frame all	INCOMPLETE	WILL CALL FOR REINS
N ①	129 N. S. P. Rd. Buford	NOT READY - NEED TRUSS BRACKETS	☞	MONDAY - NO PER
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4965	Danielson	slab	PASSED	COMP TEST / OK FOR BOARD REL
S ⑤	161 S. River Rd. Miller		☞	- FILED COPY TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4957	Stukel	screw-off	PASSED	as late as possible
S ⑥	7 Lantana Lane Masterpiece		☞	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-17, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4723	KOCH 71 N. RIVER RD. KROWN	INSULATION (called in by sub)	PASSED EA	
4717	ZAKRO 124 N. SEWALL'S PT. RD. KUDRO	TROSS EDG'G (KROWN)	PASSED EA	sealed edge seal
4882	WOODS 116 S. RIVER RD. PACIFIC	T/T # MIT.	PASSED EA	
4921	SCHRAMM 109 S. SEWALL'S PT. RD. BOINICK	D/W screw	PASSED EA	

OTHER: T/R 17 PALM ROAD; ARCH - MONTE'S TREE SERV.
T/R 4 BAYON " ; BURGUNDY - MIKE'S " "

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-18, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4882	Woods	① all trades ✓	PASSED	
S 4886	116 S. River	② final roof ✓	PASSED	
②	Errwick/Pacific		EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5055	Regen	storm	PASSED	
N ⑫	22 Banyan Rd.	shutters	EA	
	Superior	final		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4904	Miranda	steel for	PASSED	
N ⑩	34 C. Hill Way	beams TIE BM	EA	
	: owner	⊕ COLUMNS		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4943	Botwinick	tie beam &	FAILED	- NO ONE ON SITE; NO
S ①	27 Emerice Way	column	EA	LADDER ACCESS; UNCORRECT
	1st Fla.	REINSPECTION 8/18/05	PASSED	- 1st floor that had work
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4977	Zarro	insulation	PASSED	ADDED W/ 8/18/05
N ⑪	129 W. S.P. Rd.		EA	
	Euford			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~By Union EW~~ Wed ~~10:30~~ 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5001	Bercaw	1st floor	PASSED	
④	11 River Crest Renar	tie-beam & column	✗	
✓ N 5092	Aune 6 Michael Rd. Masterpiece	form board SCMB	PASSED ✗	see notes possible FORM BOARD SURVEY WAVED ✗
✓ N 5091	O'Connor 16 Fieldway Dr. Pacific	sh.athing (REINSPECT - EATT) - COMPLETE ✓	PASSED ✗	10:00-10:50 REG. 11:00 + ✓
✓ N 4777	Zarro 124 N.S.P. Rd. BUREAU CONTR (extra)	"30 day temp. power"	PASSED ✗	AGMT TO CONTR. FOR EXEC. - REVIEWED REG; REINSPE. - NO FEE
✓ S 4956	Foglia 101 H. Sewall Way STARLITE POOL KIDZ	final pool (KLOG FINAL 10/25-4803)	PASSED ✗	
✓ S T/R	WILKINSON 8 ORKWOOD DR O/B 286-1851	FIELD VERIF. ✓	PASSED ✗	- EUCRYPTUS = PROHIBITED - PALMS = THREAT TO SEPTIC.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun 11/18/00, 2000;

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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 4702	PERRY	DRY WALL +	PASSED	
⑤	18 N. RIDGEVIEW OIB (CHRIS/JULIA PERRY)	SCREW	☑	
✓ S 5135	Smith	final	PASSED	
④	11 Simera St. Oak Hammock	driveway	☑	
✓ S 5068	Winer	temp el.	NOT	REINSPECTION REQUIRED
①A	19 Ridgeland Leak	(relocation)	READY	(NO FEE)
✓ S 5133	Lydon (PJ 5048)	a.c.	PASSED	9:30 + ✓
②	167 S.S. P. Rd. AIRFLOW A/C	final (NEW SYSTEM)	☑	PJ 5133 - AIRFLOW A/C
✓ S 5131	Wood	tt &	PASSED	SHEATHING 11/6/00
③	15 Lantana Pacific	metal	☑	9:45 ✓
✓ S 5119	Kokoyannis	tc &	/	will be in to
X	80 S. River	metal	/	pay fee 11-8-00
	Pacific	/	/	CANCEL BY CONTR. 11/8
✓ S 4917	ZAKRO	W/W (PT)	PASSED	LOWER LEVEL (NORTH)
⑧	124 W. SEAWALLS POINT RD BURFORD CONST.		☑	TO GARAGE AREA.

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-15, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5087	Brown	pool		CANCEL \bar{A}
X	7 Fieldway Dr. Louder "DCE" 286-5760	steel	X	NO FORM BOARD SURVEIL (CONTR. ADVISED 11/15 7:30A)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4943	Botvinick	frame oil	PASSED	RECORDED REUSED A/C
(3)	27 Emerita 1st Fla. BRUCE STRUCKY		\bar{A}	SUBMITTAL ENERGY C
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5096	Chortas	roof	PASSED	
(6)	83 S.S.P. Rd. A & W	final	\bar{A}	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5007	Paac	lath	PASSED	
(5)	8 St Lucie Ct. White Lake		\bar{A}	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5137	KEARNEY	FINAL	PASSED	
(2)	12 N. RIVER RD. RL SHALER	(TRELLIS)	\bar{A}	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5068	Winer	wire cellar	PASSED	
(4)	19 Ridgeland Leaf	wall 2nd lift	\bar{A}	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4717	Zarro (ISSUED 12/2/99)	driveway	PASSED	as early as possible
(1)	124 N.S.P Rd. Buford	(116-2310000)	\bar{A}	

OTHER (2A) FIELD VERIFICATION - TREE REPL. (LTR. 11/16) 19 PER WINKLE CRESCENT - DUNKER
ADD INFO REQUIRED

(4A) FIELD INSPECTION - TEMP STRUCT? (CANV'S CAMP - LTR 11/3) BRADICE - 96 S. RIVER
INSPEC OR (Name/Signature): VERIFIED PER COMPLAINT re: 20 RIDGELAND DR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ ~~Wed~~ ~~Fri~~ 11-20, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ① 4755	Clements 6 Middle Rd. owner JIM CAMPBELL	electrical	X	CANCEL BY OWNER - WILL SUBMIT TEMP. SERVICE AGMT (TBSF)
✓ S ② 4921	Schramm 109 S.S.P. Rd. Emmick 781-5691	final (REINSPECT)	PASSED ↗	
5168	SCHULKE 8 PALM ROAD A+W	SHEATHING + DRY IN		
✓ N ③ 5001	BERCAW 11 RIVERCREST RENNAR	2ND FL. COL/BM.	X	CANCEL - RAIN (ROLLOVER/RESCHED)
✓ N ④ 4977	Zerro 124 N.S.P. RD. Euford (144/99)	temp. el.	PASSED ↗	REQUEST LTR. ON FILE - CC 70 CONTRACTOR. FPL 223-4208 ✓ 10:40 11/20
✓ S ③ 4990	elder 4. Emmita owner	framing	X	CANCELLED BY OWNER 11/20 8:00 (RAIN)
✓ N ⑥ 4775	Campo 5 Palama Way Seagrace 220-7660	① temp el. → hurricane shutters	PASSED ↗	will have elec. for n Mon ✓ RCV 11/20 FPL 223-4208 ✓ 10:40 11/20

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon @ Wed~~ ~~Fri~~ 12/4, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ①	5100 MCKENZIE 1 RIVERVIEW DR. LOUDEN	POOL PATIO / DECK	PASSED	ROLL OVER FROM 12/1
✓ N ⑩	5118 OSBORNE/LOYOLA 20 CASTLE HILL WAY PLAZA MARINE	DOCK - FINAL	FAILED	ROLL OVER FROM 12/1 - INTERMEDIATE STRINGERS @ PLATFORM EXCEED 30" A (ENGR. P. 9) - ROOF STRINGERS TO LAND SIDE PU
✓ S ②	5116 OLNEY 91 S. SEWALL'S POINT RD. LOUDEN	POOL DECK	PASSED	"ROLL OVER" FROM 12/1
✓ S ⑦	T/R AYRES 15 S. RIVER RD. MONTE'S TREE SERV.	FIELD VERIF.	FAIL	"ROLL OVER" FROM 12/1 UNABLE TO IDENTIFY TREE LOCATIONS
N ⑨	4717 124 U. SEWALL'S PT. RD. ZARRO BURFORD	DEMOLITION (FINAL PORTION - LAST YS TO STREET)	INSPECTION	
⑪	4775 CAMPO S PRAMA WAY SERGEANT BLDGS.	FINAL	PASSED	- ADD'L DOCUMENTATION REQUIRED FOR C.O. (Mtg. 12/5/00)

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-8-, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4717	ZARRO	Co / Water Main	Approved	11.10.00 Renewal Co. Inc.
9	124 N. SP. Rd.	W/PC	Pass	Noted not to be used
	BURD	NOTE: NO CRT START FOR OTHER		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5136	Seller	compaction	Passed	J N/S
1	10 Palmetto			
	Mahaffey			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5094	NOHEJL	ROOF - FINAL	Passed	J N/S
2	18 VIA LUCINDIA (S)			
	STEIN + CO.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5117	BEZKHAM	POOL PLUMBING	Passed	J N/S
6	3 OAKHILL WAY			
	POOLS BY GREG			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5075	VASQUEZ	SHEATHING	Passed	J N/S
3	82 S. Sewalls Pt Rd.			
	GRIZA			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5123	Piceu	ret. wall	Passed	
8	65 S. River Rd.	footings		
	Seagate	partial pour stem wall		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4855	Lagone	meeting w/	cancel	V/C COMR. 12/8 8:30
X	24 S. S. P. Rd.	engineer on		UNABLE TO COORD. W/ MGR
	owner	site (COURTESY)		- WILL TRY FOR P.M.

OTHER: PN 4909 MEET W/ CONTR & SPEC. INSP. JOSEPH C. VARR, PH.D. PR 561-735-0856 @ TOWN HALL AFTER 4855 (HIS REQUIRED INSPECTION @ 24 S. S. P. RD. - WILL SEND INSP. LTR. FOR FILE.

NOTE: ALL INSPECTIONS BY HELMUT G. IMBUE UNDER DIRECT SUPERVISION OF BLDG OFFICER.

INSPECTOR (Name/Signature):

SUPERVISION OF BLDG OFFICER.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Tue~~ Wed ~~Thu~~ Fri ~~Sat~~ ~~Sun~~ 12-13, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4978	Rimer	stem wall -	Pass	12/12
①	29 S. River Rd.	rear patio		
	Lear	wall		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5183	De Garmo	dock	Passed	12/13
⑥	16 E. High Point	structural	→	elevate el. conduit
	Pine Orchard			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5182	Oakley	driveway	Passed	12/13
④	99 S.S.P. Rd.			
	Rovrens			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4977	Zorro	E.O.	12/13	3000
⑨	124 N.S.P. Rd.	UNRECORDED	✓	POUCH USE w/ G.C. REUSEP. 12/15
	Buford			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5123	Kiceu RIVER	tie beam	Pass	12/13
③	65 S.S.P. Rd.	for ret.		
	Seagate	walls		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5126	Geller	plumbing	Passed	12/13
②	10 Palmetto Dr.			possible
	Mohaffey			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5168	Schuck	final	Cancelled	10: if possible
⑤	8 Palm Rd.	roof	12/13	not ready
	A & W			→ Friday 12/15

OTHER: NOTE: ALL INSPECTIONS BY PERMIT GRANTEES UNDER CLOSE SUPERVISION OF BLDG. OFFICER

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/15, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N ⑨ 5117	BREKHAM 3 OAK HILL POOLS BY GREGG.	PATIO/DECK FORM.	Passed 12/15	COMP. TEST ROAD 12/14/00
✓ N ⑩ 4904	MIRANDA 34 CASTLE HILL WAY O/B	O/W	Passed 12/15	
✓ N ⑪ 5143	Gifford 85 N.S.P. Rd. Holmes	stem wall Garage only	Pass 12/15	
✓ N ⑫ 5177	Zerro 124 N.S.P. Rd. Buford	C.O. USE PN 5186	Passed	OK TO RELEASE C.O. 12/18/00 OPEN PUNCH LIST VERIFICATION (10-4)
✓ ③ 5168	Schuck 8 Palm Rd. A & W	roof FINAL (3 RD RESCHED)	Passed 12/15	
⑦A 0388	RAO 30 CASTLE HILL WAY (LOT 32) ARC MARIU	VERIFY MARKING FOR T/R. (BEG. PN 5192)	Passed 12/15	
⑬ 5075	VASQUEZ 82 S. SEWALL'S POINT RD. GROZA BLDGS.	1. T/A & MTL. 2. PTL. ELECT. RGH (MEDIA ROOM)	Passed 12/15	





OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-18, 2000; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5087	Brown	patio / plumbing	Passed	REV. WEEK NEAR REV.
	7 Fieldway Louden BUZZY 971-3058 971-3058		<i>J 12/15</i>	COMP TEST. KCV.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
	Piceu		→	Wednesday 12/20
	S. River			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4904	Miranda	pool deck prep work	Passed	<i>J 12/13</i>
	34 Castle Hill Way			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
	Zarro	Co. Salvad	Passed	<i>J 12/13</i> Tub pump access + KI w/le = 0.1
	144 W. S.P.L. Rd.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/14/01, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S (7)	BARWILL 4 N. RIDGEVIEW RD. O/B	FIELD VERIFICATION	Passed	2/14
		Permit validity		How long
✓ S (6)	ROBINSON 1735, RIVER RD SHADE TREE, INC	FIELD VERIFICATION		2/14
✓ S (5)	5258 MASSARD (J) 17 E. HIGH POINT PACIFIC	SHEATHING + TIN TAG	Passed	2/14
✓ N (10)	4717 ZARCO (10) 124 N. SPR BUFORD	SHUTTERS - FINAL	Passed	2/14
✓ N (12)	5086 KARR (12) 1 PALAMA WAY CONWAY	GARAGE - FINAL		
✓ N (9)	5242 KOCH (9) 71 N. RIVER RD. W.B. BROWN	TIE BEAM STEEL mas. wall	Passed	later in Am 2/14

OTHER: _____

INSPECTOR (Name/Signature): _____

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCarthy
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

COPY

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: PASQUALE ZARRO ; PROPERTY ADDRESS: 124 N. SEWALL'S POINT RD.

LEGAL DESCRIPTION: LOT 4 BLOCK _____ SUBDMISION INDIAN RIVER HAMMOCK

GENERAL CONTRACTOR: BURFORD CONSTRUCTION ; LIC/CERT NO. CBC 0378

ADDRESS: 606 CAMDEN AVE., STUART, FL. ; TEL 283-2050, FAX 283-8940

ARCHITECT OR ENGINEER: BRAD GRANFIELD ; LIC/REG. NO. AR 0009650

ADDRESS: 3601 S.E. OCEAN BLVD. #002, STUART, FL ; TEL 283-6032, FAX 283-8110

PERMIT NO: 4717 ; DATE OF ISSUE: 12/2/99 ; RENEWAL PERMIT NO: N/A ; DATE OF ISSUE: _____
(ONE MONTH EXT. TO 1/2/01)

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

Entered at Sewall's Point, Florida, this 18TH day of DECEMBER, 2000.

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

cc: CHIEF OF POLICE
TOWN CLERK
~~BUILDING OFFICIAL~~

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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



August 17, 2000

RECEIVED
DEC 05 2000
BY:

Scott O'Steen
East Coast Lumber
416 South Flagler Ave.
Stuart, FL 34950
(561) 287-1611; fax (561) 286-7058

FILE

RE: Zarro Residence
124 N. Sewalls Pt. Rd., Sewalls Pt. / Lot #4 - Indian Hammak
Martin County, FL

TO WHOM IT MAY CONCERN:

The enclosed calculations have been prepared by Andrew Roberts w/ Weyerhaeuser Co. using TJ-Beam® Software supplied by Trus Joist. The design calculations are for TJI® joists and Microllam® LVL beams used in the building on the subject project.

The date and time each calculation was run is shown in the upper left corner of the sheet and corresponds to the following TJ-Beam® Calculations:

Floor Joist 11/30/99	Floor Joist 11/30/99	Floor Beam 12/1/99
J1 11:12:28	J3 2:57:37	B1 8:40:37
Floor Beam 12/1/99	Floor Beam 12/1/99	Floor Beam 12/1/99
B2 9:52:40	B3 8:35:36	B4 10:18:41
Floor Beam 12/1/99	Floor Beam 11/30/99	Floor Beam 12/1/99
B5 10:23:53	B6 2:36:50	B7 9:18:11
Floor Beam 12/1/99	Roof Header 11/30/99	
B8 8:23:33	MG6 2:52:36	

The professional engineer's seal on this letter is to indicate that the analysis presented on the calculations conform to accepted engineering practice, and uses code accepted design values. The specific product application, design loads, and dimensions shown on the calculations have been selected by our customer. I have not reviewed the project plans or the conditions in the field to verify that this input information is correct.

For these calculations to be valid, it should be verified that the spans and loads shown agree with the project plans. Look for the Silent Floor™ markings on the Trus Joist products to confirm that the calculations are valid for the products actually used.

Please feel free to call me if you have any questions.

Sincerely,

William M. Lamb, P.E.
Southern Region Engineer



8/17/00



VELCON GROUP, INC.
ENGINEERS & SURVEYORS

LOT 4, INDIAN RIVER HAMMOCKS

Attention: Ed Arnold
Re: Zarrow Residence

To whom it may concern,

This letter is to certify that I have determined the elevation of the lowest structural member to be @ 10.56' NGVD.

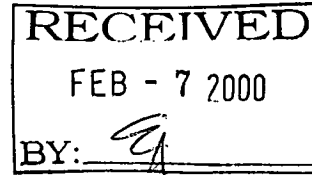
Also, I have determined the highest elevation of the roof to be @ 38.49' NGVD.

Respectfully Submitted,

Edwin R. Matthews
c/o Velcon Group, Inc.

February 4, 2000

Edwin Arnold, AIA, CBO
Building Official
One South Sewall's Point Road
Sewall's Point, FL 34996



FILE

COPY

Re: Zarro Residence, 124 N. Sewall's Point Road, Permit # 4717

Dear Mr Arnold:

Please be advised that all top of footing elevations shown as (-8") on the footing schedule on the approved sheet "A-4" of the above referenced project, should be placed at (+4"). Also the eastern footing "G" shown on sheet "A-4" and the type "H" footing located in the garage should both be type "J" footings.

The vertical reinforcing shown on type "C1", "C2" and "C3" columns on the column schedule on sheet "A-6", will be revised to (8) #5 vertical from that shown.

If you have any questions or concerns, please do no hesitate to contact me.

Sincerely,

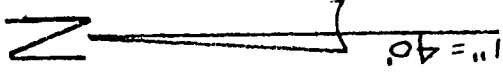
T. Stiles Peet

T. Stiles Peet, P.E.

T. STILES PEET, P.E.

Professional Structural Engineer

1051 E OCEAN BLVD, SUITE 2, STUART, FL 34994 VOICE: (561) 223-9883 FAX: (561) 223-9502



RECEIVED
MAR 17 2000
BY: [Signature]

ZARRO
124 P SEWALLS RD
PP 4717

314-00

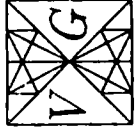
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE MAP SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY MADE UNDER MY DIRECTION AND THAT SAID SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS OF CHAPTER 61G17, FLORIDA ADMINISTRATIVE CODE AND THAT THERE ARE NO ABOVE GROUND ENCROACHMENTS UNLESS OTHERWISE SHOWN. NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

[Signature]
EDWIN R. MATTHEWS
PROFESSIONAL SURVEYOR AND MAPPER
STATE OF FLORIDA # 3954

SHEET 1 OF 2

VELCON GROUP, INC.

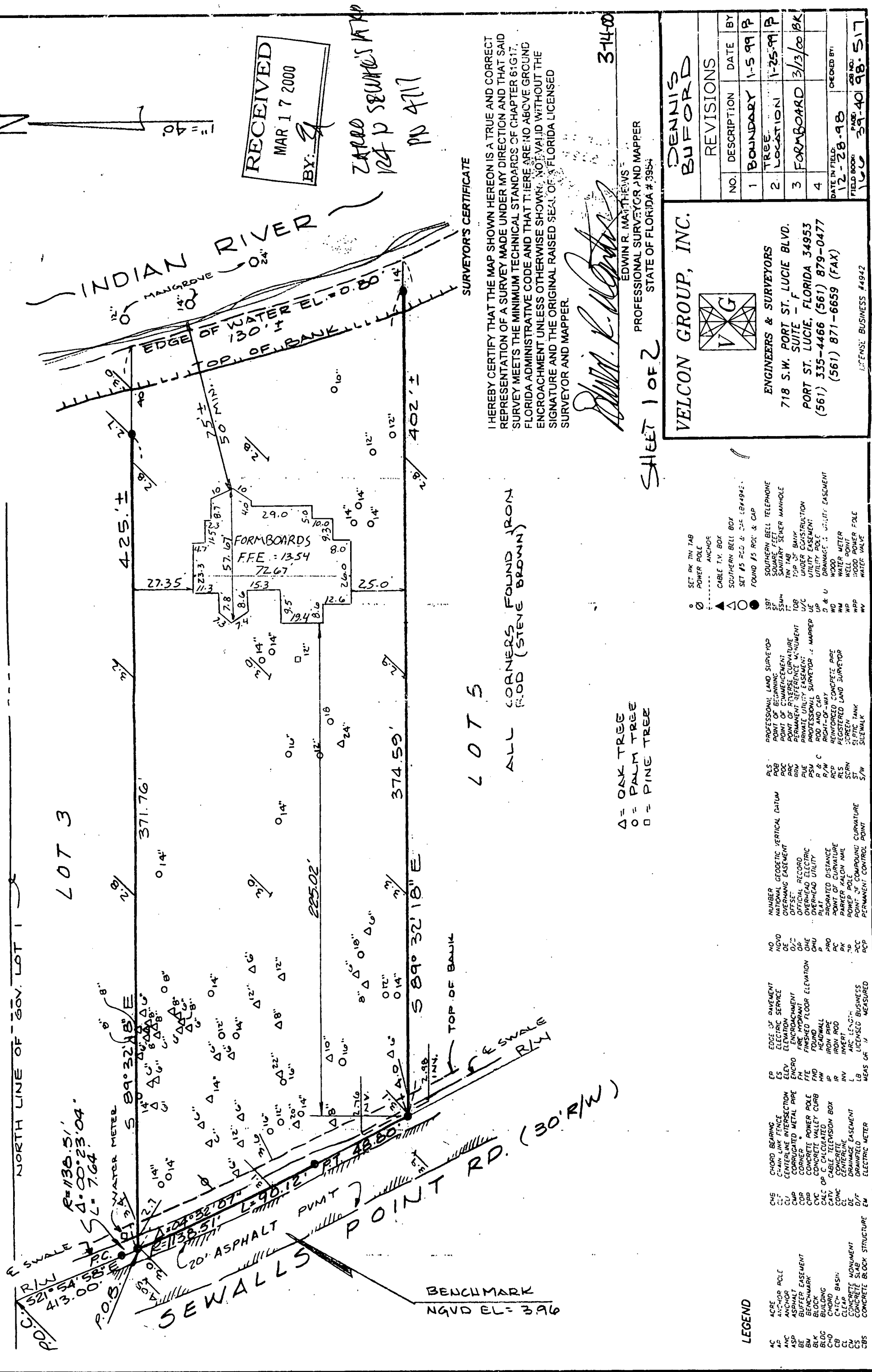


ENGINEERS & SURVEYORS
718 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FLORIDA 34953
(561) 335-4466 (561) 879-0477
(561) 871-6659 (FAX)

LICENSE BUSINESS #4942

REVISIONS		
NO.	DESCRIPTION	DATE BY
1	BOUNDARY	1-5-99 RP
2	TREE LOCATION	1-25-99 RP
3	FORMBOARD	3/13/00 BK
4		

DATE IN FIELD: 12-28-98
FIELD BOOK: 166
PAGE: 39-40
NO.: 98-517



- SET PX TIN TAB
- POWER POLE
- ▲ ANCHOR
- △ CABLE T.V. BOX
- SOUTHERN BELL BOX
- SET #5 PCD & 24 LB #4942
- FOUND #5 ROD & CAP
- SOUTHERN BELL TELEPHONE
- SQUARE FEET
- SANITARY SEWER MANHOLE
- TIN TAB
- TOP OF BANK
- UNDER CONSTRUCTION
- UTILITY EASEMENT
- UTILITY POLE
- DRAINAGE: U, UTILITY EASEMENT
- WOOD
- WOOD
- WATER METER
- WELL PUMP
- WAP
- WAP
- WATER VALVE

- PROFESSIONAL LAND SURVEYOR
- PROB: POINT OF BEGINNING
 - POC: POINT OF COMMENCEMENT
 - POE: POINT OF REVERSE CURVATURE
 - PRM: PERMANENT REFERENCE MONUMENT
 - PRU: PRIVATE UTILITY EASEMENT
 - PSM: PROFESSIONAL SURVEYOR'S MAP
 - R & C: ROAD AND CURVATURE
 - R/W: RIGHT-OF-WAY
 - R/C: REINFORCED CONCRETE PIPE
 - RS: REGISTERED LAND SURVEYOR
 - SCM: SCREEN
 - STM: STAKE
 - S/W: SIDEWALK
- LEGEND
- AC: ANCHOR POLE
 - AP: ASPHALT EASEMENT
 - AS: ASPHALT
 - BL: BLOCK
 - BLG: BUILDING
 - CH: CHORD
 - CB: CONCRETE
 - CL: CENTERLINE
 - CM: CONCRETE MONUMENT
 - CS: CONCRETE SLAB
 - CBS: CONCRETE BLOCK STRUCTURE
 - CHS: CHORD BEARING
 - CL: CENTERLINE INTERSECTION
 - CLU: CORRUGATED METAL PIPE
 - CMR: CONCRETE METER
 - CMC: CONCRETE CURB
 - CAT: CATCH BASIN
 - CBX: CONCRETE TELEVISION BOX
 - CE: CENTERLINE
 - CEM: CENTERLINE
 - DE: DRAINAGE EASEMENT
 - D/F: DRAINFIELD
 - EM: ELECTRIC METER
 - EP: EDGE OF PAVEMENT
 - ES: ELEVATION
 - ENC: ENCROACHMENT
 - FSE: FINISHED FLOOR ELEVATION
 - FW: FOUND
 - FW: FOUND
 - IP: IRON PIPE
 - IR: IRON ROD
 - INV: INVERT
 - LB: LEAST
 - L: LICENSED BUSINESS MEAS
 - MEAS: MEASURED
 - NO: NATIONAL GEODETIC VERTICAL DATUM
 - AGVD: ADJUSTED GEODETIC VERTICAL DATUM
 - DE: DRAINAGE EASEMENT
 - OFF: OFFICIAL RECORD
 - OVER: OVERHEAD UTILITY
 - PLAT: PLAT
 - R/C: REINFORCED CONCRETE PIPE
 - RS: REGISTERED LAND SURVEYOR
 - SCM: SCREEN
 - STM: STAKE
 - S/W: SIDEWALK

- △ = OAK TREE
- = PALM TREE
- = PINE TREE

LOT 5
ALL CORNERS FOUND IRON ROD (STONE BROWN)

LOT 3

R=138.51'
Δ=00°23'04"
L=7.64'

SEWALLS POINT RD. (30' R/W)
BENCHMARK
NGVD EL: 396

LEGAL DESCRIPTION

PROPERTY ADDRESS: SEWALL'S POINT ROAD - SEWALL'S POINT, FLORIDA

LOT 4, INDIAN RIVER HAMMOCKS

KNOWN AS A PARCEL OF LAND LYING WITHIN A PORTION OF GOVERNMENT LOT 1, SECTION 35, TOWNSHIP 37 SOUTH, RANGE 41 EAST, MARTIN COUNTY, FLORIDA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE NORTH LINE OF SAID GOVERNMENT LOT 1 AND THE EASTERN RIGHT-OF-WAY OF NORTH SEWALL'S POINT ROAD (30 FOOT RIGHT-OF-WAY), THENCE SOUTH 21 54'58" EAST ALONG SAID EAST RIGHT-OF-WAY A DISTANCE OF 413.00 FEET TO A POINT OF CURVE, SAID CURVE BEING CONCAVED TO THE NORTHEAST HAVING A RADIUS OF 1138.51 FEET OF A CENTRAL ANGLE OF 00 23'04", THENCE IN A COUNTER CLOCKWISE DIRECTION ALONG THE ARC OF SAID CURVE A DISTANCE OF 7.64 FEET TO THE POINT AND PLACE OF BEGINNING. THENCE SOUTH 89 32'18" EAST A DISTANCE OF 425 FEET MORE OR LESS TO THE WATERS OF THE INDIAN RIVER, THENCE IN A SOUTHEASTERLY DIRECTION MEANDER SAID WATERS A DISTANCE OF 130 FEET MORE OR LESS TO THE NORTH 89 32'18" WEST A DISTANCE OF 402 FEET MORE OR LESS TO A POINT OF INTERSECTION WITH THE EAST RIGHT-OF-WAY OF NORTH SEWALL'S POINT ROAD, THENCE NORTH 26 50'08" WEST CONTINUING ALONG SAID RIGHT-OF-WAY A DISTANCE OF 48.80 FEET TO A POINT OF CURVE SAID CURVE BEING CONCAVED TO THE NORTHEAST HAVING A RADIUS OF 1138.51 FEET, A CENTRAL ANGLE OF 4 32'07", THENCE IN A CLOCKWISE DIRECTION ALONG THE ARC OF SAID CURVE A DISTANCE OF 90.12 FEET TO THE POINT AND PLACE OF BEGINNING.

CONTAINING: 1.188 ACRES

NOTES:

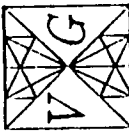
- SUBJECT TO ANY APPLICABLE EASEMENTS, RIGHTS-OF-WAY OR OTHER RESTRICTIONS OF RECORD.
- A SEARCH OF THE PUBLIC RECORDS HAS NOT BEEN MADE BY THIS OFFICE.
- BEARINGS SHOWN ARE RELATED TO THE CENTERLINE OF SEWALL'S POINT ROAD, AS SHOWN ON THE PLAT OF RECORD.
- ELEVATIONS SHOWN ARE RELATED TO THE NATIONAL GEODETIC VERTICAL DATUM (N.G.V.D.) OF 1929.
- LEGAL DESCRIPTION PROVIDED BY CLIENT
- PROPERTY LIES IN F.I.R.M. ZONE "A10", "A10", "V13", EL 8', 9', 10', AS SHOWN ON PANEL 120164-00001E, DATED 10/16/96.
- IN ACCORDANCE WITH CHAPTER 61G17-2.005, BE ADVISED THAT THE SURVEY DEPICTED HERE IS NOT COVERED BY PROFESSIONAL LIABILITY INSURANCE.
- IN ACCORDANCE WITH CHAPTER 61G17-6.003, ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.
- CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL SITE PLAN INFORMATION PRIOR TO CONSTRUCTION.
- CERTIFIED TO: PASQUALE G. ZARRO, FIDELITY FEDERAL SAVINGS BANK OF FLORIDA, ITS SUCCESSORS AND/OR ASSIGNS; MICHAEL J. MCNICHOLAS, ATTORNEYS' TITLE INSURANCE FUND, INC.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE MAP SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY MADE UNDER MY DIRECTION AND THAT SAID SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS OF CHAPTER 61G17, FLORIDA ADMINISTRATIVE CODE AND THAT THERE ARE NO ABOVE GROUND ENCROACHMENT UNLESS OTHERWISE SHOWN. NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

Edwin R. Matthews
EDWIN R. MATTHEWS
PROFESSIONAL SURVEYOR AND MAPPER
STATE OF FLORIDA # 3954

VELCON GROUP, INC.



ENGINEERS & SURVEYORS
718 S.W. PORT ST. LUCIE BLVD. SUITE - F
PORT ST. LUCIE, FLORIDA 34953
(561) 335-4466 (561) 879-0477
(561) 871-6659 (FAX)

LICENSE BUSINESS #4942

REVISIONS		
NO.	DESCRIPTION	DATE BY
1		
2		
3		
4		

DATE IN FIELD _____ CHECKED BY _____
FIELD BOOK _____ PAGE _____ JOB NO. 98.517

- SET ON TIN TAG
- POWER POLE
- ANCHOR
- ▲ CABLE T.V. BOX
- △ SOUTH-EAST BELL BOX
- SET 15 HOOD & CAP LB#4942
- FOUND 15 HOOD & CAP

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
 Residential Whole Building Performance Method A

Project Name: New Project ZARRO Address: City, State: Owner: ZARRO RES. Climate Zone: South	Builder: BUFORD Permitting Office: Permit Number: Jurisdiction Number:
--	---

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">4</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">3898 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">736.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> c. Tin/other SC/SHGC - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> d. Tin/other SC/SHGC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 259.0(p) ft</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Frame, Wood, Exterior</td><td style="text-align: right;">R=11.0, 961.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. Concrete, Int Insul, Exterior</td><td style="text-align: right;">R=4.2, 2140.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=30.0, 2605.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Unc. AH: Interior</td><td style="text-align: right;">Sup. R=6.0, 240.0 ft</td><td style="text-align: right;">___</td></tr> <tr><td> b. Sup: Con. Ret: Con. AH: Interior</td><td style="text-align: right;">Sup. R=6.0, 120.0 ft</td><td style="text-align: right;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	4	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	3898 ft ²	___	7. Glass area & type		___	a. Clear - single pane	736.0 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tin/other SC/SHGC - single pane	0.0 ft ²	___	d. Tin/other SC/SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Slab-On-Grade Edge Insulation	R=0.0, 259.0(p) ft	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Frame, Wood, Exterior	R=11.0, 961.0 ft ²	___	b. Concrete, Int Insul, Exterior	R=4.2, 2140.0 ft ²	___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. Under Attic	R=30.0, 2605.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts		___	a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 240.0 ft	___	b. Sup: Con. Ret: Con. AH: Interior	Sup. R=6.0, 120.0 ft	___	<table style="width: 100%; border-collapse: collapse;"> <tr><td>12. Cooling systems</td><td></td><td></td></tr> <tr><td> a. Central Unit</td><td></td><td style="text-align: right;">Cap: 42.0 kBtu/hr ___</td></tr> <tr><td></td><td></td><td style="text-align: right;">SEER: 10.00 ___</td></tr> <tr><td> b. Central Unit</td><td></td><td style="text-align: right;">Cap: 42.0 kBtu/hr ___</td></tr> <tr><td></td><td></td><td style="text-align: right;">SEER: 10.00 ___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>13. Heating systems</td><td></td><td></td></tr> <tr><td> a. Electric Strip</td><td></td><td style="text-align: right;">Cap: 34.0 kBtu/hr ___</td></tr> <tr><td></td><td></td><td style="text-align: right;">COP: 1.00 ___</td></tr> <tr><td> b. Electric Strip</td><td></td><td style="text-align: right;">Cap: 34.0 kBtu/hr ___</td></tr> <tr><td></td><td></td><td style="text-align: right;">COP: 1.00 ___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>14. Hot water systems</td><td></td><td></td></tr> <tr><td> a. Electric Resistance</td><td></td><td style="text-align: right;">Cap: 50.0 gallons ___</td></tr> <tr><td></td><td></td><td style="text-align: right;">EF: 0.90 ___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. Conservation credits</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> (HR-Heat recovery, Solar</td><td></td><td></td></tr> <tr><td> DHP-Dedicated heat pump)</td><td></td><td></td></tr> <tr><td>15. HVAC credits</td><td></td><td style="text-align: right;">MZ-C, MZ-H ___</td></tr> <tr><td> (CF-Ceiling fan, CV-Cross ventilation,</td><td></td><td></td></tr> <tr><td> HF-Whole house fan,</td><td></td><td></td></tr> <tr><td> PT-Programmable Thermostat,</td><td></td><td></td></tr> <tr><td> RB-Attic radiant barrier,</td><td></td><td></td></tr> <tr><td> MZ-C-Multizone cooling,</td><td></td><td></td></tr> <tr><td> MZ-H-Multizone heating)</td><td></td><td></td></tr> </table>	12. Cooling systems			a. Central Unit		Cap: 42.0 kBtu/hr ___			SEER: 10.00 ___	b. Central Unit		Cap: 42.0 kBtu/hr ___			SEER: 10.00 ___	c. N/A		___	13. Heating systems			a. Electric Strip		Cap: 34.0 kBtu/hr ___			COP: 1.00 ___	b. Electric Strip		Cap: 34.0 kBtu/hr ___			COP: 1.00 ___	c. N/A		___	14. Hot water systems			a. Electric Resistance		Cap: 50.0 gallons ___			EF: 0.90 ___	b. N/A		___	c. Conservation credits		___	(HR-Heat recovery, Solar			DHP-Dedicated heat pump)			15. HVAC credits		MZ-C, MZ-H ___	(CF-Ceiling fan, CV-Cross ventilation,			HF-Whole house fan,			PT-Programmable Thermostat,			RB-Attic radiant barrier,			MZ-C-Multizone cooling,			MZ-H-Multizone heating)		
1. New construction or existing	New	___																																																																																																																																																																	
2. Single family or multi-family	Single family	___																																																																																																																																																																	
3. Number of units, if multi-family	1	___																																																																																																																																																																	
4. Number of Bedrooms	4	___																																																																																																																																																																	
5. Is this a worst case?	No	___																																																																																																																																																																	
6. Conditioned floor area (ft ²)	3898 ft ²	___																																																																																																																																																																	
7. Glass area & type		___																																																																																																																																																																	
a. Clear - single pane	736.0 ft ²	___																																																																																																																																																																	
b. Clear - double pane	0.0 ft ²	___																																																																																																																																																																	
c. Tin/other SC/SHGC - single pane	0.0 ft ²	___																																																																																																																																																																	
d. Tin/other SC/SHGC - double pane	0.0 ft ²	___																																																																																																																																																																	
8. Floor types		___																																																																																																																																																																	
a. Slab-On-Grade Edge Insulation	R=0.0, 259.0(p) ft	___																																																																																																																																																																	
b. N/A		___																																																																																																																																																																	
c. N/A		___																																																																																																																																																																	
9. Wall types		___																																																																																																																																																																	
a. Frame, Wood, Exterior	R=11.0, 961.0 ft ²	___																																																																																																																																																																	
b. Concrete, Int Insul, Exterior	R=4.2, 2140.0 ft ²	___																																																																																																																																																																	
c. N/A		___																																																																																																																																																																	
d. N/A		___																																																																																																																																																																	
e. N/A		___																																																																																																																																																																	
10. Ceiling types		___																																																																																																																																																																	
a. Under Attic	R=30.0, 2605.0 ft ²	___																																																																																																																																																																	
b. N/A		___																																																																																																																																																																	
c. N/A		___																																																																																																																																																																	
11. Ducts		___																																																																																																																																																																	
a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 240.0 ft	___																																																																																																																																																																	
b. Sup: Con. Ret: Con. AH: Interior	Sup. R=6.0, 120.0 ft	___																																																																																																																																																																	
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a. Central Unit		Cap: 42.0 kBtu/hr ___																																																																																																																																																																	
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MZ-C-Multizone cooling,																																																																																																																																																																			
MZ-H-Multizone heating)																																																																																																																																																																			

Glass/Floor Area: 0.19	Total as-built points: 50597.00 Total base points: 54218.00	PASS
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I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: DAVIDSON INSUL


DATE: _____

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: [Signature]

DATE: 8-19-99

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: [Signature]

DATE: 11/2/99

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT								
GLASS TYPES												
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X	SPM X	SOF =	Points	
.18	3898.0	53.20	37329.1	Single, Clear	E	2.0	9.0	136.0	73.03	0.94	9296.3	
				Single, Clear	E	2.0	13.0	48.0	73.03	0.98	3423.4	
				Single, Clear	E	8.0	10.0	128.0	73.03	0.59	5514.0	
				Single, Clear	E	2.0	10.0	10.0	73.03	0.95	694.4	
				Single, Clear	E	2.0	5.0	36.0	73.03	0.81	2125.6	
				Single, Clear	E	2.0	7.0	30.0	73.03	0.89	1955.2	
				Single, Clear	W	6.0	9.0	24.0	65.53	0.67	1045.9	
				Single, Clear	W	2.0	5.0	12.0	65.53	0.81	639.5	
				Single, Clear	W	2.0	5.0	12.0	65.53	0.81	639.5	
				Single, Clear	W	2.0	5.0	16.0	65.53	0.81	852.7	
				Single, Clear	W	2.0	6.0	12.0	65.53	0.86	675.6	
				Single, Clear	W	2.0	10.0	28.0	65.53	0.95	1745.6	
				Single, Clear	W	2.0	3.0	12.0	65.53	0.67	523.0	
				Single, Clear	W	6.0	6.0	24.0	65.53	0.56	884.2	
				Single, Clear	W	2.0	6.0	20.0	65.53	0.86	1126.0	
				Single, Clear	W	2.0	2.0	4.0	65.53	0.56	147.4	
				Single, Clear	W	2.0	2.0	11.0	65.53	0.56	405.3	
				Single, Clear	N	2.0	2.0	28.0	33.94	0.72	684.9	
				Single, Clear	N	2.0	6.0	24.0	33.94	0.90	735.8	
				Single, Clear	N	2.0	6.0	24.0	33.94	0.90	735.8	
				Single, Clear	S	2.0	2.0	14.0	62.19	0.52	454.2	
				Single, Clear	S	2.0	2.0	14.0	62.19	0.52	454.2	
				Single, Clear	S	2.0	2.0	4.0	62.19	0.52	129.8	
				Single, Clear	S	2.0	14.0	35.0	62.19	0.98	2123.8	
				Single, Clear	S	2.0	4.0	9.0	62.19	0.67	376.7	
				Single, Clear	S	2.0	4.0	9.0	62.19	0.67	376.7	
				Single, Clear	S	2.0	6.0	12.0	62.19	0.79	593.2	
				As-Built Total:				736.0			38358.3	
WALL TYPES				Area X BSPM = Points		Type		R-Value	Area X SPM =		Points	
Adjacent	0.0	0.0	0.0	Frame, Wood, Exterior				11.0	961.0		27.0	2594.7
Exterior	3101.0	2.70	8372.7	Concrete, Int Insul, Exterior				4.2	2140.0		2.28	4879.2
Base Total:	3101.0		8372.7	As-Built Total:					3101.0			7473.9
DOOR TYPES				Area X BSPM = Points		Type		Area X SPM =		Points		
Adjacent	0.0	0.00	0.0	Exterior Insulated				114.0		6.40		729.6
Exterior	114.0	6.40	729.6	As-Built Total:				114.0		729.6		

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT						
CEILING TYPES Area X BSPM = Points				Type	R-Value	Area X SPM	= Points			
Under Attic	2605.0	0.80	2084.0	Under Attic	30.0	2605.0 0.80	2084.0			
Base Total:	2605.0		2084.0	As-Built Total:		2605.0	2084.0			
FLOOR TYPES Area X BSPM = Points				Type	R-Value	Area X SPM	= Points			
Slab	259.0(p)	-20.0	-5180.0	Slab-On-Grade Edge Insulation	0.0	259.0(p) -20.00	-5180.0			
Raised	0.0	0.00	0.0							
Base Total:			-5180.0	As-Built Total:			-5180.0			
INFILTRATION Area X BSPM = Points						Area X SPM	= Points			
	3898.0	18.79	73243.4			3898.0 18.79	73243.4			
Summer Base Points: 116578.8				Summer As-Built Points: 116709.2						
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	=	Cooling Points
				116709.2	0.500	0.957	0.341	0.950		18084.7
				116709.2	0.500	0.957	0.341	0.950		18084.7
116578.8	0.3560		41502.1	116709.2	1.00	0.957	0.341	0.950		36169.3

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X	WPM X	WOF =	Points
.18	3898.0	2.02	1420.4	Single, Clear	E	2.0	9.0	136.0	3.76	1.02	520.3
				Single, Clear	E	2.0	13.0	48.0	3.76	1.01	182.5
				Single, Clear	E	8.0	10.0	128.0	3.76	1.08	521.5
				Single, Clear	E	2.0	10.0	10.0	3.76	1.02	38.2
				Single, Clear	E	2.0	5.0	36.0	3.76	1.04	140.2
				Single, Clear	E	2.0	7.0	30.0	3.76	1.02	115.5
				Single, Clear	W	6.0	9.0	24.0	4.47	1.02	108.9
				Single, Clear	W	2.0	5.0	12.0	4.47	1.00	53.7
				Single, Clear	W	2.0	5.0	12.0	4.47	1.00	53.7
				Single, Clear	W	2.0	5.0	16.0	4.47	1.00	71.7
				Single, Clear	W	2.0	6.0	12.0	4.47	1.00	53.6
				Single, Clear	W	2.0	10.0	28.0	4.47	1.00	124.9
				Single, Clear	W	2.0	3.0	12.0	4.47	1.02	54.5
				Single, Clear	W	6.0	6.0	24.0	4.47	1.03	110.1
				Single, Clear	W	2.0	6.0	20.0	4.47	1.00	89.4
				Single, Clear	W	2.0	2.0	4.0	4.47	1.03	18.3
				Single, Clear	W	2.0	2.0	11.0	4.47	1.03	50.4
				Single, Clear	N	2.0	2.0	28.0	4.91	0.97	132.9
				Single, Clear	N	2.0	6.0	24.0	4.91	0.99	116.5
				Single, Clear	N	2.0	6.0	24.0	4.91	0.99	116.5
				Single, Clear	S	2.0	2.0	14.0	3.55	1.33	66.0
				Single, Clear	S	2.0	2.0	14.0	3.55	1.33	66.0
				Single, Clear	S	2.0	2.0	4.0	3.55	1.33	18.9
				Single, Clear	S	2.0	14.0	35.0	3.55	1.00	123.7
				Single, Clear	S	2.0	4.0	9.0	3.55	1.13	36.1
				Single, Clear	S	2.0	4.0	9.0	3.55	1.13	36.1
				Single, Clear	S	2.0	6.0	12.0	3.55	1.05	44.7
				As-Built Total: 736.0 3064.6							
WALL TYPES Area X BWPM = Points				Type		R-Value		Area X WPM = Points			
Adjacent				Frame, Wood, Exterior		11.0		961.0 0.60 576.6			
Exterior				Concrete, Int Insul, Exterior		4.2		2140.0 1.02 2182.8			
Base Total:				As-Built Total:				3101.0 2759.4			
DOOR TYPES Area X BWPM = Points				Type		Area X WPM = Points					
Adjacent				Exterior Insulated		114.0 1.80 205.2					
Base Total:				As-Built Total:		114.0 205.2					

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT			
CEILING TYPES Area X BWPM = Points				Type	R-Value	Area X WPM	= Points
Under Attic	2605.0	0.10	260.5	Under Attic	30.0	2605.0	0.10 260.5
Base Total:	2605.0		260.5	As-Built Total:		2605.0	260.5
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM	= Points
Slab	259.0(p)	-2.1	-543.9	Slab-On-Grade Edge Insulation	0.0	259.0(p)	-2.10 -543.9
Raised	0.0	0.00	0.0				
Base Total:			-543.9	As-Built Total:			-543.9
INFILTRATION Area X BWPM = Points						Area X WPM	= Points
	3898.0	-0.06	-233.9			3898.0	-0.06 -233.9
Winter Base Points:			2969.0	Winter As-Built Points:			5511.9
Total Winter Points	X System Multiplier	= Heating Points		Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier X Credit Multiplier = Heating Points
				5511.9	0.500	0.986	1.000 0.950 2581.0
				5511.9	0.500	0.986	1.000 0.950 2581.0
2969.0	1.0900	3236.2		5511.9	1.00	0.986	1.000 0.950 5162.0

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT							
WATER HEATING											
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	X Multiplier X Credit Multiplier	= Total	
4		2370.00	9480.0	50.0	0.90	4		1.00	2316.36	1.00	9265.4
										As-Built Total:	9265.4

CODE COMPLIANCE STATUS									
BASE				AS-BUILT					
Cooling Points	+	Heating Points	+ Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+ Hot Water Points	= Total Points
41502.1		3236.2	9480.0	54218.2	36169.3		5162.0	9265.4	50596.7

PASS



Summary Energy Code Results

Residential Whole Building Performance Method A

ZARRO RES.

Project Title:
New Project ZARRO

Class 3 Rating
Registration No. 0
Climate: South

4/26/99

Building Loads			
Base		As-Built	
Summer:	1.1658E5 points	Summer:	116709 points
Winter:	2969 points	Winter:	5512 points
Hot Water:	8342 points	Hot Water:	8342 points
Total:	127890 points	Total:	130563 points

Energy Use			
Base		As-Built	
Cooling:	41502 points	Cooling:	36169 points
Heating:	3236 points	Heating:	5162 points
Hot Water:	9480 points	Hot Water:	9265 points
Total:	54218 points	Total:	50597 points

<p>PASS e-Ratio: 0.93</p>

S/N !!!!

RIGHT-J SHORT FORM

4-14-99

Job #:

For: ZARRO RESIDENCE
SEWALLS PT
STUART

FL

Outside db	Htg	Clg
45	45	91
Inside db	70	75
Design TD	25	16
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	60

By: E.C.T.

Const. Quality	a
# of Fireplaces	0

HEATING EQUIPMENT

COOLING EQUIPMENT

Make TRANE
 Model
 Type
 Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 4000 CFM
 Htg Air Flow Factor 0.042 CFM/Btuh

Make TRANE
 Model
 Type
 COP/EER/SEER 0.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 4000 CFM
 Clg Air Flow Factor 0.050 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 84

ROOM NAME	AREA SQ. FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
FOYER	100	2784	2199	118	109
MEDIA	400	7170	5616	303	279
DINING	140	4610	3637	195	180
KITCHEN	256	5716	5553	242	275
NOOK	80	4034	7680	170	381
FLORIDA RM	480	20011	13795	846	684
BED 3	168	4152	3643	175	181
BATH 3	78	3376	2127	143	106
BED 4	156	5210	6332	220	314
BATH 4	60	1328	738	56	37
CLOSETS	108	877	530	37	26
LAUNDRY	102	2067	1589	87	79
STAIRS	140	4384	2995	185	149
PWD RM	112	1120	936	47	46
HALL	90	119	191	5	9
MASTER BED RM	240	12026	10798	508	536
MASTER BATH	176	5005	3544	211	176
LOFT	196	2830	2361	120	117
GUEST BATH	72	982	529	41	26
GUEST BED RM	256	6855	5843	290	290
Entire House	3410	94655	80637	4000	4000
Ventilation Air Equip. @ 0.95 RSM		0	0		
Latent Cooling			76605		15489
TOTALS	3410	94655	92094	4000	4000

5012

POOL

MASTER PERMIT NO. ~~17A~~ 4717

TOWN OF SEWALL'S POINT

Date 7/10/00 BUILDING PERMIT NO. 5012
 Building to be erected for PASQUALE ZARRO Type of Permit POOL
 Applied for by OLYMPIC POOLS OF STUART (Contractor) Building Fee \$240.00
 Subdivision _____ Lot _____ Block _____ Radon Fee _____
 Address 124 N. SEWALL'S POINT RD. Impact Fee _____
 Type of structure S.P.R. (UNDER CONST.) A/C Fee _____
 Electrical Fee _____
 Parcel Control Number: 35-37-41-000-0000-001.40000 Plumbing Fee _____
 Amount Paid \$240.00 Check # 2949 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 12,000.00 Roofing Fee _____
 TOTAL Fees \$240.00

Signed [Signature] Applicant
 Signed [Signature] Town Building Inspector OFFICIAL

POOL / SPA PERMIT

INSPECTIONS			
SETBACKS	DATE _____	DECK	DATE _____
COMPACTION TESTS	DATE _____	ENCLOSURE & LATCH	DATE _____
GROUND ROUGH	DATE _____	DOOR ALARM(S)	DATE _____
STEEL & BOND	DATE _____	FINAL	DATE <u>1/5/01</u>
LIGHT NITCHE	DATE _____		

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455
WORK HOURS – 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

ROBERT M. WIENKE
Mayor

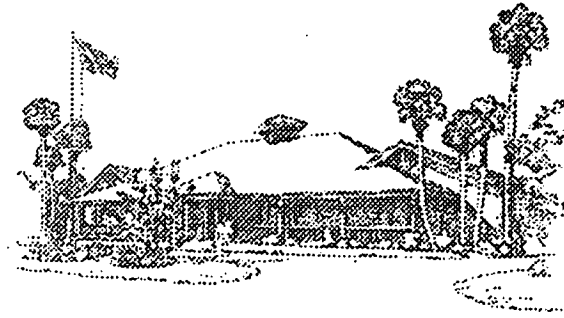
MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

NOTICE OF RESIDENTIAL POOL SAFETY REQUIREMENTS

To: Olympic Pools of Stuart
1565 SW Martin Highway
Palm City, FL 34990
From: Edwin B. Arnold, Building Official *EA*
Subj: Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act
Date: Sept. 1, 2000

COPY

Section 515.27 of the subject law provides in part as follows:

(1) In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet at least one of the following requirements relating to pool safety features:

(a) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of s. 515.29;

(b) The pool must be equipped with an approved safety pool cover;

(c) All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85 dB A at 10 feet; or

(d) All doors and windows providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches from the floor.

Department records indicate you have the following outstanding pool permits in our jurisdiction:

PN 4853	17 NE Lofting Way	Conway
PN 4949	4 Oak Hill Way	Conway
PN 4950	20 N. Ridgeview	Wattles
PN 5012	124 N. Sewall's Point Road	Zarro
PN 5029	6 Lantana Lane	Page

The effective date of this statute is October 1, 2000. All pools completed on or after that date will be required to fully comply with the provisions of the statute. Please contact me if you have any questions.



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



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

RECEIVED
JUN 20 2000

Bldg. Permit Number **5012**

Owner or Titleholder's Name Parquale Zarraga Phone No. (561) 287-2050
 Street: 5624 S.E. Lomas Pl City Stuart State: FL Zip 34997
 Legal Description of Property: Lot #4 Indian River Hammock

Parcel Number: 35-37-41-000-0000-001.40000

Location of Job Site: 124 N. Sewalli Pt Rd
 TYPE OF WORK TO BE DONE: Swimming Pool

CONTRACTOR/Company Name: Olympic Pools of Stuart Phone No. (561) 286-6070
 Street: 1565 S.W. Martin Hwy City Palm City State: FL Zip 34920
 State Registration: CPL039884 State License: _____

ARCHITECT: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
 Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
 Estimated cost of construction or improvement: \$ 12,000
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: Fairchild Electric State: FL License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: Olympic Pools State: _____ License # _____
 Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)
[Signature]
 Owner
 State of Florida, County of: Martin On this the 20 day of June, 2000,
 by Dennis Buford who is personally known to me or produced _____
 as identification.

CONTRACTOR SIGNATURE (Required)
[Signature]
 Contractor
 State of Florida, County of: Martin On this the 20 day of June, 2000,
 by Kim Smith who is personally known to me or produced _____
 as identification.

[Signature]
 Notary Public

[Signature]
 Notary Public

My Commission Expires: DAVIES, JR
 My Comm Exp. 12/19/03 (Seal)
 No. CC 896745
 Personally Known Other I.D.

My Commission Expires: DAVIES, JR
 My Comm Exp. 12/19/03 (Seal)
 No. CC 896745
 Personally Known Other I.D.

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/28/2000

PRODUCER (561)334-3181 FAX (561)334-7742
 Keith Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877
 Attn: Ext:

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

FILE

COMPANIES AFFORDING COVERAGE

COMPANY A Transcontinental Ins Co
 COMPANY B CNA
 COMPANY C Associated Industries of Florida
 COMPANY D

RECEIVED
 MAR 28 2000
 BY: *[Signature]*

INSURED
 Olympic Pools Of Stuart Corporation
 1565 Sw Martin Highway
 Palm City, FL 34958-1370

COPY
permut

FILE
UC/INS

COVERAGES

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

CO. TR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	C113132148	02/01/2000	02/01/2001	GENERAL AGGREGATE \$ 100000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 100000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 100000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 100000
					FIRE DAMAGE (Any one fire) \$ 5000
					MED EXP (Any one person) \$ 500
B	AUTOMOBILE LIABILITY	C1028001140	02/01/2000	02/01/2001	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2000313225	02/01/2000	02/01/2001	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 500,000
	INCL				EL DISEASE - POLICY LIMIT \$ 500,000
	EXCL				EL DISEASE - EA EMPLOYEE \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT

MASTER 2000

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Keith Carroll/KAS

Keith Carroll



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

STATE OF FLORIDA AC# 51731
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CP -C039888 06/17/1998 97904058
CERT COMMERCIAL POOL/SPA CONTRACTOR
SMITH, KIM S
OLYMPIC POOLS OF STUART CORP

IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2000

DETACH HERE

AC# 5173165

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

DATE	BATCH NUMBER	LICENSE NBR
06/17/1998	97904058	CP -C039888

The COMMERCIAL POOL/SPA CONTRACTOR
named below IS CERTIFIED
Under the provisions of Chapter 489 F.S.
Expiration date: AUG 31, 2000

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

PERMIT # _____

TAX FOLIO # 35-37-41-000 0000 001.40000

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Lot #4 Julian River Hammocks Sewall Pt

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming Pool

OWNER: Pasquale Zarro

ADDRESS: 5628 S.E. Lamar Pl Stuart, Fla 34997

PHONE #: _____ FAX #: _____

CONTRACTOR: Olympic Pools of Stuart Corp

ADDRESS: 1565 SW Martin Hwy Palm City, Fla 34990

PHONE #: 286-6670 FAX #: 288-6982

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: Fidelity Federal Savings Bank of Fla

ADDRESS: PO Box 989 West Palm Bch, Fla 33402

PHONE #: 561-803-9753 FAX #: _____

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

NAME: Dennis Buford Construction

ADDRESS: 4899 S.E. Jack Ave Stuart, Fla 34997

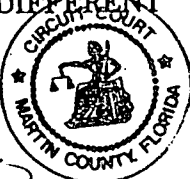
PHONE #: 201-9157/283-2050 FAX #: 283-0904

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


PHONE #: 201-9157/283-2050 FAX #: 283-0904

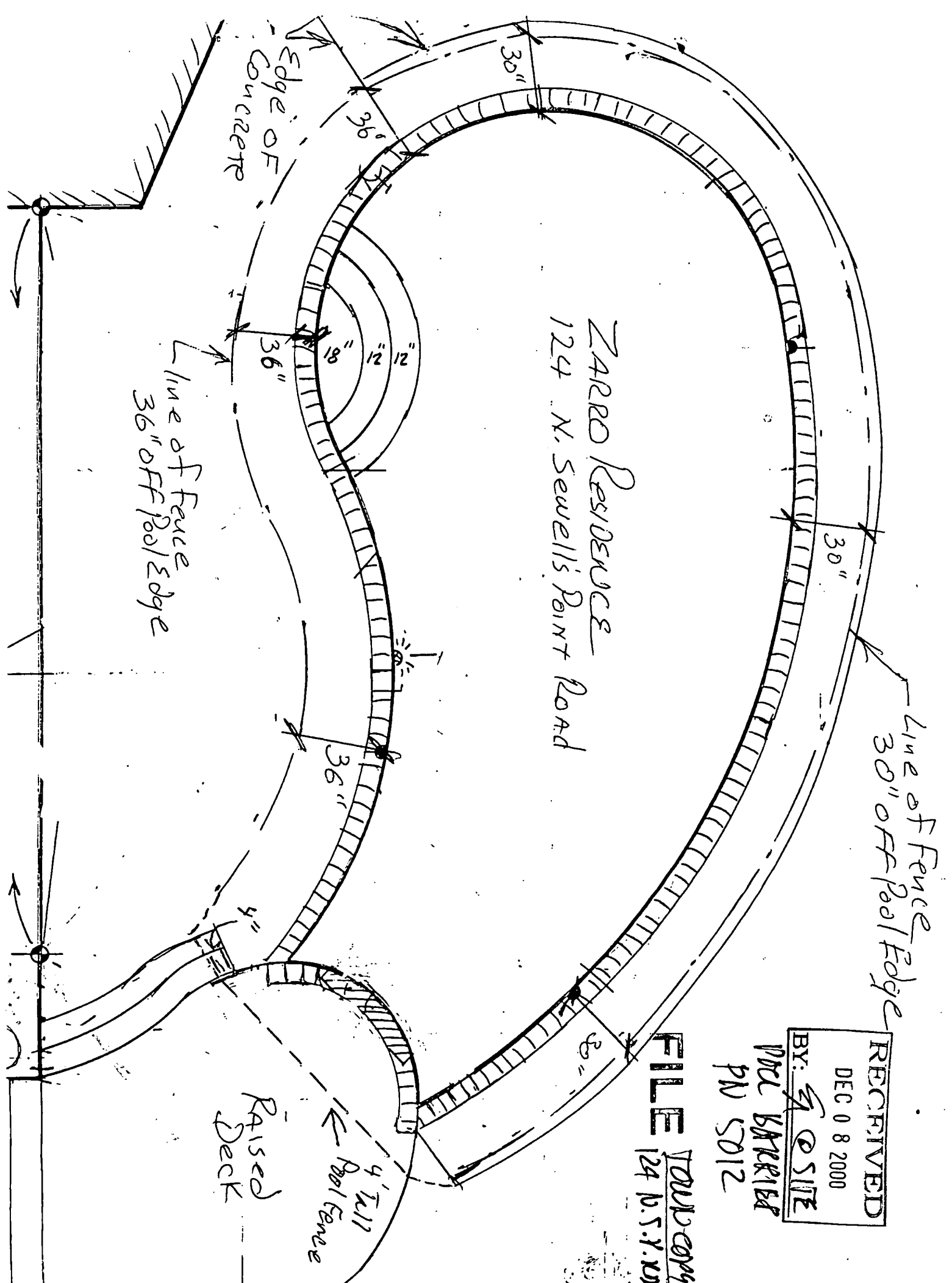
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ STATE OF FLORIDA
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

MARSHA STILLER, CLERK
BY [Signature] D.C.
DATE 6-10-00


SWORN TO AND SUBSCRIBED BEFORE ME THIS 17th DAY OF June 2000 BY Pasquale Zarro

PERSONALLY KNOWN
OR PRODUCED ID _____
BY Marina Byrne
NOTARY SIGNATURE  My Commission CC799478 Expires December 27, 2002



RECEIVED
DEC 08 2000
BY: SA @ SITE
PCL BARRIER
PN 5012

FILE TDUB004
124 N. S. P. RD.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-13 , 2000;

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N	5052 Chodera-Harris	final	PASSED	8/25/00 SHEATHING EA
(3)	54 N. River Rd. A & W	roof	EA	8/30/00 TIT & MITL EA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N	5053 Williams	final	PASSED	9/1/00 SHEATHING EA
(4)	36 Fieldway Dr. A & W	roof	EA	9/6/00 TIT & MITL EA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S	5063 Robinson	temp. pool	PASSED	9/8/00 TEMP. ELECT. OF
(5)	173 S. River Rd. Driftwood/Morris	(REINSPECT) FOOTINGS	EA	FPL 223-4208 ✓ LLO
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S	5062 Kegan	final fence	PASSED	NO SPL. BAZING/REPTS REC
(6)	158 So. River Rd. Justwood		EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N	5012 Zarro	pool steel	PASSED	FORM. BOARD SIGNED & REC
(1)	124 N.S.P. Rd. Olympic	(MATH) DRILL / HOND	EA	FILED COPY TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S	4882 Woods	drywell	PASSED	as loc
(7)	116 S. River Rd. Emmick	screw	EA	as possible
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N	4113 Koch	sonic tube column	PASSED	COL. RECOR. DUG 7/25
(2A)	71 N. River Rd. Brown	calc pad pool 562 P-2	EA	-SEALED COPY REC'D

OTHER: _____

STIM COPYRIGHT 282-4444

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-18, 2000;

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4998	McGovern	fence	PASSED	4' CEILING (BLK. VINYL) W/ WOOD
⑨	2 Castle Hill Way United	final (VERIFY FROM TOWN FILE)	⚡	RETURN TO BLDG @ CORNER (NO PERMIT DOCUMENTS)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5012	Zarro	pool	PASSED	
⑦	127 N.S.P.Rd. Olympic	plumbing	⚡	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4965	Danielson	sidewalk	X	INSPECTION NOT REQUIRED (ADVISED CONTR. 10/18 8:15 AM)
③	161 S. River Rd. D. Miller			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4943	Botwinick	straps & } anchors & }	PASSED	POUD TRUSS BRIDGE
⑥	27 Emerita 1st Fl.	2 stair	NOT READY	REINSPECTION REQ. (NO FEE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4692	Bench	"in progress"	X	PENDING CORRECT. ACTION ("MIDAL" INSP. 12/20/90) - FB - NO PRIOR INSPECTORS
X	4 Morgan Circle Wilfram			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
T/R	GLUCKER	FIELD VERIF.	PASSED	REINSPECTION PER OWNER
APPL	17 VIA LUCINDIA - SOUTH		⚡	REQUEST - ORIG. 6/19/00
⑤	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
T/R	HOFFLER	FIELD VERIF.	PASSED	- ISSUE PERMIT TODAY
APPL	173 S. SEWALL'S POINT RD.		⚡	WORKERS ON SITE
②				

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu 1/5/01

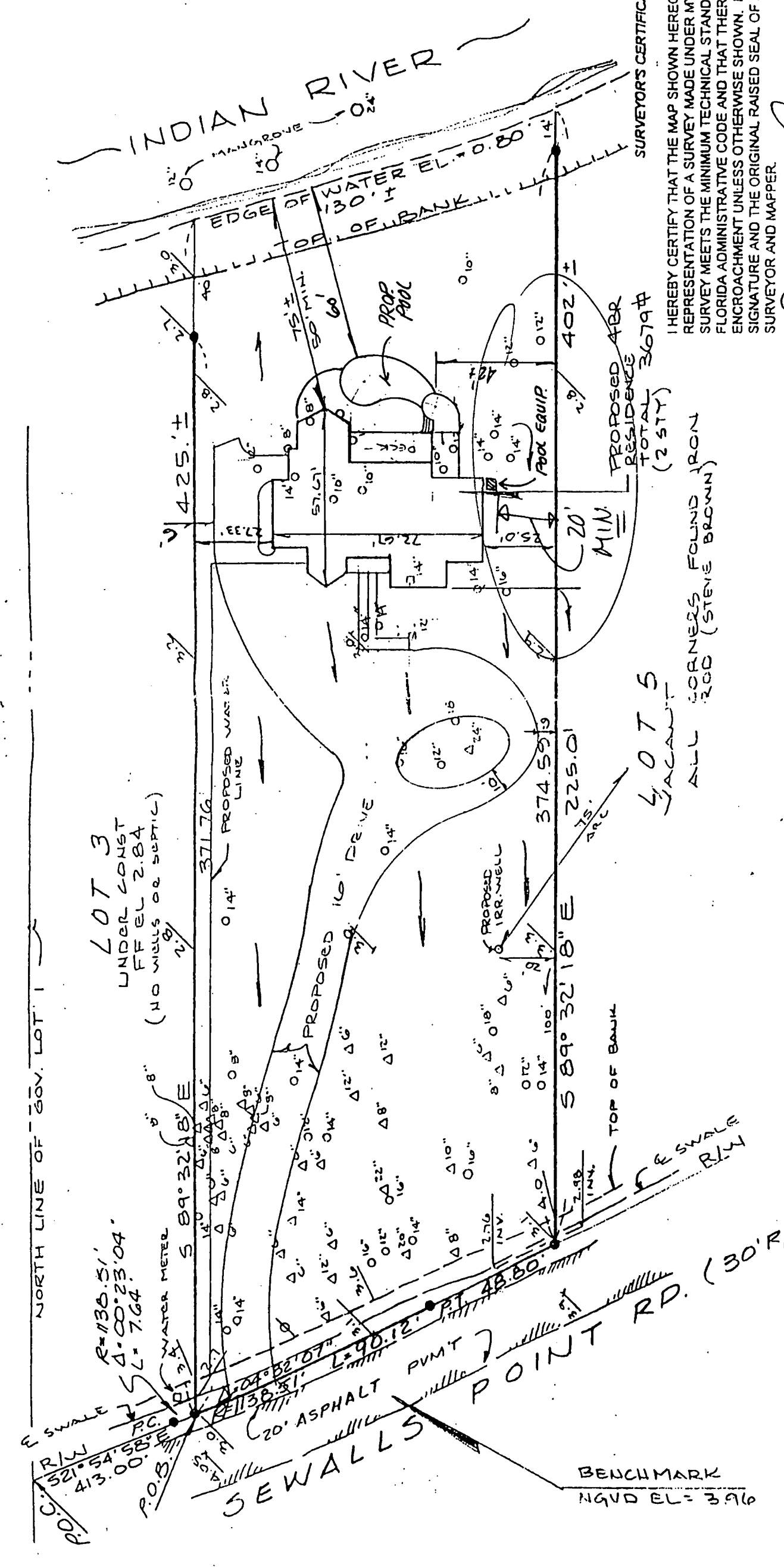
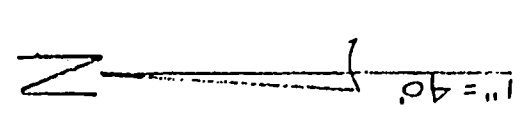
Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5012 (9)	3000 124 NS Pt.	Pool final	Passed	J 1/5
✓ N 4853 (6)	Steve Conway 17 NE Topony Way (Plantation)	Pool final	passed	J 1/5
✓ S 4978 (4)	RIMER 29 S. RIVER RD. Pacific	SHEATHING		
✓ N 4963 (A)	JOHNSON (MAY) 9 QUAIL RUN PACIFIC	RE-ROOF - FINAL	Passed	9:00 J 1/5
✓ S 4930 (G)	KELLER 14 CRANES NEST PACIFIC	REROOF - FINAL	Passed	J 1/5
✓ S 4928 (R)	COOPER 33 W. HIGHPOINT PACIFIC	REROOF - FINAL (repair only)	Passed	J 1/5
✓ N 5082 (8)	VAN WAENER 3 PALAMA WAY ENGR'D HOMES	FENCE - FINAL	Passed	J

OTHER: _____

INSPECTOR (Name/Signature): _____

289-1701



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE MAP SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY MADE UNDER MY DIRECTION AND THAT SAID SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS OF CHAPTER 61G17, FLORIDA ADMINISTRATIVE CODE AND THAT THERE ARE NO ABOVE GROUND ENCROACHMENT UNLESS OTHERWISE SHOWN. NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

[Signature]
 EDWIN R. MATTHEWS
 PROFESSIONAL SURVEYOR AND MAPPER
 STATE OF FLORIDA # 3954

SHEET 1 OF 2

WATER & SEWER AVAILABLE

- △ = OAK TREE
- = PALM TREE
- = PINE TREE

DENNIS BUFORD

NO.	DESCRIPTION	DATE BY
1	BOUNDARY	1-5-99
2	TREE LOCATION	1-25-99
3	POST RUN	6-4-99
4		

DATE IN FIELD: 12-28-98
 FIELD BOOK: 10039-4098-517

VELCON GROUP, INC.

ENGINEERS & SURVEYORS
 718 S.W. PORT ST. LUCIE BLVD.
 SUITE - F
 PORT ST. LUCIE, FLORIDA 34953
 (561) 335-4466 (561) 879-0477
 (561) 871-6659 (FAX)

LICENSE BUSINESS 44942

LEGEND

AC	ACRE	AND SUPPLIES
AS	ASPHALT DRIVE	ASPHALT DRIVE
ASD	ASPHALT DRIVE	ASPHALT DRIVE
AS	ASPHALT DRIVE	ASPHALT DRIVE
BM	BENCHMARK	BENCHMARK
BLK	BLOCK	BLOCK
BLDG	BUILDING	BUILDING
CB	CONCRETE BLOCK	CONCRETE BLOCK
CE	CONCRETE EASEMENT	CONCRETE EASEMENT
CS	CONCRETE SLAB	CONCRETE SLAB
CS	CONCRETE SLAB	CONCRETE SLAB
CS	CONCRETE SLAB	CONCRETE SLAB
CS	CONCRETE SLAB	CONCRETE SLAB
CS	CONCRETE SLAB	CONCRETE SLAB
CS	CONCRETE SLAB	CONCRETE SLAB
CS	CONCRETE SLAB	CONCRETE SLAB
CS	CONCRETE SLAB	CONCRETE SLAB

... (many more symbols and descriptions) ...

5181

IRRIGATION

MASTER PERMIT NO. 4717

TOWN OF SEWALL'S POINT

Date 11/30/80

BUILDING PERMIT NO. 5181

Building to be erected for PASQUALE G. ZARRO

Type of Permit IRRIGATION

Applied for by FRITZ IRRIGATION

(Contractor) Building Fee \$48.00

Subdivision (WIND) RIVER HAMMOCK Lot 4

Block _____ Radon Fee _____

Address 124 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure S.P.R. (UNDER CONST.)

A/C Fee _____

Parcel Control Number:

35-37-41-0000-000-00014-00000

Electrical Fee _____

Amount Paid \$52.80

Check # 4915 Cash _____

Plumbing Fee _____

Roofing Fee _____
Other Fees (PLUM) 4.80

Total Construction Cost \$ 5,000.00

TOTAL Fees \$52.80

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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

RECEIVED

NOV 28 2000

MPW 4717

PD 5181

Town of Sewall's Point BUILDING PERMIT APPLICATION

Owner or Titleholder's Name MR. JOY BARRO Phone No. () Street: 124 N Sewalls Pt Rd City Sewall's Pt State: FL Zip 34996 Legal Description of Property: LOT 4

Parcel Number: Location of Job Site: 124 N Sewalls Point Rd

TYPE OF WORK TO BE DONE: Installation of automatic sprinkler system

CONTRACTOR/Company Name: FRITZ IRRIGATION Phone No. (941) 220-1023 Street: PO Box 1101 City Hope Sp Inc State: FL Zip 33471 State Registration: NA State License: SP02370

ARCHITECT: Street: City: State: Zip

ENGINEER: Street: City: State: Zip

AREA SQUARE FOOTAGE - SEWER - ELECTRIC: Living Area: Garage Area: Carport: Accessory Bldg: Covered Patio: Scr. Porch: Wood Deck: Type Sewage: Septic Tank Permit # from Health Dept. New Electrical Service Size: AMPS

FLOOD HAZARD INFORMATION Flood zone: Minimum Base Flood Elevation (BFE): NGVD Proposed first habitable floor finished elevation: NGVD (minimum 1 foot above BFE)

COSTS AND VALUES Estimated cost of construction or improvement: \$ 5,000.00 Estimated Fair Market Value (FMV) prior to improvement: \$ If improvement, is cost greater than 50% of Fair Market Value? YES NO Method of determining Fair Market Value:

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.) Electrical: State: License # Mechanical: State: License # Plumbing: State: License # Roofing: State: License #

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

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

OWNER or AGENT SIGNATURE (Required) State of Florida, County of: On this the day of 2000, by who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required) State of Florida, County of: Martin On this the 30th day of Nov, 2000, by John Fritz who is personally known to me or produced as identification.

Notary Public My Commission Expires: (Seal)

Notary Public My Commission Expires: (Seal)



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID: C2
FRITZ-1

DATE (MM/DD/YY)
09/06/00

PRODUCER

Plastridge Agency, Inc.
 811 S. E. Ocean Blvd.
 Stuart FL 34994-2427

Jean R. Parks
 Phone No. 561-287-5532 Fax No. 561-287-5572

FILE
perfect

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

Fritz Irrigation
 John Fritz d/b/a
 PO Box 1101
 Hobe Sound FL 33475-1101

FILE
he for

COMPANIES AFFORDING COVERAGE

COMPANY A	Assurance Company of America
COMPANY B	Hartford Accident & Indemnity
COMPANY C	
COMPANY D	

RECEIVED
SEP - 7 2000
BY: *[Signature]*

COPY

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CFM26658131	09/20/00	09/20/01	GENERAL AGGREGATE \$ 600000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP AGG \$ 600000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 300000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 300000
					FIRE DAMAGE (Any one fire) \$ 300000
					MED EXP (Any one person) \$ 10000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<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 \$
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	38WBGEV0275	12/03/99	12/03/00	WC STATUTORY LIMITS OTHER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 100000
					EL DISEASE - POLICY LIMIT \$ 500000
					EL DISEASE - EA EMPLOYEE \$ 100000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Plumbing - residential; *30 days written notice for Workers Compensation

CERTIFICATE HOLDER

TOWNSP1

 Town of Sewall's Point
 1 S. Sewall's Point Road
 Stuart FL 34996

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL **10*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Jean R. Parks *[Signature]*

FILE
lee/cur

RECEIVED
NOV 30 2000
BY: *JF*



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency
License: SP02370
Expires September 30, 2001
FRITZ, JOHN G
FRITZ IRRIGATION
BOX 1101
HOBE SOUND, FL 33475-1101
IRRIGATION SPRINKLERS

FILE
lee/rax

RECEIVED
NOV 30 2000
BY: *[Signature]*

LICENSE 1996 520 019 CERT SP02370
PHONE 561 220 1023 SIC NO 1711
LOCATION: 6733 SE AMYRIS CT
34997R

MARTIN COUNTY ORIGINAL
2000 COUNTY OCCUPATIONAL LICENSE 2001
LARRY C. O'STEEN, Tax Collector, P.O. Box 8013, Stuart, FL 34985
(888) 288-5804

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$	0.00	LIC. FEE	\$	25.00
	\$	0.00	PENALTY	\$	0.00
	\$	0.00	COL. FEE	\$	0.00
	\$		TRANSFER	\$	0.00
TOTAL				\$	25.00

FRITZ IRRIGATION, INC.
JOHN FRITZ
P.O. BOX 1101
MOBE SOUND FL 33475-1101

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF IRRIGATION CONTRACTOR
AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 2001 12 81001 621 PAID
AND ENDING SEPTEMBER 30, 2001 12 81001 621 PAID

ConservMedia (904) 724-2424 Conserve Recycle

Fritz Irrigation, Inc

Jack Fritz • 2162 SW Perry Ter. Stuart, FL 34997 • 561-220-1023, Pager 326-2987 Fax 219-8625

****Mailing Address: P. O. Box 1101 Hobe Sound, FL 33475-1101
over 25 years experience in installation and maintenance

November 28, 2000

Town of Sewall's Point
1 S Sewall's Point Rd
Sewall's Point, FL 34996

RE: Zarro Residence (Permit #4717)
124 N Sewall's Point Rd
Sewall's Point, FL 34996

In accordance with Section 22-146.

- **2 MiniClik Rain Sensors will be installed;
- **2 ESP time clocks will be installed (1 - 8 zone on city water,
1 - 3 zone on well);
- **natural vegetation will not be irrigated.

*city water around driveway and house foundation (8 zones)

-51 spray heads at 2 GPM per head, 4 zones, = 26 GPM per zone,
at 15 minutes daily water usage = 1,560 GPM per day.

-16 rotor heads at 3 GPM per head, 4 zones, = 12 GPM per zone,
at 30 minutes daily water usage = 1,440 GPM per day.

***city water consumption = approximately 3,000 GPM per day

*well water for majority of sod on field area (3 zones)

-24 rotor heads at 3 GPM per head, 3 zones, = 24 GPM per zone,
at 30 minutes daily water usage = 2,160 GPM per day.

***well water consumption = approximately 2,160 GPM per day

Submitted by: Jack Fritz

5186

STORM SHUTTER

MASTER PERMIT NO. 4717

TOWN OF SEWALL'S POINT

Date 12/12/00

BUILDING PERMIT NO. 5186

Building to be erected for PASQUALE ZARRO

Type of Permit STORM SHUTTER

Applied for by FOLDING SHUTTER CORP.

(Contractor) Building Fee *60.00

Subdivision _____ Lot _____ Block _____

Address 124 N. SEWALL'S POINT RD.

Type of structure S.F.R. (UNDER CONST.)

**DBL. FEE - WORK COMMENCED PRIOR TO ISSUANCE*

Parcel Control Number:
35-37-41-000-000-0001.4-00000

Amount Paid \$33.00 Check # 2216 Cash \$30.00

Total Construction Cost \$ 2,978.00

Radon Fee _____
Impact Fee _____
A/C Fee _____
Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____
Other Fees (PLAN REV.) 3.00
TOTAL Fees \$63.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OPHELM

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

091300030

Bldg. Pmt#

RECEIVED
DEC 05 2000
BY: [Signature]

Town of Sewall's Point

RECEIVED
NOV 30 2000
BY: NOT SEAWALLS POINT

BUILDING PERMIT APPLICATION

Owner's Name: ZARRO PASQUALE Phone No. (561) 283-2050
Owner's Present Address: 5628 SE LAWAY DR. STUART, FL 34994
Fee Simple Titleholder's Name & Address if other than owner: N/A

Location of Job Site: 124 N. SEWALL PT
TYPE OF WORK TO BE DONE: Install 6 STORM Panels
CONTRACTOR INFORMATION
Contractor/Company Name: FOLDING SHUTTER CORP Phone No. (561) 683-4811
COMPLETE MAILING ADDRESS: 7089 Hemstreet Pl WPTB FL 33413
State Registration _____ State License U-10525
Legal Description of Property: FRAZIER ADDN S1/2 LT 2
Parcel Number: 35-37-41-000-000-0001, 4-00000

ARCHITECT/ENGINEER INFORMATION

Architect: A. Farooq Phone No. _____
Address: 1235 SW 87 Avenue
Engineer: Miami, FL 33174 Phone No. _____
Address: 305-264-8100

Area Square Footage: Living Area _____ Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement: \$2,978
Fair Market Value (FMV) prior to improvement: _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

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

Electrical _____ State License _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing _____ State License# _____

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE: [Signature]
Sworn to and subscribed before me this 17 day of Oct, 2000 by Kevin R. Hemstreet, V.P. who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE: [Signature]
Sworn to and subscribed before me this 17 day of Oct, 2000 by Kevin R. Hemstreet, V.P. who is personally known to me or has produced _____ and who did (did not) take an oath.



TREE REMOVAL (Attach sealed survey)

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

1. ALL APPLICATIONS REQUIRE:

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____
Approved by Town Engineer _____

PRODUCER

SLATON INSURANCE
P.O. Box 3857
West Palm Beach FL 33402

Helen Martinson
Phone No. 561-683-8383 Fax No. 561-684-5995

INSURED

Folding Shutter Corporation
7089 Hemstreet Place
West Palm Beach FL 33413

COPY

FILE

FILE

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

COMPANIES AFFORDING COVERAGE

COMPANY A Auto-Owners Insurance Company

COMPANY B F C C I

COMPANY C

COMPANY D

RECEIVED
MAR 30 2000
BY: SA

COVERAGES

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

Table with columns: CO LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YY), POLICY EXPIRATION DATE (MM/DD/YY), LIMITS. Rows include General Liability, Automobile Liability, Garage Liability, Excess Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

*STATE OF FLORIDA REQUIRES 30 DAYS NOTICE OF CANCELLATION FOR WORKERS COMPENSATION FLORIDA EMPLOYEES ONLY.

FAX: 561-334-5232

CERTIFICATE HOLDER

TOWNSEW

TOWN OF SEWALLS POINT
1 SOUTH S.P. ROAD
SEWALL POINT FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

[Signature]

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY
HEMSTREET, KEVIN R
FOLDING SHUTTER CORP
7089 HEMSTREET PL
WPB FL 33413

EXPIRES SEPTEMBER 30, 20 00

AUDIT CONTROL NUMBER	36369	CERTIFICATE NUMBER	SP00839
----------------------------	-------	--------------------	---------

CERTIFIED
CONTRACTOR

ALUMINUM/CONCRETE CONTRACTOR

SIGNATURE _____

ATTEST: **VALERIE A. MESSIER**

LICENSING ADMINISTRATOR

7847

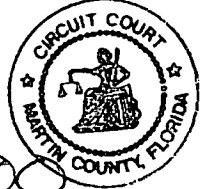
RETURN TO: Folding Shutter Corp
7089 Hemstreet Place, WPB, FL 33413

Parcel I.D.#

05-38-41-005-022-0002.0-80000

STATE OF FLORIDA
MARTIN COUNTY

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



BY [Signature] D.C.
DATE 11/00/00

MARTIN CTY.
State of Florida County of ~~Palm Beach~~

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

- Description of property: FRAZIER A5M
606 CAMDEN AVE., STUART, FL 34994
- General description of improvement: install shutters
- Owner information:
 - Name Buford Dennis
 - Address 606 CAMDEN AVE. STUART, FL 34994
 - Interest in property owner
 - Name and address of fee simple title holder N/A
- Contractor information:
 - Name Folding Shutter Corp
 - Address 7089 Hemstreet Place, WPB, FL 33413
- Surety:
 - Name N/A
 - Address _____
- Lender information:
 - Name _____
 - Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)(7), Florida Statutes: (name and address)...
- In addition to himself, Owner designates Dennis Buford to receive a copy of the Lienor Notice as provided in Section 713.13(1)(b), Florida Statutes.
- Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____

Sworn to and subscribed before me by Dennis Buford who is personally known to me or produced Self as identification, and who did not take an oath this 27th day of September, 2000.

Signature of Notary [Signature]
Printed Name of Notary Marina Byrne
Marina Byrne

Signature of Owner [Signature]
Printed Name of Owner PASQUALE TARRO

SEAL: My Commission CC799478
Expires December 27, 2002



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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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

Your application for Notice of Acceptance (NOA) of:

"Titan" Aluminum Storm Panels Shutter

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 00-0614.01
EXPIRES: 1/20/2003

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE.

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

12/6/00 TOWN OF SWANVILLE
REVIEWED:
BCCO OFFICIAL

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

APPROVED: 10/05/2000

FILE TOWN COPY
129 N. SWANVILLE ST. #0

PN 5186
(MPN 4717)

FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME

BUFORD CONST.

WORK ORDER NO.

091300030

SHEET OF

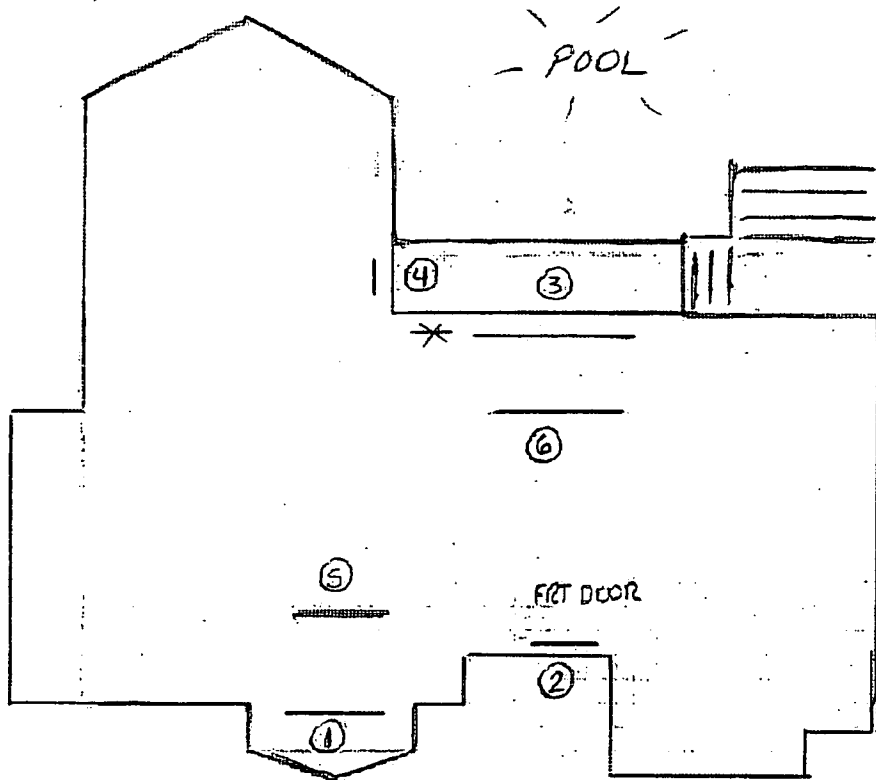
BY:

TB

DATE:

10 24 00

LAYOUT



30' > 10''

FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME

Buford Const.

WORK ORDER NO.

091300030 20701

SHEET

OF

BY:

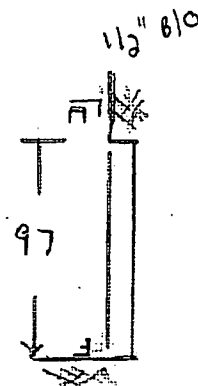
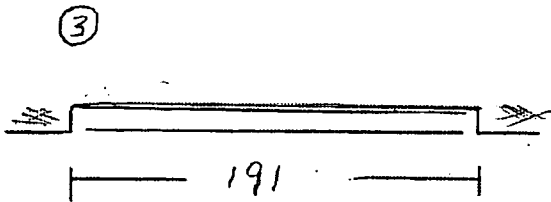
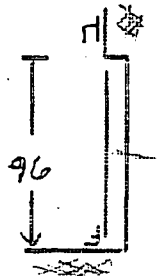
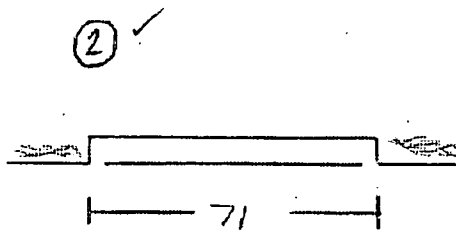
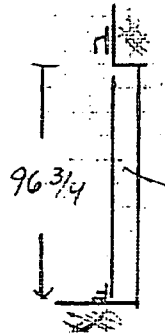
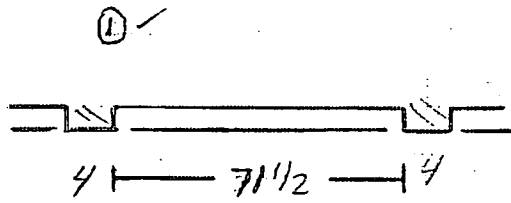
JB

DATE:

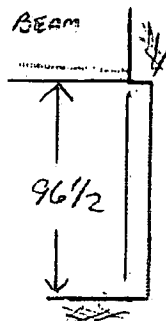
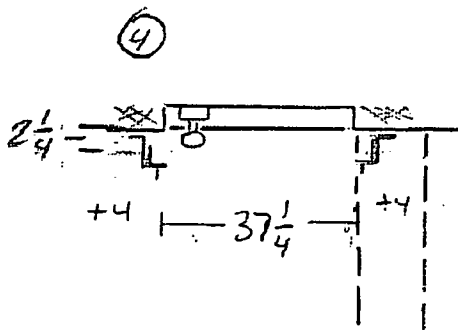
10 24 00

1

2



G = 2 1/4



FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME

BUFORD CONST.

WORK ORDER NO.

091300030 NG701

SHEET

OF

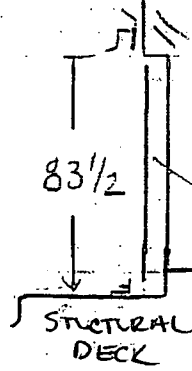
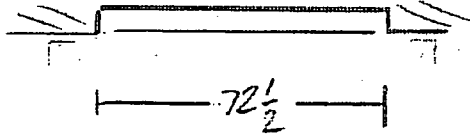
BY: TB

DATE: 10 24 00

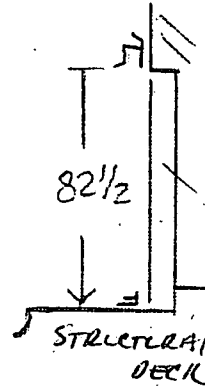
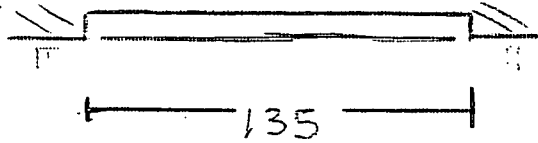
2

2

⑤



⑥



RECEIVED
 DEC 06 2000
 BY: *[Signature]*

T. STILES PEET, P.E.
 DEC 04 2000
 NO. 4920

[Handwritten Signature]

Scale: NONE
 Date: 12-04-00
 Designed: TSP
 Drawn: TSP
 Checked: TSP
 Project No.: 89048
 CAD File: DWF3.DWG

DESIGN WIND LOADS (PSF)

WIND ZONE	ZONE #4 (INTERIOR)		ZONE #5 (EXTERIOR)	
	INWARD	OUTWARD	INWARD	OUTWARD
MEAN ROOF HEIGHT 25'-0" OR LESS	36.0	38.4	36.0	39.3
ALL WALL OPENINGS	44.5	-51.6 \triangle	44.5	-64.3 \diamond

DESIGN IS BASED ON FOMA SHUTTERS OF WEST PALM BEACH (OR EQUAL), WITH DADE COUNTY APPROVAL ACCEPTANCE NUMBER 95-0711.06 AS APPROVED 18 - APRIL - 1996. ZONE '4' IS THE INTERIOR ZONE. ZONE '5' IS THE EXTERIOR ZONE WHICH IS BASED ON THE FOLLOWING:

- 10 % OF ENDWALL WIDTH = (0.10x26.00') 2.60'
- 40 % OF MEAN ROOF HEIGHT = (0.40)x25) 10.0'
- 4 % OF LONGEST WALL = (0.04)x12.00' 2.90'
- 3 FEET (MINIMUM)

DESIGN IS BASED ON ASCE 7-98, 140 MPH WINDS, EXPOSURE 'C', AND AN IMPORTANCE FACTOR = 1.05 ABOVE TABLES FOR WIND LOADS ARE BASED ON COASTAL OR NON-COASTAL BUILDING ZONES FOR ANY TRIBUTARY AREA ON THE BUILDING AND THE ROOF SLOPE GREATER THAN 10'. BUILDINGS ARE CATEGORY I FOR THIS DESIGN.

G.C. NOTE. ALL OPENINGS WITHIN 10'-0" OF ALL CORNERS ARE 'ZONE B' ABOVE GLAZING TO BE PROVIDED TO WITHSTAND MAX PRESSURES SHOWN IN TABLE. ALL REMAINDER OPENINGS 'ZONE A'

DATE	REVISION

DESIGN WIND
 PRESSURES

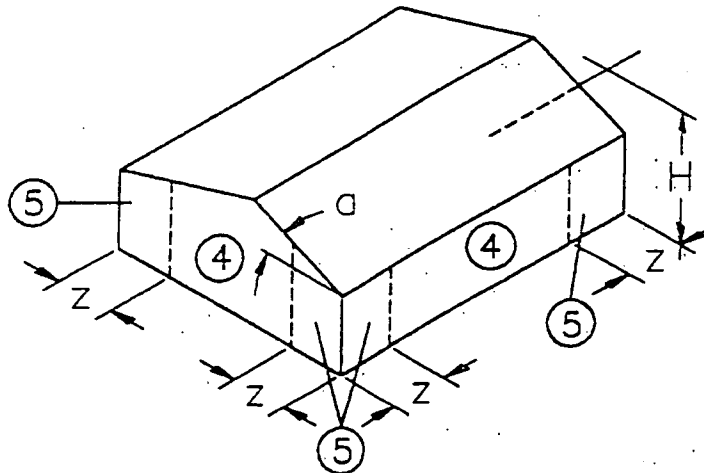
T. STILES PEET, P.E.
 10501 E OCEAN BLVD
 SUITE 2
 STUART, FL 34996
 888-222-2222



Project # 89048
 Sheet
 1 of 1

TABLE 8.02 (WALLS)						
WIND LOAD TABLES FOR COMPONENTS & CLADDING PER ASCE 7-95						
WIND SPEED (MPH) 140						
TRIBUTARY AREA (SF) 20						
(Gcpi FACTOR NOT INCLUDED)						
MEAN ROOF HEIGHT LESS THAN 90 FT.						
DESIGN LOADS (PSF) EXPOSURE C						
MEAN ROOF HEIGHT (H)	ROOF SLOPE > 10 DEG.			ROOF SLOPE = < 10 DEG.		
	ZONE 4 & 5 (+)	ZONE 4 (-)	ZONE 5 (-)	ZONE 4 & 5 (+)	ZONE 4 (-)	ZONE 5 (-)
15	40.4	44.8	55.2	36.3	40.2	49.7
20	42.8	47.3	58.4	38.5	42.5	52.8
25	44.7	51.5	61.0	40.2	46.3	54.9
30	46.6	51.5	63.6	41.9	46.3	57.3
35	48.0	53.1	65.6	43.2	47.7	59.0
40	49.4	54.6	67.5	44.5	49.2	60.8
45	50.8	56.2	69.5	45.8	50.6	62.5
50	51.8	57.3	70.8	46.6	51.5	63.7
55	52.7	58.3	72.1	47.5	52.5	64.8
60	53.7	59.4	73.3	48.3	53.4	66.0
65	54.8	60.4	74.6	49.2	54.4	67.2
70	55.6	61.5	75.9	50.0	55.3	68.4
75	56.5	62.5	77.2	50.9	56.3	69.5
80	57.5	63.6	78.5	51.7	57.2	70.7
85	58.4	64.6	79.8	52.6	58.1	71.9
89	58.8	65.0	80.4	52.9	58.5	72.3

IMPORTANCE FACTOR: 1.00
LOAD TABLE BASED ON ASCE 7-95



NOTES:

1. PLUS & MINUS SIGNS SIGNIFY PRESSURES ACTING TOWARD AND AWAY FROM SURFACES RESPECTFULLY
2. Z = 10% OF MINIMUM WIDTH OR 0.4H, WHICHEVER IS SMALLER, BUT NOT LESS THAN 4% OF MINIMUM WIDTH OR 3R.
3. LOADS, POSITIVE AND NEGATIVE, ARE TAKEN AT MEAN ROOF HEIGHT (H) AND APPLY TO ALL FLOORS.
4. LOADS BETWEEN ELEVATIONS SHOWN IN TABLE MAY BE INTERPOLATED.
5. AT MEAN ROOF HEIGHT (H), 60 ft < H < 90 ft, PRESSURES HAVE BEEN DETERMINED USING THE SAME METHOD AS FOR 60 ft & LESS PER ASCE 7-95, TABLE 6.1. THESE PRESSURES ARE ONLY APPLICABLE IF THE HEIGHT TO WIDTH RATIO IS 1 OR LESS, THE BUILDING IS NOT LOCATED WITHIN THE COASTAL ZONE AREA & EXPOSURE "C" IS APPLICABLE FOR ALL TERRAIN.
6. TABLE VALUES DO NOT CONSIDER EFFECTS FROM TOPOGRAPHIC CONDITIONS.
7. FACTOR K_z FOR TOPOGRAPHIC CONDITIONS IS TAKEN AS 1.0 (FLAT GRADE) FOR THESE TABLES. IF TOPOGRAPHIC CONDITIONS ARE NOT FLAT, THE VALUES IN THIS TABLE MUST BE MULTIPLIED BY THE PROPER K_z FACTOR. IN ACCORDANCE WITH ASCE 7-95, SECTION 6.5.5.

W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.
600 SANDTREE DRIVE, SUITE 203-B
PALM BEACH GARDENS, FL 33403
(561)775-4902

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu 12-22, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5786	124 N.S.P. Rd. Buford	Final Shutters		286-2633 Ken 6 glass doors OK. 12/22
			PASSSED	REINNY @ FINAL - CO. ISSUED 12/15/01
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

7238

PATIO PAVERS

TOWN OF SEWALL'S POINT

Date 1/27/05

BUILDING PERMIT NO. 7238

Building to be erected for ZARRO

Type of Permit PAVER PATIO

Applied for by CHITWOOD + COMPANY

(Contractor) Building Fee 10,410 x \$9.60/1000 = 99.93

Subdivision NO. RIVER HAMM Lot 4 Block _____

Radon Fee _____

Address 124 N. SEWALLS Pt RD

Impact Fee _____

Type of structure SFK

A/C Fee _____

Parcel Control Number:

3537410000000014000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 109.92 Check # 4431 Cash _____

Roofing Fee _____
Other Fees 10% PLAN REVIEW 9.99

Total Construction Cost \$ 10,410

TOTAL Fees 109.92

Signed Christina Stamper

Signed Gene Simmons

Applicant

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 _____

RECEIVED

NOV 19 2004

Permit Number: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

BY: OWNER/TITLEHOLDER NAME ZARRO Phone (Home) 286-8248 (Work) 288-5251

Job Site Address: 124 N. SEWALL'S POINT ROAD City: SUACT State: FL Zip: 34996

Legal Description of Property: Lot 4 Indian River Hammocks Parcel Number: 3537 41 000 000 000 14 000

Owner Address (if different): N/A City: State: Zip:

Description of Work To Be Done: PAVEL PATIO

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

CONTRACTOR/Company Name: CHITWOOD & COMPANY Phone Number: 220 1767

Street: 545 SE CENTRAL PARKWAY City: SUACT State: FL Zip: 34994

State Registration Number: State Certification Number: Martin County License Number: SP01859

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 10,410 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: State: License Number:

Mechanical: State: License Number:

Plumbing: State: License Number:

Roofing: State: License Number:

ARCHITECT Phone Number:

Street: City: State: Zip:

ENGINEER Phone Number:

Street: City: State: Zip:

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

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 16th day of November, 2004 by Pasquale Zarro who is personally known to me or produced P. Brown as identification.

Notary Public

My Commission Expires: 4/30/05



Robbie L. Baker

COMMISSION # CC991230 EXPIRES

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: martin This the 18th day of November, 2004 by Dee Chitwood who is personally known to me or produced Carolyn King as identification.

My Commission Expires:



Carolyn King

Commission # DD303217

Expires: Mar 24, 2008

Bonded Thru Atlantic Bonding Co., Inc.

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

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

Named Insured(s):

Gevity HR, Inc and its wholly owned subsidiaries including but not limited to Gevity HR, LP; Gevity HR II, LP; Gevity HR III, LP; Gevity HR IV, LP; Gevity HR V, LP; Gevity HR VI, LP; Gevity HR VII, LP; Gevity HR VIII, LP; Gevity HR IX, LP; Gevity HR X, LP; Gevity HR XI, LLC; Gevity HR XII Corp.
600 301 Boulevard West
Bradenton, Florida 34205

MARSH

Insurer Affording Coverage

American Home Assurance Co.,
Member of American International Group, Inc. (AIG)

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
			Employers Liability	
Workers' Compensation	1-1-2005	RMWC2633886 RMWC2633892 RMWC2633912 RMWC2633913 RMWC2633920	Bodily Injury By Accident	\$ 2,000,000 Each Accident
			Bodily Injury By Disease	\$ 2,000,000 Policy Limit
			Bodily Injury By Disease	\$ 2,000,000 Each Person

Other:

Employees Leased To:

Effective Date: 1/1/04

9322 Chitwood & Company
Marvin Chitwood DBA

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: Should any of the policies described herein be cancelled before the expiration date thereof, the insurer affording coverage will endeavor to mail 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives.

Certificate Holder:

Town of Sewall Point
1 S Sewalls Point Rd
Stuart, FL 34996-6736



Michael C. Weiss
Authorized Representative of Marsh USA Inc.

(866) 443-8489
Phone

1/1/2004
Date Issued

PERMIT # _____ TAX FOLIO # 35374100000000014000

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):

124 N. SEWALL'S POINT ROAD

GENERAL DESCRIPTION OF IMPROVEMENT: PAVER PATIO

OWNER: ZARRO

ADDRESS: 124 N SEWALL'S POINT ROAD, SWART, FL 34996

X PHONE #: 286 8248 FAX #: 288 5251

CONTRACTOR: CHIRWOOD & COMPANY

ADDRESS: 545 SE CENTRAL PARK WAY, SWART, FL 34994

PHONE #: 220 1767 FAX #: 781 1351

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 16 DAY OF November 2004 BY DASQUITE ZARRO

[Signature]
NOTARY SIGNATURE

OR
PERSONALLY KNOWN X
PRODUCED ID _____
TYPE OF ID _____

Robbie L. Baker
MY COMMISSION # CC991230 EXPIRES
April 30, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

INSTR # 1793827 OR BK 01957 PG 0794 RECD 11/19/2004 01:17:55 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood

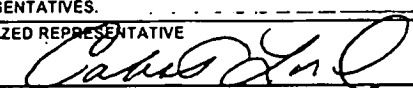
PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Chitwood & Company LLC 545 SE Central Parkway Stuart FL 34994	INSURER A: Hartford	22357
	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/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	21SBABN1326	09/16/04	09/16/05	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (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 <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				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

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

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

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

Named Insured(s):

Gevity HR, Inc and its wholly owned subsidiaries including but not limited to Gevity HR, LP; Gevity HR II, LP; Gevity HR III, LP; Gevity HR IV, LP; Gevity HR V, LP; Gevity HR VI, LP; Gevity HR VII, LP; Gevity HR VIII, LP; Gevity HR IX, LP; Gevity HR X, LP; Gevity HR XI, LLC; Gevity HR XII Corp.
600 301 Boulevard West
Bradenton, Florida 34205

MARSH

Insurer Affording Coverage

American Home Assurance Co.,
Member of American International Group, Inc. (AIG)

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
			Workers' Compensation		Employers Liability
	1-1-2006	RMWC330470 RMWC330495	Bodily Injury By Accident \$ 2,000,000	Each Accident
			Bodily Injury By Disease \$ 2,000,000	Policy Limit
			Bodily Injury By Disease \$ 2,000,000	Each Person

Other:

Employees Leased To:

Effective Date: 1/1/05

9322 Chitwood & Company Llc
Marvin Chitwood DBA

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

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Certificate Holder:



Michael C. Weiss

Authorized Representative of Marsh USA Inc.

Town of Sewall Point
1 S Sewalls Point Rd
Stuart, FL 34996-6736

(866) 443-8489
Phone

1/1/2005
Date Issued



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

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34998
(772) 225-0205

1992-5-24-143 SP01859
LICENS NO. 7721270-1787
PHONE 234110
BC NO.
LOCATION: 545 SE CENTRAL PKWY MA
STUART FL 34994

CHARACTER COUNTS IN MARTIN COUNTY

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



MARVIN (QUALITY)
& COMPANY LLC
CENTRAL PARKWAY
STUART FL 34994

RECEIPT OF PAYMENT
 LARRY C. O'STEEN
 99 09/14/2004 OCT 13 2004
 19925200013300
 8220040914072462

IS HEREBY RETURNED TO THE ISSUING OFFICE UNLESS OTHERWISE NOTED ON OCCUPATIONAL LICENSE

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
 21 SEPTEMBER 04
 DAY OF 2005
 AND ENDING SEPTEMBER 30

INTERLOCK BRICK PAVERS

2004-2005

ST. LUCIE COUNTY OCCUPATIONAL LICENSE

ACCOUNT 7299-00910347
EXPIRES SEP 30, 2005

ROOMS

7299 INSTAL OF INTERLOCK BRICK PAVERS

545 SE Central Pkwy
Out of County

Chitwood & Co LLC
Chitwood, Marvin
545 SE Central Pkwy
Stuart, FL 34994

RENEWAL
NEW LICENSE
TRANSFER-
ORIGINAL TAX 13.75
AMOUNT
PENALTY
COLLECTION COST
TOTAL 13.75

COPY

Please see back for additional information

PAID 09/14/2004

99-20040914-072462

13.75

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/16, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7723	ZAVATKAY	FINAL ROOF	PASS	CLOSE
15	6 COPAIRE RD PROF. ROOFING			INSPECTOR: <i>[Signature]</i>
7054	TAPPER	TINTAG+METAL	PASS	
8	22 ISLAND RD WINCHIP/PACIFIC	STRAPPING	PASS	INSPECTOR: <i>[Signature]</i>
7710	7710 BONIFACE	STEEL+BOND	PASS	
13	63 S. RIVER RD ADVANTAGE POOL	POOL DUMBING (ON PENULTION)	CXL	INSPECTOR: <i>[Signature]</i>
7774	MALONE	DRY-IN	FAIL	
12	14 S. VIA LUCINDIA STUART ROOFING			INSPECTOR: <i>[Signature]</i>
7238	ZARRO	FINAL DRAIN PAVERS	PASS	CLOSE
3	124 N. Sewall's Pt LHITWOOD+ Co			INSPECTOR: <i>[Signature]</i>
7494	VANT BOSCH	FINAL GAS+ LINES	PASS	CLOSE
14	36 S. RIVER PROPANE DISC.			INSPECTOR: <i>[Signature]</i>
7562	CLIFFORD	IN PROG - FLAT	PASS	NOT REQUIRED
5	20 N. RIVER RD TUTTLE ROOFING		NO WORK DONE	INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date DEC. 9, 1999 TREE REMOVAL PERMIT No 282

APPLIED FOR BY BUFORD CONSTRUCTION (Contractor or Owner)

Owner PASQUALE G. ZAPPO; 124 N. SEWALL'S POINT RD (UNDER CONST.)

Sub-division INDIAN RIVER HAMMOCK, Lot 4, Block _____

Kind of Trees PER SUBMITTAL

No. Of Trees: REMOVE _____

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS HABITAT MGMT. PERMIT ISSUED IN CONNECTION w/
NEW CONST. - SEE LANDSCAPE PLAN FEE \$ 15.00

Signed, [Signature] Applicant Signed, PLNG DEP Town Clerk

PRIMARY (BLDG)
PN 4717

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

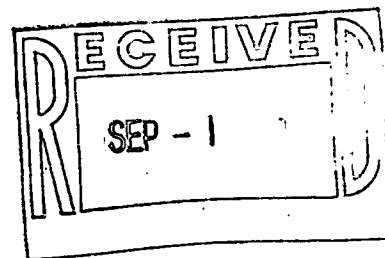
RE: ORDINANCE 103

[Empty grid area for project details]

PROJECT DESCRIPTION _____

REMARKS _____

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION



OWNER NAME: PASQUALE G. ZARRO

ADDRESS: 5628 SE LAMAY DRIVE

STUART FL. 34997

CONTRACTOR: BUTFORD CONSTRUCTION CO.

ADDRESS: 4899 S.E. JACK AVENUE

STUART, FL. 34997

LICENSE NUMBER: CBC037840

PHONE: 288-5251 283-2050
Owner Contractor

CONTRACT PRICE: \$ 400,000

PERMIT FEE: \$ _____ PAID: _____
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

Building a single family residence
on large lot - minimal removal
of pine trees. All Sabal Palms
to be transplanted.

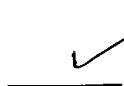
APPLICATION MATERIAL CHECK LIST:

- Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.
- Plan showing all proposed re-plants of trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees.
- Statement regarding how trees are to be protected during land clearing and construction.
- Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).
- Plan showing location and dimensions of all setbacks and easements.
- Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).
- Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required

- 1. Applicant must relocate trees being removed or replace the trees inch for inch.
- 2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).



3. Applicant shall install silt barriers, hay bales, or similar erosion control barriers in any area where erosion or siltation may cause protective vegetation to be damaged.

4. Other: _____

APPROVED: _____ Date: _____
 Building Inspector

DENIED: _____ Date: _____
 Building Inspector

_____ Date: _____
 Building Commissioner

REASON FOR DENIAL, IF APPLICABLE:

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

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

Owner ZARRO Address 5628 SE. LAMAR DR. Phone 283-5251

Contractor Buford Const. Address 4899 SE. JACK AVE. Phone 283-2050

Number of trees to be removed (list kinds of trees) 2-4 Pine Trees - only
(13-15) SADA1 PALM TREES (2) EXCEED 10' IN DIAMETER

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):
(4) Live OAK (2) Fox Tail Palm (3) Boba Lem Palm - see landscape plan

Number of trees to be replaced _____ (list kinds of trees):

Permit Fee \$ _____ (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

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

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted 9-1-99

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

ISSUED

MASTER PERMIT NO. _____

12/2/99

TOWN OF SEWALL'S POINT

Date ~~11/2/99~~

BUILDING PERMIT NO. 47.17

Building to be erected for PASQUALE G. ZARRO

Type of Permit BLOG. - S.F.R.

Applied for by BUFORD CONSTRUCTION COMPANY (Contractor)

Building Fee 3,840.00

Subdivision INDIAN RIVER HAMMOCK Lot 4 Block _____

Radon Fee 36.79

Address 124 N. SEWALL'S POINT ROAD

Impact Fee 1,508.20

Type of structure S.F.R.

A/C Fee 120.00

Parcel Control Number: _____

Electrical Fee 120.00

Amount Paid \$5864.99 check # 21145
\$384.00 Check # 1023 Cash _____

Plumbing Fee 120.00

Roofing Fee 120.00

Total Construction Cost \$ 400,000.00

Other Fees (PLAB REVIEW) 384.00

TOTAL Fees \$6,248.99

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

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

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

8353

ELECTRIC

11 *Valentini* *Wynn*
MASTER PERMIT NO. 20060098

TOWN OF SEWALL'S POINT

Receipt

Date 8-11-06

BUILDING PERMIT NO. 8353

Building to be erected for Zurro

Type of Permit Electric for Gate

Applied for by Forward Electric (Contractor)

Building Fee _____

Subdivision Indian River Hammock Lot 4 Block _____

Radon Fee _____

Address 124 N. Sewalls Pt Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

3537-41-000-000-0001-4-0000

Electrical Fee 35

Plumbing Fee _____

Amount Paid \$35 Check # 020204 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 1500

TOTAL Fees 35

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official [Signature]



4437 SW PORT WAY
PALM CITY, FL 34990
(772) 221-1660
FAX: (772) 221-3180

FIRST NATIONAL BANK AND TRUST COMPANY
STUART, FLORIDA 34995

63-515
670

020204

DATE 8-11-06

CHECK NO 20204

AMOUNT 35.00

OPERATING ACCOUNT

PAY TO THE ORDER OF Town of Sewells Point

[Signature]

⑈020204⑈ ⑆067005⑆58⑆ 003253864⑆⑈

RECEIVED
7-25-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 7/24/06

OWNER/TITLEHOLDER NAME: Pasquale Zarro Phone (Day) 221 1660 (Fax) _____

Job Site Address: 124 N Sewalls Point City: _____ State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) Indian River Hammock 4 Parcel Number: 35374100000000140000

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

Description of Work To Be Done: Install Power to Gate

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1,500.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Forward Electric Phone: 221-1660 Fax: _____

Street: _____ City: Jeremy State: _____ Zip: _____

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

SUBCONTRACTOR INFORMATION:

Electrical: Forward Electric & Air Conditioning State: FL License Number: EC0001472

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic# _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: Martin

This the 26th day of July, 2006

by PASQUALE ZARRO who is personally known to me or produced FDL# 2600-660-59004-U

as Identification. Valerie Meyer
Notary Public

My Commission Expires: _____
VALERIE MEYER
Seal MY COMMISSION # DD552119

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: Martin

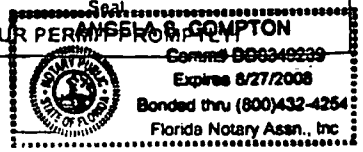
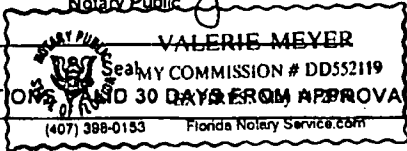
This the 25 day of July, 2006

by Douglas L Taylor who is personally known to me or produced _____

As Identification. Douglas L Taylor
Notary Public

My Commission Expires: 8-27-08

PERMIT APPLICATIONS AND 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT FROM THE



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LE 08/26/05
FORM 1-1

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
4437 SW Port Way
Palm City FL 34990

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.

INSR ADD LTR	INSRD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20618243	08/28/05	08/28/06	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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	9543501600	08/28/05	08/28/06	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 type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	9543501601	08/28/05	08/28/06	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			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

CERTIFICATE HOLDER CANCELLATION

TOWN024

Town of Sewalls Point
1 S. Sewalls Point Road
Stuart FL 34996

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2006

Insurance Company of the Americas
310 Utica Street
P.O. Box 866
Briarcliff, New York 13424
Tel: (315) 768-2720 Fax: (315) 736-8731

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.

Employee Leasing Solutions, Inc.

401 Manatee Ave W, Suite 600
Trenton, FL 34205

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Company of the Americas	3330
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 PERIODS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR ANY 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.

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"/> PROD <input type="checkbox"/> INST <input type="checkbox"/> LOC				EACH OCCURRENCE \$ EXCESS TO NEXT CYC POLICY (As Insured) \$ MED EXP. (Per Occurrence) \$ PERSONAL & ADVISORY \$ GENERAL AGGREGATE \$ PRODUCTS - COMMODITY \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIREN AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (As Insured) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per Accident) \$
CARTRIDGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$
EXCESS/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/BOARDER CHOLESTERY If you describe under SPECIAL OCCURRENCE	WC69203010103	01/01/2006	01/01/2007	<input checked="" type="checkbox"/> NO FINANCIAL <input type="checkbox"/> FINANCIAL EA EACH ACCIDENT \$ 1,000,000 P.L. DISEASE - EA EMPLOYEE \$ 1,000,000 B.L. DISEASE - POLICY LIMIT \$ 1,000,000
OTHER Client ID: #4840029 Print Ref #: 16001:8720				

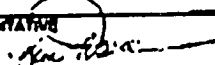
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:

Forward Electric and A/C

Approx active employee count: 35

CERTIFICATE HOLDER

Town Of Sewells Point
1 South Sewells Point Road
Stuart, FL 34996

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


ACORD 25 (2001/08)

© ACORD CORPORATION 1988



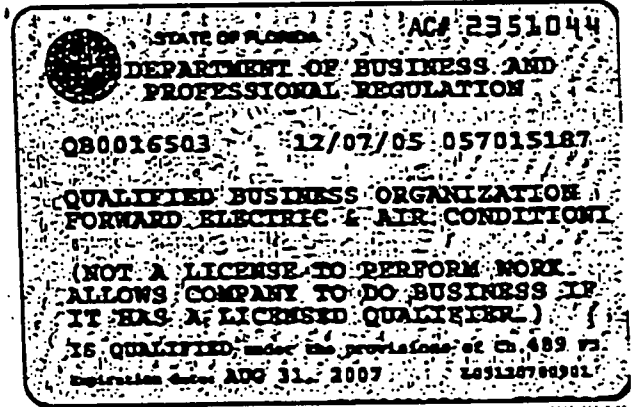
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

FORWARD ELECTRIC & AIR CONDITIONING
4149 SE SALERNO ROAD
STUART FL 34997



DETACH HERE

AC# 2351044 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ#L05120700901

DATE	BATCH NUMBER	LICENSE NBR
12/07/2005	057015187	QB0016503

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 F.S.
Expiration date: AUG 31, 2007
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)
FORWARD ELECTRIC & AIR CONDITIONING
4149 SE SALERNO ROAD
STUART FL 34997

JEB BUSH
SIMONE MARSTILLER

2005-2006 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34999
 (772) 286-5904

License# 97A-508-045 CSM EC0001472
 FIVE (772) 221-1660 SEC NO 235310
 LOCATION:
 4437 SW PORT RD MAR

CHARACTER COUNTS IN MARTIN COUNTY

PROV. NR	1	LIC. FEE	1	25.00
	1	PENALTY	1	.00
	1	COL. FEE	1	.00
	1	TRANSFER	1	.00
TOTAL				25.00

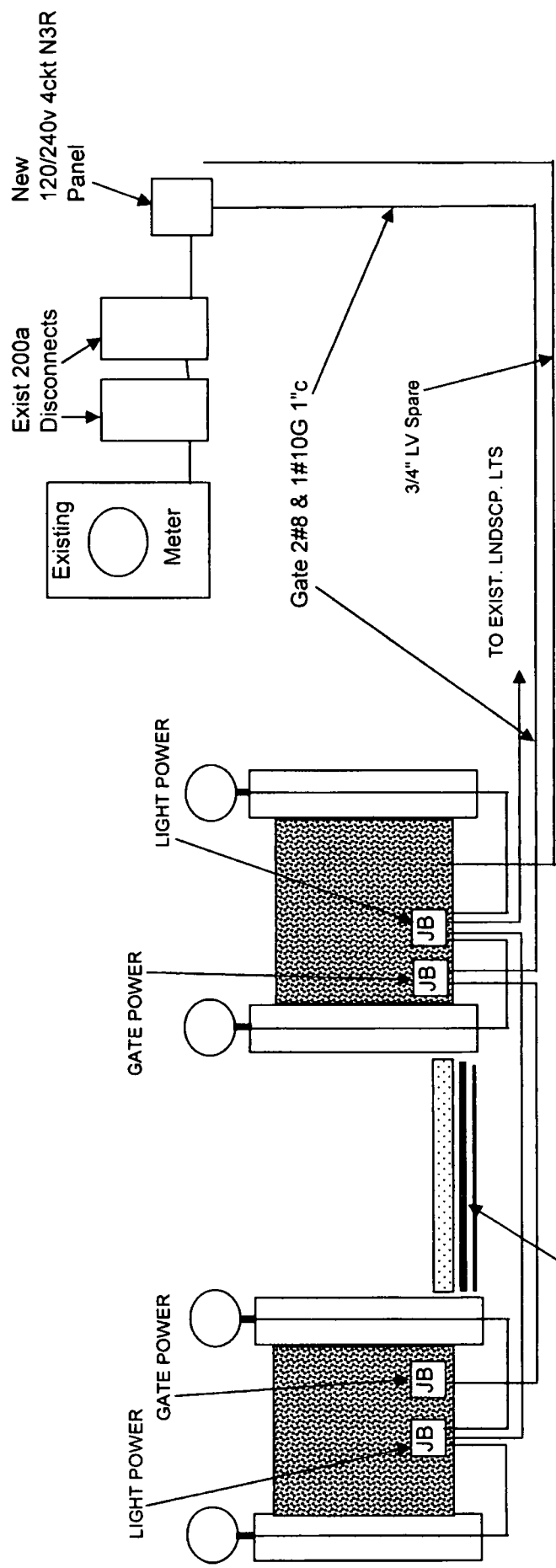
CERTIFIED ELECTRICAL CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGANNING ON THE
 16 SEPTEMBER 05
 AND ENDING SEPTEMBER 2006

TAYLOR, DOUGLAS L (PRES)
 FORWARD ELECTRICAL CONTRACTOR
 OF FLORIDA INC
 4437 SW PORT RD
 PALM CITY FL 34990

RECEIPT OF PAYMENT
 LARRY C. O'STEEN
 99 89/16/2885 OCT1 NORMAL
 97AEC01280A0005

comply w/ motor disc. req.



1-3/4" & 1-2" Spare under driveway



ELECTRIC & AIR CONDITIONING

APPROVED BY: _____ DRAWN BY: WF

DATE: 5/9/2006
 REVISION: 5/25/2006

ZARRO GATE POWER

For Buford Construction DRAWING NO.:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-26, 2007

Page 3 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8525	Cooney	Final-wall	PASS	DO NOT CLOSE
6	17 Middle Rd A&P			INSPECTOR: <i>OK</i>
00910	Zorro	Final	PASS	DO NOT CLOSE
15	124 N. Sewalls Pt Forward Elec	Gate electric		INSPECTOR: <i>OK</i>
8222	Marley	plumbing	PASS	
5	39 W High Pt	mechanical + electric rough	FAIL	INSPECTOR: <i>OK</i>
	Worrell	Final roof Final frame	FAIL	
8489	Tullier	Final	FAIL	
17	39 N River Rd Code led roof.	Anna 287-2829		INSPECTOR: <i>OK</i>
8508	Smith	dry-in	FAIL	
4	24 Middle Rd Blue Water Const			INSPECTOR: <i>OK</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i> </i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i> </i>

OTHER: _____

7991

ENTRY GATE

Abandoned 12/5/06

for new 3md @ 1440-4320 - good till 3/5/07

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/24/06

BUILDING PERMIT NO. 7991

Building to be erected for Zareo

Type of Permit ENTRY GATE

Applied for by BUFORD CONST.

(Contractor) Building Fee \$15K x 9.6% = 144,00

Subdivision IND. RIVER HAMMOCKS Lot 4

Block _____ Radon Fee _____

Address 124 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFK

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

35374100000000001400000

Plumbing Fee _____

Amount Paid 158.40 Check # 26818 Cash _____

Other Fees (10% P.R.) 14.40

Total Construction Cost \$ 15,000.

TOTAL Fees 158.40

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT L FT
- 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. 7991

TOWN OF SEWALL'S POINT

Date 1/20/06

BUILDING PERMIT NO. 7992

Building to be erected for ZARRO

Type of Permit SUB-ELECTRICAL

Applied for by NEW LIGHT ELEC / BUFORD (Contractor)

Building Fee _____

Subdivision IND. RIVER HAMMOCKS Lot 4 Block _____

Radon Fee _____

Address 124 N. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee SEE PN 7991

PRINT QUAL. NAME: GARY VIGRASS

Electrical Fee _____

Parcel Control Number: SLIC #: EC 000 2775

Plumbing Fee _____

353741 000000000614 00000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMITS

- | | | |
|---|--|--|
| <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	_____

RECEIVED
1/4/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: PASQUALE ZARRO Phone (Day) 288-5257 (Fax) _____

Job Site Address: 124 N. Sewall's Pt. Rd. City: Sewall's Point State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) LOT 4, INDIAN RIVER HAMMOCK Parcel Number: 35.37.41.000.000.00014.00000

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

Description of Work To Be Done: ADD ENTRY GATE

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 15,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ ± 900,000

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: Buford Const. Co. Phone: 283-2050 Fax: 283-0940

Street: 606 CAMDEN AVE. City: STUART State: FLA. Zip: 34994

State Registration Number: CBC037840 State Certification Number: CBC037840 Martin County License Number: 1988-513-305

SUBCONTRACTOR INFORMATION:

Electrical: New light Electric State: FLA. License Number: EC8002775

Mechanical: N/A State: _____ License Number: _____

Plumbing: N/A State: _____ License Number: _____

Roofing: N/A State: _____ License Number: _____

ARCHITECT GRANFIELD & GRANFIELD Lic.#: _____ Phone Number: _____

Street: 3601 SE OCEAN BLVD. SUITE 200 City: STUART State: FLA Zip: 34996

ENGINEER N/A Lic.# _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

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

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)
[Signature]
State of Florida, County of: MARTIN
This the 8 day of March, 2005
by Pasquale Zarro who is personally
known to me or produced
as identification. [Signature]

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: MARTIN
This the 3rd day of JANUARY, 2006
by Dennis Buford who is personally
known to me or produced
As identification. [Signature]

My Commission Expires: _____
Notary Public Robbie L Baker
MY COMMISSION # CC91230 EXPIRES
April 7, 2005

My Commission Expires: _____
Notary Public Maryann Eilbacher
Submission # DD403710
Expires: MAR. 07, 2009

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 05/31/2005
PRODUCER (772)335-8804 FAX (772)335-8847 S.M. FINES INSURANCE AGENCY 1250 S.E. PORT ST. LUCIE BLVD. PORT ST LUCIE, FL 34952-5392 Sherry Sherrard		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Buford Construction Company, Inc. 606 Camden Ave. Stuart, FL 34994		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: HBW Insurance Services, LLC
		INSURER B: Association Insurance Company
		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.

CLASS	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> POLICY <input type="checkbox"/> LOC	00020676	05/31/2005	05/31/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMODITY AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per occurrence) \$ 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 <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe in this SPECIAL PROVISIONS section	022000023658	04/17/2005	04/17/2006	<input checked="" type="checkbox"/> WC STAT. (ONLY LIMITS) OTHER EA EACH ACCIDENT \$ 100,000 EA DISEASE - EA EMPLOYEE \$ 100,000 EA DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

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

CERTIFICATE HOLDER Town of Sewells Point One South Sewells Point Rd. Sewalls Point Rd., 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Susan Fines/SAS <i>Susan M. Fines</i>
--	--

AC# 1490199

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04071500900

DATE	BATCH NUMBER	LICENSE NBR
07/15/2004	040047544	CBC037840

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

BUFORD, DENNIS A
BUFORD CONSTRUCTION COMPANY
606 CAMDEN AVENUE
STUART FL 34994

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 1030710

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L03071000742

DATE	BATCH NUMBER	LICENSE NBR
07/10/2003	030018749	QB0012246

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.)

BUFORD CONSTRUCTION COMPANY
606 SW CAMDEN AVENUE
STUART FL 34994

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

CHIEF FINANCIAL OFFICER

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: 03/19/2005

** EXPRATION DATE: 03/19/2007

PERSON: BUFORD DENNIS A
FEIN: 660893849
BUSINESS NAME: BUFORD CONSTRUCTION COMPANY INC
AND ADDRESS: 606 SW CAMDEN AVE
STUART FL 34994

SCOPE OF BUSINESS OR TRADE: 1. REMODELING

2 - CERTIFIED BUILDING 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 receive

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5804

LICENSE **1988-513-305** CERT _____
PHONE **45611283-2050** C NO _____ **001521**
LOCATION: **606 CAMDEN AVE HAR**

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERT BLDG CONTR**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

**BUFORD, DENNIS A.
BUFORD CONSTRUCTION COMPANY
DENNIS A BUFORD
606 CAMDEN AVENUE
STUART FL 34994**

16 DAY OF AUGUST 20 05
AND ENDING SEPTEMBER 30, 2006 12 00002004 002172

ACORD CERTIFICATE OF LIABILITY INSURANCE

OPID LP
NEWLI-1
DATE (MM/DD/YYYY)
01/12/06

PRODUCER
R.V. Johnson Agency, Inc. (JOK)
2041 E Ocean Blvd.
Stuart FL 34996
Phone: 772-287-3366 Fax: 772-287-4439

INSURED
New Light Electric Inc
PO Box 8206
Port St Lucie FL 34985

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: Owners Insurance Company	32700
INSURER B: Auto-Owners Insurance Co	18988
INSURER C: Health Insurance Company - FL	
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 INSRG	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A	GENERAL LIABILITY	20520418	09/15/05	09/15/06	EACH OCCURRENCE	\$ 500,000				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000				
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000				
	<input checked="" type="checkbox"/> Hire/Nonown \$500				PERSONAL & ADV INJURY	\$ 500,000				
GENTL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 1,000,000				
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000				
B	AUTOMOBILE LIABILITY	9543132400	09/15/05	09/15/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000				
	<input checked="" 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)	\$				
					ALTO ONLY - EA ACCIDENT	\$				
					OTHER THAN AUTO ONLY: EA ACC	\$				
					AGG	\$				
	GARAGE LIABILITY	NOT COVERED W/THIS AGENCY			EACH OCCURRENCE	\$				
	<input type="checkbox"/> ANY AUTO				AGGREGATE	\$				
							\$			
							\$			
	EXCESS/UMBRELLA LIABILITY	NOT COVERED W/THIS AGENCY			E L. EACH ACCIDENT	\$ 100,000				
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				E L. DISEASE - EA EMPLOYEE	\$ 100,000				
						E L. DISEASE - POLICY LIMIT	\$ 500,000			
							\$			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2050142418	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									
	If yes, describe under SPECIAL PROVISIONS below									
OTHER										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 30 days notice of cancellation for workers compensation coverage.
 Companies have the option to cancel 10 days for non-payment.

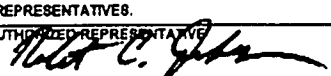
CERTIFICATE HOLDER

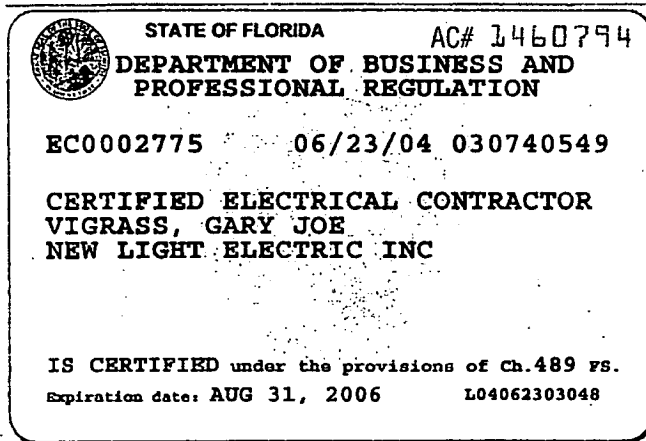
CANCELLATION

SEWAL01

TOWN OF SEWALLS POINT
1 SOUTH SEWALLS PT RD
STUART FL 34996

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

AUTHORIZED REPRESENTATIVE




* 2005-2006

ST. LUCIE COUNTY OCCUPATIONAL LICENSE
 BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR
 ROOMS SEATS EMPLOYEES 1-10

ACCOUNT 1731-00930003

EXPIRES SEP 30, 2006

UTILITIES
 MACHINES
 TYPE OF BUSINESS
 1731-ELECTRICAL CONTRACTOR

BUSINESS LOCATION
 2050 Tilton Rd
 St Lucie County

NAME MAILING ADDRESS
 New Light Electric Inc
 Vigrass, Gary J
 PO BOX 8206
 Port St Lucie FL 34985

ER 0008672

RENEWAL
 NEW LICENSE
 TRANSFER-
 ORIGINAL TAX 11.25

AMOUNT
 PENALTY
 COLLECTION COST
 TOTAL 11.25

Please see back for additional information

PAID 08/10/2005 99-20050810-163513 11.25

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 35-37-41-000-000-00014-00000

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):

124 North Sewall's Point Rd; Lot 4, Indian River Hammock

GENERAL DESCRIPTION OF IMPROVEMENT: Add Entry Gate

OWNER: PASQUALE ZARRO

ADDRESS: 124 N. Sewall's Pt. Rd.

PHONE #: _____

FAX #: _____

CONTRACTOR: Buford Const. Co.

ADDRESS: 606 CAMDEN AVE. STUART, FLA. 34994

PHONE #: 283-2050

FAX #: 283-0940

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

STATE OF FLORIDA

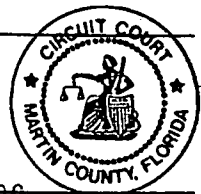
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK

BY: T COPUS

DATE: 1/17/06



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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

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

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 8 DAY OF March

192006 BY Pasquale Zarro

PERSONALLY KNOWN

OR PRODUCED ID _____

TYPE OF ID _____

Robbie L Baker

MY COMMISSION # CC991230 EXPIRES

April 30, 2005

BONDED THRU TROY FAIN INSURANCE, INC.

NOTARY SIGNATURE



INSR # 1903359 OR BK 02102 PG 2465 RECD 01/17/2006 08:58:57 AM
Pg 2465 (109)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T COPUS (0551 MFR)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/10, 2006 Page 2 of 5

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1991	Garro	Footing	Pass	Wants to have call
23	124 N. SPR Buford - Chad 215-2430			INSPECTOR: <i>OM</i>
0206	Tschannen	Roof tar	FAIL	
17	15 Emarita Way Jolly/Denmark 904-449-1541			INSPECTOR: <i>OM</i>
0099	Rick	Rough Prep	RESCHEDULED 5/11	INSPECTOR:
19	20 N. SPR Dwayne Disc. June 72-468-0090			INSPECTOR:
8112	Mackay	Dug In	Insp by registered Eng.	we need letter
17	2 Oakwood	James Miller 772-460-2662	INSPECTOR:	INSPECTOR:
8118	Schramm	Steel-bonding pressure	PASS	
8	109 S. SPR Byrnis Pools 528-9544	Larry		INSPECTOR: <i>OM</i>
0705	Andrew	Final	CANCEL	INSPECTOR:
15	9 Palmetto Dr Palm Beach Creative Per 561-827-0605	call		INSPECTOR:
8143	Connolly	Final	PASS	CLOSE
14	23 N. Rogeriewld Custom Creations	Joseph Michael 334-0708		INSPECTOR: <i>OM</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JUNE 5, 2006

Page 1 of 2

SP01-20060019

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC. 1	DAVIS 11 MIRAMAR MARZO	DRY-IN	PASS	INSPECTOR: <i>[Signature]</i>
8119	Cotler 60 S River Rd Steve Conway	WINDOWS FINAL	PASS (CLOSE)	FASTENERS & BUCKS WERE NOT INSPECTED INSPECTOR: <i>[Signature]</i>
#7850 4	DESANTIS 82 SPR SPECIALTY APPL.	FINAL GAS	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8112 5	MACKAY 2 OAKWOOD SUPERIOR ROOF	FINAL ROOF	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
1541 6	LIPPISCH 18 Riverview DR OB	FINAL FENCE	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
7	Valeo 107 Helcrest Ct	Work w/o Permits		DID NOT SEE UNUSUAL ACTIVITY INSPECTOR: <i>[Signature]</i>
29911 8	Zouros 124 N SPR Ruford Const	STEEL WALL	PASS	INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-21, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0088	Rowle	3rd Fl beam	PASS	
2	94 N. Swalls Walter White	& column		INSPECTOR: <i>[Signature]</i>
	Carlson/Brenna	Interior rough		
	Studean, Les			
	Proper			INSPECTOR:
1991	Zarvo	Final	PASS	Close
3	124 N. Swalls Pt Buford.			INSPECTOR: <i>[Signature]</i>
	2009	Interior rough		
	397 P. Rd.	Interior rough		INSPECTOR:
8222	Marley	AC & electric mech rough	FAIL	
1	39 W High Pt Worrell	Final frame Final roof screw	PASS	INSPECTOR: <i>[Signature]</i>
8477		RETAINING WALL	PASS	
2A	100 N.S.P.R. RILES & SON			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: _____

LINE OF DEMARCATION
BETWEEN FLOOD ZONES
A-10 AND V-13

LOT 3

S 89°32'18" E

371.76'

5/8" R/C
VE BROWN

14" 14"

8"

14"

20' MINIMUM SIDE SETBACK

LOT 4

IRRIGATION
VALVES

YARD
DRAIN

OAK OAK OAK

35' MIN. FRONT SETBACK

FND R/C
STEVE BROWN

8"

16"

12"

20"

14"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

EXISTING
DRIVEWAY

WELL

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

6"

20' MINIMUM SIDE SETBACK

OAK

OAK

OAK

OAK

FND 5/8" R/C
STEVE BROWN

R/W

CL SWALE

TOB

S 89°32'18" E

374.59'

17.47'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

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4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

4.0'

CL SWALE

LOT 5

S 89°32'18" E

OAK

OAK

OAK

OAK

TOB

TOB

TOB

TOB

TOB

TOB

TOB

TOB

TOB

TOB

TOB

OAK

OAK

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TOB

8593

BERM

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5-3-07

BUILDING PERMIT NO. 8593

Building to be erected for Zarry

Type of Permit Landscape Berm

Applied for by Dennis Serafini Landscape (Contractor)

Building Fee 35~~00~~ -

Subdivision Out Lot Lot 1 Block _____

Radon Fee _____

Address 124 W Sewalls Pt Rd

Impact Fee _____

Type of structure _____

A/C Fee _____

Parcel Control Number:

353741-000-000-00014-0

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$70 Check # _____ Cash _____

Other Fees Billable fee 35 -

Total Construction Cost \$ 1000 -

Roofing Fee _____

TOTAL Fees 70 -

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL / Berm
- 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 _____

Date: 5-2-07 **RECORDED** 15-2-07 **Down of Sewall's Point**
BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: ZARRO Phone (Day) _____ (Fax) _____

Job Site Address: 124 N. Sewalls Point Rd City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Scope of work: Landscape Berm

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: DI \$800.00
Estimated Value of Construction or Improvements: \$ 800.00
(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____
Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Dennis M. Serafini Landscaping Inc Phone: 521-4440 Fax: 463-0522

Street: 21 N. VIA Lucinda City: Stuart State: FL Zip: 34996

State Registration Number: _____ State Certification Number: _____ Municipality License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: Landscaping State: FL License Number: #200-267-045

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic# _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

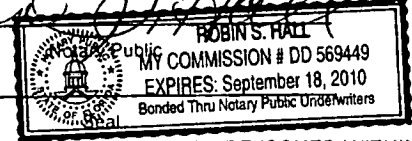
OWNER OR AUTHORIZED AGENT SIGNATURE (required)

State of Florida, County of: MARTIN

This the 2ND day of MAY, 2007

by PASQUALE ZARRO who is personally known to me or produced as identification Robin S. Hall

My Commission Expires: 9-18-10



CONTRACTOR SIGNATURE (required)

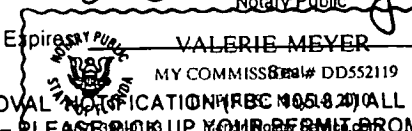
On State of Florida, County of: Martin

This the 2nd day of May, 2007

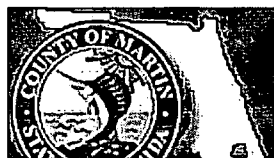
by Dennis M. Serafini who is personally known to me or produced FL DL # S105-113-74-293-0

As identification: Valerie Meyer Notary Public

My Commission Expires: _____ VALERIE MEYER
MY COMMISSION # DD552119



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



Martin County, Florida
Laurel Kelly, C.F.A

Site Provided by...
governmax.com T1.13

Summary

print Owner 3 of 3

Parcel Info

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
35-37-41-000-000-00014-0	124 N SEWALL'S PT RD	107015	Owner	0	1

Summary

Property Location 124 N SEWALL'S PT RD
Tax District 2200 Sewall's Point
Account # 107015
Land Use 101 0100 Single Family
Neighborhood 193000
Acres 1.236

Legal Description

Property Information
 SEC 35-T37S-R41E, BEG N/LN GOVT LOT 1, SLY ALG R/W 413' TO CURVE, SLY ALG CURVE 7.64' TO POB, ELY

Owner Information

Owner Information
 ZARRO, PASQUALE G

Mail Information

124 N SEWALLS POINT RD
 STUART FL 34996

Assessment Info

Front Ft. 1.00

Market Land Value \$767,000
Market Impr Value \$940,970
Market Total Value \$1,707,970

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Site Functions

Property Search

- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale

Sale Amount \$163,000

Sale Date 12/11/1996
Book/Page 1210 0284

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 04/19/2007



DATE: 4/30/07

ADDRESS: 124 N.S.P.R.

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

The work described below requires a permit:

FILL WORK & INSTALLATION OF BERMS WHICH IMPACT SITE DRAINAGE CONDITIONS THE PERM APPEARS TO BE PARTIALLY ON PROPERTY TO SOUTH

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.

[Signature]

BUILDING OFFICIAL OR INSPECTOR

DO NOT REMOVE THIS NOTICE UNTIL PERMIT IS OBTAINED!

2006-2007 MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

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

LICENSE 2000-267-0045ERT PHONE (772) 223-5547 SIC NO 561730

LOCATION: 5820 SE WESLEY AVE STU

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF LAWNCARE DENNIS SERAFINI'S COMPLETE AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE 01 DAY OF MARCH 20 07 AND ENDING SEPTEMBER 30 2007 2 2005 12215.0001 25.00 PAID



THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID OCCUPATIONAL LICENSE IS SUBJECT OF A \$250 FINE. PENALTY 10% FOR MONTH OF OCTOBER, 5% ADDITIONAL EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION COSTS.

NOTE - A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-14, 2007 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8751	Arch	Final	FAIL	
2	18 Palm Rd Charles Law Const			INSPECTOR: <i>[Signature]</i>
8589	Hardin	trust	FAIL	
3	275 River Rd Stratton		PASS	REINSPECTED SAME DAY. INSPECTOR: <i>[Signature]</i>
8706	Dennison	Final	PASS	
1	49 W High Pt Folding Shutter			INSPECTOR: <i>[Signature]</i>
8740	HB Assoc 3118 SE Ocean Rm	Hamming around Shower & R. Room	PASS PASS	INSPECTOR: <i>[Signature]</i>
8586	Giachino	Final	FAIL	
4	19 Simara Eddie Huggins	(demo)		INSPECTOR: <i>[Signature]</i>
Tree	King 30 Riv Vista	Tree	FAIL PASS	INSPECTOR: <i>[Signature]</i>
8593	3000 N 124 N Sewalls Serafini	Final	PASS	Change INSPECTOR: <i>[Signature]</i>
OTHER: _____				

CORRESPONDENCE

CERTIFIED MAIL

126 N. Sewalls Point Road
Stuart, Florida 34996
May 11, 2000

Mr. Robert Wienke, Mayor
Town of Sewalls Point
1 South Sewalls Point Road
Sewalls Point, Florida 34996

Dear Mayor Wienke:

I am very concerned about the house being constructed next to me at 124 N. Sewalls Point Road. I have two major concerns; the first being that the house exceeds your building code height limitation of forty (40) feet. When construction began several months ago, the builder, Mr. Buford, told my son that the house on 124 N. Sewalls Point Road would be ten (10) feet higher than my house, which the final survey shows at 39.85 feet. He said it took four months of meetings with the Building Inspector to get the plans approved.

They have now installed the trusses at 124 N. Sewalls Point Road and it is obvious even to the naked eye that the house will, indeed, exceed the height limitation specified in the code.

Part of the reasons I chose to build here in Sewalls Point is that code compliance was adhered to and that all the new homes being built were in sync with the homes already built. I love the look of this community. It is a beautiful place to live. However, I am concerned that this house being built without code height compliance will open it up and be the beginning of other homes being allowed to exceed the height code. This will drastically change the look of Sewalls Point. It could also result in a decrease in property values. I do not understand why the house being constructed at 124 N. Sewalls Point Road received approval when the Town was adamant about allowing the Mizner house not to exceed height limitations, as well as other homes.

If the plan here is to complete the house at 124 N. Sewalls Point Road, then deny the Certificate of Occupancy, that does not appear to be very fair to the owner or the builder. It would then cost them a lot of money to tear it down to meet code requirements. It seems to me that if the builder spent four months meeting with the Building Inspector to get approval of the plans, then the Inspector should be aware of the height code violation. If not, it is very obvious now, at this point in construction, that it will not meet code requirements. In fact, I am willing to pay for an independent surveyor, such as Stephen Brown, who has surveyed many homes in Sewalls Point and is familiar with the code, to survey this house at 124 N. Sewalls Point Road.

May 11, 2000

Page two

I am very upset about this situation. I am next door and should, one, you allow the house to be completed in excess of the code height, what will happen to property values. I have invested a lot in my new home and do not want the value to decrease. Secondly, if you should stop work, and the house is left incomplete, there could be a safety factor as well as damage should we get a hurricane or bad storm with high winds. The Hurricane Center is predicting that this year, the hurricanes will hit the East Coast and will have winds of 110 mph or more.

My second big concern with the construction of the house at 124 N. Sewalls Point Road is the fact that they built up the building area with fill dirt and packed it down before beginning the construction of the footers. This raised the land at least two to three feet. This I saw with my own eyes. In addition, they have put fill dirt in the front and back of part of the house which amounts to five to eight feet high. I would like to know if there is a plan for water containment on this property. As I understand it, Florida State Law requires that when fill dirt is used and it makes the property higher than the properties on both sides of it, the owner/builder is responsible for water containment. The land at 124 N. Sewalls Point Road is definitely higher than my land at 126 N. Sewalls Point Road. The rainy season is nearly upon us and I am very worried that I will have a serious flood problem because of runoff from the higher ground next door.

During the course of construction of my home at 126 N. Sewalls Point Road I, as well as many other homeowners in Sewalls Point, was forced to comply with all Code requirements. I did not object because, after all, the rules are the rules and that is what keeps Sewalls Point the beautiful place that it is. I built here because I wanted to live in this peaceful, beautiful community.

I do not have any ill feelings or animosity towards the owner or the builder next door, nor do I like having to send this letter about the construction of his new home, but I do have these concerns that I have addressed above. I do feel you should be aware of my concerns and that I hold the Town of Sewalls Point responsible for any damage I might incur as result of the home next door not being in compliance with code, since it has been approved by the Building Inspector, who is a representative of the Town of Sewalls Point.

Mr. Robert Weinke, Mayor

May 11, 2000

page three

I am sure that Mr. Arnold will mention to you the two pylons at my front entrance, which have nothing to do with my concerns addressed in this letter. The pylons which are merely for decorative purposes, are under the five (5) foot code requirement and were approved on the original plans by your Building Inspector. In fact some of the neighbors have complimented me on them. We did move the gate at Mr. Arnolds instructions and at additional expense, in order to be in compliance.

Thank you for your attention to this matter.

Respectfully,


Mary D. Cicoria

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

May 17, 2000

Mary D. Cicoria
126 North Sewall's Point Road
Sewall's Point, Florida 34996

Re: 124 North Sewall's Point Road

Dear Mrs. Cicoria:

Your 5/11/00 letter regarding the above-referenced construction project has been referred to Building Commissioner Thomas P. Bausch and Building Official Edwin B. Arnold. Mr. Arnold has been out of town this week, thus delaying a response to you.

Thank you for writing. Please do not hesitate to contact me if your require anything further.

Sincerely,

TOWN OF SEWALL'S POINT

Robert M. Wienke, Mayor



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

TOWN OF SEWALL'S POINT

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

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Commissioner

THOMAS P. BAUSCH
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E. DANIEL MORRIS
Commissioner

JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance



June 16, 2000

FILE

COPY

Mrs. Mary D. Cicoria
126 N. Sewall's Point Road
Sewall's Point, Florida 34996

Re: 124 N. Sewall's Point Road

Dear Mrs. Cicoria:

Upon receipt of your letter of May 11, 2000, forwarded to me by Mayor Weinke, I immediately reviewed all permit documentation and again verified submittal compliance of the proposed construction with all applicable building height and flood zone requirements. This information had previously been provided to your attorney in a telephone inquiry as to code criteria. Actual construction is another matter, and in view of the concerns which you expressed it was appropriate that field verification be obtained as soon as practicable.

In the normal course of inspection and construction verification, compliance with flood zone criteria for minimum elevation of the lowest structural member had previously been confirmed; however, building and overall roof height compliance verification documentation is normally submitted much later in the project. With the general contractor's full cooperation and assistance, he initiated a roof elevation survey as soon as the sheathing was applied to the highest roof, and this survey has confirmed that elevation to be 38.49' NGVD, allowing more than adequate space for application of final roofing materials within the allowable maximum elevation of 40' NGVD.

The issue of code compliance is one which I take very seriously, and your concern is greatly appreciated. Should you require further information or if you have any questions please feel free to contact me at your convenience.

Sincerely,

Edwin B. Arnold, Building Official

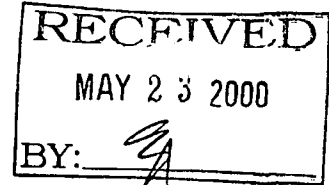
cc: Robert M. Weinke, Mayor
Thomas P. Bausch, Building Commissioner
Joseph C. Dorsky, Town Manager



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



VELCON GROUP, INC.
ENGINEERS & SURVEYORS



LOT 4, INDIAN RIVER HAMMOCKS

Attention: Ed Arnold
Re: Zarrow Residence

To whom it may concern,

This letter is to certify that I have determined the elevation of the lowest structural member to be @ 10.56' NGVD.

Also, I have determined the highest elevation of the roof to be @ 38.49' NGVD.

Respectfully Submitted,

Edwin R. Matthews
c/o Velcon Group, Inc.