

7 South Sewall's Point Road

4418

IRRIGATION

Town of Sewall's Point

P.I.N. _____

Date 6/9/98

#4418

BUILDING PERMIT APPLICATION

to construct

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CF

→ For irrigation

OTHER: Temp. Power Inspec. CONTRACT PRICE _____

Owner's Name David Gulick

Owner's Address 3601 E. Ocean Blvd. #003 Stuart, FL 34996

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

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

City _____ State _____ Zip _____

Contractor's Name Deinard's Gulick Construction

Contractor's Address 3601 E. Ocean Blvd. #003

City Stuart State FL Zip 34996

Job Name Melody Hill

Job Address 3 Sewall's Point Rd.

City Stuart State FL Zip 34996

Legal Description Lot 3 Melody Hill

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Approved by Bob Boh B40000848

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

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

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

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

Paul C. Hubley 6/9/98
Owner or Agent Date

DEINARD/GUICK CONST. 6/9/98
Contractor Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 9th day of June, 1998 by
David Hubley who: [] is/are personally known to me, or [] has/have produced _____
as identification, and who did not take an oath.

Name: Ann M. Waltzinger
ANN-M. WALTZINGER

(NOTARY SEAL) Typed, printed or stamped
Ann M. Waltzinger
My Commission CC704770
Expires December 25, 2001

I am a Notary Public of the State of Florida having a
commission number of _____ and my
commission expires: _____

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of ___, 199___ by
_____ who: [] is/are personally known to me, or [] has/have produced _____
as identification, and who did not take an oath.

Name: _____

(NOTARY SEAL) Typed, printed or stamped

I am a Notary Public of the State of Florida having a
commission number of _____ and my
commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner


CERTIFIED
CONTRACTOR

MASTER ELECTRICIAN

SIGNATURE



ATTEST:



LICENSING ADMINISTRATOR

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

KENNETH A. WIESER
SHORELINE ELECTRIC
Box 1406
Stuart FL 34995

EXPIRES SEPTEMBER 30, 19 98

AUDIT
CONTROL
NUMBER

31566

CERTIFICATE NUMBER

ME00443

ACORD. CERTIFICATE OF INSURANCE CSR TO SHORE-1 DATE (MM/DD/YY) 02/26/98

PRODUCER
 Stuart Insurance, Inc.
 3070 S W Mapp
 Lm City FL 34990

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

INSURED
 Tani M Jacobson
 561-286-4334

COMPANIES AFFORDING COVERAGE

COMPANY A	Auto Owners Insurance Co
COMPANY B	Associated Industries Ins Co
COMPANY C	
COMPANY D	

Shoreline Electrical Contractor Inc.
 Kenneth A. Wieser
 P.O. Box 1406
 Stuart FL 34995

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	95-435-072-00	12/01/97	12/01/98	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE \$ 25,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	982318702	02/07/98	02/07/99	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE - POLICY LIMIT \$ 500,000 DISEASE - EACH EMPLOYEE \$ 100,000
	OTHER				

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

RECEIVED
 FEB 26 1998
POSTED

CERTIFICATE HOLDER
 DIENG-1
 Dienard & Gulick Construction
 3601 E Ocean Blvd
 Stuart FL 34996

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

CERTIFICATE OF INSURANCE DATE: 08-20-97
 PRODUCER **S.H. Fines Insurance Agency**
 1250 SE Port St. Lucie Blvd.
 Port St. Lucie
 FL 34952-
 (561)335-8804 Ext

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

INSURED
Shoreline Electric
 1501 SE Decker Ave., Unit 102

COMPANIES AFFORDING COVERAGE
 COMPANY LETTER A **Assurance Co of America**
 COMPANY LETTER B **Reliance Insurance Company**
 COMPANY LETTER C
 COMPANY LETTER D

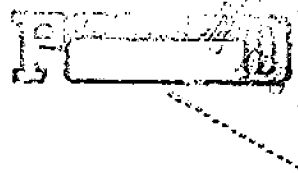
Stuart FL 34994
 561-221-3923 ext. - - - ext.

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POL EFF DATE	POL EXP DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL C.L. <input checked="" type="checkbox"/> CLMS-MADE <input checked="" type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> OWNER'S/COMP'S PROP. <input checked="" type="checkbox"/> Prod/Comps	CFR 80539472	06-25-97	06-25-98	GENERAL AGGREGATE \$600,000 PROD-COMP/OPERATIONS AGG. \$600,000 PERSONAL/ADV. INJURY \$300,000 EACH OCCURRENCE \$300,000 FIRE DAMAGE (ANY 1 FIRE) \$50,000 MED EXP (ANY 1 PERSON) \$10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		- -	- -	COMBINED SINGLE LIMIT \$ BODILY INJURY \$ (PER PERSON) \$ BODILY INJURY \$ (PER ACCIDENT) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		- -	- -	AUTO ONLY EA ACC \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA		- -	- -	EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMP & ENPL LIAB THE PROPRIETOR/PARTNERS /EXECUTIVE OFFICERS ARE: <input type="checkbox"/> TBC <input type="checkbox"/> ENCL	ICW 1000171	02-07-97	02-07-98	<input checked="" type="checkbox"/> STAT LIM <input type="checkbox"/> OTHER EACH ACCIDENT \$100000 DISEASE-POLICY LIMIT \$500000 DISEASE-EACH EMPLOYEE \$100000
	OTHER		- -	- -	

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

JOB: Kisling - #7 Kendora St - Sawalls point
 Fax to 223-7160



CERTIFICATE HOLDER
Deinard Construction Co
 3601 E Ocean Blvd, Suite 003
 Stuart, FL 34996

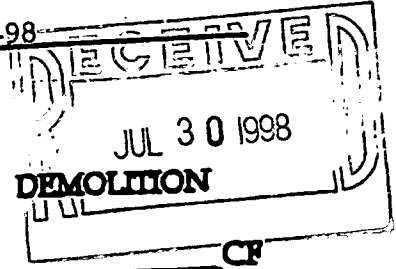
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL -10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND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

AUTHORIZED REPRESENTATIVE: *Juan M. Fines*

Submitted 7/16/98

Town of Sewall's Point

Date 7-9-98



BUILDING PERMIT APPLICATION

to construct

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CF

OTHER: Perimeter Fence CONTRACT PRICE \$850.00 - \$1,050.00

Owner's Name David Gulick

Owner's Address 100 W. 5TH Street Stuart, FL 34996

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

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

City _____ State _____ Zip _____

Contractor's Name Deinard & Gulick Construction

Contractor's Address 100 W. 5TH Street

City Stuart State FL Zip 34994

Job Name Melody Hill

Job Address 7 Sewall's Point Road

City Stuart State FL Zip 34996

Legal Description Lot 3, Melody Hill

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

*5' 7" front set back area lot line to front bldg. lead
elsewhere must follow height limitations
(ok) to issue permit*

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

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

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

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


David C. Gulick 7-9-98
Owner or Agent Date

David C. Gulick 7-9-98
Contractor Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 9th day of July, 1998 by David Gulick who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: Ann M. Waltzinger

(NOTARY SEAL)  Ann M. Waltzinger
My Commission CC704770
Expires December 25, 2001

I am a Notary Public of the State of Florida having a commission number of CC 704770 and my commission expires: 12/25/01

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of ___, 199___ by _____ who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: _____
Typed, printed or stamped
(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Bob Butt 1-15-99 Permit Officer

_____ Building Commissioner

6718

DEMO

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/22/04

BUILDING PERMIT NO. 6718

Building to be erected for GULICK

Type of Permit DEMO OF SFR

Applied for by GULICK + McCauley Const (Contractor)

Building Fee 122.88

Subdivision MELODY HILL Lot 3 Block _____

Radon Fee _____

Address 7 S. SEWALL'S POINT RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410080000003170000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 240.00 Check # 20969 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 12,800.00

TOTAL Fees 122.88

Signed Paul C. Gulick

Applicant

Signed Gene Simmons

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Permit Number: _____

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

OWNER/TITLEHOLDER NAME: David + Elizabeth Gulick Phone (Day) 287-6000 (Fax) 223-7160

Job Site Address: 7 South Sewalls Pt. Rd City: Stuart State: FL Zip: 34996

Legal Description of Property: Lot 3, melody Hill Parcel Number: 13841008000003170000

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

Description of Work To Be Done: SEE ATTACHED SCOPE OF WORK (OVER)

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

CONTRACTOR/Company: GULICK & McMALEN CONST INC Phone: 287-6000 Fax: 223-7160

Street: 3725 S.E. OCEAN BLVD. City: STUART State: FLA Zip: 34997

State Registration Number: _____ State Certification Number: 12,800 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$25,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION: COMMENCEMENT N.I.C.

Electrical: Demolition L.E. B. State: _____ License Number: _____

Mechanical: CUSHING State: _____ License Number: _____

Plumbing: EDDIE HUGGINS State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT N/A Phone Number: _____

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

ENGINEER N/A Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: N/A Garage: N/A Covered Patios: _____ Screened Porch: _____

Carpent: N/A Total Under Roof Approx. 2800 s.f. Wood Deck: N/A Accessory Building: GARAGE 400 s.f.

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: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

4/20/04

Remove existing structures to include
(1) GAS TANK (Empty by Ferrell)

All LANDSCAPE, irrigation,
temporary power, fencing to remain
INTACT

SITE to be rough GRADED AND
seeded

Paul C. Helms

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
GULIM-1

DATE (MM/DD/YYYY)
09/30/03

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	
INSURED Gulick & McCauley Construction Company, Inc. 3725 SE Ocean Blvd, Ste 202 Stuart FL 34996	INSURER A: Southern Owners Insurance	NAIC # 10190
	INSURER B: Auto Owners Insurance	18988
	INSURER C:	
	INSURER D:	
	INSURER E:	

RECEIVED
 OCT 01 2003
 BY: *[Signature]*

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	2056662800	10/01/03	10/01/04	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10000
	<input checked="" type="checkbox"/> Contractural Liab				PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 1000000
					PRODUCTS - COMP/OP AGG	\$ 1000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	4161333700	10/01/03	10/01/04	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Rented Equipment	2056662800	10/01/03	10/01/04		10000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 PC-Carpentry Construction of Dwellings/State of Florida

CERTIFICATE HOLDER

TOWNS-1

Town of Sewalls Point
 220-4765
 1 S Sewalls Point Road
 Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
[Signature]

Certificate of Insurance

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

RECEIVED
BY: _____

MARSH

Named Insured(s):

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

Insurer Affording Coverage

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

Coverages:

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

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

Other:

Employees Leased To: 16180 Gulick and McCauley Construction
Effective Date: 1/1/04
The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

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

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

Certificate Holder:

Michael C. Weiss

Michael C. Weiss
Authorized Representative of Marsh USA Inc.

Town of Sewalls Point Contractor Licensing
1 S Sewalls Point Rd
Sewalls Point, FL 34996-6736

(866) 443-8489
Phone

1/1/2004
Date Issued



200-4675

RE-ISSUANCE

01-05-2004



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **

This certificate exempts the Officer of the Corporation of the Member of the Limited Liability Company listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004

EXPIRATION DATE: 08/25/2004

CORPORATE OFFICER/
LLC MEMBER NAME:

GULICK

DAVID

C

FEIN:

650521455

BUSINESS NAME AND
ADDRESS:

GULICK & MCCAULEY CONSTRUCTION INC

3725 SE OCEAN BLVD

#202

STUART

FL 34996

SCOPE OF BUSINESS OR TRADE: GENERAL CONTRACTOR

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

QUESTIONS? (850) 488-2333

DWC - 253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03

Please cut out the card below and retain for inspection by any Department of Financial Services representative while conducting work.

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **

This certificate exempts the Officer of the Corporation listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004
EXPIRATION DATE: 08/25/2004
CORPORATE OFFICER/
LLC MEMBER NAME: GULICK DAVID
FEIN: 650521455
BUSINESS NAME AND
ADDRESS: GULICK & MCCAULEY CONSTRUCTION
3725 SE OCEAN BLVD
#202
STUART FL 34996
SCOPE OF BUSINESS OR TRADE: GENERAL CONTRACTOR

IMPORTANT

F O L D This certificate applies only to the corporate officer named on this certificate and applies only within the scope of the business or trade listed hereon.

H E R E A copy of this card or the duplicate above must be carried and available for inspection at all time while conducting any construction work.

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

Notices of election to be exempt and certificates of election to be exempt shall subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 488-23

CUT HERE

RECEIVED
JAN 16 2004

AC# 0519861

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L020808007

DATE	BATCH NUMBER	LICENSE NBR
08/08/2002	200040105	CGC043241

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

GULICK, DAVID
GULICK & MC CAULEY CONSTRUCTION CO INC
3725 SE OCEAN BLVD STE 202
STUART FL 34996

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

NOTICE OF COMMENCEMENT

State of Florida
County of Martin

INSTR # 1745486
OR BK 01889 PG 2881
RECORDED 04/23/2004 10:34:09 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Wood

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.

1. Description of property: (legal description of the property, and street address if available).
7 South Sewalls Point Road - Lot 3 Melody Hill.

2. General description of improvement: Demolition of existing structure.

3. Owner information a. Name and address: David Gulick
7 S. Sewalls Pt. Rd
Stuart, FL 34996.

b. Interest in property: _____

c. Name & address of fee simple titleholder (if other than Owner): _____

4. Contractor: (name & address) Gulick & McCaulley Construction, Inc.

a. Phone number 287-6000 b. Fax #: 223-7160 (optional, if service by fax is acceptable). 3725 SE Ocean Blvd. STE 202 Stuart, FL 34996

5. Surety

a. Name and address: David Gulick 7 S. Sewalls Pt. Rd Stuart, FL 34996.

b. Phone number: 287-6000 Fax # 223-7160 (optional, if service by fax is acceptable).

d. Amount of bond: \$ _____

6. Lender: (name and address) First National Bank & Trust 815 Colorado Ave. Stuart, FL

a. Phone number: 221-2555 b. Fax # _____ (optional, if service by fax is acceptable).

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 and address).

a. Phone number: _____ b. Fax # _____ (optional, if service by fax is acceptable).

8. 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.

a. Phone number: _____ b. Fax # _____ (optional, if service by fax is acceptable).

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

David C. Gulick

SIGNATURE OF OWNER.

Sworn to (or affirmed) and subscribed before me this 22 day of April, 2004, by (name of person making statement) David Gulick

Joan H. Barrow

(Signature of Notary Public - State of Fla.)

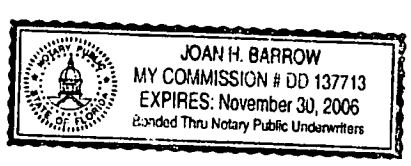
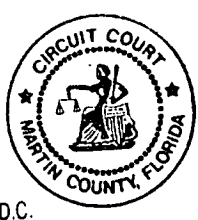
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification _____

Type of Identification Produced _____ Expiration Date 11-30-06

4/03/2000

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY [Signature]
DATE 4/03/04





TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 7 S. SEWALLS PT RD.

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

FINAL DEMOLITION

SITE NEEDS TO BE CLEARED
OF STEEL SPIRAL STAIRS,
WINDOWS & DEBRIS ON SOUTH FENCE
& PRESSURE TANK @ S.E CORNER.

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

DATE: 8/22



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/23, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6778	Guice	Demolition	FAIL	
4	75. Sewall's Pt Rd Guice (called by us)	Demolition		INSPECTOR:
6776	WELCOTT	FINAL WINDOW	PASS	
1	7 ISLAND WILSON BLDGS	PART OF WP. Demolition		INSPECTOR:
6792	RAPPAPORT	ROUGH ELEC	PASS	PARTIAL 2ND FL ONLY
5	9 RIVER CREST Guice + McCauley	MECH FRAMING	FAIL FAIL	INSPECTOR:
Tree	WINTER	TREE	PASS	
3	175. RIDGEVIEW RD			INSPECTOR:
6853	SCHNEIDER	FINAL GARAGE	PASS	CLOSE
2	90 S. RIVER RD O/B			INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 7 SS PR.

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

DEMOLITION OF STRUCTURE

DEMOLITION OF STRUCTURE IS COMPLETE

SITE HAS NOT BEEN CLEARED OF
ABANDONED PRESSURE TANK,
LOOSE GARAGE DOOR PANELS
AND SOME FALLEN SECTIONS
OF WOODEN FENCE

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

DATE: 10/27


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/28, 2004 Page of

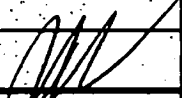
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1718	Bullock	FINAL DEMO	FAIL	
7	78 SEWALLS Pt RD Bullock + McLAUGHLIN			INSPECTOR: <i>[Signature]</i>
10986	LIBITSKY 3 RIO VISTA O/B	DEM WALL After 9:30	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
TREE	33 N.S.P.R. ANDREWS		PASS	INSPECTOR: <i>[Signature]</i>
	HARBOR BAY-		—	WORK W/O PERMIT? INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/24, 2004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6718	GULICK	DEMO RESIDENCE	PASS	CLOSE
6	7 S. SEWALL'S Pt GULICK & McCauley	FINAL		INSPECTOR:
6655	WHITWELL	FINAL GAS	PASS	CLOSE
1	1 MARGUERITA FERREN GAS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____