

# **3 South Sewall's Point Road**

54

ADDITION

TOWN OF SEWALL'S POINT  
Florida

6.  
2.40  
1.50  
9.90

BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

Date March 8<sup>th</sup> 1963

Owner R.W. Wilson Jr.

Address Conns

Architect None

Address \_\_\_\_\_

Contractor E. B. Coy

Address P.O. BOX 675 JENSEN BEACH, FLA.

Building to be constructed on: is an addition on the

~~lot~~ Block cottage subdivision on the former Blomquist  
estate.

Address Sewall's Point

Purpose of Building added room Type of Work C.B.S.

Estimated cost of Building or Improvements \$ 1450<sup>00</sup>

Type of Construction C.R.S. Roofing Covering Glazed cement tiles.

Type of Roof Truss Foundation 10x16 footing

Size of Building Lot approx 375 #

Square Feet in Building 256

Zoning \_\_\_\_\_

Permit Number 54 Permit Fee \$ \_\_\_\_\_

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

LOT 2  
MELODY HILL

E. B. Coy Builder  
Signed: Contractor

DN 54

TOWN OF SEWALL'S POINT  
Florida

BUILDING PERMIT

Fee \$ 1.50

APPLICATION FOR PLUMBING AND GAS PERMIT

Date MARCH 11, 1963 Permit Number \_\_\_\_\_

Owners Name \_\_\_\_\_

Street and Number \_\_\_\_\_

Plumber Palm City Plumbing City License Number \_\_\_\_\_

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

What is the size of main soil pipe? 9"

Of what material is soil pipe? CAST IRON

FIXTURES - PLUMBING

Septic Tanks _____	Water Closets <u>1</u> _____	.50
Bath Tubs <u>1</u> _____	Lavatories <u>1</u> _____	1. -
Sinks _____	Urinals _____	<u>1.50</u>
Garbage Drains _____	Shower Baths _____	
Heater (Electrical) _____	Well _____	
Washing Machine Drains _____		

FIXTURES - GAS

Stoves _____	Burners _____
Heaters (water) _____	Heaters (space) _____
Other Appliances _____	

Art M. Lawrence  
Signed: Contractor

54

TOWN OF SEWALL'S POINT  
Florida

Fee \$ 2.40

BUILDING DEPARTMENT

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date Mar 12/63 Permit Number \_\_\_\_\_

Owner R. Williams, Jr.

Street and Number Sewalls Point (P.O.)

Electrician Reginald Paul City License Number

Work: New  Old  Additional

DISTRIBUTION

S. Switches 4 Number of Generators \_\_\_\_\_ .40

Number of Motors \_\_\_\_\_ Water Heater \_\_\_\_\_ 1.20

Stoves \_\_\_\_\_ Outlets 12 .60

Receptacles 5 Wall Heater 1

Sub Feed \_\_\_\_\_ Size of Panel \_\_\_\_\_

Wire; Romex  Conduit  Number of Fixtures 2 .20

Size of Main Disconnect \_\_\_\_\_

2.40

Reginald Paul  
Signed : Contractor

54

**66**

**FAMILY ROOM**

TOWN OF SEWALL'S POINT  
Florida

PW 166  
addition  
1.00  
60  
\$ 6.60

BUILDING DEPARTMENT  
APPLICATION FOR BUILDING PERMIT

Date September 30<sup>th</sup> 1963

Owner R. W. Wilson Jr.  
Address 162 South Compo Road, Westport, Conn  
Architect None

Address \_\_\_\_\_  
Contractor R. W. Wilson Jr. or Elwyn B. Cox  
Address 162 South Compo Road, Westport Conn.

Building to be constructed on:  
Lot 2 Block \_\_\_\_\_ Subdivision The Melyndy Hill  
Address Cottage on the Bloomingdale estate

Purpose of Building Florida Room Type of Work C.B.S.  
Estimated cost of Building or Improvements \$ 1900<sup>00</sup>

Type of Construction C.B.S. Roofing Covering Asphalt & Gravel  
Type of Roof Flat Foundation standard footings

Size of Building Lot \_\_\_\_\_  
Square Feet in Building 270 sq-ft.  
Zoning \_\_\_\_\_

Permit Number 166 Permit Fee \$ 6.60  
Clean-up Bond Number \_\_\_\_\_ Clean-up Fee \$ \_\_\_\_\_

Elwyn B. Cox  
Signed: Contractor

66

TOWN OF SEWALL'S POINT  
Florida

BUILDING DEPARTMENT

Fee \$ 60¢

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date 9/30/63 Permit Number \_\_\_\_\_

Owner R. W. Wilson Jr.

Street and Number Sewall's Point

Electrician August Jones City License Number \_\_\_\_\_

Work: New  Old  Additional

DISTRIBUTION

S. Switches 1 Number of Generators \_\_\_\_\_

Number of Motors \_\_\_\_\_ Water Heater \_\_\_\_\_

Stoves \_\_\_\_\_ Outlets \_\_\_\_\_

Receptacles 4 Wall Heater \_\_\_\_\_

Sub Feed \_\_\_\_\_ Size of Panel \_\_\_\_\_

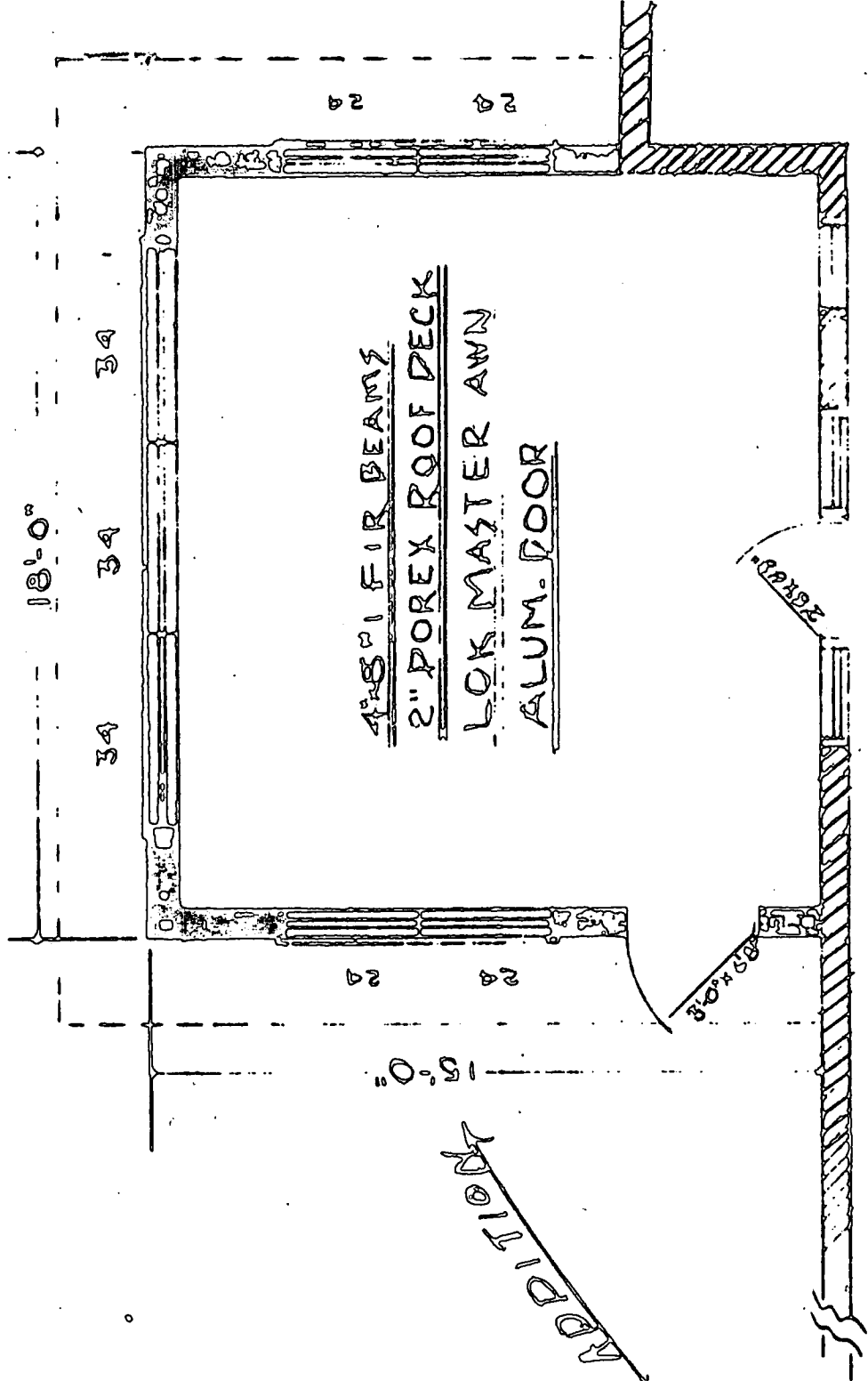
Wire: Romex  Conduit  Number of Fixtures 1

Size of Main Disconnect \_\_\_\_\_

August Jones  
Signed: Contractor

64

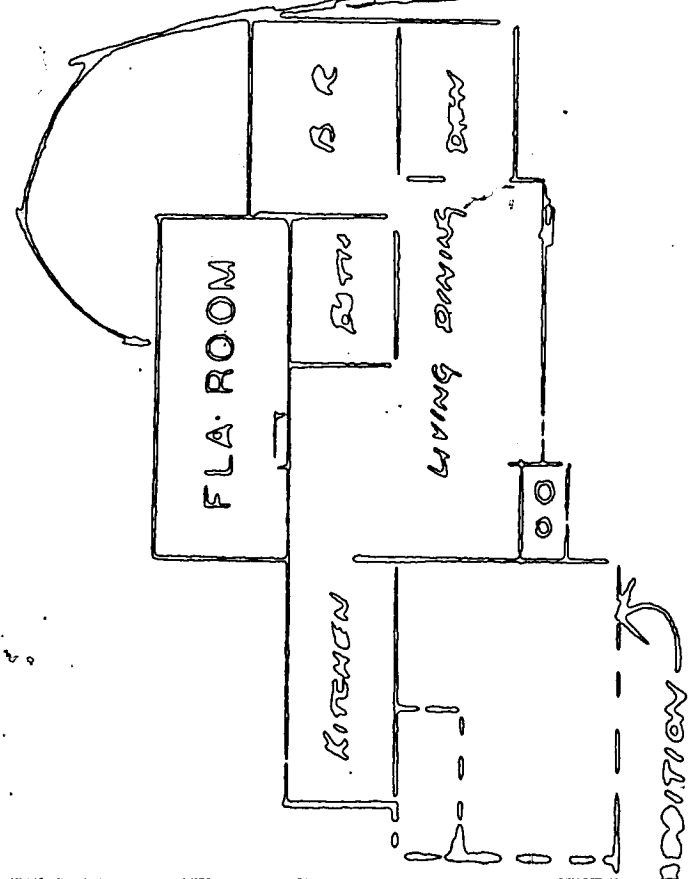
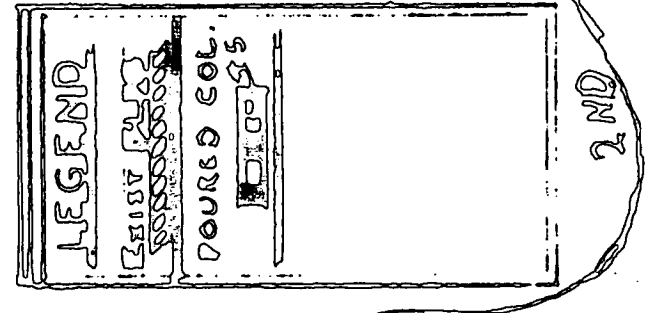




FLORIDA ROOM  
SCALE 1/4" = 1'-0"

FLORIDA ROOM ADDITION  
CARETAKERS COTTAGE - FORMER  
BLOOMINGDALE ESTATE  
MR. & MRS. R. W. WILSON, OWNERS

66



EXISTING BLDG.  
NO SCALE

**394**

**BATH REMODEL**

April 6, 1973

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 394

fe: Move existing sink, & shower; install toilet & lav. per sketch attached. Complete interior Panelled Date \_\_\_\_\_

walls, (guest house)  
(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)  
phone: 283-2893

Owner Eugene D. Valenti Present Address 3 Sewall's Pt. Rd. So. Ph \_\_\_\_\_

General Contractor Self Address 33 E. Ocean Blvd. 283-3737 Ph \_\_\_\_\_

Where licensed \_\_\_\_\_ License No. \_\_\_\_\_ R.C. LINDSEY PLB

Plumbing Contractor Plumbing & sheet Metal of Stuart. License No. 287-0131-4637

Electrical Contractor none License No. 9

Street building will front on garage facing house, (see sketch)

Subdivision Melody Hill Lot No. 3 Area \_\_\_\_\_

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

Other Construction (Pools, additions, etc.) \_\_\_\_\_

Contract Price (excluding land, rugs, appliances, landscaping) \$ 3,000.00

Total cost of permit \$ 20.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked

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

Signed by General Contractor Eugene D. Valenti

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

Signed by Owner Eugene D. Valenti

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

TOWN RECORD

Date submitted 4/11/73

Date approved 4/27/73

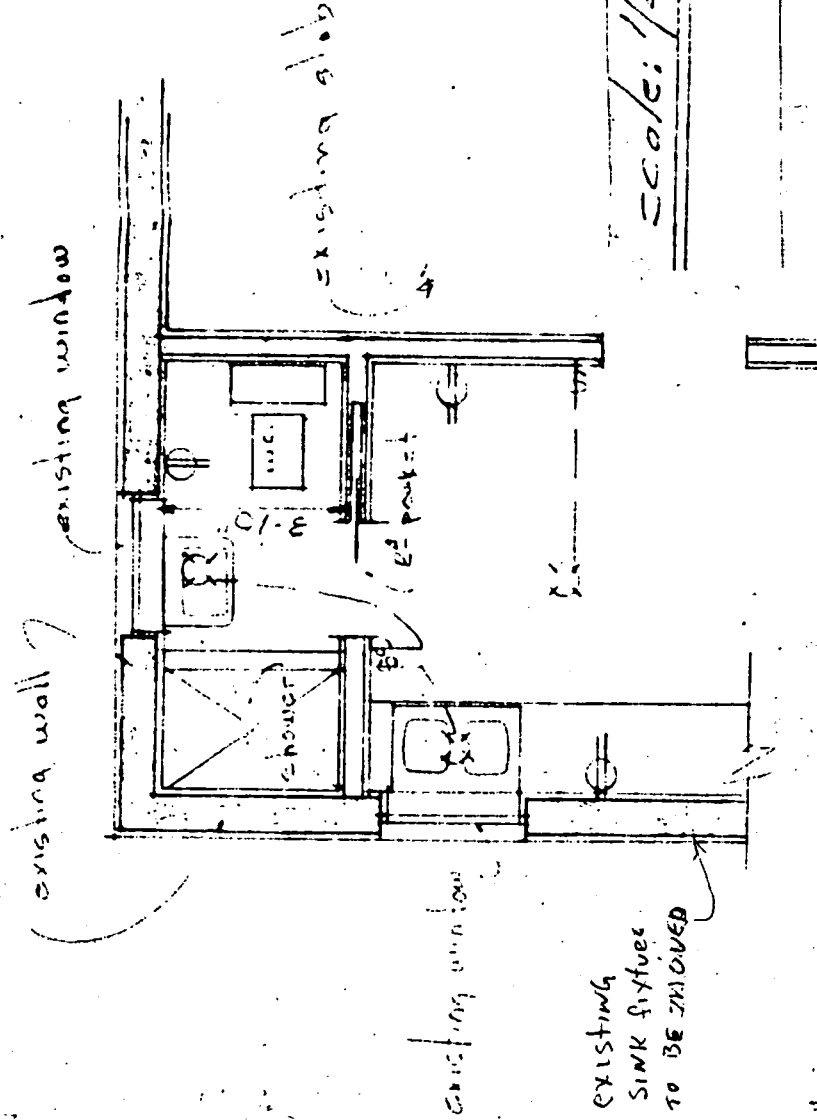
Certificate of Occupancy issued \_\_\_\_\_ Date 394

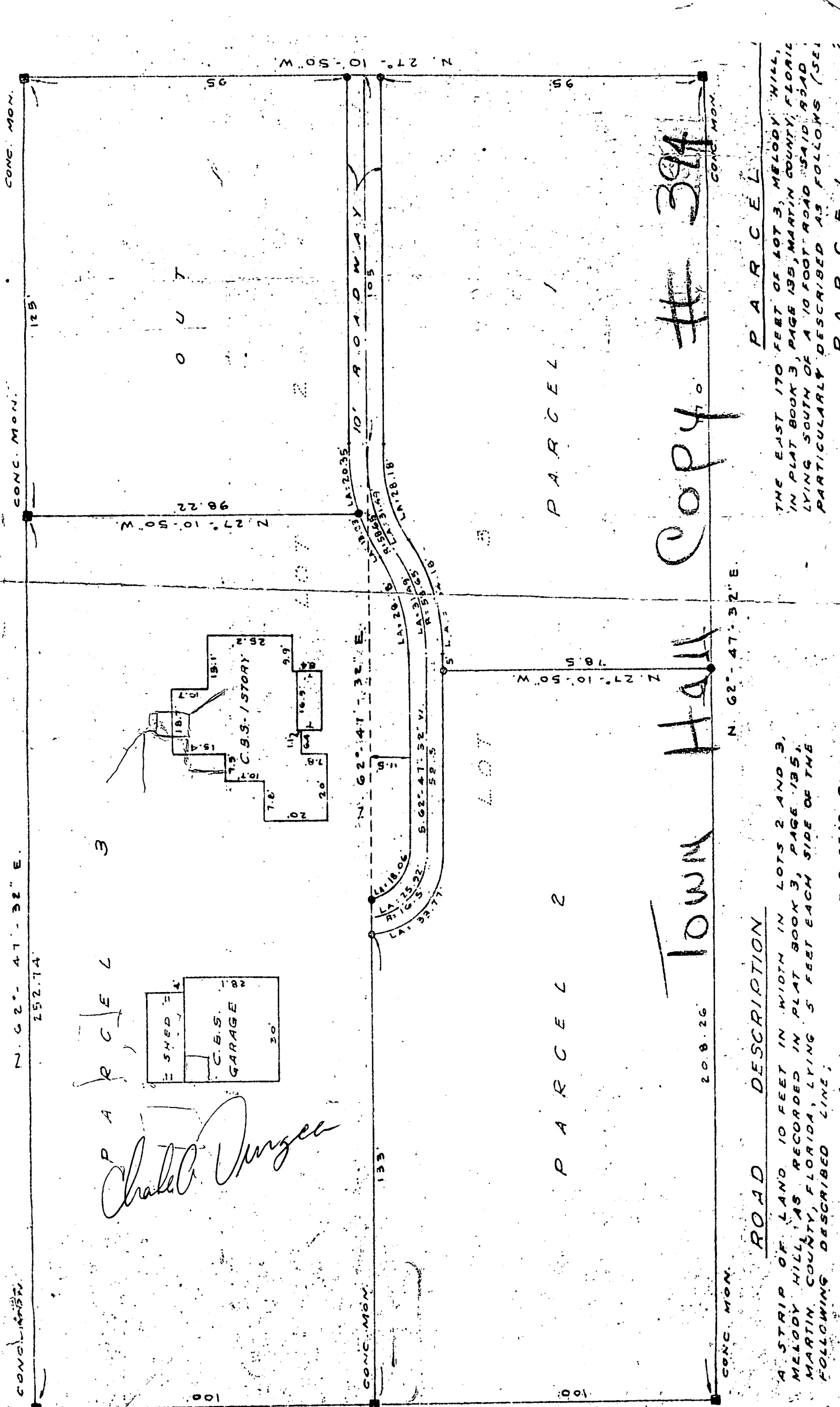
*OK*  
*Barker*  
*note*  
*mmc*  
*4/24/73*  
Charles A. Purjee

BATH ADDITION

MR. & MRS. EUGENE D. VALENTI

addition: vic. lav., shower, sink, outlets, lights, partition w/ 22 pocket door. (rest existing)

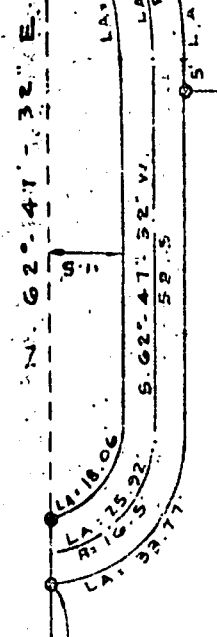
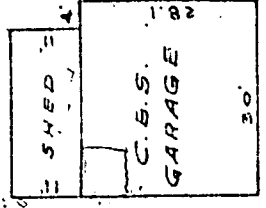




CONC. MON. 125' 98.22' N. 27°-10'-50" W. 10' ROADWAY 105' CONC. MON.

PARCEL 3

*Charles Dungee*



LOT

PARCEL 2

PARCEL 1

Town Hall

Copy # 394

ROAD DESCRIPTION

PARCEL

A STRIP OF LAND 10 FEET IN WIDTH IN LOTS 2 AND 3, MELODY HILL, AS RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA, LYING 5 FEET EACH SIDE OF THE FOLLOWING DESCRIBED LINE; BEGIN AT THE NORTHWEST (N.E.) CORNER OF LOT 3, BEAR SOUTH

THE EAST 170 FEET OF LOT 3, MELODY HILL, IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA LYING SOUTH OF A 10 FOOT ROAD SAID ROAD PARTICULARLY DESCRIBED AS FOLLOWS (SEE

PARCEL

**3256**

**SERVICE**

**CHANGEOUT**

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

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

Owner Bruce & Michael Luria Present Address 35 Sewalls Pt Rd  
Phone 288-4074

Contractor ALCO ELECTRICAL SERV. Address 712 So. Dixie Hwy.  
Phone 287-0562 STUART

Where licensed City of Stuart License number 3323

Electrical contractor License number

Plumbing contractor License number

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

New Service

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

Subdivision Melody Hill Lot number 2 Block number

Contract price \$ 690.00 Cost of permit \$ 24.00

Plans approved as submitted  Plans approved as marked

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

Contractor Cornelius Mihov  
ALCO ELECTRICAL SERV.

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 Bruce Luria

TOWN RECORD

Date submitted 9/11/92 Approved: Dale Brown 9/11/92  
Building Inspector Date

Approved: [Signature] 9/14/92 Final Approval given: \_\_\_\_\_  
Commissioner Date Date

Certificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date

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

#

TOWN OF SEWALL'S POINT FLORIDA

Permit No. 1106

Date 2/7/80

1106

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 Eugene Valenti Present address 3 S. Sewall's Pt. Rd.

Phone \_\_\_\_\_ Sewall's Point

Contractor Price Roofing Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed Martin County License number \_\_\_\_\_

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: roof repairs

State the street address at which the proposed structure will be built:  
3 S. Sewall's Point Road

Subdivision Melody Hill Lot No. W. part of Lot 2

Contract price \$ 2,000. Cost of Permit \$ 10.

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 John Connolly

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 Eugene Valenti

TOWN RECORD

Date submitted

Approved: [Signature] 5/7/80  
Building Inspector Date

Approved: [Signature] 2/7/80  
Commissioner Date

Final Approval given: 2/26/80  
Date [Signature]

Certificate of Occupancy issued \_\_\_\_\_  
Date

SP/1-79

#1106

1106



**3950**

**ROOF REPAIR**

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

3950

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 MICHAEL & BRUCE LURIEA Present address 3 S SEWALLS Pt Rd

Phone 288-4074

Contractor SELF Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed \_\_\_\_\_ License number \_\_\_\_\_

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: ~~Garage~~ Patch Roof

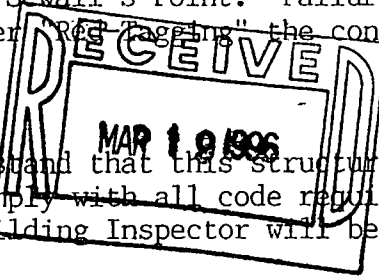
State the street address at which the proposed structure will be built:

Subdivision Portion of Lot 2 Lot Number \_\_\_\_\_ Block Number \_\_\_\_\_

Contract price \$ 500.00 Cost of permit \$ 50.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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



Contractor Bruce Luriea

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 Bruce Luriea

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: Dale Brown 3/19/96  
Building Inspector Date

Approved: [Signature]  
Commissioner Date

Final approval given: \_\_\_\_\_  
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_  
Date

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

**7602**

**FENCE**

**&**

**COLUMNS**

**ABANDONDED**

abandoned permit

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

TOWN OF SEWALL'S POINT

Date 6/3/05

BUILDING PERMIT NO. 7602

Building to be erected for LURIEA

Type of Permit FENCE + COLUMNS

Applied for by O/B (Contractor)

Building Fee 30.00

Subdivision MELODY HILL Lot P 2#3 Block \_\_\_\_\_

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

Address 3 S. SEWALL'S POINT RD

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

Type of structure SFR

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

Parcel Control Number:

138410080000002190000

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

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

Amount Paid 30.00 Check # 3960 Cash \_\_\_\_\_ Other Fees (\_\_\_\_\_) \_\_\_\_\_

Roofing Fee \_\_\_\_\_

Total Construction Cost \$ 350.00

TOTAL Fees 30.00

Signed Bruce Luriea

Signed Gene Summers (GB)

Applicant

Town Building Official

PERMIT

- BUILDING
- ELECTRICAL
- MECHANICAL
- PLUMBING
- ROOFING
- POOL/SPA/DECK
- DOCK/BOAT LIFT
- DEMOLITION
- FENCE
- SCREEN ENCLOSURE
- TEMPORARY STRUCTURE
- GAS
- FILL
- HURRICANE SHUTTERS
- RENOVATION
- TREE REMOVAL
- STEMWALL
- ADDITION

INSPECTIONS

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

RECEIVED  
2/1/05

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Bruce & Michael Luriea Phone (Day) 288-4074 (Fax) \_\_\_\_\_

Job Site Address: 3 South Sewalls Pt Rd City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 2 (Portion) Parcel Number: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: FENCE & COLUMNS

WILL OWNER BE THE CONTRACTOR?:

YES  NO

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

(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 350.--  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

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

Method of Determining Fair Market Value: \_\_\_\_\_

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered 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)  
Bruce Luriea

State of Florida, County of: MALDEN

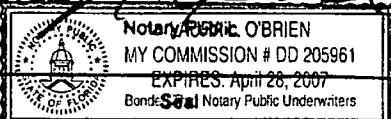
This the 1ST day of JUNE, 2005

by Bruce Luriea who is personally

known to me or produced

as identification. \_\_\_\_\_

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



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 200  

by \_\_\_\_\_ who is personally

known to me or produced \_\_\_\_\_

As identification. \_\_\_\_\_

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

Notary Public

Seal

**TOWN OF SEWALL'S POINT**  
ONE SOUTH SEWALL'S POINT ROAD  
SEWALL'S POINT, FLORIDA 34996

**TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT**  
(To be submitted if permit is to be pulled by Owner/Builder)

**DISCLOSURE STATEMENT**

State law requires construction 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 contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. 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. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: Bruce Luria Date: 6-1-05

Signature: Bruce Luria

Address: 3 South Sewalls Pt Rd

City & State: Stuart Florida

Permit No. \_\_\_\_\_



**9238**

**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:	9238	DATE ISSUED:	AUGUST 21, 2009
SCOPE OF WORK:	REROOF		
CONDITIONS :			
CONTRACTOR:	CODE RED ROOFERS		
PARCEL CONTROL NUMBER:	013841-008-000-000219	SUBDIVISION	MELODY HILL-LOT 2
CONSTRUCTION ADDRESS:	3 S SEWALLS PT RD		
OWNER NAME:	LURIEA		
QUALIFIER:	DOUGLAS ROE	CONTACT PHONE NUMBER:	772-287-2829

**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 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY

### REQUIRED INSPECTIONS

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

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

RECEIVED

DATE: 8-11-09

TOWN OF SEWALL'S POINT

BUILDING PERMIT APPLICATION

Date: 8-11-09

Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Bruce Luriea Phone (Day): 70-0572 (Fax)

Job Site Address: 3 South Sewalls Point City: Stuart State: FL Zip: 34996

Legal Description: Melody Hill W 252.74' Parcel Control Number: 01-38-41-008-000-00021-9

Owner Address (if different): R. ... City: ... State: ... Zip: ...

Scope of work (please be specific):

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application) YES \_\_\_\_\_ NO X

Has a Zoning Variance ever been granted on this property?

YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO \_\_\_\_\_ (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 7,890.00

(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: \$ 125,600.00 (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Code Red Roofers, Inc. Phone: 772 287 2829 Fax: 772 287 7763

Street: 3341 SE Slater St City: Stuart State: FL Zip: 34997

State License Number: CC01326574 OR: Municipality: License Number:

LOCAL CONTACT: Phone Number: 772 287 2829

DESIGN PROFESSIONAL: Lic# Phone Number:

Street: City: State: Zip:

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

Carpport: Total under Roof Elevated Deck: Enclosed area below BFE:

\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007.

NOTICES TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF: FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) Michele Luriea State of Florida, County of: Martin This the 27 day of July 2009 by Michele Luriea who is personally known to me or produced as identification.

Notary Public State of Florida Mattie Trainor Notary My Commission DD536962 Expires 05/22/2010

CONTRACTOR SIGNATURE: (required) On State of Florida, County of: Martin This the 10th day of August 2009 by Douglas E Rice who is personally known to me or produced as identification.

REBECCA RESTIFO MY COMMISSION #DD890257 EXPIRES 11/17, 2013 Bonded through 1st State Insurance

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

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

PERMIT #: TAX FOLIO #: 01-38-41-008-000-00021-9

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): Melody Hill W 252.74 of lot 2 & that part of lot 3 N of 10' Rd OR 344/2530

GENERAL DESCRIPTION OF IMPROVEMENT: Re-roofing

OWNER NAME: Bruce Luriea & Michele Luriea
ADDRESS: 3 South Swells Point Rd. Stuart FL 34996
PHONE NUMBER: FAX NUMBER:

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

CONTRACTOR: Code Red Roofers, Inc.
ADDRESS: 3341 SE Slater St Stuart FL 34997
PHONE NUMBER: 772 287 2829 FAX NUMBER: 772 287 7763

SURETY COMPANY (IF ANY): STATE OF FLORIDA
ADDRESS: MARTIN COUNTY
PHONE NUMBER: FAX NUMBER:
BOND AMOUNT: THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL

LENDER/MORTGAGE COMPANY: MARSHA EWING, CLERK
ADDRESS:
PHONE NUMBER: FAX NUMBER:

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES: DATE: 8/11/09

NAME: ADDRESS: PHONE NUMBER: FAX NUMBER:

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

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

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

Signature of Michele Luriea
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE: owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 27 DAY OF July, 2009

BY: Michele Luriea AS TYPE OF AUTHORITY FOR NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

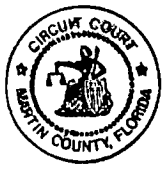
Signature of Hallie Trainor
NOTARY SIGNATURE/REAL

Notary Public State of Florida
Hallie Trainor
My Commission DD536962
Expires 05/22/2010

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 Michele Luriea
(Signature of Natural Person Signing Above)

INSTR # 2161963 OR BK 02406 PG 0224 RECD 08/11/2009 08:13:08 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (asst mar)



LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS' REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT

A RESIDENTIAL STRUCTURE VALUED AT \$300,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

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

A RESIDENTIAL STRUCTURE VALUED AT \$750,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

When any activity requiring a building permit that is applied for on or after July 1, 2008, and for which the estimated cost is \$50,000 or more for a building that is located in the wind borne debris region as defined in s. 1609.2 of the Florida Building Code, Building:

- a. Opening protections as required within the Florida Building Code, Building or Florida Building Code, Residential for new construction shall be provided.

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000.00 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED 1940 INSURED OR P.A. IMPROVED VALUE \$ 125,600.00

DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary):

JOB SITE ADDRESS: 3 S Sewells Pt. Stuart Fl

QUALIFIER NAME: Douglas E. Roe LICENSE NO.: CCC1320574

COMPANY NAME: Code Red Roofers, Inc. PHONE NO.: 772 287 2829

Qualifier's Signature [Handwritten Signature]

Owner's Signature [Handwritten Signature]

Date: 8/10/09

Date: 7/27/09

Sworn to and subscribed before me this 10 day of August 2009

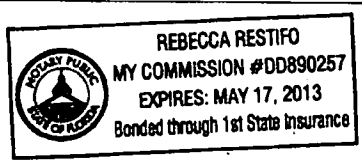
Sworn to and subscribed before me this 27 day of July 2009

By Douglas E. Roe [Handwritten Signature]

By Michele Luriea [Handwritten Signature]

Notary Public, State of Florida Personally known to me X Produced ID Type:

Notary Public, State of Florida Personally known to me X Produced ID Type:





RE-ROOF CERTIFICATION

PERMIT # \_\_\_\_\_

CONTRACTOR'S NAME: Code Red Roofers PHONE #: 772 287 2829 FAX: 772 287 7763

OWNER'S NAME: Bruce/Michele Luriea

CONSTRUCTION ADDRESS: 3 South Sewells Pt CITY Stuart STATE FL

RE-ROOF:  RESIDENTIAL (SINGLE FAMILY)

\_\_\_\_\_ COMMERCIAL \*\* - REMOVE/REINSTALL ROOF TOP HVAC EQUIP \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\* ... DISCONNECT/RECONNECT HVAC ELECTRIC \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\* REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

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

ROOF TYPE:  HIP \_\_\_\_\_ BOSTON-HIP \_\_\_\_\_ GABLE  FLAT \_\_\_\_\_ OTHER \_\_\_\_\_

ROOF PITCH: 3 /12 SLOPE

ROOF DECK: \* \_\_\_\_\_ SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

\_\_\_\_\_ RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

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

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: Shingles EXISTING COVERING TO BE REMOVED? YES  NO \_\_\_\_\_

PROPOSED NEW ROOF COVERING: Mod. Fzd & 5V metal

MANUFACTURER Sofa Metal PRODUCT NAME 5V PRODUCT APPR # 10490.6

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

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

PROPOSED FLASHING:  GALV./STEEL \_\_\_\_\_ ALUMINUM \_\_\_\_\_ COPPER \_\_\_\_\_ OTHER \_\_\_\_\_

RIDGEVENT TO BE INSTALLED: \_\_\_\_\_ YES  NO

DESCRIPTION OF WORK: Remove existing roofing, reroof decking to code, install modified bitumen roofing to flat roof, install 5v metal roofing

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

[Signature] DATE: 8/10/09  
SIGNATURE OF CONTRACTOR



# CBUCK Engineering

Specialty Structural Engineering

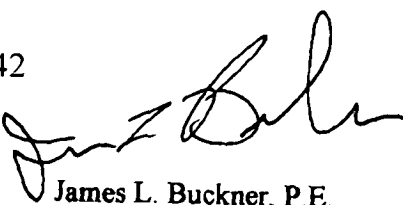
CBUCK, Inc. Florida Certificate of Authorization # 8064

**Installation Method**  
*of*  
**South Florida Metal Supply, Inc.**  
**“5-V Crimp”**  
**Metal Roof Assembly**  
*for*  
**Florida Product Approval**  
**# FL 10490.6**  
**Florida Building Code 2007**  
**Per Rule 9B-72**  
**Method: 1 - D**  
**Category: Roofing**  
**Sub - Category: Metal Roofing**

**Product:** “5-V Crimp” Roof Panel  
**Material:** Steel  
**Panel Thickness:** 26 Gauge Minimum  
**Panel Dimensions:** 24” Maximum (Net Coverage)  
**Support Type:** Wood Deck

**Prepared for:**  
**South Florida Metal Supply, Inc.**  
2120 SW Pomo Drive  
Palm City, FL 34990

**Prepared by:**  
**James L. Buckner, P.E.**  
Florida Professional Engineer # 31242  
Florida Evaluation ANE ID: 1916  
Project Manager: Stephen Peters  
Report No. 08-127-5V-24-S6W-IM  
Date: 02 / 25 / 08



James L. Buckner, P.E.  
Florida P.E. # 31242

3/26/08

Contents:  
Installation Method      Pages 1 – 5

CBUCK, Inc.  
1334 S. Killian Drive, Suite 4, West Palm Beach, Florida 33403  
Phone: (561)491-9927 Fax: (561)491-9928 Website: www.cbuckinc.net



# CBUCK Engineering

Specialty Structural Engineering

*CBUCK, Inc. Florida Certificate of Authorization # 8064*

## Evaluated Installation Method

**Attachment Description:** **Roof Panel Fasteners**  
Type: Hex-Head wood screws with weather-sealed washer  
Size: #14 x minimum penetration through deck 3/16"  
Corrosion Resistance: Per FBC Section 1507.4.4  
Standard: Per ANSI/ASME B18.6.1.

**Installation:**

**METHOD 1:**

1. **"5-V Crimp" Roof Panel to Deck**
  - Fastener spacing: 16" o.c.  
(along the length of the panel and within 3" from all ends)
  - Fastener spacing: Nominal pattern of 12" (along each row)  
(at the top of the major corrugations)

**METHOD 2:**

2. **"5-V Crimp" Roof Panel to Deck**
  - Fastener spacing: 8" o.c.  
(along the length of the panel and within 3" from all ends)
  - Fastener spacing: Nominal pattern of 12" (along each row)  
(at the top of the major corrugations)

Fasteners shall penetrate through deck a minimum of 3/16".

**Manufacturer's Installation Instructions:** Refer to the manufacturer's installation instructions as a supplemental guide for attachment.

**Evaluation Report:** Conditions and Limitations of the Evaluation Report apply.





**BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION**

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

**NOTICE OF ACCEPTANCE (NOA)**

**CertainTeed Corporation (PA)  
1400 Union Meeting Road  
Blue Bell, PA 19422**

**SCOPE:**

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

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

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

**DESCRIPTION: CertainTeed Modified Bitumen Roofing Systems Over Wood Decks**

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

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

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

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

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

This NOA revises NOA No. 08-0227.09 and consists of pages 1 through 38.  
The submitted documentation was reviewed by Jorge L. Acebo.



**NOA No.: 08-0410.09  
Expiration Date: 06/19/13  
Approval Date: 11/20/08  
Page 1 of 38**

## WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Ply 6 when used as a mechanically fastened base or anchor sheet.

## GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each side lap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq.  
**Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.**
5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. Calculations prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant **(When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)**
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform to Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). **(When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)**
10. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.

## END OF THIS ACCEPTANCE



NOA No.: 08-0410.09  
Expiration Date: 06/19/13  
Approval Date: 11/20/08  
Page 38 of 38

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

9-8

2009

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9211 1 PM	Carelli 4 Middle Rd Nis Air	Final AC	Pass	close INSPECTOR <i>[Signature]</i>
9243 115	Ziegler 17 Emmita Way Nis Air	Final AC	Pass	close INSPECTOR <i>[Signature]</i>
9244 130	Foster 128 S Sewalls Nis Air	Final AC	Pass	close INSPECTOR <i>[Signature]</i>
9238	<del>Luria</del> 3 S Sewalls Code Red Roofers	<del>dry in</del>	<del>Pass</del>	INSPECTOR <i>[Signature]</i>
9114	Alney 108 Henry Sewall Parks	exterior gas rough	Pass	INSPECTOR <i>[Signature]</i>
Tree	10 N Ridgerview	Trees	SEE PERMIT APPLICATION	INSPECTOR <i>[Signature]</i>
9245	VAN HART 11 CASTLE HILL ZABEN GONSO	Door ATTACHMENT	Fail	Not Ready INSPECTOR



**9716**

**WINDOWS**



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:	9716	DATE ISSUED:	FEBRUARY 17, 2011
SCOPE OF WORK:	4 IMPACT WINDOWS		
CONDITIONS :			
CONTRACTOR:	HOME DEPOT		
PARCEL CONTROL NUMBER:	013841008-000-000219	SUBDIVISION	MELODY HILL-L2 & PT3
CONSTRUCTION ADDRESS:	3 S SEWALLS PT RD		
OWNER NAME:	LURIEA		
QUALIFIER:	BOYSIE RAMDIAL	CONTACT PHONE NUMBER:	407-469-5599

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

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

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

### REQUIRED INSPECTIONS

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

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

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

Date: 02/15/11 Permit Number: 9716

OWNER/TITLEHOLDER NAME: LURIEA BRUCE & MICHELE Phone (Day) 772-287-2455 (Fax) \_\_\_\_\_

Job Site Address: 3 SOUTH SEWALLS POINT RD. City: STUART State: FL Zip: 34996

Legal Description 3 S. SOUTH SEWALL Parcel Control Number: 01-38-41-008-000-00021-9

Owner Address (if different): 3 S. SEWALLS POINT RD. City: STUART State: FL Zip: 34996

Scope of work (please be specific): REPLACE 4 WINDOWS SIZE FOR SIZE - Impact Glass

**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: \$ 4,250.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10    AE9    AE8    X     
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: BOYSIE RANDIAL Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License Number: CRC046858 OR: Municipal License Number: CRC046858

LOCAL CONTACT: Brian Kirby **The Home Depot At-Home Services** Phone Number: 407 469 5599

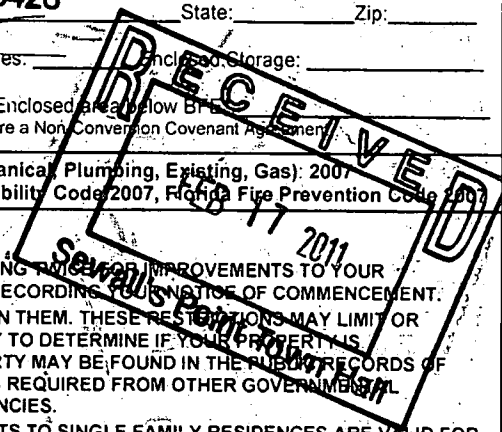
DESIGN PROFESSIONAL: N/A **2017 Corporate Drive** Phone Number: \_\_\_\_\_  
**Boynton Beach, FL 33426**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007  
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code 2007, Florida Fire Prevention Code 2007



**NOTICES TO OWNERS AND CONTRACTORS:**

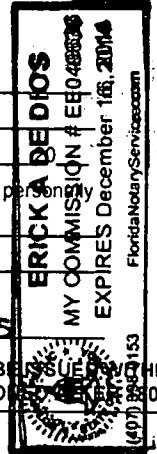
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING DOUBLE THE COST OF IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

**OWNER SIGNATURE: (required)**  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
Bruce Bruce  
State of Florida, County of: \_\_\_\_\_  
This the 11 day of FEB  
by BRUCE LURIEA who is personally  
known to me or produced \_\_\_\_\_  
as identification. \_\_\_\_\_

Notary Public  
My Commission Expires: Eric D'Divis



**CONTRACTOR SIGNATURE: (required)**  
Boysie le Randial  
On State of Florida, County of: Lake  
This the 11 day of Feb 2011  
by Boysie Randial who is personally  
known to me or produced \_\_\_\_\_  
As identification. \_\_\_\_\_

KELLY J. HANKIS OR  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# DD0952293  
My Commission Expires: 3/10/2012



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



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

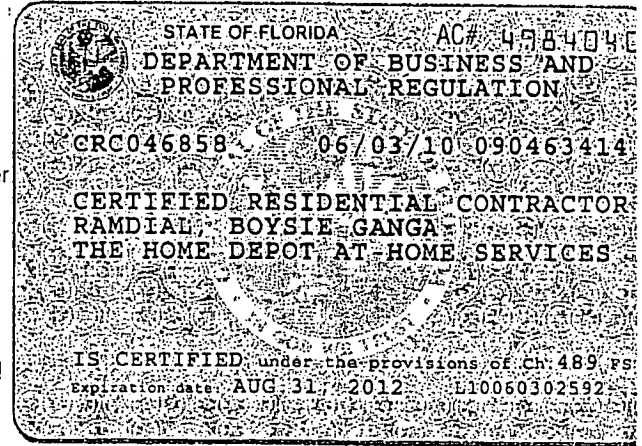
(850) 487-1395

RAMDIAL, BOYSIE GANGA  
THE HOME DEPOT AT-HOME SERVICES  
2690 CUMBERLAND PKWY  
SUITE 300  
ATLANTA GA 30339

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

AC# 4984040 STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L10060302592

DATE	BATCH NUMBER	LICENSE NBR
06/03/2010	090463414	CRC046858

The RESIDENTIAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2012

RAMDIAL, BOYSIE GANGA  
THE HOME DEPOT AT-HOME SERVICES  
2690 CUMBERLAND PKWY  
SUITE 300  
ATLANTA GA 30339

CHARLIE CRIST GOVERNOR CHARLIE LIEM INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW



2010-2011 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES 9-30-2011 FOLIO NO.

FACILITIES OR MACHINES	0	ROOMS	0	SEATS	0	EMPLOYEES	1	RENEWAL	182589.0000	H. WASTE SURCHARGE	40.00	TAX	18.00
------------------------	---	-------	---	-------	---	-----------	---	---------	-------------	--------------------	-------	-----	-------

OCC. CODE 090.022 BUSINESS TYPE RESIDENTIAL CONTRACTOR

2010-2011

BUSINESS LOCATION 207 KELSEY LN K TAMPA 33619

NAME RAMDIAL BOYSIE GANGA  
 MAILING DBA/THE HOME DEPOT AT-HOME SERVICES  
 ADDRESS 2690 CUMBERLAND PKWY STE 300 ATLANTA GA 30339

BUSINESS TAX RECEIPT

DOUG BELDEN, TAX COLLECTOR

PAID - 34686 - 6 07/14/2010 ... 58.00

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON.

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

813-635-5200

LURIEA - 5442488

The Home Depot  
At-Home Services  
2017 Corporate Drive  
Boynton Beach, FL 33426

AFTER RECORDING - RETURN TO:



PERMIT NUMBER:

PN9714

NOTICE OF COMMENCEMENT

The undersigned hereby given 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.

1. DESCRIPTION OF PROPERTY (Legal description and street address, if available) TAX FOLIO NUMBER: 01384100800000021-9

SUBDIVISION Melody Hill BLOCK \_\_\_\_\_ TRACT \_\_\_\_\_ LOT 2B BLDG \_\_\_\_\_ UNIT \_\_\_\_\_  
Melody Hill W 252.74' of Lot 2 + Part Lot 3 N of 10' Rd OR 344/2538

2. GENERAL DESCRIPTION OF IMPROVEMENT: REPLACE WINDOWS SIZE FOR SIZE

3. OWNER INFORMATION: a. Name BRUCE LURIEA

b. Address 3 SOUTH SEWALL POINT RD. STUART Interest in property \_\_\_\_\_

d. Name and address of fee simple titleholder (if other than Owner) \_\_\_\_\_

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:  
The Home Depot  
At Home Services  
2017 Corporate Drive  
Boynton Beach, FL 33426

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT: N/A

6. LENDER'S NAME, ADDRESS AND PHONE NUMBER: N/A

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:  
NAME, ADDRESS AND PHONE NUMBER: \_\_\_\_\_

8. In addition to himself or herself, Owner designates the following to receive a copy of the Licenser's Notice as provided in Section 713.13 (1) (b), Florida Statutes:  
NAME, ADDRESS AND PHONE NUMBER: \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): \_\_\_\_\_, 20\_\_\_\_

**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.**

Bruce Luriea  
Signature of Owner or  
Owner's Authorized Officer/Director/Partner/Manager

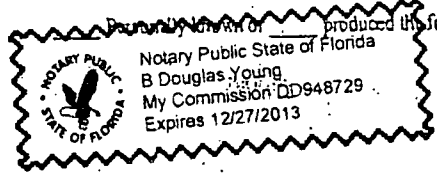
BRUCE LURIEA  
Print Name and Provide Signatory's Title/Office

State of Florida  
County of Palm Beach

The foregoing instrument was acknowledged before me this 09 day of MARCH, 2011

By BRUCE LURIEA as OWNER  
(name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)

For \_\_\_\_\_  
(name of party on behalf of whom instrument was executed)



[Signature]  
(Signature of Notary Public)

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(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

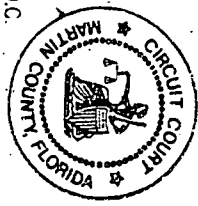
By X Bruce Luriea

By \_\_\_\_\_

ORIGINAL

THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
MARSHA EWING, CLERK  
DATE 3-11-11

STATE OF FLORIDA  
MARTIN COUNTY



INGTR # 2263283 OR BK 02506 PG 1534 RECD 03/11/2011 11:40:06 AM  
Pg 15344 (1P9)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L. Beffineschi

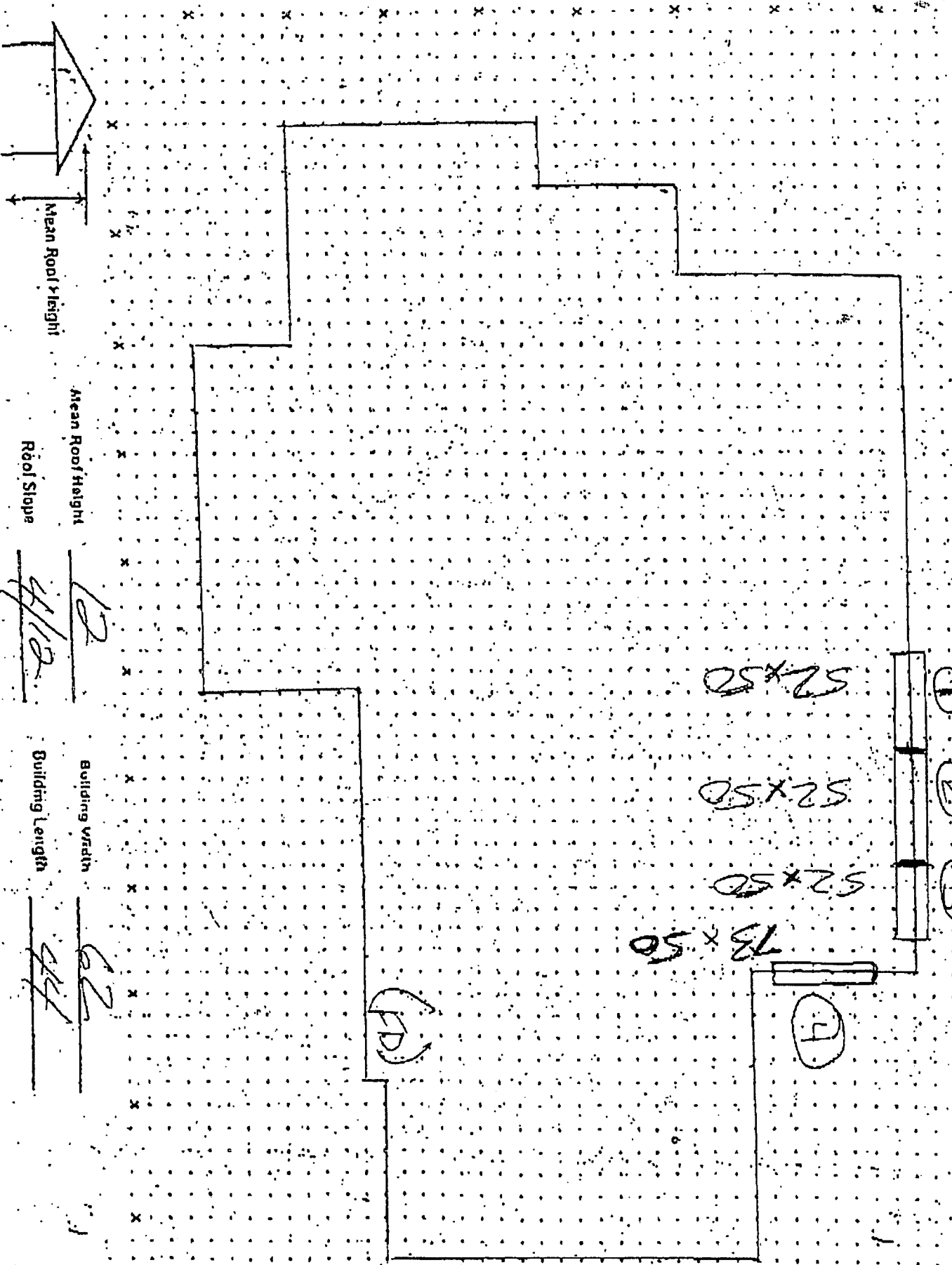
CUSTOMER NAME

WALBIA

WINDOW DIAGRAM SHEET

JOB #

5442488



Mean Roof Height

Mean Roof Height

Roof Slope

Building Width

Building Length

12

4/12

62


44

(D)

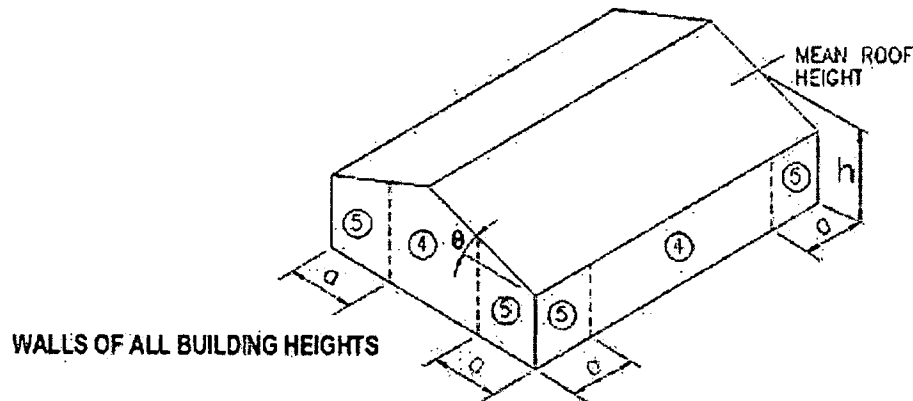
# FLORIDA BUILDING CODE, 2007

## DESIGN PRESSURES FOR COMPONENTS & CLADDING

### CALCULATIONS CONFORM WITH ASCE 7-05

Building Information		 STRUCTURES INTERNATIONAL, LLC	Job Information	
Wind Velocity (mph):	140		Calculations Type:	WALL OPENINGS
Importance Factor:	1.00	Job Number:	5442488	
Exposure Category:	C	Company Name:	THD At Home Services	
Directionality Factor (kd):	0.85	Prepared By:	Brian Kirby	
Internal Pressure Coefficient '+/-':	0.18	Date/Time:	2/14/2011 7:59:44 AM	
Mean Roof Height (ft):	12	Client Name:	Bruce Luciea	
Building Width (ft):	62	Job Description:	Replace 4 Windows size for size with Impact Glass	
Building Length (ft):	44			
Roof Slope (x:12):	3			
Width of End Zone (ft):	4.4			

Opening Mark	Opening Desc.	Location Zone	Opening Elev.(ft)	Opening Width (in)	Opening Height (in)	Max + Pres. (psf)	Max - Pres. (psf)
1	AC86HPS 1PNL	4	5	52	50	41.1	-44.7
2	AC86HPS 1PNL	4	5	52	50	41.1	-44.7
3	AC86HPS 1PNL	4	5	52	50	41.1	-44.7
4	AC86HPS 1PNL	4	5	73	50	40.1	-43.8



TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

**WINDOW/DOOR SCHEDULE**

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	52x50	1	SL	✓		
2	52x50	2	SL	✓		
3	52x50	3	SL	✓		
4	73x50	4	SL	✓		
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: \_\_\_\_\_ S.F.

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

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

**\* TYPE WINDOWS**

- SH - SINGLE HUNG                      AWN - AWNING                      SL - SLIDING
- DH - DOUBLE HUNG                    CAS - CASEMENT                    FIX - FIXED

Customer: WALBERT Job #: 5442488 Consultant: Booy Date: 1-21-11

Location	Item	Floor	Style Code	Wraps (W/H)	Style Code	Series Code	Color		Rough Opening		Type (F, S, GBC)	Color	Pattern	# of bars		Glass Hardware Screens Mull	Misc Items Code	Hinge location's (L=Left, R=Right, C=Center, J=Jamb, U=Upper, L/R=Left/Right)	
							Interior	Exterior	Width	Height				U:	Location				Vertical
	FRM	1	SH	N	FRM	AC86	W	W	52	50	102	F	W	A	1	2			X
									52	50	102			A	1	2			X
									73	50	123			A	1	2			X

Wipe roller

Interior Ceiling Type

Substrate Material (Vinyl only, Girth or GYW)

Bay Projection Angle 10° or 45°

Bay Flank's Type (FH, SH or L, S, or M)

Top of window is vinyl louver

It is to be left, color of soft material

Countertop Prod (V or S)

Garden Window:

Substrate Material (Vinyl only, Granite, Fiberglass or SUI)

Wall Thickness (Feet)

Additional Sheet (Feet or M)

SPECIAL CONSIDERATIONS:

I have reviewed and agree with all the job specifications for installation. Special Terms and Conditions on back of this yellow literature apply.

R. Bruce Junior  
Contractor Signature

# SilverLine<sup>®</sup>

## WINDOWS • DOORS

an Andersen Company

1 SILVERLINE DRIVE, NORTH BRUNSWICK, NJ 08902

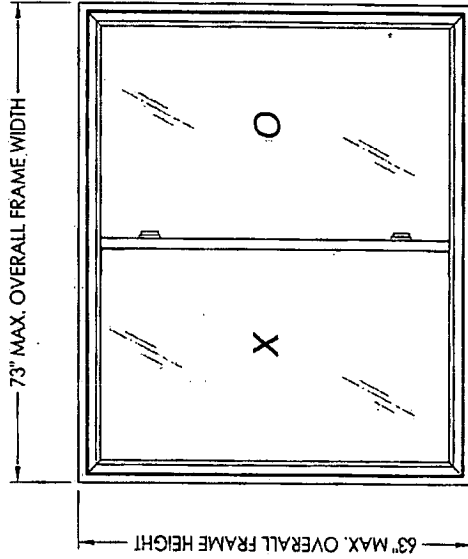
**"WEATHERSTOPPER<sup>™</sup>"**

### SERIES 8700 - MODEL 8700 EXTRUDED VINYL IMPACT HORIZONTAL SLIDER WINDOW "IMPACT"

GENERAL NOTES

1. This product has been evaluated and is in compliance with the 2007 Florida Building Code (FBC) structural requirements including the "High Velocity Hurricane Zone" (HVHZ).
2. Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wall dressing or stucco.
3. When used in the "HVHZ" this product complies with section 1626 of the Florida Building Code and does not require an impact resistant covering.
4. When used in areas outside of the "HVHZ" requiring wind borne debris protection this product complies with Section 1609.1.2 of the 2007 FBC and does not require an impact resistant covering.
5. For 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x buck masonry construction.
6. Site conditions that deviate from the details of this drawing require further engineering analysis by a licensed engineer or registered architect.

TABLE OF CONTENTS	
SHEET #	DESCRIPTION
1	Typical elevation, design pressures & general notes
2	Horizontal cross sections
3	Vertical cross sections
4	Vertical and horizontal cross sections for 1x buck & pre-cast sills
5	Buck and frame anchoring
6	Bill of materials, glazing detail and components



MAX. FRAME DIMENSION	MAX. FIXED SASH SIZE	MAX. OFFERABLE SASH SIZE	MAX. D.I.L.O. DIMENSION	GLASS TYPE	DESIGN PRESSURE (PSF)	
					POSITIVE	NEGATIVE
73.0" X 63.0"	35.75" X 59.25"	35.75" X 59.25"	32.56" X 56.25"	G1	+50.0	-50.0

2008 R.W. BUILDING CONSULTANTS, INC.

BUILDING CONSULTANTS, INC. P.O. Box 230 Venice FL 33595 Phone No.: 813.659.9187	Documents Prepared By:	Florida Board of Professional Engineers Certificate of Authorization No. 8813 Lyndon F. Schmidt, P.E. No. 43408 12/22/08	PRODUCT: EXTRUDED VINYL IMPACT HORIZONTAL SLIDER WINDOW	PART OR ASSEMBLY: TYPICAL ELEVATION, DESIGN PRESSURES & GENERAL NOTES	REVISIONS
					NO. DATE 1 12/19/08 ADD INTERLAYER TYPE

DRAWING NO.: FL-11620.6  
SHEET 1 OF 6

AC nulls  
2728

# Community Affairs



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## Product Approval

USER: Public User

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- PLANNING & DEVELOPMENT
- COMMUNITY AFFAIRS
- PLANNING & DEVELOPMENT
- PLANNING & DEVELOPMENT
- PLANNING & DEVELOPMENT
- PLANNING & DEVELOPMENT
- PLANNING & DEVELOPMENT

FL #	Application Type	Code Version	Application Status	Comments	Archived
FL8478-R1	Revision	2007	Approved		<input type="checkbox"/>

Product Manufacturer  
Address/Phone/Email

Silverline Building Products Corp.  
One Silverline Drive  
North Brunswick, NJ 08902  
(732) 435-1000  
rickw@rwbldgconsultants.com

Authorized Signature

Craig Calderone  
rickw@rwbldgconsultants.com

Technical Representative  
Address/Phone/Email

Quality Assurance Representative  
Address/Phone/Email



Category  
Subcategory  
Compliance Method  
Windows  
Millions

Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer  
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report  
Florida License  
Quality Assurance Entity  
Quality Assurance Contract Expiration Date  
Validated By  
Lyndon F. Schmidt, P.E.  
PE-54158  
National Accreditation and Management Institute  
12/31/2011  
Ryan J. King, P.E.  
 Validation Checklist - Hardcopy Received

Certificate of Independence  
[FL8478\\_R1\\_COI\\_CERT\\_OF\\_INDEPENDENCE.pdf](#)

Referenced Standard and Year (of Standard)  
**Standard**  
TAS 201, 202, 203  
**Year**  
1994

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method  
Method 1 Option D

Date Submitted  
03/05/2009

Date Validated 03/05/2009  
 Date Pending FBC Approval 03/13/2009  
 Date Approved 04/07/2009

**Summary of Products**

FL #	Model, Number or Name	Description
8478.1	Series 2723, 2724 and 2728	Extruded Aluminum Clipped Mullion (Vertical and Horizontal Combination) Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 8478.1 for Design Pressure Ratings by Model and Span, any Additional Use Limitations and Installation Instructions.		<b>Installation Instructions</b> FL8478_R1_II_INST_8478.1.pdf Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> FL8478_R1_AE_EVAL_8478.1.pdf Created by Independent Third Party: Yes

DCA Administration

Department of Community Affairs  
 Florida Building Code Online  
 Codes and Standards  
 2555 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-2100  
 (850) 487-1824, Fax (850) 414-8436  
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Product Approval Accepts:



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

3-29-11

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9916	<del>Home Depot</del>	<del>Final</del>	<del>Pass</del>	<del>Close</del>
1ST	Home Depot			INSPECTOR <i>JK</i>
	21 Middle Rd	Tree	NG	
				INSPECTOR
9748	Rowe	Final AC	Pass	Close
	5 S River Rd			INSPECTOR <i>JK</i>
	Niskin			
CE	Martinez			CLEANED UP
	1/2 KNOWLES		OK	
				INSPECTOR
9747	Schwartz	Dump	Pass	Contact FPL
	70 NSPC	Pole		INSPECTOR <i>JK</i>
	Driftwood			
9724	Ristaino	(Ducts)		
	8 Pennwinkle Ln	M/C FINA	Pass	Close
	Kraus & Crane			INSPECTOR <i>JK</i>
	ZANE CARTER	370 9932		
	LARA	903 590 4057		
		601-9047		INSPECTOR

**10431**

**A/C CHANGEOUT**



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:	10431	DATE ISSUED:	APRIL 23, 2013
SCOPE OF WORK:	AC CHANGEOUT & DUCTS		
CONTRACTOR:	JACK FROST AC OF SO. FLA.		
PARCEL CONTROL NUMBER:	013841-008-000-000219	SUBDIVISION	MELODY HILL-LOT 2
CONSTRUCTION ADDRESS:	3 S SEWALLS PT RD		
OWNER NAME:	LURIEA		
QUALIFIER:	JACQUES STIEGELMAN	CONTACT PHONE NUMBER:	336-9030

**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: 10431

Date: 04-19-13

OWNER/LESSEE NAME: Bruce + Michele Lurica Phone (Day) 888-4074 (Fax) \_\_\_\_\_  
 Job Site Address: 3 S. Sewall's Point Rd. City: Stuart State: FL Zip: 34996  
 Legal Description: Melody Hill W. 252.74 of Lot 2 Parcel Control Number: 01-38-41-008-000-00021-9  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SCOPE OF WORK (PLEASE BE SPECIFIC):** Replace a/c equipment & ducts

**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: \$ 5320.00  
 (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   
**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: Jack Frost AC of So. Fla., Inc. Phone: 772-336-9030 Fax: 336-9032

Qualifiers name: Jacques C. Stiegelman Street: 1732 S Biltmore St. City: Port St. Lucie State: FL Zip: 34984

State License Number: CAC1815725 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Kristi Parsons

**RECEIVED**

Phone Number: 772-336-9030

**APR 23 2013**

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fla. License# \_\_\_\_\_

DESIGN PROFESSIONAL: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation shall be the subject of a Flood 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 Bruce Lurica  
 State of Florida, County of: Martin  
 On This the 23<sup>rd</sup> day of April, 2013  
 by Bruce Lurica who is personally  
 known to me or produced N/A  
 As identification: N/A  
 Notary Public: Kristina R. Parsons  
 My Commission Expires: 04-23-13

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
 x \_\_\_\_\_  
 State of Florida, County of: St. Lucie  
 On This the 19<sup>th</sup> day of April, 2013  
 by Jacques C. Stiegelman who is personally  
 known to me or produced N/A  
 As identification: Kristina R. Parsons  
 Notary Public: \_\_\_\_\_  
 My Commission Expires: 04-23-13

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 105.2) - PLEASE DO NOT FOR PERMIT PROMPTLY.

Comm# DD0883280 Expires 4/23/2013 Florida Notary Assn., Inc.

Comm# DD0883280 Expires 4/23/2013 Florida Notary Assn., Inc.



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

**A/C PERMIT APPLICATION  
2010 FLORIDA BUILDING CODE**

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

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

1 Copy Completed permit application

2 Copies of the following:

- a. Manufacturer's data sheet to include make, model, seer/eer, tonnage, electrical requirements, refrigerant piping size, and AHRI listing page.
- b. Replacing ductwork requires Manual D layout plan with grille sizes
- c. Manual J calculations.
- d. Condenser tie down and Air Handler mounting details
- e. A/C change out affidavit
- f. Mandatory Duct inspection Certification

**\*\*\*\*NOTE: LOCKING ACCESS PORT CAPS ARE REQUIRED FOR REFRIGERANT LINES  
LOCATED OUT DOORS PER FBC/R - M1411.6**

**COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE**

2 Copies A/C Stand NOA or Engineers letter to retrofit to existing mounts.

Smoke Detectors in supply duct for units over 2000 CFM



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

**Air Conditioning Change out Affidavit**

Residential  Commercial \_\_\_\_\_  
 Package Unit Yes \_\_\_\_\_ No  (Use Condenser side of form below for equipment listing)  
 Duct Replacement  Yes some damaged ducts No - Refrigerant line replacement  Yes \_\_\_\_\_ No  
 Flushing Existing Refrigerant lines Yes \_\_\_\_\_ No  - Adding Refrigerant Drier Yes \_\_\_\_\_ No   
 Rooftop A/C Stand Installation Yes \_\_\_\_\_ No  - Curb Installation Yes \_\_\_\_\_ No  
 Smoke Detector in Supply (over 2000 CFM) Yes \_\_\_\_\_ No

**One form required for each A/C system installed**

**REPLACEMENT SYSTEM COMPONENTS**

<b>Air handler:</b> Mfg: <u>Trane</u> Model# <u>4FWCF024</u>	<b>Condenser:</b> Mfg <u>Trane</u> Model# <u>4TB3024G</u>
Volts <u>240</u> CFM's <u>960</u> Heat Strip <u>5</u> Kw _____	Volts <u>240</u> SEER/EER <u>13</u> BTU's <u>24000</u>
Min. Circuit Amps <u>27</u> Wire gauge <u>8</u>	Min. Circuit Amps <u>17</u> Wire gauge <u>10</u>
Max. Breaker size <u>27</u> Min. Breaker size <u>30</u>	Max. Breaker size <u>17</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R-410A</u>	Refrigerant type <u>R410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof <u>Right Rear</u>
Access: <u>inside home walk up stairs</u>	Condensate Location <u>ground</u>

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

**EXISTING SYSTEM COMPONENTS**

<b>Air handler:</b> Mfg: <u>Unknown</u> Model# <u>Missing</u>	<b>Condenser:</b> Mfg <u>Missing</u> Model# <u>Unknown</u>
Volts _____ CFM's _____ Heat Strip _____ Kw _____	Volts _____ SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge <u>8</u>	Min. Circuit Amps _____ Wire gauge <u>10</u>
Max. Breaker size _____ Min. Breaker size _____	Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type _____	Refrigerant type _____
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) _____	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location _____

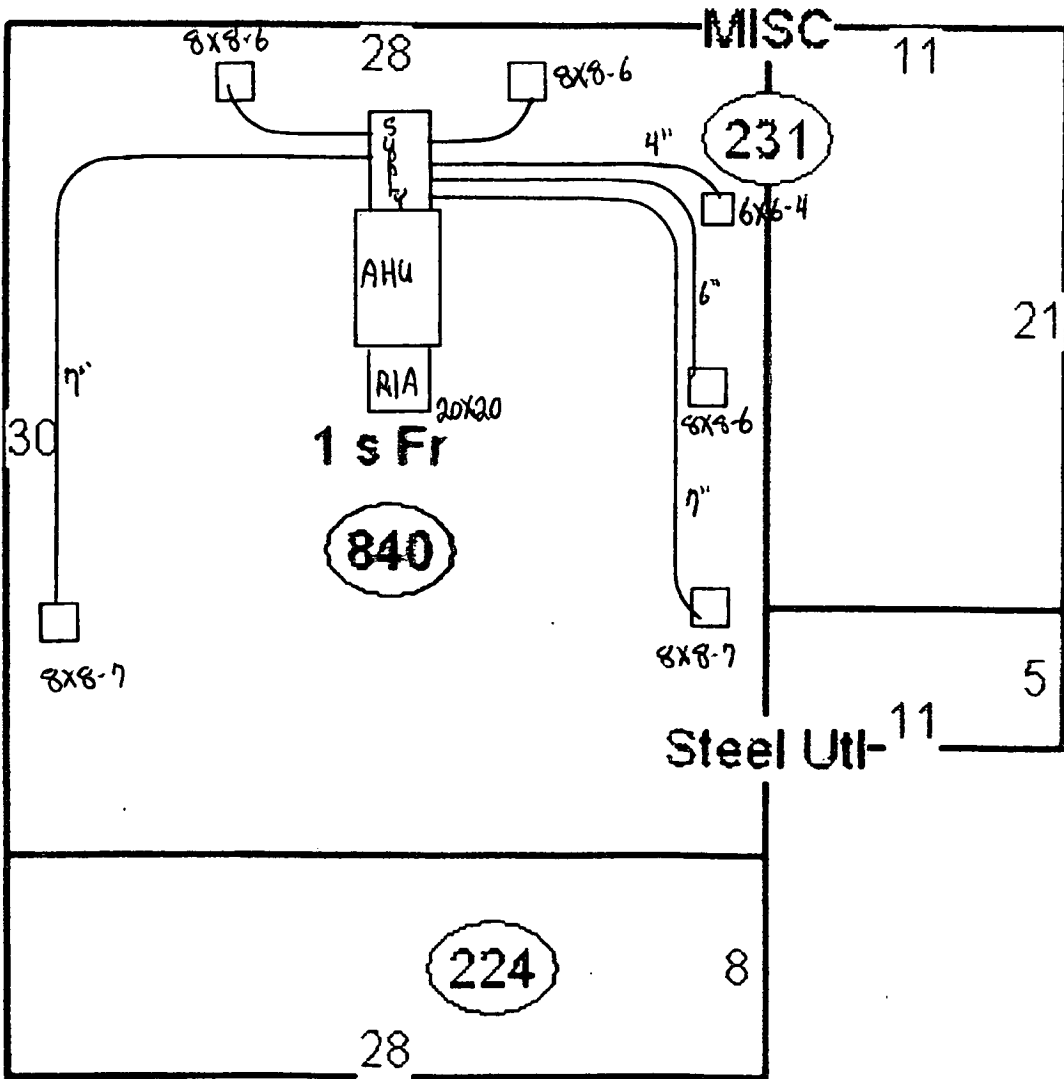
**Certification:**

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature \_\_\_\_\_

04-19-13  
 Date





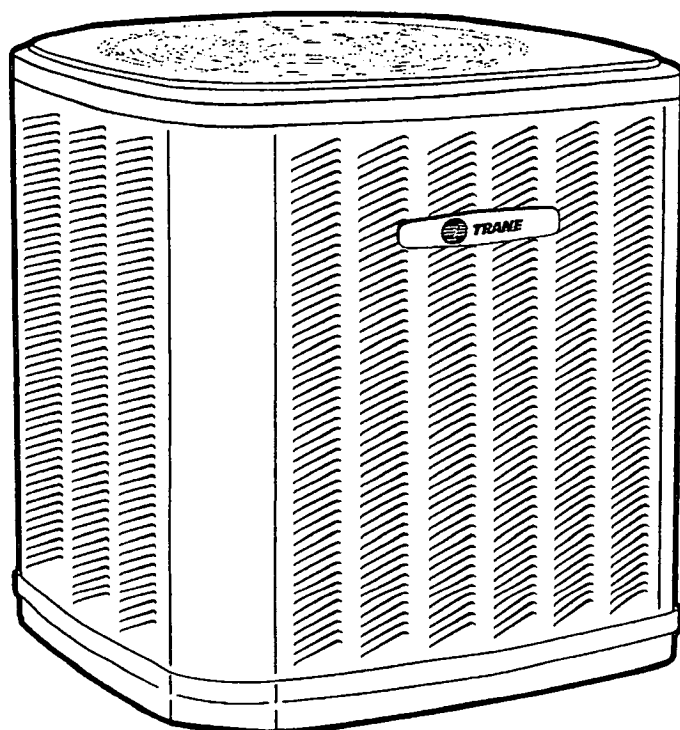
DUCTS



---

**4TTB3018-060**

**1½ – 5 Tons**



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**PUB. NO. 22-1843-13**



# General Data

## Product Specifications

Model No. ①	4TTB3018G1	4TTB3024G1	4TTB3030G1	4TTB3036E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	200/230/1/60	208/230/1/60
Min Branch Cir Ampacity	12	17	19	20
Br. Cir. Prot. Rtg. - Max (Amps)	20	25	30	35
Compressor	SCROLL	SCROLL	SCROLL	SCROLL
RL Amps - LR Amps	9 - 48	12.8 - 58.3	11.5 - 63.5	15.3 - 70
Outdoor Fan FL Amps	0.74	0.74	0.74	0.74
Fan HP	1/8	1/8	1/8	1/8
Fan Dia (inches)	23.0	23.0	23.0	23.0
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	5/11-LB/OZ	5/9-LB/OZ	5/11-LB/OZ	5/12-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	5/8	3/4	3/4
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Charge Spec. Subcooling	10°	10°	10°	10°
Dimensions H x W x D (Crated)	34 x 30.1 x 33	34 x 30.1 x 33	34 x 30.1 x 33	34 x 30.1 x 33
Weight - Shipping	167	169	180	186
Weight - Net	140	142	153	159
Start Components	NO	NO	NO	NO
Sound Enclosure	NO	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO
<b>Optional Accessories: ④</b>				
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT023	BAYECMT023	BAYECMT023
Start Kit	BAYKSKT263	BAYKSKT263	BAYKSKT263	BAYKSKT263
Crankcase Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Low Ambient Kit	BAYLOAM103	BAYLOAM103	BAYLOAM103	BAYLOAM103
Refrigerant Lineset ⑤	TAYREFLN950	TAYREFLN950	TAYREFLN7*	TAYREFLN7*

① Certified in accordance with the Unitary Air-Conditioner equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 60'. Standard lift - 60' Suction and Liquid line.

For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (\*denotes latest revision)

④ For accessory description and usage, see page 5.

⑤ \* = 15, 20, 25, 30, 40 and 50 foot lineset available.

MODEL	SOUND POWER LEVEL [dB(A)]	A-WEIGHTED FULL OCTAVE SOUND POWER LEVEL dB [(dB(A))]							
		63	125	250	500	1000	2000	4000	5000
4TTB3018G1	76	45.5	59.6	62.2	69.3	71.1	70.9	62.2	54.3
4TTB3024G1	76	47.9	60.5	64.1	71.2	71.2	69.0	58.2	51.5
4TTB3030G1	76	49.0	60.2	66.0	70.3	71.4	69.8	60.4	53.0
4TTB3036E1	74	47.5	64.5	62.3	69.1	71.2	72.6	59.9	52.1
4TTB3042D1	79	47.5	64.5	67.0	75.3	74.0	70.7	62.2	52.8
4TTB3048D1	79	47.4	60.0	66.9	75.3	73.5	70.3	62.0	51.4
4TTB3060D1	80	47.3	55.7	69.0	72.7	75.8	69.4	62.2	53.3

Note: Rated in accordance with AHRI Standard 270-2008

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## Air Handlers Upflow / Horizontal Left or Right 2 – 5 Ton

### 4FWCA, 4FWCF

---

ALL phases of this installation must comply with NATIONAL, STATE AND LOCAL CODES

*Important: This Document is customer property and is to remain with this unit. Please return to service information pack upon completion of work.*

The 4FWCA/4FWCF series is designed for installation in a closet, utility room, alcove, basement, crawlspace or attic. These versatile units are applicable to air conditioning and heat pump applications. Several models are available to meet the specific requirements of the outdoor equipment. Field installed electric resistance heaters are available.

### Section 1. Features

#### 1.1 Standard Features

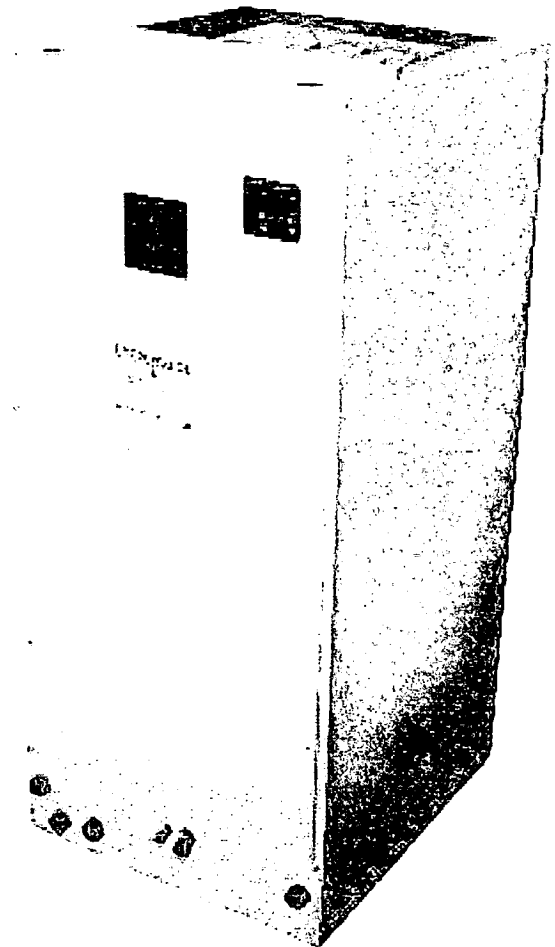
##### STANDARD FEATURES

- MULTI-POSITION UPFLOW AND HORIZONTAL
- POWDER COATED FINISH ON GALVANIZED STEEL EXTERIOR WITH FULLY INSULATED CABINET
- STURDY POLYCARBONATE DRAIN PANS
  - The 4FWCA / 4FWCF series has factory installed drain pans for either horizontal position.
- 208/230 VAC OPERATION
- TIME DELAY AND CONTROL TRANSFORMER
- MULTI-SPEED DIRECT DRIVE BLOWER
- FACTORY INSTALLED THERMAL EXPANSION VALVE
- ALL ALUMINUM COIL
- BOTTOM RETURN

#### 1.2 Optional Features

##### OPTIONAL FEATURES

- 3,5,6,8,10,15, OR 20 KW ELECTRIC HEATER
- CIRCUIT BREAKERS ARE STANDARD ON 15 & 20 KW ELECTRIC HEAT



Manufactured in the U.S.A.

## Performance and Electrical Data – 4FWC(A/F)024,025

AIR FLOW PERFORMANCE						
4FWC(A,F)024/025						
EXTERNAL STATIC (in w.g)	AIRFLOW					
	Speed Taps - 230 VOLTS			Speed Taps - 208 VOLTS		
	High	Med	Low	High	Med	Low
0.1	960	840	650	860	760	590
0.2	935	820	640	840	740	580
0.3	895	790	610	810	710	550
0.4	840	740	570	760	670	510
0.5	780	690	530	700	620	480

**NOTES:**

1. Values are with dry coil, filter in place, and no heaters
2. CFM Correction for wet coil = 4%

4FWC(A,F)024/025 MINIMUM HEATER AIRFLOW CFM		
Heater	Minimum Heat Speed Tap	
	With Heat Pump	Without Heat Pump
BAYHTR**1403SLO	Low	Low
BAYHTR**1405SLO	Low	Low
BAYHTR**1406SLO	Low	Low
BAYHTR**1408SLO	Low	Low
BAYHTR**1410SLO	Med	Low

ELECTRICAL DATA											
4FWC(A,F)024 / 4FWC(A,F)025											
Heater Model No	No. of Circuits	240 Volt					208 Volt				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater					2	15				2	15
BAYHTR**1403SLO	1	3	10200	12.5	18	20	2.25	7700	10.8	15	15
BAYHTR**1405SLO	1	4.8	16400	20	27	30	3.6	12300	17.3	24	25
BAYHTR**1406SLO	1	6	20500	25	33	35	4.5	15400	21.6	29	30
BAYHTR**1408SLO	1	8	27300	33.3	44	45	6	20500	28.8	38	40
BAYHTR**1410SLO	1	9.6	32800	40	52	60	7.2	24600	34.6	45	45

Note: Heaters with two circuits are displayed as Circuit 1/Circuit 2 (Minimum Circuit Ampacity for Circuit 1 includes Blower Motor Amp)

\*\* = DS, BK, or Blank (DS = Pull Disconnect, BK = Circuit Breaker Disconnect, Blank = terminal block)

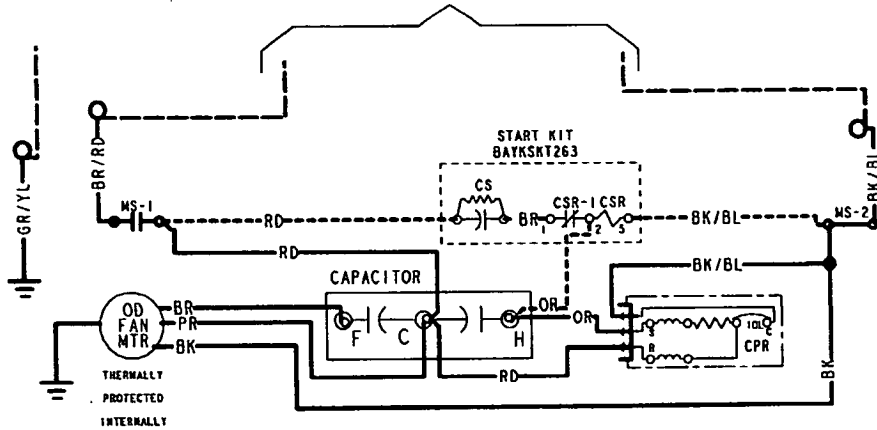
# Electrical Data

## SCHEMATIC DIAGRAMS

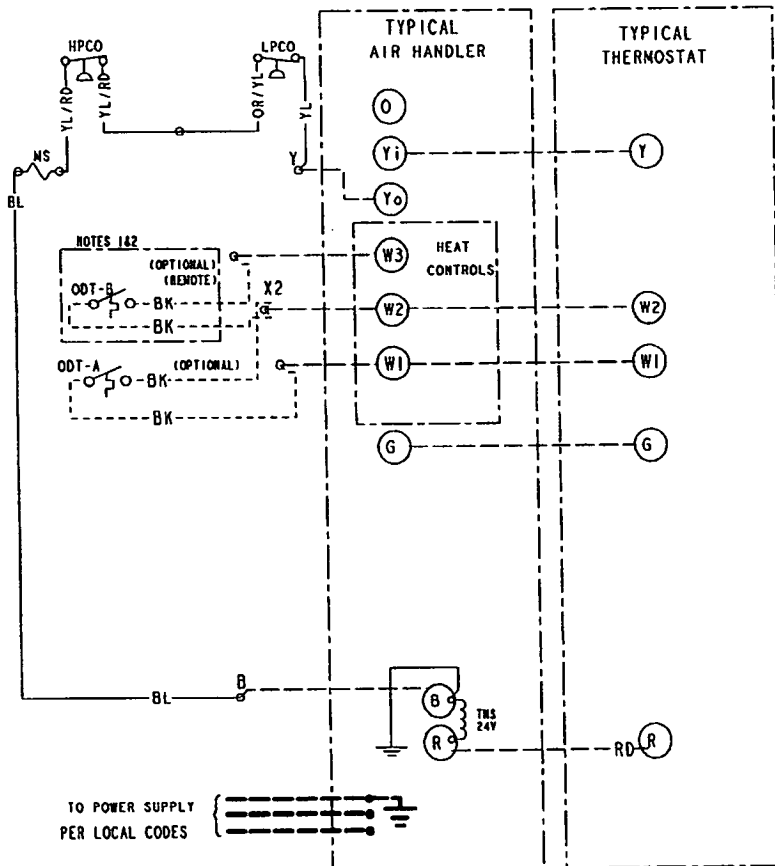
(SEE LEGEND)

### 4TTB3018, 024, 030G1, 042D1

TO POWER SUPPLY PER UNIT NAMEPLATE AND LOCAL CODES



- CF FAN CAPACITOR
- CN WIRECONNECTOR
- CPR COMPRESSOR
- CR RUN CAPACITOR
- CS STARTING CAPACITOR
- CSR CAPACITOR SWITCHING RELAY
- F INDOOR FAN RELAY
- HPCO HIGH PRESSURE CUTOFF SWITCH
- LPCCO LOW PRESSURE CUTOFF SWITCH
- IOL INTERNAL OVERLOAD PROTECTOR
- SN SYSTEM ON-OFF SWITCH
- MS COMPRESSOR MOTOR CONTACTOR
- ODA OUTDOOR ANTICIPATOR
- OFT OUTDOOR FAN THERMOSTAT
- OOS OUTDOOR TEMPERATURE SENSOR
- OOT OUTDOOR THERMOSTAT
- SC SWITCH OVER VALVE SOLENOID
- TOL DISCHARGE LINE THERMOSTAT
- TNS TRANSFORMER



### WARNING

**HAZARDOUS VOLTAGE!**  
DISCONNECT ALL ELECTRICAL POWER INCLUDING REMOTE DISCONNECTS BEFORE SERVICING.  
Failure to disconnect power before servicing can cause severe personal injury or death.

### CAUTION

USE COPPER CONDUCTORS ONLY! UNIT TERMINALS ARE NOT DESIGNED TO ACCEPT OTHER TYPES OF CONDUCTORS. Failure to do so may cause damage to the equipment.

COLOR OF WIRE  
BK/BL  
COLOR OF MARKER

- BK BLACK RD RED OR ORANGE
- BL BLUE WH WHITE GR GREEN
- BR BROWN YL YELLOW PR PURPLE
- PK PINK LT/L LIGHT BLUE

#### NOTES:

1. IF ODT-B IS NOT USED, ADD JUMPER BETWEEN W2 & W3 AT AIR HANDLER. IF USED, ODT-B MUST BE MOUNTED REMOTE OF CONTROL BOX IN AN APPROVED WEATHER PROOF ENCLOSURE.
2. IF ODT-A IS NOT USED, ADD JUMPER BETWEEN W1 & W2 AT AIR HANDLER.
3. LOW VOLTAGE (24 V) FIELD WIRING MUST BE 18 AWG MIN.

FOR CANADIAN INSTALLATIONS  
POUR INSTALLATIONS CANADIENNES

CAUTION: NOT SUITABLE FOR USE ON SYSTEMS EXCEEDING 150V-TO-GROUND  
ATTENTION: NE CONVIENT PAS AUX INSTALLATIONS DE PLUS DE 150 V A LA TERRE

PRINTED FROM D157362P03 REV00



# Certificate of Product Ratings

AHRI Certified Reference Number: 5733004

Date: 4/19/2013

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

Outdoor Unit Model Number: 4TTB3024G1

Manufacturer: TRANE

Indoor Unit Model Number: 4FWC(A,F)024A\*

Manufacturer: TRANE U.S. INC.

Trade/Brand name: TRANE

Manufacturer responsible for the rating of this system combination is TRANE U.S. INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	24000
EER Rating (Cooling):	11.00
SEER Rating (Cooling):	13.00

\* Ratings followed by an asterisk (\*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

#### DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at [www.ahridirectory.org](http://www.ahridirectory.org).

#### TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahridirectory.org](http://www.ahridirectory.org), click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130108689739325360

## Customer Information

Street Address 3 S. Sewall\\'s Point Rd., Stuart, FL 34996

Latitude, Longitude 26.6726°, -80.0706°

House Square Footage: 840 sq. ft.

Name: Bruce & Michele Luriea

Phone: 772-288-4074

Email:

## House Information

SHR .75

Number of residents 2

Ceiling height 8

Wall U-value | R-value 0.2381 | 4

Floor U-value | R-value 0 | 0

Ceiling U-value | R-value 0.0526 | 19

Window U-value 1.0

Window SHGF 0.85

Moisture grains 64

Duct loss % 10

Duct gain % 10

Cooling infiltration (ACH) 0.6

Heating infiltration (ACH) 0.8

Winter ventilation 0

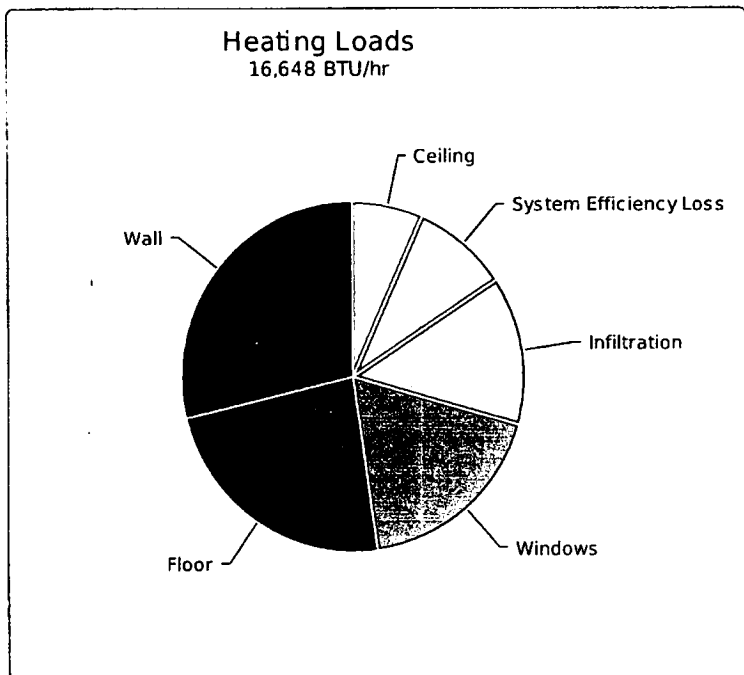
Summer ventilation 0

*Kristi Parsons*



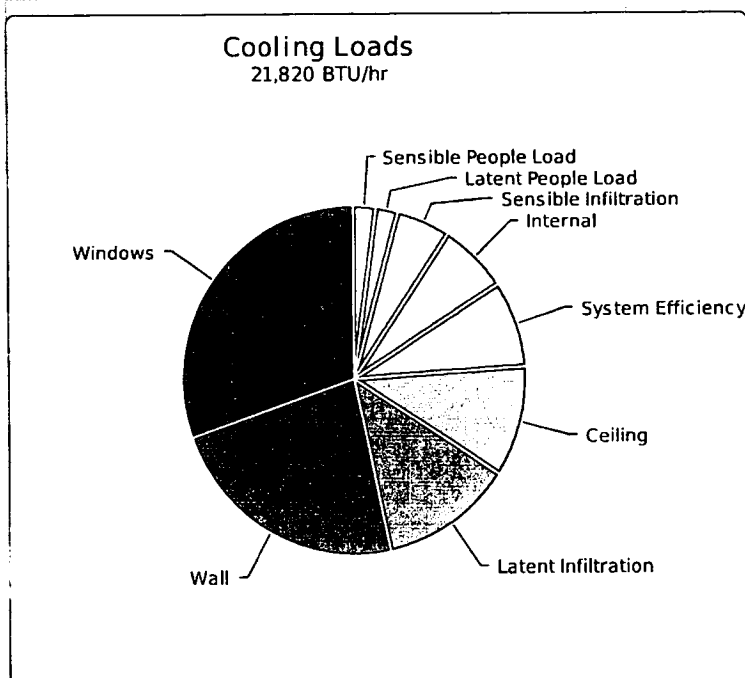
# Heating Loads

Area	Btuh	% of load
Wall	4794	28.8
Floor	3894	23.4
Ceiling	1105	6.6
Windows	3050	18.3
Infiltration	2292	13.8
System Efficiency Loss	1513	9.1
Total:	16648	

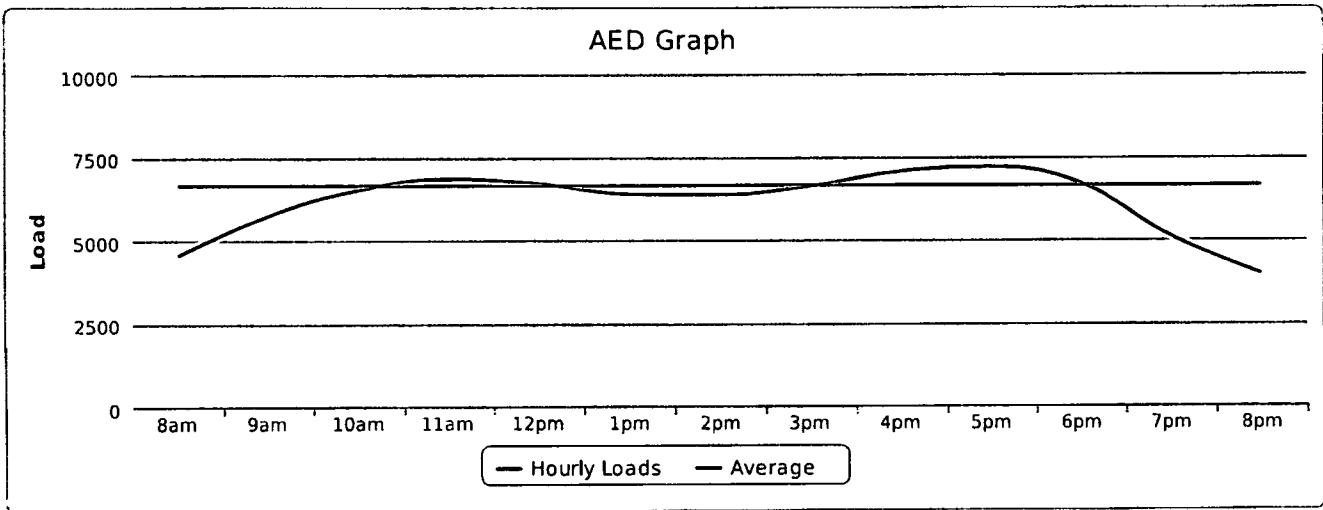


# Cooling Loads

Area	Btuh	% of load
Wall	4986	22.9
Ceiling	2253	10.3
Windows	6642	30.4
Sensible Infiltration	1100	5
Latent Infiltration	2720	12.5
System Efficiency Gain	1770	8.1
Internal	1428	6.5
Sensible People Load	460	2.1
Latent People Load	460	2.1
<b>Total:</b>	<b>21820</b>	
<b>Sensible load</b>	<b>18640</b>	
<b>Latent load</b>	<b>3180</b>	
<b>SHR</b>	<b>0.85</b>	
<b>Capacity at .75 SHR</b>	<b>2.07 Tons</b>	



## Adequate Exposure Diversity



## Equipment selection

System equipment selection will be made using the following derived values.

Glass (SE)	61 sq. ft.
Glass (SW)	9 sq. ft.
Glass (NE)	9 sq. ft.
Glass (NW)	43 sq. ft.
Summer Outdoor	91°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	45°F
Winter Indoor	70°F
Sensible Cooling	18,640 Btuh
Latent Cooling	3,180 Btuh
Required Cooling Airflow	847 CFM
Sensible Heating	16,648 Btuh
Required Heating Airflow	216 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree

# THE METAL SHOP

Custom Metal Manufacturer  
Consulting Engineer

## ANCHOR CLIPS Installer's Guide

Douglas W. Lowe, P.E.  
FLAS 13955  
1296 Millcreek Parkway  
Brandon, FL 33511

**WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING**

### PART NUMBER

- #771 (4 pk)
- #772 (100 box)
- #770 (4 pk including hardware)

### CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

### PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

### INSTALLATION

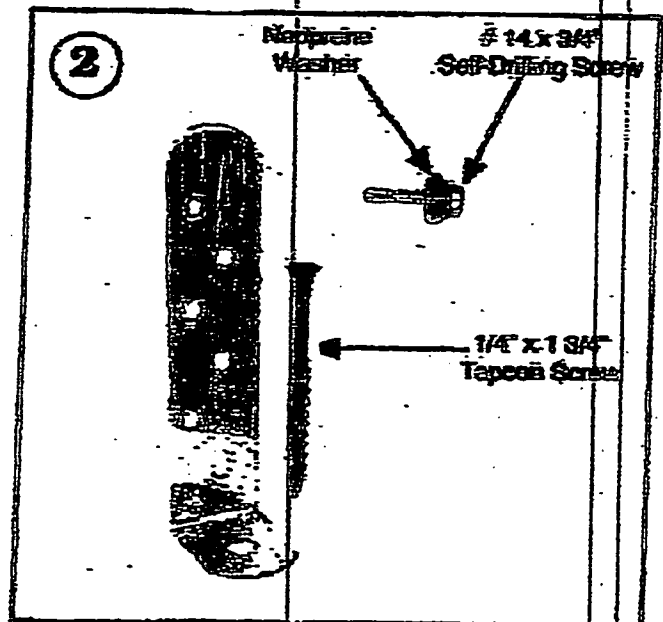
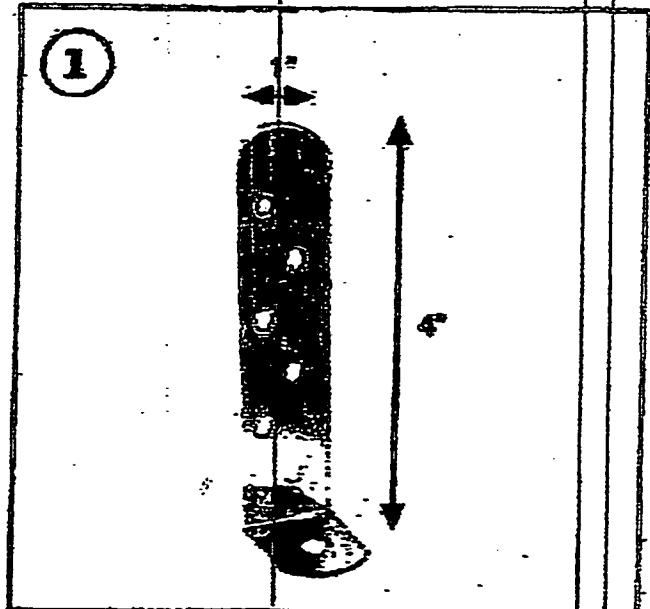
Maximum of 4 clips required per condenser unit.  
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.  
1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.  
Locate the anchor clips to fit comfortably between condenser unit and pad.  
Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.  
All hardware must be fastened prior to connecting refrigerant lines and electrical power in the unit.  
Suitable for ground mounted units.  
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) chapter 301.12 for wind resistance up to 140 MPH.

### FEATURES

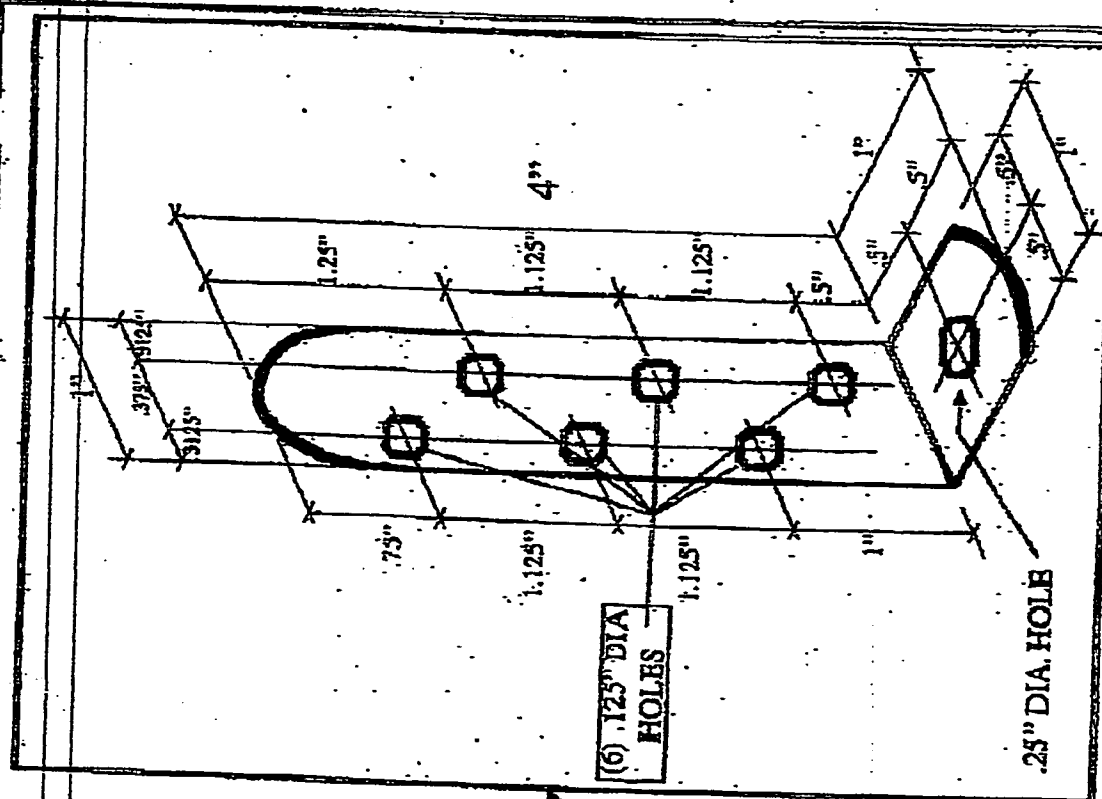
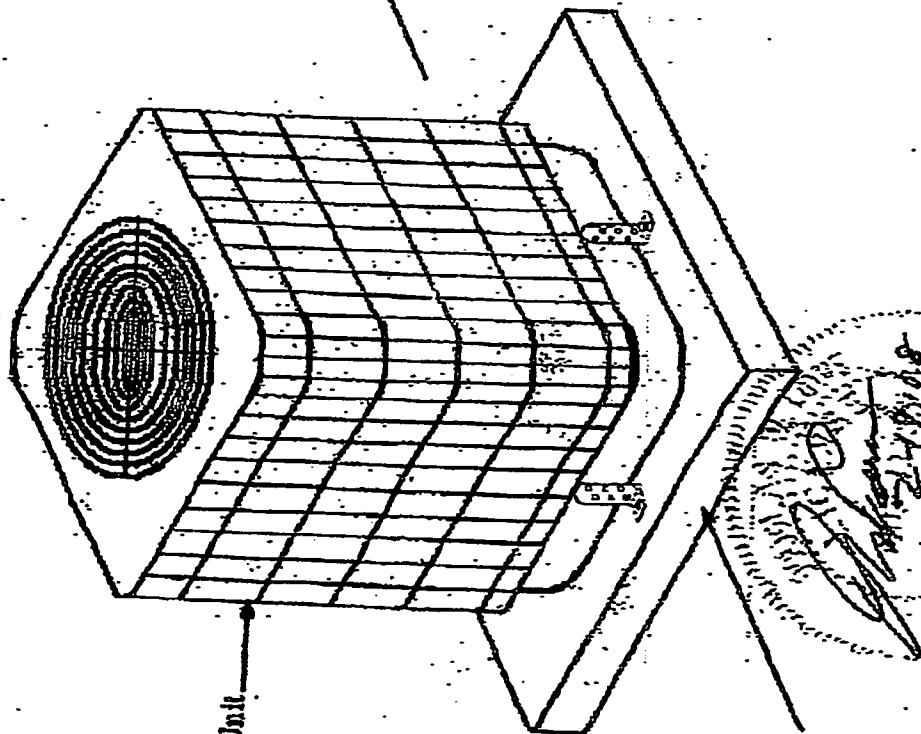
The use of "sized to fit" screw holes compared to slots means that security is never compromised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

### NOTE

Above installation instruction suitable for up to 5 ton units.



**#771 (A.P.S.) / #772 (H.C.P.) Anchor CHD**



Metal thickness = 16 gauge

<p><b>The Metal Shop</b>          1189 Eldridge Street          Clearwater          FL 34615          Phone: (727) 441-2492          Fax: (727) 442-8499          Web: www.metalsshop.org</p>	<p><b>Consulting Engineer:</b>          Douglas W. Lowe, P.E.          FLA # 18855          1206 Millennium Parkway          Brandon, FL 33511</p>	<p><b>Revision Date:</b>          2/14/08</p>	<p><b>Drawn by:</b>          K.P.R.</p> <p><b>Page:</b>          1 of 1</p> <p><b>Scale:</b> - Not to scale</p>
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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel: 772-287-2455 Fax 772-220-4765

**FLORIDA ENERGY CONSERVATION CODE**

**Mandatory Duct Inspection Certification for HVAC change-out**

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Bruce + Michele Kuriez Contractor name: Jack Frost AC of So. Fla, Inc.

Street address: 3 S. Sewall's Pt. Rd. Jurisdiction: Sewall's Point

City: Stuart Permit No.: \_\_\_\_\_

Zip: 34996 Final inspection date: \_\_\_\_\_

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 04-19-13

Printed Name: \_\_\_\_\_

Contractor License #: \_\_\_\_\_

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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

*Do GA FWP*  
10431

**FLORIDA ENERGY CONSERVATION CODE**

**Mandatory Duct Inspection Certification for HVAC change-out**

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Bruce + Michele Luries Contractor name: Jack Frost AC of So. Fla, Inc.  
 Street address: 3S. Sewall's Pt. Rd. Jurisdiction: Sewall's Point  
 City: Stuart Permit No.: 10431  
 Zip: 34996 Final inspection date: \_\_\_\_\_

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 04-19-13  
 Printed Name: Jacques C. Stiegelman  
 Contractor License #: CAC1815725

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **5-6-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10431</del>	<del>[scribble]</del>	<del>[scribble]</del>		
	3 S Sewalls Jack Frost	Final Ac	Pass	CLOSE INSPECTOR <i>AK</i>
1044	Beed 34 S Sewalls Century Ac	Final Ac	Pass	CLOSE INSPECTOR <i>AK</i>
<del>10430</del> 10:30 11 AM				
10425	Partels 3 St Lucie Ct JA Taylor	tile in progress	Pass	INSPECTOR <i>AK</i>
10286	Campkin 1 Oakwood DR OB	Final bathroom	Pass	CLOSE INSPECTOR <i>AK</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



**10740**

**WINDOW**

**REPLACEMENT**



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:	10740	DATE ISSUED:	01/28/2014
SCOPE OF WORK:	WINDOW REPLACEMENT		
CONTRACTOR:	THE HOME DEPOT		
PARCEL CONTROL NUMBER:	013841008000000219	SUBDIVISION	MELODY HILL LOT 2
CONSTRUCTION ADDRESS:	3 S SEWALL'S POINT ROAD		
OWNER NAME:	LURIEA		
QUALIFIER:	BOYSIE RAMDIAL	CONTACT PHONE NUMBER:	407 469-5599

**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 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:	10740
ADDRESS	3 SOUTH SEWALL'S POINT ROAD
DATE 01/28/2014	SCOPE OF WORK WINDOW REPLACEMENT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		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.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
Total number of inspections (Value < \$200K)@\$100ea		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5 min.)			
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

ACCESSORY PERMIT	Declared Value:	\$	4603.00
Total number of inspections @ \$100.00 each	2		200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	3.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	211.00

*pd ck # 67936*

Town of Sewall's Point 7302022

Date: 01/28/2014 BUILDING PERMIT APPLICATION Permit Number: 10740

OWNER/LESSEE NAME: Bruce and Michelle Luriea Phone (Day) (772) 288 - 4074 (Fax)

Job Site Address: 3 S Sewall's Point Rd. City: Stuart State: FL Zip: 34996

Legal Description MELODY HILL W 252.74' OF LOT 2 & Parcel Control Number: 01 38 41 008 000 00021 9

Fee Simple Holder Name: THAT PART OF LOT 3 N OF 10' RD OR 344/2530 Address:

City: State: Zip: Telephone:

\*SCOPE OF WORK (PLEASE BE SPECIFIC): Replacing 3 windows size for size with impact.

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 4,603.00 (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: The Home Depot/At Home Services Phone (954) 379 - 1500 Fax: (954) 574 - 5187

Qualifiers name: Boysie Ramdial Street: 674 S Military Trail City: Deerfield Beach FL Zip: 33442

State License Number: CRC046858 OR: Municipality: License Number:

LOCAL CONTACT: Amber Flenker Phone Number (407) 469 - 5599

DESIGN PROFESSIONAL: Fla. License#

Street: City: Zip: Phone Number:

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

Carport: Total under Roof: Enclosed area below BFE:

\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 ft, require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

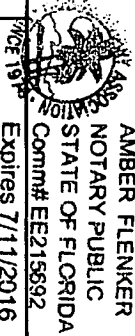
- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: X 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 Boysie le Ramdial State of Florida, County of: Lake On This the 17 day of January 2014 by Boysie Ramdial who is personally known to me or produced As identification. Notary Public My Commission Expires: 07/11/2016



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!



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/22/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326		<b>CONTACT NAME:</b>	
100492-HomeD-GW-FL-13-14      MU		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A : Steadfast Insurance Company	NAIC # 26387
		INSURER B : Illinois National Ins Co	23817
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER:** ATL-003149282-01      **REVISION NUMBER:** 0

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLO4887714-03  "LIMITS OF POLICY XS" "OF SIR: \$1M PER OCC"	03/01/2013	03/01/2014	EACH OCCURRENCE	\$ 9,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ 9,000,000
							GENERAL AGGREGATE	\$ 9,000,000
							PRODUCTS - COMP/OP AGG	\$ 9,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED      RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WC033575316 (FL)	03/01/2013	03/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

<b>CERTIFICATE HOLDER</b> TOWN OF SEWALLS POINT 1 S. SEWALLS POINT RD SEWALLS POINT, FL 34996	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
--	---

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**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**CONSTRUCTION INDUSTRY LICENSING BOARD**  
 1940 NORTH MONROE STREET  
 TALLAHASSEE FL 32399-0783

(850) 487-1395

**RAMDIAL, BOYSIE GANGA**  
**THE HOME DEPOT AT-HOME SERVICES**  
 2690 CUMBERLAND PKWY  
 SUITE 300  
 ATLANTA GA 30339

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

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Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA AC# 6151838  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 CRC046858 06/06/12 118199306  
**CERTIFIED RESIDENTIAL CONTRACTOR**  
 RAMDIAL, BOYSIE GANGA  
 THE HOME DEPOT AT-HOME SERVICES  
 IS CERTIFIED under the provisions of Ch.489 FS  
 Expiration date: AUG 31, 2014 L12060601558

ATTACH HERE

2013-2014 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES 9-30-2014 FOLIO NO.

STAMPS	EQUIPMENT OR MACHINES	VEHICLES	BOATS	EMPLOYEES	RENEWAL	FOLIO NO.
	0	0	0	1	182689.0000	

OCC. CODE 090.022 BUSINESS TYPE RESIDENTIAL CONTRACTOR

H. WASTE SURCHARGE 40.00 TAX 18.00

2014

BUSINESS LOCATION 207 KELSEY LN K TAMPA 33619

NAME RAMDIAL BOYSIE GANGA  
 MAILING ADDRESS DBA/THE HOME DEPOT AT-HOME SERVICES  
 2690 CUMBERLAND PKWY STE 300  
 ATLANTA GA 30339

**BUSINESS TAX RECEIPT**

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

DOUG BELDEN, TAX COLLECTOR  
 613-635-6200  
 THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

PAID - 28641 - 6  
 07/16/2013 \*\*\* 58.00

HOME IMPROVEMENT CONTRACT  
PLEASE READ THIS

Branch Name: Miami

Date: 1/9/14

Sold, Furnished and Installed by:  
THD At-Home Services, Inc.  
d/b/a The Home Depot At-Home Services  
674 S. Military Trail, Deerfield Beach, FL 33442  
Toll Free 877-903-3768

Branch Number: 60

Fein # 75-2698460, Fl. Lic # CCC058327, CGC1507093, CRC046858

Installation Address: 3 S Swalls Pt Rd, Stuart, FL 34996  
City State Zip

Purchaser(s):	Work Phone:	Home Phone:	Cell Phone:
Bruce Luria	[ ]	[772] 285-4074	[ ]
	[ ]	[ ]	[ ]

Home Address: (If different from Installation Address) City State Zip

Email Address (to receive project communications and Home Depot updates):  
 I DO NOT wish to receive any marketing emails from The Home Depot

Project Information: Undersigned ("Customer"), the owners of the property located at the above installation address, agrees to buy, and THD At-Home Services, Inc. ("The Home Depot") agrees to furnish, deliver and arrange for the installation ("Installation") of all materials described on the below and on the referenced Spec Sheet(s), all of which are incorporated into this Contract by this reference, along with any applicable State Supplement and Payment Summary attached hereto and any Change Orders (collectively, "Contract"):

Job #: (Internal Reference)	Products:	Spec Sheet(s) #:	Project Amount
7302022	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input checked="" type="checkbox"/> Windows <input type="checkbox"/> Insulation <input type="checkbox"/> Gutters / Covers <input type="checkbox"/> Entry Doors <input type="checkbox"/>	3602	\$ 4603
	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows <input type="checkbox"/> Insulation <input type="checkbox"/> Gutters / Covers <input type="checkbox"/> Entry Doors <input type="checkbox"/>		\$
	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows <input type="checkbox"/> Insulation <input type="checkbox"/> Gutters / Covers <input type="checkbox"/> Entry Doors <input type="checkbox"/>		\$
	<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Windows <input type="checkbox"/> Insulation <input type="checkbox"/> Gutters / Covers <input type="checkbox"/> Entry Doors <input type="checkbox"/>		\$
10% of Contract Amount due upon execution of this contract. Certain forms of payment may require 100% payment prior to the start of the project.		Total Contract Amount	\$ 4603

Customer agrees that, immediately upon completion of the work for each Product, Customer will execute a Completion Certificate (one for each Product as defined by an individual Spec Sheet) and pay any balance due. As applicable, each Customer under this Contract agrees to be jointly and severally obligated and liable hereunder.

The Home Depot reserves the right to issue a Change Order or terminate this Contract or any individual Product(s) included herein, at its discretion, if The Home Depot or its authorized service provider determines that it cannot perform its obligations due to a structural problem with the home, environmental hazards such as mold, asbestos or lead paint, other safety concerns, pricing errors or because work required to complete the job was not included in the Contract.

Payment Summary: The Payment Summary # 790938, included as part of this Contract, sets forth the total Contract amount and payments required for the deposits and final payments by Product (as applicable).

NOTICE TO CUSTOMER

You are entitled to a completely filled-in copy of the Contract at the time you sign. Do not sign a Completion Certificate (note: there is one Completion Certificate for each listed Product as defined by individual Spec Sheets) before work on that Product is complete.

In the event of termination of this Contract, Customer agrees to pay The Home Depot the costs of materials, labor, expenses and services provided by The Home Depot or Authorized Service Provider through the date of termination, plus any other amounts set forth in this Agreement or allowed under applicable law. THE HOME DEPOT MAY WITHHOLD AMOUNTS OWED TO THE HOME DEPOT FROM THE DEPOSIT PAYMENT OR OTHER PAYMENTS MADE, WITHOUT LIMITING THE HOME DEPOT'S OTHER REMEDIES FOR RECOVERY OF SUCH AMOUNTS.

Acceptance and Authorization: Customer agrees and understands that this Agreement is the entire agreement between Customer and The Home Depot with regard to the Products and Installation services and supersedes all prior discussions and agreements, either oral or written, relating to said Products and Installation. This Agreement cannot be assigned or amended except by a writing signed by Customer and The Home Depot. Customer acknowledges and agrees that Customer has read, understands, voluntarily accepts the terms of and has received a copy of this Agreement.

Accepted by:  
X Bruce Luria 1/9/14  
Customer's Signature Date  
X  
Customer's Signature Date

Submitted by:  
X [Signature] 1/9/14  
Sales Consultant's Signature Date  
Telephone No. 772-285-4345  
Sales Consultant License No. N/A (as applicable)

CANCELLATION: CUSTOMER MAY CANCEL THIS AGREEMENT WITHOUT PENALTY OR OBLIGATION BY DELIVERING WRITTEN NOTICE TO THE HOME DEPOT BY MIDNIGHT ON THE THIRD BUSINESS DAY AFTER SIGNING THIS AGREEMENT. THE STATE SUPPLEMENT ATTACHED HERETO CONTAINS A FORM TO USE IF ONE IS SPECIFICALLY PRESCRIBED BY LAW IN CUSTOMER'S STATE.

NOTICE: ADDITIONAL TERMS AND CONDITIONS ARE STATED ON THE REVERSE SIDE AND ARE PART OF THIS CONTRACT

Parcel # \_\_\_\_\_ Plot # 01-38-41-008  
-000-00021-9  
**NOTICE OF COMMENCEMENT**

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

1. Legal Description of Property: Lot 2 Block Unit # Block # Longly (legal attached) Legal Description:  
Subdivision / Condominium: Metady Hill W 252.74' OF Lot 2 and  
Street Address if available: 3 S Sewalls Point Rd. that part of lot 3 NOF 10'  
RD. OR 34412530
2. General description of improvement: Replace windows
3. a. Owner name and address: Bruce Luciea 3 South Sewalls Point Rd.  
 b. Interest in property: Owner Stuart, FL 34996  
 c. Name and address of the single proprietor (if other than Owner): \_\_\_\_\_
4. a. Contractor name and address: The Home Depot At Home Services 674 S. Military Trail  
 b. Contractor's phone number: (954) 379-1500 Deerfield Beach, FL 33442
5. a. Surety name and address: \_\_\_\_\_  
 b. Surety's phone number: \_\_\_\_\_  
 c. Amount of bond: 3
6. a. Lender name and address: \_\_\_\_\_  
 b. Lender's phone number: \_\_\_\_\_
7. a. 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 Statute:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 b. Phone number: \_\_\_\_\_
8. a. In addition to himself or herself, the Owner designates \_\_\_\_\_  
 to receive a copy of Lessor's Notice per Section 713.13(1)(b), Florida  
 b. Phone number of person or entity designated by owner \_\_\_\_\_
9. Expiration date of notice of commencement: \_\_\_\_\_  
(The expiration date is 1 year from the date of recording unless a different date is specified)

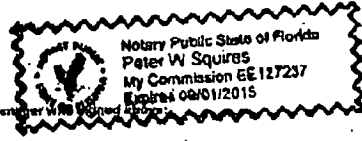
**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED 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.**

Signature(s) of Owner(s) or Owner's Authorized Officer/Director/Partner/Manager:  
 By Bruce Luciea Title Owner  
 Print Name BRUCE LUCIEA Title/Office \_\_\_\_\_  
 Title/Office \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF BROWARD  
 The foregoing instrument was acknowledged before me this 9 day of January, 2014  
 by Bruce Luciea  
 Individually, or  as Owner for self  
 Personally known, or  produced the following type of identification: Drivers license

Signature of Notary Public: \_\_\_\_\_  
 Print Name: Peter W Squires  
 (SEAL)

**VERIFICATION PURSUANT TO SECTION 62.573, FLORIDA STATUTES**  
 Under penalty of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.



Signature(s) of Owner(s) or Owner's Authorized Officer/Director/Partner/Manager who Signed Herein:  
 By Bruce Luciea \_\_\_\_\_

Recording Fee: ... cost of recording is \$110.00



AC 86 HPS - Horizontal Slider



Florida Department of  
**Business & Professional  
Regulation**

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FL #	FL14994												
Application Type	New												
Code Version	2010												
Application Status	Approved												
Comments													
Archived	<input type="checkbox"/>												
Product Manufacturer	Silverline Building Products Corp.												
Address/Phone/Email	One Silverline Drive North Brunswick, NJ 08902 (732) 435-1000 rickw@rwblgdgconsultants.com												
Authorized Signature	Vivian Wright rickw@rwblgdgconsultants.com												
Technical Representative													
Address/Phone/Email													
Quality Assurance Representative													
Address/Phone/Email													
Category	Windows												
Subcategory	Horizontal Slider												
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received												
Florida Engineer or Architect Name who developed the Evaluation Report	Lyndon F. Schmidt, P.E.												
Florida License	PE-43409												
Quality Assurance Entity	Window and Door Manufacturers Association-QA												
Quality Assurance Contract Expiration Date	12/31/2014												
Validated By	Ryan J. King, P.E. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received												
Certificate of Independence	<a href="#">FL14994_R0_COI_Certificate_of_Independence.pdf</a>												
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><b>Standard</b></th> <th><b>Year</b></th> </tr> </thead> <tbody> <tr> <td>AAMA/WDMA/CSA101/I.S.2/A440</td> <td>2005</td> </tr> <tr> <td>AAMA/WDMA/CSA101/I.S.2/A440</td> <td>2008</td> </tr> <tr> <td>ASTM E1886</td> <td>2002</td> </tr> <tr> <td>ASTM E1996</td> <td>2002</td> </tr> <tr> <td>TAS 201, 202, 203</td> <td>1994</td> </tr> </tbody> </table>	<b>Standard</b>	<b>Year</b>	AAMA/WDMA/CSA101/I.S.2/A440	2005	AAMA/WDMA/CSA101/I.S.2/A440	2008	ASTM E1886	2002	ASTM E1996	2002	TAS 201, 202, 203	1994
<b>Standard</b>	<b>Year</b>												
AAMA/WDMA/CSA101/I.S.2/A440	2005												
AAMA/WDMA/CSA101/I.S.2/A440	2008												
ASTM E1886	2002												
ASTM E1996	2002												
TAS 201, 202, 203	1994												
Equivalence of Product Standards Certified By													

Sections from the Code

Product Approval Method                      Method 1 Option D

Date Submitted                                    11/17/2011

Date Validated                                    12/07/2011

Date Pending FBC Approval                    12/16/2011

Date Approved                                    01/31/2012

Summary of Products		
FL #	Model, Number or Name	Description
14994.1	a. Series 2800 Model 2802	Extruded Vinyl Horizontal Slider Window with Nailing Fin - 2 Panel (OX or XO Configuration)
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> No <b>Design Pressure:</b> N/A <b>Other:</b> See INST 14994.1 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		<b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.1.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.1.pdf</a> Created by Independent Third Party: Yes
14994.2	b. Series 2800 Model 2803/2804	Extruded Vinyl Horizontal Slider Window with Nailing Fin - 3 Panel (XOX Configuration)
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> No <b>Design Pressure:</b> N/A <b>Other:</b> See INST 14994.2 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		<b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.2.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.2.pdf</a> Created by Independent Third Party: Yes
14994.3	c. Series 8700 Model 8700	Extruded Vinyl Horizontal Slider Window with Flange - 2 Panel (XX Configuration)
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> No <b>Design Pressure:</b> N/A <b>Other:</b> See INST 14994.3 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		<b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.3.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.3.pdf</a> Created by Independent Third Party: Yes
14994.4	d. Series 8700 - Model 8700	Extruded Vinyl Horizontal Slider Window with Nailing Fin - 2 Panel (XX Configuration)
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> No <b>Design Pressure:</b> N/A <b>Other:</b> See INST 14994.4 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		<b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.4.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.4.pdf</a> Created by Independent Third Party: Yes
14994.5	e. Series 8800 - Model 8803/8804	Extruded Vinyl Horizontal Slider Window - 3 Panel (XOX Configuration)
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> No <b>Design Pressure:</b> N/A <b>Other:</b> See INST 14994.5 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.		<b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.5.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.5.pdf</a> Created by Independent Third Party: Yes
14994.6	f. Series 8800 - Model 8803/8804	Extruded Vinyl Horizontal Slider Window with Nailing Fin - 3 Panel (XOX Configuration)
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes		<b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.6.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409

<p><b>Impact Resistant:</b> No <b>Design Pressure:</b> N/A</p>	<p><b>Other:</b> See INST 14994.6 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>	<p>Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.6.pdf</a> Created by Independent Third Party: Yes</p>
<p>14994.7</p>	<p>g. "WeatherStopper™" Series 8700 - Model 8700</p>	<p>Extruded Vinyl "Impact" Horizontal Slider Window - 2 Panel (OX or XO Configuration)</p>
<p><b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> Yes <b>Design Pressure:</b> N/A <b>Other:</b> See INST 14994.7 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p><b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.7.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.7.pdf</a> Created by Independent Third Party: Yes</p>
<p>14994.8</p>	<p>h. "WeatherStopper™" Series 8700 - Model 8700</p>	<p>Extruded Vinyl "Impact" Horizontal Slider Window - 2 Panel (OX or XO Configuration)</p>
<p><b>Limits of Use</b> <b>Approved for use in HVHZ:</b> Yes <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> Yes <b>Design Pressure:</b> N/A <b>Other:</b> See INST 14994.8 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p><b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.8.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.8.pdf</a> Created by Independent Third Party: Yes</p>
<p>14994.9</p>	<p>i. Series 8700 - Model 8700</p>	<p>Extruded Vinyl Horizontal Slider Window - 2 Panel (OX or XO Configuration)</p>
<p><b>Limits of Use</b> <b>Approved for use in HVHZ:</b> Yes <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> No <b>Design Pressure:</b> N/A <b>Other:</b> See INST 14994.9 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>		<p><b>Installation Instructions</b> <a href="#">FL14994_R0_II_INST_14994.9.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL14994_R0_AE_EVAL_14994.9.pdf</a> Created by Independent Third Party: Yes</p>

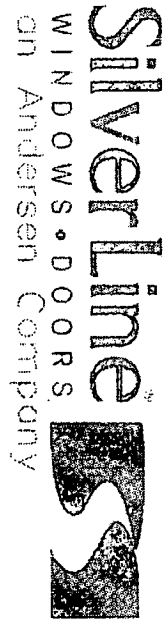
Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) Phone: 850-487-1824

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\*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:



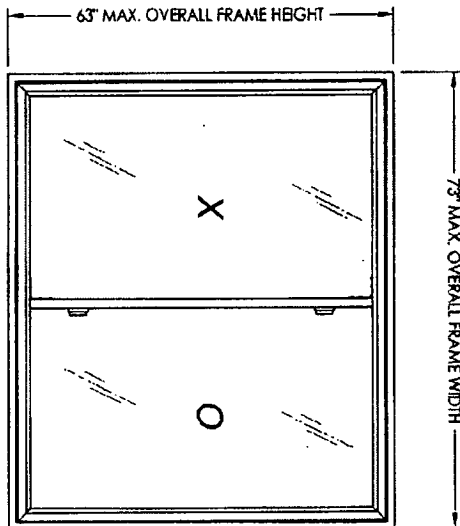


**"WEATHERSTOPPER"<sup>TM</sup> II**  
**SERIES 8700 - MODEL 8700**  
**EXTRUDED VINYL IMPACT**  
**HORIZONTAL SLIDER WINDOW**  
**"IMPACT"**

**GENERAL NOTES**

1. The product has been evaluated and is in compliance with the 2010 Florida Building Code (FBC) structural requirements including the "High Velocity Hurricane Zone" (HVHZ).
2. Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wall dressing or stucco.
3. When used in the "HVHZ" this product complies with section 1626 of the Florida Building Code and does not require an impact resistant covering.
4. When used in areas outside of the "HVHZ" requiring wind borne debris protection this product complies with Section 1609.1.2 of the FBC and does not require an impact resistant covering.
5. For 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x brick masonry construction.
6. Site conditions that deviate from the details of this drawing require further engineering analysis by a licensed engineer or registered architect.

TABLE OF CONTENTS	
SHEET #	DESCRIPTION
1	Typical elevation, design pressures & general notes
2	Horizontal cross sections
3	Vertical cross sections
4	Vertical cross sections
5	Back and frame anchoring
6	Bill of materials, glazing detail and components



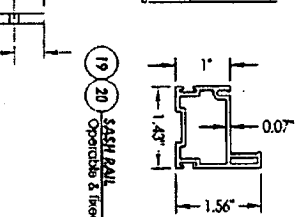
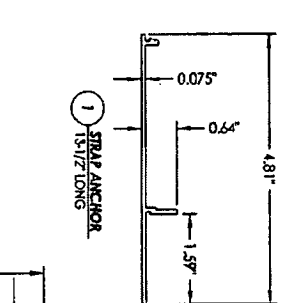
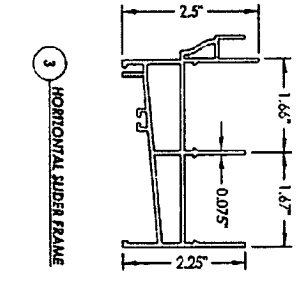
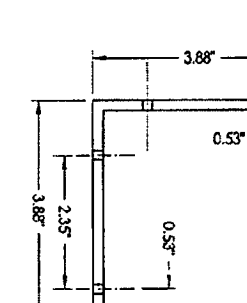
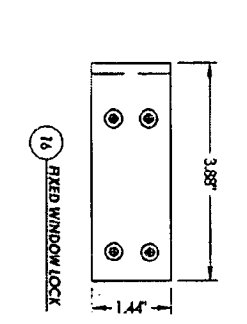
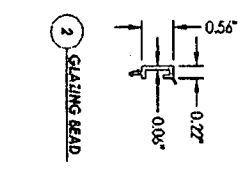
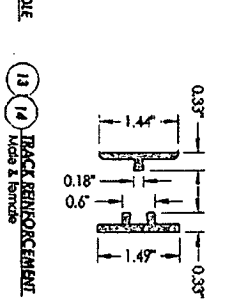
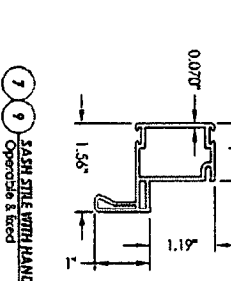
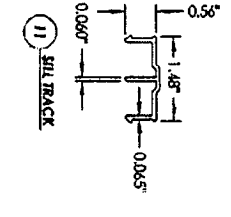
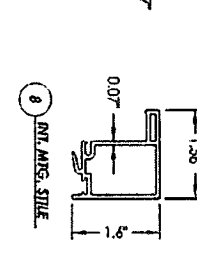
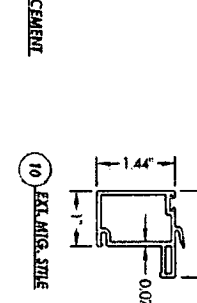
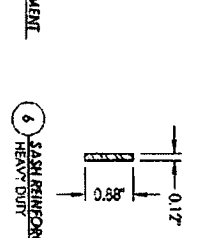
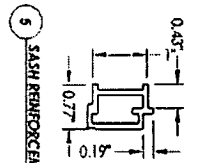
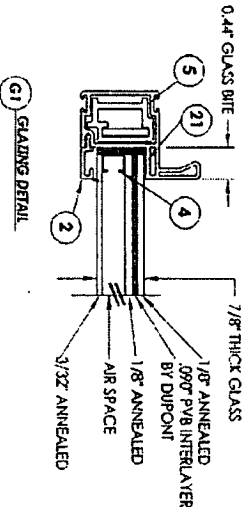
MAX. FRAME DIMENSION	MAX. FIXED SASH SIZE	MAX. OPERABLE SASH SIZE	MAX. D.O. DIMENSION	GLASS TYPE	DESIGN PRESSURE (PSF)
73.0" X 63.0"	35.75" X 59.25"	35.75" X 59.25"	32.66" X 56.25"	G1	POSITIVE: +50.0 NEGATIVE: -50.0

DATE: 11/16/11 SCALE: N.T.S. DWG. BY: KV CHK. BY: LFS DRAWING NO.: FL-14994.8 SHEET 1 OF 6	PRODUCT: HORIZONTAL SLIDER WINDOW	Documents Prepared By: <i>RW</i> BUILDING CONSULTANTS, INC. P.O. Box 230 Valrico FL 33595 Phone No.: 813.659.9197 Florida Board of Professional Engineers Certificate Of Authorization No. 9813 6750 12-5-11 Lyndon F. Schmidt, P.E. No. 43409
	PART OR ASSEMBLY: TYPICAL ELEVATION, DESIGN PRESSURES & GENERAL NOTES	

ITEM	DESCRIPTION	MATERIAL
A	1X BLACK SG >= 0.55	WOOD
B	2X BLACK SG >= 0.55	WOOD
C	1/4" MAX. SIMILAR SPACE	STEEL
D	1/4" X 2-3/4" ELCO OR IMV PH CONCRETE SCREW	STEEL
E	MASONRY - 3,192 PSI MIN. CONCRETE CONFORMING TO ACI 301 OR HOLLOW BLOCK CONFORMING TO ASTM C90	STEEL
F	#10 X 2" PPH SMS	STEEL
G	#8 X 3/4" PPH SMS	STEEL
H	#8 X 1-3/4" PPH SMS	STEEL
J	#8 X .75 PPH SELF DRILLING	STEEL
K	1/4" X 1-3/4" ELCO OR IMV HH CONCRETE SCREW	STEEL
M	1/4" X 3-1/4" ELCO OR IMV PH CONCRETE SCREW	STEEL
N	#8 X .75 PPH SMS	STEEL
P	#8 X 2-1/2" PPH SMS	STEEL
1	50-8/795 STRAP ANCHOR	STEEL
2	GLAZING BEAD # 2217*	PVC
3	MAIN RAAME #8701*	PVC
4	GLAZING SPACER STEEL INTERCEPT	STEEL
5	SASH REINFORCEMENT	ALUMINIUM
6	SASH REINFORCEMENT (HEAVY DUTY)	ALUMINIUM
7	OPERABLE PULL STILE #8706*	ALUMINIUM
8	INTERIOR MEETING STILE #8707*	ALUMINIUM
9	FIXED PULL STILE #8706*	ALUMINIUM
10	EXTERIOR MEETING STILE # 8708*	ALUMINIUM
11	SILL INSERT #8722*	PVC
12	SASH KEEPER LOCK	STEEL
13	TRACK REINFORCEMENT MALE	PVC
14	TRACK REINFORCEMENT FEMALE	STEEL
16	FIXED WINDOW LOCK	PLASTIC
17	WEATHER STRIP - FIN PILE	
18	WEEP HOLE	
19	OPERABLE SASH RAIL #8704*	PVC
20	FIXED SASH RAIL #8704*	PVC
21	Item 5042a STD	SILICONE

**BILL OF MATERIALS**

\* THE APPROVED WHITE RIGID PVC EXTERIOR EXTRUSIONS FOR WINDOWS ARE TO BE PRODUCED BY EXTRUDERS LICENSEES IN "AAMA CERTIFICATION PROGRAMS FOR RIGID PVC EXTRUSIONS".



NO.	DATE	REVISIONS	BY

PRODUCT: HORIZONTAL SLIDER WINDOW  
 PART OR ASSEMBLY: BILL OF MATERIALS, GLAZING DETAIL AND COMPONENTS

Documents Prepared By:  
**R.W.** BUILDING CONSULTANTS, INC.  
 P.O. Box 236 Vero Beach, FL 33595  
 Phone No.: 813.659.9107  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 9813  
 12-5-11  
 Lyndon F. Schmidt, P.E. No. 43409

AC 86 HPS Mullions (Non-HVHZ)



Florida Department of Business & Professional Regulation

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Product Approval  
USER: Public User

License efficiently. Regulate fairly.

Product Approval Menu > Product or Application Search > Application List > Application Detail



FL #

FL6067-R4

Application Type

Revision

Code Version

2010

Application Status

Approved

Comments

Archived



Product Manufacturer

Silverline Building Products Corp.

Address/Phone/Email

One Silverline Drive  
North Brunswick, NJ 08902  
(732) 435-1000  
rickw@rwbldgconsultants.com

Authorized Signature

Craig Calderone  
rickw@rwbldgconsultants.com

Technical Representative

Address/Phone/Email

Quality Assurance Representative

Address/Phone/Email

Category

Windows

Subcategory

Mullions

Compliance Method

Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer

Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report

Lyndon F. Schmidt, P.E.

Florida License

PE-43409

Quality Assurance Entity

Window and Door Manufacturers Association-QA

Quality Assurance Contract Expiration Date

12/31/2014

Validated By

Ryan J. King, P.E.

Validation Checklist - Hardcopy Received

Certificate of Independence

[FL6067\\_R4\\_COI\\_certificate Of Independence.pdf](#)

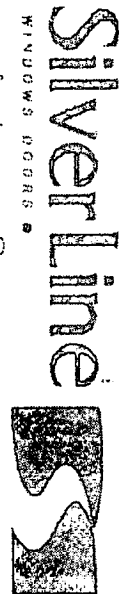
Referenced Standard and Year (of Standard)

Equivalence of Product Standards Certified By

Sections from the Code

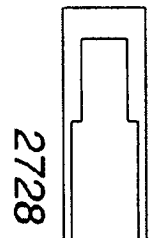
1715.5.5

Zone 4" as defined in ASTM E1996-02. See INST 6067.4 for any additional use limitations, design pressure ratings and installation instructions.		
6067.5	e. Series 2728 Structural Beam Mullion "Impact"	Extruded Aluminum Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> Yes <b>Design Pressure:</b> N/A <b>Other:</b> When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and includes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.5 for any additional use limitations, design pressure ratings and installation instructions.		<b>Installation Instructions</b> <a href="#">FL6067_R4_IL_INST6067.5.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL6067_R4_AE_Eval6067.5.pdf</a> Created by Independent Third Party: Yes
6067.6	f. Series 2723 Structural Beam Transom Mullion "Impact"	Extruded Aluminum Clipped Horizontal Mullion Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> Yes <b>Design Pressure:</b> N/A <b>Other:</b> When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and excludes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.6 for any additional use limitations, design pressure ratings and installation instructions.		<b>Installation Instructions</b> <a href="#">FL6067_R4_IL_INST6067.6.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL6067_R4_AE_Eval6067.6.pdf</a> Created by Independent Third Party: Yes
6067.7	g. Series 2724 Structural Beam Transom Mullion "Impact"	Extruded Aluminum Clipped Horizontal Mullion Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> Yes <b>Design Pressure:</b> N/A <b>Other:</b> When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and excludes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.7 for any additional use limitations, design pressure ratings and installation instructions.		<b>Installation Instructions</b> <a href="#">FL6067_R4_IL_INST6067.7.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL6067_R4_AE_Eval6067.7.pdf</a> Created by Independent Third Party: Yes
6067.8	h. Series 2728 Structural Beam Transom Mullion "Impact"	Extruded Aluminum Clipped Horizontal Mullion Clipped Mullion for use with impact and non-impact window products in Masonry or Wood Openings
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> Yes <b>Design Pressure:</b> N/A <b>Other:</b> When used in areas outside the "HVHZ" requiring wind-borne debris protection this product complies with section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets "Missile Level D" and excludes "Wind Zone 4" as defined in ASTM E1996-02. See INST 6067.8 for any additional use limitations, design pressure ratings and installation instructions.		<b>Installation Instructions</b> <a href="#">FL6067_R4_IL_INST6067.8.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL6067_R4_AE_Eval6067.8.pdf</a> Created by Independent Third Party: Yes
6067.9	i. Series 2723, 2724, 2728 Structural Beam Mullion "Impact"	Extruded Aluminum Clipped Horizontal and Vertical Mullion for use with impact and non-impact window products in Masonry or Wood Openings
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> Yes <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> Yes		<b>Installation Instructions</b> <a href="#">FL6067_R4_IL_INST6067.9.pdf</a> Verified By: Lyndon F. Schmidt, P.E. 43409 Created by Independent Third Party: Yes



an Andersen Company  
1 SILVERLINE DRIVE, NORTH BRUNSWICK, NJ 08902

# STRUCTURAL BEAM MULLION "IMPACT"

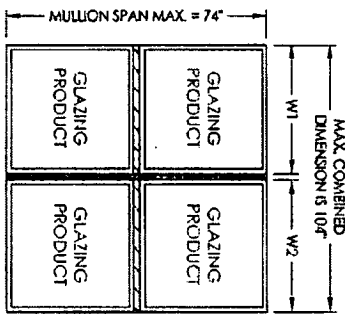
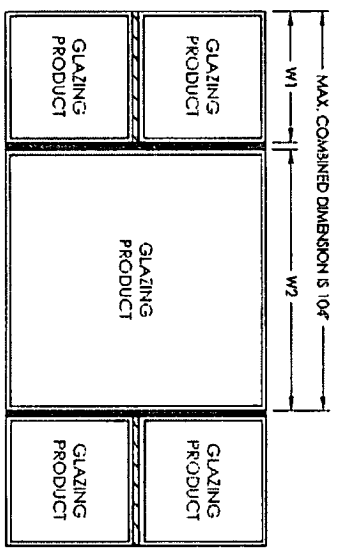
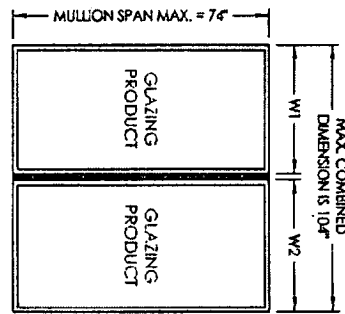
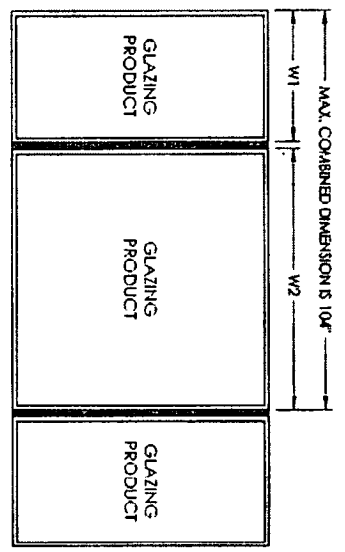


2728

**GENERAL NOTES:**

1. This product has been evaluated and is in compliance with the 2010 Florida Building Code structural requirements excluding the "High Velocity Hurricane Zone".
2. When used in areas outside the "HVHZ" requiring wind borne debris protection this product complies with Section 1609.1.2 of the Florida Building Code and does not require an impact resistant covering. This product meets mistle level "D" and includes Wind Zone 4 as defined in ASIM E11976.
3. Wood bucks by others, must be anchored properly to transfer loads to the structure and be reviewed by the Building Official.
4. Mullion anchor embedment to base material shall be beyond wall dressing or stucco.
5. Separate product approvals for each glazing product used with these mullions must be submitted along with this mullion product approval.
6. Anchoring of each glazing product to the mullion shall be as shown in each individual glazing product approval.
7. Any conditions not covered in this evaluation are subject to separate engineering evaluation.
8. Mullion design pressure rating, see load rating table sheets 2 and 3 of this drawing.
9. The design pressure rating of the assembly shall be the lesser of the load capacity of the mullion as determined using this approval or the design pressure rating of the individual glazing products used.
10. Bounding box dimensions for geometric transom shapes must be equal to or less than the rectangular transom dimensions shown herein.

TABLE OF CONTENTS	
SHEET #	DESCRIPTION
1	Typical elevations & general notes
2	2728 mullion load table for concrete screw anchors
3	2728 mullion load table for wood screw anchors
4	2728 mullion section dimensions & anchoring



## TYPICAL MULLION CONFIGURATIONS

NOTE:  
Horizontal mullions depicted herein can be combination mullions or separate structural mullions. Separate structural mullions are covered under separate approval.

DATE: 2/10/09 SCALE: N.T.S. INC. DR: DIVS CHK. DR: LFS DRAWING NO.: FL-6067.5 SHEET 1 OF 4		PRODUCT: <b>STRUCTURAL BEAM MULLION</b>	Documents Prepared By: <i>R.W.</i> BUILDING CONSULTANTS, INC. P.O. Box 230 Vero Beach, FL 33595 Phone No.: 813.659.9197 Florida Board of Professional Engineers Certificate of Authorization No. 9813 <i>AS</i> 1.22.12 Lyndon F. Schmidt, P.E. No. 43409
1 12/13/11 UPDATE TO 2010 FBC NO. DATE REVISIONS		PART OR ASSEMBLY: <b>TYPICAL ELEVATIONS &amp; GENERAL NOTES</b>	



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **9/14-14** Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10549	CRANTAS 83 S. Sewalls Pt Rd Modern Movement	Pre-Final- WALK THROUGH	NEED AS BUILT PLANS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10740</del>	<del>Brown</del> <del>3 S. Sewalls Pt</del>	<del>Window</del> <del>on windows</del>	<del>Pass</del>	<del>9/5/14 3:29-15:10</del> <del>Close</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10762	Home Depot 16 E. High Point Dreamwood	Window INSUL FRAMING	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10693	DAILY 117 N. Sewalls Pt Rd DRIFTWOOD	FRAMING TRUSS ENG	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10837	BADOLTY 76 S. Sewalls Pt Rd INDEP	ROOF IN PROGRESS	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS

INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 28 1902 TREE REMOVAL PERMIT No 2049

APPLIED FOR BY B. Lucia (Contractor or Owner)

Owner B. Lucia ~~35 Sewall's Pt Rd~~

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees SABAL PALMS (nabbage) (2)

No. Of Trees: REMOVE ~~2~~ 2 CHANGED 6/6/02

No. Of Trees: RELOCATE 2 WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE 2 WITHIN 30 DAYS

REMARKS \_\_\_\_\_

FEE \$ \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant Signed, Gene Simmons (RM) Town ~~Clerk~~ 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

Vertical grid of 10 empty rectangular boxes for project details.

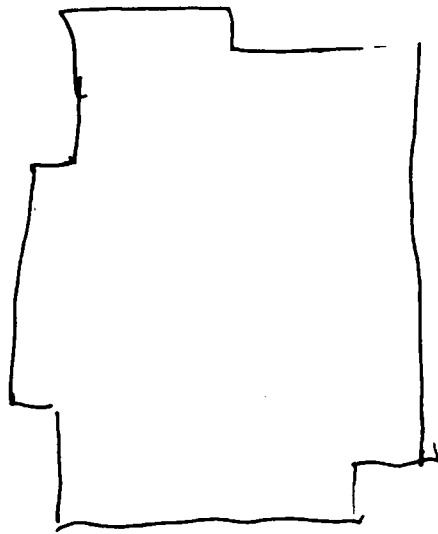
PROJECT DESCRIPTION \_\_\_\_\_

Five horizontal lines for project description details.

REMARKS \_\_\_\_\_

Five horizontal lines for remarks.

- |                             |                      |
|-----------------------------|----------------------|
| 35. Saw Palmetto            | 36. Scrub Hickory    |
| 37. Sea Grape               | 38. Sea Oxeye        |
| 39. Slash Pine              | 40. Stoppers         |
| 41. Wild Lime               | 42. Sumac (southern) |
| 43. Sugar Berry (Hackberry) | 44. Torchwood        |
| 45. Wild Coffee             | 46. Varnish Leaf     |
| 47. Water Oak               | 48. Wax Myrtle       |
| 49. West Indian Cherry      | White Mangrove       |



• • — existing

• • — relocated to.

TOWN OF SEWALL'S POINT, FLORIDA

Date 4-16-07 19 07 TREE REMOVAL PERMIT No 0597

APPLIED FOR BY Lurica (Contractor or Owner)

Owner ~~3 Sewall's Pt Rd~~

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees 2 Yellow Poinciana 1 Mango

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS Devel

FEE \$ 0

Signed, \_\_\_\_\_ Applicant Signed, Phil Wintercorn Bldg Inspector ~~Town Clerk~~

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for notes or drawings.

PROJECT DESCRIPTION \_\_\_\_\_

Blank lined area for project description.

REMARKS \_\_\_\_\_

Blank lined area for remarks.

**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, 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 Bruce Luria Address 3 S Seward Rd Phone 288-4074

Contractor Self Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 3 Type: 2 Yellow Birdcanna

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: 1 Mango

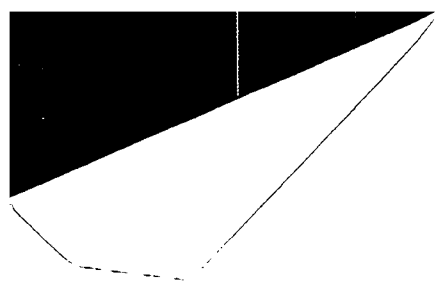
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: \_\_\_\_\_

Signature of Property Owner Bruce Luria Date 4-13-07

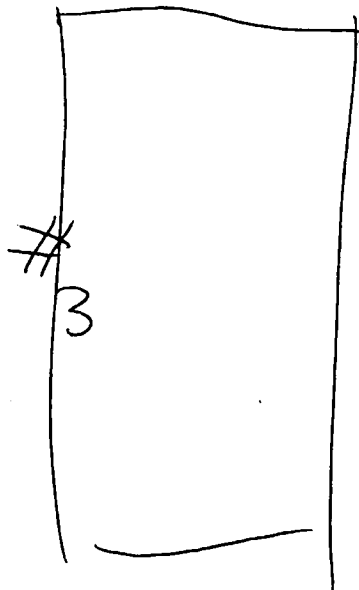
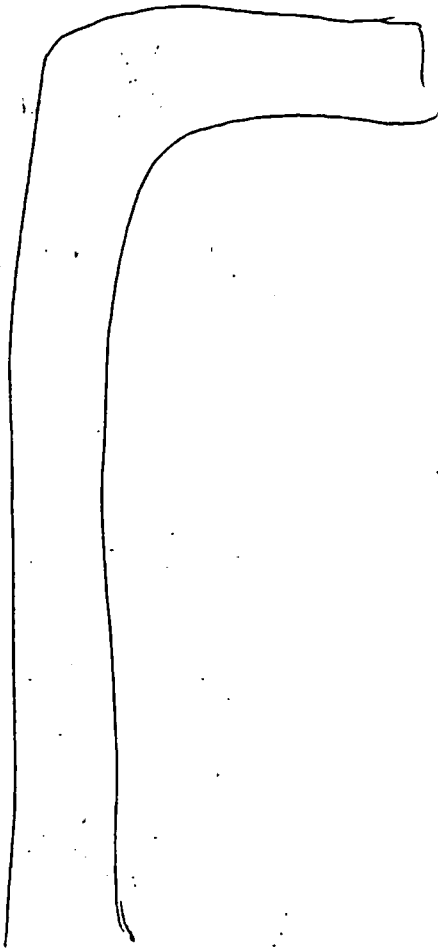
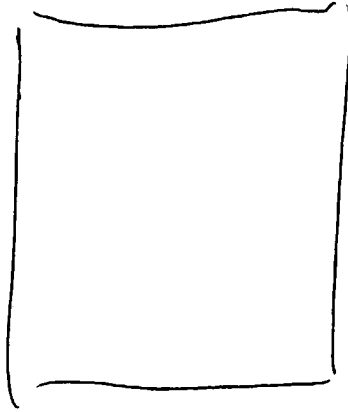
Approved by Building Inspector: [Signature] Date 4/16 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



⊖  
Dated

⊖  
Dated



TOWN OF SEWALL'S POINT, FLORIDA

Date 9-12-02 19\_\_\_\_ TREE REMOVAL PERMIT No 1200

APPLIED FOR BY BRUCE LURIEA (Contractor or Owner)

Owner 3 S. Sewall's Pt Rd 288-4074

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees 1 DISEASED GRAPE FRUIT

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant FEE \$ 0  
Signed, [Signature] 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

[Empty grid area for project details]

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # \_\_\_\_\_

Date Issued: \_\_\_\_\_

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

Owner BRUCE LURIEA Address 35 Sewall Pt Rd Phone 288-4074

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of trees to be removed (list kinds of trees) ① DISEASED GRAPEFRUIT *for 1/2*

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 \$ 7  
\$15.00

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

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Signature of applicant Bruce Luriea Plans approved as marked \_\_\_\_\_

Approved by Building Inspector [Signature] Date submitted: 9/10/02

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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

See attached Tree Species List