

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

**2074**

**POOL**

Permit No.

2074

Date

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

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

Owner MR & MRS CONFOND Present Address 7420 OCEAN BLVD A1A  
Phone 229-1967 APT 611 JENSEN BLVD  
33457

Contractor CREATIVE ENVIRONMENT Address P.O. Box 305 BOYNTON BEACH FL  
Phone 286-8647 33492

Where licensed FLORIDA License number CGC 021776

Electrical contractor COOK License number YES

Plumbing contractor SOUTH PARK License number YES

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

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

4 S. SEWALLS PT. ROAD

Subdivision GEORGE BAKER Lot number 4 Block number

Contract price \$ 10,000 Cost of permit \$

Plans approved as submitted Plans approved as marked

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

Contractor *[Signature]*

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

Owner *[Signature]*

TOWN RECORD

Date submitted Approved: *[Signature]* 5/31/87  
Building Inspector Date

Approved: Commissioner Date Final Approval given: Date

Certificate of Occupancy issued (if applicable) Date

SP1282

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

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

APPLICATION FOR PERMIT TO: (e.g. construct, alter, repair) \_\_\_\_\_

Pool

**LEGAL DESCRIPTION:**

PARCEL CONTROL NO. \_\_\_\_\_

(ATTACH EVIDENCE OF PARCEL NO. TO APPLICATION)

SECTION \_\_\_\_\_ TWP. \_\_\_\_\_ RANGE \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT 4 PHASE \_\_\_\_\_

SUBDIVISION GEORGE BAKER IF MEETS & BOUNDS, ATTACH LEGAL

ADDRESS OF CONSTRUCTION 4 S. SEWBUS POINT RD

**OWNER INFORMATION:**

NAME: MR & MRS GOLFOND PHONE: 286-8647

ADDRESS: SAME AS ABOVE CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTRACTOR INFORMATION:**

\* NAME: CREATIVE ENVIRONMENT INC PHONE: 286-8647

ADDRESS: P.O. BOX 307 FORSALEND, FL 33472 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SUBCONTRACTORS:**

ELECTRICIAN NAME COOK LICENSE # \_\_\_\_\_

PLUMBER NAME SOUTH PARK LICENSE # \_\_\_\_\_

A/C CONTR. NAME KEEBLER LICENSE # \_\_\_\_\_

DO YOU WISH TO OBTAIN SUB-CONTRACTORS' PERMITS? YES  NO   
IF YES, COMPLETE THE FOLLOWING: # OF PLUMB. FIXTURES/CONNECTIONS \_\_\_\_\_  
COST OF A/C INSTALLATION \$ \_\_\_\_\_

**BUILDING DATA:**

LIVING AREA (SQ. FT.) \_\_\_\_\_ TOTAL AREA (SQ. FT.) \_\_\_\_\_

ESTIMATED VALUATION OF PROPOSED WORK: \$ 8000

DESIGN: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

FAILURE TO COMPLY WITH THE MECHANIC'S LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS.

IN CONSIDERATION OF THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND THE STANDARD BUILDING CODE AND MARTIN COUNTY AMENDMENTS.

[Signature]  
SIGNATURE OF CONTRACTOR

CGC021776  
LICENSE NUMBER

**FOR OFFICE USE ONLY**

FLOOD ZONE \_\_\_\_\_ FINISHED FLOOR CERTIFICATION REQUIRED YES  NO

PROPERTY ZONED AS \_\_\_\_\_ LAND USE DESIGNATION \_\_\_\_\_

SETBACKS: FRONT \_\_\_\_\_ SIDE(R) \_\_\_\_\_ SIDE(L) \_\_\_\_\_ REAR \_\_\_\_\_ # TREES \_\_\_\_\_

IMPACT FEE DISTRICT NO. \_\_\_\_\_

BUILDING APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_ ZONING APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLAN REVIEW FEE \$ \_\_\_\_\_

BLOG. PERMIT FEE \$ \_\_\_\_\_  
ROAD ASSESSMENT \$ \_\_\_\_\_  
CONST. DUMPING FEE \$ \_\_\_\_\_  
FILL PERMIT FEE \$ \_\_\_\_\_  
TOTAL PERMIT FEE \$ \_\_\_\_\_

NOTIFIED BY PHONE -  
DATE \_\_\_\_\_  
UNABLE TO NOTIFY BY PHONE -  
DATE \_\_\_\_\_

\*\*\*\*\*PLEASE TYPE OR PRINT IN BLACK INK\*\*\*\*\*  
MARTIN COUNTY GENERAL BUILDING PERMIT APPLICATION

**2107**

**SFR**

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

OWNER Mr + Mrs Galford IVE

CONTRACTOR Creative Ken v. IVE

LOT 4 BLOCK 4 SUB George Baker  
NO. 4 South Sewall's Point Road St. of Ave.

TRAVIS  
EXTERMINATING  
COMPANY

DO NOT REMOVE UNTIL JOB IS COMPLETED

NO. 2107 Date Issued 11/13/87

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

# TOWN OF SEWALL'S POINT BUILDING PERMIT

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	<u>OK 4/20/87</u>	<u>COLLINS OK 4/22/87</u>
4. ROUGH PLUMBING	<u>OK 2/3/87</u>	
5. ROUGH ELECTRIC	<u>OK 7/30/87</u>	<u>OK</u>
6. LINTEL	<u>OK 4/30/87</u>	<u>OK</u>
7. ROOF		
8. FRAMING	<u>OK 7/30/87</u>	<u>OK</u>
9. INSULATION	<u>OK 8/13/87</u>	<u>OK</u>
10. A/C DUCTS	<u>OK 7/30/87</u>	<u>OK</u>
11. FINAL ELECTRIC	<u>11/3/87</u>	<u>OK</u>
12. FINAL PLUMBING	<u>11/3/87</u>	<u>OK</u>
13. FINAL CONSTRUCTION	<u>11/3/87</u>	<u>OK</u>

MARTIN COUNTY  
MARTIN COUNTY  
PUBLIC HEALTH UNIT

Your septic system was inspected on 8-2-145

Approved and Cover HD

Cover but hold for:

Final Grade (see permit for specifications)

Well Permit ITB

Other:

Do not cover, disapproved for the following reasons:

Well and well reinspection fee \_\_\_\_\_

Other:

Final approval will not be given until both septic and water systems are completed.

Please allow this office two working days to schedule a reinspection. If you have any questions, contact Shelly Kelly at 287-2277.

\* REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.

COMPLIANCE WITH THE TOWN OF SEWALL'S THE SOUTH FLORIDA BUILDING CODE, THE STATE EFFICIENCY BUILDING CODE AND ELEVATIONS FLOOD INSURANCE RATE MAP.

FROM 8:00 to 5:00 P.M. MONDAY THRU SATURDAY. LITTES MUST BE ON JOB SITE BEFORE INITIAL

W. Haase

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

PERMIT NUMBER

DATE OF APPLICATION 4-6-87

**2107**

To obtain this permit, the following are required:

1. Florida certification of builder and sub-contractors
2. Certificate of insurance from contractor or owner/builder re: liability + workers' comp.
3. Two sets of building plans which must include:  
 1/4" scale building drawings; plot plan; foundation plan; floor plans; wall and roof cross-sections; plumbing, electrical + air conditioning layouts; and at least two elevations
4. Recorded warranty deed to the property
5. Septic tank permit and 1 set of plans with Martin Co. Health Dept. seal
6. Energy code calculations
7. Notarized copy of attached affidavit re: removal of nuisance trees
8. Tree removal permit (for trees other than in #7 above)
9. Certificate of elevation from licensed surveyor and determination of flood zone
10. Manufacturer's schedule of windows

Owner Mr & Mrs Galfond Current Address \_\_\_\_\_

Telephone \_\_\_\_\_

General Contractor CREATIVE ENVIRONMENT INC. Address P.O. BOX 306 PORT SAUND FL

Telephone 286-8647 33492

Where Licensed FLORIDA License Number CGC021776

Plumbing Contractor SOUTH PARK License Number \_\_\_\_\_

Electrical Contractor COOK ELEC License Number \_\_\_\_\_

Roofing Contractor WILFRAM License Number \_\_\_\_\_

A/C Contractor KEEBLER License Number \_\_\_\_\_

Describe the building or alteration to existing building SINGLE FAMILY RESIDENCE

Name the street on which the building, its front building line and its front yard will face # DETACHED GARAGE

8-5 SEWALLS PT RD Subdivision GEORGE W BAKER Lot 4

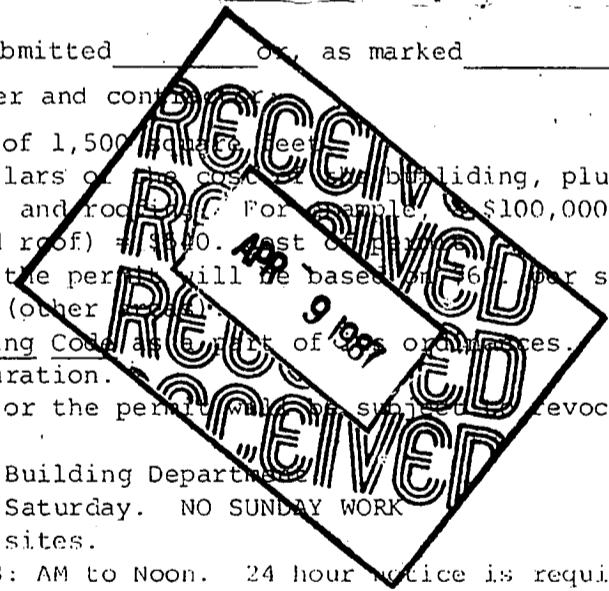
Building area (inside walls) 2736 sq ft Garage, carport, porch area 1476 TOTAL

Contract price (excluding land, carpet, appliances, landscaping) \$ \$170,000

Cost of permit \$ 1255 Plans approved as submitted \_\_\_\_\_ of \_\_\_\_\_ as marked \_\_\_\_\_

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

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$5. per thousand dollars of cost of the building, plus \$10. each for plumbing, electric, air conditioning and roof. For example, a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el. and roof) = \$540. Most of this fee is refundable.
3. If no contract is submitted as proof of cost, the permit fee will be based on \$16. per square foot (inside walls) and \$25. per square foot (other areas).
4. The Town has adopted the South Florida Building Code as a part of its ordinances.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or the permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8: AM to 5: PM Monday through Saturday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8: AM to Noon. 24 hour notice is required prior to all inspections.
11. String lines along property lines to facilitate set back inspections.
12. Before a certificate of occupancy is issued, the following are required:
  - a. An owner's affidavit of building cost (form available) - any discrepancy between the original fee and the final fee (based on the affidavit) will be adjusted.
  - b. Approval of septic tank installation by Martin Co. Health Dept.
  - c. Rough grading and clean-up of grounds.
  - d. Affidavit from licensed surveyor showing slab elevation (if in "A" flood zone). Affidavit from licensed surveyor showing elevation of piers or pilings (if in "V" zone).
  - e. Certification by a qualified engineer or architect of the structural adequacy of the building.
13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OF CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.



Contractor's Signature [Signature] Owner's Signature [Signature]

Approved by Building Inspector [Signature] Date 4/14/87

Approved by Commissioner [Signature] Date 4/15/87

Certificate of Occupancy Issued [Signature] Date 11/8/87

This Warranty Deed made the 10th day of July, 1935

Richard Bohner, Personal Representative of the Estate of Lenore Lamma Bohner, deceased

Manufactory called the Grantee, and

David C. Calland and Mirela L. Calland, his wife

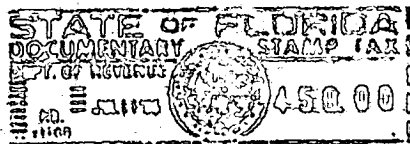
Whose mailing address is:

Manufactory called the Grantee,

WITNESSETH, that the Grantee, for and in consideration of the sum of ten dollars (\$10.00) and other valuable considerations the receipt whereof is hereby acknowledged has granted, conveyed, and sold unto the Grantee, and Grantee's heirs or assigns, and assigns forever, all that certain parcel of land in the County of Martin

The Northerly 100 feet of Lot 4 of George W. Bohner's Subdivision East of Small's Point Road, according to the Plat recorded in Plat Book "B", Page 70, Palm County, and Plat Book 1, Page 70 of the Public Records of Palm Beach, now Martin County, Florida.

0 1 2 3 4 5 6 7 8 9



LOUISE FIELD INSURANCE CORPORATION  
BY [Signature]

85 JUL 11 P 1:32

FILED RECORDED  
MARTIN COUNTY, FLA.

and the Grantee does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whatsoever, except those for tax 1935 and subsequent, and restrictions, reservations, limitations, covenants, and conditions of record, if any, ("Grantee and Grantee" are used herein for singular or plural, the singular shall include the plural, and any gender shall include all genders, as context requires.)

Signed, Sealed, and Delivered in our presence:

(WIT) Cecilia L. Pagan

(WIT) Barbara J. Knick

(WIT) \_\_\_\_\_

(WIT) \_\_\_\_\_

Richard Bohner  
Richard Bohner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of Florida  
County of Martin

I HEREBY CERTIFY, that on the 10th day of July, 1935

before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, recording and

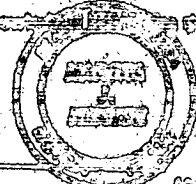
Richard Bohner, Personal Representative of the Estate of Lenore Lamma Bohner, deceased

is and known to be the person(s) described in and who executed the foregoing instrument and acknowledged to me that he, she, they so executed the same.

WITNESSETH my hand and official seal of the county and state here described.

Mirela L. Calland  
Mirela L. Calland

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



This instrument prepared by: Edith C. Hobbs No. 642 Fee \$67

Louise Field Insurance Corporation  
615 Columbia Avenue, Suite 100  
Seaside, Florida 32694

Insured by the issuance of a title insurance policy.



EXCAVATION AND FILL PERMIT  
Per Ordinance 257 of the Martin County Laws and Ordinances

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

Applicant

Name: CREATIVE ENVIRONMENT INC Telephone Number: 286-8647

Address: P.O. Box 305 FORT SALERNO, FL 33492

Project Superintendent: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Name of Project \_\_\_\_\_

Legal Description: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Amount of Excavation or Fill (c.y.): 100

Corresponding Excavation Permit (Origin of Fill)

Number and Location: \_\_\_\_\_

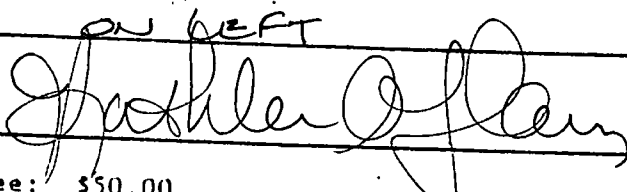
Applicable Building Permit Number \_\_\_\_\_

Basic Haul Route(s): FROM RT 714 SOUTH TO MARTIN DENNIS

BWD EAST TO MONTEPEY; NORTH TO OCEAN BWD

EAST TO SEWERS POINT RD SOUTH TO LOT 4

ON LEFT

Applicant's Signature: 

Application Fee: \$50.00

Date Paid: \_\_\_\_\_

Amount Paid: \$50.00

Receipt No.: \_\_\_\_\_

INSTRUCTIONS TO APPLICANT

1. No fill may be placed on the property prior to the issuance of a fill permit.
2. A fill permit fee of \$50.00 must be paid to Martin County prior to the issuance of a building permit. If origin of fill is not a valid excavation permit, then a fill permit will not be issued.
3. The applicant shall submit a boundary and topographic survey of the property to be filled, prepared by a Florida Registered Land Surveyor or a Florida Registered Engineer.
4. The applicant shall submit a finished grading and drainage plan drawn to scale, that matches master drainage or existing drainage of area.
5. Any fill placed on the subject property must be rough graded to the specifications noted on the approved plans prior to the first inspection sign off.
6. For house and septic tank fill only. Pond excavation or other works require a separate permit.
7. Applicant's signature documents that he is responsible for all the requirements of Ordinance 257 upon approval of the building permit.

VERIFICATION OF PARCEL CONTROL NUMBER

(To Be Completed By Applicant)

LEGAL DESCRIPTION:

SECTION 01 TWNSP 38 RANGE 41 BLOCK 004 LOT 4<sup>11</sup>

SUBDIVISION SENAUS (GEORGE BAKER SUBDIVISION)

ADDRESS 4 S. SENNAUS POINT RD

\*\*\*\*\*  
(To Be Completed By Property Appraiser's Office)

THE PARCEL CONTROL NO. FOR THE ABOVE REFERENCED PROPERTY IS:  
01-38-41-004-004-00110-5

Signed Bea Grammann  
Property Appraiser's Office

NOTE: TO BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION. NEED NOT BE COMPLETE. ALL ADDITIONS OR DELETIONS TO BE APPROVED BY THE MARTIN COUNTY CONTRACTORS' LICENSING DIVISION. PHONE NO. (305) 283-6760 EXT. 265 OR 266.

CONTRACTOR'S NAME Creative Environment BLDG. PERMIT # 2107  
 LICENSE # CGC 0217776

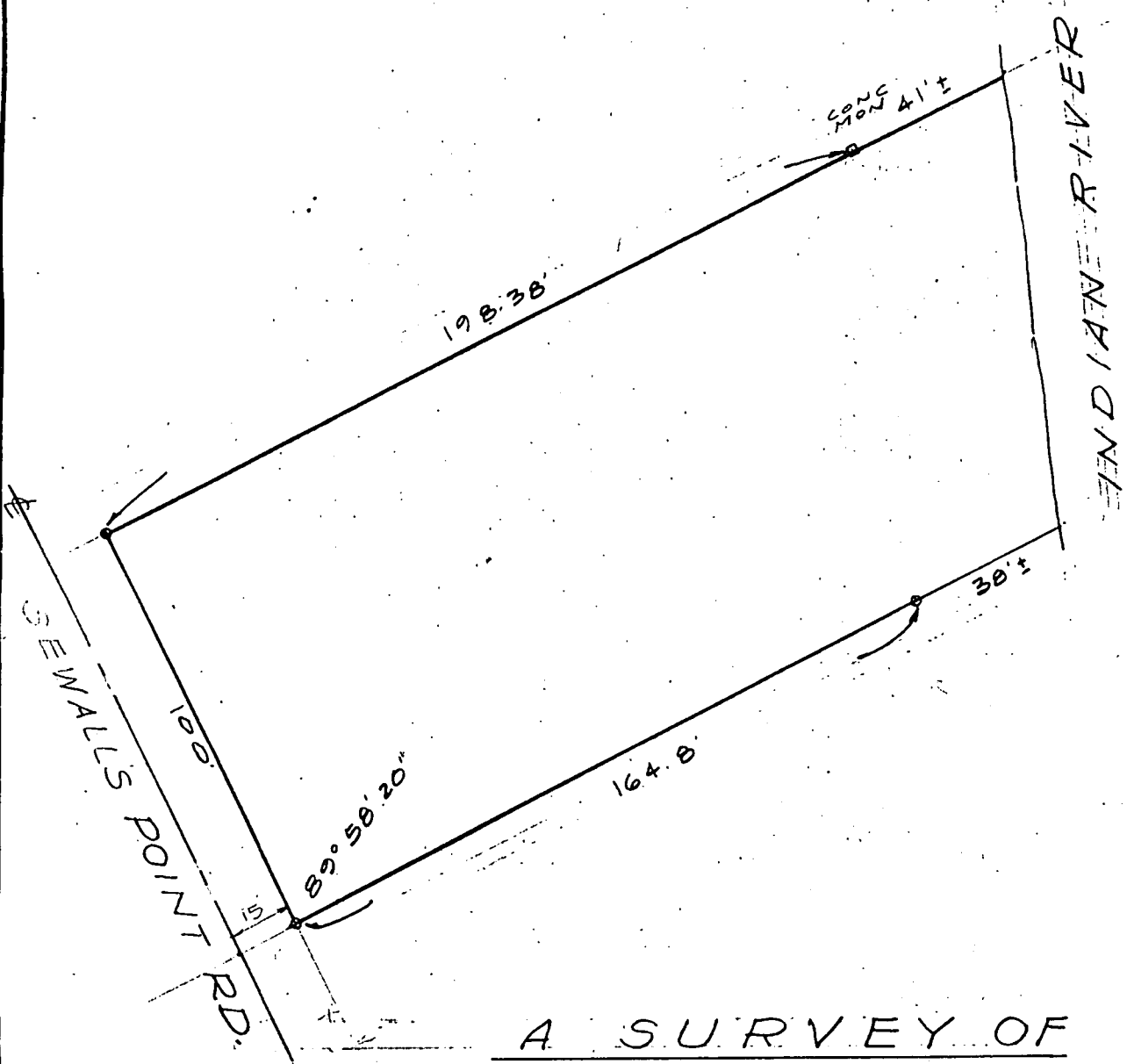
SUBCONTRACTORS LIST

TYPE OF WORK	INSTALLATION BY	M.C. COMPETENCY CARD OR STATE CERTIFICATION #
ELECTRICAL	Cook Electric	
PLUMBING	South Park	
AIR CONDITIONING (FOUND., DRIVE., PATIO)	Jim Keebler A/C & heater	
CONCRETE PLCCG. & FIN.	Creative Environment	
MASONRY (BRICK & STONE)	Creative Environment	
CARPENTRY (ROUGH & FINISH)	Creative Environment	
WINDOWS & DOORS INSTALL.	Creative Environment	
SOLAR SYSTEM INSTALL	-	
BURGLAR & FIRE ALARMS	-	
ROOFING	Wileram	
GARAGE DOOR INSTALL.	Jim Walter Doors	
INSULATION & ACOUSTICAL	Creative Environment	
DRYWALL & STUCCO	Creative Environment	
PAINTING (CHATTANOOCHEE)	Creative Environment	
TILE, TERRAZZO, & MARB.	Creative Environment	
ALUMINIUM	Creative Environment	
PAVING (ASPHALT)	Coral Concrete	
IRRIGATION	Creative Environment	
SEPTIC TANK INSTALL.	Superior Septic	



• - DENOTES I. PIN  
 LOCATED IN FLOOD ZONES "A-10 & V-13"

JP



A SURVEY OF

The North 100 feet of the North 200 feet of Lot 4, lying East of Sewall's Point Road; GEORGE W. BAKER'S SUBDIVISION according to the plat thereof as recorded in Plat Book 1, Page 70, Palm Beach County, Florida, now Martin County.

F O R  
 DAVID C. GALFOND

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C.

SCALE: 1" = 40'	DATE: 11-5-86	PLAT BOOK: 1	PAGE: 70
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I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief.

**DON WILLIAMS & ASSOCIATES, INC.**

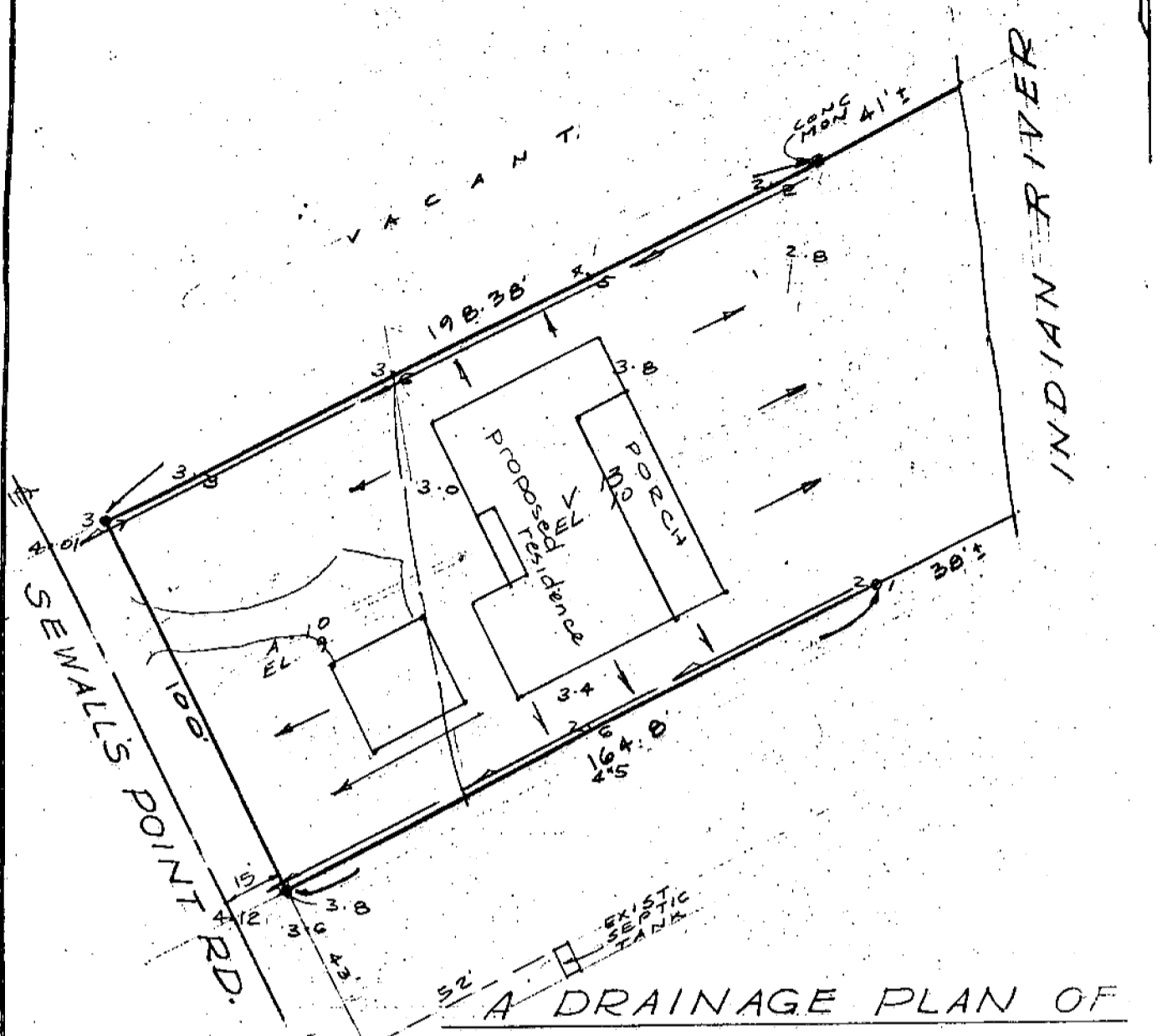
*W.L. Williams*

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

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

F.B. 21V Page 17  
 W.O. #

• - DENOTES I.P.I.N.  
 LOCATED IN FLOOD ZONES "A-10 & V-13"  
 ELEVATIONS REFER TO NGVD



A DRAINAGE PLAN OF

The North 100 feet of the North 200 feet  
 of Lot 4, lying East of Sewall's Point  
 Road; GEORGE W. BAKER'S SUBDIVISION  
 according to the plat thereof as recorded in  
 Plat Book 1, Page 70, Palm Beach County, Florida,  
 now Martin County.

F O R  
 DAVID C. GALFOND

updated  
 2-26-87

This survey meets the minimum technical standards for Land Surveying in Florida, as pre-  
 scribed in Chapter 21HH-6, F.A.C.

SCALE: 1" = 40'	DATE: 11-5-86	PLAT BOOK: 1	PAGE: 70
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**DON WILLIAMS & ASSOCIATES, INC.**

*W.L. Williams*

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

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

F.B. 21V Page 17  
 W.O. #

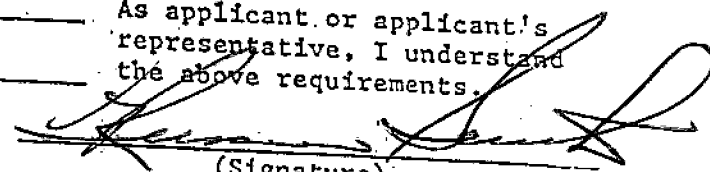
STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: Ray GUNNY  
LEGAL DESCRIPTION: See legal George J. Rapovs S/D  
SEPTIC TANK PERMIT NUMBER: 11837-145

The items noted below must be certified by a surveyor or engineer and returned to the Health Department prior to the first plumbing inspection by the Building Department.

1. Building Permit Number: \_\_\_\_\_
2. I certify that the elevation of the top of the lowest plumbing stubout is at or above the approved elevation as shown on septic tank permit application.  
Date elevation checked: \_\_\_\_\_
3. I certify that the top of the lowest building plumbing stubout is \_\_\_\_\_ feet above the crown of road.
4. I certify that all severe limited soil has been removed from an area of 25 feet by 55 feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.  
Date observed: \_\_\_\_\_

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

CERTIFIED BY: \_\_\_\_\_ As applicant or applicant's representative, I understand the above requirements.  
Florida Professional Number: \_\_\_\_\_  
Date: \_\_\_\_\_ Job Number: \_\_\_\_\_  
  
(Signature)

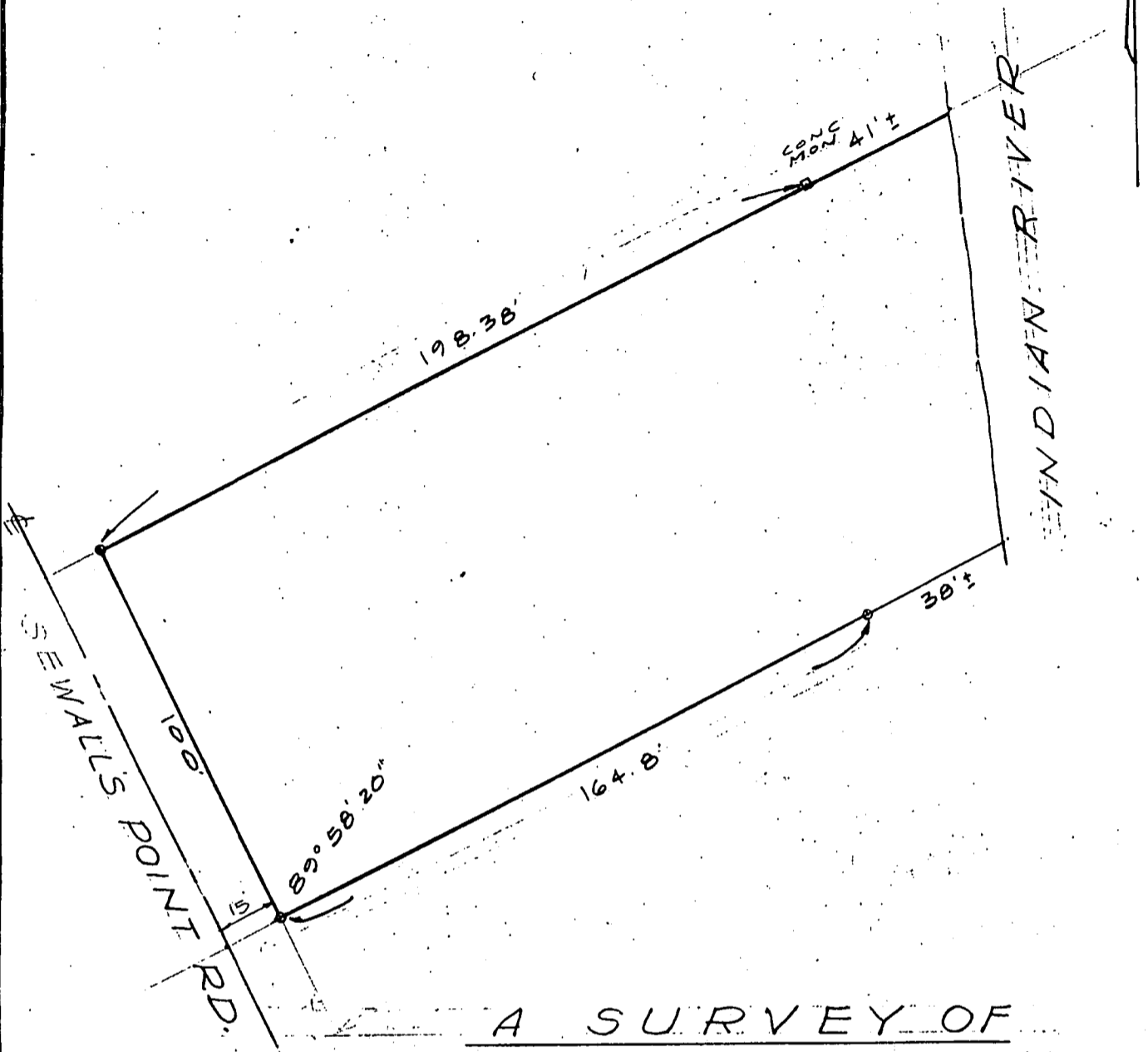
FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

\_\_\_\_\_  
(Signature of Environmental Health Specialist) (Date)





• - DENOTES 1. PIN  
 LOCATED IN FLOOD ZONES "A-10 & V-13"



A SURVEY OF

The North 100 feet of the North 200 feet of Lot 4, lying East of Sewall's Point Road; GEORGE W. BAKER'S SUBDIVISION according to the plat thereof as recorded in Plat Book 1, Page 70, Palm Beach County, Florida, now Martin County.

F O R  
 DAVID C. GOLFOND

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C.

SCALE: 1" = 40'	DATE: 11-5-86	PLAT BOOK: 1	PAGE: 70
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**DON WILLIAMS & ASSOCIATES, INC.**

*W.L. Williams*  
 W.L. WILLIAMS  
 P.L.S. FLA. REG. No. 1272

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

F.B. 21V Page 17  
 W.O. #

MARTIN COUNTY PUBLIC HEALTH UNIT  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: 14087-145

NAME OF APPLICANT: Ray Blaney HOME PHONE: 546-7066

MAILING ADDRESS OF APPLICANT: P.O. Box 305 Port Salerno, 33492 WORK PHONE: 287-8602

LOT See Map Sheet BLOCK Sheet SUBDIVISION George W. Bakers Subd V.  
PLAT BOOK 1 PAGE 70 DATE SUBDIVIDED 1910

RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3  
HEATED OR COOLED AREA OF HOME 2736 SQUARE FEET

COMMERCIAL: TYPE OF BUSINESS PROPOSED \_\_\_\_\_ NUMBER PEOPLE \_\_\_\_\_

AFFIDAVIT

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

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE:

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS

DRAINFIELD SIZE 500 SQUARE FEET

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

25" ABOVE CROWN OF ROAD 4.07MSVD

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 20' FROM SIDE PROP. LINE  
17' FROM FRONT

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

29" ABOVE CROWN OF ROAD 4.07MSVD

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

ISSUED BY: Daniel M. Koskowsky R.S. DATE: 3-11-87  
ENVIRONMENTAL HEALTH SPECIALIST

- PLEASE NOTE:
1. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
  2. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
  3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
  4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.
  5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

Inspection Results Will be Posted on Building Permit or on Electrical Box.

FINAL INSPECTION

CONSTRUCTION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
ENVIRONMENTAL HEALTH SPECIALIST

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

the N. 100' of the N. 200' of lot 4  
lying e. of Sewalls Pt. R. George W. Baker Subd v.

SITE INFORMATION

Ray Clancy

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? No
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? Yes
13. THERE IS 900 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 4.07 <sup>NGVD</sup> SHOW LOCATION ON PLOT PLAN.  
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION \_\_\_\_\_ SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 3.0 <sup>NGVD</sup>  
SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? No V-13 IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 10 NGVD 1929 (ELEVATION OPTIONAL)  
House also in A-10 (elev 9)

NOTE: MUST BE CERTIFIED BY REGISTERED SURVEYOR OF ENGINEER IN THE STATE OF FLORIDA.

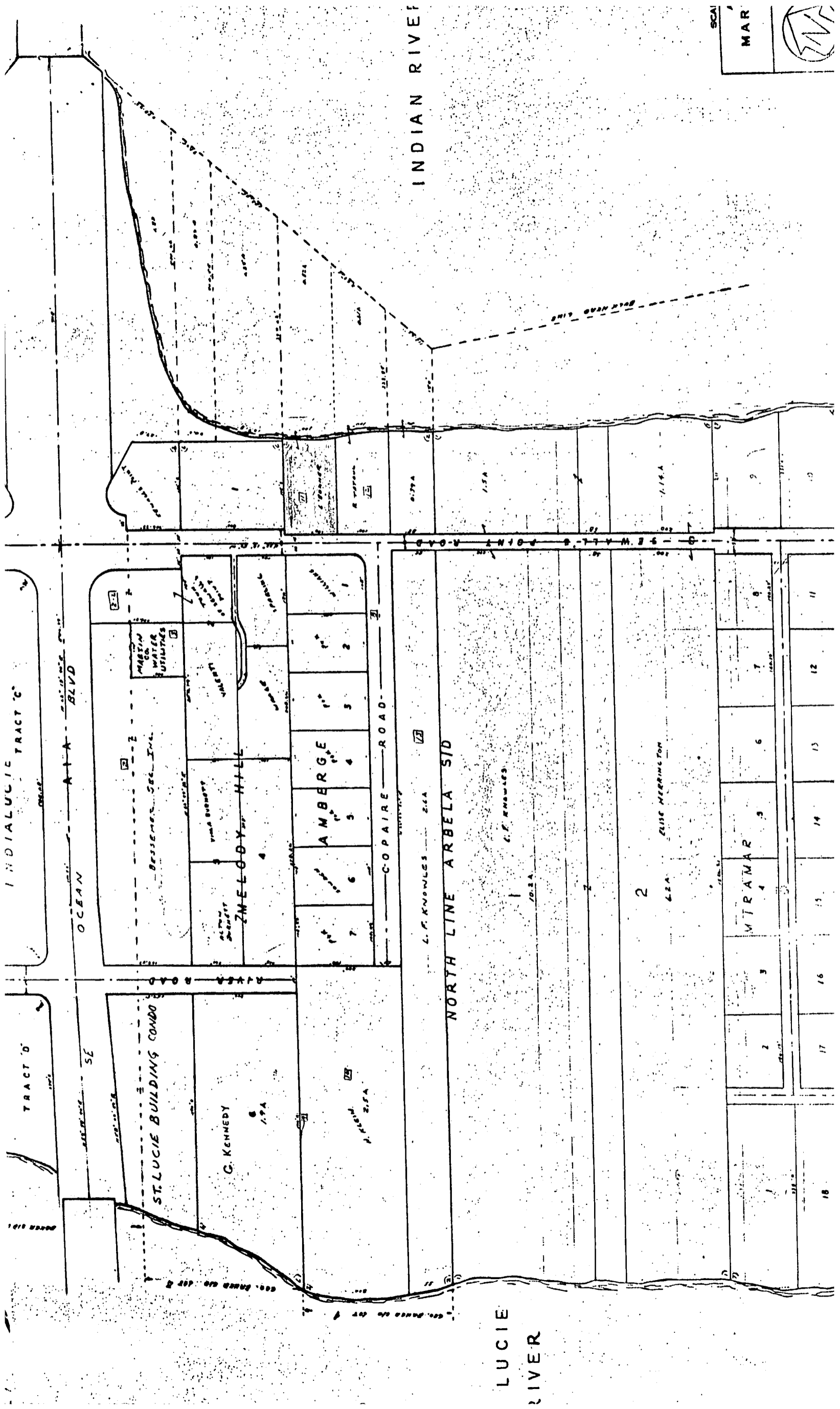
CERTIFIED BY: W. L. Sullivan  
FL. PROFESSIONAL NO: 1272  
DATE: 2-26-87 JOB NO: \_\_\_\_\_

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

See Attached





INDIAN RIVER TRACT C

TRACT D

INDIAN RIVER

LUCIE RIVER

OCEAN BLVD

ST. LUCIE BUILDING CONDO

C. KENNEDY

MELBODY HILL

AMBERGE

W. RAMAR

NORTH LINE ARBELA SID

CO PAIRE ROAD

DRAINAGE LINE

MARTIN CO. WATER UTILITIES

BRISSEMER SEC. INC.

1.9A

2.5A

2

2-2

0.79A

1.5A

1.14A

9

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# CTS CONSTRUCTION TESTING & ENGINEERING SERVICES, INC.

1666 S.E. Village Green Drive - Unit 1 • Port St. Lucie, Florida 33452  
 MATERIALS TESTING & INSPECTIONS  
 SOILS • CONCRETE • ENGINEERING SERVICES  
 (305) 335-0724 • 1-800-325-2978

## DAILY SOILS INSPECTION

BP-2197

PROJECT GALFORD RESIDENCE REPORT NO. 032-177-2  
 LOCATION LOT 4 SEWELLS POINT ROAD DATE 6-2-87  
 CLIENT CREATIVE ENVIRONMENT TYPE PROCTOR T-180  
 METHOD OF COMPACTION VIBRATORY ROLLER DENSITY REQUIRED 95.0 %  
 SOIL DESCRIPTION MIXED SAND  
 MAXIMUM DENSITY OF MATERIAL 107.6 P.C.F. OPTIMUM MOISTURE 12.8 %

LOCATIONS AND TEST RESULTS				
TEST NUMBER	TEST LOCATION	DEPTH BELOW FINISHED GRADE	PERCENT MOISTURE	PERCENT COMPACTION
1	CENTER OF GARAGE PAD	0-1'	5.6	94.1
2	CENTER OF GARAGE PAD	1-2'	7.4	90.2

REMARKS: \* AREA FAILS TO MEET PROJECT REQUIREMENT OF 95% COMPACTION

FIELD TECHNICIAN T.C.

APPROVED Victor J. Gerley, P.E.

SHEET 1 OF 1

Larry V. Eardley  
 Larry V. Eardley, President

vjw

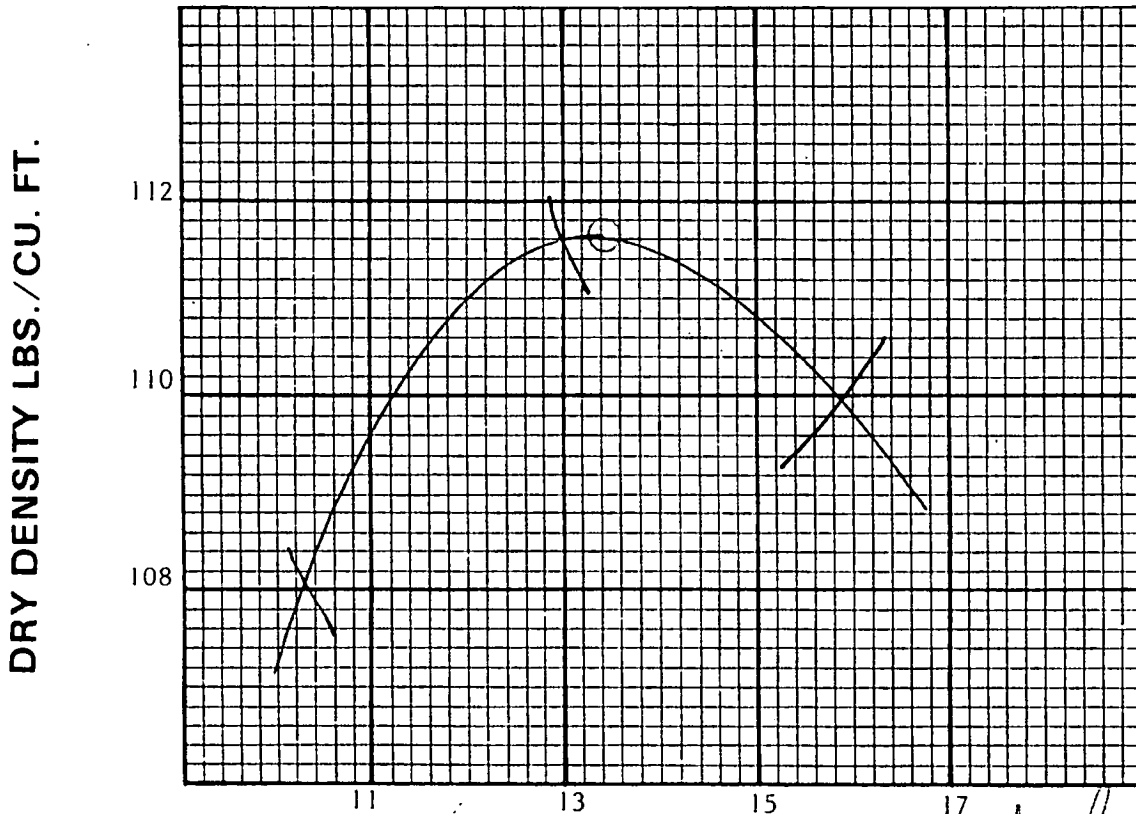
# CTS CONSTRUCTION TESTING & ENGINEERING SERVICES, INC.

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 (305) 335-0724 • 1-800-325-2978

## REPORT OF MOISTURE - DENSITY RELATIONSHIP OF SOIL

PROJECT	<u>GALFORD RESIDENCE</u>	REPORT NO.	<u>BP-2107</u> <u>032-177-3</u>
LOCATION	<u>LOT 4 SEWELLS POINT ROAD</u>	DATE	<u>6-4-87</u>
CLIENT	<u>CREATIVE ENVIRONMENT</u>	TYPE PROCTOR	<u>T-180</u>
TO BE USED FOR	<u>GARAGE PAD</u>		
SOIL DESCRIPTION	<u>BROWN SAND WITH MARL</u>		
MAXIMUM DENSITY OF MATERIAL	<u>111.6</u>	P.C.F.	OPTIMUM MOISTURE <u>13.4</u> %

### MOISTURE - DENSITY RELATIONSHIP CURVE



### MOISTURE CONTENT %

LAB TECHNICIAN T.C.  
 PLOTTED BY T.C.  
 CHECKED BY L.V.E.  
vjw

APPROVED [Signature]  
 VICTOR J. GERLEY, P.E.  
[Signature]  
 LARRY V. EARDLEY, PRESIDENT

# CTS CONSTRUCTION TESTING & ENGINEERING SERVICES, INC.

1666 S.E. Village Green Drive - Unit 1 • Port St. Lucie, Florida 33452  
 MATERIALS TESTING & INSPECTIONS  
 SOILS • CONCRETE • ENGINEERING SERVICES  
 (305) 335-0724 • 1-800-325-2978

## DAILY SOILS INSPECTION

BP-2107

PROJECT GALFORD RESIDENCE REPORT NO. 032-177-4  
 LOCATION LOT 4 SEWELLS POINT ROAD DATE 6-4-87  
 CLIENT CREATIVE ENVIRONMENT TYPE PROCTOR T-180  
 METHOD OF COMPACTION VIBRATORY ROLLER DENSITY REQUIRED 95.0 %  
 SOIL DESCRIPTION A. MIXED SAND  
 MAXIMUM DENSITY OF MATERIAL B. BROWN SAND WITH MARL OPTIMUM MOISTURE 12.8 %  
A. 107.6 P.C.F. 13.4  
B. 111.6

LOCATIONS AND TEST RESULTS				
TEST NUMBER	TEST LOCATION	DEPTH BELOW FINISHED GRADE	PERCENT MOISTURE	PERCENT COMPACTION
1	CENTER OF GARAGE PAD	0-1'	5.4	98.4
2	CENTER OF GARAGE PAD	1-2'	7.3	96.1
3	CENTER OF GARAGE PAD	2-3'	7.6	99.1
4	CENTER OF GARAGE PAD	3-4'	7.5	97.3
5	CENTER OF N. SIDE-3' S. OF N. EDGE	0-1'	6.1	96.7
6	CENTER OF S. SIDE-3' N. OF S. EDGE	0-1'	7.4	96.6

REMARKS: ABOVE TESTS WERE TAKEN IN GARAGE AREA  
\* TEST IS A RETEST OF A PREVIOUSLY FAILED AREA TESTED ON 6-2-87

FIELD TECHNICIAN T.C.

APPROVED Victor J. Gerley, P.E.

SHEET 1 OF 1

Larry V. Eardley  
 Larry V. Eardley, President

vjw



Bldg Permit  
# 2107

**TERMITE CONTRACT CERTIFICATE** Date October 22, 1987

Travis Exterminating Co., Inc. hereby certified the structure(s) treated on the above date, and owned by Golfoud Res.

and located at 4 Sewalls Point Road, Stuart, FL  
against infestation of Subterranean Termites

The initial term of this contract shall be for 12 months, and may thereafter be renewed annually, upon consent of both parties, for a period of 4 years. The company however, reserves the right to adjust the annual renewal fee of \$ 70.00 as it may deem necessary, prior to any anniversary date. Failure to remit the annual renewal fee within sixty (60) days following the anniversary date shall be considered as automatic cancellation of this contract.

This contract provides for the retreatment of the above subject property in the event of infestation by the above subject pest. It does not provide for repairs to/or replacements of damaged parts of the structure(s) which may be necessary.

In the event the above subject structure(s) is modified, altered or otherwise changed after the date of original treatment, this agreement shall automatically terminate, unless a prior agreement shall have been entered into between the customer and the company to inspect, provide additional treatment and/or adjust the annual renewal fee.

The owner also warrants full cooperation with the company during the life of this contract and agrees to maintain the area(s) treated free from any factor which may contribute to infestation. These conditions include, but are not limited to, wood, lumber or direct wood-soil contact in the treated area(s). It is also agreed the owner shall eliminate faulty plumbing leaks, and any other sources of dampness such as drains, condensation or roof leaks which may adversely effect the treated area(s). Failure of the owner to maintain the subject structure(s) as described in this paragraph, shall render this contract null & void.

This contract is transferable to any subsequent owner of the subject structure(s) upon proper notification to the company.

It is specifically understood and agreed that the company and customer are bound only by the terms and conditions as herein stated, and not by any other representation oral or otherwise.

13467

CONTRACT NUMBER

*Donald P. Travis*

PRESIDENT



EXTERMINATING CO., INC.

*Don Williams and Associates, Inc.*

— LAND SURVEYORS —

1115 EAST OCEAN BLVD. • STUART, FLORIDA 34996

**PHONE 283-2977**

October 14, 1987

Martin County Building Department  
Martin County Administrative Center  
50 Kindred Avenue  
Stuart, Florida, 33497-3090

Dear Sir or Madam:

RE: BUILDING PERMIT #2107

I hereby certify that the finish floor elevation of the residence located on part of Lot #4, GEORGE W. BAKER'S SUBDIVISION, Martin County, Florida is 11.80 feet N.G.V.D.

Very truly yours,



W.L. Williams  
R.L.S. Florida Registration #1272

WLW/db

**RECORD OF INSPECTIONS**

**TOWN OF SEWALL'S POINT, FLORIDA**

**CERTIFICATE OF APPROVAL FOR OCCUPANCY**

Date 11/3/87

This is to request that a Certificate of Approval for Occupancy be issued to Galfond  
 For property built under Permit No. 2107 Dated 4/15/87 when completed in  
 conformance with the Approved Plans.

Item	Signed	Approved by
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION	<u>6/9/87</u>	
3. FOOTING - SLAB	<u>4/20/87</u> <u>4/22/87</u>	
4. ROUGH PLUMBING	<u>5/23/87</u>	
5. ROUGH ELECTRIC	<u>7/30/87</u>	
6. LINTEL	<u>4/20/87</u>	
7. ROOF		
8. FRAMING	<u>7/30/87</u>	
9. INSULATION	<u>8/3/87</u>	
10. A/C DUCTS	<u>8/4/87</u>	
11. FINAL ELECTRIC	<u>11/3/87</u>	
12. FINAL PLUMBING	<u>11/3/87</u>	
13. FINAL CONSTRUCTION	<u>11/3/87</u>	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 11/3/87 date

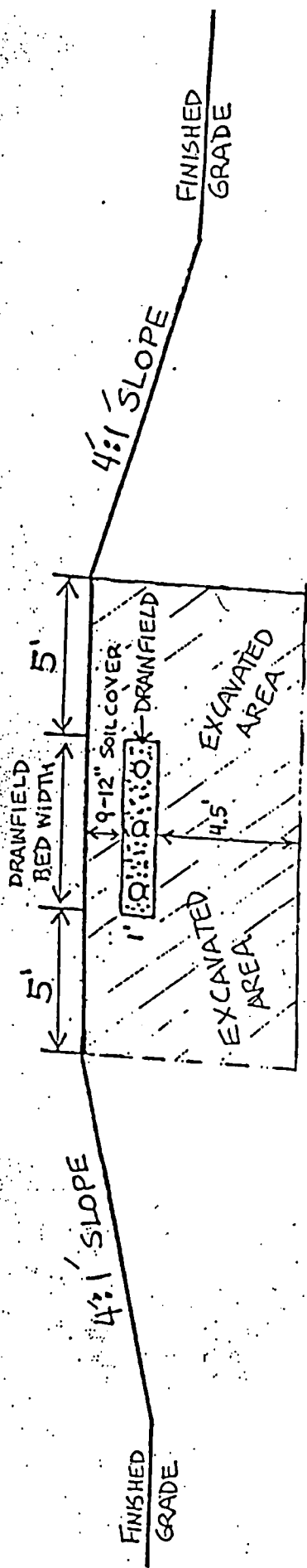
Approved by Building Commissioner GC Strubell date

Utilities notified FPL 11/3/87 date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

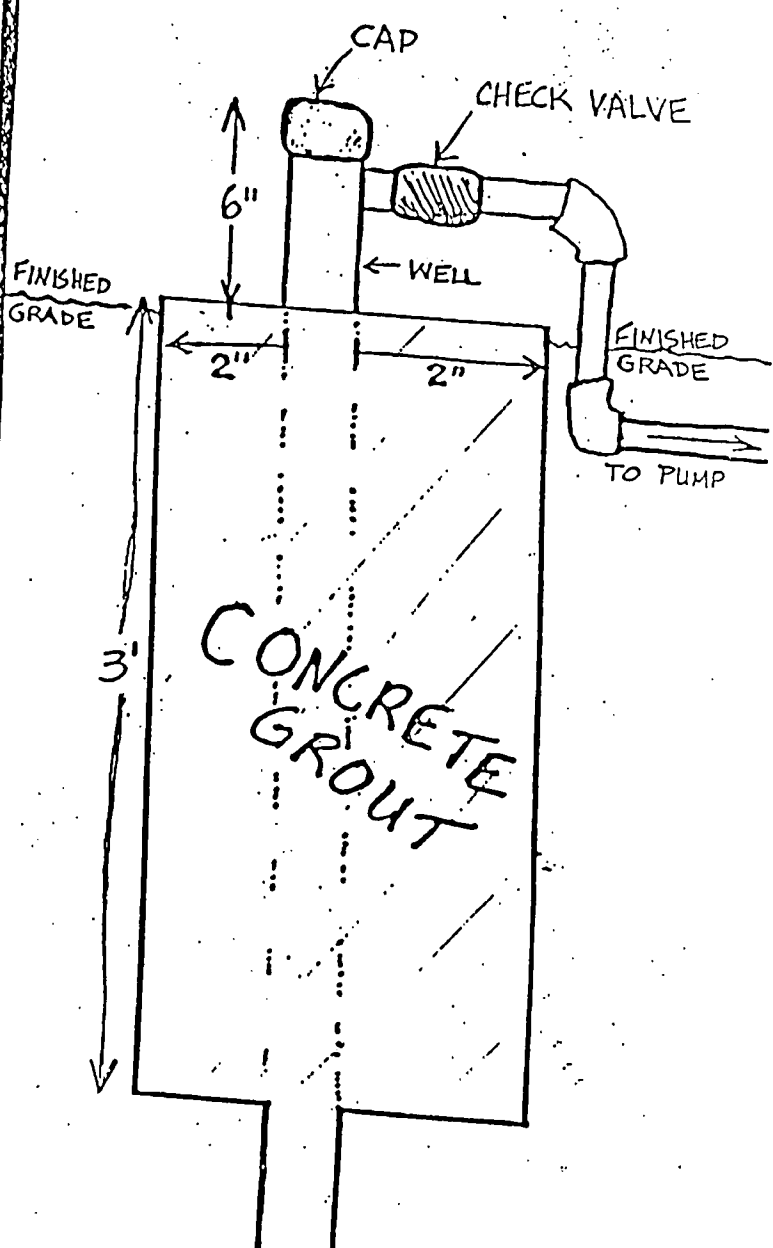
# DRAINFIELD MOUND REQUIREMENTS



**NOTE:** THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

# WELL REQUIREMENTS

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



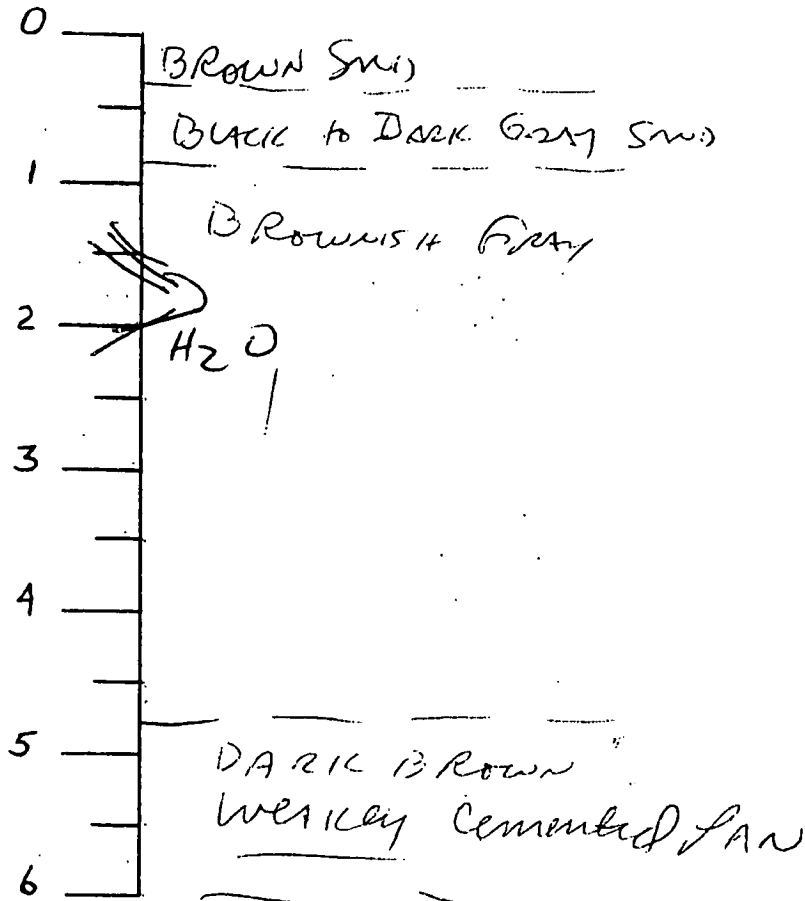
131 East 7th Street  
Stuart, Florida 33497  
287-2277

SITE EVALUATION

APPLICANT: Ray GIANCY

LEGAL DESCRIPTION: George W. Baker S/D

SOIL PROFILE



USDA SOIL TYPE Salerno

USDA SOIL NUMBER 35

Impervious soils are present  
5.0 feet below natural  
grade.

Present Water Depth Below Natural Grade 1.7 Feet.

Wet Season Range Per Soil Survey <.8 Feet.

Estimated Wet Season Water Depth Below Natural Grade 1.0 Feet.

Indicator Vegetation Present NONE

Is Benchmark Located on Plot Plan and Present on Site? YES

Approximate Amount of Fill on Neighboring Lots ~1.0'

Other Findings:

EVALUATION BY: David M. Kowalsky

DATE: 3-10-87

**4760**

**REROOF**

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

### TOWN OF SEWALL'S POINT

Date 12-10-99

BUILDING PERMIT NO. 4760

Building to be erected for DAVID GALFOND

Type of Permit RE-ROOF

Applied for by WILFRAM CONSTRUCTION

(Contractor) Building Fee \_\_\_\_\_

Subdivision ~~HOUSES~~ Lot \_\_\_\_\_ Block \_\_\_\_\_

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

Address 8 S. SEWALL'S POINT ROAD

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

Type of structure S.F.R.

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

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

Parcel Control Number:

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

1-38-41-004-004-00110-70000

Roofing Fee \$ 120.00

Amount Paid \_\_\_\_\_ Check # 33401 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 10,800.00

TOTAL Fees \$ 120.00

Signed Paul [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector

# RE-ROOFING PERMIT

#### INSPECTIONS

DRY IN  
PROGRESS

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

PROGRESS  
FINAL

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

**24 HOURS NOTICE REQUIRED FOR INSPECTIONS.**

**CALL 287-2455**

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

**MONDAY THROUGH SATURDAY**

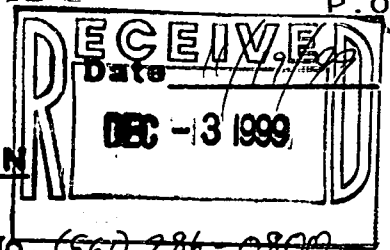
- New Construction
- Remodel
- Addition
- Demolition

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

Bldg. Pmt# \_\_\_\_\_

### Town of Sewall's Point

## BUILDING PERMIT APPLICATION



Owner's Name: David Galford Phone No. (561) 286-0800  
 Owner's Present Address: 8 South Sewall's Point Rd.  
 Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: 8 South Sewall's Point Rd.  
 TYPE OF WORK TO BE DONE: New Shingle Roof to replace old cedar shake roof

CONTRACTOR INFORMATION  
 Contractor/Company Name: Wilfram Construction Phone No. (561) 546-0300  
 COMPLETE MAILING ADDRESS 9027 SE Pine Cone Lane Hobe Sound, FL 33455  
 State Registration RC0084030 State License RC-0084030  
 Legal Description of Property 8 S Sewall's Pt Rd. Lot 4  
 Parcel Number 1384100 4007 4007 1107000

### ARCHITECT/ENGINEER INFORMATION

Architect N/A Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Engineer \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Area Square Footage: Living Area \_\_\_\_\_ Garage Area \_\_\_\_\_ Carport \_\_\_\_\_  
 Accessory Bldg. \_\_\_\_\_ Covered Patio \_\_\_\_\_ Scr. Porch \_\_\_\_\_ Wood Deck \_\_\_\_\_  
 Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_  
 NEW electrical SERVICE SIZE \_\_\_\_\_ AMPS

### FLOOD HAZARD INFORMATION

flood zone \_\_\_\_\_ minimum Base Flood Elevation (BFE) \_\_\_\_\_ NGVD  
 proposed finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
 Cost of construction or Improvement \$10,800.00  
 Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
 Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
 Method of determining FMV \_\_\_\_\_

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

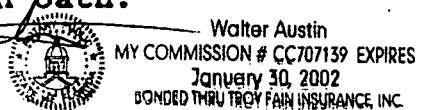
Electrical \_\_\_\_\_ State License \_\_\_\_\_  
 Mechanical \_\_\_\_\_ State License# \_\_\_\_\_  
 Plumbing \_\_\_\_\_ State License# \_\_\_\_\_  
 Roofing \_\_\_\_\_ State License# \_\_\_\_\_

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

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

### OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE \_\_\_\_\_  
 Sworn to and subscribed before me this 19th day of November, 1998 by Ron Wilson who is personally known to me or has produced or has produced N/A and who did (did not) take an oath.  
 CONTRACTOR SIGNATURE \_\_\_\_\_  
 Sworn to and subscribed before me this 19th day of November, 1998 by Ron Wilson who is personally known to me or has produced N/A and who did (did not) take an oath.





# ACORD CERTIFICATE OF LIABILITY INSURANCE

04/01/1999

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

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

### COMPANIES AFFORDING COVERAGE

- COMPANY A TRANSCONTINENTAL INS CO
- COMPANY B FCCI INSURANCE COMPANY
- COMPANY C
- COMPANY D

*PERMIT FILE*

Insured: Bonnie Merritt Ext:  
 Wilfram Construction  
 9027 S E Pinecone Lane  
 Hobe Sound, FL 33455

### COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	C173785663	03/31/1999	03/31/2000	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	001WC99A09011	01/01/1999	01/01/2000	WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

### CERTIFICATE HOLDER

Sewall's Point, Town of  
 1 South Sewall's Point Road  
 Stuart, FL 23996

### 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  
 C. J. Deakins, Jr./BM

*[Signature]*

FORM 25-9 (1/88)

ACORD CORPORATION 1988

**MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 1990 275 591 CERT RC0048030  
PHONE 561 546 0300 SIC NO 2542

LOCATION:

7900 SE BRIDGE RD  
ROOFING CONTRACTOR

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>0.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>3.00</u>
TOTAL			<u>3.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **SHOWROOM & OFFICE**  
AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

WILFRAM CONSTRUCTION  
RONALD WILSON  
9027 SE PINECONE LANE  
HOBE SOUND FL 33455

10 DAY OF MAY 19 99 SEC. 219980922 5600 PAID

**MARTIN COUNTY CONTRACTORS  
CERTIFICATE OF COMPETENCY**  
WILSON, RONALD L  
WILFRAM CONSTRUCTION  
9027 SE PINE CONE LNE  
HOBE SOUND , FL 33455

EXPIRES SEPTEMBER 30, 19 <u>99</u>	
AUDIT CONTROL NUMBER <b>31710</b>	CERTIFICATE NUMBER <b>SP00624</b>

**PROOF OF NOTICE:**  
**SUBDIVISION REVIEW/APPROVAL**

To: Building Official, Town of Sewall's Point  
FROM: Permit Applicant  
RE: Subject structure described as follows:

OWNER: DAVID GALFOND ; ADDRESS: B S. SEWALL'S POINT RD.

PROJECT ADDRESS: (SAME) ; LEGAL DESCRIPTION: LOT PART 4 BLK \_\_\_\_\_ SUB BAKER'S

GENERAL CONTRACTOR: WILFRAM CONSTRUCTION ; LIC/CERT No. RC-0084030

ADDRESS: 4027 SE PINE CONE LN., HOBE SOUND, FL 33455, TEL 596-0900; FAX \_\_\_\_\_

ARCHITECT OR ENGINEER: N/A ; Lic/REG No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ; TEL \_\_\_\_\_ ; FAX \_\_\_\_\_

PERMIT No: 4760 ; DATE OF ISSUE: \_\_\_\_\_ ; DATE OF THIS STATEMENT: \_\_\_\_\_

The proposed project is located in the located in BAKER'S Subdivision.

In compliance with permit application review requirements, please be advised as follows:

- \_\_\_ SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS NOT REQUIRED.
- \_\_\_ SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS REQUIRED.
- \_\_\_ APPROVAL DOCUMENTATION IS ATTACHED
- \_\_\_ NOTICE OF THE ABOVE PROPOSED CONSTRUCTION WAS PROVIDED TO THE SUBDIVISION/ASSOCIATION ON \_\_\_\_\_

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NAME: \_\_\_\_\_ ; SIGNATURE: \_\_\_\_\_ ; Lic. No: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

(NOTARY SEAL)

\_\_\_\_\_  
Name \_\_\_\_\_

I am a Notary Public of the State of Florida and my commission expires: \_\_\_\_\_

# Proposal

Page No.

of

Pages

## WILFRAM CONSTRUCTION

9027 SE Pine Cone Lane  
 HOBE SOUND, FLORIDA 33455  
 (561) 546-0300

Emergency Beeper (561) 221-5188

11594

837

PROPOSAL SUBMITTED TO <b>DAVID GALFOND</b>		PHONE <b>(561) 286-0800</b>	DATE <b>11/01/99</b>
STREET <b>8 SOUTH SEWALL POINT ROAD</b>		JOB NAME <b>SWP 8B</b>	
CITY, STATE and ZIP CODE <b>SEWALLS POINT S FL 34996</b>		JOB LOCATION	
ARCHITECT <b>ATTN:</b>	DATE OF PLANS	JOB PHONE	

We hereby submit specifications and estimates for:

REMOVAL AND DISPOSAL OF EXISTING CEDAR SHAKE ROOF, AND INSTALLATION OF A NEW ROOF OF OWENS CORNING OAKRIDGE SHINGLES BEARING A THIRTY (30) YEAR MANUFACTURER'S WARRANTY, NAILED TO CODE OVER 30# FELT, TIN-TAGGED TO EXISTING SHEATHING. VALLEY FLASHING TO BE REPLACED WITH 16 OZ. COPPER. WALL FLASHINGS AND SKYLIGHT BUBBLES TO BE REUSED; HOWEVER, IF THEY MUST BE REPLACED AN EXTRA CHARGE WILL APPLY AS SET FORTH BELOW. ALL VENTS TO BE REPLACED WITH NEW. ALL RIDGES TO RECEIVE ALUMINUM RIDGE VENT.(SHINGLE OPTION ONLY).

deposit check # 9205 63.643 11.18.99  
 \$ 3,240.00

ROTTEN WOOD REPLACED OR EXTRA WORK BEYOND THE SCOPE OF THIS CONTRACT THAT IS REQUIRED DURING ROOF REPLACEMENT WILL BE INVOICED AT MATERIAL COST PLUS 10% AND \$35.00 PER MAN HOUR FOR LABOR IN ADDITION TO CONTRACT PRICE BELOW. NO PAINTING OR GUTTER WORK INCLUDED. WILFRAM ( ) YEAR MECHANICAL WARRANTY APPLIES TO THIS CONTRACT. PERMITS FEES INCLUDED. STATE REG. # RC0048030. SIGNATURE BELOW RELEASES WILFRAM FROM LIABILITY FOR DRIVEWAY DAMAGE. ROOF COLOR TO BE ANTIQUE SILVER.

In connection with any litigation arising out of this agreement, the prevailing party shall be entitled to recover all costs incurred, including reasonable attorney fees.

We propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

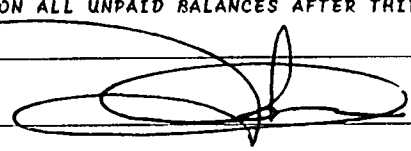
TEN THOUSAND EIGHT HUNDRED DOLLARS AND NO/100 \_\_\_\_\_ dollars (\$ 10,800.00 ).

Payment to be made as follows:

NO SERVICES WILL BEGIN UNTIL THIS COPY OF THIS PROPOSAL IS SIGNED AND RETURNED WITH NOTICE OF COMMENCEMENT AND DEPOSIT CHECK FOR 30% OF CONTRACT PRICE. 40% DUE UPON DELIVERY OF MATERIAL, AND REMAINDER DUE UPON COMPLETION. 1.5 PERCENT PER MONTH FINANCE CHARGE WILL BE COLLECTED ON ALL UNPAID BALANCES AFTER THIRTY DAYS.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature



Note: This proposal may be withdrawn by us if not accepted within 20 days.

**Acceptance of Proposal** — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

Signature

Date of Acceptance: 11-18-99

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

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

TAX FOLIO # 1-38-41-004-004-00110-70000

# NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

(TAX ID NO. 1-38-41-004-004-00110-70000)

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

Northerly 100 feet of Lot 4, East of Sewalls Pt. Rd. Plat Book B Page 90

GENERAL DESCRIPTION OF IMPROVEMENT: new roof

OWNER: MARCIA L. Galfond Revocable Living Trust dated 6/22/99

ADDRESS: 8 SOUTH SEWALL'S PT. RD., STUART, FL 34996

PHONE #: 286-0800

FAX #: 286-7690

CONTRACTOR: Wilfram Construction

ADDRESS: 9027 S.E. Pine Cone St Hobe Sound, FL 33455

PHONE #: (561)546-0300

FAX #: (561)546-2660

SURETY COMPANY (IF ANY) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER: none

ADDRESS: n/a

PHONE #: n/a

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 718.18(1)(A)7., FLORIDA STATUTES:

NAME: DAVID C. GALFOND, Esq.

ADDRESS: 8 SOUTH SEWALL'S PT. RD., STUART, FL 34996

PHONE #: 286-0800

FAX #: 286-7690

IN ADDITION TO HIMSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 718.19(1)(B), FLORIDA STATUTES.

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

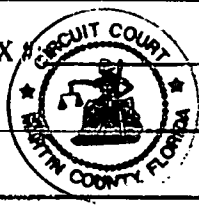
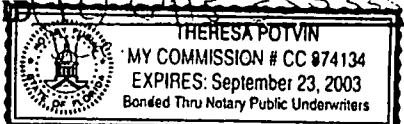
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Marcia L. Galfond, Trustee  
SIGNATURE OF OWNER MARCIA L. GALFOND, TRUSTEE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30<sup>th</sup> DAY OF November 1999 BY \_\_\_\_\_

Theresa Potvin  
NOTARY SIGNATURE

PERSONALLY KNOWN \_\_\_\_\_  
OR PRODUCED BY \_\_\_\_\_  
TYPE OF \_\_\_\_\_



STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE FOREGOING \_\_\_\_\_ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.  
MARSHA STILLER, CLERK  
BY COPIES D.C.  
DATE 12-2-99



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

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

**OWENS-CORNING**

Fiberglas Tower  
Toledo, OH 43659

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

Your application for Product Approval of:

**Owens Corning Supreme AR**

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

**Underwriters Laboratories, Inc. and Center for Applied Engineering, Inc.**

has been recommended for acceptance by the Building Code Compliance Department to be used in Dade County, Florida under the specific conditions set forth on pages 2 through 13 and the standard conditions set forth on page 14.

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

Acceptance No.: 97-0715.04

Revises No: 96-1029.02

Expires: 08/21/00

Raul Rodriguez  
Product Control Supervisor

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

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

12/3/99

TOWN OF SANDWICH POLICE  
REVIEWED:  
BUDG OFFICIAL

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

Approved: 08/21/97

TOWN COPY

14 N.E. PALM COURT

PN 4760

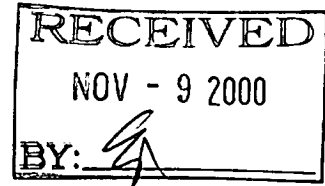


**WILFRAM CONSTRUCTION**  
**ROOFING CONTRACTOR**

9027 SE PINE CONE LANE HOBE SOUND, FLORIDA 33455  
PHONE (561) 546-0300 FAX (561) 546-2660  
www.wilfram.com

November 8, 2000

**FILE**



Town of Sewall's Point  
Mr. Edwin Arnold, Building Official  
One South Sewall's Point Road  
Sewall's Point, 34996

Re: ~~Robert Calford Residence, at 8 South Sewall's Point Road.~~

Dear Mr. Arnold,

This letter will serve to substantiate that the new roof installed at the above address was a thirty (30) year shingle manufactured by Owens Corning as their "oakridge" series. This shingle roof was nailed with 6 nails and installed as per the manufacturer's recommendations and in accordance with the MIAMI-DADE approval acceptance No.97-1118.11, expiration date 03/26/01, revises No. 96-1029.02, on #30 felt fastened with 1.75" roofing nails and tintags. Fastening pattern 6" o/c. on all laps and two rows 12" oc on the field. Flashing and drip edge metal was 16 oz. Copper and was nailed 4" oc with 1" copper nails.

AUTHORIZED SIGNATURE

A large, stylized handwritten signature in black ink, appearing to read "Ronald Wilson".

STATE OF FLORIDA,  
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this November 8, 2000 by Ronald Wilson, of WILFRAM CONSTRUCTION, on behalf of the corporation. He is personally known to me.

A handwritten signature in black ink, appearing to read "Walter Austin".  
WALTER AUSTIN, Notary Public



Walter Austin  
MY COMMISSION # CC707139 EXPIRES  
January 30, 2002  
BONDED THRU TROY FAIN INSURANCE, INC

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 11/13 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4220 ⑦	Galfond 85 SEWALL'S POINT RD. WILFRAM CONST.	final - REPAIR	PASSED	QUALIFIED AFFID. ROW 11/8 (TOWN FILE TO INSP.)
✓ 0379 ④	Gifford 85 N. S.P. Rd. Holmes	tree - TAPE OFF LIMITS OF T/P ACTIVITY.	PASSED	CONST. TRAILER (8'x26') INSTRUCTED ON SITE w/ PORTAL
✓ 4943 ⑥	Botwinick 27 Emerita 1st Fl.	frame all (RESCHEDULED FROM 11/10)	NOT READY	RESCHEDULE 11/15 AM (100 FEE)
✓ 4813 ①	FOLLWEILER 11 N.E. Loring. ARIL Homes	METER FINAL for POOL & A/C (PER LTR. AGMT.)	PASSED	COPY OF LTR. AGMT TO G.C. FPL-225-4208 (SHERI 11/13 9:40)
✓ 4904 ②	MIRANDA 34 CASTLE HILL 013	WIRE LATH (ALL) PORCHES/ PLUMBING -	PASSED	
✓ 5137 ⑤	Kearney 12 1/2 Haber + d	framing (TRELLIS)	PASSED	
✓ 4877 ③	Loyola/Osborne 20 Castle Hill Euford	partial ✓ latch REAR BM/ PORCHES/2ND FL. PAT.	PASSED	

OTHER: \_\_\_\_\_

INSPECTOR (Name/Signature): \_\_\_\_\_



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

*Mon. 12-20-99*

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4692	Borch	final	FAILED	ISSUED: 9/20/99
4692	F. McLean	roof		NO RECORD OF INSPECTIONS
	WILFRAH CONST.			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4760	Calvin H	final	FAILED	ISSUED: 12/10/99
	<del>W. S. P. R. C.</del>			NO RECORD OF INSPECTIONS
	WILFRAH CONST.			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4628	HELLIE GEE	TIE BM/COL	PASSED	PTL - 2 <sup>ND</sup> FL. MAID STRUCTURE
	11 CASTLE HILL WAY			REINSPECT. RE: GARAGE/STOV
				W/ROCK. LTR.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4527	SRELEY	CO. PTG.	PASSED	- AFFIDAVIT ON ADD'L
	37 LOFTING WAY	(REINSPECT)		15000 PERMITS RECEIVED
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4770	FRANCIS	SITE REVIEW	PASSED	PERMIT ISSUED
	55. RIVER RD			
	(L&S DEPT)			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

- OTHER:**
- 1. CODE ENF. COMPLAINT: 55 S. SEWALL'S POINT RD (ALR. MEMO) ✓
  - 2. " " " : 43 W. HIGH POINT RD. (LTR 12/15 - ARKSTHONG; 41 W. M.P.) ✓
  - 3. " " " : 11 LAUTANA CAVE (BACKGROUND ALR LTR 12/14) ✓
  - 4. VARIANCE REG. LTR : 21 W. HIGH POINT (request adjacent properties) ✓

INSPECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

*(25, 23, 19, 17 all complete by owner)*

# CORRESPONDENCE

JON E. CHICKY, SR.  
Mayor

# TOWN OF SEAWALL'S POINT

JOAN H. BARROW  
Town Clerk

ROBERT M. WIENKE  
Vice Mayor

WILBUR C. KIRCHNER  
Chief of Police

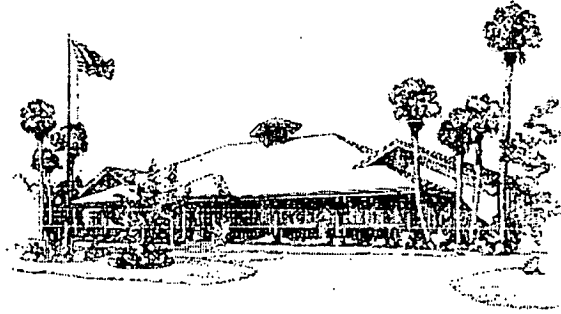
DAWSON C. GLOVER, III  
Commissioner

EDWIN B. ARNOLD  
Building Official

CYRUS KISSING  
Commissioner

JOSE TORRES, JR.  
Maintenance

DONALD B. WINER  
Commissioner



January 5, 2000

Ronald L. Wilson, Qualifier (RC0048030)  
Wilfram Construction  
9027 S.E. Pine Cone Lane  
Hobe Sound, FL 33455

Re: David Galfond  
8 S. Sewall's Point Road  
PN 4760 - Reroof

Dear Mr. Wilson:

I have received a copy of a fax transmittal to your firm from Mr. Galfond, property owner on the referenced permit. The purpose of this letter is to clarify the present status of the permit and document action taken by the Building Department to date.

1. On December 20, 1999, I made a site visit at the Galfond property to perform a scheduled Final Inspection under Permit No. 4760. Review of on-site permit documents confirmed my prior office record review that mandatory inspections had not been requested or performed. The Final Inspection was failed on this basis and the owner advised accordingly. On that same date a Final Inspection was also performed at the residence of Mr. Robert Bench, 4 Morgan Circle (PN 4692) - which also failed for the same reason.
2. In a subsequent phone conversation to your office you were advised as to the result of these inspections and the status of the permits was confirmed. Prior to determining appropriate enforcement/disciplinary action on these permits I suggested that your firm submit the names of several independent roofing consultants (professional engineers) that might be consulted to establish roofing installation compliance with approved permit documents - hopefully without excessive destructive testing. You have failed to respond.



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

3. In the course of several conversations with Mr. Galfond (in person and by phone), I have endeavored to clearly inform him as to the permit status and the impossibility of closing out the permit until such time as all outstanding issues are resolved. At no time did I direct Mr. Galfond to withhold payment. Any dispute which may arise between you as to performance and/or completion of work under your contract is outside the scope of this department, although there are certainly strong incentives to successfully resolve this matter as quickly as possible.

You are presently in violation of Sections 305.2 and 3401.9 of the South Florida Building Code for failure to request mandatory inspections. Please contact me upon receipt of this letter to arrange a meeting at your earliest convenience in which to establish a protocol and procedure under which these pending projects may be brought into compliance - including verification of installations in accordance with Product Approval Notice of Acceptance conditions for each project.

Sincerely,



Edwin B. Arnold, AIA, CBO  
Building Official

cc: David Galfond  
Robert Bench  
Town Manager (w/attach)  
Town Attorney (w/attach)



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

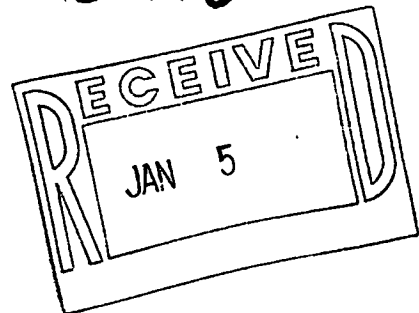
to: Edwin B. Arnold, AIA, CBO, Bldg. official  
Town of Sewall's Point

This was sent today to Wilfram D.C.G.

January 4, 2000

Wilfram Construction  
9027 S.E. Pine Cone Lane  
Hobe Sound, FL 33455

Via Fax



Dear Sirs:

As you are well aware, I did contract with you to replace the roof of my home at 8 South Sewall's Point Road, Stuart, Florida, the proposal accepted on November 18, 1999. Work commenced in early December and was completed prior to Christmas. I have no complaint whatsoever as to the workmanship or material.

Prior to New Years, a Mr. Edwin B. Arnold, the Building Inspector for Sewall's Point, came to my door to inquire about the lack of a final inspection or, for that matter, an "interim inspection", and he informed me that I was not to pay for the balance due until that matter was "straightened out".

I did immediately call your office inasmuch as I was perfectly willing to pay the balance remaining in full (upon receipt of releases of lien from Wilfram and the supplier of the shingles as we had previously discussed), but I wanted to inform you of the "visit" by Mr. Arnold, and his refusal to issue a final permit. It was my understanding that you would contact him at once.

Today I phoned him inasmuch as I just received your invoice for the first time, to be certain that the matter of inspection and permit had been taken care of. He informed me that it had not.

Please understand that I wish to conclude this matter, to receive your releases and final approval from the building inspector, and to pay you in full without delay but this obstacle remains.

PLEASE GIVE THIS MATTER YOUR IMMEDIATE ATTENTION, and inform me when all requirements have been completed !

Very truly yours,

DOG/ns

David C. Galfond

**5476**

**STORM SHUTTERS**

MASTER PERMIT NO. N/A

**TOWN OF SEWALL'S POINT**

Date 7/31/01

BUILDING PERMIT NO. 5476

Building to be erected for DAVID GALFOND

Type of Permit STORM SHUTTERS

Applied for by GULFSTREAM ALUM & SHUTTER (Contractor)

Building Fee \$134.00

Subdivision RIO VISTA Lot 62 Block \_\_\_\_\_

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

Address 8 S. SEWALL'S POINT RD.

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

Type of structure S.F.R.

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

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

Parcel Control Number: 12-38-41-002-000-000620-70000

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

Amount Paid \$147.00 Check # 1479 Cash \_\_\_\_\_

Other Fees ( PCAD REV ) 13.00

Total Construction Cost \$ 14,000.00

TOTAL Fees \$147.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

**BUILDING PERMIT**

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>8/10/01</u>

FLOOD ZONE \_\_\_\_\_ LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

**MONDAY THROUGH SATURDAY**

New Construction    Remodel    Addition    Demolition

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



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

**RECEIVED**  
JUL 23 2001

Bldg. Permit Number: \_\_\_\_\_

Owner or Titleholder's Name: DAVID GALEANO Phone No. (561) 287-0800  
 Street: 8 S. SEWALL'S RD City: STUART State: FL Zip: 34996  
 Legal Description of Property: Lot 68 Bio Vista

Parcel Number: 12384100200000620700

Location of Job Site: 8 S. SEWALL'S RD

TYPE OF WORK TO BE DONE: HURRICANE SHUTTERS

CONTRACTOR/Company Name: GULFSTREAM ALUMINUM & SHUTTER Phone No. (561) 287-6476  
 Street: 301 SE GRAN PARK WAY City: STUART State: FL Zip: 34957

State Registration: \_\_\_\_\_ State License: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER: ENGCD INC. Phone No. ( ) \_\_\_\_\_  
 Street: 9957 NW 27th ST. City: PLANTATION State: FL Zip: 33324

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

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

COSTS AND VALUES  
 Estimated cost of construction or Improvement: \$ 14,000.00  
 Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_  
 If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO X  
 Method of determining Fair Market Value: \_\_\_\_\_

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

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

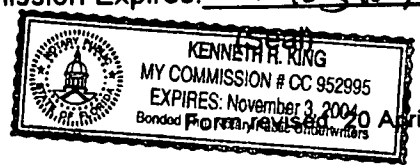
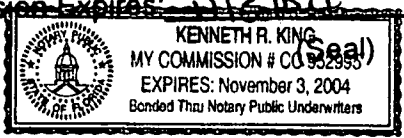
I HEREBY CERTIFY: THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS, INCLUDING FLORIDA MODEL ENERGY CODES.

OWNER or AGENT SIGNATURE (Required)  
John L. O'Brien (agent)  
 State of Florida, County of: MARTIN On this the 18 day of JULY, 2001, by JOHN L. O'BRIEN who is personally known to me or produced \_\_\_\_\_ as identification.

CONTRACTOR SIGNATURE (Required)  
John L. O'Brien  
 State of Florida, County of: MARTIN On this the 18 day of July, 2001, by JOHN L. O'BRIEN who is personally known to me or produced \_\_\_\_\_ as identification.

Kenneth R. King  
 Notary Public  
 My Commission Expires: 11/3/04

Kenneth R. King  
 Notary Public  
 My Commission Expires: 11/03/04





**TREE REMOVAL (Attach sealed survey)**

Number of trees to be removed: 0 Number of trees to be retained: N/A Number of trees to be planted: N/A Number of Specimen trees removed: N/A  
Fee: \$ N/A Authorized/Date: N/A

DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE**

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

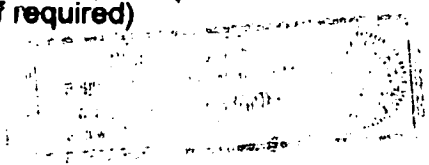
**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/26/2001

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

*he/w*  
**FILE**

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

### INSURERS AFFORDING COVERAGE

INSURED ~~Gulfstream Aluminum Shutter Corp.~~  
3001 Gran Parkway  
Stuart, FL 34997

INSURER A: Transcontinental Ins. Co.  
INSURER B: Transportation Ins. Co.  
INSURER C: Bridgefield Casualty Ins Co  
INSURER D:  
INSURER E:  
**RECEIVED**  
JUL 31 2001

*PERMIT*  
**FILE**

**COPY**

### 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.

ISS TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<del>GENERAL LIABILITY</del>	<del>22050184897</del>	<del>07/08/2001</del>	<del>07/08/2002</del>	EACH OCCURRENCE	\$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY	C1055831462	07/08/2001	07/08/2002	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
	GARAGE LIABILITY				AGG	\$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIABILITY	C2011489694	07/08/2001	07/08/2002	AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
	<del>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</del>	<del>019601003</del>	<del>01/01/2001</del>	<del>01/01/2002</del>	WC STATUTORY LIMITS	
					OTHER	
					E.L. EACH ACCIDENT	\$ 100,000
					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	OTHER					

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

CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER | 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  
C. J. Deakins, Jr./BW

©ACORD CORPORATION 1988

~~Sewall's Point, Town of~~  
1 South Sewall's Point Road  
Stuart, FL 34996



**MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE 2001**

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

LICENSE 1900 518 362 CERT RX0054870  
PHONE 561 287 6476 SIC NO 1541

LOCATION:  
3001 SE GRAN PARK WAY

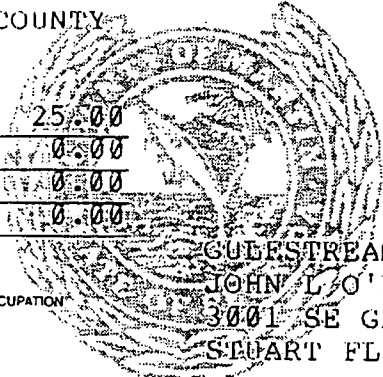
**CHARACTER COUNTS IN MARTIN COUNTY:**

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

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

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

21 DAY OF SEPTEMBER 2000  
AND ENDING SEPTEMBER 30, 2001



**GULFSTREAM ALUMINUM & SHUTTER**  
**JOHN L O'BRIEN**  
**3001 SE GRAN PARK WAY**  
**STUART FL 34997**

**RECEIPT OF PAYMENT**  
9000  
L.C. O'STEEN, T.C.  
99 09/21/2000 000 NORMAL  
1900518362 P  
0220000921006052CK \$25.00



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Lic Bd**  
**Certificate of Competency**  
License: **MC00231**  
Expires September 30, 2001

Name: **JOHN L O'BRIEN**  
Company: **GULFSTREAM ALUM PROD INC**  
Address: **3001 SE Gran Parkway**  
City, ST: **Stuart FL 34997**  
License Type: **RESIDENTIAL CONTRACTOR**



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Lic Bd**  
**Certificate of Competency**  
License: **SP00107**  
Expires September 30, 2001

Name: **JOHN L O'BRIEN**  
Company: **GULFSTREAM ALUM PROD INC**  
Address: **3001 SE Gran Parkway**  
City, ST: **Stuart FL 34997**  
License Type: **ALUMINUM W/CONC**

Galfano

NOTICE OF COMMENCEMENT  
FS 713.13

PZ087 (Rev. 2/01)

Return to: (enclose self-addressed stamped envelope)  
Name: GULFSTREAM ALUMINUM & SHUTTER CORP. 561-287-6476  
Address: 3001 SE GRAN PARK WAY STUART, FL 34997  
This Instrument Prepared by:  
Name: GULFSTREAM ALUMINUM & SHUTTER CORP. 561-287-6476  
Address: 3001 SE GRAN PARK WAY STUART, FL 34997  
Property Appraisers Parcel Identification:

RECEIVED  
JUL 31 2001  
BY: *[Signature]*

INSTR # 1511818  
OR BK 01569 PG 0692  
RECORDED 07/20/2001 02:08 PM  
MARSHA EWING  
MARTIN COUNTY Florida  
RECORDED BY S Johnson

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR PROCESSING DATA

NOTICE OF COMMENCEMENT

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

Tax Folio No. \_\_\_\_\_

State of Florida  
County of MARTIN

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapter 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.  
Legal description of property (include street address) 85. SEWALL'S RD STUART, FL 34996

General description of improvements HURRICANE SHUTTERS  
Owner's Name DAVID GALEANO, TTEE  
Address 85 SEWALL'S RD.  
Owner's Interest in site of the improvement RESIDENCE  
Fee Simple Title holder (if other than owner) \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contractor GULFSTREAM ALUMINUM & SHUTTER CORP.  
Address 3001 SE GRAN PARK WAY STUART, FL 34997 Phone: 287-6476 Fax: 287-9740  
Surety \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

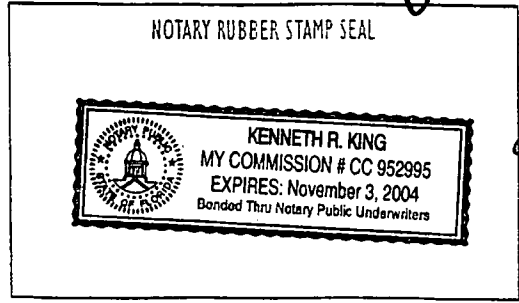
Lender's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
In addition to himself, owner designates \_\_\_\_\_  
Of \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.  
Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

*[Signature]* Signature of Owner DAVID C. GALEANO, TTEE Printed Name of Owner



I have relied upon the following identification of the Affiant KNOWN  
Sworn to and subscribed before me this 19 day of JULY 2001  
*[Signature]*  
Notary Signature  
KENNETH R. KING  
Printed Name  
My Commission expires 11/3/04



MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1363  
(305) 375-2901 FAX (305) 375-2908

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

**Roller Star Corporation**  
6351 NW 28 Way,  
Ft.Lauderdale FL 33309

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

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

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

Your application for Product Approval of:

**Roll Up Shutter RE 1000**

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

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

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

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

Acceptance No.: 99-0823.01

Expires: 01/21/2003

Raul Rodriguez  
Chief Product Control Division

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

**BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

7/31/01 TOWN OF SEBASTIAN'S POINT  
REVIEWED:   
BLDG. OFFICIAL

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

Approved: 01/21/2000

**FILE** # of 3 TOWN COPY  
85. SEBASTIAN'S POINT RA.

**PN 5476**



# GALFOND JOB

## (11) RE 1500 ROLLERSTAR ROLL-UPS

ALL WITH 5-SIDED HOODS

COLOR = ANODIZED NATURAL (RAILS, SLATS, HOODS)

### SIZES :

#1	79 $\frac{3}{4}$ " x 99 $\frac{1}{2}$ "	
#2	82" x 99 $\frac{1}{2}$ "	} (2) 2x3 TUBES (POST)
#3	82" x 99 $\frac{1}{2}$ "	
#4	82 $\frac{1}{4}$ " x 99 $\frac{1}{2}$ "	} (2) 2x3 TUBES (POST)
#5	82 $\frac{1}{4}$ " x 99 $\frac{1}{2}$ "	
#6	44" x 99 $\frac{1}{2}$ "	} (2) 2x3 TUBES (POST)
#7	77" x 99 $\frac{1}{2}$ "	
#8	34 $\frac{1}{2}$ " x 99 $\frac{1}{2}$ "	} (2) 2x3 TUBES (POST)
#9	43 $\frac{1}{4}$ " x 85"	
#10	43 $\frac{1}{4}$ " x 85"	} 2" B/O ON BOXES AND RAILS
#11	43 $\frac{1}{4}$ " x 85"	

- ALL WIDTHS ARE FROM OUTSIDE TO OUTSIDE OF RAILS.
- ALL HEIGHTS ARE FROM FLOOR TO TOP OF HOOD.
- ALL ARE MANUAL CRANK OPERATED.
  - #1 THRU #8 → CRANK ON RIGHT SIDE OF HOOD.
  - #9 THRU #11 → CRANK INSIDE ON LEFT.

# MULTIPLE SPAN CRITERIA

## Storm Bars

Criteria for rational analysis  
 Storm bars shall be standard tubular extruded aluminum sections designed for windloads under ASCE 7-88 using rational analysis based on the Aluminum Association's Construction Manual Series - Section 1" Specifications for Aluminum Structures" per the South Florida Building Code with the following criteria:

### Positive Pressure:

- a- Maximum deflection allowed at design Load to be combined with Header and Slat and shall not exceed L/30 or 2", whichever is less.
- b- Not to exceed stress limit.

### Negative Pressure:

- a- Maximum deflection allowed at design Load to be combined with Header and Slat and shall not exceed L/30.
- b- Not to exceed stress limit.

## Headers

### Criteria for rational analysis

Headers shall be standard tubular extruded aluminum sections designed for windloads under ASCE 7-88 using rational analysis based on the Aluminum Association's Construction Manual Series - Section 1" Specifications for Aluminum Structures" per the South Florida Building Code with the following criteria:

### Positive Pressure:

- a- Maximum deflection allowed at design Load to be combined with Storm bars and Slat and shall not exceed L/30.
- b- Not to exceed stress limit.

### Negative Pressure:

- a- Maximum deflection allowed at design Load to be combined with Storm Bars and Slat and shall not exceed L/30.
- b- Not to exceed stress limit.

## Total Shutter Deflection on Multiple Spans

### Positive Pressure:

- a- Maximum deflection allowed at design Load to be combined with Header and Storm bars and shall not exceed TT/30 or 2", whichever is less.

Total Def = Header Def/4 + Storm Bars Def/2 + Slat Def.

Slat Def (2 span) = Pd x Span<sup>4</sup> / 620789700

Slat Def (3 span) = Pd x Span<sup>4</sup> / 486229338

Pd - Design pressure in Psf - Span - Slat Span in inches

- b- Not to exceed maximum Track to Track sizes on Table 1/2 on sheet 2 of 6.

### Negative Pressure:

- a- Maximum deflection allowed at design Load to be combined with Header and Storm bars and shall not exceed TT/30.

Total Def = Header Def/4 + Storm Bars Def/2 + Slat Def.

Slat Def (2 span) = Pd x Span<sup>4</sup> / 620789700

Slat Def (3 span) = Pd x Span<sup>4</sup> / 486229338

Pd - Design pressure in Psf - Span - Slat Span in inches

- b- Not to exceed maximum Track to Track sizes on Table 1/2 on sheet 2 of 6.

## Multiple Span Calculation Guideline

- 1- Calculate the required Wind load Pressure, base on ASCE-7 and the South Florida Building Code.
- 2- Verify on table 1/2, sheet 2 of 6, if the Track to Track(TT) dimension are less than the Maximum Allowable.
- 3- Calculate the Slat deflection based on the following formulas:

Slat Def (2 span) = Pd x Span<sup>4</sup> / 620789700

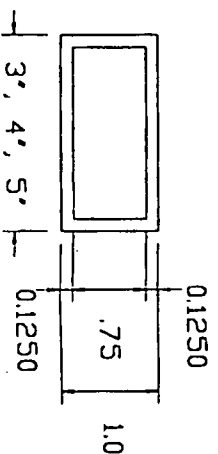
Slat Def (3 span) = Pd x Span<sup>4</sup> / 486229338

Pd - Design pressure in Psf - Span - Slat Span in inches

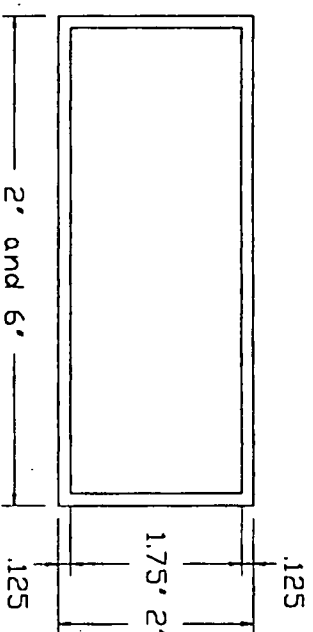
- 4- Select by rational analysis the Storm Bar that meets the criteria of this product approval and calculate the deflection.
- 5- Select by rational analysis the Header that meets the criteria of this product approval and calculate the deflection.
- 6- Calculate the Total Deflection:

Total Def = Slat Def + Storm Bar Def/2 + Header Def/4

- 7- Total Inward Deflection shall not exceed TT/30 or 2", whichever is less.
- 8- Total Outward Deflection shall not exceed TT/30.
- 9- All calculations, anchorage and drawing for multiple spans shall be made for each specific job and must be signed and sealed by a professional engineer registered in the state of Florida.



6063-T6  
 (These are proposed Storm Bars. Shapes are not to be limited to these sections above).



6063-T6  
 (These are proposed Storm Bars and Headers. Shapes are not to be limited to these sections above).

APPROVED AS COMPLYING WITH THE  
 SOUTH FLORIDA BUILDING CODE  
 DATE July 21, 2000  
 BY [Signature]  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE  
 ACCEPTANCE NO. 99-0823.01

**EngCo, Inc.**  
 Engineering Services  
 8957 NW 7th St.  
 Plantation - Florida - 33324  
 Tel.: 954 424-1064

[Signature]  
 Pedro De Migueltredo  
 PE 02609

**Roller Star**  
 Roller Star  
 8351 NW 28th Way Suite C  
 Ft. Lauderdale - Florida - 33308  
 Tel.: 954 872-4772

Rev. #	Description	Date	Rev. #	Description	Date

RE 1000 Series Roll Shutters  
 Date: 6/26/99  
 Scale: 1/2"=1'  
 Designed by: PPHF  
 SHEET  
 6 of 6  
 Drawing Number  
 078-99

JUL 26 2001



# ASCE 7 98 - WINDLOAD TABLE FOR COMPONENTS AND CLADDING - V=140 mph

## WIND PRESSURES IN PSF

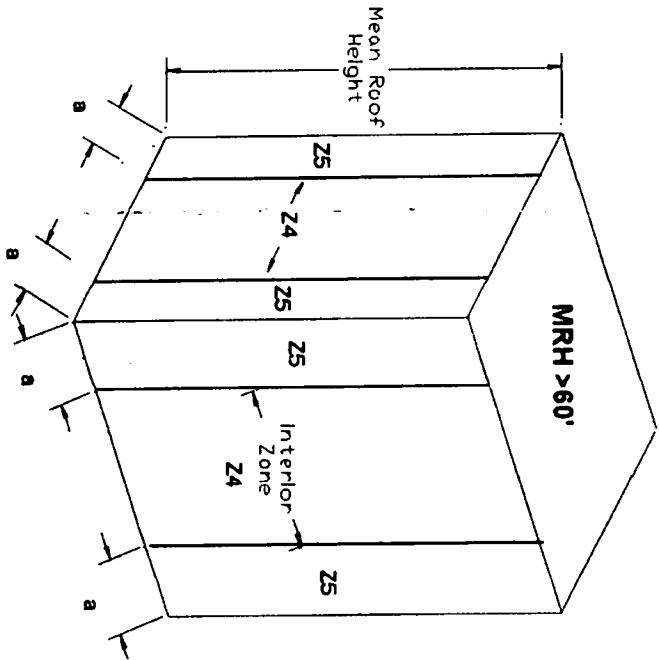
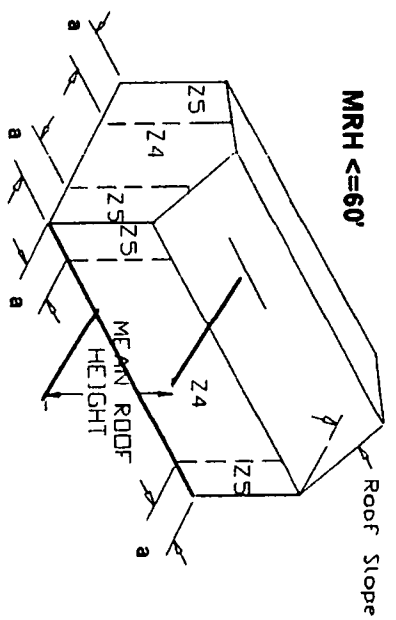
Buildings h ≤ 60 ft

Building Height	Roof Slope ≤ 10 degrees				Roof Slope > 10 degrees			
	Positive		Negative		Positive		Negative	
	Z4 & Z5	Z4	Z5	Z4 & Z5	Z4	Z5	Z5	
0-15	39.1	42.4	52.1	42.7	46.3	57.2	57.2	
16-20	41.5	45.0	55.4	45.4	49.2	60.8	60.8	
21-25	43.5	47.2	58.1	47.6	51.6	63.7	63.7	
21-30	45.2	49.0	60.3	49.4	53.6	66.2	66.2	
31-35	46.7	50.6	62.3	51.1	55.4	68.4	68.4	
31-40	48.1	52.1	64.1	52.5	57.0	70.3	70.3	
41-50	50.4	54.6	67.2	55.0	59.7	73.7	73.7	
51-60	52.4	56.7	69.8	57.2	62.0	76.6	76.6	

POSITIVE AND NEGATIVE DESIGNED PRESSURES TO BE TAKEN AT MEAN ROOF HEIGHT

### GENERAL NOTES:

1. THESE TABLES MAY BE USED TO CALCULATE THE WINDLOAD FOR IMPACT RESISTANT HURRICANE SHUTTERS. APPLICABLE TO A SPECIFIC PROJECT. THE CONTRACTOR MUST PROPERLY MARK THE DESIGN PRESSURE ACCORDINGLY WITH THE EXISTING CONDITION AND THIS INFORMATION BE VERIFIED BY THE CITY AUTHORITIES.
  2. PLEASE, NOTE THAT A SPECIFIC PROJECT CONDITION IS NOT ANALYSED OR CERTIFIED BY THIS ENGINEER. THE SIGNATURE AND SEAL INDICATED ON THIS DRAWING IS ONLY APPLICABLE TO THE GENERIC WINDLOAD CHART BASED ON ASCE 7-98 PUBLICATIONS.
  3. DO NOT USE THIS SHEET IF THE SITE CONDITION IS NOT COVERED BY THE TABLES OR A SITE SPECIFIC EVALUATION IS REQUIRED BY THE CITY OFFICIALS.
  4. IMPORTANCE FACTOR I=1.0 - (Category II Buildings - Tables 1.1 AND 6.1)
  5. EXPOSURE C (Flat Open Country, grasslands and shorelines in hurricane prone regions.)
  6. BUILDING CONSIDERED ENCLOSED - (Internal pressure GCPI= .18 - Table 6.7)
  7. NOMINAL DESIGN 3 SECOND GUST WIND SPEED - V=140 MPH AT 33ft ABOVE GROUND, EXPOSURE C.
  8. TOPOGRAPHIC FACTOR Kzt= 1 - (Height of Hills, Ridges and Escarpments less than 15) 9. EDGE STRIP (a):
- BUILDINGS ≤ 60': The smaller of 10% of the least horizontal dimension or 40% of the Mean roof height, but not less than the larger of 4% of the least horizontal dimension or 3 ft.
- BUILDINGS > 60': 10% of the least horizontal dimension but not less than 3 ft.



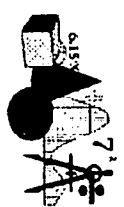
## WIND PRESSURES IN PSF

Buildings h ≥ 60 ft

Building Height	All roof Slopes		
	Positive	Negative	
	Z4 & Z5	Z4	Z5
0-20	41.5	-	-
21-40	48.1	-	-
41-50	50.4	-	-
51-60	52.4	-	-
61-70	54.1	54.1	99.1
71-90	57.0	57.0	104.5
91-120	60.6	60.6	111.1
121-140	62.6	62.6	114.7
141-160	64.4	64.4	118.0
161-180	66.0	66.0	121.0
181-200	67.5	67.5	123.7
201-220	68.8	68.8	126.2

(+) DESIGNED PRESSURES TO BE TAKEN AT UNIT ELEVATION.

(-) DESIGNED PRESSURES TO BE TAKEN AT MRH



**ENGC O, Inc.**

Engineering Services - CA 8116  
 6871 W. SUNRISE BLVD. 104  
 PLANTATION - FLORIDA 33317  
 Tel: (954) 585-0304

JUL 26 2001

PEDRO FIGUEIREDO  
 52609

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri AUGUST 10, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5448	VORASSO	SLAB	P	8:40 10:40 No access
N (3)	21 PERRIWINKLE CRES RLM	CANCELLED (FORWARDED SURVEY REG'D)	NA	INSPECTOR: J 8/10
✓ 5466	MATUSZEWSKI	REEROOF - FINAL	P	
(4)	3 MIRAMAR RD. APOSTOLOPOULOS & PAULICK			INSPECTOR: J 8/10
✓ 5476	<del>GILFOND</del>	<del>STORM SHUTTERS -</del>	<del>P</del>	2 roll ups riverside
S (6)	<del>35 SEWALL'S POINT RD.</del> GULFSTREAM ALUM.	<del>FINAL</del>		INSPECTOR: J 8/10
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: \_\_\_\_\_

**8873**

**FENCE**



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

## BUILDING PERMIT CARD

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

PERMIT NUMBER:	8873	DATE ISSUED:	APRIL 24, 2008
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:	REEL FENCE		
PARCEL CONTROL NUMBER:	13841004004001107	SUBDIVISION	GEO W BAKERS - LOT 4
CONSTRUCTION ADDRESS:	8 S SEWALLS POINT RD		
OWNER NAME:	GALFOND		
QUALIFIER:	KIMBERLY BIANCARDI	CONTACT PHONE NUMBER:	286-9969

**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 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.**

RECEIVED  
DATE: 4-17-08  
TOWN OF SEWALL'S POINT

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

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

OWNER/TITLEHOLDER NAME: GALFOND TRUST Phone (Day) 286-0800 (Fax) \_\_\_\_\_

Job Site Address: 8 S. SEWALLS POINT RD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) 01-38-41-004-00110 Parcel Number: 01-38-41-004-00110-7

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

Scope of work: \_\_\_\_\_

**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:**  
Estimated Value of Construction or Improvements: \$ 2894.00  
(Notice of Commencement required over \$2500)  
Estimated Fair Market Value prior to Improvement: \$ \_\_\_\_\_  
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

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

CONTRACTOR/Company: Reel Fence Inc. Phone: 286-9969 Fax: 286-9116

Street: P.O. Box 294 City: HOBE SOUND State: FL Zip: 33475

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Municipality 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: \_\_\_\_\_

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)  
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

**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 TO YOUR ADVANTAGE AND 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, AND 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.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF: FBC 2004 W/2006 REVISIONS SECT. 105.4.1; 105.4.1.1 - .5.  
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.  
\*\*\*\*\*A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS\*\*\*\*\*

OWNER OR AUTHORIZED AGENT SIGNATURE (required)  
[Signature]  
State of Florida, County of: Martin  
This the 10th day of April, 2008  
by D. Galfond who is personally  
known to me or produced DL  
as identification.

My Commission Expires: \_\_\_\_\_  
Notary Public  
[Signature]  
Seal

JOHN J. JAMASON  
MY COMMISSION # DD74561B  
EXPIRES JANUARY 02, 2012  
FloridaNotaryService.com

CONTRACTOR SIGNATURE (required)  
Kimberly J. Biancardi  
On State of Florida, County of: Martin  
This the 10th day of April, 2008  
by Kimberly J. Biancardi who is personally  
known to me or produced \_\_\_\_\_  
As identification.

My Commission Expires: \_\_\_\_\_  
Notary Public  
[Signature]  
Seal

JOHN J. JAMASON  
MY COMMISSION # DD74561B  
EXPIRES JANUARY 02, 2012  
FloridaNotaryService.com

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 30 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY.



Martin County, Florida  
Laurel Kelly, C.F.A

Site Provided by...  
governmentmax.com T1.12

Summary

print [grid icons] Owner 1 of 2

Parcel Info

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
01-38-41-004-004-00110-7	8 SEWALLS POINT R	17614	Owner	0	1

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Summary

**Property Location** 8 SEWALLS POINT R  
**Tax District** 2200 Sewall's Point  
**Account #** 17614  
**Land Use** 101 0100 Single Family  
**Neighborhood** 193110  
**Acres** 1.217

Legal Description

**Property Information**  
 GEO W BAKER'S, NLY 100' OF  
 LOT 4 E OF S PT RD & SUBM TR  
 ADJ

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information

**Owner Information**  
 GOLFOND, MARCIA L (TR)

Mail Information

8 SOUTH SEWALL'S PT RD  
 STUART FL 34996

Assessment Info

Front Ft. 1.00

**Market Land Value** \$739,530  
**Market Impr Value** \$349,130  
**Market Total Value** \$1,088,660

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale

Sale Amount \$0

**Sale Date** 6/22/1999  
**Book/Page** 1405 0413

[Print](#) | [Back to List](#) | << [First](#) < [Previous](#) [Next](#) > [Last](#) >>

Legal disclaimer / Privacy Statement

Data updated on 04/09/2008



INSTR # 2077616 OR BK 02321 PG 0705 RECD 04/11/2008 10:50:55 AM  
Pg 0705; (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK Y Gorney

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

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 01-38-41-004-00110-7

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):  
GEO W BAKER, NLY 100' OF LOT 4 E OF SPT RD T SUBM ADJ - 8 Sewalls Point Rd

GENERAL DESCRIPTION OF IMPROVEMENT: Fence

OWNER NAME: GALFOND TRUST  
ADDRESS: 8 SOUTH SEWALLS Point Rd  
PHONE NUMBER: 286-0800 FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: \_\_\_\_\_

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

CONTRACTOR: Reel Fence Inc.  
ADDRESS: P.O. Box 294 HOBE SOUND, FL 33475  
PHONE NUMBER: 286-9909 FAX NUMBER: 286-9116

SURETY COMPANY (IF ANY): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT:  
(THE 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.

Paul Galfond TTEE  
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

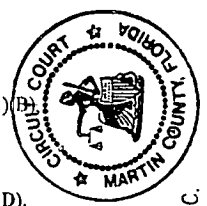
SIGNATORY'S TITLE/OFFICE  
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 10th DAY OF April, 2008

BY: D. Galfond AS \_\_\_\_\_ TYPE OF AUTHORITY \_\_\_\_\_ FOR \_\_\_\_\_ NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED  
PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION \_\_\_\_\_

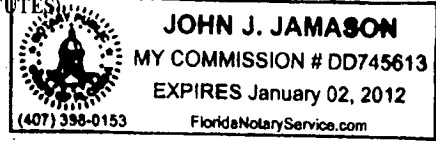
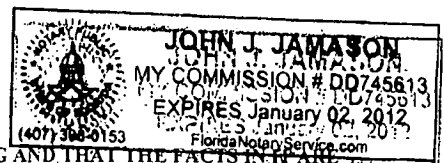
TYPE OF IDENTIFICATION PRODUCED DL G415-163-31-016-0  
[Signature]  
NOTARY SIGNATURE NOTARY SEAL

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)

Paul Galfond TTEE  
(Signature of Natural Person Signing Above)



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: 04-11-2008



# Reel Fence, Inc.

**SAFETY PRODUCTS**

**World's #1**

**ADJUSTABLE STRIKER BODY**  
Adjusts for wide gaps and allows double-face fixing for extra installation strength.

Use screws to adjust the Striker Body horizontally

**HORIZONTAL ADJUSTMENT**  
3/8" & 1/4" (Width in 22 mm)

**VERTICAL ADJUSTMENT**  
up to 1/2" (25 mm)

Meets swimming pool safety codes!

**MAGNA-LATCH®**  
MAGNETIC SAFETY GATE LATCH

LIFETIME WARRANTY

FILE COPY

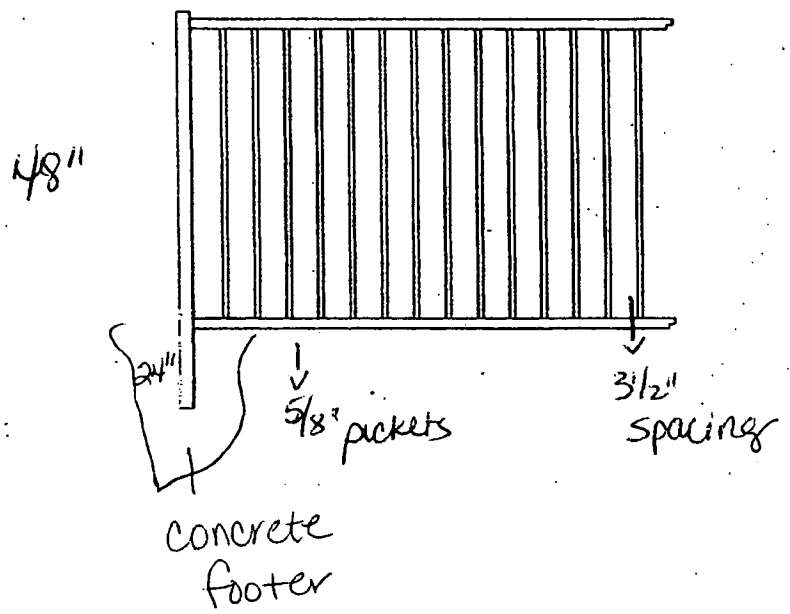
**TOWN OF SEWALL'S POINT**

THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE

DATE 4-18-08

**BUILDING OFFICIAL**

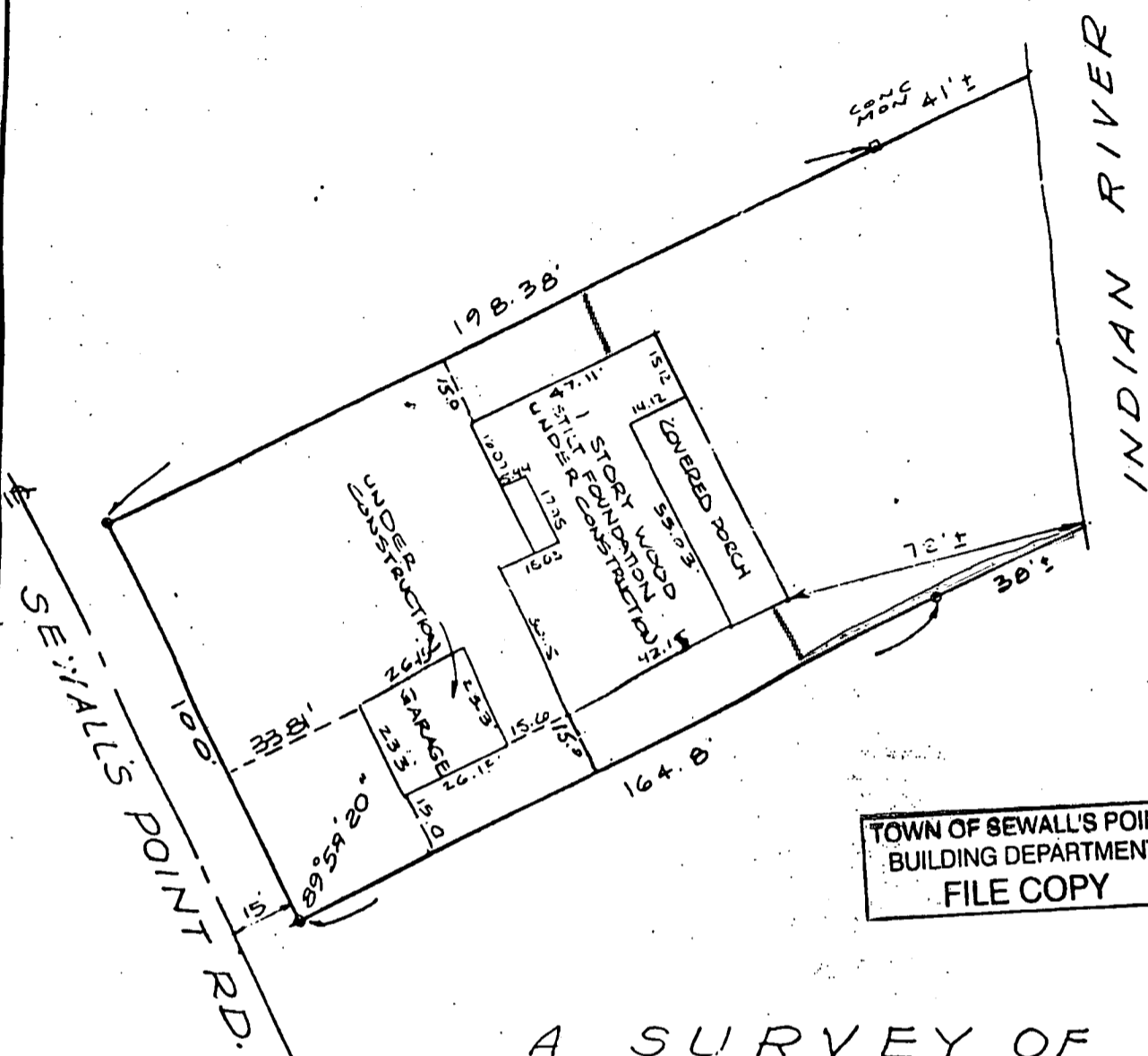
← gate latches





• - DENOTES I. PIN  
 LOCATED IN FLOOD ZONES "A-10 & V.13"

C.P.



TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

A SURVEY OF

The North 100 feet of the North 200 feet of Lot 4, lying East of Sewall's Point Road; GEORGE W. BAKER'S SUBDIVISION according to the plat thereof as recorded in Plat Book 1, Page 70, Palm Beach County, Florida, now Martin County.

F C R  
 DAVID C. & MARSHA L. GOLFOND

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C.

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C. I hereby certify to Gold Coast Federal Credit Union; Lawyers Title Insurance Corporation and David C. & Marsha L. Galfond that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. There are no encroachments unless otherwise shown.

**DON WILLIAMS & ASSOCIATES, INC.**  
 LAND SURVEYORS

1115 E. OCEAN BLVD. STUART, FLA. 33494  
 (305) 283-2977

REVISED 7-15-87  
*W.L. Williams*  
 W.L. WILLIAMS

R.L.S. FLA. REG. No. 1272

F.B. 21 V Page 17

W.O. #

SCALE: 1" = 40'	DATE 11-5-86	PLAT BOOK: 1	PAGE: 70
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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5-12, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8589	Hardin	rough plumbing	PASS	
2	275 River Rd Stratton	rough gas	PASS	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8848	Nakesh	Footer		
3	26 W High Pt Vincent Montalto		PASS	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8884	Harte	UG electric		
4	3 E High Pt Elex County Mhd		PASS	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8885	Mulcahy	final garage door	PASS	CLOSE
11 AM	138 S Sewallo Am Palm Beach Garage			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8813</del>	<del>Gulford</del>	<del>final fence</del>	<del>PASS</del>	<del>INSPECTOR: [Signature]</del>
1	8 S Sewallo Pt Reel Fence			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8820	Deschane	Temp Elec Pole		E. MAIL
	64 N River Tmc		PASS	FPL
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	30 Fieldway	<u>NO</u> RELOCATE ONLY		
	Common " & RR	BRACILIAN POPPERS		INSPECTOR:
OTHER:				
6851	Debenian	final		CLOSE
	3725 SE Ocean Caliber	Mid Fire Marshall approval		<i>[Signature]</i>

**9292**

**A/C CHANGEOUT**

**8873**

**FENCE**



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

## BUILDING PERMIT CARD

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

PERMIT NUMBER:	9292	DATE ISSUED:	NOVEMBER 12, 2009
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	JIM KEEBLER AC INC		
PARCEL CONTROL NUMBER:	013841-004-004-001107	SUBDIVISION	GEO W BAKERS-LOT 4
CONSTRUCTION ADDRESS:	8 S SEWALLS POINT RD		
OWNER NAME:	GALFOND		
QUALIFIER:	HORACE KEEBLER	CONTACT PHONE NUMBER:	287-7782

**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  
10-20-09

Town of Sewall's Point

Date: 6/30/09 BUILDING PERMIT APPLICATION Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: MARCIA L. GALFOND Phone (Day) 286-0800 (Fax) 286-7690

Job Site Address: 8 SOUTH SEWALLS PT. RD. City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block): Geo. W. BAKERS NLY 100' of Lot 4 E. 8S PCD Parcel Number: 01-38-41-004-004-00110-7

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

Scope of work: TO REPLACE ONE AIR HANDLER

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

COST AND VALUES: (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 2,000  
(Notice of Commencement required when over \$2500 prior to first inspection)  
Is subject property located in flood hazard area? V A9 A8 X A10  
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 \*\*\*

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

CONTRACTOR/Company: Jim Keebler/IC/INC Phone: 287-7782 Fax: \_\_\_\_\_

Street: 11763 SW VALENCIA CT City: PALM CITY State: FL Zip: 34990

State Registration Number: RM0022425 State Certification Number: \_\_\_\_\_ Municipality License Number: SP00033

PROJECT SUPERINTENDANT: JIM KEEBLER CONTACT NUMBER: 287-7782

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

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

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

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_

Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2007 (w/2006 Rev.)  
National Electrical Code: 2008 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 TO YOUR ADVANTAGE AND 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, AND 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 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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.

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

OWNER SIGNATURE (required)  
David C. Galfond, Trustee

State of Florida, County of: Martin

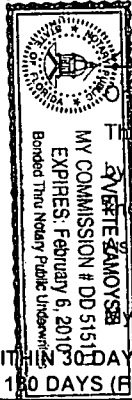
This the 30th day of June, 2009

by DAVID C. GALFOND who is personally

known to me or produced DRIVERS LICENSE

as identification. [Signature]

My Commission Expires: Feb 6, 2010



CONTRACTOR SIGNATURE (required)  
Horace Keebler

State of Florida, County of: Martin

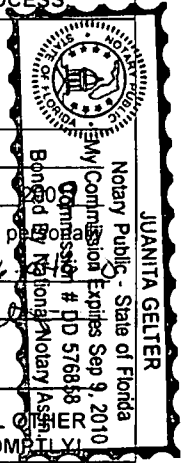
This the 2 day of July

by Horace Keebler who is personally

known to me or produced FDL K146 332-36

as identification. [Signature]

My Commission Expires: 9/9/2010



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!

L

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

11-13 2009

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9292	<del>8 S SPRING</del>			
	GALFOND	<del>N/C FINAL</del>	Pass	close
	Jim Keebler Ac			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9078	MASTERPIECE			
	1 MARGURITA DR	P.O. FINAL	PASS	close
	MASTERPIECE			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**10026**

**GARAGE DOOR**





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:	10026	DATE ISSUED:	MARCH 6, 2012
SCOPE OF WORK:	GARAGE DOOR		
CONTRACTOR:	D&D GARAGE DOOR		
PARCEL CONTROL NUMBER:	013841004-004-001107	SUBDIVISION	GEO W BAKERS-L 4
CONSTRUCTION ADDRESS:	8 S SEWALLS PT RD		
OWNER NAME:	GALFOND		
QUALIFIER:	DENVER MILLER	CONTACT PHONE NUMBER:	460-7630

**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.**

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 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 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:	10026
ADDRESS	8 S SEWALLS PT RD - GALFOND
DATE :3/6/12	SCOPE OF WORK GARAGE DOOR

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 + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
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 - \$5.00 min.)			
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

ACCESSORY PERMIT	Declared Value:	\$	1760
Total number of inspections @ \$75.00 each			75
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	84

*pd*  
*Cash*  
 3/6/12  
*[Signature]*

\$100 Copies

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

10026

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
 OWNER/TITLEHOLDER NAME: David Galford Phone (Day) 286-0800 (Fax) \_\_\_\_\_  
 Job Site Address: 8 S. Sewalls Point Rd City: Stuart State: FL Zip: 34996  
 Legal Description \_\_\_\_\_ Parcel Control Number: 01-38-41-004-004-0010  
 Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Scope of work (please be specific): GARAGE DOOR  
**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: \$ 1760.00  
 (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

*WPK*

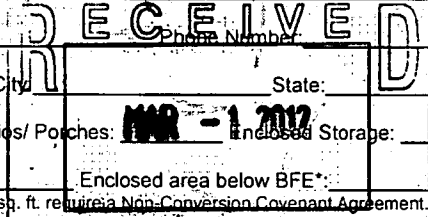
CONTRACTOR/Company: D+D Garage Doors Phone: 460-7630 Fax: 460-7635  
 Street: 500 Kitterman Rd City: Port St Lucie State: FL Zip: 34952  
 State License Number: \_\_\_\_\_ OR: Municipality: MCGD03359 License Number: \_\_\_\_\_

LOCAL CONTACT: Connie Grace Phone Number: 772-460-7630

DESIGN PROFESSIONAL: N/A Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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



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

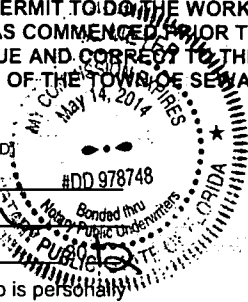
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4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED 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)  
Marcia K Galford  
 State of Florida, County of: Martin  
 This the 2nd day of March  
 by Marcia M Galford who is personally  
 known to me or produced FUD # 6415-553-33-5100  
 as identification. Valerie Meyer  
 Notary Public  
 My Commission Expires: \_\_\_\_\_



**CONTRACTOR SIGNATURE:** (required)  
Denver Miller  
 On State of Florida, County of: St Lucie  
 This the 28 day of Feb 2012  
 by Denver Miller who is personally  
 known to me or produced \_\_\_\_\_  
 as identification. Tibbany Lee  
 Notary Public  
 My Commission Expires: April 26, 2014

STATE OF FLORIDA  
 JEFFREY A. LEE  
 MY COMMISSION # DD 985525  
 EXPIRES: April 26, 2014  
 Bonded Thru Budget History Services

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!



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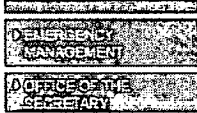
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**FL #** FL5675-R6  
**Application Type** Revision  
**Code Version** 2007  
**Application Status** Approved  
**Comments**  
**Archived**

**Product Manufacturer** Clopay Building Products Company  
**Address/Phone/Email** 8585 Duke Blvd.  
 Mason, OH 45040  
 (513) 770-6062  
 mwesterfield@clopay.com

**Authorized Signature** Scott Hamilton  
 shamilton@clopay.com

**Technical Representative**  
**Address/Phone/Email**

**Quality Assurance Representative**  
**Address/Phone/Email**

**Category** Exterior Doors  
**Subcategory** Sectional Exterior Door Assemblies

**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** Scott Hamilton  
**Florida License** PE-63286  
**Quality Assurance Entity** Intertek Testing Services NA Inc. - ETL/Warnock Hersey  
**Quality Assurance Contract Expiration Date** 05/21/2028  
**Validated By** Gary Pfuehler  
 Validation Checklist - Hardcopy Received

**Certificate of Independence** [FL5675 R6 COI Certification of Independence of Validation Entity-Gary Pfuehler.pdf](#)  
[FL5675 R6 COI Statement on Independence of Evaluation Entity-ScottHamilton.pdf](#)

Referenced Standard and Year (of Standard)	Standard	Year
	ANSI/DASMA 108	2002
	ASTM E330	2002
	TAS 201	1994
	TAS 202	1994
	TAS 203	1994



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

TABLE 1609.6(2)

ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE, (2)

MEAN ROOF HEIGHT (feet)	EXPOSURE		
	B	C	D
15	1.00	1.21	1.47
20	1.00	1.29	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.56	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

For SI: 1 foot = 304.8mm

FORMULA FOR DESIGN PRESSURES

Example: 25 ft mean roof height, exposure C  
 16 X 7 Door 140mph.

Pressure	Exposure C multiplier	Req. Design Pressure
29.7	X 1.35	= +40.095
-33.1	X 1.35	= -44.685

Garage Door must be rated at +40.1/-44.68 minimum. **This formula must be completed for exposure C:**

Pressure	Exposure C multiplier	Req. Design Pressure
29.7	X 1.21	= 35.9 (+)
33.1	X 1.21	= 40.0 (-)

TABLE 1609.6(1)

GARAGE DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B (psf)

EFFECTIVE WIND AREA		Basic Wind Speed V (mph - 3 second gust)							
Width (ft)	Height (ft)	85	90	100	110	120	130	140	150
Roof Angle 0-10 degrees									
8	8	10.5 -11.9	11.7 -13.3	14.5 -16.4	17.5 -19.9	20.9 -23.6	24.5 -27.7	28.4 -32.2	32.6 -38.9
10	10	10.1 -11.4	11.4 -12.7	14.0 -15.7	17.0 -19.0	20.2 -22.7	23.7 -26.6	27.5 -30.8	31.6 -35.4
14	14	10.0 -10.7	10.8 -12.0	13.3 -14.8	16.1 -17.9	19.2 -21.4	22.5 -25.1	26.1 -29.1	30.0 -33.4
Roof Angle > 10									
9	7	11.4 -12.9	12.6 -14.5	15.8 -17.9	19.1 -21.6	22.8 -25.8	26.7 -30.2	31.0 -35.1	35.6 -40.2
15	7	10.9 -12.2	12.3 -13.7	15.2 -16.9	18.3 -20.4	21.8 -24.3	25.6 -29.5	29.7 -33.9	34.1 -39.0

For SI: 1 Square foot = 0.929 Sqm, 1 mph = 0.447 m/s, 1 psf = 47.88 N/sqm

- For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
- Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1609.2D.
- Plus and minus signs signify pressures acting toward and away from the building surfaces.
- Negative pressures assume door has 2 feet of width in building's end zone.

1609.6 Garage doors. Pressures from Table 1609.6(1) for wind loading actions on garage doors for Buildings designed as enclosed shall be permitted.



<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> +37 PSF/-37 PSF <b>Other:</b> Solid doors (no glazing) are impact-resistant (large missile impact).		<b>Installation Instructions</b> <a href="#">FL5675_R6_II_103554-B-Rev05.pdf</a> Verified By: Mark Westerfield FL PE 48495 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5675_R6_AE_CBPC_081027-A.pdf</a> Created by Independent Third Party: No
5675.92	W6-09 W-1G899: Custom Reserve Collection CRD, CR800	Custom Wood Single-Car (up to 9'0" wide) WINDCODE® W6 Garage Door
<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> N/A <b>Design Pressure:</b> +39 PSF/-45 PSF <b>Other:</b> The OPTIONAL glazing available for this product meets the wind load requirements of the building code but DOES NOT meet the impact resistant requirement for windborne debris regions. The product without glazing DOES comply with the impact resistant requirement for windborne debris regions (ref 1609.1.4 FBC).		<b>Installation Instructions</b> <a href="#">FL5675_R6_II_102833-Rev03.pdf</a> Verified By: Mark Westerfield FL PE 48495 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5675_R6_AE_CBPC_081027-A.pdf</a> Created by Independent Third Party: No
5675.93	W6-16 DSIE-1F171: 4300, 4301, 4310, 4400, 4401, HDG, HDGL, HDGF, 66, 66G, 67, 67G, 68, SP200, SF200, SE200, 6200, 6201, 6203	Double-skin Insulated EPS (exterior skin 27 ga. min.; interior skin 27 ga. min.) Double-Car (9'2" to 16'2" wide) WINDCODE® W6 Garage Door
<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> +37 PSF/-40 PSF <b>Other:</b> The standard glazing available for this product meets the wind load requirements of the building code but DOES NOT meet the impact resistant requirement for windborne debris regions.		<b>Installation Instructions</b> <a href="#">FL5675_R6_II_101486-B-Rev15.pdf</a> Verified By: Mark Westerfield FL PE 48495 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5675_R6_AE_CBPC_081027-A.pdf</a> Created by Independent Third Party: No
5675.94	W6-16 DSIE-1F171: 4300, 4301, 4310, 4400, 4401, HDG, HDGL, HDGF, 66, 66G, 67, 67G, 68, SP200, SF200, SE200, 6200, 6201, 6203	Double-skin Insulated EPS (exterior skin 27 ga. min.; interior skin 27 ga. min.) Double-Car (9'2" to 16'2" wide) WINDCODE® W6 Garage Door with Optional Impact-Resistant Lites
<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> +37 PSF/-40 PSF <b>Other:</b> Solid doors (no glazing) or doors with optional impact-resistant glazing are impact-resistant (large missile impact).		<b>Installation Instructions</b> <a href="#">FL5675_R6_II_101486-A-Rev15.pdf</a> Verified By: Mark Westerfield FL PE 48495 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5675_R6_AE_CBPC_081027-A.pdf</a> Created by Independent Third Party: No
5675.95	W6-16 DSIE-1F471: GD2SP, GR2SP, GD2LP, GR2LP, AR2SP, AR2LP, ED2SP, ED2LP	Gallery/Artistry/Expressions: Double-skin Insulated (exterior skin 27 ga. min.; interior skin 27 ga. min.) Double-Car (9'2" up to 16'2" wide) WINDCODE® W6 Garage Door
<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> +37 PSF/-40 PSF <b>Other:</b> Solid doors (no glazing) are impact-resistant (large missile impact).		<b>Installation Instructions</b> <a href="#">FL5675_R6_II_104009-A-Rev01.pdf</a> Verified By: Mark Westerfield FL PE 48495 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5675_R6_AE_CBPC_081027-A.pdf</a> Created by Independent Third Party: No
5675.96	W6-16 DSIE-1F471: GD2SP, GR2SP, GD2LP, GR2LP, AR2SP, AR2LP, ED2SP, ED2LP	Gallery/Artistry/Expressions: Double-skin Insulated (exterior skin 27 ga. min.; interior skin 27 ga. min.) Double-Car (9'2" up to 16'2" wide) WINDCODE® W6 Garage Door
<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> +37 PSF/-40 PSF <b>Other:</b> The standard glazing available for this product meets the wind load requirements of the building code but DOES NOT meet the impact resistant requirement for windborne debris regions.		<b>Installation Instructions</b> <a href="#">FL5675_R6_II_104009-B-Rev01.pdf</a> Verified By: Mark Westerfield FL PE 48495 Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL5675_R6_AE_CBPC_081027-A.pdf</a> Created by Independent Third Party: No
5675.97	W6-16 DSIEO-1M479: Coachman/Settlers/Affinity	Double Skin Insulated (exterior skin 27 ga. min.; interior skin 27ga. min.) with Overlay Double-Car (9'2" to 16'2"

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

3-13-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10023	Marley	Final		
1Pm	39 W High Pt Chris French Spv	Garage	PASS	CRP INSPECTOR <i>[Signature]</i>
tree	22 S Sewalls	Tree		
			OK	INSPECTOR
9969	FRISOLI			
	50 S S Pt Rd DRIFT WOOD HOMES	COLUMNS	PASS	INSPECTOR <i>[Signature]</i>
10026	<del>CRIPPER</del>	<del>Garage</del>	<del>PASS</del>	
	<del>25 S Sewalls</del>	<del>Garage</del>	<del>PASS</del>	
	DHD Garage			INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR



**10799**

**PROPANE TANK**



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:	10799	DATE ISSUED:	03/11/2014
SCOPE OF WORK:	PROPANE TANK		
CONTRACTOR:	FERRELLGAS		
PARCEL CONTROL NUMBER:	013841004004001107	SUBDIVISION	GEORGE W BAKER'S NLY 100' OF LOT 4
CONSTRUCTION ADDRESS:	8 S SEWALL'S POINT ROAD		
OWNER NAME:	MARCIA L. GALFOND		
QUALIFIER:	DEAN NICHOLSON	CONTACT PHONE NUMBER:	772 287-4330

**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**

Town of Sewall's Point

Date: 3-5-14 BUILDING PERMIT APPLICATION Permit Number: 10799

OWNER/LESSEE NAME: Marcia Palford Phone (Day) 286 0800 (Fax)

Job Site Address: 8 South Sewall's Point rd City: Sewall's Point State: FL Zip: 34996

Legal Description: 600-W Baker's, NLY 100' LT 4 E of S Pt rd Parcel Control Number: 01-38-41-004-00110-7

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

\*SCOPE OF WORK (PLEASE BE SPECIFIC): swap out Bad w/ 250 with new w/ 250 same Location

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: \$ 2,300 (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: Fern Ngas Phone: 772 287-4330 Fax: 772-287-3456

Qualifiers name: Dean J. Nicholson Street: 3232 Dixie Hwy City: Stuart State: FL Zip: 34997

State License Number: 01237 OR: Municipality: License Number: 29813

LOCAL CONTACT: Marc Sturtevant Phone Number: 772-370-3524

DESIGN PROFESSIONAL: Fla. License#

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 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), National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

OWNER /AGENT/LESSEE, NOTARIZED SIGNATURE: [Signature] Trustee State of Florida, County of: MARTIN On This the 11th day of MARCH, 2014 by DAVID C GOLFORD who is personally known to me or produced to me by [Signature] Notary Public My Commission Expires: [Signature] Christine C Bergeron

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 5 day of Feb, 2014 by Dean L. Nicholson who is personally known to me or produced to me by [Signature] Notary Public My Commission Expires: 10-11-15

CHRISTINE C. BERGERON Commission # 000882511 X Expired July 21, 2014

YUGITA D. JOHN Notary Public My Commission # BE116915 Expires: October 11, 2015

See back for Marcia's signature BK RES. VA.

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

Marva L. Galford

State of Florida, County of Martin  
on the 11<sup>th</sup> day of March, 2014

Produced FL DIL 6415-552-33-510-0

Authentication

Christine C. Bergeron



Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
3125 Conner Boulevard, Suite E  
Tallahassee, Florida 32399-1650

**Master Qualifier Mailing Address**

DEAN NICHOLSON  
FERRELLGAS #5539  
3232 SE DIXIE HWY  
STUART, FL 34997-5239

**Licensed Location Address**

FERRELLGAS #5539  
3232 SE DIXIE HWY  
STUART, FL 34997-5284

**Certificate Number**

29813

**License Number**

01237

This Master Qualifier Certificate is issued pursuant to Chapter 527, Florida Statutes. This certificate is valid only for the person and licensed holder listed. Any changes to the Master Qualifier status (such as transfer or termination of employment) must be reported to the Bureau of LP Gas Inspection at (850) 921-1600 immediately.

The Master Qualifier Certificate is valid only through the date noted on the Certificate. A notice of renewal will be sent to you in advance of your expiration date. A Master Qualifier Certificate may be renewed if certification of a minimum of 16 (sixteen) hours continuing education is provided along with the renewal form. If training cannot be documented, an examination must be taken.

If there are any errors on the certificate, please submit all changes in writing to:

Bureau of Liquefied Petroleum Gas Inspection  
3125 Conner Boulevard, Suite E  
Tallahassee, Florida 32399-1650

Cut Here



**State of Florida  
Department of Agriculture and Consumer Services**

Division of Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
(850) 921-1600  
Tallahassee, Florida


Certificate No: 29813  
Exam Date: May 24, 2013  
Issue Date: June 26, 2013  
Expiration Date: June 25, 2016  
Exam: 0601

**MASTER QUALIFIER CERTIFICATE**

This Certificate is issued under authority of Section 527.02, Florida Statutes, to:

**DEAN NICHOLSON**

Valid For  
License Number: 01237  
FERRELLGAS #5539  
3232 SE DIXIE HWY  
STUART, FL 34997-5284

  
ADAM H. PUTNAM  
COMMISSIONER OF AGRICULTURE

Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
P.O. Box 6700  
Tallahassee, Florida 32399-6700

License Number: 01237

Business Mailing Address

Licensed Location Address

FERRELLGAS #5539  
3232 SE DIXIE HWY TIMOTHY RUSSELL  
STUART, FL 34997

FERRELLGAS #5539  
3232 SE DIXIE HWY  
STUART, FL 34997-5284

The liquefied petroleum gas license at the bottom of this form is valid ONLY for the company located at the address on the license. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

**IN THE EVENT OF AN OWNERSHIP CHANGE AT THIS BUSINESS LOCATION:** This license may be transferred to any person, firm or corporation for the remainder of the current license year upon written request to the department by the original license holder. License transfers must be approved by the department. All licensing requirements must be met by the transferee and a transfer fee of \$50 will apply. To apply for a transfer, contact the Bureau of LP Gas Inspections at (850) 921-1600.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections to:

Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
P.O. Box 6700  
Tallahassee, Florida 32399-6700

Cut Here



POST LICENSE  
CONSPICUOUSLY

State of Florida  
Department of Agriculture and Consumer Services

Division of Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
(850) 921-1600  
Tallahassee, Florida

License Number: 01237  
Expiration Date: August 31, 2014  
Date of Issue: September 1, 2013  
License Fee: \$425.00  
Type and Class: 0601

**Liquefied Petroleum Gas License**

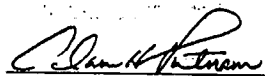
**CATEGORY I LP GAS DEALER**

GOOD FOR ONE LOCATION ONLY

ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

FERRELLGAS #5539  
3232 SE DIXIE HWY  
STUART, FL 34997- 5284

  
ADAM H. PUTNAM  
COMMISSIONER OF AGRICULTURE

ACORD™

CERTIFICATE OF LIABILITY INSURANCE 8/1/2014

DATE (MM/DD/YYYY)  
7/15/2013

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).

PRODUCER Lockton Companies, LLC-1 Kansas City 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE:		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Indemnity Insurance Co. of North America		43575
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
80265 FERRELLGAS, LP  
ONE LIBERTY PLAZA  
LIBERTY, MO 64068

COVERAGES FERCO03 CERTIFICATE NUMBER: 2345436 REVISION NUMBER: XXXXXXXX

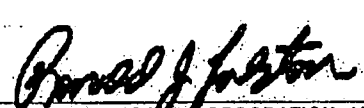
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> (500,000 SIR) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC	N	N	XSL G27021037	8/1/2013	8/1/2014	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 7,500,000 PRODUCTS - COMP/DP AGG \$ 3,000,000 \$
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 <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	N	N	ISA H08720113	8/1/2013	8/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$
	DED RETENTION \$			NOT APPLICABLE			
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WLR C47320094 (CA,MA) SCF C47320100 (WI) WLR C47320112 (AOS)	8/1/2013 8/1/2013 8/1/2013	8/1/2014 8/1/2014 8/1/2014	<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
A	CARGO	N	N	XSL G27021037	8/1/2013	8/1/2014	\$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
THE LIMIT EVIDENCED FOR GENERAL LIABILITY INCLUDES A \$500,000 SIR. THE EVIDENCED GENERAL LIABILITY POLICY APPLIES ONLY TO FLORIDA LOCATIONS.

CERTIFICATE HOLDER: CANCELLATION: See Attachment

2345436  
FLORIDA DEPARTMENT OF AGRICULTURE  
& CONSUMER SERVICES  
3125 CONNER BLVD  
SUITE N  
TALLAHASSEE FL 32399-1650

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:  


**MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT**

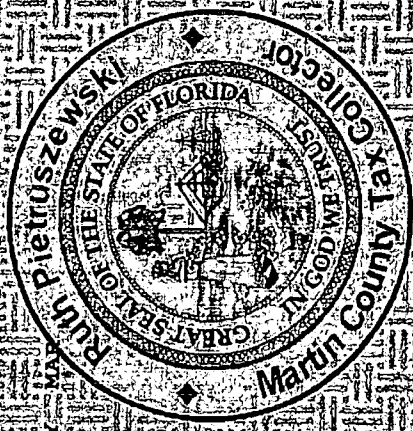
HONORABLE RUTH PIETRUSZEWSKI-CFC, TAX COLLECTOR  
3485 SE WILLOUGHBY BLVD., STUART, FL 34994  
(772) 288-5604

CHARACTER COUNTS IN MARTIN COUNTY  
PRELAYS \$1.00  
LIC. FEE \$26.25  
PENALTY \$2.00  
COL. FEE \$1.00  
TRANSFER \$1.00

TOTAL \$26.25  
NICHOLSON, DEAN (QUAL)  
PERREL, GAS

COUNTY ONLY  
DATE LISTED FOR THE PERIOD BEGINNING ON THE  
1st DAY OF AUGUST, 2014

PAID \$806.20  
12/09/2012 09760-0001



THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.  
ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS  
SUBJECT TO A \$250 FINE IF NOT PAID BY OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH  
THEREAFTER UP TO 25% PLUS COLLECTION COSTS WILL APPLY.  
NOTE: A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX  
RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE  
OF BUSINESS.





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

**GAS CHECKLIST**  
 COMPLIANT TO 2010 FBC FUEL GAS CODE & NFPA 54 & 58

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

USE:

RESIDENTIAL:  COMMERCIAL:

HOOK UP:

TANK  METERED UTILITY GAS:  OTHER:

TANK SPECS:

SIZE: 250 GALS ABOVE GROUND:  UNDERGROUND:

TANK TYPE: D.O.T.  ASME:  OTHER:

TANK DISTANCE: (MINIMUM)

SOURCE OF IGNITION: 10 FT. BUILDING OPENINGS: 10 FT. BUILDING: 10 FT.

PROPOSED SETBACKS FROM LOT LINE:

FRONT:  FT. SIDE 1:  FT. SIDE 2:  FT. REAR:  FT.

GAS SPECS: (SEE FBC/FUEL GAS TABLES 402)

NATURAL:  LP:  OTHER:

GAS PRESSURE OF 10 psi AND PRESSURE DROP OF 1

BASED ON A 1.5 SPECIFIC GRAVITY GAS

PIPE/TUBING SPECS: (CHECK ALL THAT APPLY)

IRON  SCH. 40  SEMI-RIGID  CSST  COPPER

POLYETHYLENE PLASTIC  S. S.:  OTHER:

COMBUSTION AIR:

REQUIRED: YES:  NO:

METHOD FOR SUPPLYING COMBUSTION AIR: \_\_\_\_\_

WHO PROVIDED THE COMBUSTION AIR CALCS?

ARCHITECT/ENGINEER OF RECORD: \_\_\_\_\_ GAS COMPANY: \_\_\_\_\_

OTHER: \_\_\_\_\_

GAS APPLIANCE SPECS: (LIST APPLIANCE TYPE AND BTU)

APPLIANCE #1: \_\_\_\_\_ BTU \_\_\_\_\_ \*DIA. PIPE \_\_\_\_\_ FT.-LENGTH

APPLIANCE #2: \_\_\_\_\_ BTU \_\_\_\_\_ \*DIA. PIPE \_\_\_\_\_ FT.-LENGTH

APPLIANCE #3: \_\_\_\_\_ BTU \_\_\_\_\_ \*DIA. PIPE \_\_\_\_\_ FT.-LENGTH

APPLIANCE #4: \_\_\_\_\_ BTU \_\_\_\_\_ \*DIA. PIPE \_\_\_\_\_ FT.-LENGTH

APPLIANCE #5: \_\_\_\_\_ BTU \_\_\_\_\_ \*DIA. PIPE \_\_\_\_\_ FT.-LENGTH

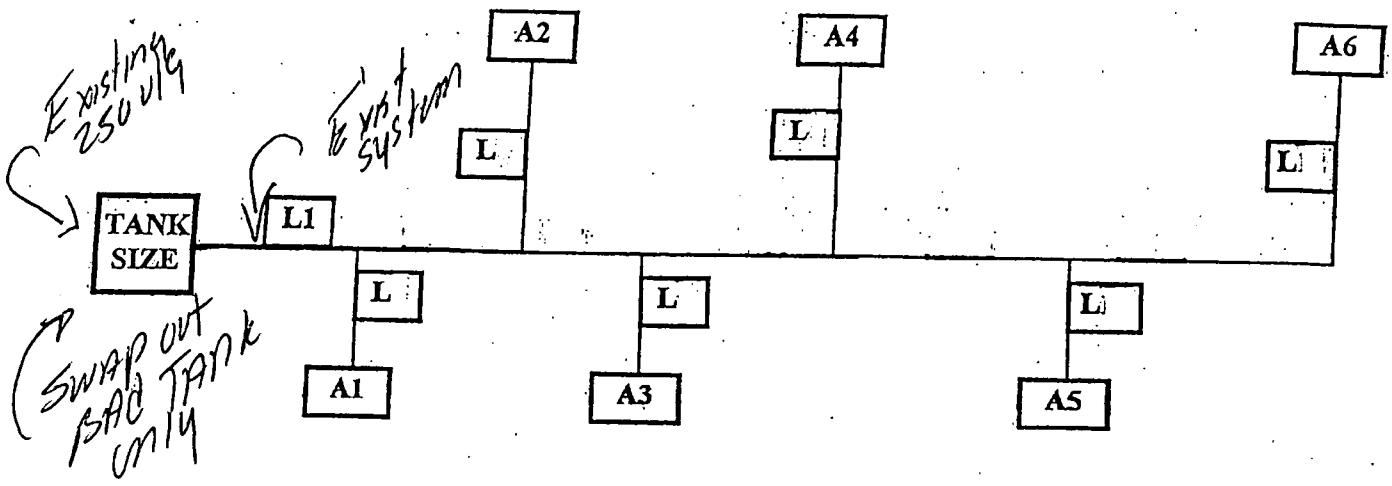
APPLIANCE #6: \_\_\_\_\_ BTU \_\_\_\_\_ \*DIA. PIPE \_\_\_\_\_ FT.-LENGTH

(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)

\*THE ABOVE PIPE SIZES WERE TAKEN FROM 2010 FBC FUEL GAS TABLE NO. \_\_\_\_\_

*Swap of existing  
TANK only*

# GAS PIPING SCHEMATIC



**TANK SIZE:** \_\_\_\_\_ Gals

**APPLIANCE - TYPE/SIZE**

A1 _____	_____ BTU
A2 _____	_____ BTU
A3 _____	_____ BTU
A4 _____	_____ BTU
A5 _____	_____ BTU
A6 _____	_____ BTU

*SWAP OUT  
Existing BAD  
TANK ONLY  
Install new tank  
in same location*

**PIPING LENGTH & SIZE**

L1 _____ Ft.	_____ Inch Dia.
L2 _____ Ft.	_____ Inch Dia.
L3 _____ Ft.	_____ Inch Dia.
L4 _____ Ft.	_____ Inch Dia.
L5 _____ Ft.	_____ Inch Dia.
L6 _____ Ft.	_____ Inch Dia.
L7 _____ Ft.	_____ Inch Dia.
L8 _____ Ft.	_____ Inch Dia.
L9 _____ Ft.	_____ Inch Dia.
L10 _____ Ft.	_____ Inch Dia.
L11 _____ Ft.	_____ Inch Dia.
L12 _____ Ft.	_____ Inch Dia.

Pipe size was taken from the 2010 FBC  
Fuel Gas Code - Table 402 (\_\_\_\_\_)

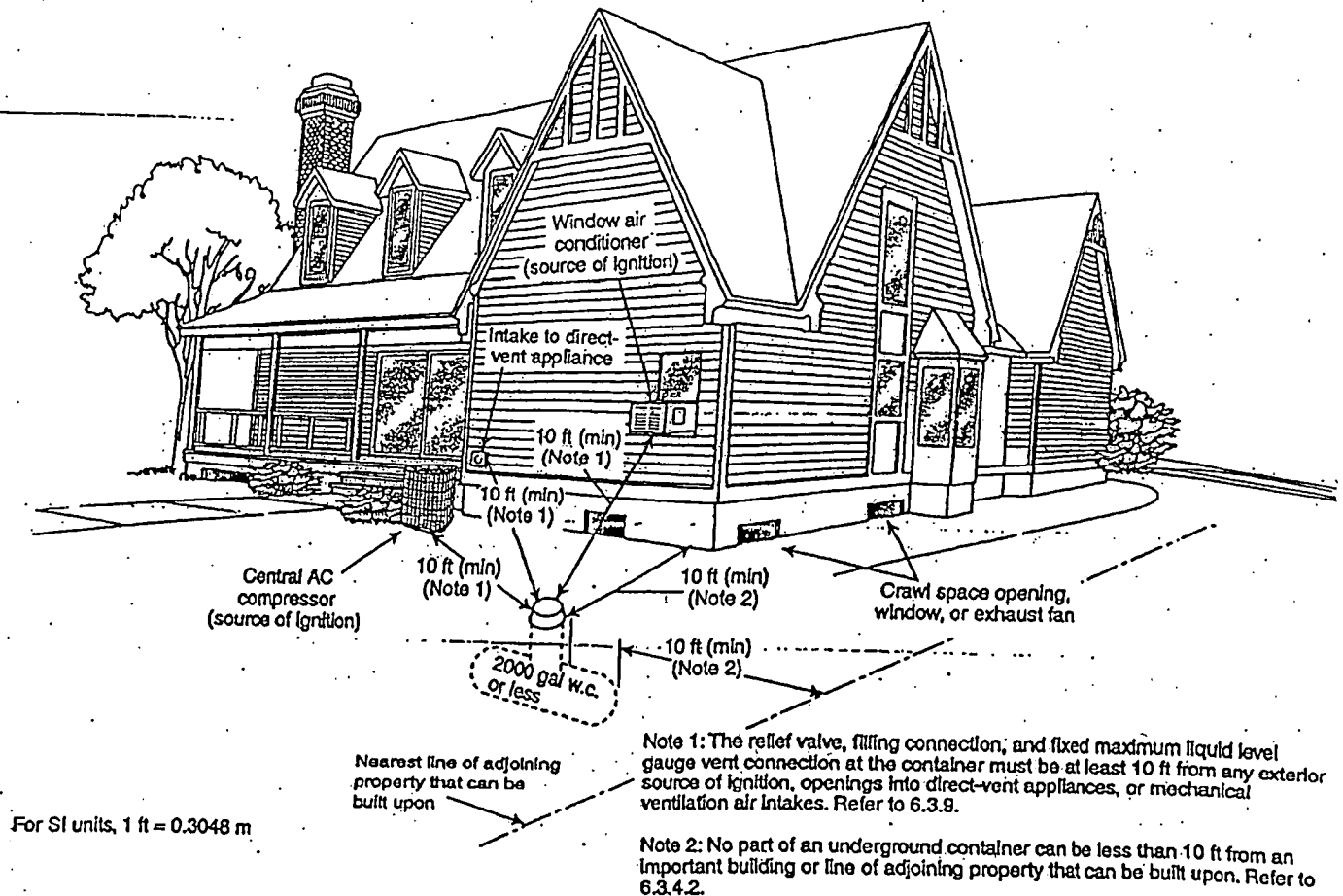


FIGURE L1(c) Underground ASME Containers. (Figure for illustrative purposes only; code shall govern.)

## Annex J Sample Ordinance Adopting NFPA 58

This annex is not a part of the requirements of this NFPA document but is included for informational purposes only.

J.1 The following sample ordinance is provided to assist a jurisdiction in the adoption of this code and is not part of this code.

### ORDINANCE NO. \_\_\_\_\_

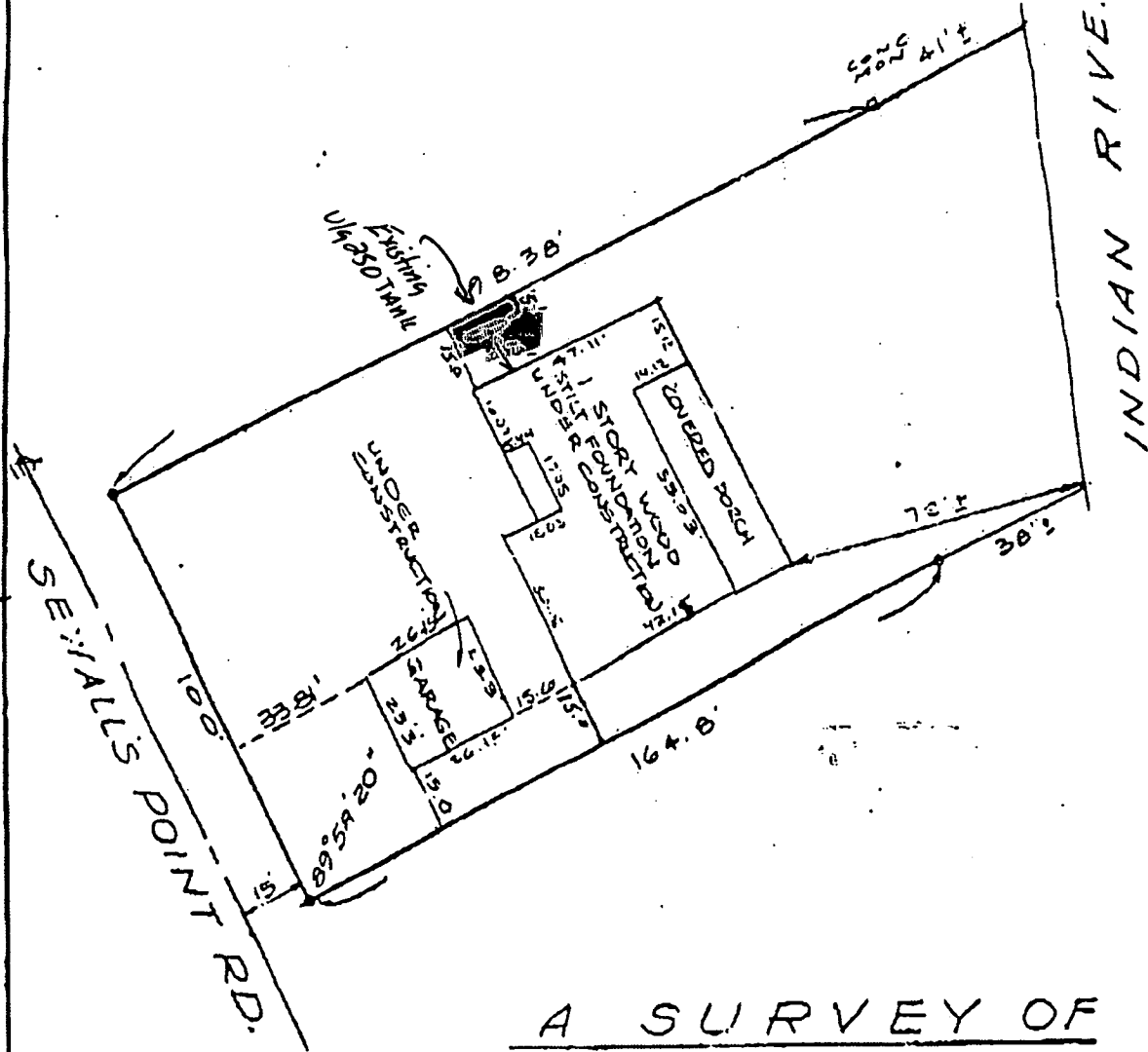
An ordinance of the [jurisdiction] adopting the 2011 edition of NFPA 58, *Liquefied Petroleum Gas Code*, documents listed in Chapter 2 of that code; prescribing regulations governing conditions hazardous to life and property from fire or explosion; providing for the issuance of permits and collection of fees; repealing Ordinance No. \_\_\_\_\_ of the [jurisdiction] and all other ordinances and parts of ordinances in conflict therewith; providing a penalty; providing a severability clause; and providing for publication; and providing an effective date.

BE IT ORDAINED BY THE [governing body] OF THE [jurisdiction]:

SECTION 1 That the *Liquefied Petroleum Gas Code* and documents adopted by Chapter 2, three (3) copies of which are on file and are open to inspection by the public in the office of the [jurisdiction's keeper of records] of the [jurisdiction], are hereby adopted and incorporated into this ordinance as fully as if set out at length herein, and from the date on which this ordinance shall take effect, the provisions thereof shall be controlling within the limits of the [jurisdiction]. The same are

hereby adopted as the code of the [jurisdiction] for the purpose of prescribing regulations governing conditions hazardous to life and property from fire or explosion and providing for issuance of permits and collection of fees.

SECTION 2 Any person who shall violate any provision of this code or standard hereby adopted or fail to comply therewith; or who shall violate or fail to comply with any order made thereunder; or who shall build in violation of any detailed statement of specifications or plans submitted and approved thereunder; or failed to operate in accordance with any certificate or permit issued thereunder; and from which no appeal has been taken; or who shall fail to comply with such an order as affirmed or modified by or by a court of competent jurisdiction, within the time fixed herein, shall severally for each and every such violation and noncompliance, respectively, be guilty of a misdemeanor, punishable by a fine of not less than \$ \_\_\_\_\_ nor more than \$ \_\_\_\_\_ or by imprisonment for not less than \_\_\_\_\_ days nor more than \_\_\_\_\_ days or by both such fine and imprisonment. The imposition of one penalty for any violation shall not excuse the violation or permit it to continue; and all such persons shall be required to correct or remedy such violations or defects within a reasonable time; and when not otherwise specified the application of the above penalty shall not be held to prevent the enforced removal of prohibited conditions. Each day that prohibited conditions are maintained shall constitute a separate offense.



A SURVEY OF

The North 100 feet of the North 200 feet of Lot 4, lying East of Sewall's Point Road; GEORGE W. BAKER'S SUBDIVISION according to the plat thereof as recorded in Plat Book 1, Page 70, Palm Beach County, Florida, now Martin County.

F C R  
DAVID C. & MARSHA L. GOLFOND

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C.

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C. I hereby certify to Gold Coast Federal Credit Union; Lawyers Title Insurance Corporation and David C. & Marsha L. Golfond that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. There are no encroachments unless otherwise shown.

**DON WILLIAMS & ASSOCIATES, INC.**  
LAND SURVEYORS  
1115 E. OCEAN BLVD. STUART, FLA. 33494 22Z  
(305) 283-2977

REVISED 7-15-87  
*W.L. Williams*  
W.L. WILLIAMS  
R.L.S. FLA. REG. No. 1272

F.B. 21 V Page 17 W.O. #

SCALE: 1" = 40'	DATE 11-5-86	PLAT BOOK: 1	PAGE: 70
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# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3-5-14 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10765	Fitzsimmons 99 N. Sewall's Pt Rd JMC Contracting	BATH	PASS	Doug 287-0390 INSPECTOR <i>[Signature]</i>
		Final Roof <del>7 Periwinkle</del> ON SHORE ROOFING		<del>#</del> INSPECTOR
10573	Higgins 16 S. Via Lucia Assoc. CC PSL	AC Final	CANCEL	INSPECTOR <i>[Signature]</i>
10498	Grace Stern 9 Lantana Freedom Home Bldg	Final	PASS	772-600-7644 Kelly CLOSE INSPECTOR <i>[Signature]</i>
10774	Stahley 114 Hillcrest Terr Glenmark Holmes	Faater/Slab Inspection	PASS	Glen INSPECTOR <i>[Signature]</i>
10754	MANGAN 16 Periwinkle Ln Onshore Roofing	Final Roof	<del>Fail</del> PASS	Beauca On Shore Roofing 772 283-1505 INSPECTOR <i>[Signature]</i>
10799	<del>Galyford</del> 8 Sewall's Pt. Rd. Terrell Gou	<del>Participate</del> Construction	<del>Fail</del> —	<del>772-866-4186</del> 6245 x 25100 Call first. INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3/14 - 14 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10672</del>	DUKE	Tie-beam &		Curt-215-8464
10672	25 Island Rd. CDR Builders	Slab	Pass	
				INSPECTOR <i>[Signature]</i>
<del>10499</del>	<del>GALFORD</del>	<del>Underground</del>		<del>None.</del>
11AM NOT earlier	8 S. SEWALLS Pt. Rd FERRELL GAS	Tank	Pass	
				INSPECTOR <i>[Signature]</i>
10693	BAILY			
	117 N. Seneca Pt Rd DRIFTWOOD Homes	TIE BEAM	Pass	
				INSPECTOR <i>[Signature]</i>
10688	STWISKAL	ELEVATED		See 3/18/14
	109 S. Spd Rd DRIFTWOOD Homes	SLAB	Pass	Cancel
				INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3-21-14 Page 14 of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	OPP	C.E.		
CALL AFTER 1:00	26 N. Sewalls Pt Rd	COMPLIANCE	OK	
		INSPECTION		INSPECTOR
<del>10799</del>	<del>GALFORD</del>	<del>PINAC</del>		
	8 S. Pt Rd	GAS TANK	PASS	<del>CLONE</del>
	FERRER GAS	& LINE		INSPECTOR <i>A</i>
10752	ELMAS	SUBSIDING		
	8 PENN WINKLE		PASS	
	AG ENVIRONMENTAL			INSPECTOR <i>A</i>
	LEBIARD	TREE		
	1 HENITABE		N/C	
				INSPECTOR
		INVESTIGATE		
	158 S. River Rd	ROOF DRAINS	OK	
				INSPECTOR
				INSPECTOR
				INSPECTOR

0208

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

PERMIT # 0208  
DATE ISSUED 10 April 87

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 photographs, (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 DAVID C. GALFANO Address \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor CREATIVE ENVIR. ENVT., INC Address P.O. Box 305 Telephone 287-6543  
Dr. Salerno, Fl. 33492 286-8447

Number of trees to be removed (list kinds of trees) 3 - PEPPER & AUSTRALIAN PINES

Number of trees to be relocated within 30 days (no fee) (list kinds of trees) 3 - PALMS

Number of trees to be replaced within 30 days (list kinds of trees) NONE

Permit Fee \$ 6.00 (\$5. for first tree plus \$1. for each additional tree - not to exceed \$25.)

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

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

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

Signature of applicant \_\_\_\_\_ Date submitted \_\_\_\_\_

Approved by Building Inspector Dale Brown Date 4/10/87

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

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

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSES OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOOD 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, AUSTRALIAN PINE AND MELALEUCCA.



TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

*44 Army rebed*

0429  
~~41401~~

RECEIVED  
APR - 3 2001

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 D. Galford Address 8 S. Sewall's Pt. Rd. Phone 286-0800

Contractor R.C. Potts Address 251 N.W. BAKER RD Phone 692-0534

Number of trees to be removed (list kinds of trees) PALM tree (dead)

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

Number of trees to be replaced (list kinds of trees):  
0

Permit Fee \$ 0 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed ~~\$100.00~~ \$15.00)

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

Plans approved as submitted  Plans approved as marked

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

Signature of applicant R.C. Potts Date submitted 4-3-01

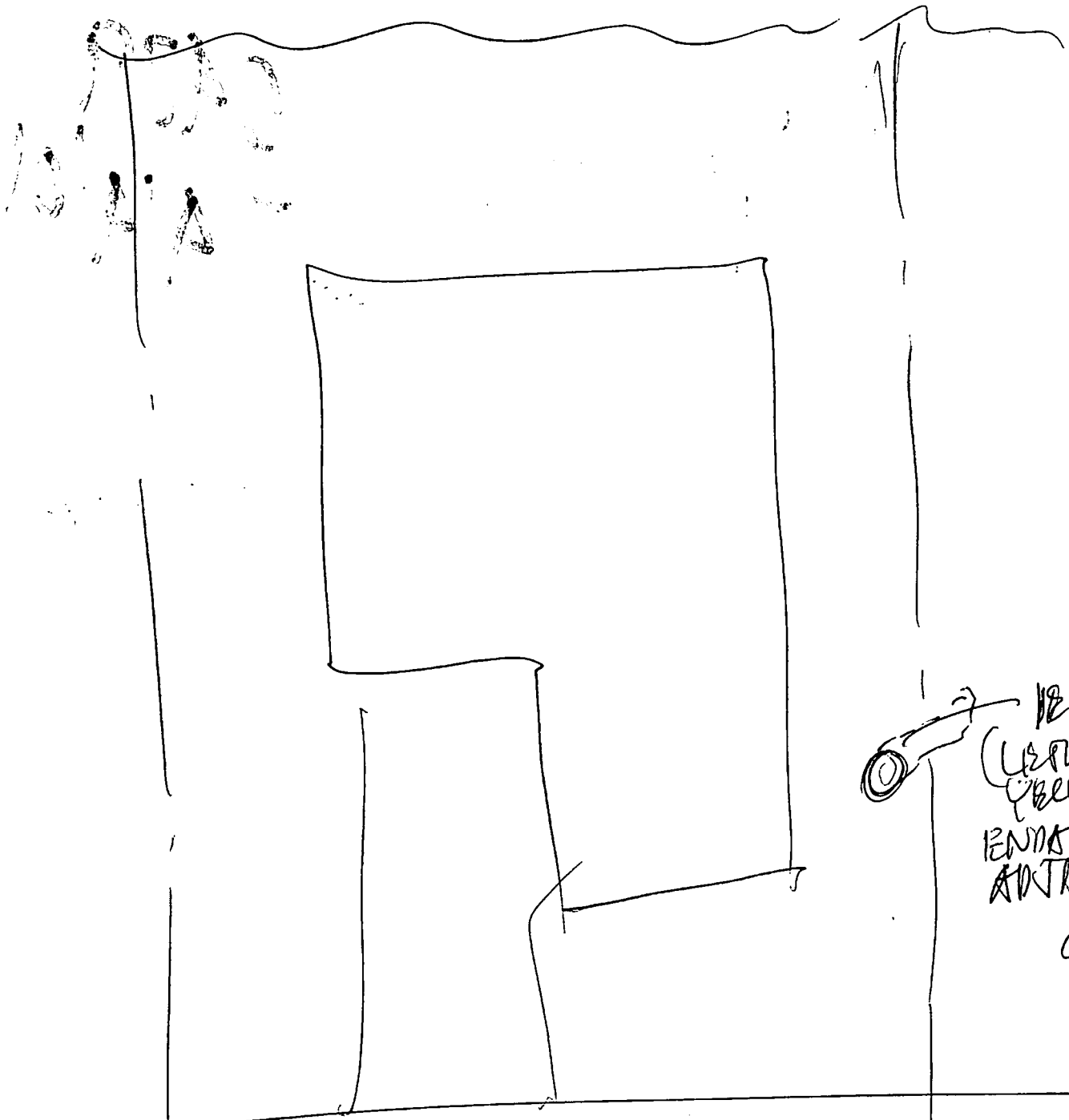
Approved by Building Inspector [Signature] Date 4/4/01

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_ *fee waived*

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

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



HEAD ROOM  
(LIVING  
BLOORZ?)  
BENCH  
ADJACENT PROP.



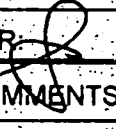

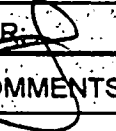


4/9/07  
S

S. SEWAGE'S POINT ROOM

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri \_\_\_\_\_, 2001; Page \_\_\_ of \_\_\_.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6107	BYER	Interior repairs	Pass	
6104 (3)	32 N. SEWALLS PT	fence		INSPECTOR: 
6110	RISENDORF	FINAL	Pass	
(2)	17 S. VIA LUCINDA FRANK BUZZ	WINDOW REPL.		INSPECTOR: 
6092 <del>618154</del>	PLUTT	PUMPING SUB	Pass	
(1)	12 HERON'S NEST O/B	U-grad		INSPECTOR: 
5724	INGRAM	FINAL	Pass	
	107 N. SEWALLS PT FRITZ IRRIGATION	IRRIGATION		INSPECTOR: 
5725	ATEN	FINAL	Pass	
	103 ABBIE COURT FRITZ IRRIGATION	IRRIGATION		INSPECTOR: 
<del>TRIE</del>	<del>8 S. SEWALL'S PT</del>	<del>TRIE</del>	<del>Pass</del>	<del>INSPECTOR: </del>
5	ROBERT POTTS			INSPECTOR: 
				INSPECTOR: _____

OTHER: \_\_\_\_\_

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 4/4/01 19\_\_\_\_ TREE REMOVAL PERMIT No 0429

APPLIED FOR BY R.C. POTTS (Contractor or Owner)

Owner D. GILFORD; 85 SEWALLS POINT RD.

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

Kind of Trees PALM (NEW - LEAF YELLOW)

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE)

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

4/4/01 FIELD VERIF  
[Signature]

REMARKS LOCATION SKETCH ON APPLICATION

Signed, (SIGNATURE ON FILE)  
Applicant

Signed [Signature]  
Town Clerk BERG 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


[Empty grid area for notes or details]

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  ~~Tue~~  Wed  Fri ~~APR 27 2001~~, 2001; Page 2 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5013	DENNIS	TIN TAG +		
S (2)	16 RIDGELAND (PACIFIC FL. FINEST)	METAL		INSPECTOR:
✓ 5292	AYNE	FINAL		
S (8)	26 SIMARA PACIFIC			INSPECTOR:
✓ 5075	VASQUEZ	FINAL		? SEE PAGE 1 - "WALK THRU"
S (9)	825 SEWALL'S POINT RD. GROZA BLDGS.	(ADDN & ALT.)		\$30.00 PERM. FEE IF NOT COMPLETE INSPECTOR:
✓ 5293	VASQUEZ	FINAL		
S (9)	825 SEWALL'S POINT RD. TRIPLE-M BRICK PAVEMENT	(DRIVEWAY)		INSPECTOR:
✓ 5299	O'BRIEN	T/T & MTL.		
S (7)	36 E. HIGH POINT A & W RFG			INSPECTOR:
✓ TR	<del>WALTON</del>	<del>NEW WIRE</del>	<del>OK</del>	<del>EdA.</del>
S	<del>825 SEWALL'S POINT RD.</del> R.C. POTTS		<del>FOR</del>	INSPECTOR: 
✓ 5161	BRENNAN	INSULATION		
S (9)	111 HEAVY SEWALL WAY GLEN HUTCHINS			INSPECTOR:

OTHER: \_\_\_\_\_





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

OK

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Daniel Maria Galford Address 8 Sewall Pt Phone 772-286-0880

Contractor Robt. Potts Address 251 Baker Rd. Phone 475-7457

No. of Trees: REMOVE 1 Species: Palmetto Palm

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

\*\*\* ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION \*\*\*

Reason for tree removal / relocation (See notice above) Tree is dead

Signature of Property Owner [Signature] Date 7/25/11

Approved by Building Inspector: [Signature] Date 7/26/11 Fee: N/C

NOTES: \_\_\_\_\_

