

146 North Sewall's Point Road

2491

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF

OWNER **P. S. Greene**

CONTRACTOR **Apostolopoulos**

LOT BLOCK SUB **Golf. Lot.**
NO. **146 N. S. P. Rd.**

2478 EXPLORING CO., INC.
 Reg. Office: 1000 S. Orange Ave., Suite 200, Orlando, FL 32801
 P. O. Box 1000, Suite 200, Orlando, FL 32801
 Phone 287-7474 Fax 287-7474

NOT REMOVE UNTIL JOB IS COMPLETED

TOWN OF SEWALL'S POINT BUILDING PERMIT

NO. **2491** Date Issued **2-21-89**

Call 287-2455 From 8:00 A.M. - 12:00 Noon and
1:00 P.M. - 4:00 P.M. For Inspections of Items 1 thru 13.

REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.

ALL WORK MUST BE IN COMPLIANCE WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA OF FLORIDA ENERGY EFFICIENCY BUILDING BASED ON THE LATEST FLOOD INSURANCE

WORKING HOURS ARE FROM 8:00 TO 5:00 P.M. PORTABLE TOILET FACILITIES MUST BE O INSPECTION.

TO CONSTRUCT **residence**

REMARKS:

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION	3/7/89	
3. FOOTING - SLAB	Pads OK 3/7/89	OB
4. ROUGH PLUMBING	OK 5/19/89	OB
5. ROUGH ELECTRIC	OK 5/19/89	OB
6. LINTEL		
7. ROOF	OK 5/24/89	OB
8. FRAMING	OK 5/19/89	OB
9. INSULATION	OK 5/24/89	OB
10. A/C DUCTS	OK 5/19/89	OB
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

MARTIN COUNTY PUBLIC HEALTH UNIT
Your septic system was inspected on **8-7-87**
HD **89-57**

- Approved and Cover
- Cover but hold for:
 - Final Grade (see permit for specifications)
 - Well Permit
 - Other: **Septic system conflict for the following reasons:**
 - Well and well reinspection fee _____
 - Other: _____
- Final approval will not be given until both septic and water systems are completed.
- Please allow this office two working days to schedule a reinspection. If you have any questions, contact **2118** at 287-2277.

TOWN OF SEWALL'S POINT, FLORIDA
 APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

PERMIT NUMBER 2491

DATE OF APPLICATION Jan. 6, 1988

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers' compensation.
3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, e) plumbing, electrical and air conditioning layouts, f) at least two elevations showing the height of building from finished floor. Plans must be sealed by a Florida registered architect or engineer.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Tree removal permit (for trees other than nuisance trees)
8. Certification of elevation from licensed surveyor and determination of flood zone.
9. Amount of fill anticipated - rough sketch showing location of fill
10. Manufacturer's schedule of windows.

Owner Penny + Skewen Greene Current Address 9500 S. Ocean Dr. Jensen Beach Fla. 34957
 Telephone 224-5479
 General Contractor Costaopoulos Address P.O. Box 413 Stuart, Fla. 33495
 Telephone 288-9227 / 234-9236
 Where Licensed Florida License Number CG 6003907
 Plumbing Contractor DAVE'S PLBG. License Number NP 00030
 Electrical Contractor SOUTH STAR License Number _____
 Roofing Contractor STARR ROOFING License Number RC 26 024411
 A/C Contractor PENNS ONILCZO A.C. License Number CACO 41199

Describe the building or alterations _____

Name the street on which the building, its front building line and its front yard will face 146 N. Sewalls Pt. Rd.

Subdivision Palm Government Lot Lot _____ Block _____

Building area (inside walls) _____ Garage, porch, carport area \$ 259,000

Contract price (excluding carpet, land appliances, landscaping) \$ _____

Cost of permit \$ 2073.00 Plans approved as submitted, as marked _____

In addition, the following are understood by owner and contractor:

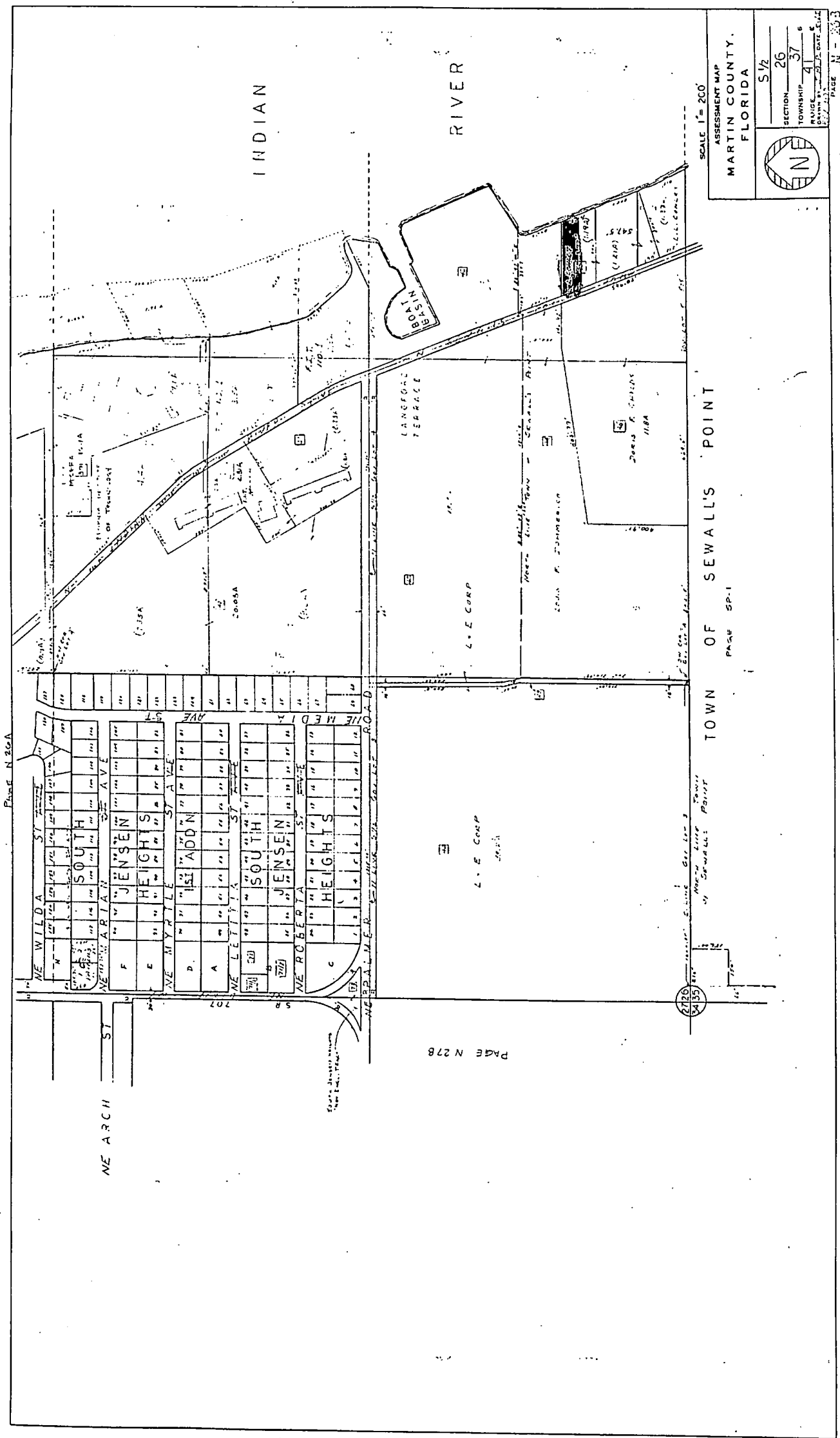
1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit: fee is \$500.00. For the cost of the building, plus \$50. each for plumbing, electrical and roof. For example a \$100,000. building x \$5. = \$500. plus \$200. (a pop, el., roof) = \$700. cost of permit \$365. impact fee \$1,045. total \$1,705. Also there is a charge of 1 cent per square foot for road construction fund.
3. If no contract is submitted as proof the permit will be based on \$40. per square foot (inside walls) and \$25. per square foot (other areas). Owner-builder cost is 25% higher than the regular fee.
4. The Town has adopted the South Florida Building Code.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.
11. String lines along property lines to facilitate set back inspections.
12. Before a certificate of occupancy is issued, the following are required:
 - a. An owner's affidavit of building cost. (form available) any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
 - b. Approval of septic tank installation by Martin Co. Health Dept.
 - c. Rough grading and clean up of grounds.
 - d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).

RECEIVED
 FEB - 5 1988
 REVIEWED
 TIE-IN SURVEY REQUIRED
 BEFORE POURING SLAB

13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

14. 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 the County.

Contractor's Signature Costaopoulos Owner's Signature Penny + Skewen Greene
 Approval by Building Inspector Dale B... Date 2/13/89
 Approval by Building Commissioner _____ Date _____
 Certificate of Occupancy issued Dale B... Date 2/7/89



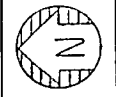
PAGE N 26A

PAGE N 27B

TOWN OF SEWALL'S POINT
PAGE SP-1

SCALE 1" = 200'

ASSESSMENT MAP
MARTIN COUNTY,
FLORIDA



SECTION 26
TOWNSHIP 4
RANGE 5
DATE 5/1/11

PAGE N - 303



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER HD89-57 HOME PHONE _____

NAME OF APPLICANT Steven and Penny Greene WORK PHONE 287-5434

MAILING ADDRESS OF APPLICANT Kelly & Kelly Architects
118 W. Sixth Street, Stuart, Florida 34994 ZIP CODE 34994
PHONE _____

LOT _____ BLOCK _____ SUBDIVISION _____
IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
PLAT BOOK _____ PAGE _____ DATE SUBDIVIDED _____

RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3
LOT SIZE 33058.25 FT² HEATED OR COOLED AREA OF HOME 3,240 FT²

COMMERCIAL: TYPE OF BUSINESS PROPOSED _____
BUILDING SIZE _____ FT²

-----AFFIDAVIT-----

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

SIGNATURE OF PROPERTY OWNER OR OWNER'S
LEGALLY AUTHORIZED REPRESENTATIVE

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 1200 GALLONS
DRAINFIELD SIZE 625 SQUARE FEET 12'w x 52'L

DRAINFIELD ROCK MUST BE 20 FEET FROM FRONT OR REAR PROPERTY LINES
AND 17 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE
THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

TOP OF BUILDING STUB OUT IS REQUIRED
TO BE A MINIMUM ELAVATION OF

28" Above B.M. (EL 3.61 NGVD)

TOP OF SEPTIC TANK IS REQUIRED
TO BE A MINIMUM ELAVATION OF

32" Above B.M. (EL 3.61 NGVD)

ISSUED BY: [Signature] DATE 1-24-89
MARTIN COUNTY PUBLIC HEALTH UNIT

PLEASE NOTE:

- (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS.
- (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND.
- (3) \$60. REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION.
- (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX.
- (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
- (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
- (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED.
- (8) IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

-----FINAL INSPECTION-----

CONSTRUCTION APPROVED BY: _____ DATE _____
MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE



APPLICANT Steven and Penny Greene

LEGAL DESCRIPTION Attached


-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1,500 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION _____ NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 3.61 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 3.3 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 9 NGVD.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OF ENGINEER.

CERTIFIED BY: 
FL. PROFESSIONAL NO. 4557
DATE: 1-17-89 JOB NO. 88-202

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No 3067-0077
Expires May 31, 1993

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME <u>Steven & Penny Green</u>	POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <u>146 N. Sewalls Point Road</u>	COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) <u>Town of Sewalls Point</u>		
CITY <u>Stuart</u>	STATE <u>Florida</u>	ZIP CODE <u>34996</u>

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
<u>120164</u>	<u>0001</u>	<u>C</u>	<u>April 3, 1984</u>	<u>V-13</u>	<u>10'</u>

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION V-13

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 5.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of 11.2 feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement 2-21-89

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, ~~engineer~~, or ~~architect~~ who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

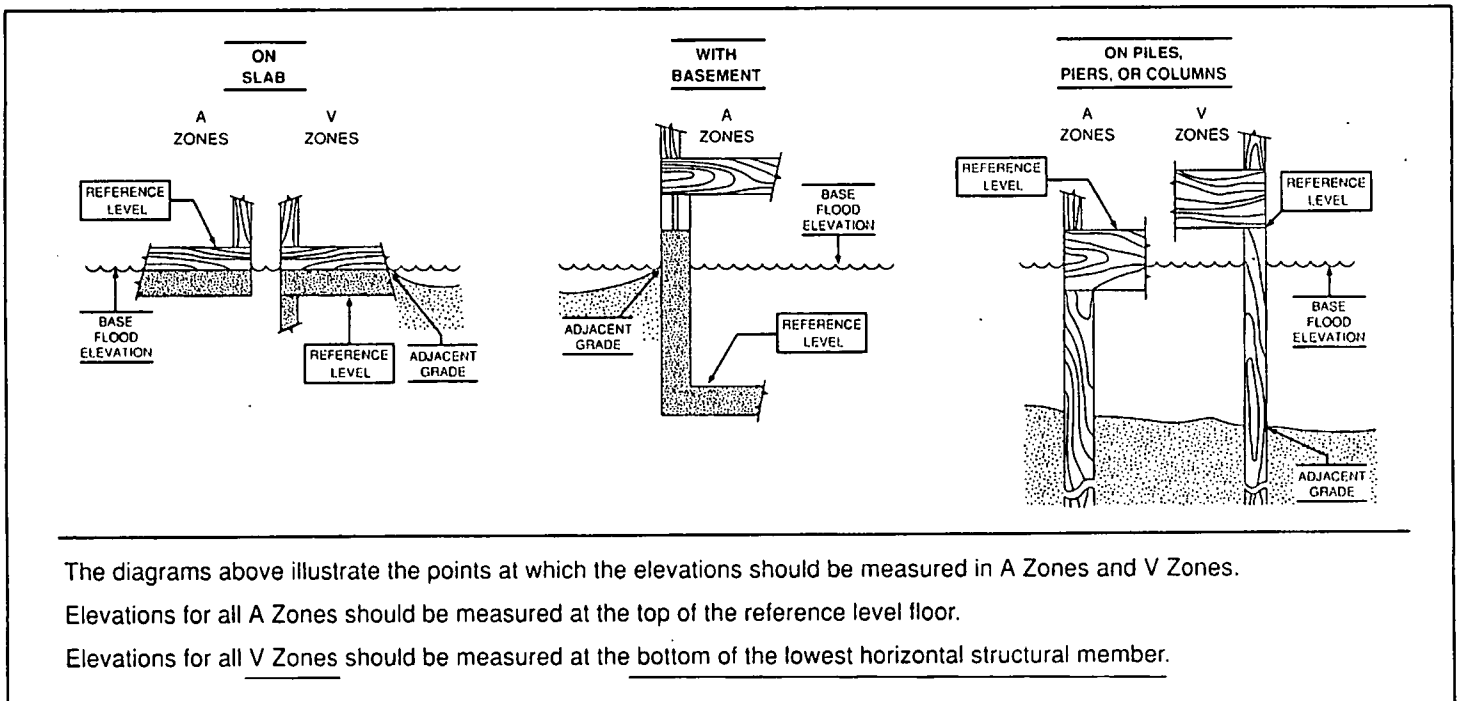
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections 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 Eric B. Holly	.LICENSE NUMBER (or Affix Seal) FL P.L.S. #3336
TITLE President	COMPANY NAME Aslan, Inc.
ADDRESS P. O. Box 1500	CITY STATE ZIP Stuart Florida 34995
SIGNATURE 	DATE PHONE 4/16/92 (407) 288-4880

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS: Benchmark used:
U.S. Army Corp's of Engineers - Brass Disk stamped I.W.M. 5
found N. side top of seawall (former) Outrigger Marina.

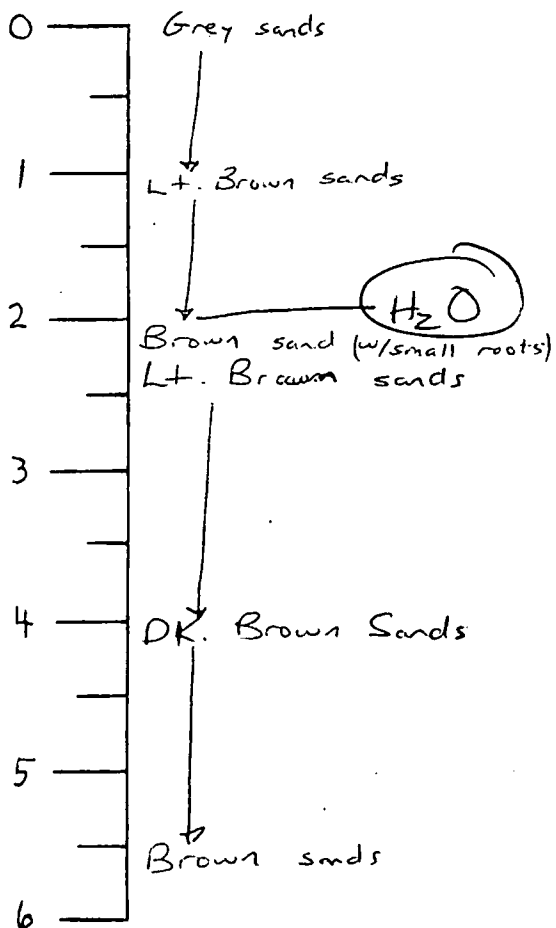


MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 34997
287-2277
SITE EVALUATION

APPLICANT: Steven and Penny Greene

LEGAL DESCRIPTION: See legal

SOIL PROFILE



USDA SOIL TYPE Waveland Sand

USDA SOIL NUMBER #4

Impervious soils are present at 2.25' below natural grade.

Present Water Depth Below Natural Grade 2'

Wet Season Range Per Soil Survey <10" for 2-4 months.

Estimated Wet Season Water Depth Below Natural Grade <10"

Indicator Vegetation Present Disturbed. Sabal Palms

Is Benchmark Located on Plot Plan and Present on Site? yes.

Approximate Amount of Fill on Neighboring Lots No neighbors.

Other Findings: On River.

EVALUATION BY: Mike Landell

DATE: 1/20/89



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: STEVEN P. GREESE SEPTIC TANK PERMIT NO. HD89-57

LEGAL DESCRIPTION: SEE LEGAL

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

1. Building Permit Number: _____ (Certification not required for this item).

2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches above benchmark elevation as indicated on septic tank permit.

___ 3. I certify that the top of the lowest building plumbing stubout is _____ inches above crown of road elevation shown on septic tank permit.

___ 4. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.

Date Observed: _____

___ 5. I certify that the top of the drainfield pipe elevation is _____.

NOTE: a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.

b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are present.

CERTIFIED BY: _____

As applicant or applicant's representative, I understand the above requirements.

Date: _____ Job Number: _____

Mrs. Penny Greese
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Martin County Health Unit Approval Signature

(Date)

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994
Bob Martinez, Governor • Gregory L. Coler, Secretary



STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATION
STUBOUT ELEVATION AND EXCAVATION CERTIFICATE

APPLICANT: Steven Greene SEPTIC TANK PERMIT NO. _____

LEGAL DESCRIPTION: _____

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- ___ 1. Building Permit Number: 2491 (Certification not required for this item).
- ___ 2. I certify that the elevation of the top of the lowest plumbing stubout is 30.5 inches above benchmark elevation as indicated on septic tank permit.
- ___ 3. I certify that the top of the lowest building plumbing stubout is _____ inches above crown of road elevation shown on septic tank permit.
- ___ 4. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of six(6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.

Date Observed: _____

___ 5. I certify that the top of the drainfield pipe elevation is _____.

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

CERTIFIED BY: [Signature]

As applicant or applicant's representative, I understand the above requirements.

Date: 8-9-89 Job Number: 88-202

(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

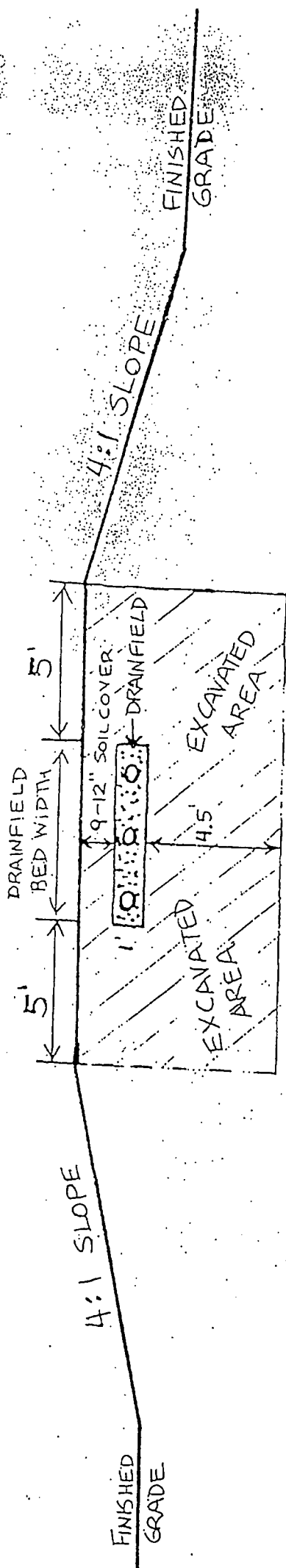
MARTIN COUNTY PUBLIC HEALTH UNIT
 Environmental Health
 Martin County Health Unit Approval Signature
 612 So. Dixie Hwy
 Stuart, FL 34994 - 407/220-2330

8-9-89
(Date)

MARTIN COUNTY PUBLIC HEALTH UNIT
 ENVIRONMENTAL HEALTH
 612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994
 Bob Martinez, Governor • Gregory L. Coler, Secretary

Revised 12-7-88

DRAINFIELD MOUND REQUIREMENTS

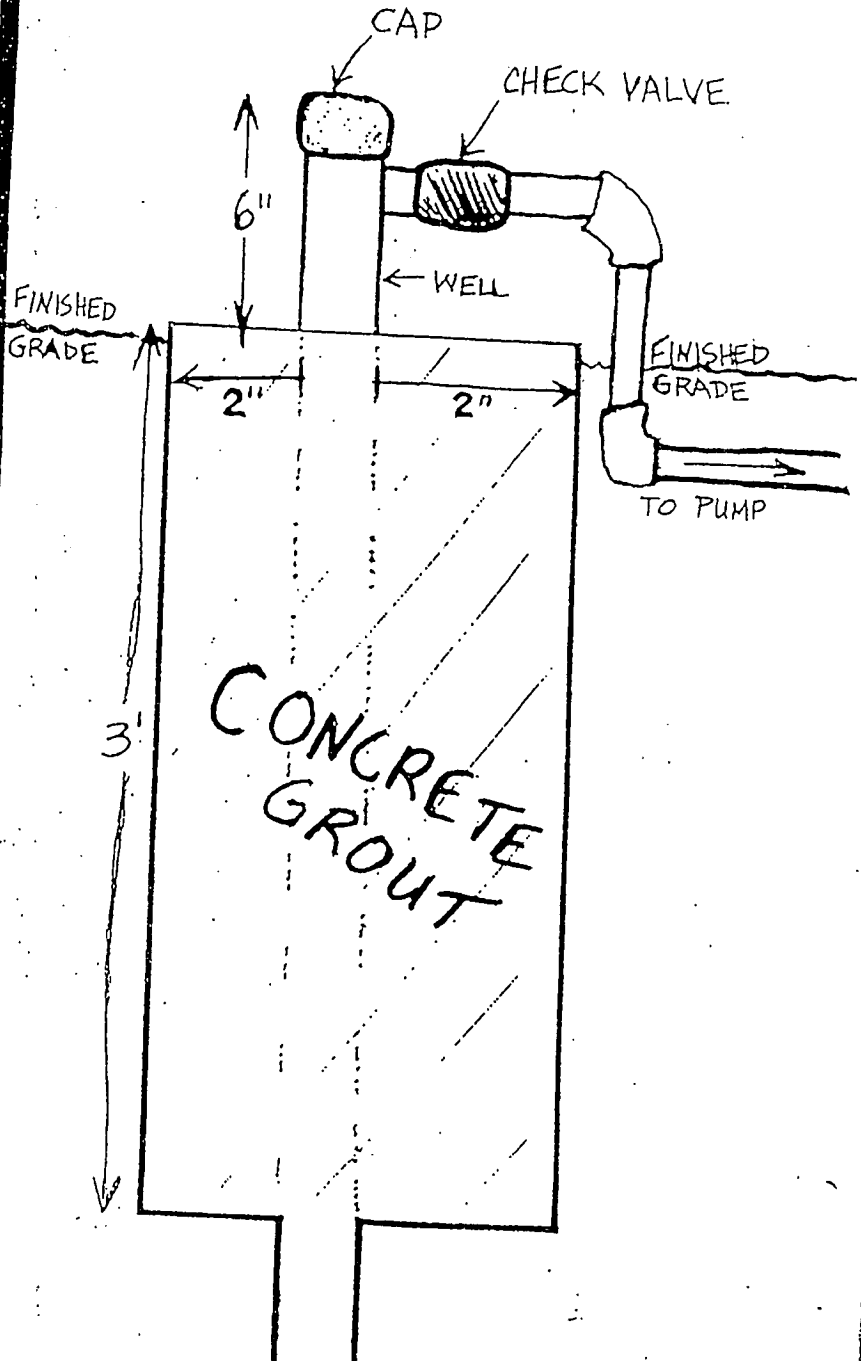


NOTES: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

NMC 4/85

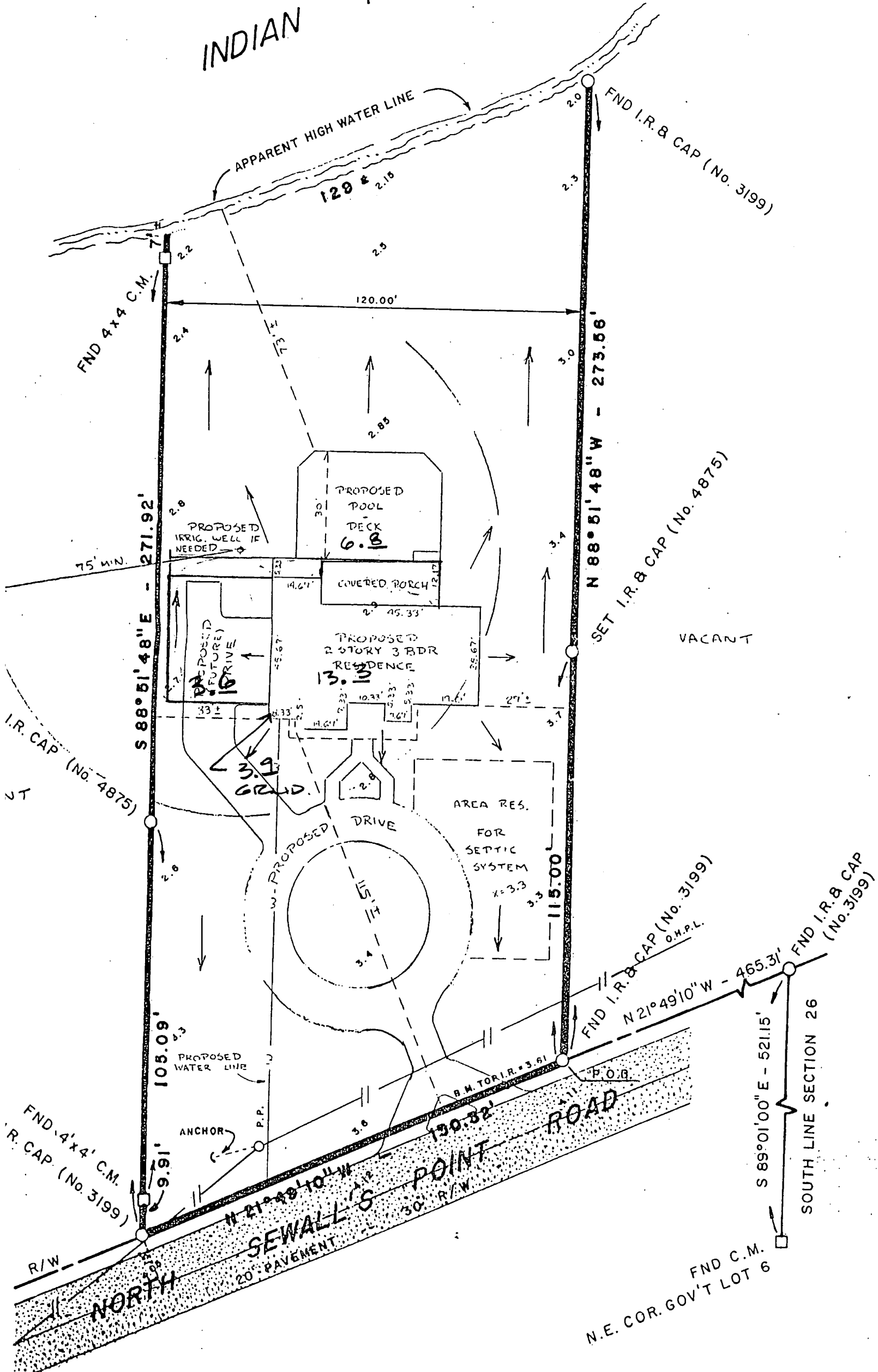
WELL REQUIREMENTS

NOTE: ALL WELLS MUST BE GROUTED AT LEAST 2" AROUND WELL CASING TO A DEPTH OF 3'. WELL CASING MUST EXTEND 6" ABOVE FINISHED GRADE AS SHOWN BELOW. NOTE LOCATION OF CHECK VALVE.



PLAN

INDIAN RIVER



2739

POOL

#2739

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date 2-2-90

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 sets of complete plans, to scale including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two elevations, as applicable.

Owner S. GREENE Present address 146 N. SEWALL'S PT. RD.

Phone 220-3658

Contractor POOLS BY GREG Address 650 BUCK HENDRY LN. STUART.

Phone 692-1419

Where licensed MARTIN CTY License number R.P. 0035370 SP00348 MARTIN

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

146 N. SEWALL'S PT. RD

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

Subdivision ATTACHED part Govt Lot No. 6

Contract price \$ 11,700 Cost of Permit \$ 1001X

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 a Town Commissioner "Red-tagging" the construction project.

Contractor Ernie Schneider Pres.

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 Penny S. Greene

TOWN RECORD

Date submitted _____

Approved: Dale Brown
Building Inspector

3/16/90
Date

Approved: _____
Commissioner

Date _____

Final Approval given: _____
Date

Certificate of Occupancy issued _____
Date

2739

3340

CONCRETE

DRIVEWAY

TAX FOLIO NO. _____

DATE _____

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

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

Owner Bill Anspach Present Address 146 N. Sewall's Pt. Rd

Phone 283-5901

Contractor Apostolopoulos + Paulick Address 1501 Decker Ave A129

Phone 220-7505

Where licensed State License Number CGC003907

Electrical Contractor NONE License Number _____

Plumbing Contractor NONE License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: form pour concrete drive

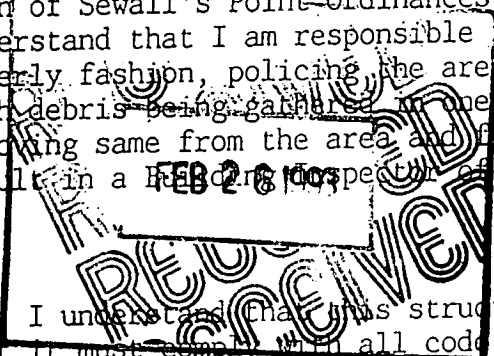
State the street address at which the proposed structure will be built:

Subdivision Gov. Lot Lot Number _____ Block Number _____

Contract Price \$ 1100⁰⁰ 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 of Town Commissioner "Red-Tagging" the construction project.



Contractor [Signature]

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

Owner Bill Anspach

TOWN RECORD

Approved: Dale Bru 2/26/93
Building Inspector Date

Date submitted _____

Approved: [Signature] Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued(if applicable) _____
Date

6169

EXTERIOR LIGHTS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/27/03

BUILDING PERMIT NO. 6169

Building to be erected for AN SPACH

Type of Permit INSTALL 3 LIGHT FIX

Applied for by EAGLE ELECTRIC (Contractor)

Building Fee _____

Subdivision GOVT LOT Lot 5 Block _____

Radon Fee _____

Address 146 N. SEWALL'S POINT ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Qual: Joseph A. Commorato
Lic# EC0002250

Electrical Fee 35.00

Parcel Control Number: 263741000000040180000

Plumbing Fee _____

Amount Paid 35.00 Check # 1474 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 300.00

TOTAL Fees 35.00

Signed Joseph A. Commorato
Applicant

Signed Gene Simmons (806)
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: DR ANSPACH City: S State: _____ Zip: _____
Legal Description of Property: GOVT LOT 5 Parcel Number: 26374100000004418000
Location of Job Site: 146 N SEWALL PT RD. Type of Work To Be Done: INSTALL 3 EXT LIGHT FIXTURES

CONTRACTOR/Company Name: GLENMARK HOMES Phone Number: 772 225 7010
Street: PO Box 654 City: STUART State: FL Zip: 34995
State Registration Number: CBC056057 State Certification Number: _____ Martin County 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: _____ ScreenedPorch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$300,000 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: EAGLE ELECTRIC State: FL License Number: EC0002750
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

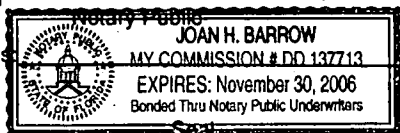
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

THEREBY 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) K. Hutchins CONTRACTOR SIGNATURE (Required)
State of Florida, County of: Martin On State of Florida, County of: _____
This the 27th day of February, 2003 This the _____ day of _____, 2003
by K. Hutchins who is personally known to me or produced by _____ who is personally
as identification: Joan H. Barrow known to me or produced by _____
as identification: _____

My Commission Expires _____



My Commission Expires _____

Notary Public

Seal

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/22/2003

PRODUCER (772) 546-5600 FAX (772) 546-1008
Campbell-Wilson Ins. Agency
8882 SE Bridge Road
Hobe Sound, FL 33455

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

INSURERS AFFORDING COVERAGE

INSURED Glenmark Homes, Inc.

P.O. Box 654
Stuart, FL 34995 0654
CBQ 056057

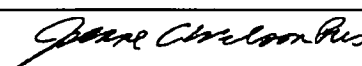
INSURER A: Owners Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	002312 20584717 03	03/02/2003	03/02/2004	EACH OCCURRENCE	\$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Liability plus				PERSONAL & ADV INJURY	\$ 500,000
					GENERAL AGGREGATE	\$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 500,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY	NONE			COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY	NONE			AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY	NONE			EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NONE			WC STATU-TORY LIMITS	OT-HER
					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
State of Florida - Builder

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Town of Sewall's Point 1 S Sewalls Point Road Sewalls Point, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE Joanne Wilson/JO 

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

02/26/2002

PRODUCER (561)546-5600 FAX (561)546-1008

Campbell-Wilson Ins. Agency
8882 SE Bridge Road
Hobe Sound, FL 33455

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

COMPANIES AFFORDING COVERAGE

COMPANY A Owners Insurance Company
COMPANY B
COMPANY C
COMPANY D

Attn: Ext:

INSURED
Glen Kenneth Hutchins
Glenmark Homes
P.O. Box 654
Stuart, FL 34995
CBC 056057

RECEIVED
MAR - 8 2002
BY:

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Liability plus	002312 20584717 02	03/02/2002	03/02/2003	GENERAL AGGREGATE \$ 500,000
	PRODUCTS - COMP/OP AGG \$ 500,000				
	PERSONAL & ADV INJURY \$ 500,000				
	EACH OCCURRENCE \$ 500,000				
	FIRE DAMAGE (Any one fire) \$ 100,000				
	MED EXP (Any one person) \$ 10,000				
	COMBINED SINGLE LIMIT \$				
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	NONE			BODILY INJURY (Per person) \$	
				BODILY INJURY (Per accident) \$	
				PROPERTY DAMAGE \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NONE			AUTO ONLY - EA ACCIDENT \$	
				OTHER THAN AUTO ONLY:	
				EACH ACCIDENT \$ AGGREGATE \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	NONE			EACH OCCURRENCE \$	
				AGGREGATE \$	
				\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	NONE			WC STATUTORY LIMITS OTHER	
				EL EACH ACCIDENT \$	
				EL DISEASE - POLICY LIMIT \$	
				EL DISEASE - EA EMPLOYEE \$	
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
State of Florida - Builder

CERTIFICATE HOLDER

CANCELLATION

Town of Sewall's Point
Fax (561) 220 4765 Ed Arnold
1 S Sewalls Point Road
Sewalls Point, FL 34996

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

AUTHORIZED REPRESENTATIVE

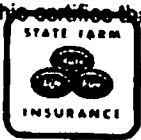
Joanne Wilson/JO

Joanne Wilson

CERTIFICATE OF INSURANCE

Gene

This certifies that



- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

RECEIVED
APR 18 2002

insures the following policyholder for the coverages indicated below:

Name of policyholder: EAGLE ELECTRIC INC.
 Address of policyholder: 11750 APPALOOSA CT., PORT ST LUCIE, FLA 34987
 Location of operations: SAME
 Description of operations:

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98NB3400-0	Comprehensive Business Liability	03/03/02	03/03/03	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Explosion Hazard Coverage <input checked="" type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>				Each Occurrence \$ 500,000. General Aggregate \$ 1,000,000. Products - Completed Operations Aggregate \$ 1,000,000.
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

TOWN OF SEWELL' POINT
SEWELL'S POINT, FLORIDA
FAX# 772-220-4765
ATTN: GENE

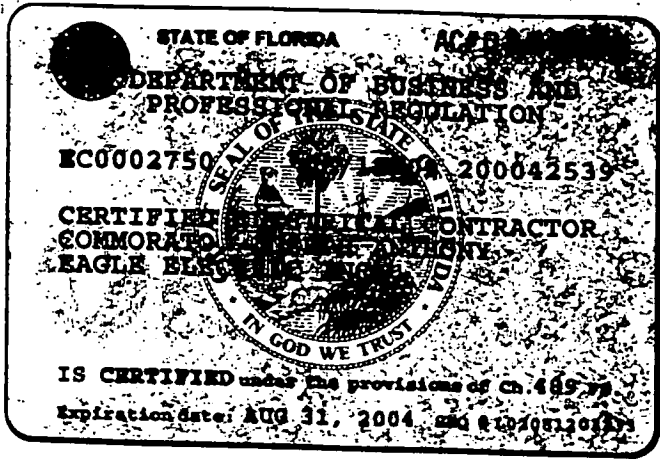
If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

K. Mayfield
 Signature of Authorized Representative
 AGENT
 Title
 Date 04/16/02

Agent's Code Stamp

AFO Code

K. MAYFIELD 1977
REG OFF A F591
A169224



CITY OF PORT ST LUCIE
BUILDING DEPARTMENT
 COMPUTER SERVICES MEMBER
 EXPIRES SEPTEMBER 30, 2003

COMMORATO JOSEPH A
 EAGLE ELECTRIC INC.
 11750 APPALOOSA COURT
 PORT ST LUCIE, FL 34987

Signature: *Joseph A. Commorato*
 ELECTRICAL CONTRACTOR
 FEE \$25.00 PSL03 *4492



**City of Stuart
 Contractor Licensing**

Expires: September 30, 2003

AP 01080228 TYPE: EC

Contractor: Eagle Electric
 Qualifier: 11750 Appaloosa Ct
 Address: Port St Lucie, FL 34987

City of Fort Pierce, Florida
 Building and Community Response
 P. O. Box 1480
 Fort Pierce, Florida 34954
 Local License: CONT03-578
 Expiration: 9/30/2003
 Type: ELECTRICAL CONTR (CERTIFIED)
 EAGLE ELECTRIC
 Qualifier JOSEPH A COMMORATO



2002-2003

ST. LUCIE COUNTY OCCUPATIONAL LICENSE
 STATE OF FLORIDA

FACILITIES OR MACHINES
 TYPE OF BUSINESS
 BUSINESS LOCATION
 NAME MAILING ADDRESS

ROOMS SEATS EMPLOYEES 1-10

1731 ELECTRICAL CONTRACTOR

11750 APPALOOSA COURT
 C - ST LUCIE COUNTY

JOSEPH A COMMORATO DBA CTY 04963
 EAGLE ELECTRIC INC
 COMMORATO, JOSEPH
 11750 APPALOOSA COURT
 PORT ST LUCIE, FLORIDA 34987

ACCOUNT 1731-00950002
 EXPIRES SEP 30, 2003

X RENEWAL
 NEW LICENSE
 TRANSFER-
 ORIGINAL TAX 11.

AMOUNT
 PENALTY
 COLLECTION COST
 TOTAL 11.

THIS LICENSE BECOMES NULL AND VOID IF BUSINESS NAME, CLASSIFICATION, OWNERSHIP OR ADDRESS IS CHANGED, UNLESS LICENSEE APPLIES TO TAX COLLECTOR FOR CORRECTION.

SUBJECT TO SUSPENSION OR REVOCATION IN ACCORDANCE WITH ORDINANCES OF ST. LUCIE COUNTY

PAID BOB DAVIS, TAX COLLECTOR
 MACH:005 8/22/02 10:11AM 00002076
 BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR
 P.O. BOX 308 FORT PIERCE, FL 34954-0308 2002 1731-00950002

0600 \$11.25
 CK \$11.25
 CHANGE \$0.00

CERTIFICATE OF INSURANCE



- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder EAGLE ELECTRIC INC.
 Address of policyholder 11750 APPALOOSA CT., PORT ST LUCIE, FLA. 34987
 Location of operations SAME
 Description of operations ELECTRICAL

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98PG0189-1 This insurance includes:	Comprehensive Business Liability <input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Explosion Hazard Coverage <input checked="" type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>	03/03/03	03/03/04	BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ 500,000. General Aggregate \$ 1,000,000. Products - Completed Operations Aggregate \$ 1,000,000.
	EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

TOWN OF SEWALLS POINT
 1 S. SEWALLS POINT RD
 SEWALLS POINT, FL. 34998

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Keith R Mayfield
 Signature of Authorized Representative
 AGENT
 Title
 Date 02/27/03

Agent's Code Stamp



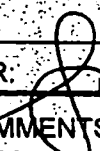

AFO Code 591

KEITH R MAYFIELD
 STATE FARM INSURANCE
 10610 SOUTH US HWY #1
 PORT ST LUCIE FL 34952
 772 335-4014

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-28, 2003 Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
W	ROBERT SHAW 15 ISLAND ROAD	TREE	Passed	
				INSPECTOR: 
6169	ANSPACH	INST 3 LIGHTING	Partial	~ 900
N	146 N. SEWALLS PKD EAGLE ELECTRIC		Final	close INSPECTOR: 
6162	DONATELLI 19 BANYAN TREASURE COAST	MICROWAVE EXHAUST & AIR VENTS AIR HANDLERS	Passed Passed	INSPECTOR: 
6111	DALTON 6 RIO VISTA DRIVE EAST COAST	SCREEN ENCL POOL FINAL	Passed Passed	close INSPECTOR: 
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

6827

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/8/04

BUILDING PERMIT NO. 6827

Building to be erected for ~~SE~~ ANSPACH Type of Permit REEROOF

Applied for by ALL AMERICAN ROOFING (Contractor) Building Fee _____

Subdivision GOV'T LOT 5 Lot _____ Block _____ Radon Fee _____

Address 146 N SEWALL'S POINT RD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

2637410000000045150000 Plumbing Fee _____

Amount Paid 120.00 Check # 3432 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 16,904.00 Roofing Fee 120.00

Signed _____ Signed Gene Summers TOTAL Fees 120.00

Applicant

Town Building Official

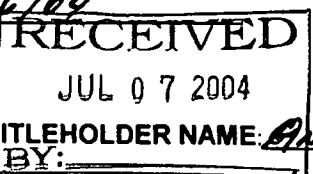
PERMIT

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

INSPECTIONS

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

Date: 7/6/04 Permit Number: _____



Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: ANSPACH, CECILIA STRUPPA Phone (Day) _____ (Fax) _____
BY: _____

Job Site Address: 46 NE SEWALL'S POINT ROAD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) SEC. 26 T375 R416, PORTION Parcel Number 26-37-41-000-00451-5
OF GOVT. LOT 5, COMM AT PT ON S/LN

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

Description of Work To Be Done: RE-ROOF SHINGLE TO METAL

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

CONTRACTOR/Company: ALL AMERICAN ROOFING OF THE TREASURE COAST, INC Phone: 463-8055 Fax: 463-8054

Street: 3006 SEWALLER ST. City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CCC058118 Martin County License Number 2002-513-008

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 16,404.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

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

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

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: 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)
Cecilia S. Anspach
State of Florida, County of: MARTIN
This the 6th day of JULY, 2004
by CECILIA S. ANSPACH who is personally
known to me or produced FL DL
as identification. Kendra S. Bramble

Notary Public
My Commission Expires: 11/24/06

CONTRACTOR SIGNATURE (required)
Paul D. Wickins
On State of Florida, County of: MARTIN
This the 6th day of JULY, 2004
by PAUL D. WICKINS who is personally
known to me or produced
As identification. Kendra S. Bramble

Notary Public
My Commission Expires: 11/24/06

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CB
ALLA002

DATE (MM/DD/YYYY)
10/16/03

PRODUCER
Huckleberry Sibley & Harvey
Commercial Ins of Brevard LLC
5005 Wickham Road
Melbourne FL 32940
Phone: 321-751-3737 Fax: 321-751-3738

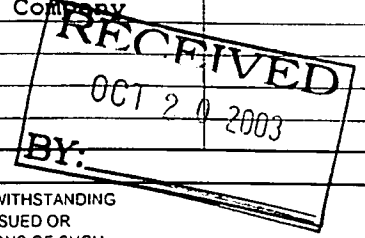
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

All American Roofing of The
Treasure Coast, Inc.
3006 SE Waaler Street
Stuart FL 34991

INSURERS AFFORDING COVERAGE NAIC #

INSURER A: Canal Indemnity Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:



COVERAGES

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

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BINDER 2003570	10/16/03	10/16/04	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/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 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

SEWALLS

Town of Sewall's Point
One South Sewall's Point Rd.
Stuart FL 33494

CANCELLATION

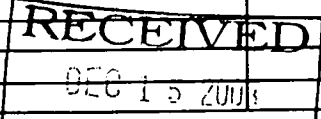
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS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

AUTHORIZED REPRESENTATIVE
Newell C. O'Brien

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/10/2003

PRODUCER CONDON-MEEK, INC. 1211 COURT ST. CLEARWATER, FL 34616-5897	Serial #	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED CRUM STAFFING II, INC. 3040 GULF TO BAY BLVD., SUITE #200 CLEARWATER, FL 33759		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">INSURERS AFFORDING COVERAGE</td> <td style="width:30%;">NAIC#</td> </tr> <tr> <td>INSURER A: FRANK WINSTON CRUM INSURANCE, INC.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: FRANK WINSTON CRUM INSURANCE, INC.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#													
INSURER A: FRANK WINSTON CRUM INSURANCE, INC.														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														



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

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 3 0000 0000	01/01/04	12/31/04	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 This certificate remains in effect provided the client's account is in good standing with Crum Staffing II, Inc. Coverage is not provided for any employee for which the client is not reporting hours to Crum Staffing II, Inc. Applies to 100% of the employees of Crum Staffing II, Inc. leased to ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.

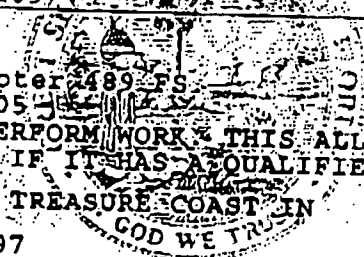
CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 S. SEWALLS POINT RD SEWALLS POINT, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--

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

SEQ# L03082502230

DATE	BATCH NUMBER	LICENSE NBR
08/25/2003	030123269	QB0020109

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.)
ALL AMERICAN ROOFING OF THE TREASURE COAST INC
3006 WAALER STREET
STUART FL 34997



JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 0731963

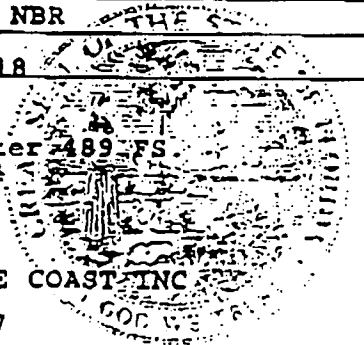
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L02122400114

DATE	BATCH NUMBER	LICENSE NBR
12/24/2002	200245128	CCC058118

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2004



WILKINS, PAUL D
ALL AMER ROOF OF THE TREASURE COAST INC
3006 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR

KIM BINKLEY-SEYER
SECRETARY

DISPLAY AS REQUIRED BY LAW

2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5504

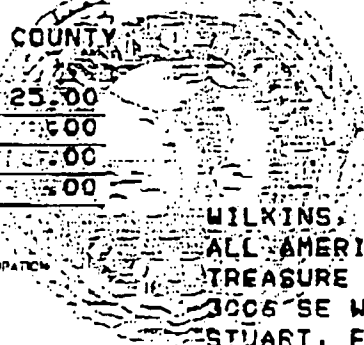
LICENSE 2002-513-008 CERT CC-C053118

PHONE (772) 463-8055 PC NO 023561

LOCATION:
3006 SE WAALER ST STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>-.00</u>	LIC FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



WILKINS, PAUL D (QUALIFIER)
ALL AMERICAN ROOFING OF THE
TREASURE COAST, INC.
3006 SE WAALER STREET
STUART, FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF ROOFING CONTRACTOR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

25 DAY OF SEPTEMBER 03
AND ENDING SEPTEMBER 30 2004

12 03092501 005271

PERMIT# _____

TAX FOLIO# 26-37-41-000-000-00451-5

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 THE NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): 146 NE SEWALL'S POINT RD. SEC. 26 T37S R41E, PORTION OF GOVT LOT 5, COMM AT PT ON S/4N

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: ANSPACH, CECILIA STRUPPA

ADDRESS: 146 NE SEWALL'S POINT RD., STUART, FL 34996

PHONE #: 283-5901

FAX #: _____

CONTRACTOR: ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.

ADDRESS: 3006 SE WAALER STREET, STUART, FL 34997

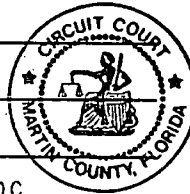
PHONE#: (772)463-8055

FAX#: (772)463-8054

SURETY COMPANY (IF ANY): STATE OF FLORIDA
MARTIN COUNTY

1 0001 001 1100 11 1000 100 0011 000 111 100 1001 000 111 01 1100 1 1000

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



INSTR # 1763931
OR BK 01917 PG 0238
RECORDED 07/07/2004 09:44:13 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

LENDER: _____ MARSHA EWING, CLERK

ADDRESS: _____ BY T Copus D.C.
DATE 6/7/04

PHONE #: _____ FAX #: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OF 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 DAT OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Cecilia Anspach

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6th DAY OF July

2004 BY CECILIA ANSPACH

Shirley S. Trumble

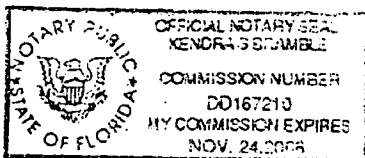
NOTARY SIGNATURE

OR

PERSONALLY KNOWN _____

PRODUCED ID ✓

TYPE OF ID FL DC





MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

J.M. Metals
1505 Cox Road
Cocoa, FL 32926

Your application for Notice of Acceptance (NOA) of:
JM "5V" Crimp Architectural Metal Roof System
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0622.02
EXPIRES: 08/16/2006

Raul Rodriguez
Chief Product Control Division

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

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

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: <u>7/8/04</u>
<u>Gene Simmons</u>
BUILDING OFFICIAL
Gene Simmons

APPROVED: 08/16/2001

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



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 146 SEWALL'S ROAD NORTH

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

SHEATHING / DRY IN / FLASHING

NO LADDER ON JOB

NO ROOFING PERSONNEL PRESENT
TO OPEN DRY IN FOR SHEATHING
INSPECTION

\$40 FEE

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

DATE: 7/19

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/19, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6829	KEARNEY	IN PROGRESS	PASS	
2	12 N. RIVER RD	TIN TAG + MEAL		
	JA TAYLOR	SHEATHING		INSPECTOR:
6719	DONAHUE	TIE BEAM	FAIL	
6	163 S. Sewall's Pt			
	SAMMONS HALL	(last please)		INSPECTOR:
6771	ALLMAN	PLUMBING	FAIL	
4	106 S. RIVER ROAD			
	OB			INSPECTOR:
TREE	PFEFFER	TREES	PASS	
5	104 HENRY SEWALL			
				INSPECTOR:
6396	BUFSON	WINDOW - PARTIAL	PASS	
3	17 S. RIVER RD			
	BUFORD			INSPECTOR:
2449	ANSPACH	SHEATHING, DRY IN	FAIL	
1	146 N. SEWALL PT RD.	TIN TAG.		#40
	ALL AMERICAN	463 OS		INSPECTOR:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 21, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6581	LASKY	TRUSS & ENG	FAIL	
10	27 W. HIGH POINT SEACATE			INSPECTOR:
6501	BEAN	FINAL	FAIL	
10A	112 S. SEWALL'S PKRD DRIFTWOOD HOMES			INSPECTOR:
6663	SANDAI	WALL SHEATHING	PASS	
4	23 N. VIA LUCINDIA WHITE ALUMINUM	FRAMING REVISION	PASS	INSPECTOR:
6526	HINES	DRIVEWAY	PASS	
3	113 HENRY SEWALL WINCHIP CONST.			INSPECTOR:
6827	ANSPACH	DOOR & SILL	PASS	
9	146 N. SEWALL'S PKRD ALL AMERICAN ROOFING			INSPECTOR:
6551	LANGER	A/C SLAB	PASS	
8	3 LOFTING WAY FLORIDA'S FINEST	POOL EQUIP		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Jul 26, 2004 Page 4 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6837	ZORN	DRY IN SHEATHING	FAIL	
10	11 N. VIA LUCINDIA PACIFIC ROOFING			\$40 FEE INSPECTOR: <i>[Signature]</i>
6781	SANGRAJKA	FRAMING		
12	20 S. VIA LUCINDIA ARTELA	STRAPPING ROOF SHEATHING	FAIL PASS	INSPECTOR:
6396	MUFSON	LATH	PASS	
11	17 S. RIVER RD BUFORD CONST			INSPECTOR: <i>[Signature]</i>
TREE	SCHROEDER	TREE	PASS	
9	4 RIDGELAND			INSPECTOR: <i>[Signature]</i>
6827	ANSPACH	FINAL ROOF	FAIL	NOTED
3	146 N. SEWALL'S PT ALL AMERICAN		PASS	NOTED - <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

10437

FENCE



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10437	DATE ISSUED:	MAY 1, 2013
SCOPE OF WORK:	FENCE		
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	263741-000-000-00451-5	SUBDIVISION	PT GOVT LOT 5
CONSTRUCTION ADDRESS:	146 N SEWALLS PT RD		
OWNER NAME:	NGO		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

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

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

INSPECTIONS

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

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

10437
~~10430~~

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 4-22-13 Permit Number: 10437

OWNER/LESSEE NAME: Benjamin Ngo Phone (Day) 215-531-4255 (Fax) _____
Job Site Address: 146 N. Sewalls Point Rd. City: Stuart State: FL Zip: 34996
Legal Description: Sec 26 T37S R41E Parcel Control Number: 26-37-41-000-000-00451-5
Fee Simple Holder Name: N/A Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC): 132' of 4' high bronze aluminum pool fence.

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 3240-
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only. Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Stuart Fence Company Inc. Phone: 772-288-1151 Fax: 772-288-3035
Qualifiers name: Chester Richmond Street: PO-Box 2636 City: Stuart State: FL Zip: 34995
State License Number: _____ OR: Municipality: Martin Co License Number: MCFE 3584

LOCAL CONTACT: Chester Richmond Phone Number: 772-288-1151

DESIGN PROFESSIONAL: N/A License# _____
Street: _____ City: _____ Zip: _____ Phone Number: _____

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

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

WARNINGS TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - 5.

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X _____
State of Florida, County of _____
On This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
As identification, _____
Notary Public
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X Chester Richmond
State of Florida, County of: Martin
On This the 22nd day of April, 2013
by Chester Richmond who is personally
known to me or produced _____
As identification, Deborah V. Nance
Notary Public STATE OF FLORIDA
Commission # DD980801
Expires: APR. 12, 2014
BONDED THROUGH ATLANTIC BONDING CO., INC.
My Commission Expires: Apr. 12, 2014

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

STUART FENCE COMPANY, INC.

(772) 288-1151
Fax (772) 288-3035

CFE3584
LICENSED & INSURED
BONDED

PROPOSAL - CONTRACT

P.O. Box 2636
Stuart, FL 34995

CUSTOMER'S NAME BENJAMIN NGO		DATE 4/1/13	
STREET 146 N. SEWALLS POINT RD		CITY STUART	STATE FL
HOME PHONE		BUSINESS PHONE	FAX #
FENCE LINE CLEARED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		SURVEY: BJNGOB@AOL.COM	MOBIL/DEEPER# 215-531-4255
		TOTAL FOOTAGE: 132 LF	
CHAIN LINK	INSTALL 132 LF OF 4' HIGH BRONZE POWDER COATED TWO RAIL ALUMINUM FENCE WITH THREE 4' WIDE SINGLE GATES. ALL POSTS SET IN CONCRETE. GATES WITH SELF CLOSING HINGES AND LOCKING POOL COMPLIANT MAGNALATCHES. TOTAL INCLUDES ALL MATERIAL, LABOR AND PERMIT.		
FENCE TYPE	<p>* Fence to follow outside the edge of the pool deck.</p>		
TOP RAIL			
LINE POST			
CORNER POST			
GATE POST			
WALK GATE			
D.D. GATE			
WIRE GAUGE			
TENSION WIRE			
WOOD			
FENCE STYLE			
HEIGHT			
GOOD SIDE			
WALK GATES			
D.D. GATES			
LINE POSTS			
GATE POSTS			
SPECIAL INSTRUCTIONS			
PVC/ALUMINUM			
FENCE STYLE TWO RAIL			
WALK GATES 3@4'	OPTION "B"	PROPOSAL/CONTRACT SALE PRICE	OPTION "A"
D.D. GATES 0		CONTRACT PRICE	3240-
POOL FENCE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		PERMIT	Included
		TOTAL	3240- + 50- = \$ 3290-
		LESS DEPOSIT	1645-
		BALANCE DUE UPON COMPLETION	1645-

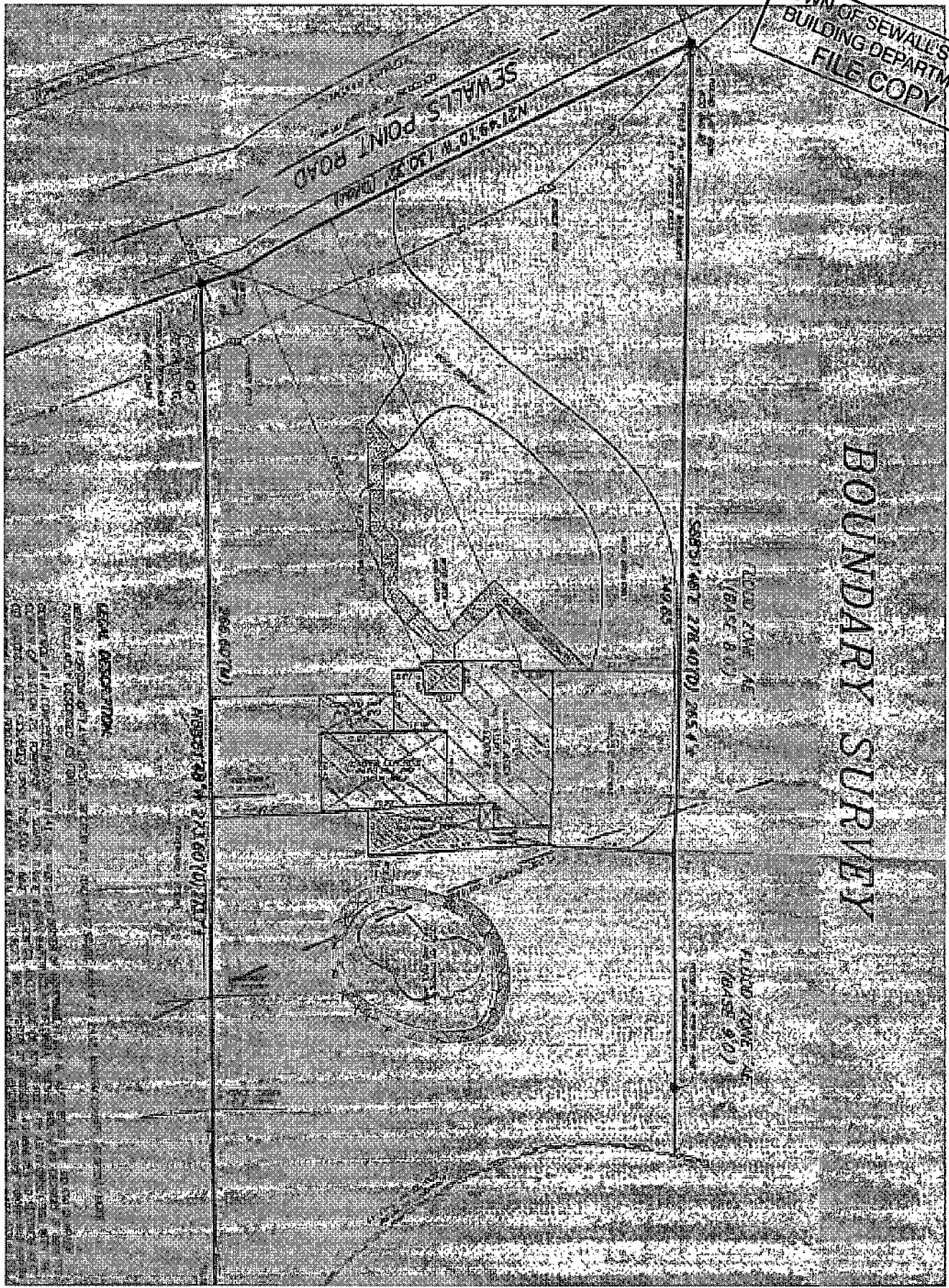
ACCEPTANCE OF PROPOSAL - CONTRACT The above prices, specifications and terms/conditions on reverse side are hereby accepted. Stuart Fence Corp. is authorized to do the work specified. Payment will be made as outlined above. Upon signing by Purchaser this becomes a binding contract.

APPROVED AND ACCEPTED DATE APRIL 12, 2013

CUSTOMER'S SIGNATURE [Signature]
SEE REVERSE SIDE FOR WARRANTY INFORMATION
SALES REP. Chet [Signature]

STUART FENCE COMPANY, INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNMARKED IRRIGATION LINES

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

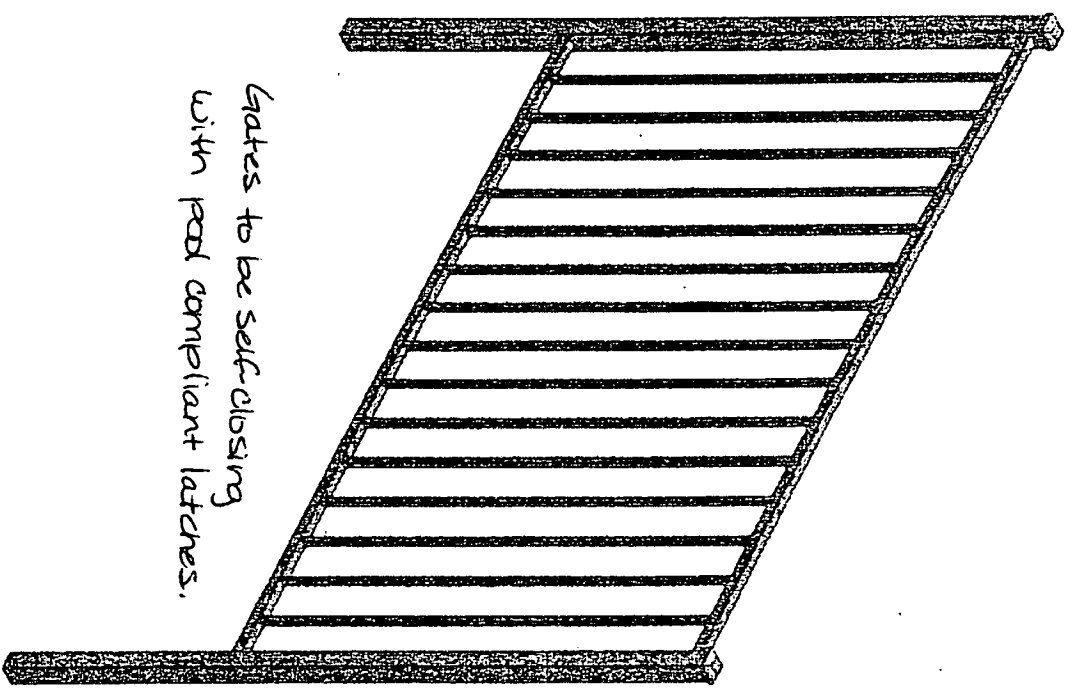
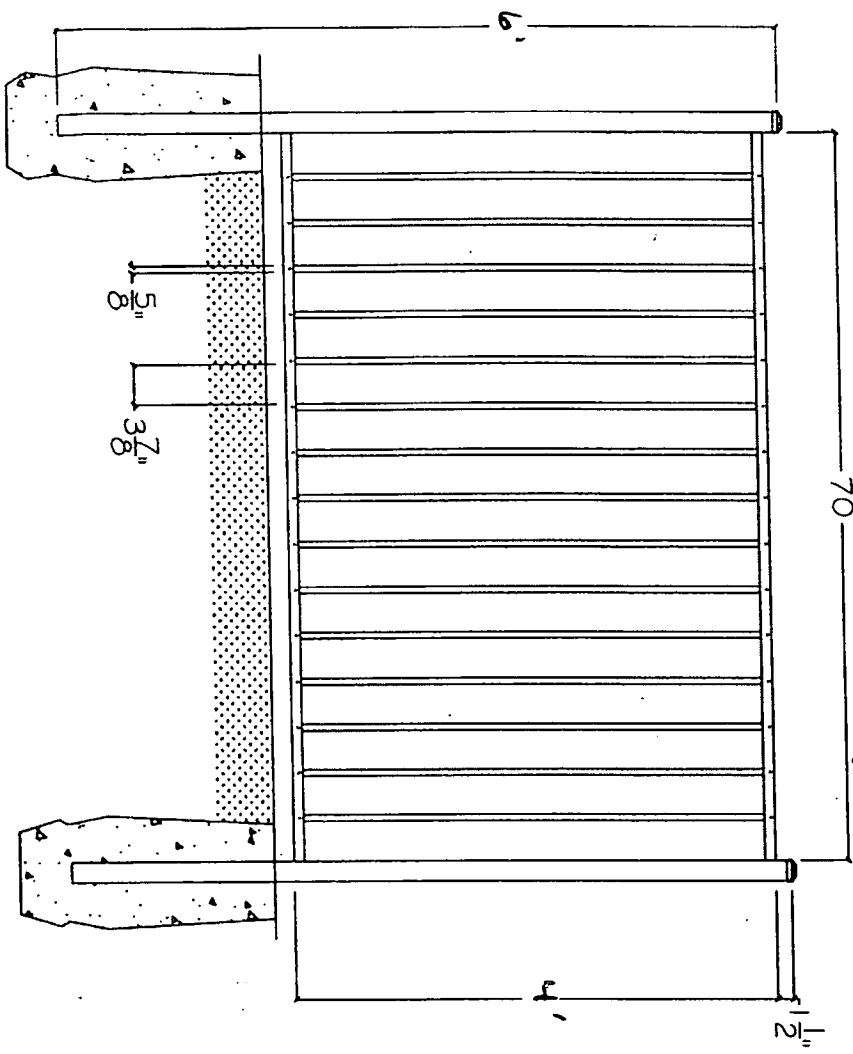


BOUNDARY SURVEY

1490

FENCE PARTS		DESCRIPTION
ITEM	QTY	
1	15	5/8" PRESS POINT PICKET W/ .050" THICKNESS
2	3	1" X 1" HORIZONTAL RAIL W/ .062" X .072" THICKNESS
3	2	2" POST CAP
4	2	2" SQ. POST W/ .062" THICKNESS
5	45	SCREWS
6		
7		
8		

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



Gates to be self-closing
with pad compliant latches.

ideal
aluminum

2000 BRUNSWICK LANE
DELAND, FL. 32724
PHONE: 386-736-1700
FAX: 386-822-4950

DRAWING: #400 RESIDENTIAL

DWG. NO: 300-72-48

REV

SCALE: NTS

1/24/2007 9:44:02 AM

©2007, I.D. GARDNER
All rights reserved. No part of this drawing may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without the prior written permission of I.D. Gardner.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-19-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10425	Partels 3 St Lucie Ct JA Taylor	Final Roof	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10137	Connolly 10 Ridgeland Home Depot	Final Siding	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10420	Brown 123 S Sewall Quintana	Final SHA Electric	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10437	Ngo 1110 Sewall Stuart Fence	Final POUR	FAIL	2 GATES DO NOT SELF-CLOSE INSPECTOR <i>[Signature]</i>
10426	Cooper 1st Le Wendy La Tene Homes by Rick	Window door bucks 201-2220	Pass	tel... INSPECTOR <i>[Signature]</i>
10445	Sharfi 73 N Sewalls Warred	shed partial UNDERGROUND -	Pass	INSPECTOR <i>[Signature]</i>
10421	Dunker 19 Pennwells Stuart Roofing	Final flat roof	Pass	CLOSE INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-23-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10430	Polsky	Final AC	PASS	CLOSE
1PM	110 Hillcrest Ter Ranger AC			INSPECTOR <i>[Signature]</i>
10431	Ngo	Final	PASS	CLOSE
	146 N Sewalls Stuart fence	Fence	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10442	Bethel	rough plumbing	PASS	NEED PLAN CHANGE
	107 Hillcrest Ct Group One Const	(side door on left)		INSPECTOR <i>[Signature]</i>
10082	Goudis	EQUIPOTENTIAL		
	25 S. RIVER OLYMPIC POOL	BONDING GRID	PASS	INSPECTOR <i>[Signature]</i>
10386	Pittch	pool piping	PASS	
PM	3 Turner St Flamingo Pool			INSPECTOR <i>[Signature]</i>
				INSPECTOR
		INVESTIGATE		
	20 VIA LUCINDIA	REMODEL		
				INSPECTOR

10533

FENCE



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10533	DATE ISSUED:	JULY 18, 2013
SCOPE OF WORK:	FENCE		
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	253741-000-000-004515	SUBDIVISION	PT GOVT LOT 5
CONSTRUCTION ADDRESS:	146 N SEWALLS PT RD		
OWNER NAME:	NGO		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

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

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

INSPECTIONS

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

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

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

Permit Number: 10533

Date: 7-3-13

OWNER/LESSEE NAME: Benjamin Ngo Phone (Day) 215-531-4255 (Fax) _____

Job Site Address: 146 N. Sewalls Point Rd City: Stuart State: FL Zip: 34996

Legal Description Sec. 26 PT Gout Lot 5 Parcel Control Number: 26-37-41-000-000-00451-5

Fee Simple Holder Name: N/A Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** 5' high aluminum fence + entry gate.

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 7680-
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Stuart Fence Company Inc. Phone: 772-288-1151 Fax: 772-288-3035

Qualifiers name: Chester Richmond Street: P.O. Box 2636 City: Stuart State: FL Zip: 34995

State License Number: _____ OR: Municipality: Martin Co. License Number: MCFE 3584

LOCAL CONTACT: Chester Richmond Phone Number: 772-288-1151

DESIGN PROFESSIONAL: N/A State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below/BFE: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement

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

WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - 5.

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X _____
State of Florida, County of _____
On This the _____ day of _____, 2013
by _____ who is personally
known to me or produced _____
As identification _____
Notary Public
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X _____
State of Florida, County of: Martin
On This the 3rd day of July, 2013
by Chester Richmond who is personally
known to me or produced _____
As identification: Deborah V. Nance
NOTARY PUBLIC, STATE OF FLORIDA
Deborah V. Nance
Commission # DD980801
Expires: APR 12, 2014
My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

STUART FENCE COMPANY, INC.

(772) 288-1151

Fax (772) 288-3035

CFE3584
LICENSED & INSURED
BONDED

PROPOSAL - CONTRACT

P.O. Box 2638
Stuart, FL 34996

CUSTOMER'S NAME BENJAMIN NGO			DATE 6/26/13	
STREET 146 N. SEWALLS POINT RD		CITY STUART	STATE FL	ZIP 34996
HOME PHONE	BUSINESS PHONE	FAX #	MOBIL/DEEPER# 215-531-4255	
FENCE LINE CLEARED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	SURVEY: BJNGO@AOL.COM		TOTAL FOOTAGE: AS NOTED	

CHAIN LINK

FENCE TYPE _____

TOP RAIL _____

LINE POST _____

CORNER POST _____

GATE POST _____

WALK GATE _____

D.D. GATE _____

WIRE GAUGE _____

TENSION WIRE _____

INSTALL 30 LF OF 5' HIGH BLACK POWDER COATED ALUMINUM THREE RAIL FENCE - IDEAL STYLE #403 - WITH ONE 12' WIDE SINGLE GATE MADE TO LOOK LIKE A DOUBLE SWING GATE. - IDEAL STYLE # 8433. ALL POSTS SET IN CONCRETE. ACCESS CONTROL FOR GATE CONSISTING OF ONE GATE OPERATOR WITH BATTERY BACKUP, POST MOUNTED DIGITAL KEYPAD, FREE EXIT LOOP VEHICLE DETECTOR, SAFETY REFLECTOR PHOTO BEAM, TWO REMOTE TRANSMITTERS, AND INTEGRATION OF THE EXISTING INTERCOM SYSTEM. TOTAL INCLUDES ALL MATERIAL, LABOR, AND PERMIT FEES.

WOOD

FENCE STYLE _____

HEIGHT _____

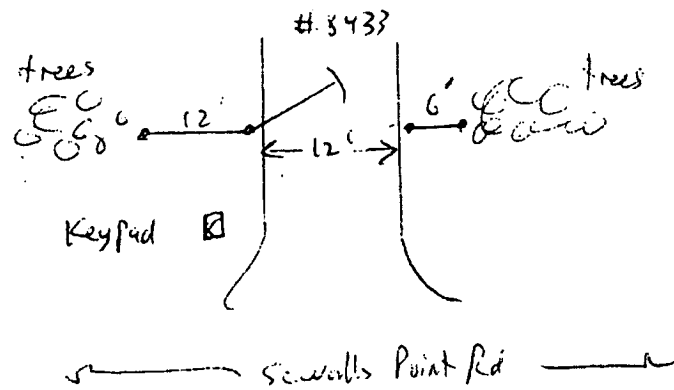
GOOD SIDE _____

WALK GATES _____

D.D. GATES _____

LINE POSTS _____

GATE POSTS _____



PVC/ALUMINUM

FENCE STYLE #403

WALK GATES #8433

D.D. GATES

POOL FENCE Y N

SPECIAL INSTRUCTIONS

OPTION: "B"	PROPOSAL / CONTRACT SALE PRICE	OPTION: "A"
	CONTRACT PRICE	7680 -
	PERMIT	Included
	TOTAL	7680 -
	LESS DEPOSIT	3840 - Disc.
	BALANCE DUE UPON COMPLETION	3840 -

ACCEPTANCE OF PROPOSAL - CONTRACT: The above prices, specifications and Terms/Conditions as revision also are hereby accepted. Stuart Fence Co., is authorized to do the work specified. Payment will be made as outlined above. Upon signing by Purchaser this becomes a binding contract.

APPROVED AND ACCEPTED DATE 6-27-2013

CUSTOMER'S SIGNATURE [Signature]

SALES REP. Chat Hill

STUART FENCE COMPANY, INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNMARKED IRRIGATION LINES

6/28

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOUO # 26-37-41-000-000-00451-5

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE): 146 N. Sawalls Point Rd, Stuart, FL 34996
SEC 26 T37S R41E, Portion of Govt. Lot 5, Comm at PT on SILN Govt. Lot 5

GENERAL DESCRIPTION OF IMPROVEMENT: Aluminum Fence

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

Name: Benjamin Ngo
Address: 146 N. Sawalls Point Rd, Stuart, FL 34996
Interest in property: owner
Name and address of fee simple title holder (if different from Owner listed above): N/A

CONTRACTOR'S NAME: Stuart Fence Company, Inc Phone No.: 772-288-1151
Address: P.O. Box 2624, Stuart, FL 34995

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

LENDER'S NAME: N/A Phone No.: _____
Address: _____

Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:

Name: N/A Phone No.: _____
Address: _____

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

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

X Benjamin Ngo
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

owner
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 24th day of April, 2013

By: Benjamin Ngo as owner for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Deborah V. Nance
Notary's Signature

Personally known or produced identification
Type of identification produced _____

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

NOTARY PUBLIC-STATE OF FLORIDA
Deborah V. Nance
Commission # DD980801
Expires: APR 12, 2014
BONDED THRU ATLANTIC BONDING CO., INC.
Rev. 9/15/11

BOUNDARY SURVEY

FLOOD ZONE 'AE'
(BASE 9.0)

FLOOD ZONE 'AE'
(BASE 8.0)

SUBSTITUTE 278.40' (D) 265.4'

249.85'

266.60' (H)

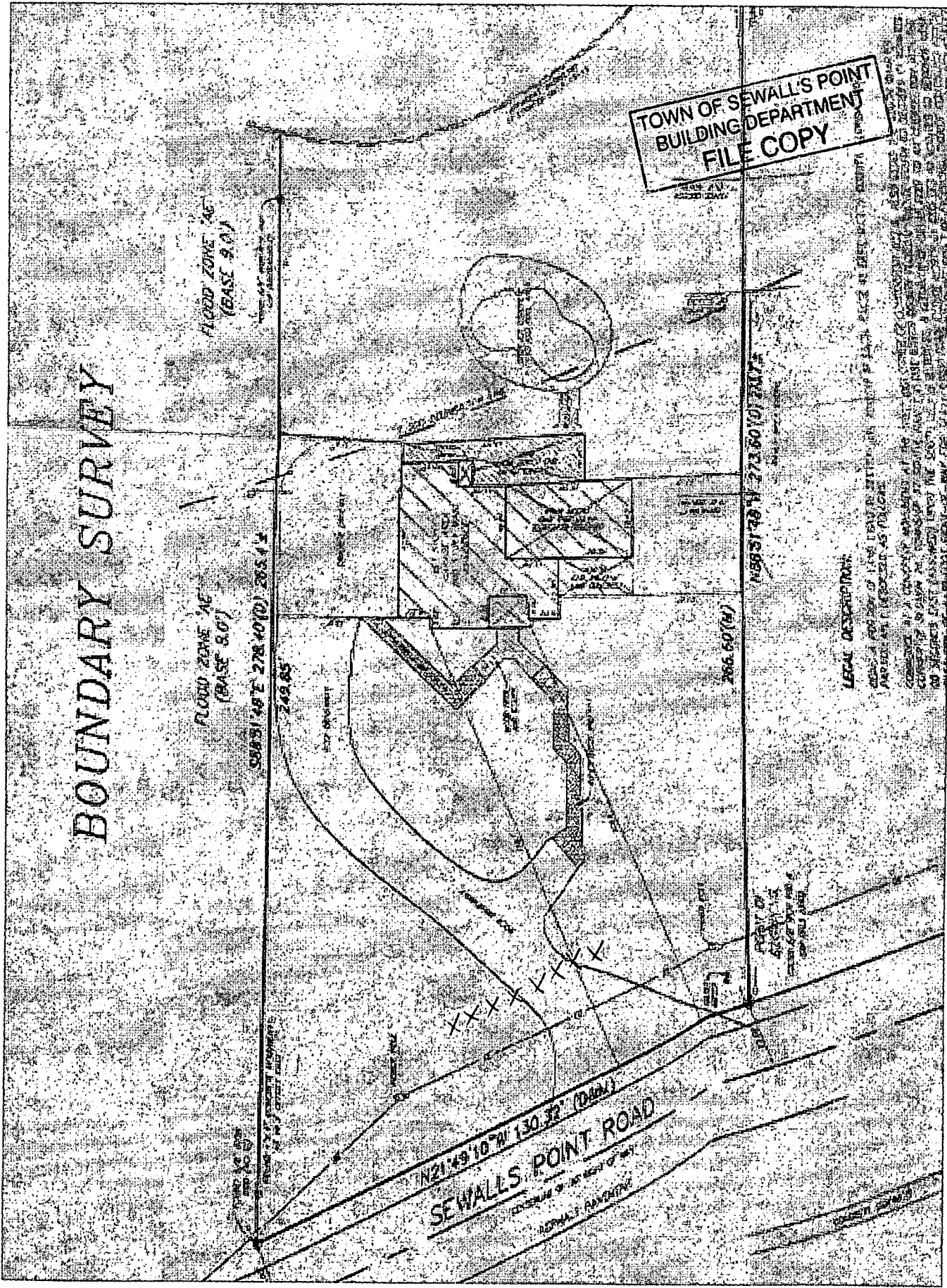
1658.31' 49" N 273.60' (D) 2417'

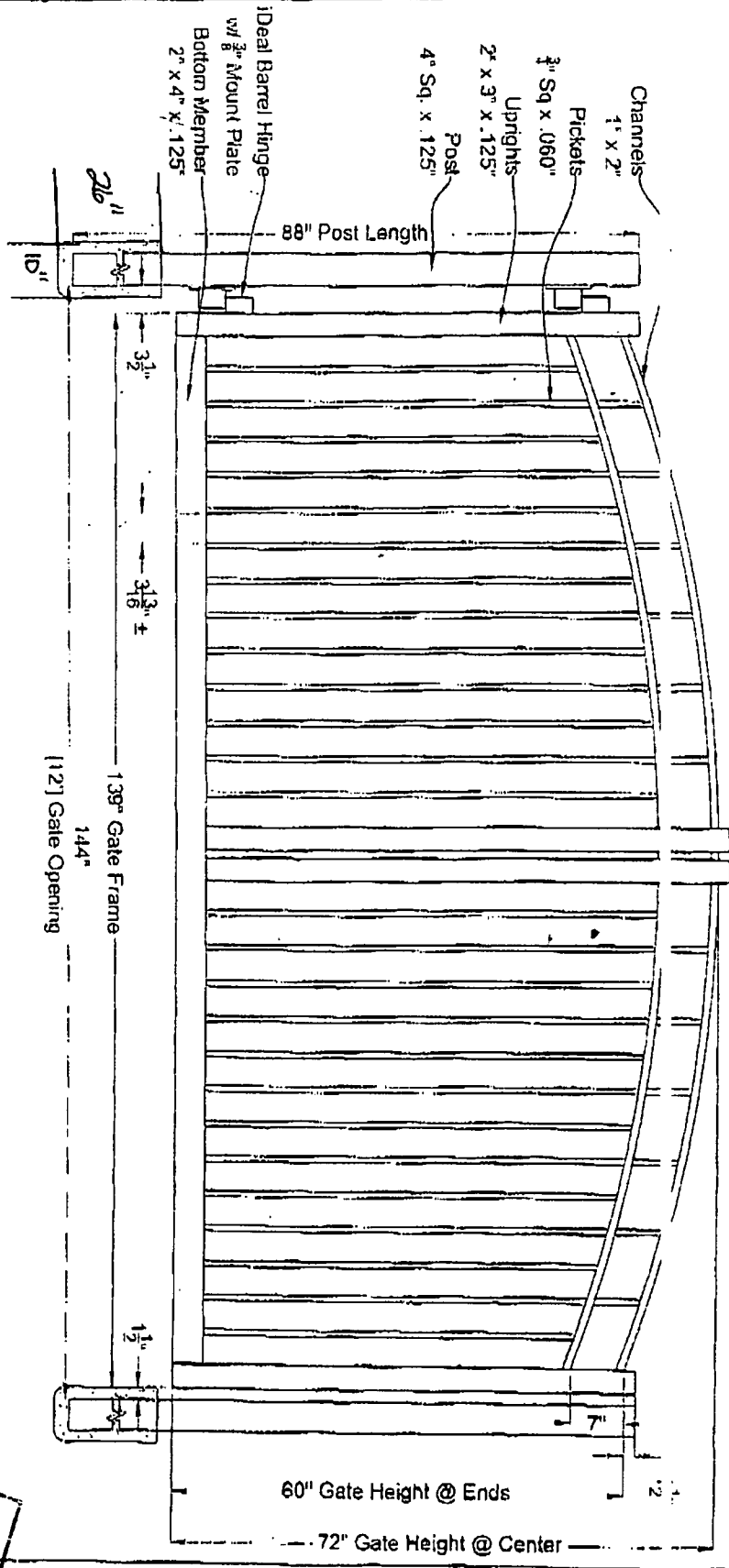
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

LEGAL DESCRIPTION

THIS PROPERTY OF LAND LIES WITHIN AN AREA OF FLOOD ZONE 'AE' AS SHOWN ON THE MAP OF THE TOWN OF SEWALL'S POINT, FLORIDA, AND IS SUBJECT TO THE FLOOD ZONE 'AE' REGULATIONS OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) AND THE STATE OF FLORIDA. THE PROPERTY IS NOT ELIGIBLE FOR FLOOD INSURANCE REIMBURSEMENT UNDER THE NATIONAL FLOOD INSURANCE PROGRAM (NFIP) AND IS SUBJECT TO THE FLOOD ZONE 'AE' REGULATIONS OF THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) AND THE STATE OF FLORIDA.

N 21° 49' 10" W 130.32' (D) 141'
SE WALLS POINT ROAD
EXCISEMENT OF THE TOWN OF SEWALL'S POINT
FLORIDA





Single Gate To Look Like Double Gate

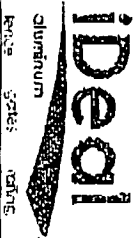
Deal
 Phone: 386-736-1700 /
 Fax: 386-822-4850
 WWW.Deal-aq.com
 This drawing is the property of Deal-aq.com
 It is not to be reproduced, copied, or printed
 in whole or in part without written consent.

Order # MST14947
 Order Date: 6/28/2013
 Rev. Date: 7/22/2013
 Rev. # 0

Customer: Stuart Fence Company
 Customer Signature: *Stuart*

Page: 1 of 1
 Drawn By: JMilcox

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



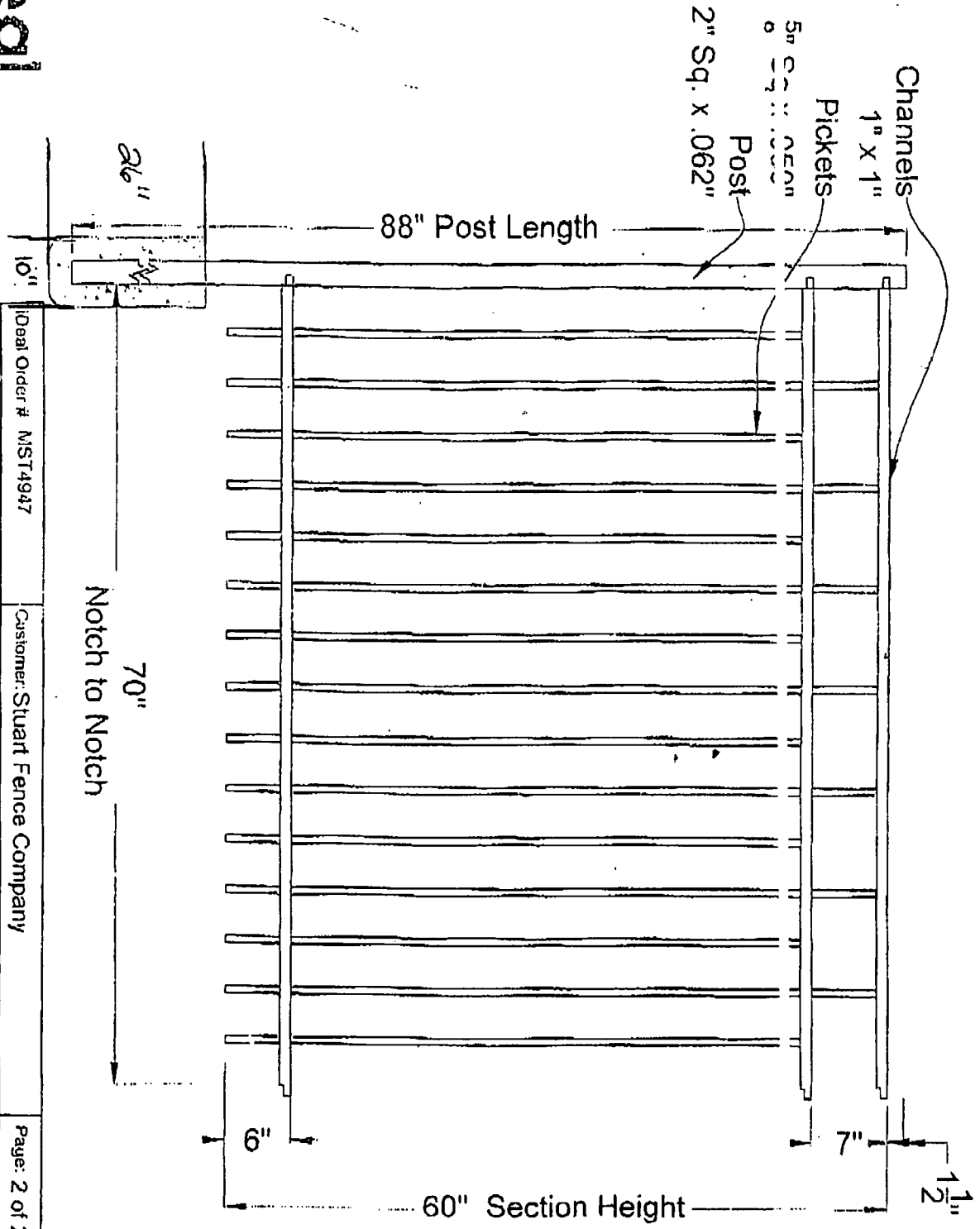
Rev. # 0
States
Valves

Order Date: 6/28/2013
Rev. Date: 7/2/2013
Rev. # 0

Customer: Stuart Fence Company
Customer Signature: *Stuart*

Page: 2 of 2
Drawn By: JMixon

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **10-30-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10549	Chontos 835 Sewalls Modern Movers	elevator pit pre pour	Pass	Pass INSPECTOR
10640	Nealing 9 Mandalay Pools by Greg	Steel bond mandrain	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10533	1090 146 N Sewalls Pt STUAM	FENCE	Pass	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

11203

REROOF



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	11203	DATE ISSUED:	March 13, 2015
SCOPE OF WORK:	Kitchen Remodel		
CONTRACTOR:	Glenmark Homes		
PARCEL CONTROL NUMBER:	26-37-41-000-000-00451-5	SUBDIVISION:	Govt Lot 5
CONSTRUCTION ADDRESS:	146 N Sewall's Point Road		
OWNER NAME:	Ngo		
QUALIFIER:	Glen Hutchins	CONTACT PHONE NUMBER:	255-7010

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11203

Date: 2/13/15

OWNER/LESSEE NAME: DN BENJAMIN NGO Phone (Day) 215-531-4255 (Fax)

Job Site Address: 146 N SEWALLS PT RD City: SEWALLS PT State: FL Zip: 34996

Legal Description Parcel Control Number: 26-37-41-000-000-00451-5

Fee Simple Holder Name: OWNER Address:

City: SEWALLS PT State: FL Zip: 34996 Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): KITCHEN REMODEL

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 8500.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: GLENMARK HOMES INC Phone: 225-7010 Fax:

Qualifiers name: GLEN HUTCHINS Street: P.O. BOX 654 City: STUART State: FL Zip: 34995

State License Number: CBC-056057 OR: Municipality: License Number:

LOCAL CONTACT: Phone Number:

DESIGN PROFESSIONAL: DWIGHT DAVIS Fla. License# AR0016908

Street: 1045 RIVERSIDE DR City: STUART State: FL Zip: 34996 Phone Number: 281-6695

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:

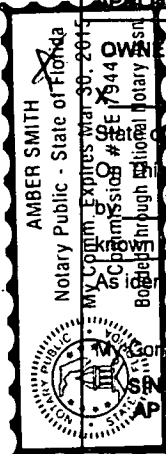
Carport: Total under Roof Elevated Deck: Enclosed area below BFE* * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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



OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE: [Signature] Ben Ngo who is personally known to me or produced by [Signature] Notary Public #EE 7944 Commission Expires: March 30, 2015

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 10th day of March 2015 by Glen Hutchins who is personally known to me or produced by [Signature] As identification: [Signature] Notary Public DONNA MARIE GENTILE #EE 7944-2018

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF PERMIT DATE. ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS. PLEASE PICKUP YOUR PERMIT PROMPTLY! Expires 6/14/2018



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11203		
ADDRESS:	146 N Sewall's Point Road		
DATE ISSUED:	3/13/2015	SCOPE OF WORK:	Kitchen Remodel

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ 8,500.00
---	----------------	----	-------------

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ 8,500.00
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	85.00
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp.		\$	500.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 8.78
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 8.78
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ 607.55

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)		\$	n/a
TOTAL ACCESSORY PERMIT FEE:		\$	-

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



LICENSE NUMBER

CBC056057

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG-31-2016



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

ISSUED: 07/15/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407150000828

2013-2014

2014-2015 MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

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

ACCOUNT 2001-513-0001 CERT CBC05605

PHONE (561) 225-7010 SIC NO 233210

LOCATION:
9967 DR VENTURA SW PC

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$.00	LIC. FEE	\$ 26.25
	\$.00	PENALTY	\$.00
	\$.00	COL. FEE	\$.00
	\$.00	TRANSFER	\$.00
TOTAL		26.25	

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



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF BUILDING CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

06 DAY OF AUGUST 2014
AND ENDING SEPTEMBER 30, 2015

11 2013 42944.0001

26.25 PAID



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

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

PERSON: HUTCHINS GLEN

FEIN: 522369598

BUSINESS NAME AND ADDRESS:

GLENMARK HOMES INC

PO. BOX654

STUART FL 34995

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

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

QUESTIONS? (850)413-1609



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

CONTRACTOR OR OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 2/13/15 Building Permit # _____

Site Address: 106 N SEWALLS PT RD, SEWALLS PT, FL

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

- (1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
- (2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.
- (b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.
- (3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

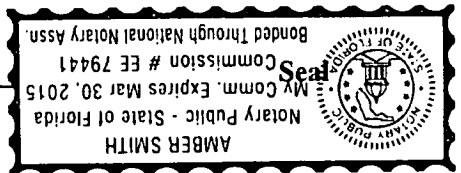
Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

____ Contractor or Owner/Builder Signature Ben Ngo

Subscribed and sworn to before me this 19 day of Feb, 2015, personally appeared Ben Ngo who is personally known to me or produced as

identification, and who did/did not take an oath.

Notary Public Signature Amber Smith





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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 11203

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

OWNERS NAME: Ngo

CONSTRUCTION ADDRESS: 146 N Sewalls Point Rd

PERMIT TYPE: [X] RESIDENTIAL [] COMMERCIAL

- [X] ELECTRIC
[] PLUMBING
[] HVAC
[] IRRIGATION
[] FUEL GAS

TYPE OF SERVICE: [] NEW SERVICE [X] EXISTING SERVICE [] OTHER

SCOPE OF WORK: Kitchen remodel

VALUE OF CONSTRUCTION \$ 1,450.00

Form box containing: [] LOW VOLTAGE, TYPE OF EQUIPMENT: [] SECURITY [] VACUUM [] SOUND SYSTEM [] LANDSCAPE [] OTHER, SCOPE OF WORK: VALUE

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

Signature of Brian Emmonds
SIGNATURE OF LICENSED CONTRACTOR

2740 SW Martin Downs Blvd #258 Palm City
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Emmonds Electric Inc

TELEPHONE NO: 772-878-3881 PLEASE PRINT
FAX NO: 863-467-0995

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 13005595

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED:

PARCEL CONTROL #:

SUBDIVISION: LOT: BLK: PHASE:

SITE ADDRESS:

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

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: _____ TAX FOLIO #: 26-37-41-000-000-00451-5

STATE OF FLORIDA COUNTY OF MARTIN

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: EC26, T375 R41E, PORTION OF GOVT LOT 5, COMM AT PT ON S/EN GOVT LOTS 2 ER/W SEWALLS PT RD, NW/4 ALG R/W 465.31' FOR POB CONT NW/4 130.32' E 278' M/L TO RIVER, MEANDER S/E/4 ALG RIVER 129' M/L, W 274' M/L TO POB

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

NAME: DR BEN NGO ADDRESS: 146 N SEWALLS PT, SEWALLS PT, FL, 34226 PHONE NUMBER: 215-531-4255 FAX NUMBER: _____ INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: GLENMANN HOMES INC ADDRESS: PO BOX 654 STUART, FL, 34995 PHONE NUMBER: 225-7010 FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____ PHONE NUMBER: _____ FAX NUMBER: _____ BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY:

ADDRESS: _____ PHONE NUMBER: _____ FAX NUMBER: _____

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

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____ FAX NUMBER: _____

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

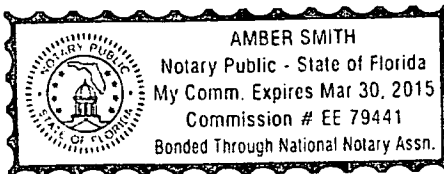
SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 19 DAY OF Feb, 2015

BY: Ben Ngo AS Owner FOR Self NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE/SEAL



STATE OF FLORIDA MARTIN COUNTY THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE CAROLYN TIMMANN, CLERK DATE 2/11/15 DC



INSTR # 2503489 OR BK 2771 PG 367 (1 Page) RECORDED 02/11/2015 09:55:48 AM CAROLYN TIMMANN MARTIN COUNTY CLERK

DWIGHT DAVIS ARCHITECT, P.A.

Florida license #AR0016908
1045 S.E. Riverside Drive
Stuart, Florida 34996
(772) 781-6695

*Report
4/20/15
D. Davis*

April 22, 2015

To: John Adams
Building Inspector
Sewalls Point Building Department

RE: Dr. Benjamin Ngo

**146 N. Sewalls Point Road
Sewalls Point, Florida 34996**


During construction, I observed the following connections:

- New beam to new built-up post below.
- New beam to existing floor trusses above.
- The solid blocking from the new built-up posts above to the existing beam and column in the garage

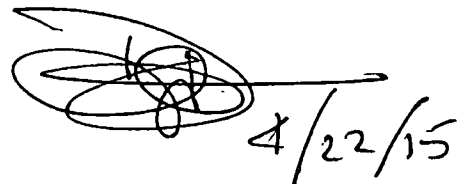
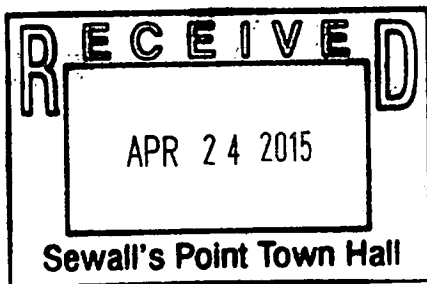
Each condition demonstrated a continuous uplift load path and was adequately strapped to meet the 2010 Florida Building Code.

Please contact me with any questions.

Sincerely,



Dwight Davis AIA



[Signature]
4/22/15

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Tue Wed Thur Fri 6/30/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11203	Ngo	Final		
	114671 Sewall's Pt Rd Glenmark Homes	Kitchen Remodel	<i>Pass</i>	<i>[Signature]</i> INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10958	Stejskal	Pool Electric		
	108 S Sewalls Pt Rd So Fla Custom Pools	Pool Barrier	<i>Pass</i>	 INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Babey	Tree Removal		
	14 Fieldway	Permit	<i>OK</i>	 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 432

Date Issued 1/6/89

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 Steven + Penny Greene Address 9500 S Ocean Dr. Phone 229-5479
10020 N Beach, Fla.

Contractor Costa Apostolopoulos Address P.O. Box 413 Phone 288-9227
Stuart, Fla.

Number of trees to be removed (list kinds of trees) (1) Oaks (4) Cabbage Palms

Number of trees to be relocated within 30 days (no fee) (list kinds of trees) 0

Number of trees to be replaced within 30 days (list kinds of trees) 0

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

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant Penny d. Greene Date submitted Jan 6, 1988

Approved by Building Inspector Dale Brown Date 1/6/89

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 PURPOSES OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.
THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA.

TOWN OF SEWALL'S POINT, FLORIDA

Date 9/15/00 ~~19~~ TREE REMOVAL PERMIT No 0363

APPLIED FOR BY WILLIAM ANSPRECH 146 N. SP RD (Contractor Owner)

Owner (PROPERTY: ANT. VACANT TO BERTY)

Sub-division SEE SURVEY, Lot _____, Block _____

Kind of Trees PER APPLICATION (ATTACHED)

No. Of Trees: REMOVE A 25-30 - ALL PROHIBITED SPECIES; NO FEE

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE) FIELD INSP. 9/15/00

No. Of Trees: REPLACE -0- WITHIN 30 DAYS

REMARKS ALL TREES FOR REMOVAL APPROVED

FEB \$ -0-

Signed, [Signature] Applicant OD PUG Signed [Signature] Town Clerk ALAN DEWINE

TOWN OF SEWALL'S POINT, FLORIDA

Date 9/15/00 19 TREE REMOVAL PERMIT No 0363

APPLIED FOR BY WILLIAM ANSPACH 146 N. SP RD (Contractor or Owner)

Owner (PROPERTY: ADJ. VACANT TO NORTH)

Sub-division SEE SURVEY, Lot _____, Block _____

Kind of Trees PER APPLICATION ATTACHED

No. Of Trees: REMOVE ~ 25-30 - ALL PROHIBITED SPECIES; NO FEE

No. Of Trees: RELOCATE - 0 - WITHIN 30 DAYS (NO FEE) FIELD INSP. 9/15/00

No. Of Trees: REPLACE - 0 - WITHIN 30 DAYS

REMARKS ALL TREES FOR REMOVAL MARKED

Signed, / ON FILE
Applicant

Signed, [Signature]
Town Clerk ALAN OFFICER

FEE \$ - 0 -

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.

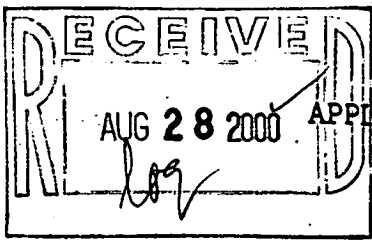
TREE REMOVAL PERMIT

RE: ORDINANCE 103

Table with 10 empty rows for project details.

PROJECT DESCRIPTION _____

REMARKS _____



TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

0363
9/15/00

field verification
sch. 8/30/00
REINSPECTION 9/15/00

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 WILLIAM ANSPACH Address 146 N. SEWALLS PT RD Phone 223-5747

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) APPROX. 25 BRAZILIAN PEPPER,
ONE AUSTRALIAN PINE, ONE MELALEUCA

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

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

Permit Fee \$ (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00) \$15.00

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

Plans approved as submitted Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted _____

Approved by Building Inspector [Signature] Date 9/15/00

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

~~NO FEE~~
FEE

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

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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-15, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5063	Robinson	footing	PASSED	9/14/00 COMP. TEST KWD
①	173 So. River Rd. Driftwood/Morris	(REINSPECTION)	FA	- COPY TO FILED 9/15
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 4803	Foglia	shutter	FAILED	① PANEL BUCKLING - CORRECT MFR.
②	101 H. Sewall Way Foglia	(INCL. IN BASE PERMIT)	FA	② BATTEN SHUTTERS - FULL SUBMITTAL REQ. ③ SHUTTER IN FLABBS REQ. ④ UNUSUAL DESIGN PRESSURE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4899	Kohler	pool final	INCOMPLETE	FINAL SURVEY KWD 9/14/00
④	19 S. Via Lucindie Challenger		FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4843	Tidikis	dry well	PASSED	
③	6 Kingston Court LJS	screw	FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4877	Loyola	shel-off roof	FAILED	{ REINSPE. REQUIRED
⑤	20 Castle Hill Way Euford	sheathing tie down truss	FA SCS PASSED	{ NO PER
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4723	Koch	deck ground	PASSED	2' PERIMETER (OUTSIDE
⑥	31 N. River Rd. Brown	pool (REINSPECT)	FA (PTC)	EDGES - ONLY)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
TR	AVSPAET	FIBER VERIFICATION	PASSED	- all trees marked
APPL	196 W. SEWALL'S POINT RD	(2001 INSPECTION)	FA	(per owner 9/15) - app. as submitted.
⑨				

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/30, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5044	Termina	fence	PASSED	PERMIT WATER MANAGEMENT
N K ⑦	26 Fieldway Dr. ARON FENCE	final "REAR OF MG"	EA	CAN'T SIGN OFF (S' CURB)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5043	Hallriegel	fence	PASSED	
N ②	11 Castle Hill Way	final	EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5052	Chodera-Harris	roof	PASSED	SHEATHING INSP. 8/25/00
11 ⑥	54 N. RIVER RD. A & W	TILT & TILT	EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4787	Benton	fence	PASSED	VIMU CURB CHAIN
11 ④	1 Castle Hill Way Quality Fence	final	EA	4' & 5' (MAX) HIGH TOWN FILE TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	AUSPACH	FIELD VERIFICATION	FAILED	TAPE I.D. OF PROPOSED
11 ⑤	146 S. SEWALLS POINT RD D/B		EA	REMOVAL REQUIRED APPL TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4873	Williams	sheathing	✓	
N ⑧	30 Fieldway Dr. A & W REG	sheathing	PASSED CANCEL (HARD TO READ)	as late as possible 1:15 100 or NO INSP. TO DATE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4877	Osborne/Loyola	partial	PASSED	ACCESSORY STRUCTURE
11 ③	20 C. Hill W BURRO CONSTI	roofing SHEATHING (PTL)	EA	

OTHER: _____

INSPECTOR (Name/Signature): _____

PHONE

Spach

DATE 8-29 TIME 9:05 ^{A.M.}_{P.M.}

3-5980 FAX

please permit
call this afternoon

SIGNED

Adams

1154

- TELEPHONED
- RETURNED YOUR CALL
- PLEASE CALL
- WILL CALL AGAIN
- CAME TO SEE YOU
- WANTS TO SEE YOU

S 83° 20' 00"

71.67' CALC.

MAN 6018

N 65° 51' 32" W
30.92'

N 16° 15' 15" W
26.37'
N 12° 25' 38"

FOUND #5 IRON ROD
(NO ID.)

9/15/00 REINSPECTION -
FIELD VERIFICATION
ALL TREES FOR
REMOVAL INDIVIDUALLY
MARKED & IDENTIFIED

APPROXIMATE SHORELINE

WITNESS
LINE

SEA GRAPES
AUSTRALIAN
PINE

MAN GROVES

MAN GROVE

N 21° 08' 52" E
24.40'
N 21° 40' 45" E
24.40'

28.77'

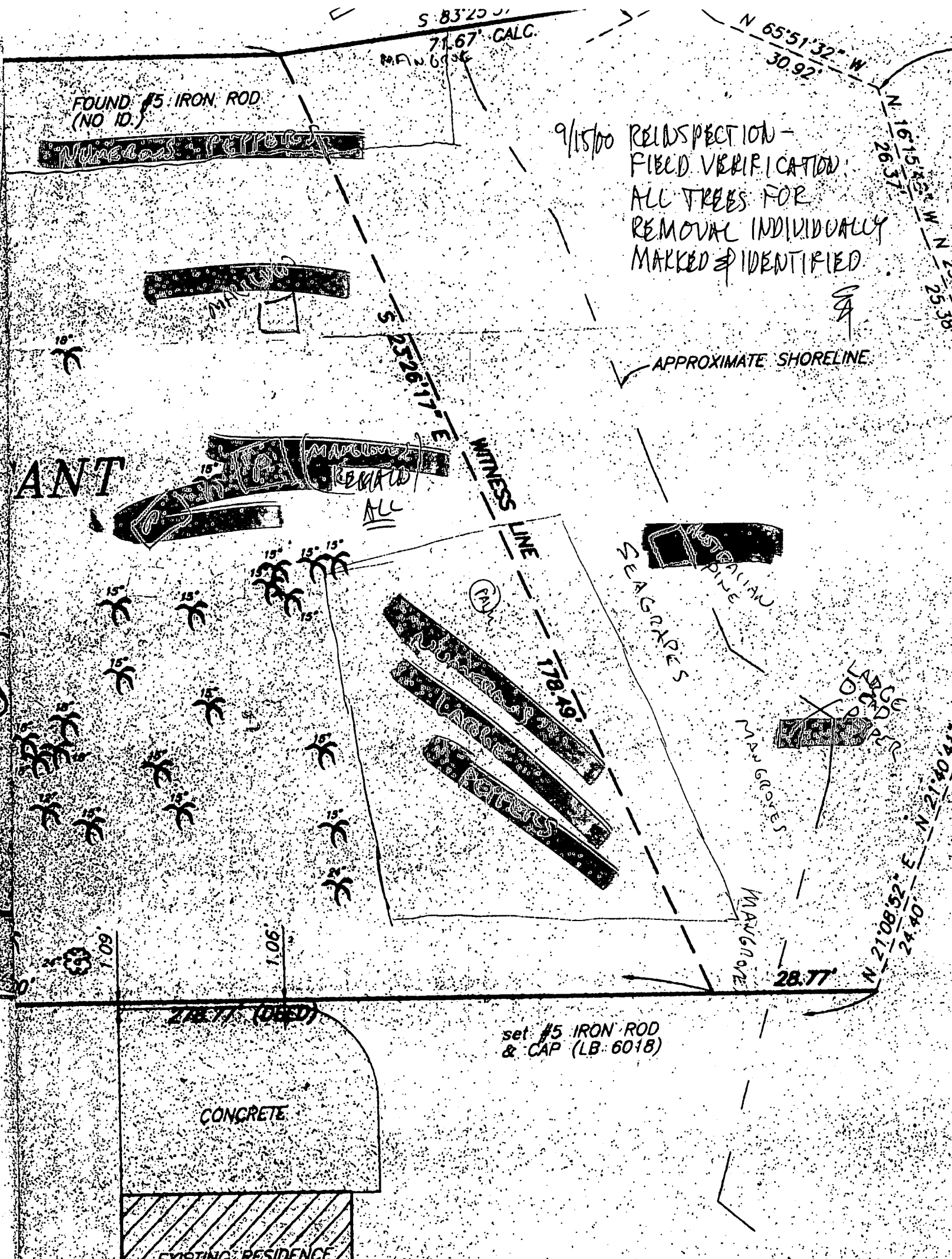
set #5 IRON ROD
& CAP (LB 6018)

CONCRETE

EXISTING RESIDENCE

ANT

S 25° 26' 17" E
178.49'
ALL



TOWN OF SEWALL'S POINT, FLORIDA

Date OCTOBER 21 # 2005 TREE REMOVAL PERMIT N° 2591

APPLIED FOR BY ANSPACH (Contractor or Owner)

Owner 146 N. SEWALL'S PT RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3 OAK

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

Signed [Signature] ^{FEE \$ 0}
~~Town Clerk~~
BUILDING OFFICIAL

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

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner CECILIA ANSDAW Address 146 N. SEWALL'S PT RD Phone 283-5901

Contractor DAVID Quintero Address HAMBANE LANE Phone 879 6325
BAY'S COMPLETE LAWYER PORT ST LUDOW, FL

No. of Trees: REMOVE 3 Type: OAK

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: DEAD

Signature of Applicant Cecilia Ansdaw Date 10/19/05

Approved by Building Inspector: [Signature] Date 10/21 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

N. Serrano's Pt RD

146

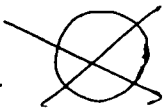
LOT

Dune way

Brick walkway

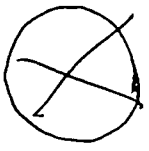


House



Large

may just cut down
Branches 24" dia.
Diameter



porch area

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/21, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7832	SCHMADER	INT. ROOFT GAS	 	CANCEL
2	102 HENRY SEWALLS PROPANE SERVICES			INSPECTOR:
7756	ANSRACH	TREE	PASS	7
777	146 N. SEWALLS PT			INSPECTOR: <i>OW</i>
7785	PRESSMAN	DRY-IN	PASS	
X	27 RIO VISTA DR PACIFIC ROOFING			INSPECTOR: <i>OW</i>
6818	LIPSHUTZ	PARTIAL ELEC KITCH & LAUNDRY DEMOL		CANCEL
1	53 S. RIVER RD O/B	*EARLY PLS		INSPECTOR:
7182	LIPSHULTZ	FINAL GARAGE DOOR		CANCEL
1	53 S. RIVER RD D+D GARAGE			INSPECTOR:
7379	LIPSHULTZ	FINAL GAS TANK + LINES		CANCEL
1	53 S. RIVER RD TREASURE GAS PROPANE			INSPECTOR: <i> </i>
7390	GOLDMAN	TRUSS ENG.		WILL RESCHEDULE
5	SUMMER LA O/B	TREE	PASS	INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date 4-21-06 ~~19~~ TREE REMOVAL PERMIT No 2668

APPLIED FOR BY Anspack (Contractor or Owner)

Owner (Gardener) 146 N. Sewalls Pt Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 4

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Dead-Hurricane Damage FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons
 Bldg Official
 Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. Permit - No fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner William & Cecilia Address 146 N Sewall's Pt Rd Phone 283-5901
Contractor ANSPACH Address _____ Phone _____
No. of Trees: REMOVE 4 Type: Palm Coconut & SABA
No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____
Written statement giving reasons: DEAD - HURRICANE DAMAGE
Signature of Property Owner [Signature] Date 4-20-06
Approved by Building Inspector: [Signature] Date 4/21 Fee: 0
Plans approved as submitted _____ Plans approved as revised/marked: _____

over